

**AN EXPLORATION OF CAREGIVERS' PERCEPTIONS REGARDING THE  
EMOTIONAL DEVELOPMENT OF 6-10-YEAR-OLD CHILDREN LIVING IN A  
JOHANNESBURG INSTITUTION**

by

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## **Abstract**

The aim of this exploratory study was to explore caregivers' perceptions regarding the emotional development of 6-10 year old children living in a Johannesburg institution. The term institution, for the purposes of this study, refers to a children's home or orphanage. The researcher also aimed to explore through caregivers' reports whether the 6-10 year old children's development, in particular their emotional development, appeared to have been influenced by any attachment difficulties. The study was theoretically grounded in John Bowlby's attachment theory and Erikson's developmental theory. Six participants participated in this qualitative study.

A semi-structured interview schedule was constructed by the researcher to guide the interview process, and thematic content analysis was used to analyse the data. The main themes that emerged from this study relate to the personal experiences of the caregivers that influence their perceptions of attachment difficulties, and the caregivers' perceptions relating to the emotional difficulties and behavioural difficulties experienced by the children living in the children's home, and how these impact upon the children's development. The results are invaluable in gaining an in-depth understanding of the perceptions held by caregivers, and what factors influence these perceptions.

## **Declaration**

I declare that this dissertation is my own unaided work. It is submitted in partial fulfillment of the requirements for the degree of Masters in Education (Educational Psychology) at the University of the Witwatersrand. It has not been submitted before for any other degree or examination at any other University.

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Aileen Morrison

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# Chapter 1

## Introduction

### 1.1. Introduction

John Bowlby, (1969) a British psychoanalyst, formulated an attachment theory and in the process revolutionised thinking about the mother and infant relationship and about the importance and function of close relationships. Attachment theory has emerged as a major field of inquiry amongst researchers interested in human development and has generated an enormous body of research by researchers such as Fonagy (2001); Bretherton (1992); Cassidy & Shaver (1999); Field, Patterson & Pryor (1995) that focuses on understanding the social, emotional and interpersonal development of children. It has been valued by the above researchers for having the potential for prognostic power based on findings of continuity between early quality attachment and later socio-emotional development (Senior, 2002).

Ainsworth (1989, p. 86) defines attachment as “a process, which takes place between the primary caregiver and an infant”. Goldberg (1993, p.56) explains that “attachment is the deep and enduring connection established between a child and caregiver in the first several years of life. It profoundly influences every component of the human condition - mind, body, emotions, relationships and values”. According to Crain (2004), the separation or loss of a primary caregiver has repeatedly been linked to emotional distress and personality disturbance including anxiety, anger, depression and emotional detachment.

According to Fonagy (1999), attachment theory began with Bowlby’s attempts to understand the psychopathological effects of maternal deprivation by studying the normative course of the ontogeny of this earliest relationship. Bowlby expressed the idea that if we better understood this normative course, we would be in an improved position to understand the effects of its disruption (Fonagy, 1999). This will form part of the focus of this research report. It seeks to understand through caregivers’ reports whether 6-10

year old children living in a Johannesburg children's home's development, in particular their emotional development, has been affected by any attachment difficulties.

Attachment is therefore seen as the fundamental building blocks of development without which other stages of development may be distorted. For example Green (2003) and Shaw and Paez (2007) indicate that it impacts on cognitive, neurological, social and emotional functioning. Although attachment is universal to all humans, it is important to recognise that the majority of work on attachment theory has been based on Western studies. More information is needed about the applicability of attachment concepts in different cultural contexts, especially in traditional cultures where children are encouraged to form attachments with many caregivers (Gullestad, 2001). Given the implications of the attachment theory, the role of the caregiver outlined by the theory and the escalating number of orphans in South Africa and the lack of research on caregivers' perceptions, this study also aimed to add to the body of knowledge on institutionalised children, caregivers and the relationship between them.

South Africa is home to approximately 17.7 million children (Foster, 2004). Even without HIV/AIDS, the interplay of factors such as the high level of poverty, unemployment, neglect, abuse, violence and drug dependence ensure that a large proportion of South Africa's children live in difficult circumstances and can be classified as vulnerable and are in need of support (Mitchell, De Lange, Stuart, Moletsane & Buthelezi, 2007). Consequently, many children in South Africa may have to live without parental care for a number of reasons one of which being the death of their parents (Foster, 2004).

Cluver and Gardner (2006) initiated a project, which studied the psychological well-being of children orphaned by AIDS in Cape Town. Cluver and Gardner (2006) state that children orphaned are exposed to multiple stressors, which compound and complicate their development. It is thus deduced that as a result of the vast number of children who do not have parents in their lives, South Africa, along with many other countries, is faced with the challenge of not only providing adequate institutional space for many of these

children, but also of ensuring that institutional care is able to facilitate the healthy holistic development of our nation's children.

An estimated 24.8% of South Africa's population is HIV positive, with approximately 4.7 million infected by the end of 2008. In 2004, globally, more than 14 million children under the age of 15 had lost their mother or father or both parents to AIDS. This figure is projected to reach 25 million by 2010 (Gulaid, 2004). Hunter and Williamson (2002) are of the opinion that the growing numbers of orphans will have a profound impact on the societies in which they live. With orphans eventually comprising up to a third of the population under the age of 15 in some countries, this outgrowth of the HIV/AIDS pandemic may create a lost generation, a large cohort of disadvantaged, under-educated and less than healthy youths.

The extended family and the elderly in particular are caring for a large number of children; many are experiencing significant strain doing so. For example in Mpumalanga, Makiwana, Schneider and Gopane (2004) found that 46.1% of people over the age of 60 were taking care of children between 6 and 18 years of age. Over two thirds of the respondents said they were experiencing moderate, severe or extreme difficulties in caring for these children. Makiwana, Schneider and Gopane (2004) voice concerns that this support system is weakening as orphan numbers and HIV prevalence increase. As a result of the extended families' inability to take care of and support these children, the percentage of South African children who will need to be accommodated within in children's homes and other care facilities, is set to rise (Makiwana, et al, 2004).

As a result of an increasing number of children entering children's homes it is important to determine what risks are related to living in a children's home, and what impact these risks have on the children who reside in the children's homes. Among the most significant risks to a child's well-being associated with residential care is that it reduces a child's opportunities to form a stable attachment to a specific adult (Dawes, van der Merwe & Brant, 2004). It is for this reason that an investigation into attachment issues is deemed highly relevant; especially in light of the fact that South Africa is faced with a

huge number of AIDS orphans who need to be provided with appropriate care to foster optimal development. Given the implications of the attachment theory, the role of the caregiver outlined by this theory, the escalating number of orphans in South Africa, and the lack of research of caregivers' perceptions on this issue, the proposed study is deemed relevant to the current South African context.

## **1.2. Purpose and goal of the study**

### **1.2.1. The purpose of the study**

The study was exploratory in nature, as it explored the perceptions of caregivers who work in a Johannesburg children's home. According to Bless and Higson-Smith (in Fouche, 2002, p. 109) exploratory research is "conducted to gain insight into a situation, phenomenon, community or individual." The study also had a descriptive nature, as the experiences of the caregivers were described. Bless and Higson-Smith (2000, p.154), see descriptive research as "social research with the primary aim of describing (rather than explaining) a particular phenomenon."

### **1.2.2. The goal of the study**

A goal is defined by Webster's Third International Dictionary quoted by De Vos (1986, p. 6) as 'the end towards which effort or ambition is directed: aim, purpose'. The goal of this study was to investigate through caregivers' reports whether the development, particularly the emotional development of 6-10 year old children who live in a Johannesburg institution, have been affected by any attachment difficulties. The term institution, for the purposes of this study, refers to a children's home or orphanage.

## **1. 3. Conceptual framework for the study**

This study is rooted in a qualitative approach. It aimed to investigate through caregivers' reports, whether the development, particularly the emotional development of 6-10 year old children who live in a Johannesburg children's home, have been affected by any attachment difficulties. Six caregivers participated in this study.

#### **1.4. The research questions**

The overall aim of this study is to explore caregivers' perceptions regarding the influence of attachment difficulties on 6-10 year old children's development, with special focus on their emotional development. As such, the following research questions have been formulated:

- What kinds of behaviour do six to ten year old children who live in a children's home manifest that caregivers might attribute to attachment difficulties?
- Do the caregivers feel the children's development and in particular, their emotional development, has been affected as a result of any attachment difficulties?

#### **1.5. Definition of terms**

The central terms utilised in this study will be discussed in the section that follows.

##### **1.5.1. Orphans**

A child is primarily defined by age, with common agreement being up to the age of 18 years, which is the legal age of majority in many sub-Saharan countries (Skinner, Tshoko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo, 2006).

The most commonly accepted definition of an orphan is a child who has lost one or both parents through death (Skinner, et al, 2006). The authors felt that this definition should be extended to include the loss of parents through desertion or if the parents are unable or unwilling to provide care. The extended definition is applicable to this study, as many of the children who reside in the specific children's home the study focused on, have lost their parents through desertion and other mitigating factors such as abuse and an inability of parents to care for these children.

### **1.5.2. Vulnerable children**

Vulnerable children are more difficult to define. It is not only HIV/AIDS and orphanhood that makes children vulnerable. A vulnerable child is seen to be someone who has little or no access to basic needs or rights. They may have both parents but may be compromised in other ways (Skinner, et al, 2006). This understanding appears to be most applicable and will therefore be used for the purpose of this study. World Vision (2003) listed some identifiers for vulnerability such as: children who live in a household in which one person or more is ill, dying or deceased; children who live in households who receive orphans; children whose caregivers are too ill to continue to look after them; and children living with very old and frail caregivers. It is well recognised in the South African context, that the majority of children who are rendered vulnerable are done so as a result of poverty and all its associated challenges to child development and outcomes (Dawes, et. al, 2007). Many of the children who reside in the children's home have been identified as vulnerable due to being exposed to environments that were previously described.

Additionally, many children are affected by domestic and community violence. Thus, poverty and violence are two key features of vulnerability, which are common to most groups of children requiring protection (Skinner, et al, 2006). The community context in which children live also influences vulnerability. Unsafe environments such as informal settlements without adequate housing, lack of toilets leading to the presence of raw sewage, or high levels of crime and exposure to or participation in crime, gangs and drug use, are particular external threats (Skinner, et al, 2006). It is important to bear in mind that vulnerability is not an absolute state. There are degrees of vulnerability depending on the situation of the child, as a number of factors contribute to a child's vulnerability. Thus, many of the children who reside in the specific Johannesburg children's home have been deemed vulnerable as a result of being exposed to environments that are characterised by the above criteria.

### **1.5.3. Definition of a caregiver**

A caregiver is the person who should be able to provide all aspects of care and be responsible for the child under their care (Scholfield & Beek, 2005). The roles of caregivers are seen as being: to protect the rights of the children in their care as far as they are able; provision of basic requirements of life and development including food, shelter, clothing and health care; provision of an environment that enhances psychosocial development and ensuring that the conditions exist for adequate emotional development (Skinner, et al, 2006).

Ritchie (2003) describes a caregiver as someone who looks after a child other than the biological mother of the child. This description fits in well with this study as it is focusing on children who are cared for by caregivers in a children's home. The church that runs the children's home that the study focused on employs the caregivers who work at this particular children's home. These caregivers are primarily responsible for taking care of the children's needs. It was therefore appropriate to interview these caregivers as they are seen as the people that provide care to these children with regards to their physical and emotional needs. According to Fonagy (2001), caregivers or house parents in children's homes are responsible for meeting the physical, social, cognitive and emotional needs of the child. Therefore, these caregivers' perceptions were deemed to be meaningful for the study.

### **1.5.4. Institutionalisation in institutions or children's homes**

According to the Child Care Act (Act No. 74 of 1983) children are placed in the care of an institution by the Children's Court. The court is the supreme guardian of all children in the country. This committal is done by a commissioner of child welfare, after the children are legally removed from their parental homes, normally by a social worker, in accordance with the relevant provisions of the Act.

The present Act (Act No. 74 of 1983) provides for the removal of children who are in the care of parents or caregivers who are unfit to care for them. The reasons for the removal of children from parental care differ. These children are popularly and incorrectly, often

referred to as orphans. The major reasons for the removal of children from parental care are not because they are orphaned, but rather for reasons such as parental neglect, physical and sexual abuse and the effects of poverty. When poverty, abuse or neglect have so disrupted a child's family life, the Act (Act No. 74 of 1983) makes provision for a social worker in the service of the government or one of the child protection agencies to investigate the parental home, and put together a professional report for the consideration of the Children's Court. One of the options that are open to the court is the placement of a child in a registered children's home.

#### **1.5.5. Culture**

Culture can be defined as a complex whole which includes knowledge, beliefs, arts, morals laws, customs and any other capabilities and habits acquired by a person as a member of a society (Clinton, 1996). A 'culture' can also be referred to as the sum of knowledge passed on from generation to generation within a given society (Clinton, 1996, 1997). 'Culture' can therefore be regarded as those values that are shared by people living together as a group. The definition of culture as being the sum of knowledge passed on from generation to generation within a given society will be utilised for the purpose of this study.

#### **1.5.6. Development**

Development can be defined as changes in the physical structures and cognitive, social and psychological processes that take place within an individual and which lead the individual from one stage to another (Goldberg, 1993). 'Development' can also be referred to as a process that is characterised by the gradual unfolding of the physical, cognitive, social and psychological structures in the course of a lifetime (Goldberg, 1993). Therefore, 'development' is characterised by progressive changes within an individual, which prepare and enable the individual to deal and cope with the demands of life.

## **1.6. Conclusion**

In this chapter background information pertinent to this study, as well the general aims of the study have been presented. Chapter 2, 3 and 4 provide the theoretical framework for the study. Chapter 2 starts with a discussion of child development. The relevance of this chapter is to create a benchmark against which we can gauge any straying from the developmental path that is considered 'normal' in the child developmental field.

Chapter 3 offers a broad overview of attachment theory. It starts with the definitional complexities around attachment and ultimately focuses on the contributions of John Bowlby to the field of attachment theory. In chapter 4, various aspects of institutionalisation that are pertinent to the study are outlined starting with discussions of the essentials for healthy personality development as well as effective childcare practices. Attention is given to the situations that lead to institutionalization namely maternal and other forms of deprivation, rejection, neglect, separation and abuse. In addition to this, the consequences of children being reared in institutions and factors that affect the impact on institutionalization, are reflected upon.

Chapter 5 entails a discussion of the delineation of the empirical study. Chapter 6 contains the presentation and discussion of results by means of contextualising these with relevant literature. In chapter 7, the study is concluded with recommendations, a summary and a discussion of the study's limitations.

## Chapter 2

### The developing child

#### **2.1. Introduction**

Spanning roughly 20 years, childhood and adolescence are marked by dramatic changes in physical, cognitive and social emotional skills and capacities (Johnson & Whiffen, 2003). Mental health in childhood and adolescence is defined by the achievement of expected developmental milestones and by secure attachments, satisfying social relationships and effective coping skills (Johnson & Whiffen, 2003). Mentally healthy children and adolescents enjoy a positive quality of life, function well at home, in school and in their communities (Harris, 1989). It is vital to remember that ‘children are not little adults’ and they need to be seen in the context of their social environments, that is family, peer group and their larger physical and cultural surroundings (Harris, 1989, p. 89).

The focus of this study is on the developmental stage of middle childhood, 6-10 year olds in particular. The relevance of this chapter is to create a benchmark against which we can gauge any straying from the developmental path that is considered ‘normal’ in the child development field. According to Fonagy (2001), attachment theory is a developmental theory that emphasises infancy and how it influences or affects later development. It is therefore important to see how early experiences influence and shape the type of person the infant becomes. Development is a life long process of growth, maturation and changes that unfolds during childhood and adolescence. An appreciation of normal development is crucial to understanding mental health in children and adolescents and the risks they face in maintaining mental health (Fonagy, 2001).

Although many theories have enriched the field of child development over the decades, this research will only focus on Erikson’ psychosocial theory and will provide some insight into African perspectives of child development. The scope of this research does not allow for an exhaustive history on child development.

## **2.2. Why focus on middle childhood?**

According to Biarchi and Robinson evidence is mounting that middle childhood development (children 6 to 12) is a more powerful predictor of adolescent adjustment and success than early childhood development. Middle childhood is a time of great opportunity to optimize health and promote development. It represents a unique and critical developmental period in which important competencies are developed. According to Eccles (1999) the years between 6 and 12 are a time of important developmental advances that establish a child's sense of identity. Focusing on children in a children's home who are aged between 6 and 10 enabled the researcher to explore if the children were manifesting behaviour different from normal development that may be suggestive of deviant developmental patterns which may include attachment difficulties. Taking into account that the children in this study are institutionalized, the researcher explored how this factor may be impacting what is normally regarded as normal childhood development.

## **2.3. Development**

Development is a lifespan process involving physical, behavioural, cognitive and emotional changes over time. Psychological literature is permeated with models of development representing the various perspectives of numerous theorists (Papalia, Olds & Feldman, 2004). However, common to the models is the consensus that:

- Development is an interactive, creative, ever- changing and dynamic process;
- The parent is not the exclusive (or even primary) source of the growing child's construct of reality or development of coping strategies; and
- Significant growth and change occur at any stage of life (Papalia, et al, 2004)

Just as physical development occurs in 'ages and stages' so too does social and emotional development. Being familiar with the appropriate ages and stages of social and emotional development is important to be able to accurately understand children's behaviour (Papalia, et al, 2004).

Human development is a universal phenomenon, characterised by various stages. However, these stages differ from one culture to the other (Berk, 1996). Each developmental stage tends to bring about expectations that are in accordance with a particular culture. In addition, in each culture there exist challenges that are specific to a given stage that needs to be overcome, with particular ways in which these problems are resolved, particular to a specific culture (Berk, 1996).

By understanding what typical, healthy development is, we can better understand how life can be complicated for children growing up in an institution where there is an interruption in the normal path of development. Normally, children develop and grow according to a set schedule (Berk, 1996). Growth and development begin prenatally and we know that maternal health, nutrition, exposure to stress or toxic chemicals, and the quality of life in general have a profound effect on the developing foetus. After birth, while children vary in their rates of development, they all proceed through the same sequences (Papalia, et al, 2004).

This overview of a reasonably normal childhood is important as we look at what happens to children who are institutionalised at an early age. More often than not, they are not exposed to the stimuli of relationships or placed in an environment where the usual needs can be met and the average tasks of childhood are not accomplished (Katz, 2001). Therefore this research aimed to determine if the children in this Johannesburg children's home were able to reach the developmental milestones outlined by Erikson or if the attachment difficulties they may have experienced affected their development in any way.

#### **2.4. Emotional development**

Considering that this study aimed to investigate the caregivers' perceptions regarding the children's development, in particular their emotional development, it is important to briefly discuss some key elements associated with the topic of emotional development.

Children's early social and emotional development depends on a variety of factors including genes and biology (e.g. physical health, mental health and brain development)

and environment and social issues (e.g. family/community parenting and child care). These factors can have a positive or negative influence on children's development (Denham, 1998). A growing body of scientific evidence tells us that emotional development begins early in life and that it has enormous consequences over the course of a lifetime (Denham, 1998).

To a large extent, the physical and mental health of a child is determined by the social, emotional and moral milieu surrounding him prior to his birth (Safonova & Leparsky, 1998). Children flourish best in an environment that is affectionate and secure (Bowlby, 1951). They need above all stability, safety and affection.

Denham (1998, p.9) explains that "from birth, children rapidly develop their abilities to experience and express different emotions, as well as their capacity to cope with and manage a variety of feelings". The development of these capabilities occurs at the same time as a wide range of highly visible skills in mobility (motor control), thinking (cognition) and communication (language). Yet, emotional development often receives relatively less recognition as a core emerging capacity in the early childhood years. The foundations of social competence that are developed in the first five years are linked to emotional well-being and affect a child's later ability to function effectively in school and to form successful relationships throughout life (Harris, 1989). As a person develops into adulthood, these same social skills are essential for the formation of lasting friendships and intimate relationships, effective parenting, the ability to hold a job and work well with others, and in addition, become a contributing member of a community.

The core features of emotional development include the ability to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and its expression in a constructive manner, to regulate one's own behavior, to develop empathy for others and to establish and sustain relationships (Denham, 1998).

Colin (1996) explains that the emotional health of young children, or the absence of it, is closely tied to the social and emotional characteristics of the environments in which they

live, which include not only their parents but also the broader context of their families and communities. Young children who grow up in homes that are troubled by parental mental-health problems, substance abuse or family violence face significant threats to their own emotional development. In fact, the experience of chronic, extreme and/or uncontrollable maltreatment has been documented as producing measurable changes in the immature brain (Colin 1996).

Children's early abilities to deal with their emotions are important not only for the foundation these capacities provide for the future, but also for the children's current social functioning with their parents, teachers and peers (Harris, 1998). In fact, differences in how young children understand and regulate their own emotions are closely associated with peer and teacher perceptions of their social competence, as well as with how well-liked they are in a classroom (Harris, 1998).

## **2.5. Erikson's psychosocial theory**

Although many studies regarding development have been conducted, most of them are of Western origin. Erikson's theory of human development is undoubtedly one of the most popular and influential theories worldwide. This popularity emanates from the notion that his developmental theory is based on studies involving various cultural groups. Berk (1996) explains that Erikson's theory offers an easy and understandable way of explaining human development. Erikson's psychosocial theory emphasises the development of culturally relevant attitudes and skills and the lifespan nature of development (Hook, 2002).

Erikson regarded successful psychosocial outcomes in infancy and childhood as paving the way towards a coherent, positive identity (Berk, 1996). According to Erikson, development is driven by basic psychological needs to achieve competence, autonomy and relatedness (Orton, 1997). Children seek opportunities to master and demonstrate new skills, to make independent decisions, and control their own behaviour and form good social relationships with peers and adults outside the family (Orton, 1997). Erikson did not regard important development tasks as limited to early childhood but believed

that they occurred throughout life. Erikson also pointed out normal development must be understood in relation to each culture's unique situation (Moshman, 1999).

Erikson's psychosocial theory basically asserts that people experience eight 'psychosocial crisis stages' which significantly affect each person's development and personality and each stage involves a crisis of two opposing emotional forces (Moshman, 1999). Successfully passing through each crisis involves 'achieving' a healthy ratio or balance between the two opposing dispositions that represent each crisis (Moshman, 1999). The years between 6 and 12 are characterised as middle childhood. The main task in this stage of development is to become absorbed in mastering the basics of technology to become productive. Consequently, children at this stage need positive and constructive feedback about their work and behaviour, since achieving success is important in their lives (Moshman, 1999).

Erikson's stages of development are generally regarded as universal and he intentionally did not stipulate clear fixed age stages. However in response to Erikson's theory Ramokopa (2001) states that it is important to question whether African children go through the same stages of development as outlined in Erikson's theory. Ramokopa (2001) suggests it is important to bear in mind that while Erikson emphasizes the importance of concepts such as competition, independence and egoism, Africans tend to put more emphasis on co-operation, inter-dependence and altruism respectively. Due to the fact that there is limited research on development from an African perspective, the researcher is aware that Erikson's theory does fall short of addressing and focusing on African culture particularly those who grow up in rural areas.

**Table 2.5.1 Erikson's stages of human development**

	<b>Positive Outcome</b>	<b>Negative Outcome</b>
<b>Stage 1: Infancy –Age 0-1</b> <b>Trust versus mistrust</b> Infants depend on others for food, warmth and affection. The child needs consistent and stable care in order to develop feelings of security	If needs are met consistently and responsively by the parents, infants will not only develop a secure attachment with parents but will also learn that their environment can be	If not, infants will develop mistrust towards people and things in their environment even towards themselves.

	trusted.	
<p><b>Stage 2: Toddler-Age 1 to 2</b>  <b>Autonomy versus shame and doubt</b></p> <p>Toddlers learn to walk, talk, use the toilet and do things for themselves. Their self control and self confidence begins to develop at this stage</p>	<p>If parents encourage their child's use of initiative and reassure him or her when they make mistakes the child will develop the confidence needed to cope with future situations that require choice, control and independence.</p>	<p>If parents are over protective, or disapproving of the child's acts of independence, the child may begin to feel ashamed of his or her behaviour, or have too much doubt linked to their abilities. Integrating feelings of shame and doubt about one's own capacity for self-control.</p>
<p><b>Stage 3: Early childhood age 2-6</b>  <b>Initiative versus guilt</b></p> <p>Children have new found power at this stage as they have developed motor skills and become more and more engaged in social interaction with people around them. They must now learn to achieve a balance between eagerness for adventure and more respond and learn to control impulses and childish fantasies. This stage involves developing a sense of initiative and ambition.</p>	<p>If parents are encouraging, but consistent in discipline children will learn to accept without guilt, that certain things are not allowed, but at the same time will not feel shame when using their imagination and engaging in make believe role-plays. During this stage, children develop the ability to initiate activities and enjoy following it through. Initiative, a sense of ambition and responsibility develops when parents support their child's new sense of direction and purpose.</p>	<p>If not children may develop a sense of guilt and may come to believe that it is wrong to be independent. Develop fear punishment and guilt about one's own personal feelings. Suppressing adventure and experimentation, or preventing young children doing things for themselves because of time, mess or a bit of risk will inhibit the development of confidence to initiate, replacing it instead with an unhelpful fear of being wrong or unapproved.</p>
<p><b>Stage 4: Middle Childhood (Age 6-12)</b>  <b>Competence(Industry) versus Inferiority</b></p> <p>School is the important event at this stage. At school children develop the capacity to work and cooperate with others Children learn to make things, use tools and acquire the skills to be a worker and a potential provider. In addition, they do all this while making the transition from the world of home to the world of peers.</p>	<p>If children can discover pleasure in intellectual stimulation, being productive, seeking success, they will develop a sense of competence and achievement. Confidence in their ability to do things. A child who experiences the satisfaction of achievement - of anything positive - will move towards successful</p>	<p>Inferiority develops when negative experiences at home school or with peers lead to feelings of incompetence and inferiority.</p>

	negotiation of this crisis stage.	
<p><b>Stage 5 Adolescence –Age 12-18</b>  <b>Identity versus Role Confusion</b></p> <p>This is the time when we ask the question: ‘Who am I?’ To successfully answer the question Erikson suggests the adolescent must integrate the healthy resolution of all earlier conflicts. Did we develop the basic sense of trust? Do we have a strong sense of independence and competence and feel in control of our lives. Adolescents who have successfully dealt with earlier conflicts are ready for the ‘Identity Crisis’, which is considered by Erikson as the single most significant conflict a person must face. Young persons search for a coherent personal and vocational identity.</p>	<p>The ability to see oneself as a consistent and integrated person. If the adolescent solves this conflict successfully, he will come out of this stage with a strong identity and ready to plan for the future.</p>	<p>If not the adolescent will sink into confusion, unable to make decisions and choices especially about vocation, sexual orientation and their role in life in general. Confusion over whom and what one is.</p>
<p><b>Stage 6 Adulthood</b>  <b>Intimacy versus Isolation</b></p> <p>Intimacy means the process of achieving relationships with family and marital or mating partner(s). Erikson explained this stage also in terms of sexual mutuality - the giving and receiving of physical and emotional connection, support, love, comfort, trust, and all the other elements that we would typically associate with healthy adult relationships conducive to mating and child-rearing. There is a strong reciprocal feature in the intimacy experienced during this stage - giving and receiving - especially between sexual or marital partners.</p>	<p>Young people work on establishing intimate ties to others</p>	<p>Because of earlier disappointments, some individuals cannot form close relationships and remain isolated from others. Isolation conversely means being and feeling excluded from the usual life experiences of dating and mating and mutually loving relationships. This logically is characterised by feelings of loneliness, alienation, social withdrawal or non-participation.</p>

<p><b>Stage 7- Middle adulthood</b>  <b>Generativity versus stagnation</b></p> <p>Generativity derives from the word generation, as in parents and children, and specifically the unconditional giving that characterises positive parental love and care for their offspring. Generativity means giving to the next generation through child rearing, caring for other people, or productive work. Erikson acknowledged that this stage also extends to other productive activities. Generativity potentially extends beyond one's own children.</p>	<p>Positive outcomes from this crisis stage depend on contributing positively and unconditionally. Caring for children is the common Generativity scenario, but success at this stage actually depends on giving and caring - putting something back into life, to the best of one's capabilities.</p>	<p>Stagnation is an extension of intimacy, which turns inward in the form of self-interest and self-absorption. It is the disposition that represents feelings of selfishness, self-indulgence, greed, lack of interest in young people and future generations, and the wider world.</p>
<p><b>Stage 8- old age</b>  <b>Integrity versus Despair</b></p> <p>This is a review and closing stage. The previous stage is actually a culmination of one's achievement and contribution to descendents, and potentially future generations everywhere. Integrity means feeling at peace with oneself and the world</p>	<p>No regrets or recriminations. people are more likely to look back on their lives positively and happily if they have left the world a better place than they have found it. Integrity results from feeling that life was worth living as it happened. This stage is a powerful lens through which to view one's life, even before old age is reached.</p>	<p>Despair and/or 'Disgust' represent the opposite disposition: feelings of wasted opportunities, regrets, wishing to be able to turn back the clock and have a second chance.</p>

(Berk, 1996; Papalia et al, 2003).

## **2.6. Middle childhood**

When people think of dramatic changes in children over time, they typically think about the first two or three years of life. Although these years are marked by striking changes, the developmental and social changes that occur between ages 6 and 12 are drastic as well (Eccles, 1999). Erikson (1959) stressed the importance of middle childhood as a time when children move from home into wider social contexts that strongly influence

their development. Erikson viewed the years between 6 and 12 as a time when children should develop a sense of industry and learn to cooperate with peers and adults. Involvement in formal schooling and organized activities that begins in these years introduces children to new social roles in which they earn social status by their competence and performance (Papalia, et al, 2004).

Children who do not master the skills required in these new settings are likely to develop what Erikson called a 'sense of inferiority', which can in turn lead to long lasting intellectual, emotional and interpersonal consequences (Smith, 2003). Skills of self-awareness develop dramatically during middle childhood. Children begin to plan consciously, coordinate actions, evaluate their progress and modify their plans and strategies based on reflection and evaluation (Papalia, et al, 2004).

Children of these ages cluster together in the same sex groups and tend to exclude members of the opposite sex from their activities. An orientation to achievement and competitiveness may result in a tendency to be argumentative, particularly in the family context (Smith, 2003). The child's value system is frequently augmented from sources outside the family and teachers and peers begin to play an increasingly prominent role (Dwivedi, 1999).

During middle childhood, children are able to express more than one emotion at a time and are able to experience different emotions simultaneously. Orton (1997) explains that emotionally during middle childhood, children have the ability to show empathy because their increasing cognitive ability makes it possible to take other people's role or perceive his or her point of view. Orton (1997) states that as children mature, they define themselves in terms of the family, peer group and larger society. As children slowly build up their self-esteem, they need to know that they are doing well and that they are viewed as competent and are accepted by the important people in their lives.

Accomplishments and achieving a sense of 'industriousness' are the central tasks of this age group of children. They develop a sense of humour, learn to argue constrictively and

take on some responsibility. Unhelpful parental behaviours include situations where parents become competitive with their offspring, or those in which they are either dogmatic and authoritarian, or permissive and overly relaxed (Dwivedi, 1999).

Successful negotiation of the developmental tasks results in a sense of pride at accomplishments, with a concomitant sense of the individual's capability and personal adequacy. Difficulties in this stage may lead to cheating, lying and stealing. Non-completing tasks and 'giving up', or excessive rebellion are indicators that the child has difficulty in negotiating these developmental tasks (Dwivedi, 1999).

Dwivedi, (1999) is of the opinion that the adult, who suffered difficulties that originate in this stage, presents as rigid and inflexible. Children who experience challenges frequently do not complete tasks in spite of a harried and perfectionist style. Performance takes place without forethought, and self-criticism is commonplace. Problems are frequently made overt when there is a necessity to deal with authority figures or when new skills are being learned (Dwivedi, 1999).

## **2.7. Critique of Erikson's theory**

Erikson's theory of human development appears to be universally applicable in many ways (Ramokopa, 2001). First, its strength lies in the fact that each stage is orderly and organised. Secondly, Erikson's theory seems to agree with all four characteristics with the philosophy of human development, namely development is multidirectional, continues throughout life, is influenced by both hereditary and environment and that it reflects cultural differences. Third, the research put into developing this theory renders a valuable tool in helping to understand human development (Ramokopa, 2001).

It is not surprising that Erikson's theory of human development is highly regarded by human developmental theorists, and is largely accepted as universal applicable. This is despite the fact that this theory is based mainly on studies outside Africa. Some literature pertaining to African developmental stages now follows

## **2.8. Developmental stages from an African perspective**

Studies in child development particularly in Africa were only initiated after the colonisation of this continent by Western powers (Ramokopa, 2001). Developmental stages amongst Africans seem to be defined not in terms of age alone, but in terms of the capabilities of an individual at a given period as well. Ramokopa (2001) suggests that the developmental stages that fit into the African perspective can be broken down into the following: birth and infancy, early childhood, pre-puberty and puberty. According to Ramokopa (2001), the four stages correspond to Erikson's first six stages of development. A brief overview of these stages according to the African perspective now follows.

### **2.8.1. Birth and infancy**

In traditional African countries, the birth of a child is joyously hailed throughout the village (Schapera, 1950). Africans describe the infancy stage as a period between birth and weaning (Whiting, 1963). Therefore weaning is regarded as a measure to determine a child's readiness for the next stage as opposed to the use of age in Erikson's theory. During this stage, after the child is born and until it is weaned, the child leads a warm, secure and pampered existence (Van der Vliet, 1974). The child's early physical experience of closeness by being carried on his mother's back or caregiver's back helps the African child to develop feelings of closeness, thereby becoming attuned to the tempo of his people (Blacking, 1964). These processes seem to correspond to Erikson's first and second stages of development being stages where trust and autonomy develop.

### **2.8.2. Early childhood/play stage**

This stage introduces a child to a time during which it is to assume specific roles within society. From an early age, children are allocated certain duties and chores according to gender and depending on the readiness of the child (Van der Vliet 1974). In Erikson's terms, this stage can be regarded as being industrious. The early childhood/play stage prepares the child to be socialised. According to Van der Vliet (1974), the African child is introduced to members of the community by the mother or caregiver, who moves from place to place with the child. In most African societies, human relationships are more

important than mental or physical development. Therefore, the development of positive social skills is of the utmost importance to Africans.

The encouragement children receive from adults reinforces their behaviour and assists in the learning and internalisation of roles (Ramokopa, 2001). The introduction of different roles has an important psychological function. It represents growth, development and competency. The child is provided with the opportunity to associate with and learn certain cultural values from others. As a result, socialisation is enhanced enabling the child to develop a sense of belonging. Emotionally the child starts to learn to control his emotions such as joy, laughter, love, jealousy and aggression. Ramokopa (2001) explains that during this time children become increasingly independent and establish friendships with other children, which mark the beginning of the development of interdependence and collective responsibility.

### **2.8.3. Pre-puberty**

During this stage, both male and female children form groups and relate as such. In addition, children's responsibilities increase and psychologically they experience a sense of achievement and competence. This stage thus plays a significant role in the social and emotional development of an African child as it strengthens the interdependence, which later leads to the acquisition of feelings of altruism (Blacking, 1964).

### **2.8.4. Puberty**

Puberty is characterized by a variety of rituals intended to integrate the child into African societies. This stage is said to mark the beginning of physical maturity.

It is important to briefly examine how the contexts children grow up in influence their development. This shall be done in the section below.

## **2.9. Importance of the family context for development**

The early relationship environment is crucial not only because it shapes the quality of subsequent relationships, but because it serves to equip the individual with a mental

processing system that will subsequently generate mental representations including representations of relationships (Fonagy, 2001). Environments can enhance growth or create risks for children. When a vulnerable child is exposed to unfavourable child rearing contexts, development is seriously threatened. The context that fosters optimal growth is, in most cases and ideally, the family (Hook, 2002). The family introduces children to the physical world through opportunities for play and exploration of objects (Senior, 2002). It also creates bonds between people that are unique. The attachment children form with parents and siblings usually lasts a lifetime, and they serve as models for relationships in the wider world of neighbourhoods and schools (Goldberg, 2000). Within families, children also experience their first social conflicts. Discipline by parents and arguments with siblings provide children with important lessons in compliance, cooperation, and opportunities to learn how to influence the behaviour of others. Within families, children learn the language, skills and social and moral values of their culture (Berk, 1996; Goldberg, 2000).

Naturally, the ideal would be to place children in an environment where all these needs are met should the family fail in this task. This is the motivation behind children's homes. It is meant to be a substitute environment where the child is able to achieve optimal development in the absence of the family. Children's homes however often fail to live up to these expectations and lead to a decrease in children's ability to establish and maintain close personal relationships (Bowlby, 1952). In the report by Bowlby on maternal care and mental health, he argued that maternal separations were a clear risk factor for mental illness, and that institutional care was very damaging to children unless it provided them with a true substitute for a mother (Goldberg, 2000).

## **2.10. Examining family structures prevalent in Africa**

According to Degbey (2003), the fundamental unit of all societies is the family. The family is usually the major source of the basic necessities of life and health; love and tenderness, adequate food, clean water, a place and time for rest, clothing and sanitation, to the extent made possible by socio-economic, cultural and environmental conditions. Thus, in discussing issues regarding the welfare of children, it would be rather

superfluous to overlook the basic cultural and traditional child bearing practices of the society in which the children are being raised.

Degbey (2003) explains that in the traditional, rural societies the extended family system which includes several generations plus cousins, uncles and aunts living in a compound or close to one another, form the family. It is common that the members of the community share responsibility for the social development of the child. Although the mother has a fundamental responsibility for child rearing and development, it is shared among all members of the family. There are many mothers for a child ( Degby, 2000, p. 6). Thus, the African child usually develops a strong sense of social responsibility from his earliest years and learns to be a respectful, responsible, and supportive member to his extended family.

Ramokgopa, (2001) describes the family as ideally being responsible for the care and up bringing of all children. It is a cohesive unit, which ideally provides economic, social and psychological security to all its members. Thus according to Ramokgopa, (2001) the way society defines a family defines social and moral norms and safeguards material and spiritual customs and traditions as well as providing a variety of role models preparing the way for adulthood.

The caregivers who were involved in the study have had their own unique experiences of having grown up and been reared within various African cultures. Thus, it was imperative to try to gain an understanding of these caregivers' experiences and perceptions of child rearing. All the caregivers who were involved in the study had their own connotations of what a family entails and how children should be reared in order to ensure they have optimal developmental opportunities.

The perceptions the caregivers' held influenced how they viewed the children in their care and influenced their understanding of children's development. The researcher will endeavour to bear in mind that there will be a gap between the caregivers perceptions of what is happening with the children in their care and what is actually going on.

### **2.11. Conclusion**

Ramokopa (2001) states that any theory on human development should take the unique nature of the times we are living in into consideration. The changes in the socio-economic and political world that are taking place have a direct impact on cultural values especially in rural South African areas. It is clear that the children grow, develop and learn throughout their lives from birth and infancy into adulthood. According to Berk (1996, p.3) as children grow, all the different domains of development, social, cognitive, physical and emotional development are interrelated and the one domain has an influence on the other.

In this chapter a broad overview of Erikson's psychosocial theory and some African perspectives on child development were discussed. Chapter 3 will look at Attachment Theory and the contributions that were made to this field of study.

## **Chapter 3**

### **An overview of attachment theory**

It is considered essential to gain a more in-depth understanding of the attachment literature pertinent to this study, in order to formulate a more precise area of enquiry, which could then be used to guide research that is more extensive in the future. This chapter will focus on literature which defines and discusses attachment, attachment disorders and caregivers' attachment style.

#### **3. 1 Introduction**

The growth of psychological knowledge has shown that children need to experience real affection, appreciation and recognition from other people (Goldberg, 2000). Bowlby (1947) asserts that without this, children receive no assurance that they are good, worthy, loveable and wanted. Bowlby (1947) further emphasised that, for the importance of the child's emotional development, children should have this assurance to offset their inner fears of badness, unworthiness and their sense of rejection. One such theoretical perspective, namely attachment theory, has focused on the process whereby infants and young children develop confidence in their parents' protection (Goldberg, 2000). This chapter presents a review of attachment theory and related issues. The focus is mainly on the ideas of John Bowlby as well as those who have influenced his ideas.

#### **3. 2 Introducing John Bowlby**

John Bowlby is described as one of the 'three or four most important psychiatrists of the twentieth century' (Storr in Goldberg, 2000, p.1). The escalation in mother infant research since the 1970's can be traced largely to the inspiration of Bowlby and his collaborators such as Mary Ainsworth and James Robertson. Bowlby's conceptualisation of attachment theory provided unique contributions to the field of psychoanalysis and more broadly to Psychology and Psychiatry (Goldberg, 2000). A rare and initially controversial figure in the psychoanalytic community, Bowlby emphasized the importance of empirical and extra-clinical validation of theory and in doing so,

established numerous alliances with researchers in various disciplines outside of his own (Goldberg, 2000).

Involved in child guidance work, Bowlby was particularly concerned with disturbances of children raised in institutions (Crain, 1992). He observed that children reared in institutions and orphanages frequently presented with a variety of emotional problems which included an inability to form intimate and lasting relationships with others. Bowlby assumed that these disorders stemmed from the children's deprivation of a solid attachment to a mother figure early in life (Crain, 1992). He also noted that children raised in 'normal' homes who endured prolonged separations from their primary caregivers frequently presented with similar symptoms. Bowlby hypothesised that the trauma endured as a result of separation or inadequate attachment impacted negatively on the development of children's subsequent relationships. Based on various experiments, Bowlby stated that a child's development could not be understood without paying attention to the mother-infant bond (Crain, 1992).

Wikipedia (2008) state that the affectional bond, sometimes referred to as the emotional bond is based on the universal tendency for humans to attach, in other words to seek closeness to another person and to feel secure when that person is present. Bowlby (1969) proposed that babies have an inbuilt need from birth to make emotional attachments, or bonds, because this increases the chances of survival by ensuring that they receive the care they need.

Drawing on concepts from ethnology, cybernetics, information processing, developmental psychology and psychoanalysis, Bowlby formulated the basic tenets of his theory. He thereby revolutionized our thinking about a child's tie to his or her mother and its disruption through separation, deprivation and bereavement (Bretherton, 1992). Mary Ainsworth's innovative methodology not only made it possible to test some of Bowlby's ideas empirically, but also helped expand the theory. She contributed to the understanding of the attachment figure as a safe base from which an infant can explore the world. In addition, she formulated the concept of maternal sensitivity to infant signals

and its role in the development of infant-mother-attachment patterns (Bretherton, 1992). Later object relations theories proposed by Fairbairn and Winnicott were affable to Bowlby's attachment theory in that they embraced the primacy of the individual's need for a relationship and the relational structure of the self (Gomez, 1998). However, certain fundamental differences between Bowlby's attachment theory and other prevailing psychoanalytic theories of the time resulted in Bowlby's ostracism from analytic circles for almost two decades.

### **3.3. Definitions of attachment**

Attachment refers to the enduring ties that children form with their primary caregivers; it includes a desire for proximity to an attachment figure, a sense of security derived from the person's presence and feelings of distress when the person is absent (Webb, 2003; Gomez, 1997). Although parent-child relationships are not the only determinants of children's behaviour, researchers believe that developmental perspectives based on people's past and present socio-emotional experiences particularly within close relationships offer a powerful insight into human personality styles of care giving and the character of interpersonal life (Howe, Brandon, Hinnings & Schofield, 1999). Relationships provide the key experiences that connect children's personal and social worlds (Kaplan & Sadock, 2007).

Attachment is also viewed as the deep and enduring connection established between a child and caregiver in the first several years of life. It profoundly influences every component of the human condition - mind, body, emotions, relationships and values (Katz, 2001). Attachment is not something that parents do to their children; rather, it is something that children and parents create together, in an ongoing reciprocal relationship. Thus, there is a clear relational component to attachment. Attachment to a protective and loving caregiver who provides guidance and support is a basic human need, rooted in millions of years of evolution (Marsh & Wolfe, 2002).

Infants are born with behaviours designed to promote attachment, such as crying, sucking and smiling at the sight and sound of people. These behaviours attract a response from caregivers, which forms the basis of the reciprocal relationship, or attachment between infant and caregiver (Schofield & Beek, 2005). Attachment is also understood to be a behavioural control system that maintains the safety and security of infants and children through the care and nurturance of a caregiver.

According to Bowlby (1969), attachment behaviour becomes organised according to the child's ongoing interaction with attachment figures from infancy through to adolescence. Children look for protection, comfort and assistance from the caregiver and this is a primary feature of attachment behaviour. Ainsworth (1989) expanded on Bowlby's work with the idea that the primary caregiver acts as a secure base for exploration. How well the caregiver meets the needs of the infant will therefore affect the security of the attachment.

### **3.4. Attachment behaviour**

Bowlby defined attachment behaviour in observable terms as any form of behaviour that results in a person attaining or retaining proximity to some other individual other than the self (Bowlby, 1988). As long as the attachment figure remains accessible and responsive, the behaviour may consist of little more than checking by eye or ear on the whereabouts of the figure and exchanging occasional glances or greetings. In some circumstances, however following and clinging to the attachment figure may occur and also calling or crying which are likely to elicit care giving (Webb, 2003).

When the attachment behavioural system is in its goal state, which means that there is adequate proximity and contact for the environmental conditions, attachment behaviours are not evident. However, if threats to safety are perceived, attachment behaviours are activated (Goldberg, 2000). Attachment behaviour brings infants into close proximity to their primary caregivers. It is within these close relationships that children learn about themselves, other people and social life in general (Goldberg, 2000).

If a function of attachment behaviours is to ensure safety, the effect of attachment is that it becomes the 'safe base' for an individual's exploration behaviours, which is a necessary requisite for cognitive, social, emotional, and physical development (Perry, 2002). Safe early attachment opportunities and the effect they have on exploration and growth are reported to be the most critical from birth through to early childhood. This is perceived to be when the brain is most sensitive to social, emotional, cognitive, and physical experiences, both positive and negative (Perry, 2002). This balance between a child's attachment seeking behaviours and a child's exploratory behaviours were first demonstrated through the now famous 'stranger situation' experiment by Ainsworth and Bowlby (Ainsworth, 1978).

Secure attachment is a protective factor providing a degree of predictability and control for young children (Bowlby, 1969). Furthermore, most theorists see attachment as a biologically rooted motivated system that matures throughout the first year of life and motivates the child to seek comfort, support and nurturance from discriminated attachment figures (Zeanah, 2000). In the context of a secure attachment, children are thus likely to be better equipped to regulate their own affect.

### **3.5. Types of attachment patterns**

From the 'Strange Situation' experiment Ainsworth was able to distinguish three primary attachment classifications: secure, resistant and avoidant (Ainsworth, 1989). These patterns were linked to caregivers' success or failure in responding to, and meeting the infant's needs (Goldberg, 2000). In later research Main and Solomon described an additional attachment category, the disorganised /disoriented category (Goldberg, 2000; Senior, 2002).

Infants with a **secure** pattern of attachment typically protest when they are separated from their caregiver, and they attempt to regain closeness to the caregiver upon reunion. The **avoidant** attachment style involves behaviours that resemble rejection. Infants with this pattern tend to ignore the caregiver's departure and return and actively avoid the caregiver's attempts to regain contact (Marsh & Wolfe, 2002).

The **resistant ambivalent** pattern is characterised by a preoccupation or fixation on the caregiver in which the caregiver is alternatively sought for comfort and rejected.

The **disorganized** style of attachment is typically seen in infants who have been maltreated by their attachment figures. They exhibit conflicted behaviours such as simultaneously reaching for and turning away from the caregiver. This is most likely related to the inherent conflict between the attachment object being both the cause of distress and the infant's only potential source of comfort from distress (Marsh & Wolfe, 2002).

The authors explain that disorganised attachment is commonly observed in children who have carers who have been abusive, neglectful, addicted to drugs or alcohol or who have had disrupted attachments in their own childhoods. Disorganised attachment behaviour in infancy has been linked to a high risk of serious behaviour problems later in life (Schofield & Beek, 2005).

When children do not have stable emotional attachments with primary adult caregivers for whatever reason, there are often severe long-term consequences (Cooper, Shaver & Collins, 1998). These consequences are evident in the potential for slower or arrested development and have implications for overall brain function (Perry, 2002).

Attachment can be interrupted for many reasons. One such reason is a lack of parental availability to connect with the child. Some infants are not offered a readily available attachment figure as in the case of infants who were raised in multiple placements or orphanages (Gomez, 1997). Other sources of attachment problems experienced by children in care are those that arise as a result of neglect or abuse.

These problematic attachment relationships can affect children in numerous ways (Webb, 2003). Children may become insecure and in desperate need of care giving. In this case, the child necessarily spends more time seeking out attachment and less time exploring their environment. The child may develop a pattern where they move from constantly seeking out their primary attachment figure to seeking out attachment indiscriminately. Another pattern children may develop is to become detached from adult caregivers.

(Ward & Lipper, 2002). They may choose to seek out other attachments that provide them with predictable attachment patterns although not necessarily healthy ones (i.e. friends, drugs). By the time, children enter children's homes, they often have set a pattern of attachment behaviours and beliefs that put them at risk and are difficult to address.

### **3.6. Quality of maternal responsiveness to infants**

The kind of attachment shown by the infant in the first year was closely linked with mothers' responsiveness to them during their first year (Bowlby, 1969; Gomez, 1997). The mother's expressed attitude towards her infant is the overwhelmingly deciding factor in how secure the infant will be at the age of one. Maternal sensitivity and responsiveness are the main determinants of secure attachment (Senior, 2002). If the mother receives help in changing her feelings and behaviour towards her infant, the infant can develop a secure attachment despite an insecure starting point (Kobak, 1999).

The mothers of securely attached infants are the most attuned and sensitively responsive to their infants, interacting with them freely and with enjoyment, picking up their signals and responding to their distress promptly (Goldberg, 2000). They are described as emotionally expressive and flexible in dealing with their infants (Goldberg, 2000). The insecure-avoidant infants are likely to have mothers who interact with them less, are slow to respond to distress, are uncomfortable with close body contact and hold a practical rather than personal attitude with them. Their positive feelings about their infant are often overridden by anger and irritation (Goldberg, 2000). They are minimally expressive, relatively rigid in dealing with their infants and often interfere unnecessarily with their infants' activities. The mothers of insecure-ambivalent infants tend to respond unpredictably and inconsistently, and are rather insensitive to their infants' signals, but are less rejecting than mothers of insecure-avoidant infants (Goldberg, 2000). They are more likely to be inept in physical contact with their infants, and they show little spontaneous affection (Kobak, 1999).

The insecure-disorganised infants generally come from profoundly disturbed backgrounds involving abuse, severe neglect or psychosis (Goldberg, 2000). It is

therefore clear that how mothers respond to their infants has a huge influence on the type of attachment patterns that the child will develop.

### **3.7. Separation and attachment**

Bowlby was predominately interested in giving systemic attention to concepts such as “affectional bonds, separation, anxiety, grief and mourning, unconscious mental processes, defence, trauma and sensitive periods in early life” (Bowlby, 1961, p.7). While he was particularly interested in ‘failures to imprint’, Bowlby’s primary focus of interest lay in cases where the child suffered a separation from the attachment figure after an attachment had been formed. According to Bowlby, separation from the primary attachment figure has a profound impact on the child. Based on his research, Bowlby (1961) claimed that separation generally follows the following course: protest, despair and finally detachment. Depending on a combination of factors, including the circumstances around separation, the child may or may not re-establish his tie to the primary caregiver when she returns.

Various studies following Bowlby’s initial hypotheses have further explored the relevance and accuracy of his separation hypotheses. Ward and Lipper, (2002) conducted a longitudinal study exploring the effects of early parental separation on adolescents’ parental attachments. Their findings reiterated Bowlby’s assertion that exposure to parental separation is significantly associated with lower attachment patterns in adolescence as well as greater negative perceptions of maternal and paternal care and protection during childhood. These findings are consistent with research indicating that adult offspring from separated families are inclined to feel less close to parents and having more interpersonal difficulties with parents than offspring from intact nuclear families (Ward & Lipper 2002). With regards to the developmental timing of the first separation, a linear relationship between the age of the child at the first separation, later parental attachment and perceived parent-child relations was found (Ward & Lipper, 2002). The younger the child at the time of first separation, the lower the subsequent parental attachment and the more likely that the mother and father were perceived by the child as less caring and more overprotective.

The results of this study supported Bowlby's (1988) notion that the child's experiences with his primary caregivers during childhood, have a significant impact on the security of the attachments developed and maintained. Various possible explanations could account for the links between early separation of the parent from the child and the negative repercussions as found in this study.

Bowlby's attachment theory postulates that a key socialisation goal of early childhood is the formation of a secure and consistent parent-child relationship as a foundation for subsequent interpersonal relationships (Bowlby, 1961). Younger children are significantly more dependent on parents for the fulfillment of their socio-emotional and physical needs than are older children. Thus disruption to the early socialisation processes due to parental separation may have a more enduring impact on the emotional bonds children develop with their parents. Older children on the other hand will have more time in which to establish secure parental relationships and are likely to be less dependent on parents for all their relational needs at the time of separation (Woodward, et al, 2000).

In his theory of attachment, Bowlby emphasised the role of social networks and economic and health factors in the development of well functioning parent-child relationships (Bretherton, 2000). Parental separation and family breakdown are frequently associated with higher post separation rates of family instability and socio-economic hardship. Thus parental separation results not only in the loss of a parent figure from the home, but also frequently results in changes in family functioning, socio-economic difficulties, parenting stress and increased exposure to remarriage and household reorganization. These stresses may be difficult for children to cope with effectively and may also distract parents from involvement with their children, which may in turn have adverse consequences for the quality of subsequent parent-child relationships.

Thus, the linear relationship found between the age of the child at separation and parental attachment outcomes could also be indicative of children's varying length of exposure to subsequent family stress, change and adversity, with younger children having the greatest

exposure to these factors and perhaps also the fewest developed inner resources to cope with and make sense of these difficulties (Woodward, et al. 2000).

As discussed earlier the interaction between the mother and child is particularly significant. While most studies have explored the child's developing tie to the mother, little attention has been paid to the unique experience in the life of the adult in forming an enduring tie with a baby. In their study, Feldman and Weller (1999) focused on post-partum thoughts and behaviours and explored maternal bonding under conditions of proximity, separation and potential loss. They found that 'regarding the relational aspect of bonding, which concerns the formation of a selective bond, a linearly declining pattern was observed with the increase in the duration of mother-infant separation' (Feldman & Weller, 1999, p.937). Based on the finding of this study, it seems evident that prolonged separation between mother and infant negatively affects both the mother and infant.

### **3.8. Attachment in children's homes**

Every child entering a children's home has a unique attachment history (Scholfield & Beek, 2005). When a child enters a children's home, they are faced with forming new attachments to their caregivers. The nature of these attachments, according to Fahlberg (1994), varies depending on the child's attachment style, their developmental age and the temperament of the child. Thus, the caregivers' perceptions of the children's behaviour will be influenced by the children's attachment style, temperament and age and by the caregivers' own unique views relating to children's behaviour.

According to Fahlberg (1994), a securely attached bond enables the child to reach his or her full potential, sort out his or her perceptions, think logically, trust others, become more self-reliant and increase their self-esteem. Due to children's attachment history, children who enter children's homes often enter with an expectation that their carers will be unresponsive or will hurt them (Fahlberg, 1994). They cannot comprehend how their present carer can be available and nurturing when all their previous experiences tell them that carers are unresponsive and not reliable. Children who have been hurt by a previous carer are often watchful, fearful and alert to danger, even when there is no threat apparent

(Schofield & Beek, 2005). They may resist forming attachments in order to avoid the pain of losing them. They do this by either actively detaching or alienating themselves from the caregiver.

According to Schofield and Beek (2005), few children who enter a children's home will be securely attached. Many will be insecurely attached to some extent and a large proportion will suffer from extremely disrupted attachment referred to as disorganised attachment.

Many caregivers may find it hard to understand why their warm responsiveness is often ignored or met by a whining or destructive response. Schofield and Beek (2005) state that challenging, irrational and rejecting behaviours can bewilder, frustrate and demoralise even the most committed and experienced caregiver.

### **3.9. Attachment style of caregivers**

The ability to provide quality care to children, depends on a number of factors, such as the caregiver's own attachment experiences both in childhood, and as an adult, being one factor. According to attachment theory, close relationships in adulthood are viewed as originating from childhood relationships with parents or caregivers. Responsiveness of the attachment figure to the child's emotional needs leads to a secure attachment (Bowlby, 1969; Hazan & Shaver, 1987), while the lack of such care giving leads to insecure attachment. The nature of the relationship between infant and caregiver over time leads to the child forming an attachment-working model, or a mental representation of the infant- caregiver relationship. This attachment-working model shapes how the person comes to view the self and other's responsiveness to emotional needs, evolving into an attachment style that the person carries into adulthood (Bowlby, 1973; Hazan & Shaver, 1987).

How adults interpret and respond to the needs of children depends on early experiences with caregivers and current states of mind with respect to attachment (Main, 1990). These states of mind refer to the way in which adults process thoughts and feelings associated

with their own attachment experiences, and which have been categorised as coherent, idealising or unresolved (Main, 1990)

Secure caregivers tend to have coherent representations of attachment relationships generally and interpret and respond appropriately to the child's needs. They act as a secure base from which the child can explore their environment (Main, 1990). These adults are said to have autonomous states of mind with regards to attachment. Adults with insecure attachment styles (dismissing, preoccupied or resolved) react to the child in ways that do not reflect sensitivity to the child's needs. Dismissing parents may idealise current and past relationships, or displaying a lack of coherence in the consistency of their discourse on attachment. Such caregivers usually minimise attachment behaviour in their children, and may be emotionally distant towards them, as attachment behaviours may evoke their own feelings of vulnerability (Main, 1990).

Preoccupied caregivers (displaying angry attachment styles) tend to have confused mental representations of attachment. They may encourage dependence in children while at other times fail to respond to distress (Caltabiano & Thorpe, 2007). Caregivers with unresolved attachment issues of trauma and loss often describe themselves as feeling inadequate as caregivers and may fear losing control (Caltabiano & Thorpe, 2007).

### **3.10. Attachment disorders in children**

The attachment process is based on fine-tuning the relationship between the caregiver and child. Therefore, multiple difficulties may arise in any situation (Schwartz & Davis, 2006). The attachment and care giving systems are at the heart of that crucial first relationship. The infant's repertoire of attachment behaviours are matched by a reciprocal set of care giving behaviours in the mother (Smith, 2003). Attachment behaviours change as the child develops. Any factors that interfere with bonding experiences can interfere with the development of attachment capabilities (Smith, 2003).

Smith (2003, p.8) explains that when the interactive, reciprocal "dance" between the caregiver and infant is disrupted or difficult, bonding experiences are difficult to

maintain. Disruptions can occur because of primary problems with the infant, the caregiver, the environment, or the "fit" between the infant and caregiver. Consistency in the response of the caregiver is an important factor in building secure attachments. Where the environment is chaotic and the primary caregiver is not available to the child, secure attachment will not be possible. According to Smith and Prior (2004), the child's "personality" or temperament influences bonding. If an infant is difficult to comfort, irritable, or unresponsive compared to a calm, self-comforting child, he or she will have more difficulty developing a secure attachment. The infant's ability to participate in the maternal-infant interaction may also be compromised due to medical conditions, such as prematurity, birth defects, or illness (Cicchetti & Cummings, 2001).

Cicchetti and Cummings (2001) explain that the caregiver's behaviours can also impair bonding. Critical, rejecting, and interfering parents tend to have children that avoid emotional intimacy. Also noteworthy is that abusive parents tend to have children who become uncomfortable with intimacy and withdraw. The child's mother may be unresponsive to the child due to maternal depression, substance abuse, overwhelming personal problems, or other factors such as poverty and domestic violence that interfere with her ability to be consistent and nurturing to the child (Cicchetti & Cummings, 2001).

Crain (1992) states that a major impediment to healthy attachment is fear. If an infant is distressed due to pain, pervasive threat, or a chaotic environment, they will have a difficult time participating in a supportive care giving relationship. Infants or children in domestic violence, refugee situations, community violence, or war zone environments are vulnerable to developing attachment problems.

The "fit" between the temperament and capabilities of the infant and those of the mother is crucial (Wolf, 1963). Some caregivers can be just fine with a calm infant, but are overwhelmed by an irritable infant. The process of reading each other's non-verbal cues and responding appropriately is essential to maintain the bonding experiences that build healthy attachments. Sometimes a style of communication and response familiar to a mother from one of her other children may not fit her new infant. The mutual frustration of being out of sync can impair bonding (Cicchetti & Cummings, 2001).

### **3.11. Criticism of Bowlby's attachment theory**

One of the major limitations of Bowlby's theory is that it does not take into account cultural dimensions of behaviour. Berg (2001) explains that studies have been done which show that different attachment styles predominate in different cultures. Berg (2001) suggests that ideas about what constitutes 'normal' infant behavior vary between societies. This study was carried out in a children's home that has children and caregivers from a wide variety of African cultural backgrounds. Thus, the researcher consciously aimed to bear in mind that the caregivers' perceptions regarding behaviour and issues related to attachment are influenced by their own cultural backgrounds.

The following can sum up the main idea of Bowlby's attachment theory, "...observation of how a very young child behaves towards his mother, both in her presence and especially in her absence, can contribute greatly to our understanding of personality development. When removed from the mother by strangers, young children respond usually with great intensity; and after reunion with her, anxiety or else unusual detachment" (Bowlby, 1969, p. 3).

According to Fraley and Spieker, (2003) this idea has several limitations. The first limitation is that Bowlby's attachment theory is based on behaviours that occur during momentary separations (stressful situations) rather than during non-stressful situations. A broader understanding of attachment requires observation of how the mother and infant interact and what they provide for each other during natural, nonstressful situations. The authors explain that how children and mothers interact together when they are not stressed shows more of how the attachment model works than how the child acts when the mother leaves and then returns. Behaviours directed towards the attachment figure during departing and reunion times cannot be the only factors used when defining attachment.

Another problem with the attachment model of Bowlby is that the list of attachment behaviours is limited to those that occur with the primary attachment figure, typically the

mother (Fraley & Spieker, 2003). However, other attachments are not necessarily characterised by those same behaviours. Children have attachments to other people other than their mothers, but they do not show this attachment in the same way. For example, children may cry or follow their mother when they are getting ready to leave them, but for a sibling or peer they may just become fussy or unable to sleep. In addition, the attachment model behaviour list only includes blatant behaviors, but there may be physiological changes during separations and reunions.

Bowlby's attachment model is limited because the mother is viewed as the primary attachment figure, when in fact; a father or sibling can have the same type of attachment with the infant at the same time. This leads to the explanation of another limitation in the attachment model that "attachment is confined to the infancy and early childhood period, ending, as noted by Bowlby, during puberty. According to Fraley & Spieker, (2003) it does not consider attachments that occur during adolescence (the first love), during adulthood (spouses and lovers), and during later life (the strong attachments noted between friends in retirement).

### **3.12. Conclusion**

Attachment theory concerns itself with early care giving relationships and the way that these relationships support the child's subsequent development. The nature of the parent-child relationship during early childhood is believed to be one of the central causal factors in personality development and interpersonal functioning, as well as having implications for psychopathology (Senior, 2002).

Attachment theory has not been immune to criticism. Minde, (2003) highlights a number of these. The first criticism is related to the reliability/stability of research on which attachment theory is based. It is argued that some research shows shifting of attachment upon retest (Minde, 2003). The role of temperament has further been questioned (Perry, 2002). Critics content that temperament may explain behaviour in the 'Strange Situation'. A securely attached child with an easy going temperament may therefore not get easily upset when encountering a stranger or separation from his mother. Furthermore, the

meaning of crying or the absence of crying is overrated. Finally, it is argued that the 'Strange Situation' is artificial and does not relate to the real world of the child (Green, 2001).

Notwithstanding these criticisms, there seems to be overwhelming support for attachment theory, mostly because attachment theory provides a sophisticated set of ideas for making sense of our feelings and behaviours in times of need and in the context of close relationships (Goldberg, 2000). It is one of the most thoroughly researched constructs in social and personality development and it has influenced childcare and public policy more than any other theory.

In the following chapter attention will focus on various aspects linked to the placement of children in children's homes.

## **Chapter 4**

### **Institutionalisation**

#### **4.1. Introduction**

This chapter provides the context in which the study is grounded. This study focuses on exploring caregivers' perceptions to determine if they believe 6-10 year old children's development, in particular their emotional development, may have been affected by any attachment difficulties.

Early studies documented the adverse effects that institutionalisation had on young children's emotional, social and cognitive development (Goldfarb, 1945; Bowlby, 1951; Provence & Lipton, 1962; Spitz, 1965). Today studies continue to affirm that institutionalisation is an unsatisfactory option for young children who cannot remain with their own families.

The healthiest living condition for a child is obviously with a family who will love and provide nurturance, as well as provide food, shelter and clothing that will ensure a child's survival. Ebersohn and Eloff, (2002, p. 5) stated that "the family is the fundamental group of society and the natural environment of growth and well being of all its members particularly children. The child should grow up in a family environment, in an atmosphere of happiness, love and understanding".

Unfortunately, this is not the reality for many of the world's children and many children in South Africa. South Africa is home to approximately 17.7 million children. Even without HIV/AIDS, the interplay of factors such as the high level of poverty, unemployment, neglect, abuse, violence and drug dependence ensure that a large proportion of South Africa's children live in difficult circumstances and can be classified as vulnerable and are in need of support (Mitchell, De Lange, Stuart, Moletsane & Buthelezi, 2007). The concept 'vulnerable child' has evolved over the last few years to delineate the particularities of children facing risk factors (Ebersohn & Eloff, 2002). The authors feel that using the concept 'vulnerability' represents a move away from a

reductionist way of labeling children as orphans, HIV & AIDS infected or affected children especially since such labeling has in the past excluded children made vulnerable from poverty, illiteracy and abandonment, to access services.

There are close to 200 registered children's homes in South Africa and while the Child Care Act (1983) provides for inspections at the request of the Minister of Welfare, these are neither regular nor mandatory (Committee on the Rights of the Child, 1999). Although efforts are made to ensure that the needs of children in children's homes are met, circumstances such as overcrowding and staff shortages make this difficult, and in many cases impossible. As a result, increasing numbers of professional social workers prefer foster homes to institutional settings for children in need of placement (Angless & Sheffer, 1997).

In the middle of the twentieth century psychoanalysts observed that children reared in large institutional homes with minimal stimulation and no consistent contact with a loving caregiver often became emotionally unstable or had difficulties with learning (Western, 1999). Although a number of factors could account for this, it is generally assumed that what are possibly lacking in the lives of these children are satisfying attachment relationships with caregivers. This is based on the fact that human beings are not designed to live in isolation from one another, as strong and permanent bonding is essential for the survival of all, especially the young and vulnerable (Gomez, 1997).

In this chapter, the focus will be on children living in institutions as this is the context in which the study was based. This focus will however be preceded by a brief discussion of two related topics which include ideas linked to emotional development and fundamentals for effective childcare. This will help to broaden our understanding of the relevance of institutionalisation within this study.

#### **4.2. Effective childcare**

According to Dreyer (in Mudaly, 1985), the following are fundamentals for effective childcare:

- Providing the opportunity for the child to experience basic physical care largely in the form of clothing, food, shelter and health care thus areas in which the child has most likely suffered some measure of deprivation;
- Providing the opportunity for the child to experience consistency and stability particularly in his immediate life world;
- Providing the opportunity for the child to experience spontaneous freedom to discover the world about him to foster personal growth within the constraints of his world;
- Providing the opportunity for the child to communicate with and relate to any number of people and in a variety of situations to learn appropriate ones. Children need opportunities to talk about and discuss their feelings and anxieties regarding separation, their future, home, parents and family;
- Provide a better future for the child by ensuring adequate and challenging educational programmes;
- Providing the child with the right to self-determination, i.e. the child must learn to see options and choose from among them and take responsibility for the consequences of his decisions and
- Providing the opportunity for the child to realise, appreciate and accept that people and circumstances change and that he will have to come to terms with his own personal growth from a child to a self-sufficient adult.

The familiar context is an important element of the child's social and emotional world, because it is here that the child's essential needs are catered for and the child learns to interact with others and form significant relationships. For the child to develop a good healthy personality, his biological as well as emotional needs should be met (Colin, 1996). When these needs are not met, the child may become socially inadequate, have feelings of being unwanted and struggle to establish peer-and relationships with significant others (Colin, 1996). Thus, institutions that provide care and support for children should make provisions to ensure that the above-mentioned needs are met and the path towards healthy development is cleared.

#### **4.3. Reasons for the institutionalisation of children**

A number of factors result in children being placed in children's homes. These include inter alia maternal and other forms of deprivation, rejection and neglect, separation and abuse. These factors will now be discussed.

#### **4.4.1. Maternal deprivation**

Bowlby's critical contribution was his unwavering focus on the infant's need for a secure attachment to a mother figure. Bowlby believed that if an infant did not have such an attachment, then the infant was likely to suffer from maternal deprivation (Fonagy, 2001). According to Bowlby (1952), maternal deprivation is thus defined as a situation in which an infant or young child is reared for a more or less prolonged period under conditions in which the infant or child receives inadequate maternal care and thus has insufficient interaction with a mother figure. Bowlby (1952) distinguished between two forms of maternal deprivation on the basis of the extent of the deprivation suffered by the child. Firstly, he identified partial deprivation which occurs when the child lives with a mother (or permanent mother substitute), including a relative, whose attitude towards the child is unfavourable. Partial deprivation leads to acute anxiety, an excessive need for love, as well as powerful feelings of revenge that develop due to guilt and depression. Secondly, complete deprivation occurs when the child loses a mother (or permanent mother substitute) by death, illness, or desertion, and has no familiar relatives to care for him. Complete deprivation also occurs when the child is removed from his mother (or permanent mother substitute) and placed with strangers as a result of abuse and /or neglect. Complete deprivation has far-reaching effects on character development and may entirely cripple the capacity to form relationships (Bowlby, 1952).

#### **4.4.2. Other forms of deprivation**

In institutional settings other types of deprivation, each with potentially different implications, can be distinguished. For the purpose of this study, the most relevant forms of deprivation that will be focused on are emotional and psychological deprivation. The Stedman Medical dictionary (2002) defines the term emotional deprivation as the lack of

adequate and appropriate interpersonal and environmental interaction usually in the early development years.

Emotional deprivation systems that may occur in any combination and to any degree are:

- Behavioural disturbances resulting from the immaturity of the ego and inadequate superego development;
- Impulsive behaviour i.e. the lack of self-control;
- Lack of anxiety and guilt;
- Anti social aggressive behaviour;
- Low achievement motivation;
- Lack of goal directedness;
- Lack of affect i.e. the inability to make a one-to-one meaningful lasting relationship; and
- Behaviour called psychopathic, sociopathic, or anti social by various sources (Bowlby, 1952).

According to David (1992), psychological deprivation refers to a condition produced by life situations in which a person is not given the opportunity to satisfy some basic (vital) psychological needs sufficiently and for a long enough period. As a result, appropriate actualisation and development are obstructed and distorted. Psychological deprivation is thus a characteristic inner end product of the prolonged impact of an impoverished environment. “It is a psychological state resulting from a persistently restricted and/ or distorted interaction with the environment” (David, 1992, p.58). Infants in institutions characterised by low staff-to-infant ratio and frequent turnover of staff tend to display marked developmental delays, even with adequate physical care and freedom from infection (Kaplan & Sadock, 2007). Children tend to feel rejected and neglected as a result of the deprivation they experience.

#### **4.4.3. Rejection and neglect**

According to Main and Goldman (as cited in Morgan, 1999), neglect seems to refer to a passive disinterest in the child, while rejection refers to an active hostile or cold response

to the child. When a child is unwanted, there is a danger that the child may be rejected and deprived of sensory and emotional stimuli (Safonova & Leparsky, 1998). Cold, passive neglect may cause impaired emotional growth and distrust of affection coupled with a need for attention, which may cause the child to be unable to achieve happy normal relationships in later life. In some instances, mothers reject their children when they fear that they may lose their husband's or partner affection as a result of a strong allegiance to the child (Safonova & Leparsky, 1998). Another cause of rejection is when the child is unsatisfactory in some way. The child may have some disfiguring birthmarks, some physical defect or some degree of mental defect (Safonova & Leparsky, 1998). A father's negative attitude towards the child and psychological stress in the home is most often the reason for children feeling unwanted. An unwanted pregnancy (in combination with a number of psycho-social factors such as single parenting, frequent family conflicts, negative attitude of the father, low utilization of medical services and tobacco and alcohol abuse) should be considered as risk factors that affect the emotional development of a child (Safonova & Leparsky, 1998).

#### **4.4.4. Separation**

Separation refers to the physical separation of the infant or young child from his mother, whether permanently or temporarily or for long or short periods (Bowlby, 1952) as illustrated in the 'Strange Situation'. Separation from the person to whom the infant is attached precipitates separation anxiety (Kaplan & Sadock, 2007). An infant cannot survive and develop without intimate, committed and consistent care of a caregiver. Appropriate care involves satisfaction of not just physical needs, but also of emotional needs (Gomez, 1997). Attachment from the infant's view refers to the specific affiliative tie of the infant to the mother or father, which generally begins soon after six months of age (Cassidy, 1999). Once cumulative everyday experiences have resulted in the infant developing an internal working model of an attachment figure, separation from that figure is painful and the loss can be devastating (Bretherton & Munholland, 1999).

Lengthy separation is particularly damaging for a child between six months and three years, when strong and specific attachments have developed, but before the child is able

to understand that parent's absence is temporary (Gomez, 1997). Typical reactions to separation in this age group can be divided into various phases.

The first phase is called the protest stage. When the child has come to the end of his capacity to tolerate separation, he will do everything in his power to bring his attachment figure back. This protest stage can last up to a week. If the separation ends, then the child is likely to greet his parents with anger, relief and anxious clinging. The child generally loses hope that his lost person will return (Minde, 2003). This phase is followed by apparent recovery, which Bowlby (1952) describes as the detachment stage. The child represses or disinvests in his relationship with the lost person and begins to attach himself to an alternative figure. This can lead to considerable difficulties if the child is then reunited with his parents (Gomez, 1997).

#### **4.5. Consequences of institutionalisation**

Some children reared in institutions are said to suffer from serious personality defects. Although institutions have improved as a result of criticism about the adverse conditions that characterise them, those aspects of the institutional environment that Bowlby (1952) considered most detrimental to mental health, remains unchanged (Tizard & Rees, 1975). Children brought up in institutions tend to suffer from two disabilities: stunted individuality caused by habitual conformity with institutional rules; and delayed emotional growth caused by 'love starvation' (Tizard & Rees, 1975, p. 76). Children in institutions, according to Robert (in Mudaly, 1985) come from deprived home circumstances because the primary family is no longer able to provide adequate protection and nurturing to the child. Childcare is a form of substitute care for children that generally necessitates total separation from their biological family and the adjustment to a wholly new and unfamiliar environment. From his first encounter with care, the child lives in a new world of untested experiences and relationships (Mudaly, 1985; Van Nieuwoudt, 2001).

#### **4.6. Adverse impacts on children living in institutions**

The Stockholm Declaration of the second International Conference on Children and Institutional Care (May, 2003), stated that there is indisputable evidence that institutional care has negative consequences for both individual children and society at large.

Children who are institutionalised at an early age often demonstrate delays in emotional, social, and physical development, as institutionalisation leads to a deprivation of emotional nourishment. Gomez (1997, p.65) explains that institutional care may affect a child's ability to make smooth transitions from one developmental stage to another throughout his or her life and can hamper children's intellectual development. Children brought up in institutions may suffer from severe behavior and emotional problems, such as aggressive or antisocial behavior, have less knowledge and understanding of the world, and may become adults with psychiatric impairments (Gomez, 1997).

However, the effects of institutionalization are not uniform and are dependent on other factors. The extent of suffering is not the same for every child who is institutionalized. Minde (2003) explains that the differential effects are due to "child characteristics (genetic predisposition, basic personality, attractiveness, prenatal risk factors), caregiver characteristics (training, motivation & attitude), institutional characteristics (child-to-caregiver ratio, quality and degree of programming), and the child's history (the age of the child when he/she entered the institution and the length of time in the institution)".

The institution itself places children at risk. The regimentation and ritualization of institutional life do not provide children with the quality of life, or the experiences they need to be healthy, happy, fully functioning adults. Some institutional staff may also not connect emotionally or physically with children in quite the same way that families connect with children (Minde, 2003).

#### **4.7. Factors that negatively impact on institutionalisation**

A number of factors affect the impact that institutionalisation will have on children. These include the age and time of placement, duration of institutionalisation, and traumatic conditions preceding or concomitant with institutionalisation.

##### **4.8.1 Age and time of placement**

Research indicates that infants placed in institutions from birth to six months were consistently less vocal than children reared by their own families (Batchelor, 1998). This difference is clearly discernable before the age of two months old (Batchelor, 1998; Safonova & Leparsky, 1998). This backwardness of 'talking' is especially characteristic of the institutionalized child of all ages (Safonova & Leparsky, 1998). Infants under the age of six months who have been in an institution for some time tend to present with outstanding features of listlessness, emaciation, relative immobility, quietness, unresponsiveness to stimuli like smiling or cooing, indifferent appetite, poor sleeping patterns, unhappy appearance and the absence of sucking habits (Bowlby, 1952). This presents evidence that the age and time of placement can negatively affect the impact that institutionalisation has on children placed in residential care.

##### **4.8.2. Duration of institutional care**

The longer a child is institutionalized, the more negative consequences are expected (Batchelor, 1998). Infants reared in institutions undergo an isolation type of experience, resulting in an isolating type of personality. The more complete the deprivation in the child's early years, the more isolated and antisocial the child becomes. However, if the deprivation is interspersed with satisfaction, the child becomes ambivalent and antisocial. Children placed in institutions for short periods after the age of two do not develop this isolation type of personality or show the same behavioural patterns (Batchelor, 1998).

### **4.8.3. Traumatic conditions preceding or concomitant with institutional placement**

Some children are placed in care because of severe neglect, physical and/or sexual abuse. These experiences are extremely traumatic in and of themselves and these are compounded by the fact that the traumatised child now has to adjust to a different environment. For many children this presents such a daunting task that they prefer to endure the abuse as opposed to having to move away from the only caregiver they know (Stosny, 1995).

### **4.9. The experience of children in institutions**

The experience of a child in an institution is very different from that of a child in a family. Though institutions vary widely in the quality of care they provide, they generally have high child to caregiver ratios, which do not allow for individualised attention. The institution may also be lacking in heating, cooling, space, toys and nutrition (Gomez, 2000). The physical and emotional deprivations of institutionalisation can result in a raft of problems including a range of health issues, trouble with forming relationships (attachment difficulties), physical and developmental delays and language and sensory integration issues (Gomez, 2000).

The most serious deprivation of institutionalisation is related to the lack of a consistent and sensitive caregiver with whom the child can trust and form a healthy attachment (Bowlby, 1959). Development of trust and a secure attachment normally occurs through interactions in which a primary caregiver meets a child's needs in an appropriate manner resulting in reduction of discomfort and in feelings of relief (Foster, 2004). This cycle of need- distress-gratification-relief-need is ordinarily repeated many thousands of times in the first years of a child's life, but is absent or greatly reduced in the experience of institutionalised children. The absence of this attachment cycle in the early years of a child's life can be incredibly damaging and impact on their ability to develop relationships and function in society (Foster, 2004).

High child to caregiver ratios also limit the physical experiences of children who may be restricted to a cot/room for extensive periods of time, may spend very little time in interaction with any adult and are unlikely to have treatment for any physical special needs they have (Stosny, 1995). As a result, many children will not meet gross or fine motor milestones during the time that they are institutionalised.

Different children will be affected differently by institutionalisation not just because the quality of care they experience may vary, but also because their internal resources for dealing with their environment and care or lack of care will be different. Some children, potentially those adopted at a younger age, will appear to emerge relatively unscathed, but others may be profoundly affected (Stosny, 1995). Few children will have all of the problems discussed here and many problems will likely be evident only for a short period of time. Children are remarkably resilient and sensitive care giving results in incredible healing for a large proportion of children.

#### **4.10. Developmental delays**

Children who have spent an extended period of time in institutional care often present with developmental delays and their general growth is impeded due to physical and emotional deprivation. Children will often have three different "ages," a chronological age, a developmental age and an emotional age, which may vary widely from one another. A child's emotional age will be related to the quality of relationships the child has had prior to placement. If the child has not had sensitive care from a primary caregiver, their emotional growth will be severely stunted (Gomez, 1997).

#### **4.11. Conclusion**

This chapter provided an overview of the most pertinent aspects relating to children's placements in children's homes. The importance of this chapter derives from the fact that human experience does not take place in a vacuum but in a specific context. Thus, a clear understanding of experience can only be arrived at if consideration is given to the context in which these experiences are generated.

UNICEFF (2005) issued a statement that said “we are coming to realise what institutional care does to societies. It perpetuates discrimination, by providing tacit approval for the idea that certain groups of children, whether orphaned, abandoned, living with disabilities, from families affected by AIDS or by poverty should live apart from society. The use of institutional care also impedes the healthy development of communities and society as a whole”.

The chapter that follows will look at the methodology that is utilised in the study.

## **Chapter 5**

### **Research design and methodology**

#### **5.1 Introduction:**

This chapter presents an account of the research methodology used for this study. This includes an outline of the strategy, methods, techniques and procedures employed in the process of implementing the research design or research plan pertaining to the empirical part of the study. This section provides a ‘plan or blue print’ (Babbie & Mouton, 2001, p.74) of how the research was conducted. The intent of this plan or research design was to structure the research, to show how the major sections of the research project (the samples, measures and methods) collaborate to address the central research aim which is to explore caregivers’ perceptions regarding the emotional development of 6-10-year-old children living in a Johannesburg institution.

#### **5.2. Research design**

Research design refers to a plan for selecting subjects, research sites and data collection procedures to answer the research questions. The design shows which individuals will be studied and where, when and under which circumstances they will be studied.

#### **5.3. Research approach**

Researchers have the choice of either using quantitative or qualitative research approaches or even both in the same study. Qualitative research is inductive and presents data in a narrative mode, unlike quantitative research where results are presented by numbers (McMillian & Schumacher, 2001). The choice of the research approach can be influenced by the nature of data, the research problem or the preferences of the researcher (White, 2004). Bless and Higson-Smith (2001) define qualitative research as “research conducted using a range of materials and methods which use qualifying words and descriptions to record and investigate aspects of social reality”

The research approach was thus qualitative in by nature as the information was gathered using words and descriptions to give meaning to the social reality as experienced by the caregivers who work with 6-10 year old children in a Johannesburg children's home.

Thus, an exploratory study was conducted to investigate through caregivers' reports whether 6-10 year old children's development, in particular their emotional development, appeared to be influenced by any attachment difficulties. De Vos and Fouche (1998) explain that the purpose of exploratory designs is to gain new insights related to the research topic and to determine priorities for future designs. Bless and Higson-Smith (1995) substantiate this idea when they explain that the need for an exploratory study could arise from the lack of basic information in a new area of interest.

Little formal research has been done on the perceptions caregivers have regarding the children they care for. Thus, an exploratory design is relevant to the study because there is a scarcity of research on investigating attachment difficulties in children who live in children's homes in South Africa. This qualitative study was undertaken in order to make an introductory enquiry into this reasonably unfamiliar area of research in South Africa and therefore it is exploratory.

#### **5.4. Exploratory**

According to Marlow and Boone (2005, p. 35) beyond the strategies of descriptive research there is an exploratory design. This design is undertaken when little is known about the topic under study. Such studies can adopt either an exploratory or a descriptive strategy. Exploratory design often determines a study's feasibility and raises questions to be investigated by more extensive studies, using either the descriptive or explanatory strategies (Marlow & Boone, 2005).

Exploring the relatively unknown phenomenon is then the fundamental act of data collection in a qualitative study. This study seeks to explore perceptions held by caregivers regarding 6-10 year old children's development and in particular their emotional development and whether the children's development has been influenced by any attachment difficulties they may have experienced.

## **5.5. Research method**

The research method in this study employed, was a qualitative design. The qualitative method is a relevant research approach for it is concerned with understanding the context of the participant through the exploration of their relationships with the self and others.

The aim of this type of research is to formulate more precise areas of enquiry, which can be investigated by more extensive research in the future (Neuman, 1997). The aim of this particular study was to develop a basic understanding of caregivers' perceptions regarding the emotional development of 6-10 year old children living in a Johannesburg institution. The study also aimed to explore through caregivers' reports whether the 6-10 year old children's development, in particular their emotional development, appeared to be influenced by any attachment difficulties. The study aimed to develop some understanding of these issues so that future research could be guided and conducted in a more systematic way. In the same way, questions or issues that arose as a result of this research could be further investigated.

Qualitative research typically investigates behaviour that occurs naturally in non-contrived situations, and there is no manipulation of conditions. McMillan and Schumacher (1993) explain that the data consists of words in the form of rich verbal descriptions, rather than numbers. According to Durrheim (1999), qualitative methods are naturalistic, holistic and inductive, which means that they consider real life situations in their natural context, attempt to understand complex inter-dependencies and allow immersion into the data to explore important meanings. As a result of utilizing this kind of research design, the researcher was able to act as an instrument of data collection.

The data was furthermore analysed through thematic content analysis. Qualitative content analysis involves a process to condense raw data into categories based on valid inference and interpretation (Berg, 2001). This process by large uses inductive reasoning, by which themes and categories emerged from raw data under researchers' careful examination and constant comparison. However, qualitative content analysis is not insulated from

deductive reasoning. Generating concepts or variables from theory or previous studies is also very useful for qualitative research, especially at the inception of data analysis (Berg, 2001).

Cresswell (1998) says that within this approach the researcher collects words, analyses them inductively, focuses on the meaning of participants and describes a process that is expressive and persuasive in language. De Vos and Fouche (1998) further extend this idea when they explain that qualitative research is the interpretation or construction of the lived experience of subjects. A qualitative approach was appropriate for this study because it was descriptive in that the researcher was interested in the process, meaning and understanding gained through words. In this way, the subjective perceptions of the caregivers who work with children who live in a particular child's home could be explored (Henning, 2004; Neuman. 1997)

Due to the interpretivist nature of qualitative research, the inquirer is the primary instrument for gathering and analysing the data, bearing the responsibility to ultimately produce meaningful information. Merriam (1998) warns that, taking this into consideration, the researcher should be sensitive to personal biases and how they may influence the investigation. The sensitivity should thus extend to understanding how biases or subjectivity shape the inquiry and findings. Qualitative research "is distinguished partly by its admission of the subjective perception and biases of both participants and researcher into the research frame" (Merriam, 1998, p.22).

Merriam (1998, p.21-23) further explains that the researcher as human instrument in qualitative research implies that all observations and analyses are filtered through that person's worldview, values and perspective. The researcher's philosophical assumptions, which ground qualitative research, provide the chance for multiple interpretations of reality and not just one universal truth as proposed by the positivistic perspective. This means that during the research process, the inquirer and participants are co-constructing meaning from the phenomenon being studied.

One of the limitations of doing qualitative research is that replication of a study is very rare and therefore the results of this study cannot be generalized to other settings (Neuman, 1997).

For the purpose of this study, those interviewed will be referred to as participants. Next consideration will be given to the sample size, inclusion criteria and how the participants were selected.

### **5.6. Literature review**

McMillian and Schumacher (2001, p. 108) define a literature review as a critique of the status of knowledge of a carefully defined topic and it enables a reader to gain further insight into the topic. A literature study reveals that somebody has already carried out the same research (White, 2004, p.20). According to McMillian and Schumacher (2001), reviewing the literature enables the researcher to

- Define and limit the research problem
- Place the study in s historical perspective
- Avoid unintentional and unnecessary replication
- Select promising methods and measures
- Relate the findings to previous knowledge and suggest further research
- Develop research hypotheses

The literature review was very important in this study as it provided the researcher with deeper insight into the research topic. It enabled the researcher to design the research study, select the research methods and define and limit the problem to be examined. The literature review also helped in suggesting questions for future research. The researcher used the literature review as a basis for formulating both the research questions and the interview structure, and to gain an understanding of key elements related to issues the study attempted to explore.

### **5.7. Sample**

According to Cresswell (1998) sampling is the process of finding people or places to study, gaining access to study and establishing rapport so that the participants will provide good data. Mukhumo (2002) states that during the process of sampling the aim is to get a sample that is as representative as possible of the target population. Mukhumo elaborates on this theme by explaining that in qualitative research, participants are carefully selected for inclusion based on the possibility that each participant will expand the variability of the sample. Purposive sampling was used in this study to identify specialized subjects for this in-depth investigation (Neumann, 1997). Emphasis was on quality and not quantity, as the objective was not to maximize numbers, but to have saturation with regards to information on the topic (Padgett, 1998). According to Durrheim (1999), the size of a sample in any study depends on the type of study conducted, although practical constraints may also have an influence. By including specified inclusion criteria, the sample becomes homogenous, which means that there is not much variation within the sample allowing for a smaller sample (Durrheim, 1999). Six participants were included in this study, which is considered sufficient in order to gain an in-depth understanding of the phenomena being explored.

### **5.8. Participants**

Merriam (2002, p.12) states that during qualitative research it is best to select participants from which the most can be learned according to the research topic. Patton (in Merriam, 2002, p.12) further explains that it is important to involve 'information-rich' participants as much could be learned from them, and they are of central importance to the purpose of the research. This particular method of involving participants is termed 'purposeful sampling'. Henning (2004, p.71) explains that these 'desirable participants' representing a theoretical population are seen as spokespersons for the topic of inquiry. They are however not representative of a group of people, thus one may not be able to generalise the findings. The researcher is well aware that the results found in this study may not be generalised and mention is made of this in the summary and conclusions relating to the findings.

### **5.9. Criteria for inclusion as participants**

The participants selected were all Black women employed as full time caregivers at an institution in Johannesburg. Participants who work part time or as volunteers were not included within the sample. This criterion was selected because time and proximity are prerequisites for the formation of attachment bonds (Zeanah, 1993).

### **5.10. Data collection**

According to Henning et al. (2004, p.33), by making use of interviews, participants may “provide the researcher with rich phenomenological data with regard to their lived experiences and worldviews”. The instruments used in this study will be considered, before discussing the procedure used to obtain the data in this study and the time it took to complete the interview process.

### **5.11. Instruments**

A semi-structured interview schedule was constructed by the researcher and used to guide the face-to-face interview process (Appendix B). The semi-structured interviews consisted of a series of open ended questions based on topic areas applicable to this study. The questions asked were used to define the area to be explored. This style of data collection involves the researcher questioning the participants with a general plan of what the specific questions will entail. Questions asked in the interviews were devised by the researcher and are based on literature.

This method was preferred to structured interviews as participants were able to speak about their experiences and perceptions without being restricted and had the flexibility of openly expressing their experiences. Both the participant and researcher also had less chance of losing sight of the research problem being investigated (Durrheim, 1999).

The interviews were conducted over a one-month period from August to September 2008. The interviews were conducted at the institution in a private room to ensure confidentiality and so distractions were limited.

During the interviews with some participants, there were instances when the researcher deemed it necessary to simplify some of the questions. This was due to some participants' difficulty in understanding the questions. The researcher does not believe this affected the results of the study as the questions used by the researcher were focused on directing the interview and served as a guide only. Probing questions were used when necessary in order to elicit as much data as possible.

Semi-structured interviews were more applicable than structured interviews because the purpose of the questions was to guide the interview and semi-structured interviews allowed for flexibility in scope and depth.

### **5.12. The interview relationship**

The interaction between the interviewer and the participants is of great importance, as it will influence the nature of data obtained for the inquiry. According to Polkinghorne (1983; in Lavery, 2003, p.5), the interaction taking place within the interview is in the context of a relationship central to what is being created. A safe, caring and trusting relationship is seen as critical to the exploration of the phenomenon (Marcel, 1971; in Lavery, 2003, p.5). Being respectful, non-judgmental and non-threatening can affect the interaction between the participants and the researcher positively.

Dexter (1970; in Merriam, 1998, p.85) is of the opinion that three variables determine the nature of the interaction, namely the personality and skills of the interviewer; the attitudes and orientation of the interviewees; and the definition of the situation by significant others.

These factors also determine the type of information obtained from an interview. Recent literature has been giving a lot of attention to the subjectivity and complexity inherent in the interview encounter. The discussions are framed within the insider-outsider-status regarding, for example, visible social identities such as gender, race, age and socio-economic class (Cotterill & Letherby, 1994; Stanfield II, 1994; Olesen, 1994; Stacey, 1994 & Munro, 1993; in Merriam, 1998, p.86). Seidman (1991, p.76) explains that these

issues (class, race and gender) interact with the sense of power in people's lives. Thus, for instance, the interviewing situation is also influenced by who controls the direction of the interview, who controls the results and who benefits?

Thus, the interviewer-respondent interaction is a complex issue, as both parties bring biases, predispositions, attitudes and physical characteristics that influence the interaction and the data the respondents share. Thus, my unique characteristics will influence the inquiry the process and findings.

### **5.13. Ethical considerations**

Ethical guidelines “serve a standards and the basis upon which each researcher ought to evaluate his own conduct” (De Vos et al, 1998, p.240, Rubin & Babbie 2001, p.470).

Merriam (1998, p.213-218) discusses ethical dilemmas that are likely to emerge with regard to the collection of data and the publication of the research findings, with the researcher-participant relationship grounding the research. The research purpose determines how much the researcher needs to reveal with regard to the aim of the study, how much privacy and protection from harm is afforded participants. A qualitative researcher has the responsibility to adhere to a code of strict ethics during data collection. Although most participants may, for instance, find interviewing somewhat apprehensive at first, most people would agree to the interview and find enjoyment in sharing their knowledge, experience and opinions.

With regard to the analysis and dissemination of data, Diener and Crandall (1978, p.162; in Merriam, 1998, p.213-218) advise that there is simply no ethical alternative as to be as nonbiased, accurate and honest as humanly possible, the reason for this being that the researcher, as primary instrument of data collection, filters the data through his or her particular position and biases deciding what is notable and relevant to the research question. The researcher has the responsibility to discuss biases that cannot be controlled, and where the data only partly supports predictions, the report should contain enough data to let readers draw their own conclusions. Kimmel (1988; in Merriam, 1998, p.217)

recommends that with regard to ethical considerations the researcher should consider the possible consequences of the research before undertaking it; present findings with as little distortion as possible while maximizing the potential benefits of the research and lastly; and take special care in dissemination of the results

Merriam (1998, p.218) states clearly that actual ethical practices come down to the individual researcher's own values and ethics. Bless and Higson-Smith (1995, p.102-103) discuss the rights of research participants with regard to privacy, voluntary participation, anonymity and confidentiality. Research participants have the rights only to partake on a voluntary basis, and to refuse to share information they may find too intrusive.

The following ethical concerns received attention:

#### **5.14.1. Voluntary participation**

Researchers should be especially sensitive to implied sanction when subjects do not want to participate in the study (Rubbin & Babbie, 1989, p.51). Participants were informed verbally, and in writing that their participation was voluntary, and that they were under no obligation to participate.

#### **5.14.2. Informed consent**

According to Mark (1996, p.40) "the principle of informed consent is at the heart of efforts to ensure that participation is truly voluntary". Participants were therefore fully informed of the purpose of the research, content of the interview, and use of tape recorder.

#### **5.14.3. Confidentiality**

Mark (1996) outlined the following criteria to assist the researcher to maintain confidentiality:

- Information about participants has to be kept confidential, unless where participants gave written permission for it to be revealed;

- Information solicited and recorded could only be that which is necessary for the study to achieve its' purpose;
- All the participants' identifying particulars were removed after coding;
- Transcribed interviews will be safely stored and destroyed after the completion of the study.

#### **5.14.4. No harm to participants**

According to Rubbin and Babbie (1989), it is possible for subjects to be harmed psychologically in their course of the study. The researcher was aware of the often-subtle dangers and guarded against them. The respondents were thoroughly informed beforehand about the emotional impact participation in the research may have. No subjects had to be withdrawn from the research because of apparent harm.

#### **5.14.5. Deceiving of subjects**

Deceiving people is unethical (Rubbin & Babbie, 1989). No facts were misrepresented whilst informing the participants of the nature and content of the research. No person was involved who was unable to give informed consent. No participant was coerced into participating.

#### **5.14.6. No harm to subjects**

The information of the participants was obtained with a high regard for confidentiality and privacy. Participants were interviewed individually in a private room. Participants were informed that the interviews were recorded and that the information will be dealt with confidentiality. Participants were also informed of what the research report will be used for and who will have access to it. Audiotapes will be destroyed after the conclusion of the study.

#### **5.14.7. Data protection**

In order to further ensure confidentiality all data had been recorded, stored and processed for release under secure conditions, protecting the identity of participants. Further more

only relevant information pertaining to the present research study was collected, avoiding invasion of privacy.

#### **5.14.8. Release of the findings**

The final written report is accurate and contains the essential information without giving too much information about individual participants. The researcher tried to give information in a clear, unambiguous manner.

#### **5.14.9. Restoration of the participants**

The researcher took time after all interviews to make sure participants' misconceptions or fears could be rectified.

#### **5.14. Data analysis**

The plan for analysis and interpretation of data is guided by the purpose of the study. The data that resulted from the transcribed interviews was analyzed using content analysis. Content analysis is described by Neuman (1997, p.31) as a 'technique for examining information, or content in written or symbolic material', where a researcher identifies material to analyse, creates a procedure to record parts of it, and then documents what is found in this material.

According to Wikipedia (2001), the method of content analysis enables the researcher to include large amounts of textual information and systematically identify its properties. The interview transcripts were analyzed inductively to identify patterns in the data by means of thematic codes. Inductive analysis means that the patterns, themes and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis (Pattern, 1980).

A content theoretical analysis of the data was conducted in the following manner:

- The researcher read through all the transcripts and made notes in the margin of possible categories and themes;

- The researcher then repeated the process to cluster together categories that emerged most prominently;
- The categories emerging from the transcripts were then identified and written down separately;
- Information from the transcripts fitting under each of the categories were recorded under those categories;
- The researcher then searched for commonalities or contradictions in those categories.

The researcher's supervisor and colleague were involved in this study, in the process of data analysis in order to promote inter-rater reliability. This ensured that material could be classified by a second and third independent rater in order to establish and maintain the reliability of the material obtained through interviews. In addition, this counteracted any imposition of the researcher's views of the material onto its classification (Breakwell & Fife-Shaw, 1995).

The researcher hereafter clustered together the different categories and from this, clustering themes emerged which will be outlined and discussed in the next chapter.

**Chapter 6**  
**Results and discussion**

This chapter will focus on the presentation and analysis of the data obtained from the investigation. The aim of this study was to explore through caregivers' reports whether the 6-10 year old children's development, in particular their emotional development, appeared to be influenced by attachment difficulties. The results will be discussed by contextualising the results with the theoretical literature discussed in chapters 2, 3 and 4. The findings of the study will be presented in the following outline:

- A biographic profile of the research participants.
- A presentation of the themes and sub themes that emerged from the process of data analysis.
- Those themes and sub themes are discussed according to relevant literature or supporting narratives, followed by verbatim quotes from the research interviews.

**6.1. Profile of participants**

Six caregivers were purposefully selected from the Johannesburg Children's home. All the participants were female and were black; the biographical characteristics of the participants are presented in table 6.2

**6. 2. A biographical profile of the research participants:**

<b>Participant</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Age</b>	38	32	28	37	34	41
<b>Martial Status</b>	Married	Single	Single	Married	Single	Married
<b>Language</b>	Tswana	Tswana	English	English	Zulu	English
<b>Nationality</b>	South African	South African	Zambian	Zimbabwean	South African	Zimbabwean
<b>No of own children</b>	1	2	0	1	3	2
<b>Years at institution</b>	6	1	1	2	6 months	5

### 6.3. Themes and sub-themes

The themes and sub themes that emerged during the data analysis were:

<i>theme</i>	<i>sub- theme</i>
<b><u>Theme One</u></b> Personal experiences of caregivers that influence their perceptions of attachment difficulties.	<ul style="list-style-type: none"><li>• Caregivers' cultural perspectives that influence their understanding of children</li><li>• Caregivers' personal experiences of loss or separation that impact on perceptions of child rearing</li><li>• The impact working as a caregiver has on their other relationships with their own and other children</li><li>• Caregivers perceptions relating to what they feel the children in the home need from them</li><li>• Caregivers' self-protection and avoidance of developing close emotional bonds with the children due to their own attachment difficulties</li></ul>
<b><u>Theme Two</u></b> Caregivers' perceptions of emotional difficulties and behavioural difficulties experienced by the children living in the children's home.	<ul style="list-style-type: none"><li>• Children's fear of the reoccurrence of loss and abandonment by caregivers</li><li>• Children sharing their traumatic experiences</li></ul>
<b><u>Theme Three</u></b> Caregivers' perceptions regarding how living in a children's home has affected the children's development.	<ul style="list-style-type: none"><li>• Lack of exposure to the outside world</li><li>• Behavioural difficulties</li><li>• How living in an institution has affected the children's development</li></ul>

#### **6.4. Presentation of research findings**

The principle and overarching theme, which emerged from the responses to the semi structured interview schedule, has been identified as the difficulties experienced by the participants themselves, as well as the difficulties the participants perceive the children to be experiencing. The theme of difficulties is therefore divided into three superordinate themes. These themes and sub themes were condensed accordingly and will be discussed below.

#### **6.4. Theme 1:**

##### **Personal experiences of caregivers that influence their perceptions of attachment difficulties.**

This theme was divided into the following sub themes.

- Caregivers' cultural perspectives that influence their understanding of children;
- Caregivers' personal experiences of loss or separation that impact on their perceptions of child rearing;
- The impact working as a caregiver has on their relationships with their own children;
- Caregivers perceptions relating to what they feel the children in the home need from them;
- Caregivers' self-protection and avoidance of developing close emotional bonds with the children due to their own attachment difficulties.

This theme and the subsequent sub themes highlight the personal difficulties experienced by the participants whilst working as caregivers at a children's home in Johannesburg. This theme and sub theme also dealt with participants' own sense of attachment and how this contributed to participants being reluctant to form close emotional bonds with the children they care for.

#### **6.4.1. Caregivers' cultural perspectives regarding how children should be raised**

Adults differ greatly with respect to their responsiveness or sensitivity and this affects the security of the child's attachment to them (De Wolff & van Ijzendoorn, 1997). When adults have been highly and appropriately responsive, levels of trust are high and the attachment relationships that are formed are usually secure. When adults are inconsistently responsive or behave inappropriately, trust is diminished and insecure relationships result. The differences in attachment security shape the child's initial expectation of other people and can have an important impact on social experience outside the child-caregiver relationship (De Wolff & van Ijzendoorn, 1997).

The extended family structure is a primary support mechanism in African societies, a social safety net for children (Strode & Grant 2001). The extended family structure, which comprises of generations of close relatives rather than just a married couple and children, who live either in the same house or compound, or in a close and continuous relationship, dominate the sub-Saharan African society. The extended family safety net is still by far the most effective response to economic and social crises throughout sub-Saharan Africa (Strode & Grant 2001).

Five out of the six participants indicated that they grew up in traditional African contexts where their extended families played a direct role in their upbringing. Consequently, the participants' own childhood experiences resulted in them formulating specific ideas relating to how children should be reared and what role families and extended families should play in raising children. As a result of the participants' own childhood experiences, there was consensus amongst the participants that extended families should play a significant role in raising and caring for children. The participants' responses also revealed that it is their perception that the strong kinship that they had experienced whilst they were growing up and which had helped to sustain their extended family structure, is steadily growing weaker. The results indicate that the participants in this study expressed a desire to return to this system whereby family care for, or at least, play a role in vulnerable children's lives.

Participant 2

*“It was easy, not like living in the city. There we could be free just run and play and be outside all the time. It was good. When I was young, we were closer to our mothers or stepmothers.”*

Participant 4 stated:

*“We believe in extended families we have a big family. Whereby whoever as long as you is the bond goes on and on we don’t cut ties.”*

In Africa, the traditional childrearing practices within the context of the extended family system or lineage are not borne solely by the biological parents. A close knit of relatives commonly shares the costs of rearing children, in terms of emotion, time, finance and other material support, since all children together comprise the strength of the lineage (Isiugo-Abanihe 1985).

The results of this study indicate that the participants aligned their views of care giving and childrearing with traditional, cultural African practices as explained by Isiugo-Abanihe (1985). All participants suggested that extended families should play a significant role in caring for children. Thus, the results of the study reveal that the participants have very definite ideas, beliefs and values regarding childrearing which are based upon their own cultural and background experiences. As was indicated earlier five out of six participants grew up in contexts where extended families played a direct role in their upbringing. The participants were exposed to their families’ cultural beliefs and values through the interaction they experienced with their families.

Participant 2 explained

*“I come from a very close family, we didn’t have much when I was growing up but we were very close. We were eight children in my family so there was always someone to play with. I was close to my family we played together and did everything together. It was easy”*

According to Participant 3

*“In my culture, it is important for a child to be raised in a family. Even if both parents have died, they would look in the family where can we put these children. If there were three or four left, we would say you can take this one; this one will take this one. Explaining to them why it has been like that, why you are going to stay with this one and, why you are not going to stay with your other brothers or sisters.*”

Participant 6 extended this idea when she stated

*“Being in a home is not the ideal thing so extended family must do something; they really have to do something. If I pass away, I have a brother or a sister they are the ones that are supposed to take care of the children. Bringing up a child there are a lot of things that you instill in a child. I have my own culture and I am going to instill that culture in a child. So the ideal thing for me is that the extended family to take care of the child.”*

All participants aligned their views of care giving and child rearing with traditional, cultural Africa practices and suggested that close relationships with extended family members who could provide support and guidance was vital in raising children. Some of the participants expressed the idea that only in extenuating circumstances should children be required to live in an institution as they felt families should take care of and raise children if their parents were unable to do so.

*“It would only happen if the child’s family had not accepted to take care of the child. Or sometimes they do make arrangements if the parents are sick, maybe they are positive, or the AIDS is full blown then they organise the social workers to support the child. But this would only happen if the family cannot manage to take the child.”* (Participant 3)

*“From where I come from no matter how poor a person is you don’t send a child away. You don’t send a child away. You know in some of the cases it is not like they have been abused, it’s not like they have been molested or something bad has happened to them. It is only that the parents are dead and they’ve been abandoned no body wants to look after*

*that child. Its puzzling honestly it's puzzling because where I come from its unheard of".*  
(Participant 6)

Institutionalisation is a form of substitute care for children that generally necessitates total separation from their biological family and the adjustment to a wholly new and unfamiliar environment (Mudaly, 1985). The experience of a child in an institution is very different from that of a child in a family. Though institutions vary widely in the quality of care they provide, they generally have high child to caregiver ratios, which do not allow for individualised attention (Gomez, 1997). The participants perceived the children's upbringing in the home which is characterised by an absence of family involvement, to be in stark contrast to the participants' own childhood experiences.

*"I was privileged to grow up with both parents including my mum."* (Participant 6)

Participant 5 revealed

*"I grew up with my family but I had my mother and my father, we played outside and did normal child things. My uncle and aunt were with us. I played with my cousins and it was good for me. I was not alone I had my family it was nice."*

In light of the participants' comments it is evident that all the participants experienced a traditional African upbringing where their family played an active role in their upbringing. This is in contrast to what the children in the children's home have experienced. Degbey (2003) explains that in the traditional, rural societies the extended family system which includes several generations plus cousins, uncles and aunts living in a compound or close to one another, form the family. It is common that the members of the community share responsibility for the social development of the child. This perception was expressed by participant 6 indicating that she too feels that communities share a responsibility for the social development of children.

#### Participant 6

*“Culturally I believe that your child is my child if I see a child not behaving the right way I believe it is my responsibility to talk to the child or if I can’t talk to the child come to the parent and inform the parent. I also will appreciate if some one will tell me if my child is misbehaving. A child in a community is every body’s child that is what I believe in. Everybody takes cares of the child.”*

The participants demonstrated a strong sense of awareness regarding the idea that the children they care for had not experienced traditional African upbringings corresponding with what the participants regard as ‘normal’ experiences. Degbey, (2003, p. 84) explains that although in African culture the mother has a fundamental responsibility for child rearing and development; it is shared among all members of the family. Therefore, the African child usually develops a strong sense of social responsibility from his earliest years and learns to be respectful, responsible, and a supportive member of his community from his extended family. It can be suggested that the participants feel the children’s development has been impaired as a result of a lack of support and input from the children’s families.

All participants all concurred with the view that families should play a pivotal role in raising children. However the ‘family units’ within the children’s home, whereby one caregiver is assigned to look after approximately five to seven children, who are then, regarded as ‘her children’ is in contrast to the views discussed above. In the children’s home individual caregivers have sole responsibility to care for and provide social and psychological support to these children and this is in stark contrast to the perceptions the participants hold regarding how children should be raised.

Results of the study suggest that the amount of emotional and psychological stress the participants experience whilst caring for the children is exacerbated as a result of the participants having to shoulder full responsibility in caring for these children without any support or input from nuclear or extended family units or support from the local community.

#### **6.4.2 Caregivers' personal experiences of loss or separation**

On analysing the participants' interviews, the researcher found a denominator that all participants shared. All the participants revealed that they had experienced loss and /or separation from their parents and siblings during their childhood, adolescent and even adult lives.

The following extracts from the participants' transcripts indicate the loss they have experienced in their own lives.

*“Actually there were two brothers but one passed away. He passed away in 1976 or 1977 when I was very young.”* (Participant 1)

*“Growing up I was staying with my mother, my father died in 1989”* (Participant 5)

Participant 3 explained:

*“It was my mother who raised me, my mother and father divorced when I was young I can't remember what year it was. I just know I was very young. So my father remarried and my mother also remarried. But even though the marriage of my mother didn't last long so it was more like I grew up with her being a single parent. So by the time I was reaching 12 my father passed away. I felt that not having a father in my life there was something missing. I felt it when I was growing up”*

Participant 4:

*“I have two brothers one passed away and one sister passed away and the surviving four sisters so I am left with two brothers and four sisters”*

It became evident to the researcher that the participants, due to their own experience of loss, recognise the immense influence that loss and separation has on children's lives. It appears as though the participants are able to recognise the emotional difficulties that children experienced as a result of losing individuals whom fulfill primary care giving roles. These experiences of childhood adversity, loss and separation in carers are often a

motivating factor for taking on caregiving roles and can facilitate care giving through the ability to identify with deprived and abused children (Kay, 1966; Dando & Minty, 1987; Steele, Kaniuk, Hodges, Haworth & Huss, 1999). It is plausible that disruptive attachments and other difficulties in the participants' own childhood may have provided them with experiences that allow for a more empathic understanding of the needs of the children they care for who may have come from similar backgrounds or had similar experiences.

Participant 3 indicated how she is able to empathize with the children in her care

*“What I can say is I am a bit understanding where they are coming from because I also had that experience as well. Yes, I do think I can understand how they are feeling. Even with understanding, when I was going through my counselling session I would think oh so this is why I was behaving like this. Knowing myself I was someone who was keeping things to myself, I was carrying so much anger in me. I would sit alone just crying for no reason. I would ask why and there is no one to give you answers. So I felt like them (the children here at the home) no one to give them answers they ask why but there is no one to explain to them. I felt really empty. The stress they are going through I have gone through.”*

Participant 2 explains

*“My mother left me when I was young so I understand their situation what they're going through.”*

The participants' own experiences of loss which may have led to attachment losses or disruptive attachments during their childhoods and adolescence may have shaped the participants' perceptions and understanding of attachment difficulties experienced by the children they care for. It is possible that the participants' own experiences of loss and separation from their own caregivers have enabled them to empathize with the children they care for as they too have had similar experiences.

According to Caltabiano and Thorpe (2007) there is some evidence that disrupted attachments and other adversity in caregivers' own childhood may have also provided them with an experience that allows for a more empathic understanding of the needs of the children for whom they care. Caltabiano and Thorpe (2007) explain the ability to provide quality care to children depends on a number of factors and the caregiver's own attachment experiences both in childhood, and as an adult, is one of those factors. Other important factors include appropriate high quality training, suitable matching between carer and child, adequate financial provision and ongoing support to caregivers. How adults respond to and interpret the needs of children depends on early experiences with their caregivers and current states of mind with respect to attachment (Main, 1990).

It is feasible that the participants' losses and disrupted attachments in their own lives may also illicit difficulties whilst working as caregivers. Due to their own difficult experiences they may not feel able to connect with the children in the children's home. This may impact negatively on the relationships they form with the children and influence how they interact with the children. How adults interpret and respond to the needs of children depends on early experiences with caregivers and current 'states of mind' with respect to attachment (Main, 1990). According to Howe, Brandon, Hinings and Schofield (1999) caregivers with unresolved attachment issues of trauma and loss often describe themselves as feeling inadequate as caregivers and may fear losing control. Consequently, this may result in the caregivers finding it difficult to form relationships with the children they care for.

#### **6.4.3. The impact working as a caregiver has on their other relationships**

Across all cultural orientations, caregivers play a significant role in helping children become honourable and contributing members of society (Swick, 1985). The cultural context is central to parenting styles, parent-parent and parent-child interactions (Swick, 1985). These interactions reflect cultural expectations. According to Swick (1985 p. 82), "parenting is carried on amidst many cultural signals, not all of which are consistent with each other or necessarily 'good' for children. The parenting context often dictates how these style issues are dealt with in the life span".

It has been explained that within the African cultures it is common practice that members of nuclear and extended family participate in the upbringing of children. Mothers, grandmothers, aunts, cousins and even siblings take on childrearing responsibilities. Five out of the six participants have their own biological children, three out of the five participants' children reside with grandparents or aunts whilst the participants work and reside at the children's home in Johannesburg. Although this is general practice within their own cultures, and would be regarded as acceptable and the norm within their culture, some of the participants indicated that this practice causes them distress, as they are unable to look after their own children themselves. Some of the participants appear to base their perceptions of themselves as not being good mothers due to the fact that they are not taking care of their own children themselves as many other parents do within the urban areas.

It was evident during the interviews that two participants in particular, experience tremendous feelings of guilt surrounding the limited interaction they have with their own children. This comment from Participant 4 reflects the sentiment of feeling guilty about not being able to support her daughter the way she would like to.

*“She is staying in Zimbabwe with my parents that is where she is but I’m hoping that maybe if everything goes well then next year she might be coming over this side. Because this splitting I am not comfortable with it, it is really painful for me because all this is being done for the expensive of my daughter. Where she is supposed to benefit from it, but I have got no choice. It seems to her that she is understanding but to me there is still guiltiness in me. There is somewhere I am not doing my part as a mother. It is very hard.”*

Thus, the participants self concepts are based not only on the role they fulfill as a ‘caregiver’ within the children’s home, but also on the evaluative aspects linked to the negative connotations they hold of themselves as mothers. The majority of the participants, due to unforeseen circumstances, are not able to contribute to the daily

upbringing of their own children but have to rely on extended family members to fulfill that role for them.

Participant 2 substantiates the feelings of guilt around not caring for their own children.

*“My stepmother has been taking care of them since they were born really. I had my first one when I was young so she helped me with him, and took care of him so I could work. When I had my second one, again she helped me and it seemed better that they stay together and she take care of them while I work. I am also studying so it is easier for them to be with her. Sometimes I feel bad I can’t see them all the time when they want to see me especially when they need me but I have to work.”*

The above quotations indicate that care giving is very demanding and the work can lead to physical, emotional and psychological stress. There is very little research that has been carried out in Africa on experiences of caregivers who work in children’s homes. However during the study it became apparent that the amount of emotional and psychological stress that the participants experience whilst caring for the children, is exacerbated by the fact that the participants have sole responsibility of caring for the children, without the support of nuclear or extended family units and/or community members and this has an affect on the participants’ relationships with their own family members. It appears as if the participants own unresolved attachment difficulties contribute to the difficulties they encounter whilst working as caregivers. These participants could therefore benefit from therapy and workshops where they would be able to gain valuable insight into how their own experiences may impact on the relationships they establish with the children in their care.

It is clear from the participants’ responses that they experience guilt relating to the attachment of their own children. The participants who rely on extended family members to fulfill care giving roles for their own children seem to desire more closeness and physical contact with their own children and appear to struggle with feelings of anxiety and guilt surrounding their perception of themselves as ‘absent’ mothers. It is likely that the views the participants hold of themselves as ‘absent’ mothers compromise the quality

of the care giving relationship the participants form with the children in the children's home. This results in the participants experiencing guilt and apprehension around forming too close an attachment with the children in their care.

#### **6.4.5. Caregivers perceptions relating to what they feel the children need from them**

According to Mudaly (1985), the following are essential for effective childcare:

- providing the child with an opportunity to experience basic physical care, largely in the form of clothing, food, shelter, health care – areas in which the child has most likely suffered some measure of deprivation;
- providing the opportunity for the child to experience consistency and stability particularly in his or her immediate life-world;
- providing the child with opportunity to experience spontaneous freedom and to discover the world about him or her in order to foster personal growth within the constraints of his or her life world;
- providing the opportunity for the child to communicate with and relate to any number of persons and in a variety of situations so as to learn. Children need opportunities to talk about and act out their feelings and anxieties of separation, about their future, home, parents and family;
- providing a better future for the child by ensuring that they have adequate and challenging educational programmes; and
- providing for the child the right to self-determination. In other words, the child must learn to see options and choose from among them and take responsibility for the consequences of his decisions.

The following comments expressed by the participants indicate that how they view their role as a caregiver corresponds with what Mudaly (1985) deemed essential for childcare.

*“I think my duties are just like a mum in a home taking care of these children. Like wake them up in the morning, bathing, washing, ironing.”* (Participant 1)

*“I help them with their homework. When the schoolwork is done, I make sure they bath, eat and when they go to sleep at night I check on them make sure things are alright.”*  
(Participant 4)

It is evident from the participants’ responses, that they have specific ideas regarding what their role as a caregiver entails. The participants indicated that their attempts to meet the children’s specific needs as outlined by Mudaly (1985) are often hampered by the nature of the emotional difficulties the children in their care experience. The participants all expressed the view that children in their care require love and attention from them as a result of not having relationships with their families that could have provided them with parental guidance, support and nurturance.

*“What they need from me is my attention that is what I have discovered. Because they want you to listen to them, once they see you are listening to them then they would be okay. But once you ignore them they are like but why. It is the attention and the care and love. Yes, that need for bonding, the person who hugs them, and gives them that love and attention. It is all that they need. They haven’t had it”* (Participant 3)

*“Love and care. Lots of love to make up for the love they don’t have from their own mummies.”* (Participant 5)

*“They need love you know”* (Participant 6)

To a large extent, the physical and mental health of a child is determined by the social, emotional and moral milieu surrounding him prior to his birth (Safonova & Leparsky, 1998). Children flourish best in an environment that is affectionate and secure (Bowlby, 1952). They need above all stability, safety and affection. The participants all indicated that they felt that the children’s previous experiences were not stable and did not allow the children to feel safe and experience love and affection. The participants all communicated that they felt the children under their care needed emotional nurturance, security and attention from them as caregivers and this was because the children had not

receive this from the primary caregivers before entering the children's home. This sentiment was reflected in the following comments:

*"I think they need attention. Children here don't get a lot of things they need"*  
(Participant 2)

*"Yes, that need for bonding, the person who hugs them, and gives them that love and attention. It is all that they need. They haven't had that so they are looking for it now with me. "* (Participant 3)

*"The children in homes don't have enough love"* (Participant 5)

The growth of psychological knowledge has shown that children need to experience real affection, appreciation and recognition from other people (Bowley, 1947). Bowley (1947, p.3) asserts that without this, children receive no assurance that they are good, worthy, loveable and wanted. Bowley (1947) emphasised that it is important that children have this assurance to offset their inner fears of badness, unworthiness and their sense of rejection. The participants all indicated that they felt that the children had emotional difficulties as a result of what they had experienced prior to entering the children's home. Throughout the interviews the participants expressed that they felt that the emotional difficulties the children experience impacts upon their development.

Children's attachments are based on how they expect their caregivers will respond when they show distress (Bowley, 1947). Children internalize attachment experiences in the form of 'mental models' or 'mental images' of caregivers and themselves (Cooper, et al. p. 75). Children with secure attachments build mental models of a secure self, caring parents and a kind world. In contrast, children with insecure or disorganised attachments come to see caregivers and the world as dangerous and unpredictable, and themselves as bad or unworthy of love and care (Chisholm, 1998).

The participants reported that the children see themselves as unworthy of love and the world as dangerous and people to be distrusted and feared. The participants all attribute

the children's perceptions to their previous experiences where they had negative experiences with their families and people who were supposed to take care of them.

*"Here some of these children don't even know their family and it has been their family who have hurt them"* (Participant 2)

*"It is because of their backgrounds and where they came from. Lots of bad stuff happened to these children so they are angry now and just fight and swear when they are angry."* (Participant 1)

*"They lack the self-confidence, they think they are not worthy or they don't have anything that can be useful to people from outside. They see themselves as useless so that is where we still need to work on."* (Participant 4)

*"Because they don't know their families this is why they are shy and quiet around new people. Bad things happened to these kids before they came here so they feel cross and fight sometimes. But because they are not with their family they are normally shy when see new people."* (Participant 5)

The participants' comments reveal how the children's emotional development has been affected due to their attachment difficulties. Erikson viewed the years between 6 and 10 as a time when children should develop a sense of industry and learn to cooperate with peers and adults (Smith, 2003). Involvement in formal schooling and organised activities that begins in these years introduces children to new social roles in which they earn social status by their competence and performance (Papalia, et al, 2004). Children who do not master the skills required in these new settings are likely to develop what Erikson called a 'sense of inferiority', which can in turn lead to long lasting intellectual, emotional and interpersonal consequences (Smith, 2003). The participants indicated that the children have developed a sense of being unworthy due to their perceptions that they have nothing worthy they can offer to those around them and this is a direct consequent of their attachment difficulties.

*“It has made them feel really bad about themselves”.* (Participant 4)

*“Usually they blame themselves and say why me, why me. The kids feel that others don’t care about me so they close up.”* (Participant 3)

*“Makes them feel different from other children at school”* (Participant 5)

*“They are too shy because they never get to mix with people outside so they feel that they are not good and must feel bad about themselves. It has a big effect on everything and it is not easy to overcome.”* (Participant 6)

The participants’ comments demonstrate that the children view themselves as unworthy and incompetent. The participants all communicated the idea that the children’s experiences have prevented them from achieving what Erikson termed a ‘sense of competence’ and instead they have developed a ‘sense of inferiority’. When children first enter an institution, they will invariably carry multiple mental models, both positive and negative, of attachment figures, including their birth parents, relatives, previous caregivers and social workers. Mental models formed in early relationships influence the way a child approaches new relationships (Johnson & Whiffen, 2003). Children often enter care with an expectation that those who care for them will be unresponsive or will hurt them. They cannot understand how their present caregiver can be available and nurturing when their previous experiences tell them that caregivers are unresponsive and frightening.

Participant 3 revealed how the children she cares for initially perceived her to be a figure to be distrusted and guarded against.

*“When I first came, they were not even open to talking but I just had to give them their space.”*

*“Where they are from, their backgrounds. They don’t have a good background. They haven’t had any support. That bonding in the family it was never there for them. It was never there.”* (Participant 4)

Participant 5’s comment substantiates the opinions expressed by the other participants.

*“When I first came here, they were very shy and when I started, it was very hard because they didn’t know me so they were very quiet. So quiet. The little one she was crying because the other caregiver had gone and now she sees me she cried a lot. It was hard very hard. It took a long time for them and me to get used to each other. But now it is better.”*

All the participants perceived the children to need appreciation and love from other people. The participants perceived the children to be hesitant to allow the caregivers to provide them with the love and nurturance that they needed and that the emotional difficulties the children experience impacts upon the relationships that they create with their caregivers at the home. It is highly likely that the participants’ own attachment difficulties contribute to the difficulties the participants experience when attempting to meet the children’s needs.

#### **6.4.6. Caregivers’ self-protection and avoidance of developing close emotional bonds with the children**

A particular area of interest in this study was the participants’ unwillingness to develop close emotional bonds with the children. All the participants expressed the idea that establishing a close emotional bond with the children under their care is to be avoided. There are two main reasons behind the participants’ hesitance to develop close emotional bonds with the children in the children’s homes. Firstly, the transient care giving structures that are prevalent at the children’s home contributes to the participants being reluctant to form close emotional bonds with the children under their care. Secondly, the participants’ own attachment difficulties and the losses they experienced in their own

childhood contribute to participants' reluctance to form close emotional bonds with the children in the children's home. Both of these reasons will be expanded upon and discussed in the section below.

According to attachment theory, children are in their crucial attachment phase in their first four years of life (Barlow & Durand, 1995). It is during this time the child should securely attach to a mother figure. If the child experiences maternal deprivation, where the maternal figure is emotionally or physically unavailable, an insecure attachment is thought to result (Bowlby, 1952). On analysing the participants' interviews which contained numerous observations regarding the children's emotional difficulties, it appears as though many of the children in the home display behaviour that can be linked to insecure attachments. The participants consistently attributed the children's emotional difficulties to their previous experiences and lack of attachment figures.

Rosenau (2000) explains that children growing up in institutions have been the focus of long standing literature on early deprivation and in particular maternal deprivation. Rosenau (2000. p. 3) explains that "the literature tells a compelling story about the severe developmental consequences of institutional care that affords neither stimulation nor consistent relationships with caregivers".

It seems that the results of this study indicate that the participants' reluctance to form close emotional bonds with the children in their care is partly motivated by the participants understanding that they are not able to establish long lasting relationships with the children under their care. The structure implemented at the institution entails that the children move 'flats' yearly, which means that they have a different caregiver each year. In order to protect themselves from experiencing distress when the children leave their care, the participants expressed their reluctance to form close emotional bonds with the children. This thought was encapsulated by the following statements

*"No, I don't think we should get too close. These children as much as I love them and care for them they are not my children. I will leave them one day, maybe when they move into another flat. Then it will be too hard for them. They won't be able to be close to their*

*own care mother and it will make things hard for everyone. I think they must know that I care for them and will protect them and all I can for them, but we can't be too close it will just hurt us all.” (Participant 2)*

Participant 3:

*“No, I don't think we should get too close to the children. So now if I am getting too emotional with one the rest will say but why. I just have to give basic care to all of them. But for me being emotional is not good, it is not professional. Also, when you get attached to one and the child leaves it is difficult. You get so close, the care you give them, and then suddenly they are gone. It is also hard when they go to another caregiver, the children get used to you.”*

Participant 5:

*“Yes but not too close it's not good to be too close. We can talk but we mustn't be too close because that is not good for the children, I wont always be here so it's not good to get too close.”*

*“I am afraid that one day when they are to be moved from that flat to the other one it will affect them.” (Participant 6)*

It is clear to see from the participants' comments that they are disinclined to form close attachments to the children as a result of the inconsistent care giving structures implemented by the children's home. Consequently, the participants' own attachment difficulties and the losses they experiences in their own lives contribute to the emotional challenges they experience within their role as a caregiver.

Roseau (2000, p.9) makes a point that is very pertinent to this study when he states that “children who do not have a relationship with at least one emotionally invested predictably available caregiver, display an array of developmental deficits that may endure over time”. This point is pertinent to this study because the children in the home are unable to form relationships with at least one consistent available caregiver and this is

partly due to the policy the home implements where children are required to change caregivers every year.

The participants' responses to the interview questions indicate that working as a caregiver is a difficult and challenging job. Long working hours and heavy workloads are consistent features experienced by the participants. All participants also indicated how emotionally challenging working as a caregiver is. Rosenau (2000. p. 3) stated that the nurturing, consistent and predictable relationships offered in a family cannot be duplicated by caregivers available for a limited number of days each week. Children need care, protection and nurturing in an environment where there is trust and support.

Rosenau (2000. p. 3) explains that "relationships are among the most significant influences on healthy growth and psychological well-being". Rosenau (2000) further points to the fact that of primary importance to a child's physical, emotional and psychological development is a close nurturing consistent relationship with a parent or suitable surrogate parental figure, a consistent and predictably available adult. This relationship offers the child safety and security. As has been discussed above, due to the policies implemented by the management of the home and the caregivers' own attachment difficulties, the children in the home are unable to experience consistent relationships with caregivers. Therefore, due to a lack of consistent relationships with available caregivers, the children in the home experience difficulties which impact on their emotional development.

## **6.5. Theme 2**

### **Caregivers' perceptions of emotional difficulties and behavioural difficulties experienced by the children living in the children's home**

With regards to questions investigating participants' perceptions of children's development within the children's home, the participants' responses consistently confirmed that the children experience a number of difficulties, all of which the participants attribute to the children's previous experiences and in particular, their lack of attachment relationships. According to the participants, these attachment relationships

should have provided strong parental guidance, support and nurturance. The shared perceptions of the participants relating to the emotional and behavioural difficulties experienced by children may be divided into two categories, which emerged as strong sub-themes, during the analysis of interview transcripts. The first sub-theme is that of *emotional* difficulties of children as perceived through the eyes of the caregivers. The second sub-theme is that of *behavioural* difficulties perceived by the caregivers.

The theme of emotional difficulties has been sub divided into the following sub themes:

- Children's fear of the reoccurrence of loss and abandonment by caregivers
- Children sharing their traumatic experiences

#### **6.5.1 Children's fear of the reoccurrence of loss and abandonment by caregivers**

One of the most prominent aspects that emerged from the analysis of the participants' interviews was the participants' perception that the children in the children's home were fearful of potential abandonment by their caregivers at the institution. The participants described the children as displaying marked anxiety and at times anger when the caregivers go on leave or are unavailable. For children who have been psychologically and or physically abandoned throughout their lives, their greatest fear is that they will be abandoned again. To trust and grow, they need dependable and predictable connections (Bronfenbrenner, 1979; Berk, 1996). These children need caregivers who they can count on, who are on hand to talk to when they are ready, to support them when they are motivated to learn and to encourage them to try again when they fail (Berg, 2001). Thus, caregivers working with vulnerable children need to understand that it takes time for children to begin to trust adults.

According to Erikson, if infants' needs are met consistently and responsively by the parents or caregivers, infants will not only develop a secure attachment with parents, but will also learn that their environment can be trusted (Erikson, 1959). However, if infants' needs are not met, they will develop mistrust towards people and things in their environment, even towards themselves (Berk, 2003; Papalia, et al, 2003). It appears as

though the 6- 10 year old children living in the home have developed a sense of mistrust as a result of their previous negative experiences. This sense of mistrust is reflected in their anxiety regarding being abandoned again

There was consensus amongst the participants regarding children's anxiety regarding being abandoned again.

*"The children say to me you will leave us because we have done something wrong"*  
(Participant 4)

*"When they see my bag packed for my days off they run to make sure I have not taken all my clothes"* (Participant 2)

*"They want to know I'm here and when I'm coming back if it's my days off. They see the bags and say when you will be back? They like to know."* (Participant 5)

Consistent with literature relating to attachment and emotional difficulties, the children's anxiety may be said to originate from early insecure attachments, which underlie uncertainty and anxiety about a caregiver's availability and worrying about whether their needs will be met (Warren, Huston, Egeland, & Sroufe, 1997). Secure attachments are protective factors reducing the risk of poor developmental outcomes in later life. Secure attachment is also thought to promote emotional regulation, such that a person is able to manage anxiety, depression and anger during periods of stress and when others are temporarily unavailable (Kobak, et al, 1993).

According to Bowlby (1979), anxiety originates in an infant's uncertainty about caregiver availability, which is the fundamental condition underlying insecure attachment. As a consequence of the unpredictable and inconsistent availability of their caregivers, children with insecure-ambivalent attachments are chronically anxious, worrying about whether their needs will be met and constantly fearful of being left vulnerable and alone (Warren et al., 1997).

The participants' comments that have been included below highlight examples relating to the children's insecurity and fear of being abandoned by their caregivers. These comments support the suggestion that the emotional difficulties experienced by the children, may in fact be due to insecure attachments relating to their previous experiences.

*They are scared of people now, and it takes them a long time to trust and get to know a person now. Its hard work when you start with them, because they are so quiet and shy.*"  
(Participant 2)

*"These are complaining you are giving her so much attention you are neglecting us."*  
(Participant 4)

*"Like asking me what if you go away without out us. Can't you stay here?"* (Participant 1)

According to Dunn, Jareg and Webb (2005, p. 21) the way a child reacts in a distressing situation, how they react to a new caregiver's attempts to offer care and concern, how they behave in the caregiver's absence and the amount of energy they have available to explore something new, are all influenced by the type of attachments children formed in past relationships. Attachment relationships that are formed when children are young affect how they as adults approach relationships, including relationships with their own children (Kobak, et al). It is apparent that the majority of participants in this study have had disruptive attachments as a result of the losses they experienced in their own childhood and adolescence. The participants' disruptive attachment will affect the relationships they form with their own children and the children they care for in the children's home.

The participants revealed that the children often reported that no one liked them and they often verbalised the fear that participants were going to abandon them too. The children in the home expect that their caregivers will behave in ways that are consistent with their previous experiences of abandonment and rejection. These results are consistent with Western's postulation (1996, p535) that "children reared in institutions with minimal

stimulation and limited contact with loving caregivers, often become emotionally unstable and lack confidence that their caregivers are going to meet their needs”.

Many children living in an institution feel shame and believe they must have been bad or defective to be rejected and abandoned (Kobak, et al). This can have lifelong consequences in terms of their ability to develop trust for others (Dunn, et al, 2005). Erikson’s theory indicates that development is driven by basic psychological needs to achieve trust, competence, autonomy and relatedness (Orton, 1997). Thus, the 6-10 year old children’s ability to develop trust in others may be impaired due to their sense of being abandoned by their families and having to live in the children’s home.

The participants highlighted examples relating to the children’s insecurity and fear of being left vulnerable and alone in the participants’ absence. This further supports the suggestion that the emotional difficulties experienced by the children may be in fact due to insecure attachments. The display of anxiety which is related to the insecurity in the children’s care giving attachments appears, to regularly manifest in aggressive and hostile behaviour. These behavioural difficulties will be discussed later in the study.

### **6.5.2. Children sharing their traumatic experiences**

Many children admitted into institutions have experienced traumatic losses and serious abuse. These are children who need special help regarding their development and well-being (Kobak et al, 1993). However, very often institutions are not able to meet these children’s needs. The caregivers at the particular children’s home in Johannesburg where the study was conducted have no formal training in childcare and they have very limited support available to them, which results in the caregivers struggling to meet the emotional needs of the children.

Children who are institutionalised at an early age often demonstrate delays in emotional, social, and physical development as institutionalisation leads to a deprivation of emotional nourishment (Gomez 1997).

Children who are secure in their relationships readily seek contact with the caregiver when stressed or worried. In turn, the caregiver is able to respond with comfort and nurturance appropriate to the situation (Dunn, et al, 2005). In contrast, those who are insecure are not confident that their caregiver will meet their emotional needs. If they cannot rely on their caregiver to respond to distress, they may intensify a display of emotion by being fussy or demanding to ensure that they are not ignored. Since they are often angry that they cannot rely on the caregiver, they may refuse to accept the caregiver's attempts to provide comfort (Dunn, et al, 2005).

*“It has to do with her background, what her family did to her. She is very angry and she has no one to help her with this. I really want her to get some therapy but it is up to the management to decide. But every day when I see her, I think she needs help. I don't know how to help her, I just let her know I am here and she can talk to me.”* (Participant 2)

*“Sometimes they want to talk about their families and what happened to them. Sometimes this makes them sad”* (Participant 5)

Half of the participants expressed the idea that the children in the children's home tend to suppress their emotions, as they are unsure as to what type of response will be elicited from some caregivers. Consequently, some children shy away from emotional closeness and are closed and cautious (Howe, 2005). They often appear emotionally distant, having experienced rejection and thus use defensive attachment strategies that are designed for self protection. They either cannot, or choose not to form new attachment relationships in order to avoid the pain of losing.

*“They become quiet and don't speak to anyone and just want to be by themselves. Sometimes they fight and it's like they are sad. They know when they want something they don't get it. Sometimes they cry but most times, they just say ok because they know; there is nothing they can do.”* (Participant 5)

The above statement is indicative of the participants' perceptions relating to the children's inability to make sense of their past experiences. This is consistent with

Howe's (2005) assertion that secure attachments give children the cognitive strengths to make sense of and understand their emotions. These children's past experiences of neglectful, inconsistent, abusive, rejecting or repeatedly interrupted caregiving relationships greatly increased their risk of developing an insecure attachment pattern, which in turn predisposed them to possible later developmental disturbances. This means that they were not able to evaluate attachment related experiences in a balanced, accurate manner (Howe, 2005).

During the interviews it emerged that the participants were also affected by the children's disclosure of abuse or trauma. The comments below indicate how distressing the participants found these disclosures and how ill equipped they are to deal with the consequent psychological ramifications experienced by the children.

*"I can't help them I don't know what to say to them"* (Participant 2)

*"It is hard for us to understand their issues"* (Participant 3)

*"And how to react when they talk about all the difficult things that has happened to them. Those are my biggest challenges. There are times when a child will come I will run short of words. I wouldn't even know what to say because already I am also affected. Emotionally it is really affecting me very much because the minute she comes to you it is not something we talk and, it is not a chatting issue whereby you just chat and you go. She talks but you will go on your own and then you will start thinking but why:"*  
(Participant 4)

*"At times, you don't have the solution and I have my own limitations also. You can help so much but there are times you can't do anything about it. You are left with this feeling so to say, if only I could have shown some help to them."* (Participant 6)

Those comments indicate how difficult the participants find it when the children disclose information about their traumatic previous experiences. It is possible that the children's

disclosures trigger memories in the participants relating to their own childhood experiences of loss and separation. As a result the participants feel retraumatised by the children's disclosures and find it difficult to provide support and comfort to the children.

### **6.6. Theme 3**

#### **Caregivers' perceptions regarding how living in a children's home has affected children's development.**

The participants were unanimous in their views that the children's development had been affected as a result of their previous experiences that resulted in them having to enter the institution. Available literature goes into great detail describing reasons why orphans and vulnerable children are required to enter into children's homes (Dunn, et al, 2005). Throughout literature the word orphan is used as a collective term including all children from birth to young adults, not taking into consideration their different developmental tasks and needs (Dunn, et al, 2005).

The purpose of children's homes is essentially to offset the impact that past abuses, abandonment, neglect and deprivation has on the child and to provide an alternative environment where the child's needs will be met. According to Senior (2002) the quality of early and continuing close relationships affects children's emotional development, interpersonal style and social behaviour. All the participants in this study attest to the fact that the abuse and negative experiences the children living in the institution had been exposed to before entering the institution, had a negative impact upon their development.

Theme three was sub divided into the following themes:

- **Lack of exposure to the outside world**
- **Behavioural difficulties**
- **How living in an institution has impacted upon children's development**

#### **6.6.1. Lack of exposure to the outside world.**

The children in the children's home were described by the participants as children whose background history lacked rich cultural and social experiences. The participants'

perceptions of the children's background history were based upon the participants' own childhood experiences which have already been described as being very different to the children's experiences in the children's home.

Although institutions have improved as a result of criticism about the adverse conditions that characterise them, those aspects of the institutional environment that Bowlby (1951) considered most detrimental to mental health, remain unchanged (Tizard & Rees, 1975). Aspects such as the lack of consistent available caregivers and limited stimulation which impacts on children's development are still prevalent in institutions today. Children brought up in institutions tend to suffer from two disabilities: stunted individuality caused by habitual conformity with institutional rules; and delayed emotional growth caused by love starvation (Tizard & Rees, 1975).

Erikson's (1959) theory of psychosocial development includes a principle that indicates that significant others in children's lives impact upon the growth and development of children. The role caregivers play in children's lives is vast and affects all aspects of children's development. This study is focusing on middle childhood and according to Erikson's stage of industry versus inferiority is the psychological conflict of middle childhood. According to Erikson, this is resolved positively when experiences lead children to develop a sense of competence at useful skills and tasks. The danger at this stage is inferiority reflected in the sad pessimism of children who have little confidence in their ability to do things well (Orton, 1997).

It became apparent through analysing the data that all the participants felt that living in the institution restricted the children's exposure to experiences compared to children who live with their families.

*“Because you would be surprised, some of these children have never been to a shop. You ask them where you buy vegetables, where do you buy clothe. To them it is we get clothes from Uncle D, the care centre manager because it is him who brings clothes in packets. Where do we get vegetables we get vegetables from the kitchen because they are sent to*

*the kitchen to get carrots, bring this bring that. They don't know that these things are bought from outside.” (Participant 6)*

*“What makes the difference is the exposure that they get. Yes children living in a home like here they are not exposed. Those living with their families they are exposed to a lot of things. But here it is just, that is not the case. It is like when you go out when we walk going to church, you should see the way they walk looking at the cars and everything. You have to leave early because they are walking so slowly. You feel for them, so it is that lack of exposure.” (Participant 3)*

These comments indicate that the participants perceive the children to have inadequately developed life skills as a result of a lack of exposure to the outside world. The participants all communicated the idea that the children in the home have not been able to develop a sense that they are capable. The participants indicated that the children have not been exposed to ‘everyday’ life experiences that children who live with their families take for granted. As a result of not being exposed to these experiences, the children in the home begin to make social comparisons with their peers at school in which they judge their abilities and behaviour to be inferior in comparison to their peers. The participants all communicated that the children feel inferior and less capable than their peers. This is a direct result of their lack of exposure to experiences other children have on a daily basis. The comments below reveal how the participants feel the children have been affected by their lack of exposure to the outside world.

*“Children here don't get a lot of things they need. They see when they get to school they meet different children and see different things happening to them. It's difficult for them. That's why most of them when they come from school they ask a lot of questions.” (Participant 2)*

*“Yes, life experiences they don't have it. They can't go out and see friends. It also affects their behaviour because they go to these public schools and they meet with their friends who will be talking about what they did over the weekend. These they have nothing to say it is the same old story, no, we watched videos, we ate, I slept*

Goldberg (2000) suggests that children who are institutionalised at an early age are often not exposed to the stimuli of relationships or placed in an environment where their needs can be met and the average tasks of childhood are not accomplished. This idea is supported by Hook's (2002) assumption that environments can enhance growth or create risks for children.

Naturally, the ideal would be to place children in an environment where all these needs are met should the family fail in this task (Bianchi & Robinson, 1997). This is the motivation behind children's homes. It is meant to be a substitute environment where the child is able to achieve optimal development in the absence of the family (Bianchi & Robinson, 1997). Children's homes however often fail to live up to these expectations. The management at this particular children's home places great emphasis on education and discipline. According to the caregivers, the management limits the children's opportunities to have every day life experiences. As a result, this particular children's home struggles to create an environment where the children are able to achieve optimal development.

The participants explained that the children very rarely go out, other than to school and church. They believe that this limited exposure to the outside 'real' world, means that in addition to the difficulties they appear to experience with establishing new relationships, the children's interactions with individuals are restricted to other children and adults within the home. Consequently, the children's home places great emphasis on education and ensuring the children follow the rules as outlined by the management, however according to the caregivers, few opportunities are provided to ensure that the children develop a sense of competence.

Erikson (1959) stressed the importance of middle childhood as a time when children move from home into wider social contexts that strongly influence their development. Erikson viewed middle childhood as the time when children should develop what he called "sense of industry" and learn to cooperate with their peers and adults (Erikson, 1959). The involvement in formal schooling and organised activities that begins during these years, introduces children to new social roles in which they earn social status by

their competence and performance. According to the caregivers, due to the structure implemented by the management of the home, the children aged 6 to 10 are said to be deprived of the opportunity to be involved in new social roles and as a result their capacity to develop a sense of industry is compromised.

Participant 4 voices the perception that children who live in the home have no freedom of choice and are compelled to follow the rules and regulations outlined by the children's home.

*“These children who live in a home, they don't have freedom of choice, they can't make a choice on their own. Someone has to choose for them what to do and what not to do. Whereas those who grow up in a family they can make up their own choice. These here just follow what they are told so they don't have any choices.”*

This statement from participant 3 corroborates what other participants have stated.

*“The structure here is too much. Here the emphasis is too much on education, you have to perform well at school, yes that is good. But also, they have to have that family mind. Whereby it can be a community mind, whereby I live with other people. So here with the emphasis being too much on education there are some other elements that human beings needs a part from that. Especially these who are coming away from their families.”*

This idea of children having to adhere to rules and regulations is substantiated by Participant 6

*“Here they live strictly by the rules the children here in the home they are spoken to there is no dialogue that is something that I have picked up there is no dialogue. They must take orders and that is it. It's stiff and rigid its Friday today so its time for that Monday today time for this so its rules, no flexibility.”*

McCluskey and Hooper, (2000, p, 7) explain that “many children who live in institutions suffer from lack of experiences with the outside world”. Many of these children do not leave the institution grounds; they lack the experience in going to the park or even visiting some other child's home for a play date. All the participants stated that the

children in the home suffer from a lack of experiences and are not able to experience what children who live with their families' experience.

Children develop and learn best in the context of a community where they are safe and valued, their physical needs are met and they feel psychologically secure (Bredekamp & Copple, 1997). The participants all expressed the idea that the institution's emphasis on rules and structure inhibits the children's development. According to Dunn et al, (2005, p. 12) "institutional regimes are governed by many factors, often to do with size, the physical environment, the numbers, skills and knowledge of staff. Very often the needs of the regime become all consuming and the rights of the individual child are neglected. In institutions a process of loss of independence and autonomy occurs due to a totalitarian form of care" (Dunn et al, 2005).

It is evident from the participants' comments that the particular children's home in Johannesburg where the study was based implements strict discipline policies which result in inhibiting the children's exposure to the outside world and restricts the children's ability to develop what Erikson termed as a sense of competence (Dunn et al, 2005). Therefore, the perceived emotional difficulties of the children can in part be related directly to a lack of exposure and inadequate development of important life skills as a result of living in the children's home. Church and other social gatherings are restricted to include caregivers and staff of the home so the children's exposure to other cultures, ethnic groups and social practices is therefore limited as they rarely interact with children who do not reside at the home. Children are unable to visit friends' homes or have friends visit them at the home, thus their interaction with children from outside the home is limited.

According to Clinton (1996) Erikson characterised middle childhood as the stage when children are most challenged by the issues of mastery and competence. This time of life coincides with the child's increasing experience in the social arena. Middle childhood is marked by the transition from the world of the family to the world of peers and school. With children's increased exposure to others, they encounter new comparisons and judgments. This combination of factors leads to the development of a critical self, with

self-esteem and identity based on a mixture of subjective, personalized opinions and objective opinions received from the external world (Clinton, 1996). Therefore, middle childhood is a powerful predictor of adolescence and adult adjustment. It is a time of great opportunity to optimise children's health and promote development (Bianchi & Robinson, 1997).

Children who do not master the skills required in these new settings are likely to develop a sense of inferiority which can lead, in turn, to long-lasting intellectual, emotional, and interpersonal consequences (Erikson, 1959). In light of the factors that have been discussed above, it seems apparent that development of the 6 and 10 year old children who reside in the children's home has been affected by their lack of opportunities. It is highly likely that they have developed what Erikson termed a 'sense of inferiority', which has resulted in the children experiencing emotional and interpersonal difficulties.

#### **6.6.2. Behavioural difficulties**

In addition to the perceived emotional difficulties experienced by the children within the children's home, all the participants revealed that many children in the home engage in acts of aggression, such as bullying other children. Traumatic events in a child's life have the ability to stunt normal processes within a child's development, also resulting in attachment difficulties. Children with attachment difficulties are at risk of developing behavioural and social problems, poor self-esteem and general adjustment difficulties (Senior, 2002).

Herman (1992) points out that traumatised individuals will relive the specific traumatic event long after it has occurred and with its repetitive intrusion into the survivor's life, trauma can arrest normal development. Children who are abused or experience traumatic events are likely to exhibit a range of behavioural, emotional, social and cognitive problems. The following behavioural problems have been associated with children who are victims or witnesses of violence and abuse: "enuresis, insomnia, drug and alcohol abuse, drug dealing, prostitution, assaultive and aggressive behaviour, truancy, running away, poor peer relations and problems at school" (Nathanson, 1987, p.54). Aggressive

and disruptive behaviour may function to secure the attention of caregivers (Minde, 2003).

The participants expressed the idea that many of the children who reside in the institution manifest behaviours described above and all the participants attribute this behaviour to be a direct result of the children's background experiences.

This was noted by the following participants who said:

*"It is her background. Bad things happened to her when she was on the street with her mother. She had to stay here; it made her feel very bad she's bullying them. Sometimes when they are eating, I put the food on the table, she pushes things to others and she says she wishes she was alone there. She beats them up. When they come from studying, some do homework but her; she takes paper and tears it or crushes it"* (Participant 2)

*"Very much, it has had a very big impact on them. In how they have been exposed to things, their aggression, their relationships and how they don't trust people"* (Participant 4)

*"It also comes back to their backgrounds where they came from. Because someone who has been bullied they think that is the only language that they can use to what ever they have across. So I think also their backgrounds. There is quite a lot to their backgrounds."* (Participant 6)

It is clear in the above comments that the children in the home display behaviour that is typically related to different types of deprivation, found in institutionalised children. Each type of deprivation has potentially different implications. For the purpose of this study, the most relevant forms are emotional and psychological deprivation. According to Bowlby (1959) emotional deprivation symptoms that may occur in any combination and to any degree are: (a) behaviour disturbances resulting from the immaturity of the ego and inadequate superego development, (b) impulsive behaviour, i.e. lack of self-control, (c) lack of anxiety and guilt, (d) antisocial, aggressive behaviour, (e) low achievement

motivation, (f) lack of goal directedness, (g) lack of affect, i.e. lack of ability to make a one-to-one meaningful, lasting relationship, affectionless character, repression of all need for mother or friendships, shallow or nonexistent relationship formation, and (h) behaviour called psychopathic, sociopathic, or antisocial by various source.

From the participants' descriptions of the children's behaviour, it appears as though they are manifesting behaviour that can be linked to emotional deprivation. This is reflected in the children's aggressive anti-social behaviour and their inability to form lasting relationships. The participants all attribute these behaviours to the children's previous experiences which have led them to experience emotional difficulties.

Psychological deprivation, according to David (1992, p.72) refers to "a condition produced by life situations in which a person is not given the opportunity to satisfy some basic (vital) psychological needs sufficiently and for a long enough periods". As a result, appropriate actualisation and development are obstructed and distorted. Psychological deprivation is thus a characteristic inner end product of the prolonged impact of an impoverished environment – a psychological state resulting from a persistently restricted and/ or distorted interaction with the environment (David, 1992). An example of this would be the children's difficulties in relating to people outside the home and thus the difficulties they experience adjusting to new people. The participants revealed how the children display signs of aggression and are reluctant to interact with people unfamiliar to them.

Middle childhood gives children the opportunity to develop competencies and interests in a wide array of domains (Minde, 2003). For most children this is a positive period of growth and with the right kinds of experiences, develop a healthy sense of industry and a confidence that they can master and control their worlds. The children in the home have not been exposed to the right kinds of experiences and this has resulted in them not developing a healthy sense of industry but rather a sense of inferiority. The behavioural difficulties the children display can be attributed to the emotional difficulties the children experience.

### **6.6.3. How living in an institution has impacted upon children's development**

Middle childhood is a time marked by tensions between new autonomy and the increasing expectations children encounter, which can either support or hamper the development of self-confidence (Orton, 1997). During this time children are concerned with winning acceptance from their peers, and they must manage conflicts between the behaviour expected of them by adults and the social goals of the peer group (Clinton, 1996). During middle childhood, psychological traits and social comparisons appear in children's self-concepts, and a hierarchically organised self-esteem emerges (Orton, 1997).

Erikson's developmental theory is based on the belief that development consists of a series of psychosocial crises which individuals must successfully resolve as they mature. Those conflicts involve the person's struggle to achieve individuality and, at the same time, to learn to function in society (Orton, 1997). The different stages of psychosocial development which Erikson has identified are produced by experiences each child has in interaction with his or her world. Of major importance in early life is the interaction between children and the adults who care for them. Attachment is an organising core in development that is always integrated with later experience and never lost (David, 1992). Therefore the important role caregivers' play in children's lives can not be underestimated.

As has been previously discussed, children living in children's homes often struggle to resolve the psychosocial crises outlined by Erikson, due to the restrictions placed upon them by the children's homes and the difficulties they have to overcome relating to their own previous experiences.

Dunn, et al (2005, p.13) explain that "the quality of life for children living in institutions in terms of their development and well-being may be adversely influenced by a range of factors. The most often observed are; stigmatisation in the local community, a restricted choice of friends especially from outside the institution and a lack of preparation for

future life when leaving the institution as there may be inadequate resources to assist them in finding accommodation and employment”.

It is clear from analysing the transcripts that these factors have been observed in the Johannesburg children’s home where the study was based.

*“I think these children feel lost and alone, they don’t know where they are from and have no family. It makes them angry and sad. It makes them feel bad and things are hard for them all the times. It is just hard for them.”* (Participant 1)

*“It has affected how they feel about themselves, many say they are ugly and stupid and that is why all these bad things happened to them and that is why they are here now. It has made them feel really bad about themselves. They also feel that have no future and what can they do one day. It has affected everything about them.”* (Participant 2)

*“They don’t have any self confidence if they had to come in and see you they will find somewhere to hide”* (Participant 4)

*“They are too shy because they never get to mix with people outside so they feel that they are not good and must feel bad about themselves.”* (Participant 6)

The participants’ observations and comments that were captured in the interviews revealed that the participants perceive the children’s development to have been affected as a result of attachment difficulties. All the participants indicated that they feel the children’s development has been affected as a result of their backgrounds which resulted in them having to live in the children’s home.

According to Erikson (1959) feelings of competence and personal esteem are of central importance for a child's well-being. For instance children who do not see themselves as competent in academic, social, or other domains during middle childhood report depression and social isolation more often than their peers, as well as anger and

aggression (Orton, 1997). The participants indicated that the children manifest aggression and feelings of low self worth which the participants' attribute to the children's previous experiences and lack of an earlier attachment figure. The participants' comments as indicated above, reveal how the children are shy and reluctant to interact with people outside the home, because they feel unworthy and lack self confidence.

The caregivers who were involved in the study have had their own unique experiences of having grown up and been reared within various African cultures. Thus, it was imperative to try to gain an understanding of these caregivers' experiences and perceptions of child rearing. All the caregivers who were involved in the study have their own connotations of what a family entails and how children should be reared in order to ensure they have optimal developmental opportunities. The perceptions the caregivers' held influenced how they viewed the children in their care and influenced their understanding of children's development. Due to the fact that all participants had traditional African upbringings, the researcher deems it important to bear in mind that their perceptions regarding child development might have been shaped by their cultural orientations and traditions.

Due to the fact that there is limited research on development from an African perspective, the researcher is aware that Erikson's theory does fall short of addressing and focusing on African culture, particularly those who grow up in rural areas. Developmental stages amongst Africans seem to be defined not in terms of age alone, but in terms of the capabilities of an individual at a given period as well. Ramokopa (2001) suggests that the developmental stages that fit into the African perspective can be broken down into the following: birth and infancy, early childhood, pre-puberty and puberty. According to Ramokopa (2001), the four stages correspond to Erikson's first six stages of development.

According to the African perspectives on child development, the encouragement children receive from adults reinforces their behaviour and assists in the learning and internalisation of roles (Ramokopa, 2001). The introduction of different roles has an

important psychological function. It represents growth, development and competency. The child is provided with the opportunity to associate with and learn certain cultural values from others. As a result, socialisation is enhanced enabling the child to develop a sense of belonging (Van der Vliet, 1974). The children who reside in the home have been separated from their families and the majority of children have no contact with their extended families. As a result of the separation from their families, the children have not had any opportunities to gain an understanding of their own cultural values. Consequently, they have not developed a sense of belonging or an identity linked to their own culture. Two participants expressed the idea that the children are not able to develop an identity based upon their family's culture and traditions.

*Having that connectedness to their family. Also not knowing themselves.* (Participant 3)

*“As they grow older, all the children want to know who they are, so there is an identity crisis”* (Participant 6)

Therefore it can be stated that the children's development has been affected as a result of their limited understanding of their own cultural beliefs and values. The lack of family involvement in their lives has resulted in the children not being able to develop a sense of belonging, which impacts on all aspects of their development.

## **6.7. Conclusion**

In this chapter the research findings were presented and subjected to literature verification. A biographical profile of the participants was followed by a discussion of the various themes obtained from the data analysis process.

Through a review of the literature, it is clear that not only does South Africa have to provide materially for a huge number of institutionalised children, but the country also faces the challenge of providing for these children emotionally. Early studies documented the adverse effects that institutionalisation had on young children's emotional, social and cognitive development (Bowlby, 1951; Zeanah, 1993). Today studies continue to affirm

that institutionalisation is an unsatisfactory option for young children who cannot remain with their own families.

In the middle of the twentieth century psychoanalysts observed that children reared in large institutional homes with minimal stimulation and no consistent contact with a loving caregiver, often became emotionally unstable or had difficulties with learning (Western, 1999). Although a number of factors could account for this, it is generally assumed that what is possibly lacking in the lives of these children are satisfying attachment relationships with caregivers.

This study aimed to explore through caregivers' reports whether the 6-10 year old children's development, in particular their emotional development, appears to be influenced by attachment difficulties. The results of the study indicate that the participants perceive the children's development to have been affected by attachment difficulties. In conclusion it may be said that the results of the study indicate that the participants experience difficulties relating to their own care giving role with the children under their care, as well as experiencing perceived difficulties pertaining to the children's emotional development. Erikson's theory delineated the developmental stages and developmental challenges faced by 6 to 10 year old children. Although Erikson's theory provides a basis for understanding children's development, it is nevertheless important to point out that his theory is based upon Western ideals and beliefs regarding development.

The chapter that follows will provide a summary of the study and will discuss the limitations and recommendations linked to the findings of the study.

## **Chapter 7**

### **Limitations, recommendations and conclusions.**

#### **7.1. Introduction**

The purpose of this chapter is to provide a brief summary of the proceeding chapters. Then the limitations of this study will be discussed. Lastly conclusions and recommendations from these chapters will be extrapolated. This exploratory study was conducted in order to determine if caregivers at a particular Johannesburg children's home perceive 6 -10 year old children's development, in particular their emotional development, to have been affected by attachment difficulties. This study yielded certain valuable insights into perceptions held by caregivers who work in a Johannesburg's children's home. The findings of this study have established a foundation that can be expanded upon in future research studies.

In Chapter One of this research report, the researcher explained the relevance of the topic. Chapter Two dealt with developmental issues linked to middle childhood, which is the age group this study focused on. The researcher deemed this necessary in order to improve the understanding of the characteristics of this developmental phase. Chapter Three outlined the assumptions behind attachment theory. The effects of institutionalisation were discussed in Chapter Four. The method in which the study was investigated was explained in Chapter Five. The results of the data analysis were discussed in Chapter Six. Three main themes were identified namely:

- Personal experiences of caregivers that influence their perceptions of attachment difficulties.
- Caregivers' perceptions of emotional difficulties and behavioural difficulties experienced by the children living in the children's home.
- Caregivers' perceptions regarding how living in a children's home has affected the children's development.

The themes indicate that the caregivers perceive the children who live in the children's home to have attachment difficulties which the caregivers believe to be impacting upon all aspects of the children's development including their emotional development.

This final chapter will consist of:

- An evaluation of the research questions
- A discussion of the limitations of the study
- Recommendations
- Conclusions

## **7.2. Evaluating the research questions**

The formulation of the research questions was relevant as the study was qualitative and exploratory. The following questions summarised the objectives of the study:

- What kinds of behaviour do 6-10 year old children who live in a children's home manifest that caregivers might attribute to attachment difficulties?
- Do the caregivers feel the children's development and in particular, their emotional development, has been affected as a result of any attachment difficulties?

The researcher appeared to be able to answer these questions as three themes were identified. The themes generated from the study appear to be consistent with the theoretical literature. They indicate that the children, who have for a variety of reasons been separated from their caregivers and placed in an institution, tend to display attachment difficulties. The literature highlights the importance of adequate care giving for a child to develop a healthy sense of self and outlines the implications if this is absent. In institutions or children's homes there is an increased risk that children will continue to experience attachment difficulties as the staff –child ratios are high and in some instances there is not enough interaction between caregivers and children to facilitate a secure attachment relationship. The caregivers' own attachment relationships also influence the attachment relationships they form with the children residing in the home. All these

factors therefore seem to conspire in order to ensure that attachment difficulties persist throughout the child's development (Berk, 1996).

The findings of the study are consistent with other studies exploring attachment difficulties experienced by children who reside in children's homes. Furthermore the significance of insecure attachment has been found in other forms of children's maladaptive behaviour, such as them being anxious, withdrawn and demonstrating antisocial behaviour. It can therefore be concluded that the caregivers' perceive the children's development to have been affected as a result of attachment difficulties.

### **7.3. Limitations**

Because doing research is rarely problem free and because it is almost inevitable that problems are encountered during the research process, it is necessary to reflect on the process in order to identify ways in which the research might have been conducted more successfully. While this study yielded certain valuable results, various limitations must be considered in the evaluation of the research study. The limitations will be discussed in the section that follows.

#### **7.3.1. Limitations of the sample**

Due to the limited numbers of caregivers working in the children's home, a purposeful sample was utilised. Consequently, the results of this study are at best tentative. The ability to generalise the results of the study is limited. It needs to be added however that the purpose of the study was to increase understanding of the phenomena under investigation and not to generalise the results of the study to wider populations.

#### **7.3.2. Language barriers**

A language barrier between the researcher and some participants was identified as a limitation in this study. Not all the participants could speak English fluently and this impacted on some of the participants' ability to communicate effectively with the researcher. Language therefore may have had an influence in this study as the researcher relied heavily on verbal communication and the participants' lack of fluency may have

affected the outcome of the findings, as participants may not have been able to express themselves appropriately.

### **7.3.3. Data collection and analysis**

There were some difficulties involved in collecting data. There were some problems involved in the transcription of some of the interviews which had been audio recorded. Some background noises were caught on tape which made the transcribing of the actual interview material difficult at times. In terms of the data analysis, the content analytical theme generally relies on interpretation. The researcher's interpretation was guided by her own belief and norm system. Thus in the analysis process certain material which was regarded as irrelevant was discarded and not included in the study's themes.

However it can be stated that the qualitative approach used in this research proved to be appropriate as the information gathered was in the form of words and descriptions in order to give meaning to the social reality as experienced by the caregivers who work in a children's home in Johannesburg. The researcher was able to obtain first-hand information at the hand of the semi-structured interview schedule as it allowed some freedom to explore some topics further in some cases. It can therefore be concluded that the semi-structured interview as a method of data collection worked effectively in answering the research questions.

### **7.3.4. Measurement process**

A final limitation relates to the measurement process. The instrument used to underpin the semi structured interview process, was designed for use in this particular study and therefore the validity of this instrument can not be assured.

## **7.4. Recommendations**

- The findings of the study have provided a springboard for more extensive research into the field of attachment and its pertinence to children who live in institutions within a South Africa context. Further studies utilising larger samples are required in order to confirm the findings obtained in this study. More

qualitative studies are deemed necessary in order to obtain richer insight into this complex field.

- It has been suggested in this study that caregivers' cultural perceptions relating to child rearing plays a major role in how they believe children should be raised. The participants demonstrated a strong sense of awareness regarding the idea that the children they care for had not experienced traditional African upbringings corresponding with what the participants regard as 'normal' experiences. Five out of the six participants indicated that they grew up in traditional African contexts where their extended families played a direct role in their upbringing. Consequently, the participants own childhood experiences resulted in them formulating specific ideas relating to how children should be reared and what role families and extended families should play in raising children. As a result of the participants' own childhood experiences, there was consensus amongst the participants that extended families should play a significant role in raising and caring for children. It is recommended that further research investigates how this could be achieved effectively.
- The results of this study indicate that participants were strongly against forming close emotional bonds with the children under their care. There appear to be two main reasons behind the participants' hesitance to develop close emotional with the children in the children's homes. Firstly, the transient care giving structures that are prevalent at the children's home contributes to the participants being reluctant to form close emotional bonds with the children under their care. It is therefore recommended that the management of the institution are informed regarding the negative consequences of this practice and the management should be encouraged to devise ways where children are able to have consistent caregivers for as long as possible. Secondly, the participants' own attachment difficulties and the losses they experienced in their own childhood contribute to participants' reluctance to form close emotional bonds with the children in the

children's home. It is therefore recommended that the caregivers at the children's home be provided with the opportunity to receive counselling in order to address their own attachment difficulties. It is also suggested that further studies are carried out to investigate the impact caregivers' own attachment difficulties have on their relationships with the children under their care.

- The results of this study indicate how difficult the participants find it when the children disclose information about their traumatic previous experiences. It is possible that the children's disclosures trigger memories in the participants relating to their own childhood experiences of loss and separation. As a result the participants feel traumatised by the children's disclosures and find it difficult to provide support and comfort to the children. It is recommended that both the children and participants received psychological support in order to come to terms with their traumatic previous experiences.
- Finally it is recommended that all caregivers are involved in training programmes that provide them with opportunities to develop a greater understanding of children's development.

## **7.5. Conclusion**

This chapter provided an overview of the research report. A summary was provided of the research methodology and its effectiveness. The qualitative process was employed successfully to answer the research questions posed by this study.

According to Zeanah and Shah (2005, p.54) "a vast majority of studies in the attachment field have focused on the significance of attachment for early childhood adjustment". The authors explain that recent studies indicate that, young children, who are securely attached to their parents experience less distress with the transition from primary to secondary school, experience less loneliness and depression, are less likely to experiment with substance use and risky sexual behaviour, and are more likely to feel confident and to have empathy for others. In contrast, insecure attachment in childhood is associated with a range of mental health problems including suicidality (Berg, 2001).

As was discussed throughout this study there are numerous of arguments against institutions. Some writers paint a very negative picture of the effects of children residing in institutions. Sloutsky, (1997, p. 67) states that “research has shown that life in institutions has a damaging effect on children. The younger the child the more harmful the consequences for emotional, intellectual and educational development are likely to be”. Sloutsky (1997, p. 67) goes on to explain that first and perhaps more pervasive is the loss of a sense of identity. There are three basic questions to which, all too often, the child receives no answer: Who am I? Why am I here? And where am I going? Not only do children in an institution have no reliable past equally devastating they have no predictable future, except that they will leave the institution when they turn eighteen.

The results of this study indicate that the participants concur that living in an institution has harmful implications on the children’s development. The results of the study indicated living in an institution resulted in the children surrendering their individuality and having to adhere to the rules and regulations laid down by the institution. The results have also indicated that caregivers require training and support in order to meet the children’s needs more effectively and to be able to deal with the emotional demands working as a caregiver places upon them. In order to support the caregivers, it is suggested that caregivers be involved in workshops which can be used to provide the caregivers with practical ideas and ways of dealing with the emotional demands they face whilst working as a caregiver.

The results of this study indicate that all the participants believe the children’s development has been negatively affected by attachment difficulties. The results also clearly highlighted the attachment needs of the children who reside in this institution. The needs of the children are consistent with those expanded in the literature on attachment.

This exploratory study is therefore considered to have addressed the research questions it aimed to explore. It is also considered to have contributed to a more in depth understanding of caregivers perceptions regarding what impact attachment difficulties have on children’s development. Consequently this study is considered to have made an

introductory enquiry into this unfamiliar area of research in South Africa and could therefore guide future research in investigating questions or issues which arose as a result of this research.

To conclude, securing a solid base identity made up of various roles, talents, skills and preferences is the challenge that all individuals face. It is a far greater challenge for children who have had difficult or traumatic early childhood experiences. The quality of the relationships children forge with their caregivers have a profound bearing on the child's understanding of themselves (Berk, 1996). Children who have been institutionalised grapple with the question 'Who am I?' As a result of the inconsistent and unpredictable love and attention these children received from their caregivers' they experience themselves as unlovable and unworthy. Thus, children who have been living in an institution are faced with a greater task of forming their identity as they were seldom exposed to close attachment relationships during early childhood and this is likely to have implications for their future adult relationships.

A reworking of this research would include the incorporation or involvement of an interpreter during interviewing of the participants. This would provide participants with the opportunity to understand and formulate their answers in their own (home) language. Although they were able to provide insightful answers to interview questions, the use of their own (home) language may have provided more in-depth answers, together with relevant examples of their own experiences.

## Reference List

- Ainsworth, F (Ed). (1981). *Group care for children: Concept and issues*. New York: Tavistock, 1981.
- Ainsworth, M. D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- American Psychiatric Association 2000. Diagnostic and statistical manual of mental disorders. Fourth Edition. Text Revision. Washington, D.C.
- Angless T. & Sheffer T (1997) Children living with violence in the family. In de la Rey, C Duncan, N., Shefer, T & van Niekerk A. (Eds.) *Contemporary issues in human development: A South African focus* thomas publishing: Halfway House.
- Babbie. & Mouton..., J. (2001). *The practice of social research*. Cape Town: Oxford University Press.
- Barlow, D.H. & Durand, V.M. (1995). *Abnormal Psychology*. New York: Brooks/Cole Publishing Company.
- Batchelor, J. (1998). Adaptation to prolonged separation and loss in institutionalized children. Influences on the psychological capacities of adults 'orphaned' throughout childhood. Unpublished doctoral dissertation. Smith College School for social work. Massachusetts.
- Blacking, J.C. (1967). *Venda Children's Song: A study in ethno-musicological analysis*. Johannesburg: Witwatersrand University Press.
- Bless, C. & Higson-Smith, C. (1995). *Fundamentals of social research methods. An African perspective*. Kusaka: Juta Co.
- Berg, A. (2001). Neglecting culture: A case of failed infant/parent psychotherapy. *Psychoanalytic Psychotherapy in South Africa.*, 9 (2), 32-48.

- Berk, L.E. (1996). *Infants and children: Prenatal through middle childhood*. Boston: Allen and Bacon.
- Bianchi, S.M., & Robinson, R. (1997). What did you do today? Children's use of time, family composition and the acquisition of social capital. *Journal of Marriage and the Family*, 59, 332-344.
- Bowlby, J. (1951). *Maternal care and mental health*. Geneva: World Health Organisation.
- Bowlby, J. (1969). *Attachment and loss: Attachment* (Vol. 1). New York: Basic.
- Bowley, A.H., (1947). *The psychology of the unwanted child*. Edinburgh. E& S Livingston Ltd.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28, (5) 759-775.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Brown, D. (1997). Implications of cultural values for cross-cultural consultation with families. *Journal of Counselling and Development*, 97, 29-34.
- Caltabiano, M & Thorpe, R. (2007). Attachment style of foster caregivers and care giving role performance. *Child care in Practice*, 13,(2), 137-148.
- Cassidy, J, & Shaver, P. (Eds.) (1999). *Handbook of attachment: Theory, research and clinical applications*. New York: Guilford.
- Clinton, H.R. (1996). *It takes a village: and other lessons children teach us*. New York: Simon and Schuster.
- Cluver, L., & Gardner, F. (2006). The psychological well being of children orphaned by AIDS in Cape Town, South Africa. *Ann Gen Psychiatry*, 5, published online.

- Chisholm, K. (1998). A three-year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages. *Child development* 2 (69), 1092-1106.
- Cook, R., Klein, M., & Tessier, A. (1996). Promoting social and emotional development. In A. C. Davis (Ed.), *Adapting early childhood curricula for children in inclusive settings*. Englewood Cliffs, NJ: Prentice-Hall.
- Cooper, M., Shaver, P. & Collins, N. (1998). Attachment styles, emotion regulation, and adjustment in adolescence. *Journal of Personality and Social Psychology*, 74,(5), 1380-1397.
- Crain, W. (1992). *Theories of development: Concepts and applications*. New Jersey: Prentice Halls.
- Creswell, J.W. (1998). *Qualitative inquiry and research design, choosing among five traditions*. U.S.A. Sage Publications.
- Dando, L & Minty, B.C. (1987). What makes good foster parents? *British journal of Social work*, 17, 383-400.
- David. H.P. (1992). Born unwanted. Long term developmental effects of denied abortion. *Journal of Social Sciences*, 48 (3), 163-181.
- Dawes, A. van der Merwe, A & Brant R. (2007). A monitoring dilemma: orphans

and children made vulnerable by HIV/AIDS. [www. hscrpess.ac.za](http://www.hscrpess.ac.za)

Denham, S. (1998). *Emotional development in young children*. New York: Guilford.

De Vos, A.S. (Ed). (1998). *Research at grass roots. A primer for the caring professions*.  
Pretoria: J.L van Schaik Publishers.

De Vos, A.S. (1998). Conceptualization and operationalisation. In De Vos, A.S. (Ed) *Research at grass roots. A primer for the caring professions*. Pretoria: J.L van Schaik Publishers.

De Vos, A.S. & Van Zyl. C.G. (1998). A grounded theory methodology. In De Vos, A.S. (Ed) *Research at grass roots. A primer for the caring professions*. Pretoria: J.L van Schaik Publishers.

De Wolff., M.S. & van Ijzendoorn. M.H. (1997). In search of absent fathers. Meta analysis of infant father attachment. A rejoinder to our discussants. *Child Development*, 68, 604-609.

Doolittle, T. (2003). Marie's children. The long term effects of institutionalization on the behaviour of children. Effects of institutionalization. [www.effects of institutionalisation.htm](http://www.effects of institutionalisation.htm).

Duncan, N. & Rock, B. (1997). Going beyond the statistics. In B Rock (Ed.) *Spirals of suffering* Pretoria: Human Science Research Council.

Durrheim, K. (1999). Research Design. In M Terre Blanche & K. Durrheim (Eds). *Research in practice*. Cape Town: University of Cape Town Press.

Dwivedi, K.N. (1999). *Group work with children and adolescents*. London: Jessica Kingsley Publishers.

Ebersohn, L. & Eloff, I. (2002). The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in Education*, 20 (2), 77-89.

Eccles, L.S. (1999). The development of children ages 6 to 14. *The future of children. When school is out*. 9(2), 1-36.

Engle, P.L. & Lhotska, L. (1999). The role of care in programmatic action for nutrition: Designing programmes involving care. *Food and Nutrition Bulletin*, 20, 121-135.

en.wikipedia.org

Erikson, E.H. (1959). *Growth and crisis of the healthy personality. Identity and life cycle*. Selected papers. New York: International Press. Emerise & Dodge.

Field, J., Patterson, J., & Pryor, J. (1995). Adolescent attachment to parents and friends in relation to aspects of self-esteem. *Journal of Youth and Adolescence*, 24(3), 365—375.

Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York: Other Press.

Foster, G. (2004) Safety Nets for children affected with HIV/AIDS in Southern Africa. In Pharaoh, R. (Ed) A generation at risk? HIV/AIDS. Vulnerable children and security in Southern Africa. <http://www.iss.co.za/pub/Mongraphs/Chap4.htm>.

Fraley, R. C. & Spieker, S. J. (2003). Are infant attachment patterns continuously or categorically distributed? A taxometric analysis of strange situation behavior. *Developmental Psychology*, 39, 387-404.

- Franf, A.D., Klass, P.E., Earls, F. & Eisenberg, L. (1996). Infants and very young children in orphanages. One view from pediatrics and child psychiatry. *Pediatrics*, 97, 569-578.
- Goldberg, S. (1993). Early attachment: a passing fancy or long-term affair? *Canadian Psychology*, 34 (3) 307- 317.
- Goldberg, S. (2000). *Attachment and development*. London: Arnold.
- Goldfarb, W. (1945). Psychological privation in infancy and subsequent adjustment. *American Journal of Orthopsychiatry*, 15, 247-255.
- Gomez, L. (1997). *An introduction to object relations*. London: Free Association.
- Green, J. (2003). Are attachment disorders best seen as social impairment syndromes? *Attachment & Human Development*, 5, 259-264.
- Grinnell, R.M. (1993). *Social Work Research and Evaluation*. Itaska: F.E Peacock Publishers.
- Gullestad, S.E. (2001). Attachment and psychoanalysis: Controversial issues. *Scandinavian Psychoanalytical Review*, 24, 3-16.

- Harris. P.L.(1989).*Children and Emotion: The development of psychological understanding*. Oxford.
- Hazan. C., & Shaver, P.R. (1987). Romantic love conceptualised as an attachment process. *Journal of Personality and Social Psychology*, 52 511-524.
- Henning, E. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Herman, J. (1992) *Trauma & Recovery*. New York: Basic Books.
- Hook. D. (2002).Psychoanalytic, cognitive, psychosocial developmental psychology: The hows and whys. In D Hook, J Watts & K Cockcroft (Eds) *Developmental Psychology*. Cape Town: UCT Press.
- Hook. D. (2002b). Erikson's psychosocial stages of development. In Hook,. D, Watts, J. & Cockcroft, K. (Eds). *Developmental psychology*, 265-293 Cape Town: UCT Press.
- Howe, D., Brandon, M, Hinings, D & Schofield. G. (1999).*Attachment theory, child maltreatment and family support: A practice and assessment model*. London: MacMillian.
- Johnson. S., & Whiffen., V. (2003). *Clinical applications of attachment theory*. New York: Guildford.
- Katz. L. (2001) An Overview of Current Clinical Issues in Separation and Placement. *Child and Adolescent Social Work*, 4, 209-225.
- Kay, N. (1996). A systematic approach to selecting foster parents. *Case conference*, 13 (2), 44-50.

- Kay Hall., S.E., & Geher. G. (2003). Behavioral and personality characteristics of children with reactive attachment disorder. *Journal of Psychology: Interdisciplinary and Applied*, 137, 145-162.
- Kessen, W. (1965). *The child*. New York John Wiley & Sons Inc.
- Kobak. R. (1999). The emotional dynamics of disruptions in attachment relationships. Implications for theory, research and clinical intervention. In Cassidy, J & Shaver, P (Eds). *Handbook of attachment: Theory research and clinical applications*. New York: Guilford Press.
- Krueger. M. (1988). *Intervention techniques for child and youth care workers*. Washington, DC: Child Welfare League of America, Inc.
- Krueger. M., & Powell, N. (Eds.). (1990). *Choices in caring: Contemporary approaches to child and youth care work*. Washington, DC: Child Welfare League of America.
- Lake, P. (2005). Recognizing reactive attachment disorder. *Behavioural Health Management*. 25, 41-46.
- Levine. A. (2001). Orphans and other Vulnerable Children. What role for social protection? Proceedings of a World Bank/ World Vision Conference, June 6-7 2001, Washington, D.C.
- Lewis. O. (1964). The culture of poverty. In J. Tepaske & S. Fisher (Eds.), *Explosive Forces in Latin America* (pp. 149-173). Columbus: Ohio University Press.
- Maier. H. (1987). *Developmental group care for children and youth*. New York: Haworth.
- Main. M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M.

Cummings (Eds.), *Attachment in the preschool years*. Chicago: University of Chicago Press.

Makiwane, M, Schneider, M. & Gopane, M. (2004). Experiences and needs of older persons in Mpumalanga [www.hscrpress.ac.za](http://www.hscrpress.ac.za)

Mark, R. (1996). *Research made simple*. London: Sage Publishers.

Marsh. E.J. & Wolfe, D.A. (2002). *Abnormal Child Psychology*. Belmont: Wadsworth.

McCluskey. U., Hooper, C. (Eds). (2000). *Psychodynamic perspectives on abuse. The cost of fear*. London: Jessica Kingsley Publishers.

McMillan. J.H. & Schumacher, S. (1994). *Research in education. A conceptual introduction*. New York: Harper Collins.

Merriam, S.B. (1998). *Qualitative research and case study application in education*. San Francisco: Jossey - Bass.

Minde, K. (2003). Assessment and treatment of attachment disorders. *Current opinion in psychiatry*, 16, 377-381.

Minnis, H., Marwick, H., Arthur, H. & McLaughlin, A. (2006). Reactive attachment disorder-a theoretical model beyond attachment. *European child & adolescent psychiatry*, 15, 336-342.

Mitchell, C., De Lange, N., Stuart, J., Moletsane, R., & Buthelezi, T. (2007). *Children's Provocative images of stigma, vulnerability and violence in the age of AIDS: Re-visualisations of childhood*. Rotterdam: Sense Publishers.

Moshman, D. (1999). *Adolescent psychological development: Rationality, morality and identity*. New Jersey: Lawrence Erlbaum Associates, Publishers.

Mouton, J. (1996). *Understanding social research*. Pretoria: Van Schaik.

Mouton, J. & Marais, H.C. (1990) *Basic concepts in the methodology of social sciences*. Pretoria: Human Sciences Research Council.

Mukhumo, M.M (2002). *The perceptions of educators on the influence of the abolition of corporal punishment on school discipline*. Master's dissertation: Rand Afrikaans University.

Mudaly, B.S.(1985). *The life world of youth in children's homes*. Unpublished masters' dissertation. Rhodes University, Grahamstown. South Africa.

- Nathanson, D. (1987). A timetable for shame. In O. L. Nathanson (Ed.). *The many faces of shame*. New York: The Guilford Press.
- Neuman, L.W. (1997). *Social research methods. Qualitative and quantitative approaches*. Boston: Allyn and Bacon.
- Orton, G. (1997). *Strategies for counseling with children and their parents*. USA: Brooks/Cole.
- Padgett, D.K. (1998). *Qualitative methods in social work research. Challenges and rewards*. Thousand Oaks, CA: Sage.
- Papalia, D.E. Old, S.W. & Feldman, R.D. (2004). *A child's world. Infancy through adolescence*. Boston: McGraw Hill.
- Patton, M.Q. (1980). *Qualitative evaluation methods*. Beverly Hills, CA: Sage.
- Perry, B.D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature versus nurture. *Brain and mind*, 3, 79-100.
- Provence, S & Lipton, R. (1962). *Infants in institutions. A comparison of their development with family reared infants during the first year of life*. New York: International Universities.
- Ramokogopa, I.M. (2001). *Developmental stages of an African child and their psychological implication*. Unpublished doctoral thesis. Rand Afrikaans University. Johannesburg, South Africa.

- Rosenau, N. (2000). *Do we really mean families for all children? Permanency planning for children with developmental disabilities*. Policy Research Brief University of Minnesota, Institute of Community Integration.
- Rosenstein, D. S. and Horowitz, H. A. (1996). Adolescent attachment and psychopathology. *Journal of consulting and clinical psychology*, 64 (2), 244-253.
- Rubin, A. & Babbie, E. (1989). *Research methods for social work*. California: Wadsworth INC.
- Sadock, B. J. & Sadock, V. D. (2007). *Kaplan's and Sadock's synopsis of psychiatry: Behavioural sciences / clinical psychiatry*. (9<sup>th</sup> ed.). New York: Lippicott Williams and Williams.
- Safonova, T & Leparsky, E. (1998). The unwanted child. *Child abuse & neglect*, 22 (2) 155-157.
- Schapera, I. (1950). *The Bantu speaking tribes of Southern Africa: An ethnographical survey*. Cape Town: Maskew Miller Ltd.
- Scholfield, G., & Beek.M. (2006). Providing a secure base: Parenting children in long term foster care. *Attachment and Human Development*, 7 (1), 3-25.
- Schwartz, E. & Davis, A. (2006). Reactive Attachment Disorder: Implications for school readiness and school functioning. *Psychology in the Schools*, 43, 471-479.
- Shaw, S.R., & Paez, D. (2007). Reactive Attachment Disorder: Recognition, Action, and Considerations for School Social Workers. *Children & Schools*, 29, 69-74.

- Siegel, I. E. (1988). Commentary: Cross-cultural studies of parental influence on children's achievement. *Human Development*, 31, 384-390.
- Skinner, D., Tsheko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., Chandiwana, B., Nkomo, N., Tlou, S., & Chitiyo, G. (2006). Towards a definition orphaned and vulnerable children. [www.hsrc.ac.za](http://www.hsrc.ac.za)
- Sloutsky, V. M. (1997). Institutional care and developmental outcomes of 6- and 7-year old children: A contextualist perspective. *International Journal of Behavior Development*, 20(1), 131-151.
- Smith, A. (2003). Stages of social-emotional development in children and teenagers. [www.childdevelopmentinfo.com/development/erikson.shtml](http://www.childdevelopmentinfo.com/development/erikson.shtml)
- Smyke, A. T., Dumitrescu, A. & Zeanah, C. H. (2002). Attachment disturbances in young children. I: The Continuum of Caretaking Casualty. *J. Am. Acad. Child Adolescent Psychiatry*, 41(8), 972-982.
- Spitz, R. (1965). *The first year of life. A psychoanalytic study of normal and deviant development of object relations*. New York: International Universities Press.
- Stams, G. J., Juffer, F. & van IJzendoorn, M. (2002). Maternal sensitivity, infant attachment, and temperament in early childhood predict adjustment in middle childhood: The case of adopted children and their biologically unrelated parents. *Developmental Psychology*, 38(5), 806-821.
- Steele, M., Kaniuk, J., Hodge, J., Haworth, C & Huss, S. (1999). *The use of the adult attachment interview: Implications for assessment in adoption and foster care. Preparing for permanence: Assessment preparation and support. Implications from research*. London: British Agencies for Adoption and Fostering.

- Stosny, S. (1995). *Treating attachment abuse. A compassionate approach*. New York: Springer Publisher Company.
- Strode, A. & Grant., E. (2001). The role of stigma and discrimination in the vulnerability of children and youth infected by HIV/AIDS. Report commissioned by Save the Children (UK). Pretoria; Save the children.
- Swick, K. J. (1985). Cultural influences on parenting: Implications for parent educators. *Journal of Instructional Psychology*, 12(2), 80-85.
- The American Heritage Stedman's Medical Dictionary* (2002). Houghton Mifflin Company.
- Tomkins, S. (1991). *Affect/imagery/consciousness. Vol.3: The negative affects*. New York: Springer.
- UNICEFF, (2002). Children on the brink: A joint report on orphan estimate and program strategies by country.
- UNICEF (United Nations Children's Fund) (2003). Africa's orphaned generations. New York: UNICEF.
- Van der Vliet, V. (1974). 'Growing up in a traditional society'. In Hammond-Tooke, W.M. *The Bantu Speaking People of Southern Africa*. London: Rutledge & Kegan Paul.
- Vorria, P, Sarafidou, J & Papaligoura, Z. (2004). The effects of state care on children's development: new findings, new approaches. *International Journal of Child and Family Welfare*, 4. 168-183.
- Ward, M & Lipper, E.G. (2002). Failure to thrive is associated with disorganized infant-mother attachment and unresolved maternal attachment. *Infant Mental Health Journal*, 21(6), 428-442.
- Webb, N.B. (2003). *Children living in kinship and foster home placements. Social work practices*. New York. The Guilford Press.

- Weinfield, N., Sroufe, L. A., & Egeland, B. (2000). Attachment from infancy to early adulthood in a high-risk sample: Continuity, discontinuity and their correlates. *Child Development, 71*, 695-702.
- Western, D. (1996). *Psychology: Mind, brain and culture*. New York: John Wiley.
- White, C.J. (2004). *An introduction to research methodology*. Pretoria. Ithuthuko Investment.
- Wurmser, L. (1981). *The mask of shame*. Baltimore: Johns Hopkins University Press.
- Wusu, O. & Isiugo-Abanihe, U. (2006). Interconnections among changing family structure childrearing and fertility behaviour among the Ogu, South western Nigeria. A qualitative study. *Demographic Research, 14*(8). 139-156.
- Zeanah, C.H. (1993). *Handbook of Infant Mental Health*. New York: The Guilford Press.
- Zeanah, C. H. (2000). Research yields more signs of RAD in institutionalized children. *Brown University Child & Adolescent Behavior Letter, 16*, 1-3.
- Zeanah, C. H, & Shah, P. (2005). Attachment and its Impact on Child Development. *Encyclopedia on Early Childhood Development, 3*, 1-6.

## Appendix A: Consent Form



School of Human and Community Development

*Private Bag 3, Wits 2050, Johannesburg, South Africa  
Tel: (011) 717-4500 Fax: (011) 717-4559*

Dear Mrs. Sarah Sunker

Project Co-ordinator

My name is Aileen Morrison, and I am conducting research for the purpose of obtaining a Masters degree in Educational Psychology at the University of the Witwatersrand. I am exploring what caregivers think about the relationships that are formed with the children under their care. In order to do this, I would like to talk to caregivers about their experiences of caring for children. The focus will be on caregivers' perceptions and no actual intervention will be done with the children directly.

I would like to invite the caregivers at Christ Church Christian Care Centre to participate in this study. I would therefore need your permission to approach them to explain the purpose of my research and answer any questions they may have regarding their participation.

Participation in this research will entail each caregiver, who volunteers to participate, being individually interviewed by myself, at a time and place that is convenient for him/her. The interview will last for approximately 45-50 minutes. With the caregiver's permission, this interview will be recorded in order to ensure accuracy. Participation is voluntary, and no caregiver will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. All interview responses will be kept confidential, and no information that could identify any caregiver will be included in the research report. Direct quotes of what they say, may however be included in the report, with their permission. The interview material (tapes and transcripts) will be kept by me and will be destroyed once I have qualified.

Participating caregivers may refuse to answer any questions they would prefer not to, and they may choose to withdraw from the study at any point. Christ Church Christian Care Centre will not be named in the actual research report. All of these details will be explicitly explained to each of the prospective participants by me, and through way of information and consent forms.

By agreeing to allow me to approach the caregivers at Christ Church Christian Care Centre, you will only be permitting me to invite the caregivers to participate. You are in no way binding them to participate in the study. Should you allow me to approach the caregivers; a summary of the findings can be made available to your institution upon your request.

If you have any further questions, please do not hesitate to contact me.

Kind Regards

Aileen Morrison

Cell: 078 28 23 52 7

E-mail: [aileenm@iburst.co.za](mailto:aileenm@iburst.co.za)



School of Human and Community Development

*Private Bag 3, Wits 2050, Johannesburg, South Africa  
Tel: (011) 717-4500 Fax: (011) 717-4559*

Dear Reverent Sunker

Director: Christ Church Christian Care Centre

My name is Aileen Morrison, and I am conducting research for the purpose of obtaining a Masters degree in Educational Psychology at the University of the Witwatersrand. I am exploring what caregivers think about the relationships that are formed with the children under their care. In order to do this, I would like to talk to caregivers about their experiences of caring for children. The focus will be on caregivers' perception and no actual intervention will be done with the children directly.

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Participation in this research will entail each caregiver, who volunteers to participate, being individually interviewed by myself, at a time and place that is convenient for him/her. The interview will last for approximately 45-50 minutes. With the caregiver's permission, this interview will be recorded in order to ensure accuracy. Participation is voluntary, and no caregiver will be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. All interview responses will be kept confidential, and no information that could identify any caregiver will be included in the research report. Direct quotes of what they say, may however be included in the report, with their permission. The interview material (tapes and transcripts) will be kept by me and will be destroyed once I have qualified.

Participating caregivers may refuse to answer any questions they would prefer not to, and they may choose to withdraw from the study at any point. Christ Church Christian Care Centre will not be named in the actual research report. All of these details will be explicitly explained to each of the prospective participants by me, and through way of information and consent forms.

By agreeing to allow me to approach the caregivers at Christ Church Christian Care Centre, you will only be permitting me to invite the caregivers to participate. You are in no way binding them to participate in the study. Should you allow me to approach the caregivers; a summary of the findings can be made available to your institution upon your request.

If you have any further questions, please do not hesitate to contact me.

Kind Regards

Aileen Morrison

Cell: 078 28 23 52 7

E-mail: [aileenm@iburst.co.za](mailto:aileenm@iburst.co.za)

## Appendix B: Participant Information Sheet



School of Human and Community Development

*Private Bag 3, Wits 2050, Johannesburg, South Africa*

*Tel: (011) 717-4500 Fax: (011) 717-4559*

Hello, my name is Aileen Morrison, and I am conducting research for the purpose of obtaining a Masters degree in Educational Psychology at the University of the Witwatersrand. The focus of this research is on exploring if caregivers who care for children aged between 6 and 10 feel these children may have attachment difficulties. In order to do this I would like to talk to you about your experiences of caring for children and gain an understanding of how these children behave and interact with other people. The focus will be on your perceptions and no actual intervention will be done with children directly.

I would like to invite you to participate in this study. Participation in this research will entail being individually interviewed by myself, at a time and place that is convenient for you. The interview will last for approximately 45-50 minutes. With your permission, this interview will be recorded in order to ensure accuracy. Participation is voluntary, and you will not be advantaged or disadvantaged in any way for choosing to participate or not participate in the study. All of your responses will be kept confidential, and no information that could identify you would be included in the research report. Direct quotes of what you say, may however be included in the report, with your permission. The interview material (tapes and transcripts) will be kept by me and will be destroyed once I have qualified. You may refuse to answer any questions you would prefer not to, and you may choose to withdraw from the study at any point.

If you desire any further information, please do not hesitate to contact me telephonically at 078 28 23 52 7, during working hours.

Your participation in this study would be greatly appreciated. In the unlikely event that you experience any emotional disturbance as a result of the interview, you will be referred for counseling to the Emthongeni Centre at the University of the Witwatersrand. The center's phone number is (011) 717- 4513.

Kind Regards

Aileen Morrison

(Researcher/ Masters Student 078 28 23 52 7)

Dr. Daleen Alexander

(Research Supervisor- 011 717 4526)

## Appendix C

### **Informed Consent to be interviewed**

I .....consent to be individually interviewed by Aileen Morrison for approximately forty-five minutes.

I understand the following conditions:

- My participation in the interview is completely voluntary.
- I will not be in any way advantaged or disadvantaged by agreeing to be interviewed.
- The interviews are confidential.
- My direct quotes may be used but no information that could identify me will be included in the researcher's report.
- I have the right to withdraw from the study at any stage.
- I may refuse to answer any question/s during the interview, which I would rather not answer.

.....

(Signature)

## Appendix D

I..... give consent for my individual interview with Aileen Morrison to be audio-recorded.

I understand the following conditions:

- The tapes and full transcripts will only ever be in the researcher 's or her supervisor's possession.
- All audio tapes will be destroyed by the researcher after she has obtained her degree.
- No information that may identify me will be included in the transcripts or research report; however my direct quotes may be used.

.....

(Signature)

## **Appendix E: Interview Schedule for Care Givers**

### **1. Relevant Personal Information**

Tell me a little bit about yourself.

- a. How long have you worked as a caregiver, looking after children?
- b. How many hours a day do you work in the children's home?
- c. How many children do you look after in the children's home?
- d. How old are they?

### **2. General perceptions of child-caregiver attachment**

- a. Tell me about what you enjoy most about your job?
- b. Tell me about the parts of your job that you find most difficult?
- c. Do you feel it is important for caregivers to form close, emotional relationships with the children?
- d. What do you think the children' in your care need from you?
- e. How do you feel about the children in your care?
- f. How do you think these children feel about you?

### **3. Perceptions specifically relating to attachment behaviours**

- a. Describe some of the kinds of behaviours the children under your care display?
- b. What do you think about these behaviours?
- c. Why do you think the children may be behaving like this?
- d. Tell me about the ways in which the children under your care relate to other people in the children's home (children, staff etc) or outside the children's home?

### **4. Perceived possible consequences of insecurely attached children**

- a. Can you tell me a bit about the children's development, communication, language, and learning abilities (managing homework, reading etc)?
- b. What do you think may cause a child to develop emotional or behavioural problems?

- c. Do you think that any of the children you care for or have cared for may have problems (relationship, emotional, behavioural, academic) later on in life? Why?

**Appendix F: Table 2.5.1 Erikson's stages of human development**

	<b>Positive Outcome</b>	<b>Negative Outcome</b>
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<p><b>Stage 1: Infancy –Age 0-1</b>  <b>Trust versus mistrust</b>  Infants depend on others for food, warmth and affection. The child needs consistent and stable care in order to develop feelings of security</p>	<p>If needs are met consistently and responsively by the parents, infants will not only develop a secure attachment with parents but will also learn that their environment can be trusted.</p>	<p>If not, infants will develop mistrust towards people and things in their environment even towards themselves.</p>
<p><b>Stage 2: Toddler-Age 1 to 2</b>  <b>Autonomy versus shame and doubt</b>  Toddlers learn to walk, talk, use the toilet and do things for themselves. Their self control and self confidence begins to develop at this stage</p>	<p>If parents encourage their child’s use of initiative and reassure him or her when they make mistakes the child will develop the confidence needed to cope with future situations that require choice, control and independence.</p>	<p>If parents are over protective, or disapproving of the child’s acts of independence, the child may begin to feel ashamed of his or her behaviour, or have too much doubt linked to their abilities. Integrating feelings of shame and doubt about one’s own capacity for self-control.</p>
<p><b>Stage 3: Early childhood age 2-6</b>  <b>Initiative versus guilt</b>  Children have new found power at this stage as they have developed motor skills and become more and more engaged in social interaction with people around them. They must now learn to achieve a balance between eagerness for adventure and more respond and learn to control impulses and childish fantasies. This stage involves developing a sense of initiative and ambition.</p>	<p>If parents are encouraging, but consistent in discipline children will learn to accept without guilt, that certain things are not allowed, but at the same time will not feel shame when using their imagination and engaging in make believe role-plays. During this stage, children develop the ability to initiate activities and enjoy following it through. Initiative, a sense of ambition and responsibility develops when parents support their child’s new sense of direction and purpose.</p>	<p>If not children may develop a sense of guilt and may come to believe that it is wrong to be independent. Develop fear punishment and guilt about one’s own personal feelings. Suppressing adventure and experimentation, or preventing young children doing things for themselves because of time, mess or a bit of risk will inhibit the development of confidence to initiate, replacing it instead with an unhelpful fear of being wrong or unapproved.</p>
<p><b>Stage 4: Middle Childhood (Age 6-12)</b>  <b>Competence(Industry) versus Inferiority</b>  School is the important event at this stage. At school children develop the capacity to work and cooperate with</p>	<p>If children can discover pleasure in intellectual stimulation, being productive, seeking success, they will</p>	<p>Inferiority develops when negative experiences at home school or with peers lead to feelings of incompetence and</p>

<p>others Children lean to make things, use tools and acquire the skills to be a worker and a potential provider. In addition, they do all this while making the transition from the world of home to the world of peers.</p>	<p>develop a sense of competence and achievement. Confidence in their ability to do things. A child who experiences the satisfaction of achievement - of anything positive - will move towards successful negotiation of this crisis stage.</p>	<p>inferiority.</p>
<p><b>Stage 5 Adolescence –Age 12-18</b>  <b>Identity versus Role Confusion</b>  This is the time when we ask the question: ‘Who am I?’  To successfully answer the question Erikson suggests the adolescent must integrate the healthy resolution of all earlier conflicts. Did we develop the basic sense of trust? Do we have a strong sense of independence and competence and feel in control of our lives. Adolescents who have successfully dealt with earlier conflicts are ready for the ‘Identity Crisis’, which is considered by Erikson as the single most significant conflict a person must face. Young persons search for a coherent personal and vocational identity.</p>	<p>The ability to see oneself as a consistent and integrated person. If the adolescent solves this conflict successfully, he will come out of this stage with a strong identity and ready to plan for the future.</p>	<p>If not the adolescent will sink into confusion, unable to make decisions and choices especially about vocation, sexual orientation and their role in life in general. Confusion over whom and what one is.</p>
<p><b>Stage 6 Adulthood</b>  <b>Intimacy versus Isolation</b>  Intimacy means the process of achieving relationships with family and marital or mating partner(s). Erikson explained this stage also in terms of sexual mutuality - the giving and receiving of physical and emotional connection, support, love, comfort, trust, and all the other elements that we would typically associate with healthy adult relationships conducive to mating and</p>	<p>Young people work on establishing intimate ties to others</p>	<p>Because of earlier disappointments, some individuals cannot form close relationships and remain isolated from others. Isolation conversely means being and feeling excluded from the usual life experiences of dating and mating and mutually loving relationships. This logically is characterised by feelings of loneliness, alienation, social withdrawal</p>

<p>child-rearing. There is a strong reciprocal feature in the intimacy experienced during this stage - giving and receiving - especially between sexual or marital partners.</p>		<p>or non-participation.</p>
<p><b>Stage 7- Middle adulthood Generativity versus stagnation</b> Generativity derives from the word generation, as in parents and children, and specifically the unconditional giving that characterises positive parental love and care for their offspring. Generativity means giving to the next generation through child rearing, caring for other people, or productive work. Erikson acknowledged that this stage also extends to other productive activities. Generativity potentially extends beyond one's own children.</p>	<p>Positive outcomes from this crisis stage depend on contributing positively and unconditionally. Caring for children is the common Generativity scenario, but success at this stage actually depends on giving and caring - putting something back into life, to the best of one's capabilities.</p>	<p>Stagnation is an extension of intimacy, which turns inward in the form of self-interest and self-absorption. It is the disposition that represents feelings of selfishness, self-indulgence, greed, lack of interest in young people and future generations, and the wider world.</p>
<p><b>Stage 8- old age Integrity versus Despair</b> This is a review and closing stage. The previous stage is actually a culmination of one's achievement and contribution to descendents, and potentially future generations everywhere. Integrity means feeling at peace with oneself and the world</p>	<p>No regrets or recriminations. people are more likely to look back on their lives positively and happily if they have left the world a better place than they have found it. Integrity results from feeling that life was worth living as it happened. This stage is a powerful lens through which to view one's life, even before old age is reached.</p>	<p>Despair and/or 'Disgust' represent the opposite disposition: feelings of wasted opportunities, regrets, wishing to be able to turn back the clock and have a second chance.</p>

(Berk, 1996; Papalia et al, 2003).



