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AN INVESTIGATION OF CAREGIVERS' PERCEPTIONS REGARDING EMOTIONAL AND BEHAVIOURAL DEVELOPMENT OF TWELVE TO EIGHTEEN YEAR OLD ADOLESCENTS WHO ARE LIVING IN A WELL-RESOURCED SOUTH AFRICAN CHILDREN'S HOME

BY

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ABSTRACT

In South Africa the incidence of orphaned and abandoned children is rising dramatically due to HIV/AIDS, poverty and unemployment, thus resulting in an excessive amount of children without appropriate primary care givers. Research has found that institutionalized children or those without significant primary caregivers, often experience problems with attachment formation and other facets of emotional and behavioural development. This qualitative study aimed to explore how caregivers experience and understand the behavioural and emotional development of adolescents who are in their care. More specifically, the candidate explored whether caregivers perceived any emotional or attachment difficulties in the adolescents, despite their financial and material needs being met. Factors relating to resilience in adolescents were examined through the eyes of the caregivers, in order to identify and understand ways in which vulnerable children and adolescents rise above adverse circumstances and develop relationships despite having had very little attachment relationships in their past. Erikson's Developmental Theory and Bolwby's Attachment Theory underpinned this study together with elements of Freud's Psychosexual Theory of development. Bandura's Theory of Self Efficacy and Resilience were included to examine theory relating to resilience in adolescents. During semi-structured interviews with caregivers, open-ended questions were used and thematic content analysis was employed to transcribe, categorize and code data from the interviews. The themes which emerged during data analysis indicated that the caregivers' perceptions were consistent with the literature and research relating to emotional and behavioural difficulties that adolescents experience as a result of insufficient or inadequate attachment relationships with primary caregivers. The themes highlighted areas of difficulty in the adolescents' emotional and behavioural development, however, characteristics of resilience and self-efficacy were also identified by the caregivers and considered to be positive elements influencing the adolescents' growth and development. The researcher interacted only with the caregivers from the identified children's home. No children or adolescents were approached or involved during the course of the research study.

Declaration

I declare that this dissertation is my own unaided work. It is submitted in partial fulfillment of the requirements for the degree of Master of Education in Educational Psychology by Coursework and Research Dissertation (Full-Time) at the University of the Witwatersrand. It has not been submitted before for any other degree or examination at any other University.

Shalya Fainstein
(November 2008)

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CHAPTER 1:

INTRODUCTION

Institutionalized children often experience problems with attachment formation and other facets of development (Shafer, 1989). These inadequate attachments and developmental problems may not simply be the result of separation from a biological mother, but rather the result of not forming an emotional bond with one or more caregivers, as may be the case in a children's home. In light of this study, it would be interesting to investigate caregivers' perceptions of emotional and behavioural development of the adolescents in the children's home and whether the caregivers perceive there to be emotional and/or attachment difficulties as a result of the adolescents having had very little or no significant attachment experiences during their childhood years (Landsberg, 2005). Based on Erik Erikson's Psychosocial Developmental Theory (1963) and Bowlby's (1963) Attachment theory, the study primarily focuses on caregivers' perceptions of the adolescents' development and the possible attachment difficulties that they may display as a result of their past experiences. According to Roberts (2005), issues concerning attachment of children and adolescents in children's homes or institutions are very prominent in South Africa, as the HIV/AIDS pandemic has lead to wide-spread orphanhood and vulnerability (UNICEF/UNAIDS, 1999). This, combined with the effects of poverty on parenting, has led to difficulties in family functioning and an increase in the number of children being placed in children's homes (Donald, Lazarus & Lolwana, 2002). Whilst not all children and adolescents in children's homes are orphans, the terms 'orphanhood' and 'vulnerability' have come to be used synonymously with descriptions of children or adolescents who receive very little or no caregiving, rearing, social and emotional support from an adult figure (Richter, 1993).

For the purpose of this study, the words 'institution' and children's home will be used interchangeably, and refer to the particular identified care centre in Johannesburg in which the caregivers live and interact with orphaned, abandoned, destitute and HIV positive children and adolescents (Donald, Lazarus & Lolwana, 2002). This children's home also provides accommodation, educational tutoring, counseling and care for the children and adolescents who have been placed there. Infants as young as seven months have been placed at the home and are cared for by the caregivers at the home

who have each been assigned a small number of children to look after. There are approximately 10 caregivers (including full time staff and relief workers). Each caregiver or 'care mother' as they have been termed, looks after six to ten children or adolescents. Some of the adolescents fulfill mentoring roles for the younger children, and assist the caregivers wherever possible. The home may be considered well-resourced in that it fulfils most of the primary financial and material needs of the children and adolescents who reside there. For example, the home has a well stocked library and computer room on the premises, the toddler's crèche is filled with a variety of toys and the children and adolescents are treated to outings and field trips on a regular basis. Many of the children and adolescents also attend semi-private schools, with sponsored stationery and books.

The candidate aims to explore caregivers' perceptions regarding emotional and behavioural development of adolescents who are between twelve to eighteen years of age, living in a South African children's home.

By situating the study within the South African context, it is necessary to use an ecosystemic theoretical perspective to underpin the exploration of caregivers' perceptions of behaviour and possible attachment difficulties in adolescents in the institution. It is important to examine the caregivers' perceptions of their interactions with the adolescents, as well as their understanding of adolescent development and behaviour. It has also been suggested that besides child-rearing attitudes, the caregivers' perceptions of the quality of the relationship with the child also constitutes an important aspect of how child and adolescent development is explained and understood (Rutter 1995).

Research has found that caregivers in care centres differ in their perceptions of children's behaviour (Feagans & Manlove, 1994). In many African cultures and communities, it is common for three or more caregivers to be involved in the raising of children and sharing the responsibilities of child care among several adults and older siblings is common (Nsamenang, 1992). Black family studies have emphasized aspects of family life that have been excluded from conventional models used in child development and family research (Billingsley, 1968; Gutman, 1976; Hunter & Ensminger, 1992; Wilson, 1986). This includes highlighting multigenerational family

relationships, the sharing of child rearing and economic relationships across household boundaries, and the role of fictive kin and parent surrogates (Billingsley, 1968; Burton & Dilworth-Anderson, 1991; Gutman, 1976; Hill, 1972; Martin & Martin, 1978).

The caregivers from Non-Westernized backgrounds may perceive and explain child and adolescent development in ways which do not correspond directly with the Westernized theories of Freud, Erikson and Bandura. Many of the caregivers may have been brought up in circumstances which prevented nuclear family members from being involved with the child rearing practices, assumed by most theories of attachment such as that of John Bowlby (1962). These caregivers will therefore perceive adolescent attachment patterns and characteristics according to their own ideas and experiences of child-caregiver relationships and what constitutes 'attachment'. Nevertheless, traditional theories of development and attachment will be used as a framework for understanding development in institutionalized adolescents, as well as possible attachment difficulties they experience.

A thorough understanding of childhood and adolescent development can only be acquired through an exploration of the interdependence of numerous intrinsic and extrinsic factors which may influence adolescents' development (Landsberg, 2005). The study will therefore also investigate how psychological and social elements relating to poverty and vulnerability affect the development of adolescents' cognitive, emotional and behavioural functioning. According to Donald Winnicott (as cited in Richter, 1993) human beings are born into psychosocial contexts that have evolved, biologically and culturally, not only to safeguard the health and well being of infants and young children, but also to provide the essential elements of experience necessary to stimulate the maturation of uniquely human capacities. Psychosocial factors that influence children's health and development make up an ecological system in which features interact with each other to produce effects that in turn, interact with other features and other outcomes (Bronfenbrenner, 1979). In light of this study at the children's home, such interactions would include establishment of relationships between the children and their caregivers and the ways in which such relationships possibly facilitate emotional development and attachment of the children and adolescents. The most critical level of analysis for child and adolescent health and

development is in the micro-environment of the child, consisting of the household, the family, and the child's relationships with caregivers (Richter, 1993). It is the nature of these proximal factors that creates the day-to-day experiences of children and is thereby most closely related to children's survival and developmental outcomes. One critical developmental stage that necessitates certain outcomes, is adolescence. For the purposes of this study, the researcher will focus on adolescents' emotional and behavioural development, as well as the nature of their attachment relationships.

Adolescence is a critical developmental stage for psychosocial identity formation (Côté, 1996; Erikson, 1968; Marcia, 1966, 1993), given that psychosocial identity development represents a dynamic melding process of internal psychological development with the realities of the social world (Erikson, 1968; Josselson, 1987). Many of the children remain in the children's home through adolescence and some, even into early adulthood and it is therefore necessary to understand the developmental transition from childhood to adolescence, and from adolescence to adulthood for the purpose of this study. It is however, necessary to understand what constitutes 'normal' behaviour in adolescence, so that it would not be confused with attachment difficulties. In order to understand what is commonly regarded as normal behaviour in adolescents, the study will be based on stages of emotional and behavioural development demarcated in Erikson's Developmental Theory. A few specific elements of a traditional theory of child development, such as the psychoanalytic perspective (Freud's Psychosexual Theory), will also be considered in relation to adolescent development. John Bowlby's Attachment Theory (1963) will outline the phases of the development of attachment and attachment behaviour, to be explored through the eyes of the caregivers in the children's home in order to provide more insight into attachment difficulties experienced by the adolescents with whom they interact.

Pertinent to this study is the importance of caregivers' perceptions in relation to adolescents' health and development, as well as a belief in their capacity to fulfill children's and adolescents' physical and emotional needs. Caregivers' awareness of these issues has been found to be the axis around which optimal child care takes place (Tinsley & Holtgrave, 1989). Information from the caregivers relating to the nature of the caregiving environment will also point to the caregivers' experience of social and

economic circumstances which may overwhelm them and in turn, hamper the energy and skills required for investment in child care (Richter, 1994).

Many children and adolescents in children's homes have experienced a lack of attachment relationships with an adult figure in previous hostile, rejecting and abusive home environments. This affects their basic emotional security and trust (Richter, 1991). It has been suggested that the longer children remain in residential care or in a children's home, the greater the likelihood that they will suffer significant, long-term difficulties in developing and maintaining relationships with others (Sigal, 2006). This study aims to explore possible attachment difficulties of adolescents aged twelve to eighteen years in the children's home and whether caregivers' perceptions attest to the fact that these adolescents do experience attachment difficulties.

A key problem with literature documenting the prevalence and experiences of orphans and vulnerable children in South Africa is that they are seldom presented in relation to experiences of non-orphans. Usually, the negative impact of 'AIDS orphans' is highlighted with the exclusion of positive aspects of children's and adolescents' ability to survive in the face of adversity (Andrews, Skinner & Zuma, 2006).

Vulnerable children and adolescents show considerable signs of resilience (Donald & Swart-Kruger, 1994). Children and adolescents who have lived on the streets or in hostile home environments display the ability and responsibility to look after one another and 'stick together', engaging adults to assist them in getting food or keeping their belongings safe during the day, such as in a store or church (Stavrou, 2001). Maintaining a notion of morality has also been noted in children and adolescents' responses to accidents involving peers or siblings, whereby one of the group would enlist the aid of an adult (Donald & Swart-Kruger, 1994). Peer relations provide an experience of peer support and bonding for adolescents and formation of identity is characterized by their strong values pertaining to freedom and ability to act with autonomy. One of the most prominent elements of resilience is seen in adolescents' perceptions of themselves as 'survivors'. Therefore, in terms of this study, it would be important to also look at ways in which vulnerable children and adolescents rise above their circumstances and attempt to establish relationships with others, despite possibly having experienced no positive attachments in their homes of origin. This

will be done by using Albert Bandura's Social Cognitive Learning Perspective and Self Efficacy Theory (1977), in conjunction with the developmental theories from Erikson's Psychosocial Theory and Bowlby's Attachment Theory.

1. AIM

I aim to explore how caregivers experience and understand the behavioural and emotional development of adolescents who are in their care. More specifically, the study aims to explore whether there are attachment difficulties displayed by adolescents, as described by the caregivers. Factors relating to resilience in adolescents will also be examined through the eyes of the caregivers, in order to identify and understand ways in which vulnerable children and adolescence rise above adverse circumstances and develop relationships despite having had very little attachment relationships in their past. In accordance with Erikson's (1963) developmental theory, I will consider whether the caregivers have a conceptualization of what is regarded as 'normal', appropriate and expected behaviour of adolescents, as opposed to behaviour that stands out as atypical or unusual.

Based on assumptions of attachment theory (Bowlby, 1952), the research will look at caregivers' perceptions regarding excessively inhibited and socially indiscriminate adolescents and what caregivers perceive the possible later life consequences could be for adolescents who have not formed secure attachments in early childhood. The value of this exploratory study is the identification of early problematic patterns related to emotional and behavioural development and attachment of children and adolescents living in a children's home. The study can direct researchers towards priorities for further research and the development of policy formulation in terms of the care and needs of children and adolescents in children's homes.

2. RATIONALE

The candidate seeks to explore what is the behaviour and nature of the attachment difficulties that adolescents display, if any, through the eyes of caregivers. Even though this study is purporting that attachment difficulties are especially associated with institutionalization, it is understood that attachment difficulties can also occur in a normal home, if the home is dysfunctional (Rutter, 1972). However, children or

adolescents who are removed from their mothers and placed in institutions are at even higher risk, as ongoing attachment in an institution is difficult, due to high children-to-caregiver ratios (Williamson, 2002). The origins of these attachment difficulties may be understood by using John Bowlby's (1952) Attachment Theory relating to the quality of attachment being dependent on caregiver's responses to distressed children. Adolescents may however be resilient, despite earlier difficulties with establishment of attachment relationships with significant adult figures. Factors contributing to resilience may include adolescents' temperament and individual coping mechanisms or characteristics, as well as the quality of the caregiving relationships within the children's home and establishment of loving, secure relationships with other adults, peers and siblings (Richter, 1996).

In South Africa the incidence of orphaned and abandoned children is rising dramatically due to HIV/Aids, poverty and unemployment, thus resulting in an excessive amount of children without significant primary care givers. The HIV/Aids pandemic in South Africa is one of the most severe worldwide and it is estimated that the country faces a problem of having to care for two to four million Aids orphans within the next ten years (Whiteside & Sunter, 2000: 2, as cited in Landsberg, 2005). The effect of the pandemic on children in South Africa is dire and as a result many children are left without parents, grandparents and caregivers in the extended family to care for them. Many, if not most of these children, are so traumatized because of too much responsibility and lethargy as a result of their own basic needs being unmet, that they develop a susceptibility to attachment and development disorders which can be linked to a lack of interpersonal relationships and nurturing (Landsberg, 2005). Developmental risks may also be associated with the fact that poverty increases the risk of parents or caregivers lacking personal and social resources to meet the child's needs and therefore increasing the likelihood of the child experiencing disruptive family environments, inadequate nurturance, parental rejection and even difficulty at school (Landsberg, 2005). This is particularly applicable to adolescents in children's homes where they may have experienced attachment difficulties at an early age and a severe lack of consistent, supportive interpersonal relationships. It would therefore be important to investigate if the adolescents in this study still experience attachment difficulties within a home that is reasonably well-resourced. It would then be

interesting to note whether the caregivers perceive the attachment difficulties as being a result of the adolescents' experiences prior to their institutionalization.

As this study will be conducted in a children's home in Johannesburg, it is necessary to contextualize the study in terms of the socio-economic environment in which the research will be carried out. Sub-Saharan Africa has the highest share of the population living in absolute poverty and in South Africa, poverty manifests in adverse factors such as ill health, undernourishment, deprivation of privileges and backlogs in education. This can then be linked to development (Richter, 1993). For children, being poor predisposes them to both physical and psychological problems including perinatal complications, higher incidence of disabilities and a greater likelihood of being in foster care or suffering child abuse (Halpern, 2000).

Nearly a century of research in child development points to five areas of potential biological and social risks for infants and young children in orphanage care (Rutter, 1995). Impairments in cognitive development and difficulties in socio-affective development are highlighted as two of these risks. Although the study conducted by Halpern (2000) was carried out overseas, this research study will attempt to establish whether the same mitigating factors such as impoverishment and placement of children in children's homes predisposes them to developing emotional and behavioural difficulties, as well as developmental problems in adolescence in South Africa.

Although the particular children's home in this study may be considered slightly more advantaged and resourceful than most other institutions, the researcher is particularly interested in exploring what behavioural and emotional difficulties, according to caregivers, can arise in adolescents, despite their financial and material needs being met. Many studies have explored implications of not having an emotional attachment with caregivers (Bowlby, 1951; Bowlby, 1952; Santostefano, 2006). For example, research conducted overseas (McGuinness & Pallansch, 2000) on the competence of children adopted from the former Soviet Union, provides insight into attachment difficulties, however, there is a major dearth in what we know about children and adolescents in South African children's homes. Only a few studies have explored

caregivers' understandings of the need for such an attachment and caregivers' roles in the facilitation of this emotional and physical connection.

Given the purported influence of attachment on development, suggested by Bowlby's (1979) theory, the role of the caregiver, the escalating number of orphans in South Africa, and the lack of research of caregiver perceptions on this issue, the proposed study is deemed to be relevant to the current South African context. Many of the caregivers and staff at the children's home have no background history of some (if not most) of the children and adolescents for whom they care. However, descriptive-rich information from the caregivers' interviews will provide information about the children's and adolescents' behavioural and emotional development, possible attachment experiences, age at admission, how long they usually stay, pre-admission experiences (if known) regarding family and attachment opportunities, opportunities for attachment in the institution and how work schedules are organized and impact on attachment. The study will thereby contribute to a larger body of knowledge on institutionalized adolescents, caregivers and the relationship between them.

Furthermore, because the study focuses on twelve to eighteen year old adolescents in a South African children's home, the research will provide new information on this particular age group in a financially well-resourced children's home, to be viewed in relation to international studies and those carried out in impoverished children's homes and other Sub-Saharan countries.

3. RESEARCH QUESTIONS

- What is the caregivers' understanding of normal emotional and behavioural development of adolescents, aged twelve to eighteen years of age?
- What are the caregivers' general levels of awareness regarding attachment in adolescents aged twelve to eighteen years in a children's home?
- What do caregivers perceive the possible later life consequences to be for adolescents who may experience emotional or attachment difficulties?

4. METHODOLOGY

Qualitative data was collected through semi-structured interviews conducted with six caregivers at the identified children's home. The data was transcribed and by using thematic content analysis, themes pertaining to caregivers' perceptions of the emotional and behavioural difficulties of adolescents were discovered. An interpretation and integration of these themes took place and conclusions were drawn.

5. OUTCOME

The candidate found that a number of themes emerged from interviews with the caregivers. The themes suggest that caregivers in the children's home perceive the adolescents to experience various emotional and behavioural difficulties. These difficulties are attributed to the lack of consistent and emotionally fulfilling caregiving relationships between the adolescents and primary caregivers and the adolescents' emotional needs not being met. Subsequently, despite the hardships experienced by the adolescents both in their past experiences as well as in their current life circumstances, they are perceived to display some elements of resilience and self-efficacy, an important aspect of childhood and adolescent growth and development.

6. CHAPTER OUTLINE OF THE RESEARCH REPORT

This section presents an overview of the structure of the research report, giving a brief summary of the contents of each chapter.

Chapter one covers the aim, rationale and research questions applicable to the study. It also provides a brief description of the methodology used in the research and a brief description of the outcome of the research.

Chapter two includes the literature review. This section provides a rationale for the research in terms of the South African context. Given the rising incidence of the HIV pandemic and consequential loss of children's primary caregivers, contextualization of this study in South Africa is fundamental to the exploration of institutionalized children and adolescents. It is evident that in-depth research is still required to explore possible attachment difficulties experienced by children and adolescents in South

African children's homes. Erikson's Psychosocial Theory of Development is used to provide foundations for an understanding of emotion, behaviour and behavioural change in adolescents in the children's home. Bowlby's Attachment Theory (1952) functions as a starting point for an understanding of the development of attachment and possible attachment difficulties in the adolescents who reside in the children's home.

Definitions of children, adolescents and caregivers are complemented by elements of developmental theories such as Erikson's Psychosocial Theory of Development and Freud's Psychoanalytic Theory. Through a thorough examination of existing research studies and descriptive interviews with caregivers from the home, this current study describes caregivers' experiences of the adolescents' development and explores the factors which contribute to adolescents' resilience and ability to overcome adverse circumstances.

Chapter three outlines the research design and methodology including information on the sampling strategy, instruments used and ethical considerations concerning the research. The use of an interview schedule is examined together with an explanation of the methodology for data analysis.

Chapter four consists of the results and discussion of the research which is supported by the literature discussed in Chapter two. This discussion focuses on an exploration of the themes which emerged from the interviews with the caregivers. This is followed by an interpretation of these themes and an integration of these themes in terms of the initial research questions set out by the researcher.

Chapter five examines the strengths and the limitations of the research and provides a conclusion to the main findings of the study. This is followed by recommendations for future research.

CHAPTER 2:

LITERATURE REVIEW

Introduction

According to Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo (2006), a large number of children and adolescents are rendered 'vulnerable' by the HIV epidemic and other societal forces. 'Vulnerability' is difficult to define, however a range of definitions has been used for describing vulnerability in children and adolescents across a number of African countries. In Botswana, those seen as vulnerable were street children, child laborers and children who are sexually exploited, neglected or handicapped (World Vision, 2002). In Rwanda, vulnerable children and adolescents include those in child-headed households, in foster care, in institutions, in conflict with the law, children affected by armed conflict, displaced children or children with parents in prison (Women's Commission for Refugee Women and Children, 2004). In Zambia, a state of vulnerability was assigned to those who were not at school, those whose parents were ill, children and adolescents from families where there is insufficient food, and those living in poor housing. The definition of vulnerability in South Africa included those children and adolescents who are neglected, destitute or abandoned, living with terminally ill parents, those born to single mothers, with unemployed caretakers, who are abused or ill-treated by caretakers or are disabled (UNICEF/UNAIDS, 1999).

2.1 Situating the Study Within the South African Context

In the context of this study, it is clear that 'vulnerability' may include many of the characteristics described above, as well as including the loss of one or both parents through death or desertion, severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding and deficient caretakers and specific factors such as disability, direct experience of physical or sexual violence (Skinner, 2006). The adolescents in the children's home in Johannesburg may be slightly more financially advantaged than those who live in destitution and impoverishment, however, they may still be regarded as 'vulnerable' in terms of their background experiences and upbringing. Vulnerability is not an

absolute state. There are degrees of vulnerability, depending on the situation of the child. In South Africa, the most vulnerable children and adolescents are those who have no-one who plays the key caring role in their lives and who will protect their rights (Skinner et al., 2006). In addition, a distinction needs to be made between the provision of financial support in caring for a child or adolescent, and the provision of emotional care to ensure the ongoing survival and development of children and adolescents (UNICEF, 2004). In this study, the focus will be specifically on the emotional care that the adolescents receive from the caregivers. More specifically, the study will explore whether these adolescents exhibit elements of possible attachment difficulties despite their emotional needs being met through the caregiving environment within the children's home.

2.2 Development in Children and Adolescents

For the purpose of this study it is necessary to focus on the most important emotional and behavioural developmental stages and changes in adolescents, in order to understand what themes, according to caregivers' perceptions, emerge relating to attachment difficulties. The focus of this research is on the developmental stage of adolescence, twelve to eighteen year olds in particular. However, it will discuss development starting at infancy and not just adolescent development. This is necessitated due to the nature of attachment difficulties which may start during infancy or early childhood, long before the onset of adolescence (Bowlby, 1963).

'Development' is usually defined by the 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 the other (Stone & Church, 1979). 'Development' can also be referred to as a process during which the physical, cognitive, social, and psychological structures gradually unfold in the course of a person's lifetime (Smart & Smart, 1970). Therefore, development may be said to be characterised by progressive changes within an individual which prepare and enable the individual to deal and cope with the demands of life (Stone & Church, 1979).

The study of child development entails an understanding of the underlying principles and processes of development from conception to adolescence (Louw, 1991).

According to Fonagy (2001), attachment theory is a developmental theory that emphasises infancy and how it influences or impacts on later development. It is therefore important to see how early experiences influence and shape the type of person the infant becomes. It is hoped that the caregivers who have looked after and interacted with many of the children and adolescents will be able to describe behavioural and emotional functioning which alludes to early attachment experiences in the lives of the children and adolescents.

From an ecosystemic perspective, child and adolescent development studies ought to include extrinsic as well as intrinsic factors which play a role in behaviour and emotion (Landsberg, 2005). Past experiences, individual characteristics, temperament, social and political structures as well as relationships with caregivers and peers in the children's home can be viewed as elements of systems which interrelate and interact with one another (Becvar & Becvar, 1993). This will be included in the discussion of Theories of Development, and in particular, in Bronfenbrenner's Ecological Model (1979).

2.3 Defining Children and Adolescence

2.3.1 What is a child?

Skinner et al (2006) state that a child is primarily defined by age, with the most common agreement being until 18 years, which is the legal age of majority in many of the sub-Saharan countries. Usually, age definitions depend on the period of dependence of the child on the parents or caretakers of the household.

2.3.2 What is an adolescent?

Adolescence is generally split into three stages. Early adolescence is from twelve to fourteen years of age and is the period in which the most striking initial changes are noticed. The nature of these changes is physical, attitudinal and behavioural (Sadock & Sadock, 2007). Adolescents of these ages display a growing desire for autonomy, sometimes with challenging behaviour towards authority figures (Sadock & Sadock, 2007). Caregivers in children's homes may encounter difficulties with adolescents

who, in their quest for independence and autonomy, appear to be defiant, stubborn and difficult to discipline or control. An important developmental task facing the adolescent is the development of independence, so that he can establish adult relationships, make a realistic career choice, develop a personal identity and value system and become aware of himself as a unique, autonomous individual. In the process of becoming independent, the adolescent strives to achieve three goals:

- *Behavioural autonomy:* the adolescent wants to make his own decisions, for instance, about with whom he goes out, whom to befriend, how to manage finances and how to spend leisure time.
- *Emotional autonomy:* the adolescent strives to be self-reliant, to have self-control and to be responsible for himself
- *Moral or value autonomy:* the adolescent wants to think independently about values and to develop his own system of values which can serve as a guide for his behaviour (Elkind & Weiner, 1978).

This period of time is also often viewed as a time of overwhelming turmoil, during which there may be feelings of alienation and rejection of others (Louw, 1991). In a children's home these feelings may be compounded or exacerbated by the effects of earlier experiences of abandonment, impoverishment and lack of attachment relationships. It might also be misunderstood by adults if they do not possess knowledge of typical adolescent behaviour. It is also important to note that it may also be difficult to distinguish between what is 'normal' and what is due to or exacerbated by attachment experiences.

Middle adolescence occurs roughly between the ages of fourteen and sixteen years of age (Louw, 1991). At this time, adolescents' behaviour reflects their pursuit of independence and the achievement of goals. Realistic decision making and social judgment skills are tested during middle adolescence together with intensification of sexual behaviour and complication of romantic relationships. Relevant to this study is the significance of the development of self-esteem as a pivotal influence on positive and negative risk-taking behaviours and development of self-concept (Sadock & Sadock, 2007). Between the ages of seventeen and nineteen, or late adolescence, boys and girls embark on an exploration of academic pursuits, recreational interests and hobbies (Louw, 1991). They also start thinking about social interactions and

relationships in relation to a definition of self and a sense of belonging in society. Insecure attachments during the first years of life can be associated with low self-esteem, poor social relatedness and emotional vulnerability to stress (Sadock & Sadock, 2007). This, in addition to Bowlby's Attachment Theory (1963), may suggest that it is possible that institutionalized children and adolescents who have not had secure attachment relationships, may experience difficulties with forming close relationships and developing confidence in themselves and their ability to deal with the outside world (Sadock & Sadock, 2007).

The definition of adolescence varies according to individual and cultural differences (Louw, 1991). According to the Westernized perspectives on development, adolescence is marked by the physiological signs and surging sexual hormones of puberty, and can be described as the period of maturation between childhood and adulthood (Louw, 1991). It is the transitional period in which peer relationships deepen, autonomy in decision-making grows, and intellectual pursuits and social belonging are sought (Sadock & Sadock, 2007). It is generally agreed that adolescence is also characterised by an integration of past experiences with current changes (Erikson's ego identity), through a process of establishing an identity and a sense of purpose or role in the world (Louw, 1991). Within the context of the children's home, it will be interesting to explore the ways in which adolescents' cognitive maturation, physical development, socialization and moral development are influenced by their previous experiences (traumatic or otherwise), emotional development and difficulties during childhood as well as relationships (or the lack thereof) with parents and adults (Sadock & Sadock, 2007).

This corresponds directly with the exploration of possible attachment difficulties experienced by adolescents in the South African children's homes**.** Most of the adolescents in children's homes are purported to have experiences, development and interpersonal relationships which have been characterised by a lack of attachment relationships, poverty, loss, abuse, trauma, neglect, violence and other factors predisposing them to emotional and behavioural difficulties (UNICEF, 2004).

In this study, an important issue that will also be explored is whether there are those adolescents who have developed secure attachments despite possible earlier

difficulties. This exploration will therefore also depend on whether caregivers know about the adolescents' earlier experiences and how specific attributes or characteristics enable them to make the transition from adolescence to adulthood, to develop a sense of self-esteem and achievement, to remain motivated and purposeful in mediating their difficult world.

2.4 THEORIES OF DEVELOPMENT

The object of study in developmental psychology is the developing person as a whole. Humans are, however, complex and multi-faceted beings and different aspects develop in different ways, at different times and different life stages (Louw, 1991). Human development is a universal phenomenon, characterized by various stages. These stages differ from one culture to the other. Furthermore, each developmental stage tends to bring about expectations that are in accordance with a particular culture (Ramokgopa, 2001).

In addition, in each culture there exist problems that are specific to a given stage as well as to the manner in which these problems are resolved. One of the most significant differences between westernized and traditional African perspectives of development is that within the traditional cultures, developmental stages are not defined by age alone, but by other factors such as readiness and ability to perform certain tasks as well (Ramokgopa, 2001).

Another distinction is that the definition of various stages is often based on cultural values. While theorists such as Erikson emphasize the importance of concepts such as competition, independence and egoism, Africans tend to put more emphasis on cooperation, inter-dependence and altruism respectively (Ramokgopa, 2001). Furthermore, for Africans, each stage is characterized by rituals and ceremonies. These are meant to mark the beginning or the end of a particular stage or phase, thereby psychologically preparing the individual to adjust to the new position. The westernized theories of development often seem to ignore the importance of rituals in the various developmental stages. Nevertheless, Erikson's stages of human development are generally regarded as universal, owing to the fact that the studies which he conducted, involved a variety of cultures. Erikson's theory of development

will therefore be used as one of the bases for the exploration of adolescent development.

In light of the above, the following discussion will describe various areas of development separately and will then explore their influence on the individual within the context of his or her environment (Louw, 1991).

Physical Development

Physical development involves the growth of the body and the changes in the internal structure and functioning of the body (Louw, 1991). Physical development includes genetic foundations for development, physical growth of the entire body parts, advances and changes in motor, sensory and body systems as well as health and other physical functions (Louw, 1991). In this study, the dramatic physical changes associated with the stage of adolescence or puberty, becomes a focal point for the difficulties that teenagers experience as their bodies change and develop.

Cognitive Development

Cognitive development relates to all aspects of an individual's perceptive faculty, which encompasses changes in intellectual processes of thinking, learning, problem-solving and communication (Louw, 1991). These are influenced by both hereditary and environmental influences. The ways in which adolescents perceive and understand their world is therefore influenced by their abilities to think about themselves and others, how they view relationships and communicate with the world around them (Ramokgopa, 2001).

Emotional Development

Emotional development includes issues such as attachment, trust, love, security, affection, the concept of self, feelings of autonomy, acting out behaviour, and various other emotional feelings (Ramokgopa, 2001).

Social Development

Social development involves the changes in people's relationships with one another. It also involves the influence society and specific others have on the individual. It includes important aspects such as attachment between mother and child, the expansion of the child's interpersonal contacts, the modelling of behaviour, the development of sex role identity, moral development and the development of relationships between sexes (Louw, 1991).

In recent years, there has been much work done on understanding how children's development is shaped by their social contexts (Brooks-Gunn, Duncan & Aber, 1997; McLoyd, 1998; Sameroff, 1991; Richter, 1994). Such work had focussed predominantly on poverty and its effects within the Southern African region. Given that the researcher's study is situated firmly within the South African context, it is crucial that any theory relating to childhood and adolescent development, be considered in addition to a broader ecological model which encompasses various levels of the system, all of which interact in the process of child development (Bronfenbrenner, 1977). The ecological model will be discussed below in relation to the adolescents living within the children's home.

2.4.1 AN ECOSYSTEMIC PERSPECTIVE ON DEVELOPMENT

According to Bronfenbrenner (1979), research has shown that interactions that occur in face-to-face, long term relationships, such as that between a mother and child, are the most important in shaping lasting aspects of development. These are called proximal interactions (Donald et al, 2002). The process of proximal interactions is influenced by factors such as a child's temperament, as well as the nature of the contexts in which they occur, for example between caregiver and child, or between two children. These processes, person and context elements change over time depending on the child's maturation as well as environmental changes (Donald et al, 2002).

The process through which children and adolescents become institutionalised does not occur within a vacuum and it is therefore essential to identify the relevant

interrelationships between these children or adolescents and their social environment (Maphatane, 1994). This notion is confirmed by developmental theorists who assert that the development of all children in general is influenced at different levels of the environment (Tudorić-Ghemo, 2005). This principle can therefore be applied to the adolescents who live in the children's home who are influenced not only by their personal circumstances, family relationships or the absence thereof, but also the social and economic circumstances of the community and society in which they live. Bronfenbrenner's ecological theory of development therefore provides a suitable framework in which to understand the dynamic relationship between individual behaviour and social contexts (Bronfenbrenner, 1993). Hence, factors such as the history of a country, political and socio-economic factors, labour, industrialisation, poverty, violence, ideologies and family relationships can be taken into account.

Bronfenbrenner (1979) focuses on the interconnectedness of all the people and contexts across time in the child's world. In this study, this would include the interrelationships and interdependence of all the life events that had an impact on adolescents' cognitive, scholastic, emotional and even social functioning.

The adolescents within the children's home have experienced a number of significant stressors or life events which have resulted in the development of the emotional and behavioural difficulties as perceived by the caregivers. The classification of the undesirable life events described below reflects:

1. Events relating to separation from attachment figures
2. Events relating to disturbance of intrapersonal relationships
3. Events relating to environmental influences emanating from outside the family circle (major residential moves).

Nearly a century of research in child development points to five areas of potential biological and social risks for infants and young children who grow up in environments other than biological, nuclear family units and/or devoid of significant caregivers such as parents (Bowlby, 1951; Goldfarb, 1945; Rutter, 1995). Impairments in cognitive development and difficulties in socioaffective development are highlighted as two of these risks. Developmental risks may be associated with the fact that poverty increases the risk of parents or caregivers lacking personal and social

resources to meet the child's needs and therefore increasing the likelihood of the child experiencing disruptive family environments, inadequate nurturance, parental rejection and even difficulty with learning and cognitive development (Landsberg, 2005).

Child development is therefore regarded as taking place within four nested systems, namely: the microsystem, the mesosystem, the exocystem and the macrosystem. These all interact with the chronosystem (Donald et al, 2002).

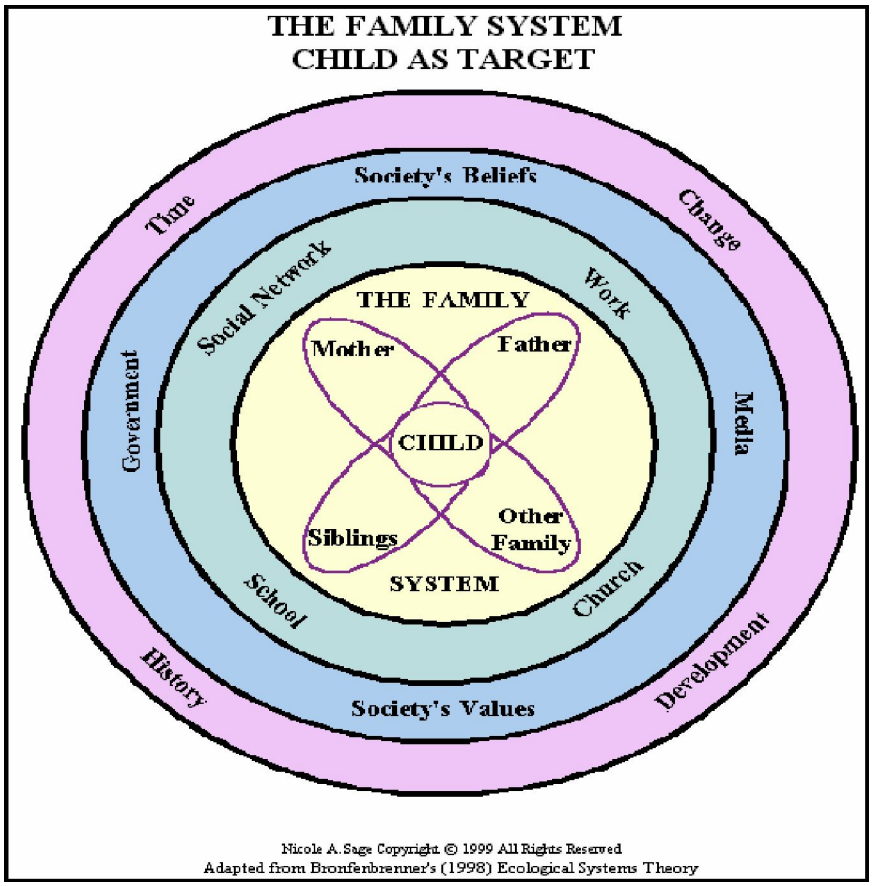

Figure 2.4.1.1 Bronfenbrenner's Ecology of Human Development
Source: Adapted from Bronfenbrenner (1998)

a) Microsystem

Microsystems refer to systems such as the adolescents' caregivers (and possible extended family members), the school and the peer group all of which provide face-

to-face interactions between the adolescents other familiar people. These systems involve patterns of daily activities, roles and relationships. It is at this level that the key proximal interactions occur. The role of the caregiving 'family' or environment within the children's home, would be the care and protection of the adolescents' most basic needs and so, the extent to which the caregivers are involved, will influence the quality of the adolescents' social environment (Cosgrove, 1990). Consequently, the degree to which the adolescents experience positive and fulfilling interactions with the caregivers, siblings and immediate environment, will influence their feelings about their own family and role orientation (Daly, 1993).

In accordance with Harcombe's (2000) theory on intrapersonal systems, adolescents' development would be viewed in terms of an ecosystemic perspective which regards any delay or distress as being due to a poorness of fit between individual or personal endowment and the systems around them. An ecosystemic understanding of the relationship between caregivers and adolescents would include a discussion of 'temperament', and in particular, the construct of 'goodness of fit' (Thomas & Chess, 1968). This refers to the fit between the child's temperamental attributes and the opportunities, expectations, demands and responses of the caregiving environment (Thomas et al, 1968). The concept of 'goodness of fit' is particularly relevant to the discussion of caregivers' perceptions of children in children's homes and the nature of the interaction between them. An exploration of temperament and the subsequent interactions between children and caregivers would facilitate an understanding of the possible ways in which caregivers provide fulfillment of emotional needs for the children and adolescents in their care. When poorness of fit is evident, children develop many different kinds of behaviours that are indicative of their distress (Harcombe, 2003). Any understanding of adolescents' emotional and behavioural development would therefore include examining the interaction between their genetic endowment and those around them to explore ways in which poorness of fit prevents optimal development (Thomas & Chess, 1977).

Adolescents may have very distinct qualities which, according to caregivers and teachers, distinguish them from teenagers both within the children's home and outside the home. However, these qualities and differences are often viewed as behavioural

and emotional ‘problems’. This often means that caregivers and teachers are not able to accommodate these differences, nor find any positive ways of viewing them.

The poorness of fit between adolescents and their environment further impacts on how they cope in their environment. The lack of interpersonal support and the problematic interpersonal relationships in their family may further diminish their confidence and self-esteem. They may appear to exhibit signs of helplessness and vulnerability, and perceive that no-one is willing to assist them. It may be said then, that adolescents’ individual behavioural styles and abilities are incompatible with the behavioural styles and abilities of adults in their environment and this often exacerbates developmental difficulties (Harcombe, 2000).

In relation to behavioural styles, characteristics such as individual temperament must be viewed in terms of how it relates to both extrinsic and intrinsic elements that influence adolescent development. The Ecosystemic Model highlights temperament as an important construct, as it refers to an individual’s behavioural style and the characteristic way in which she/he experiences and reacts to the environment. With this in mind, the behaviour of adolescents would therefore be informed and influenced by other individual differences and interactions with other systems (people). Whilst theorists such as Erikson formulated theories describing ‘developmental milestones’ and individual characteristics of children and adolescents, Ecosystemic theorists consider influences such as the nature and capacity of the educational system, emotional stress, social and economic issues and community attitudes to learning and disability. In relation to this study, adolescents’ individual characteristics of temperament, behavioural styles and levels of emotional stress may be said to play an important role in how caregivers, teachers and other individuals experience them within their personal, social and educational environments. The interaction between the various systems within these environments is discussed below.

b) Mesosystem

Mesosystems refer to the systems which interact with one another, such as the peer group and family systems. Within the children’s home, the mesosystem would include the ways in which the adolescents’ previous familial experiences impact on their

current ‘family’ system, as well as their interactions with caregivers and other teenagers. The interaction between their caregiving experiences and their scholastic behaviour would also provide significant indicators of the effects of such interactions between systems. Thus events and experiences relating to lack of close attachment relationships and inconsistent caregivers within the adolescents’ microsystems may impact significantly on the mesosystem (Donald, 2002).

c) Exosystem

The level of the Exosystem includes other systems in which a child is not directly involved, but which may influence, or be influenced by, the people who have proximal relationships with him/her in their microsystems (Bronfenbrenner, 1977). This level takes into account how experiences at one level, influence experiences in the individual’s immediate context. For example, at this level the structure of the larger community, the community's resources, the workplace, schooling, the education board, community health organisations and welfare services, legal services, neighbours, the extended family, friends of the family and the mass media in general are relevant. Any resources made available by the exosystem will either operate to impoverish or to enrich the quality of the micro and mesosytem interactions (Harper *et al*, 1999). Therefore, this level takes into account how the experiences in one setting will influence the experiences in the individual’s immediate context which can be either advantageous, fostering a better quality of life, or disadvantageous, resulting in the individual existing at a lowered standard of living.

With regards to this study, the structure of the larger community, the community’s resources, schooling, community health organisations and welfare services, extended family and education board are relevant. Some of these resources operate to enrich the quality of the adolescents’ mircro and mesosystem interactions (Harper et al, 1999). The experiences in their community setting may be seen as advantageous and fostering a better quality of life and higher standard of living for them. Examples of these influences would include participation in church gatherings, school and social outings, donations of clothing, books and stationery made available to the children and adolescents as well as the educational services provided by public schools and welfare services. However, through this study, the researcher will explore whether or

not the material enrichment and increased standard of living counteract the seemingly decreased amount of positive influences within the adolescents' Microsystems, including adolescents' difficulties with establishing close attachment relationships with others and difficulties with communication and emotional development.

d) Macrosystem

Macrosystems are generally referred to as the whole social system. Bronfenbrenner describes this level as the overarching societal groundplan for the ecology of human development (Bronfenbrenner, 1993). At this level there is a hierarchical pattern of systems that include the government, policies, laws and customs of one's culture, subculture or social class, broad social ideologies, and values and belief systems. Within this system opportunity structures and life-course options for the individual exist (Muus, Velder & Porton, 1996).They involve dominant structures, as well as the beliefs and values that influence and may be influenced by all other levels of the system (Bronfenbrenner, 1977). For example, the cultural values of the community and caregivers, relating to childrearing, attachment and discipline, all influence the proximal interactions within the adolescents' Microsystems, and this in turn, runs through the mesosystems in which they're involved.

Garbarino (1997) refers to social toxicity (violence, poverty, disruption of family relationships, despair, depression and alienation) which harms children in a psychological way. Developmental difficulties may be seen within the context of those that stem from some of the main problems in South Africa's social system. These can be traced back to the past, and particularly to the policy of apartheid and its consequences (Nasson and Samuel, 1990; Nkomo, 1990). South Africa's political history has caused many families to be separated and many cultures to be devalued by society, which has caused many children to have experienced insufficient mediation from able adults and peers, which has generally resulted in inadequate development (Harcombe, 2001).

According to Hook (2002), the socio-politico-economic levels of racist ideology and segregation spread also to the level of communities as well as the child's immediate world, where families were broken up by pass laws and migrant labour. Police

violence and intimidation reached into township homes and schools. Poverty and subsequent problems like malnutrition and inadequate education ensured development deficits at the smallest levels of development (Hook et al, 2002). All these issues have had deeply significant effects on the development of children (Donald et al, 2002).

Social support is generally defined as an intimate, confiding relationship on the one hand, or that which 'leads the individual to believe that he or she is cared for, loved, esteemed and valued and is a member of a network of communication' (Cobb, 1976, in Dubow and Tisak, 1989). According to Donald, Lazarus & Lolwana (2002), poor parents who have a good social support network are better able to cope as effective parents. Such networks act as a general protective factor for the children. Beyond this, the network with which a particular child is connected may also have important protective functions. Having come from backgrounds where insufficient social networks, poverty and inadequate health and housing are rife, social support, intimate relationships and other protective factors are often lacking in the lives of children and adolescents who live in a children's home.

e) Chronosystem

A child's progressive stages of development are influenced by the interactions between all these systems which are all crossed by developmental time frames (Donald et al, 2002). This is known as the Chronosystem. The adolescents' perceptions of their contexts, experiences and life circumstances, influence the ways in which they engage with caregivers, other children and staff. Thus they are active participants in their own development. An example of this would be consistent with Bowlby's (1979) theory describing the ways in which a lack of close attachment relationships during infancy and childhood results in the lack of security and confidence in exploring the world and the inability to form close relationships with others. The adolescents' perceptions of the world as a threatening, unsafe place thus prevents them from exploring new relationships and new situations confidently.

It is only by appreciating the continuous, dynamic interaction between these multiple contextual influences that we can understand childhood and adolescent development in its entirety (Bronfenbrenner, 1979). Though many theories have enriched the field

of child development over the ages, this research will base its exploration on adolescents' emotional and behavioural development. It is therefore necessary to explore individual theories of development in addition to the broad ecosystemic approach in order to acquire an understanding of the emotional and behavioural difficulties experienced by adolescents within the children's home.

Where social adversity and lack of attachment are present, there is clear evidence that development is slowed. Development, whether of an intellectual, scholastic, emotional or behavioural nature – involves active, ongoing biological and social interactions which include transactions of a reciprocal nature (such as mediation and interpersonal relationships). The presence of an attachment figure or caregiver is crucial to the quality and quantity of mediation that children receive in their experience and construction of the world (Donald, 2002).

It is generally accepted that some children throughout Africa and South Africa are predisposed to experience difficulties with cognitive, emotional, behavioural and social development because of their adverse life circumstances (Mamwenda, 1995). Both intrinsic and extrinsic factors influence development, however, one of the most important factors relating to how children develop is the social context, which includes socio-economic conditions, ways of life, cultural patterns and the ways in which knowledge is mediated through interpersonal communication and interaction. How children think, feel, behave and develop is linked to the social structures, forces and relationships that make up their environment (Donald, et al. 2002). Children who are isolated from that constant interaction become more susceptible to experiencing barriers to learning, delayed cognitive development and even emotional and behavioural difficulties. Temperament and motivation also play a significant role in children's ability to seek out interaction with others, engage with them and learn (Thomas & Chess, 1977).

Although Bronfenbrenner's Ecosystemic Model provides a basis for understanding development within a social context, it is nevertheless important to look at individual theories of development which explain some of the intrapsychic or intrapersonal stages of development in children and adolescents. A developmental theory which

emphasizes the importance of the context in which development occurs, is Erikson's Psychosocial Theory of Development.

Erikson suggests that development continues throughout the lifespan (Meyer, 1991). This is particularly relevant in terms of the developmental transition from childhood to adolescence and the further transition into early adulthood which will be further explored in the study. Additionally, specific elements from a traditional developmental theory, namely Freud's Psychoanalytic Approach, will provide insight into individual differences between people and the significance of specific childhood experiences in relation to later development.

Albert Bandura's Theory describing resilience and self-efficacy will be used to explore how these adolescents may develop a sense of identity and purpose in the world, as well as establishing close relationships with other, despite a lack of significant attachment relationships during early development (Bowlby, 1963). A theoretical understanding of attachment will be acquired through the use of Bowlby's Attachment Theory (1963).

2.4.2 ERIK ERIKSON'S THEORY

Although Erikson was trained as a psychoanalyst, he later developed a view of human development that differs from Freud's theory in several aspects. According to Erikson, the conscious and rational ego is the most important stimulus to development rather than the id and its drives (Maier, 1978). The focus does not fall on the child's psychosexual problems but instead, various developmental stages are characterised by developmental tasks and interpersonal problems. Furthermore, Erikson believed that sound relationships between parents and their children are possible, as opposed to Freud's theory pertaining to the Oedipus complex and the emotional and behavioural problems that may arise following the stage of development in which Oedipal complex issues arise (Meyer, 1997).

Erikson divides the lifespan into eight stages, each of which is characterised by a crisis or a situation in which the individual must orientate himself according to two opposing poles (Louw, 1991). Each crisis is brought about by a specific manner of

interaction between the individual and society. On the one hand, the maturation of the individual brings about new needs and possibilities and, on the other hand, society sets certain corresponding expectations and offers certain possibilities. The solution of each crisis does not lie simply in choosing the positive pole but rather in a synthesis of the two poles, through which a new life situation emerges and from which the dialectic opposites of the new stage arise. Development is further facilitated when the crisis of one stage has been solved successfully and in turn facilitates the solution of the next crisis, each of which must be resolved from a different perspective at each developmental stage (Meyer, 1997).

Erikson's Theory maintains that all the polar opposites presented in each crisis, are present throughout life and the expectations and possibilities of society are brought about in correspondence with what Erikson calls 'epigenetic' (Louw, 1991). This means that development takes place in accordance with a genetically determined plan and that certain developments occur beneath the surface. Erikson described the stages of development in three ways: sometimes as ways in which the individual experiences the world (which implies that they are available for introspection), sometimes in ways of behaving (which can thus be observed by others), and sometimes also as unconscious internal conditions (which can, however, be ascertained by means of testing and analysis), (Meyer, 1991, p. 208).

STAGES									SUCCESSFUL RESOLUTION
Infancy 0-24 mnths	Basic Trust vs mistrust								Hope
Early child-hood 2-3 yrs		Autonomy vs shame							Willpower
Play age 4-6 yrs			Initiative vs guilt						Purpose
School age 6-12 yrs				Industry vs inferiority					Competence
Adolescence 13-18 yrs					Identity vs confusion				Trustworthiness
Early adult-hood 18 yrs to college yrs	Trust vs distrust in respect to relationships	Maintain autonomy in relationship	Master new roles in family	Learning new responsibiliti es in family and career	Reformulate identity as married person	Intimacy vs isolation	Family planning; start career	Developng joint philosophy and values	Love
Adulthood							Generativity vs stagnation		Care
Maturity								Integrity vs despair	Wisdom

Figure: 2.4.2.1 Erikson's Epigenetic Chart

Source: Meyer 1997

In the context of this study, only the first five stages from infancy to adolescence will be focused on.

a) Infancy
   Crisis 1: Basic trust versus mistrust
   Resolution: Hope
   Age: 0 – 24 months

Development during this stage covers the first year of life. The major challenge of the child during infancy is of trust versus mistrust (Matsumoto, 1996). At this stage it is the quality of the relationship between a mother and a child that will determine the extent to which the child learns to trust its' environment. If the child is able to successfully resolve this challenge, she or he will have trust and faith that his or her needs for food, love and attention will be met. This sense of trust will later form the basis for the child's sense of identity and combine with a sense of overall personal trustworthiness within self and within a social framework (Meyer *et al*, 1997). If balance is not achieved in this stage, then a persistent sense of mistrust results. Healthy trust based on a certain degree of distrust is, however, necessary as this leads to caution and prudence needed in certain aspects of living. Erikson referred to this part of the ego as *Hope* (Bee, 2000). On the other hand, however, unsuccessful resolution results in *Fear* (Laubscher & Klinger, 1997).

b) Early Childhood
   Crisis 2: Autonomy versus shame and doubt
   Resolution: Willpower
   Age: 2 – 3 years

During this stage, children's physical development enables them to experiment with two psychosocial modalities: holding on or letting go. The prototypical organ modes are therefore the anal functions of retention and excretion (Meyer, 1997). According to Erikson, it is this muscle control that provides the child with the ability that will lead either to autonomy (successful mastery of a task) or shame and doubt about the child's ability (unsuccessful mastery of a task). The consequences of too many failures at performing tasks will result in shame, doubt, and feelings of inadequacy.

This means that it is important that parents are tolerant of a child's behaviour in a socially acceptable way without injuring its' sense of self-control or autonomy (Hergenhahn, 1994). Successful resolution of this stage will result in the development of the ego quality of *Willpower*, that is, the ability to make independent choices and exercise self-control (Meyer, 1997). As is the case with many of the children and adolescents within the children's home, difficulties with exercising self-control and making independent choices can be related back to early experiences during this stage of development. In particular, adolescents' development of an autonomous, independent self, making decisions and feeling confident about their future, may be affected by mastery of the early physical developmental challenges associated with this stage.

c) The Play Age
Crisis 3: Initiative versus guilt
Resolution: Purpose
Age: 4 – 6 years

This stage is characterised by the child's increasing independence of movement and eroticisation of the genitals. The psychosocial modalities of intrusion and inclusion emerge at this time. Children at this stage can act on their own initiative and can therefore feel guilty about their behaviour (Meyer, 1997). They experience conflict between their abilities to intrude into other people's lives and their new-found realisation of moral rules, which are encouraged by their identification with the parent of the same sex (Meyer, 1997). If a parent punishes, ridicules or shows sarcasm towards a child for his or her own initiative, then the child will be left with strong feelings of insignificance concerning his or her identity, as well as feelings of guilt for having expressed his or her inner feelings of the type of person the child hopes to be (Sprinthall & Sprinthall, 1990). This is particularly significant in terms of children or adolescents who have been abused during early childhood and later display difficulties with identity formation, confidence, low self-esteem and self concept, as displayed by many adolescents within the children's home (Hergenhahn, 1994).

If there is successful resolution of this stage by finding a balance between the child's initiative and its' tendency towards being too strict in self-judgement, the trait of

Purpose will result (Bee, 2000). Unsuccessful resolution of this stage will result in feelings of *Unworthiness* (Laubscher & Klinger, 1997).

d) The School Age

Crisis 4: Industry versus inferiority

Resolution: Competence

Age: 6 – 12 years

During this stage personal and emotional development turns outward and the child learns and develops skills that are necessary for economic survival that will help it become an eager participant as a productive member in his or her culture (Sprinthall et al 1990). Part of this process involves the child developing a sense of industry, thus preparing him or her for future opportunities in society. In modern technological society this is a prolonged and complex process of formal schooling which aims to equip children with the means for learning basic skills such as reading, writing and arithmetic (Hergenhahn, 1994). In more traditional societies however, the children have more direct opportunities of learning the skills and habits of their culture by observing and participating in activities (Meyer et al, 1997).

Feelings of inferiority develop if the child has failed to acquire the skills and tools of his or her culture. The child will therefore not reach a state of feeling competent or proficient (Laubscher, 1997). Competency is one of the conditions for participating successfully in the cultural processes of productivity and, later, maintaining a family (Meyer et al, 1997). This stage also becomes of primary importance with regards to adolescents in the children's home whose upbringing has often been devoid of rich cultural experience and whose feelings of competence and proficiency are severely impacted by feelings of inferiority, low self-esteem and developmental difficulties, Landsberg, 2005).

e) Adolescence

Crisis 5: Identity versus role confusion

Resolution: Reliability

Age: 13 – 18 years

This stage starts with the onset of puberty at about twelve, and ends with the beginning of early maturity (anywhere between 18th and 25th year, depending on the culture and duration of training required for the individual's vocation). During this time the adolescent experiences many physical changes associated with puberty and sexual maturity, as well as becoming aware of the expectations from society (Sprinthall et al, 1990). Typically, this stage is characterised by a quest for self-image, continuity in life and congruence between the self-image and the role expectations of society, the search for identity (Meyer et al 1997). Adolescents ask questions such as "What am I in the eyes of other people?", "How do others' images of me correlate with my self-image?" and "How can my previously acquired roles and skills fit into the career world and my projected future?" (Erikson, 1963).

In general, adolescents should be able to think about and understand things differently, and differentiate feelings and emotions within themselves and others (Hergenhahn, 1994). They too should have acquired the necessary cognitive tools to be able to adopt the perspective of another person. Being able to think about and deal with various physical, psychological and cognitive changes characterises adolescents' ability to answer questions such as "What do I think of society?", "What does society think of me?" and "Who am I exactly?" Many of these questions relate to the choices adolescents make in terms of gender roles, occupation, political beliefs and religious and moral values (Bee, 2000). Adolescents would at this time, be attempting to make meaning from and sense of, their own experience in relation to their own identity and self concept (Hergenhahn, 1994).

The ego strength that results from successful resolution of this stage is having certainty and acceptance of their choice of identity in relation to other identity choices they could have made (Meyer *et al*, 1997). Acquiring a sense of personal identity results in the virtue of reliability or *Fidelity* and the capacity for loyalty towards the social role they have chosen (Hergenhahn, 1994). Unsuccessful resolution of this stage may predispose the adolescent to leaving this stage with *Role Confusion* or a sense of *Uncertainty* (Laubscher et al, 1997). If this is the case, they will have the inability to choose a role in life and their self-image will be flawed. They will lack a sense of continuity, experiencing incongruence between their self-image and the expectations of society (Meyer *et al*, 1997). Often, this will result in the adolescent

making superficial commitments and then abandoning them soon afterwards (Hergenhahn, 1994).

2.4.3 Erikson's Theory: A Critique

The relevance of Erikson's theory in this study is that development occurs throughout the lifespan of an individual and is not restricted to childhood or adolescence (Louw, 1991). Some behavioural and emotional difficulties experienced by adolescents in the children's home could possibly be explained in their ability or inability to acquire and maintain syntheses such as hope, willpower, purpose, competence, reliability, love, care, wisdom and criticism as suggested by Erikson's theory (Meyer et al, 1989). His theory lends itself to including the context in which development occurs as well as the importance of the individual's subjective experience and ability to make choices and direct him or herself towards growth and specific positive characteristics of personality and temperament (Thomas & Chess, 1984). An example of this would be the children's home and the schools where many of the children and adolescents experience emotional and behavioural difficulties during their development. Erikson also takes into account the various social influences that interact with children's development and presents a more realistic view (including positive and negative aspects) of human development. The relationships between the adolescents and caregivers will therefore also play a part in maturation and development (Bowlby, 1963).

Erikson's theory has however, been criticized for only covering a few aspects of human development which do not include cognitive development and very little attention being paid to emotional development (Louw, 1991). There has been much debate over Erikson's theoretical approach towards the development of the individual (Tudorić-Ghemo, 2005). It has been argued that much of Erikson's theory was based on North American White professional and middle-class males and thus its' universality across cultures has been questioned. This suggests that his principles of childhood development may not be directly applicable to children in diverse cultures, communities and social settings around the world. However, Ferrante (1992) has argued that Erikson's theory is by no means unicultural as he himself was brought up in Europe and was exposed to a variety of cultures, including European, American

and Native American. Whilst this fact may not ensure a multicultural focus, it does provide a background and foundation from which comparison and experience can be drawn on and applied to other contexts and cultures (Ferrante, 1992).

Dannefer (1984) argues that developmental stages are not biologically based but are actually *age-based expectations* dependent on the norms of society. These expectations often vary within cultures, and what is expected from an individual in a Western society at a particular age, may be very different from the cultural expectations of a non-Western society (Tudorić-Ghemo, 2005). For example, cultural values, beliefs and expectations may vary in terms of what they prescribe as the age appropriate times for leaving home, marriage, having children, attending school or the age an individual is initiated into adulthood. This is evidenced in the fact that a variety of cultures have different initiation ceremonies at different ages and stages (Dannefer, 1984). Consequently, the implications of this are that the caregivers' culturally based expectations (dependent on societal norms) ought to be taken into consideration together with theories of biologically based development and their subsequent understanding of the adolescents' development (Tudorić-Ghemo, 2005). This further supports Bronfenbrenner's Ecological Model that argues that the adolescents cannot be seen in isolation of their environment, in other words, the children's home. In this way, Erikson's epigenetic principles can be incorporated into a cross-cultural perspective as well (Tudorić-Ghemo, 2005).

Matsumoto (1996) highlights another problem within using specific, fixed defining terms or concepts delineating successful resolution of each developmental stage. For example, in Stage 2 an individualist society may define resolution in terms of autonomy and self-reliant behaviour, whereas in a collectivist society the emphasis may be more on socialising children to be less autonomous and more dependent on others (Tudorić-Ghemo, 2005). According to Erikson 'autonomy' is a preferred outcome to 'shame and doubt' in a Western society and a Non-western culture may view 'shame' as a preferred outcome in order to prevent too much 'autonomy'. Thus, Matsumoto (1996) argues that too much emphasis on the labels or concepts that Erikson originally applied to the crises underlying each stage has been made (Matsumoto, 1996). However, if stages are seen in relation to *culturally based concepts* on a continuum, then Erikson's theory can be used provisionally as a broad

explanatory model for development in the institutionalized adolescent context from a cross-cultural perspective (Tudorić-Ghemo, 2005).

Thus, despite the arguments mentioned above, Erikson's model can be viewed as not being strictly unicultural, and biological-based, and development can be seen in conjunction with culturally age-based expectations. The latter reinforces the interrelationship between the individual and society (Louw, 1991). Moreover, development can be seen as having differences in the degree of resolution, and concepts can be seen as culturally-based concepts rather than in fixed terms (Tudorić-Ghemo, 2005).

In light of the above arguments, it is necessary to look at other theories of development which demarcate the transition from childhood to adolescence and from adolescence into early adulthood.

2.4.4 THE PSYCHOANALYTIC APPROACH

The underlying philosophical assumption of the psychoanalytic theories, emphasize the importance of early childhood experiences and its unconscious motivation in influencing behaviour (Louw, 1991). Sigmund Freud's psychoanalytic approach outlines a theory of personality development which assumes that children move through a series of stages in which they confront conflicts between biological drives and social expectations (Louw, 1991). The ways in which these conflicts are resolved, determines the individual's ability to learn, to interact with others and cope with anxiety (Berk, 1989; Hook & Watts, 2002). According to the ecosystemic perspective which underpins this study, it is through the interaction between the biological drives and social expectations that adolescents will development.

2.4.4.1 Freud's Psychosexual Theory and Development

According to Freud, the general pattern of human development is determined by inherent factors which come into play in accordance with a fixed pattern as a result of maturation (Louw, 1991). Development is therefore characterised by the constant appearance of new erogenous zones and by the frustration of each sexual drive. Freud

described personality characteristics as the result of ways in which development has taken place during the first three stages of psychosexual development and individual differences between people are therefore, to a large extent, the result of specific childhood experiences (Meyer, 1997). Individual characteristics are attributed to particular psychosexual experiences and fantasies and ways in which parents treated the individual, the defence mechanisms acquired during pregenital stage and the degree to which fixation occurred in a particular stage (Louw, 1991).

According to Freud (1927), human beings have a desire to maximize pleasure and to minimize pain. However, the need to maximize pleasure may be contrary to societal expectations and this may be repressed (Stone & Church, 1979). Freud (1930) further states that personality develops along three main components, namely the id (which is instinctual in nature, and seek immediate gratification), the ego (which is the power of reasoning and common sense, and ensures that the needs of the id are satisfied in an acceptable manner), and the super-ego (which represent the social values which helps one to conform according to the norms that are practised in a particular situation) (Ramokgopa, 2001).

Freud (1961) distinguished between the following developmental stages:

- The oral stage (first year of life)
- The anal stage (second year of life)
- The phallic stage (third to sixth year of life)
- The latent stage (sixth to twelfth year of life)
- The genital stage (puberty onwards)

Freud concentrates on the first three stages as he maintains that the individual's personality characteristics are permanently fixed during this period. It is interesting that these first three years of life correlate with Bowlby's assertion that the first three years of life are also crucial to the formation of close attachment relationships and the significant consequences of development during these years (Sadock & Sadock, 2007).

a) The Oral Stage

The oral stage is characterised by the development and satisfaction of the child's hunger and oral sexual drive. At this time, the mother is a crucial figure in the baby's development, accompanied by the initial development of the ego and superego (Freud, 1961). During this stage the baby starts to acquire knowledge about external reality and learn that certain objects are edible and others not, and that feeding takes place around certain times. This knowledge and experience lays the foundation for the development of the ego, and the manner through which children learn what kinds of behaviour are allowed. This in turn, will determine the ways in which first moral codes and rules are absorbed (Meyer, 1997). During the oral stage, the mother's fulfilment of basic needs including the infant's need for food, pleasure and nurturance are crucial to optimal development in the infant. According to Freud (1961), deprivation or insufficient fulfilment of these needs results in an oral fixation and possible later personality problems including mistrust of others, rejecting others, love and fear of or inability to form intimate relationships (Corey, 2007).

b) The Anal Stage

During the anal stage, the anus and the excretory canal constitute the most important erogenous zone. This part of the body therefore is the main source of sexual drive energy (Freud, 1964). According to Freud, the child enjoys sexual pleasure in excretion as well as in retaining excretion. Toilet training is consequently of great importance in development (Meyer et al, 1997). Parents' handling of the toilet training process therefore has a profound influence on the personality characteristics which the child will take into adult life. The toilet training which takes place during this stage is another particularly important occasion for the incorporation of society's rules. The superego undergoes further development as a result of parents' punishment and rewards in the context of toilet training (Freud, 1964). Primary developmental tasks at this stage include learning independence, accepting personal power, and learning to express negative feelings such as rage and aggression (Corey, 2007). In relation to the institutionalized adolescents, it will therefore be interesting to explore whether the adolescents have been able to master the developmental tasks associated

with this stage and are therefore able to express their negative feelings appropriately and openly, and have acquired a sense of independence.

c) The Phallic Stage

This stage lasts for approximately three to five or six years of age. Basic conflict which occurs at this stage centres on unconscious incestuous desires that the child develops for the parent of the opposite sex and that, because of their threatening nature, are repressed (Corey, 2007). The male phallic stage, known as the Oedipus complex, involves the child's mother as a love object for a boy. The female phallic stage, known as the Electra complex, involves the girl's striving for her father's love and approval (Meyer, 1997). How parents respond verbally and nonverbally, to the child's emerging sexuality has an impact on the sexual attitudes and feelings that the child develops. One of the most important developmental tasks of this stage is development of the superego as a result of the child being able to identify with the father figure and at the same time repress his Oedipus complex (Freud, 1961). For girls, the first great achievement of the superego and the final stage in its development would involve identification with the mother figure and overcoming the emotional difficulties relating to the Electra complex (Freud, 1961). The phallic stage plays a major role in the development of personality characteristics such as pride, humility, extroversion or introversion and chastity or promiscuity which affect interpersonal relationships and sexuality (Maddi, 1989). In relation to this study, caregivers' perceptions of adolescents' behaviour will provide insight into their understanding of the development of such personality characteristics and how this has affected the adolescents' emotional and behavioural development, as well as their interpersonal relationships.

d) The Latency Stage

As a result of the repression of the Oedipus complex and the child's identification with the parent of the same sex, children of both sexes experience a period of relative quiescence (Corey, 2007). Sexual interests are replaced by interest in school, playmates, sports and a range of new activities. This is a time of socialization as the child turns outward and forms relationships with others (Meyer, 1997). It will be

interesting to establish whether or not the adolescents in the children's home are perceived to be able to form relationships with others and are able to socialize with others.

e) The Genital Stage

For Freud, the genital stage represents the final stage of psychosocial development, which lasts until the end of a person's life (Meyer, 1997). Adolescence consists of the reliving of the phallic stage to a large degree, but the difference is that the adolescent now has a well-developed ego and superego (Louw, 1991). This means that the adolescent is capable of more realistic thinking, and has established a variety of social relationships outside the family (Baldwin, 1966). Although there may be societal restrictions and social prohibitions relating to behaviour, adolescents at this stage are able to deal with sexual energy by investing it in various socially acceptable activities such as forming friendships, engaging in art or sports and preparing for a career (Corey, 2007).

The genital stage is said to continue from the ages of eighteen to thirty five (and onwards). A core characteristic of a mature adult is the freedom 'to love and to work'. This move toward adulthood involves freedom from parental influence and capacity to care for others (Corey, 2007, p. 63).

Some of Freud's ideas pertaining to development may be applicable to the exploration of behavioural and emotional difficulties in adolescents, for example those relating to childhood experiences, difficulties with expressing anger and aggression, difficulties communicating with others, establishing peer relationships and previous experiences with parental attitudes and childrearing, all of which have significant influences on the child. Consistent with Freud's theory, the adolescents' early experiences and family relationships would be crucial to their subsequent emotional and behavioural development (Fonagy, 1999).

2.4.4.2 Freud's Psychoanalytic Theory: A Critique

Although Freud is regarded as one of the most influential theorists on human development, his approach has been severely criticized (Hofer, 1981). Most of the criticism of Freud's theory concerns his emphasis of sexual motivation as the main cause of psychopathology. Another serious objection to this theory concerns the fact that his approach is based on studies conducted among adults, which may not be relevant to children (Ramokgopa, 2001).

The aspects of human development outlined by Freud are not sufficient to provide an all encompassing view of attachment difficulties experienced by the adolescents in this study. Issues pertaining to human functioning such as thinking, language, social relationships, motivation, perception and emotion are important to this study, as well as the context and environment in which the children and adolescents live (Landsberg, 2005).

In addition, the suggestion that an individual's development is practically complete by the age of six may prove to be problematic in explaining individual differences in adolescents whose experiences during infancy and childhood and parental influence may have predisposed all of them to vulnerability. However, despite this vulnerability, most or some of them developed unique positive personality traits regardless of psychosexual experiences, defence mechanisms and degrees of fixation (Louw, 1991). Extrinsic factors influencing behaviour and emotion are crucial to our understanding of adolescents in children's homes and possible attachment difficulties they experience (Landsberg, 2005).

It is therefore important to look at Bandura's Social Cognitive Learning Theory in order to understand how extrinsic factors influence behavioural and emotional development.

2.4.5 BANDURA'S SOCIAL COGNITIVE LEARNING THEORY, SELF EFFICACY AND RESILIENCE

2.4.5.1 Bandura's Social Cognitive Learning Theory

Bandura (1925) postulated that individual behaviour is the outcome of a process of interaction between the person, the environment and the behaviour itself (Meyer et al, 2007). His theory highlighted the notion that individuals play an active role in interpreting and evaluating the results of their own and others' behaviour. They also have the ability to determine their own motivation. Elements such as forthought, self-regulation, subjective values, expectations, self-reflection and self-efficacy also influence individual functioning and development (Bandura, 1986). This positive view of human behaviour and learning may be the foundation upon which the researcher explores resilience in children and adolescents in the children's home.

Central to the social cognitive learning view of humankind is the interactional view, also often called reciprocal determinism (Bandura, 1986). According to this view, behaviour is determined by the interaction of three factors: the person, the situation and the behaviour that takes place in this situation. Behaviour is therefore regarded as both the result and part of an ongoing process in which the individual, the situation and the individual's behaviour constantly influence one another (Meyer, 1997). Consistent with this theory, individuals are regarded as active participants who perceive and evaluate stimuli, who strive towards goals and devise plans to achieve them, who plan their future behaviour and judge their past behaviour and who replan and change their behaviour in the light of their self-evaluation (Meyer, 1997).

Bandura (1986) does not see the individual as consisting of fixed structures, but rather as a system incorporating a diversity of functions and processes (Meyer, 1997). These functions may be linked through the concept of the self-system, meaning, the person's temperament, unique personality traits and intrapersonal characteristics, which according to Bandura (1986), may be regarded as the cornerstone of reciprocal interaction. In relation to attachment theory, this system would therefore include the functions and processes which are part of the child-caregiver system, and the nature of the attachment which characterizes their interactions and relationship. The nature of a

person can therefore be described in terms of different cognitive abilities including to symbolize, to think ahead, to learn vicariously (through observing others) to regulate his or her own behaviour and do self-reflection himself or herself.

It is further suggested that humans' complex behaviour can only be explained by taking into account the interaction between the environment and cognitive processes such as thinking, interpretation of stimuli and expectations of future events (Bandura, 1977). Behaviour is motivated by probable results, in other words, individuals' expectations concerning the results of their behaviour. An example of this would be the adolescents' negative expectations and fears relating to caregivers' possible reactions to questions asked by the adolescents' relating to development. Their negative expectations and fears therefore often prevent the adolescents from asking the caregivers questions about development. In other words, whether or not they will carry out a particular behaviour, such as asking personal questions, depends on their expectations of whether it will bring valued benefits, no noticeable effects, or feared disadvantages (Louw 1991).

2.4.5.2 Self Efficacy

According to Bandura, (1994) people can and regularly do overcome seemingly insurmountable difficulties, but the key ingredient to this ability is self-efficacy (Van Slambrouck, 2005). Self-efficacy can be defined as the beliefs children have in their own capabilities, and the confidence they show in their ability to mobilise the motivation and cognitive resources necessary to execute a specific course of action within a given context (Pienaar, 2007). These beliefs are learned standards reinforced by sources such as modelling, mastery, persuasion, or beliefs about their capabilities to produce effects (Bee, 1989; Bandura 1994; Greene & Conrad, 2002; Luthans & Youssef, 2004 ; Schunk, 2001). These beliefs and expectancies are considered to form the basis of the core of what may be called personality. This includes a child's overall pattern of character, behavioural, temperamental, emotional and mental traits (Bee, 1989; Olds & Papalia, 1992).

Children with high self-esteem are said to engage in transactional processes or selectively perceive their environment, and seek role models which help them to

transform a high-risk environment into a more protective environment (Pienaar, 2007). Although specific aspects of personality, such as temperament, or a child's basic style of reacting (adapting) to situations, might be inborn or inherited, at least in part, many children may change their behavioural style, apparently reacting to special experiences or parental handling (Papalia & Olds, 1992). This denotes the fact that personality is complex and cannot be ascribed solely to either environmental influences or heredity. Considered in part as an inner strength, it is nevertheless important to re-emphasize that self-efficacy is not a fixed personality trait (Pienaar, 2007).

Bandura (1994) maintains that the greater the internal resources and self-efficacy beliefs available to children, the more comprehensive their coping mechanisms will be, while beliefs of personal efficacy can shape the course lives take by influencing the types of activities and environments children choose (Bandura, 1994; Cove, Eiseman & Popkin, 2005; Hamill, 2003). Thus, children's self-efficacy beliefs play a key role in determining their futures and competence. Some children may recover their sense of efficacy quickly after a setback or exposure to adversity, whereas others may lose faith in their capabilities (Pienaar, 2007). The determinant is perceived efficacy. Self-efficacy, perceived in terms of resilience as a process, means that children develop by persevering, accumulating small successes in the face of failures, setbacks, and disappointments (Bandura, 1986; 1994; Wolin & Wolin, 1999). It is the combination of positive dispositional characteristics, personal coping strategies, and beliefs about personal efficacy that contribute to individual resilience (Pienaar, 2007). According to Bandura (1986) perceived self-efficacy in children contributes to the development of subskills, and draws upon them in fashioning new behaviour patterns. As children build on and develop these inner developmental asset-related traits, they construct a strong internal locus of control. In turn, this may contribute to their ability and capacity to be resilient.

Resilience and Self Efficacy in Children **Strong sense of self efficacy**	 **Lack of sense of self efficacy**
• Resilient children approach difficult tasks as challenges to be mastered rather than as threats to be avoided; • they set themselves challenging goals and maintain strong commitment to them; • they heighten and sustain their efforts in the face of failure; • they quickly recover their sense of efficacy after failures or setbacks • they attribute failure to insufficient effort or deficient knowledge and skills which are acquirable; and • approach threatening situations with assurance so that they can exercise control over them.	• Non-resilient children shy away from difficult tasks which they view as personal threats; • they have low aspirations and weak commitment to the goals they choose to pursue. • they slacken their efforts and give up quickly in the face of difficulties; • and are slow to recover their sense of efficacy following failure or setbacks • they dwell on their personal deficiencies, on the obstacles they will encounter, and all kinds of adverse outcomes; and • when faced with difficult tasks, they lack the ability to concentrate on how to perform successfully.

Table: 2.4.5.3 Adapted from Bandura (1994).

This table indicates that children's efficacy beliefs influence courses of action, effort, perseverance in the face of obstacles and failures, and resilience to adversity (Pienaar, 2007). Self-efficacy beliefs also determine whether children's thought patterns are self-hindering or self-aiding, the level of stress and depression they experience in taxing situations, and the level of accomplishment realized (Bandura, 1994).

2.4.5.4 Resilience

Until the 1970s, social science researchers focused primarily on the harmful effects of factors such as poverty, racism, abuse, neglect, violence, and illness on individuals' lives (Ah Shene, 1999; Brentro & Larson, 2004; Greenglass & Uskul, 2005; Wolin, 2002). Ah Shene (1999) suggested that this model provides a fatalistic, negative approach to development and assumes that a troubled childhood leads inevitably to a troubled adulthood. This model also fails to explain how some children remain well-adjusted under adverse conditions, or stumble early in life, then turn their lives around

later. Studies of resilience have shown precisely this: children have the ability to rise above life's adversities and achieve developmental goals (Dugan & Coles, 1989; Greene, 2002).

According to the The American Psychological Association (Comas-Diaz, Luthar, Maddi, O'Neill, Saakvitne, Tedeschi, 2004: 1 of 1) resilience may be described as the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress - such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Resilience may be evident in the ways in which competence is manifested in the context of significant challenges to adaptation or development (Middel, 2001, p. 12). More specifically, resilience may refer to the human capacity to deal with, overcome, learn from or even be transformed by the inevitable adversities of life (Grotberg, 2003, p. 1). According to Staudiger, Marsiske & Baltes (1993, p. 541), the term resilience refers both to the maintenance of healthy development despite the presence of threat and to the recovery from trauma.

Emphasizing the positive side of resilience, it may be described as the capacity to rise above adversity which often involves the terrible adversity of outright violence, molestation or war and forge lasting strengths in the struggle. It is the means by which children of troubled families are not immobilized by hardship, but rebound from it, learn to protect themselves and emerge as strong adults, able to lead gratifying lives (Wolin, cited in Marano, 2003).

Resilience is a key component in children's ability to cope with and survive adversity (Grotberg, 2003). Resilience theory describes resilience as a process (Glantz & Sloboda, 1999; Kaplan, 1999; Luthar, Cicchietti & Becker, 2000). This process is said to involve a balancing of protective factors against risk factors. In addition it involves the gradual accumulation of emotional strength with which children successfully respond to challenges in their families, schools and communities (Ah Shene, 1999). Hence, resilience - a process in itself – comprises various related processes and

constructs, signifying the interrelationship between children and their environment (Pienaar, 2007).

Adolescence is generally regarded as a period of important developmental change. In addition to the biological events of puberty, enormous social, emotional, and cognitive transitions take place which may hold many difficulties and challenges for children (Cowie & Smith, 1988; Papalia & Olds, 1992). Therefore, the attainment, development and sustainment of resilience, strengths and assets during pre-adolescence are paramount to facilitate and ensure positive development during adolescence (Pienaar, 2007).

Resilience can be shown only as and when the child experiences some kind of adversity (stressor) or challenge. The initiating event in the resilience framework - stressors and challenges - refer to incoming stimuli that activate the resilience process by creating a disruption or disequilibrium in homeostasis in the child or social unit, for example, the family or community (Kumpfer, 1999; Middel, 2001). This disruption or disequilibrium is not necessarily predictive of a negative outcome. Smith & Carlson (1997) argue correctly that not all youth subjected to high levels of stressors or (risk factors) experience poor outcomes. Challenges may foster healthy development in children as they face new stressors.

Dent & Cameron (2003) identify adverse factors (adversities) as the life events and circumstances that threaten or challenge healthy development in children and adolescents. More specifically, Wright & Masten (2005) define adversities as those environmental conditions that interfere with or threaten the accomplishment of age appropriate developmental tasks in children. According to Dent & Cameron (2003), Winslow, Sandler, & Wolnick (2005) and Grotberg (2003), these conditions or factors include adversities such as illness, abuse and injuries within the individual. These adversities compromise children's relations with their environment. Additionally, adversities experienced in the family such as marital discord, maternal depression, bereavement or separation through loss, abuse, illness of a parent or sibling, poverty, abandonment, separation from a significant person in child's life, poor health, homelessness may impact on children. Additionally, adversities experienced outside

the family including (amongst others) adverse economic conditions, cold, abuse by a non-relative and property damage may also affect children and adolescents.

For a child or adolescent, the first step in learning how to deal with adversity, is being able to identify the situation, event or experience as adverse (Grotberg, 2003). Garmezy (1991) has further suggested that perhaps a portion of resilient behaviour is the ability to evaluate awareness of a difficult reality, combined with the child's commitment to struggle, to conquer the obstacle, and to achieve his or her goals despite the negative circumstances to which they have been exposed. In essence though, a child's vulnerability to adversity, or ability to overcome anxiety, challenges, stress or unfamiliarity, determines his or her self-perception, how he or she interacts with others, and how he or she addresses adversities (Goldstein & Brooks, 2005; Grotberg, 1995).

Research has shown that children facing adversity (e.g. the loss of a parent, divorce of parents or abuse), often feel lonely, fearful, vulnerable, and experience stress (Grotberg 1995; Smith & Carlson, 1997). According to Smith & Carlson (1997) the two different kinds of stress which predispose children to feeling fearful, vulnerable and lonely include acute stressors, which involve major life events such as experiencing natural disaster, illness or even conflict with parents and chronic stressors which are ongoing adverse events of mental retardation, deprivation, abuse, homelessness or neglect (Kanner, Coyne, Schaefer & Lazarus, 1981).

De Bord (1994) suggests that the most frequent indicator that children are stressed is change in behaviours. Stress reactions by children may also include sleep disorders; belief that another bad event will occur; conduct disturbances, such as aggressive, anti-social or delinquent behaviour; persistent thoughts of trauma; hyper alertness; avoidance of stimulus or similar events eg. regression; dependent behaviours; time distortion; obsession about an event; feeling vulnerable; or excessive attachment behaviours (Bee, 1989). For a child to handle stresses without developing serious behaviour problems, it is argued that a secure attachment to at least one person seems fundamental (Bee, 1989).

Steinberg & Meyer (1995), for instance, explain that, as infants, resilient children show personality traits that are partly a product of their inborn temperaments. In turn, these positive and protective attributes tend to encourage certain learning experiences, for example, through positive peer interactions that enable these children to deal effectively with stress. Most resilient children are cheerful, outgoing and sociable, and they may also use these traits to form close relationships with adults which, in turn, can provide the emotional support needed to help deal successfully with stress (Pienaar, 2007).

According to Kumpfer (1999), influences within the social context can thus help the child through psychosocial facilitation processes which reside in the three protective factor clusters of caring relationships, high expectations, and meaningful participation (Constantine, 1999). These domains change with age and are specific to culture, geographical location, and historical period (Grotberg, 2003; Kumpfer, 1999,). Hence, the social context within which a child develops influences risk and resilience processes (Kumpfer, 1999).

Apart from the many interrelating factors and systems influencing the development of self-efficacy and resilience, some of the most important factors which enhance resilience in adolescents may be said to be internal competencies or coping skills, found in resilient children and adolescents (Kumpfer, 1999). According to Pienaar (2007), these may be described as follows:

a) Spiritual or motivational characteristics. These are those characteristics which provide anchorage and stability within adverse situations. These characteristics motivate children and create direction for their efforts. Some of these characteristics would include cognitive variables such as thoughts about dreams or goals and purpose in life; spirituality; existential meaning for life; belief in uniqueness or in oneself; and independence. The characteristics also pertain to internal locus of control, hopefulness and optimism, determination, and perseverance (Kumpfer, 1999). Examples of spiritual or motivational characteristics may be seen in the adolescents who have maintained a certain degree of spirituality and/or religious orientation and believe that their life has meaning, despite the adverse circumstances under which they live, and the difficult events they have experienced.

b) Cognitive competencies. These are those internal skills which help the child to achieve dreams or goals. Cognitive competencies may also help to connect children with environments outside their immediate environment or situation. Individual resilience characteristics include the cognitive abilities of resilient children (Pienaar, 2007). Variables that pertain to this area are intellectual competence, academic and job skills; moral reasoning; insight and intrapersonal reflective skills; self-esteem and the ability to restore self-esteem; planning ability; and creativity. With regards to institutionalized children and adolescents, it is interesting to note that many of them display extraordinary cognitive competencies in their abilities to employ moral reasoning skills whilst living under adverse circumstances and make use of planning skills in order to survive (Kumpfer, 1999).

c) Behavioural or social competencies. This refers to the skills and talents that help children to accomplish aims. The characteristics of resilient children, considered primarily within the behavioural or social competencies domain, are social skills and street "smarts;" multi-cultural and bi-gender competencies; empathy and interpersonal social skills; and problem-solving skills (Pienaar, 2007). These skills are also employed by resilient children to function effectively within different environments. In contrast with the cognitive domain, behavioural and social competencies require action, not just thoughts (Pienaar, 2007).

Other important aspects are those which pertain to d) emotional stability and emotional management skills. These skills help the child to maintain social standing and friendships. The resilient child may have to establish good health practices to maintain emotional stability and emotional management. Emotional stability and emotional management variables that correlate with resilience are happiness; emotional management skills; and humour. Good mental health practices, such as avoidance of psychotropic drugs, eating well, reducing stress, and getting exercise may lead to optimism and the ability to be hopeful (Kumpfer, 1999). Resilient children who employ these practices are found to be reasonably happy, energetic, and tend to avoid negative appraisals of reality. Closely related to an optimistic and hopeful disposition is the ability of resilient children to recognize feelings and control undesirable feelings, such as fear, anger, and depression. In these instances, humour

may be used by children as a coping strategy to reduce tension and stress so as to restore perspective. These abilities are learned through role modelling and parent-child transactions.

Apart from the cognitive, emotional and social competencies which impact on children's resilience, physical well-being and physical competencies are crucial characteristics which enable the child to attract caring others and maintain general well-being. These competencies or factors may function, therefore, as a protective support system for the child. The physical well-being and physical competencies cluster include variables such as good health and health maintenance skills; physical talent development; and physical attractiveness. Better physical health has been related to resilience in children. Children with few physical problems, good sleep patterns, and physical strength, may interpret themselves as "strong" psychologically as well (Pienaar, 2007).

Additionally, children may increase their self-worth and self-efficacy by developing physical talents or accomplishments that are valued by themselves and others, such as becoming a good athlete or artist. Having a coach or teacher increases the child's opportunities for role modelling and support. This, in turn, may contribute to resilience. Attractive children are generally more liked and valued by parents, and find it easier to attract caring others. Hence, physical status or appearance has been found to be predictive of resilience (Pienaar, 2007).

Having reviewed the literature and theories on self efficacy and resilience, it will thus be interesting to establish whether or not the adolescents in the children's home are perceived by caregivers to have developed a sense of resilience despite having been subjected to substantial adverse experiences during infancy and childhood, as well as having had a lack of secure, consistent attachment relationships during their childhood and even pre-adolescent years.

In the afore-mentioned section, a number of perspectives pertaining to development through childhood to adolescence and issues relating to self efficacy and resilience were discussed. Some theories, such as that of Erikson and Freud, delineated the physical and cognitive development, whilst others outlined the emotional and social

development that takes place throughout childhood and into adolescence and even early adulthood. Erikson's theory highlighted how children move through developmental stages characterized by developmental tasks and interpersonal problems, whilst Freud's theory emphasized the influence of early childhood experiences and unconscious motivations on behaviour and development. However, in order to explore behavioural and emotional difficulties relating to attachment in children and adolescents in the children's home, it is necessary to understand how close attachment relationships impact on emotional and behavioural development in adolescents. In addition, it is necessary to understand precisely what is meant by 'attachment' and how attachments are formed. This will be done using John Bowlby's Attachment Theory (1952).

2.4.6 JOHN BOWLBY'S ATTACHMENT THEORY (1952)

The theoretical basis for this study is John Bowlby's Attachment Theory (1952). Attachment theory originated with Bowlby's attempt to understand the psychopathological effects of maternal deprivation by studying the development of this earliest relationship. Bowlby endeavoured to better understand this normative course, and in doing so uncover the effects of its disruption (Fonagy, 1999). This study therefore seeks to explore through the eyes of caregivers, the perceived emotional and behavioural development and attachment patterns of adolescents living in the children's home.

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 mother figure (Feeney, Hohaus, Noller, & Alexander, 2001). In the institutional setting, because children and adolescents are less exposed to social interactions outside the home, there is less opportunity for those who have learnt the process of abstraction and mental organisation, to exercise them. Adolescents who have learned these basic processes do not have sufficient opportunity to practice them, for example, at the shops or in other social situations to which adolescents are usually exposed, provided they are not living in a children's home.

In the family, depending on familial pattern and parenting style, the young child is, within limits, encouraged to express himself both socially and in play (Bowlby, 1952). Through the eyes of caregivers at the children's home, insight will be gained into the possible developmental, emotional and social difficulties that institutionalized children may experience during adolescence and early adulthood. These difficulties could possibly be related to the ways in which the adolescents communicate with the caregivers. It could also be indicative of results of caregivers' particular parenting styles, values and beliefs about childrearing and their understanding of adolescent development.

According to Bowlby (1988), the nature of the individual's primary parental attachment is important with regard to subsequent intrapersonal and interpersonal functioning. Furthermore, a secure attachment between mother and child in infancy is what affects people's ability to form healthy relationships in life. Bowlby (1988) described attachment behaviour as any form of behaviour that results in a person attaining or retaining proximity to some other individual from the self. This is usually an older figure. Bowlby suggested that 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 certain circumstances, however, following or clinging to the attachment figure may occur and also calling or crying which are likely to elicit caregiving (Morgan, 1999).

He hypothesized that attachment behaviour persists throughout life and clinical studies have shown attachment behaviour in middle childhood, adolescence and adulthood (Sadock & Sadock, 2007). 'Attachment' is defined as the emotional tone between children and their caregivers and is evidenced by an infant's seeking and clinging to the caregiving person, usually the mother (Sadock & Sadock, 2007, p. 138).

2.4.6.1 Attachment Behaviour

Attachment behaviour becomes organised according to the child's ongoing interaction with attachment figures, from infancy through to adolescence. An active relationship

which emphasizes infant development and mutual satisfaction, is the basis of Bowlby's theory (1969). 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 (Howe et al., 1999). In order to understand how children interact and develop in relation to attachment figures, Bowlby envisioned the attachment system operating in the context of other behavioural systems (e.g., exploration, sociability) with its 'set goal' adjusted to fit the context. Goldberg (2000) suggested that the goals of the attachment system are also modified as the child develops, so that longer separations and greater distances are deemed to be 'safe'.

Sroufe and Fleeson (1988) have suggested that early secure attachments provide a learning experience through which individuals internalize relationships. Attachment behaviour may therefore be seen as the ways in which children experience and learn about communication, expressing themselves and forming relationships with others. Their learning experience then becomes a representation of caregiver-child relations that is carried forward to influence expectations and attitudes of self and others. Thus early parenting experiences exert a significant influence on later social interactions and relationships (Oleson, 2006). According to Hinde (1987), the central purpose of family relations for children is to promote competent socio-emotional development. Furthermore, close family relations have been identified as an important factor contributing to children's development of a sense of intimacy. The ways in which children and adolescents experience, learn from and respond to having close proximity to others, influence the ways in which they behave in relationships. Being able to establish and maintain a close relationship with another individual, results in the formation of an intimate relationship. The concept of intimacy is further related to Erikson's (1963) suggestion that adolescent's development of intimacy results in resolution of the following: a) the expansion of the self concept to include others, b) the willingness to take risks in interpersonal relationships, and c) the perception and practice of mutuality (Hamachek, 1990). The ability to develop and maintain intimate relations is therefore also a primary developmental task for adolescents, which relates directly to their early experiences of caregiving relationships and the attachment behaviour that developed as a result of those experiences.

There are however critical periods of sensitivity for bonding, which Bowlby identified as being between 6 months and 3 years of age (Crain, 1992). It is during this time that the child should securely attach to a mother figure (Bowlby, 1952). Bowlby was predominantly interested in giving systematic attention to concepts such as "affectional bonds, separation, anxiety, grief and mourning, unconscious mental processes, defence, trauma and sensitive periods in early life" (Bowlby, 1988, p.7). 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. This will be discussed, but prior to this, discussion will focus on the phases in the development of attachment.

2.4.6.2 Phases in the Development of Attachment

Bowlby (1969) postulated four phases in the development of an infant's attachment namely, preattachment, attachment-in-the-making, clear-cut attachment and goal-corrected attachment.

Bowlby maintained that during the *Preattachment stage* (ages 0 – 2 months), infants display indiscriminate social responsiveness. They do however orient to their mothers, follow them with their eyes over a 180-degree range, and turn toward and move rhythmically with their mother's voice. From the ages of 3 – 6 months, infants develop discriminate social responsiveness, during which time they become attached to one or more people in the environment (Bowlby, 1978). This stage is known as the *attachment-in-the-making stage.* The *clear-cut-attachment stage* occurs from the ages of 7 months to 3 years, and it is at this time that the infant takes active initiative in making contact and close proximity with others. Infants cry and show other signs of distress when separated from the caregiver or mother. This phase may occur as early as 3 months in some infants (Sadock & Sadock, 2007). Usually, when the infant is returned to the mother, the infant stops crying and clings, as if to gain further assurance of the mother's return. Sometimes, seeing the mother after separation is sufficient for the crying to stop. The *goal-corrected attachment stage* occurs from the age of 3 years and onwards (Bowlby, 1978). It is at this time that the infant begins to understand the mother's point of view, feelings, plans and motives and makes inferences about her behaviour. The mother figure is seen as independent, and a more

complex relationship between the mother and child develops (Sadock & Sadock, 2007).

Given that many of the adolescents within the children's home were separated from their mothers and caregivers at very young ages, it is likely that they experienced disruption in the process of developing attachments and would possibly display behaviours that indicate that they had not experienced secure, close relationships with their mother or caregiver. In order to explore whether such behaviours are due to their caregiving environment, 'normal' adolescent development, or due to insecure early attachments, it is first necessary to understand what is meant by attachment security and insecurity and the consequences of a child's experience of an insecure attachment.

2.4.6.3 Attachment Security and Insecurity

Mary Ainsworth contributed significantly to attachment theory (Sadock & Sadock, 2007). She developed a procedure that attempted to measure attachment security in infants. This experiment called the "Strange Situation" is a research protocol for assessing the quality and security of an infant's attachment (Sadock & Sadock, 2007). The purpose of the experiment was to study the effects of separation from the mother in an unfamiliar environment (Goldberg, 2000). Bowlby's theoretical contributions were therefore further complimented by Ainsworth's empirical creativity (Howe et al., 1999).

Ainsworth, Blehar, Waters and Wall (1978) endeavoured to empirically investigate whether the quality of maternal responsiveness is directly tied to patterns of infantile behaviour, particularly those of comfort seeking and contact maintenance. The "Strange Situation" test involved eight brief (3 minute) episodes that provided the opportunity to observe a variety of the 12- to 24- month-old infant's responses to the stress of a new environment and of separation from an attachment figure. As attachment behaviour is activated when the individual experiences anxiety, all assessment procedures involved introducing mild levels of attachment-related emotional distress to those under study. The way in which the individual responds to and handles this distress is assumed to reveal the strategy that he typically uses to

regulate arousal and heightened affect (Goldberg, 2000; Howe et al., 1999; Solomon & George, 1999).

In the "Strange Situation" test, the mother, infant and experimenter (stranger) settle into a playroom, and the mother then leaves the room for a number of minutes. The infant's reaction to this separation, and the mother's and infant's responses when the mother returns, are noted by the experimenter. The experiment is used to assess and examine the mother-infant relationship as well as the infant's ways of coping with separation from its mother. The response also shows whether the child sees the self as worthy and effective, and whether other people are seen as caring and available. Thus, the measures allow investigators to determine the child's internal working model and attachment style. Ainsworth also confirmed that attachment serves the purpose of reducing anxiety (Senior, 2002; Solomon & George, 1999).

2.4.6.4 Types of attachment patterns

From this experiment Ainsworth was able to distinguish three primary attachment classifications: "secure", "resistant" and "avoidant" (Howe et al., 1999). 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 a third insecure category, the "disorganised/ disoriented" category (Goldberg, 2000; Morgan, 1999; Senior, 2002; Solomon & George, 1999).

a) Secure attachment

The "secure" infants were able to readily separate from the caregiver in the laboratory procedure and became easily absorbed in exploration. The infant was upset by the separation and demanded and received care from the caregiver when she returned, but continued explorative play thereafter. The securely attached infant develops the confidence that the caregiver will be available, responsive and helpful, should he be in a frightening situation (Gomez, 1997; Morgan, 1999; Senior, 2002).

b) *Insecure-avoidant attachment*

The "insecure-avoidant" infant appeared uninvolved with the caregiver when she was present and was not overtly upset when she left and ignored her on her return, but

watched her acutely and was unable to play freely. Main (in Morgan, 1999) highlighted that attachment behaviour is virtually absent throughout the "Strange Situation" in the avoidant infant and is replaced with active avoidance (looking away, moving away, turning away and leaning out of arms) as well as persistent attention to the inanimate environment. Avoidant behaviour was seen in infants who appeared less anxious during the separation and snubbed the caregiver on her return, avoiding eye contact and/ or using toys to distract their attention away from the caregiver. Avoidant coping interferes with the development of feelings of emotional connectedness (e.g., affection, empathy, dependency) and fosters a self-promoting and inflated selfconcept ("compulsive self-reliance"), leading to a focus on satisfying one's own needs with little regard for those of others. The result is externalising behaviours, such as exploitation and aggression (Finnegan, Hodges, & Perry, 1996).

c) Insecure-ambivalent (resistant) attachment

The "insecure-ambivalent" (resistant) infant panicked when the separation occured and simultaneously clung to the caregiver and fought her off when she returned (Bowlby, 1988). The infant was also unable to return to his own activities. The resistant infant is uncertain whether the caregiver will be available or responsive or helpful when called upon. As a result of this uncertainty, the infant is always prone to separation anxiety and is anxious about exploring the world (Bowlby, 1988; Senior , 2002). This pattern tends to be promoted by inconsistent caregiving, i.e. a caregiver being available and helpful on some occasions, but not others (Senior, 2002). Because ambivalent coping inhibits exploration and mastery of the environment and interferes with the development of age-appropriate strategies for regulating affect during even minor stressors, it renders the child vulnerable to fear responses and to self-perceptions of weakness and helplessness (Finnegan et al., 1996).

d) Disorganised/ disoriented attachment

The disorganised/ disoriented infant had no coherent strategy whatsoever to deal with the experience of separation and showed disorganisation and dissociation upon reunion (Bowlby, 1988). The disorganised/ disoriented infant was confused and chaotic, with bizarre patterns of repetitive movements or frozen paralysis expressing his bewilderment (Gomez, 1997). Some instances of disorganised attachment are seen

in infants known to have been physically abused and/ or grossly neglected by the parent (Crittenden, 1985), in infants of mothers who are still preoccupied with mourning a parental figure lost during the mother's childhood and in infants of mothers who themselves suffered physical or sexual abuse as children (Main & Hesse, 1990).

2.4.6.5 Separation and Attachment

The growth of psychological knowledge has shown that children need a stable home and the love and care if they are to achieve optimal emotional development (Chesser, 1912). They need to experience real affection, appreciation and recognition from other people. Bowley (1947) asserts that without this, children receive no assurance that they are good, worthy, loveable, and wanted. Bowley (1947) further emphasised that for optimal emotional development, children should have this assurance to offset their inner fears of badness, unworthiness, unlovableness, and their sense of rejection. Attachment theory has focused on the processes whereby infants and young children develop confidence in their parents' protection (Goldberg, 2000).

Bowlby postulated that normal attachment in infancy is crucial to healthy development in children. Furthermore, he maintained that what may be regarded as normal attachment, occurs when there is a warm, intimate and continuous relationship with the mother in which both find satisfaction and enjoyment (Bowlby, 1952). Separation from the primary attachment figure, on the other hand, has a profound impact on the development of a child. From his observations of infants and children, Bowlby concluded that children reared in institutions and orphanages frequently presented with a variety of emotional problems such as an inability to form intimate and lasting relationships with others. He assumed that these disorders stemmed from these children's deprivation of a solid attachment to a mother figure early in life. He also noted that children raised in 'normal' homes who endured prolonged separations from their primary caregivers frequently presented with similar symptoms. Bowlby concluded that the trauma endured as a result of separation impacted negatively on the development of children's subsequent relationships. Based on various experiments, Bowlby stated that development could not be understood without paying attention to the mother-infant bond (Crain, 1992).

Pipp and Harmon (1978), have further suggested that, at the most basic level, the infant's sense of security may result from adequate homeostatic regulation within the caregiving relationship, with the earliest form of security of attachment; encoded physiologically in the experience of non-disruptive and need satisfying regulation of early states. If the child experiences maternal deprivation, where the mother is either emotionally or physically unavailable, an insecure attachment is thought to result. Insecurely attached children may then go on to experience developmental and personality difficulties later on in life (Bowlby, 1952; George & Solomon, 1999; Holmes, 1993; Zeanah, 2000).

2.4.6.6 Attachment in Adolescence

Healthy parent-child attachment is critical for the individual's social and emotional development (Oleson, 1996). In recent literature, the definition of attachment has extended beyond the mother-child dyad, to include any significant relationships throughout the life span (Blain, 1993). This has particularly important implication for adolescents, in that developmentally, adolescence is a period during which individuals explore and initiate relationships. One of the primary tasks of adolescence is to learn to develop close, supportive and intimate relationships outside the family (Garcia-Preto, 1988).

Adolescence is considered an important transitional period, because of cognitive, biological and social changes that occur during this time period (Louw, 1991). One important factor that distinguishes adolescents who navigate the transition with success and those who do not, is the quality of relationships that the adolescent has with both parents and peers (Laible, Carlo & Raffaelli, 2000).

While traditional psychoanalytic theory has emphasised the process of individuation and the refutation of family ties as central tasks in adolescence, modern, westernized society supports the notion that adolescence is a period of both growing autonomy and connectedness to parents as well as other significant adults (Kenny, 1994). The attachment model of Bowlby (1978) supports this latter conceptualisation, recognizing the importance of both connection to caregivers and support for

autonomy in the promotion of psychological wellbeing (Kenny, 1994; Laible, Carlo & Raffaeli, 2000).

Unlike in early childhood and adulthood, where more extensive research by theorists such as Bowlby (1978), has been conducted around the construct of attachment, the meaning and significance of attachment for social functioning in adolescence has been derived primarily from theoretical inference such as that of Bowlby (1978) and minimal studies conducted with children and not adolescents. However, attachment organization and the ability to establish close relationships with significant others, appears to be integrally related to various domains of psychosocial functioning in adolescence. Such domains include communication, expressing oneself and developing self-esteem, as they reflect core aspects of the manners in which adolescents process affect in social relationships and because they are associated with qualities of ongoing relationships with parents (Allen, Moore, Kuperminc & Bell, 1998).

Ongoing research studies are moving towards exploring the continued influence of attachment to parents during adolescence (Laible, Carlo & Raffaeli, 2000). Research findings cited in Kenny (1994) have suggested that secure parental attachment is associated with social competence, identity development, psychological well-being and career maturity among 4th year college students from predominantly middle and upper-middle class families. Further research cited in Laible, Carlo and Raffaeli (2000) has indicated that secure attachment to parents in adolescence is related to higher self-esteem, better college adjustment, greater life satisfaction, less psychological distress and greater perceived social support. Additionally, secure attachment development in both adulthood and adolescence is characterised by coherence in talking about attachment-related experiences and affect and should permit similar experiences and affect in peer relationships to be processed more accurately (Laible, Carlo & Raffaeli, 2000). On the other hand, the defensive exclusion of information or the inability to integrate certain types of attachment related information, characteristic of insecure attachment organization, may lead to distorted communication and negative expectations about others. Insecure attachment organization in adolescence is associated with various deficits in social functioning, such as difficulty relating to others, lack of confidence, low self-esteem and difficulty

establishing relationships with new individuals (Allen et al.,1998). Bowlby (1988) also proposed that the developmental pathway followed by each individual and the extent to which he or she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment he or she develops during the early years (Bowlby, 1988 in Adam, Keller & West, 2000).

Parents are not the only important social influences on development. Studies have shown that both sibling and peer relationships are important in the development of attachments (Sroufe, 2005). While traditionally, the maternal figure has been emphasised as most influential in the attachment process, other significant attachment figures should also be taken into account when exploring a child's formative attachment experiences and the resultant implications for future development. In fact, most attachment theorists agree that attachment involves close adult-child relationships. While Ainsworth's Strange Situation Experiment 24 focused only on mother-infant attachment (Ainsworth et al., 1978) and Bowlby (1988) wrote primarily about the child's relationship with his mother, neither disputed the significance of the child's relationships with other adults (Belsky, Rosenberger & Crnic, 2000). Perhaps most significant, are the specific roles that significant adult figures assume in the child's world, rather than their gender and biological relationship to the child. The importance of adolescents having relationships with other adults is evident in the children's home where some of the adolescents may be said to have recovered from periods of adversity after having received a solid foundation of support from caregivers, peers and other adult staff members in the home.

According to Bowlby (1979), attachment security remains open to change in light of real experience, such as later negative experiences of trauma or abuse or of later positive experiences of consistent, reliable and dependable caregivers who can then correct prior experiences of inadequate parenting (Waters, 2000). An interesting area of consideration will therefore focus on the children and adolescents in the home who have not had a primary attachment figure or have had an inadequate attachment figure in the past. It is hoped that caregivers' perceptions will therefore also define the nature of the relationships that they have with these children and adolescents, including emotional and behavioural difficulties and provide insight into whether or not some of the children and adolescents have been able to overcome prior

experiences related to inadequate parenting or attachment difficulties which would lead to the establishment of positive attachment relationships with caregivers.

A number of similarities may be drawn between Bowlby's attachment theory and the Freudian psychoanalytical view of attachment. Both Freud and Bowlby concerned themselves with unconscious processes and the psychological consequences of significant early deprivation (Fonagy, 1999). Freud's themes of conflict concerning wish and reality and internal and external reality, remained essential building blocks for Bowlby and other attachment theorists. Bowlby pointed out that Freud was aware of the importance of attachment to the mother; this was however developed late in his research (Fonagy, 1999). Bowlby also noted that Freud's observation indicated that abandonment and isolation distressed infants at 18 months of age. According to Freud's theory, anxiety is rooted in the fear of losing the mother, and he however understood that this related to fear of ungratified instincts. Freud also acknowledged that the child's relation to the mother is unique and laid down unalterably at an early stage to become the prototype for all later love relations (Pienaar, 2007). He maintained that there is more to this love relationship than food, and that the experience of being cared for relates directly to self -esteem (Fonagy, 1999).

2.4.6.7 Attachment Theory: A Critique

Attachment theory has not been immune to criticism. Kagan (1984) highlights a number of these. The first criticism is related to the reliability and stability of research on which attachment theory is based. It is argued that some research shows changes in attachment upon retest. Additionally, the role of temperament in the development of attachment has further been questioned. Critics contend that temperament may explain behaviour in the "Strange Situation" test designed to assess the quality and security of an infant's attachment (Kaplan & Sadock, 2007). In other words, a securely attached child with an easy-going temperament may not get upset when encountering a stranger or separation from his mother. Furthermore, given that temperament plays a significant role in behaviour, the meaning of crying or the absence of crying may not be applied to all children indiscriminately. Finally, it may be argued that the "Strange Situation" is artificial and does not relate to the real world of the child.

Cross cultural research has revealed that culture may also play a role in attachment formation, particularly. '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 (Wagner & Stevenson,1982 as cited in Ramokgopa, 2001). A 'culture' can also refer to the sum total of knowledge passed on from generation to generation within a given society (Castillo, 1997). 'Culture' can, therefore, be regarded as those values that are shared by people living together as a group. In light of this study, focus falls on the cultural background and experiences of caregivers in terms of their own attachment relationships with caregiving figures and whether or not these cultural beliefs and values about childrearing, family relationships and attachment are passed down onto their own children or onto the adolescents for whom they care (Ramokgopa, 2001).

It is believed that babies from African culture, who are almost always in close physical contact with their mothers (since they are carried on their mothers' backs) develop a specific, close, attachment earlier than babies of Western cultures, where there is no such long lasting physical contact (Vander Zanden, 1989). Although no similar South African research could be found, it is more than likely that the same applies to South African babies who spend most of their early infant years in close physical proximity to their mothers. It would therefore also be interesting to explore, through caregivers' perceptions, what kinds of attachments institutionalized babies, children and adolescents develop as a result of their early caregiving and attachment experiences. In this study it is therefore necessary to understand the role of the caregiver in terms of providing emotional support and attachment to children and adolescents in the children's home.

2.7. CAREGIVERS

According to Skinner, 2006, a caregiver is generally defined as the person who plays the key caring role for a child or vulnerable child. The person should be able to provide all aspects of care and be responsible for the child under their care. The roles of caregivers or caretakers are seen as being to protect the rights of the children in their care as far as they are able. This includes provision of basic requirements of life and development such as shelter, food, education, clothing and health care and the

provision of a healthy environment for psychosocial development. In addition, a caregiver is said to be responsible for supporting moral, cultural and religious instruction as well as hygiene, being responsible if anything happens to the child and ensuring that the conditions exist for adequate emotional development (Skinner, 2006).

There are many debates however surrounding the definition of a caretaker or a caregiver and the division usually points to the question of whether the primary caregiver is the person who provides emotional care, or the person who brings in financial support. Whilst they may appear to be separate, both are considered as being of key importance to the ongoing survival of the child (Skinner et al. 2006). The debate surrounding the definition links directly to this study in that the caregivers in the home are not the financial supporters of the children or adolescents, however they are the ones who fulfill all the other emotional needs and care for them. In this respect the study will be attempting to understand what unmet emotional needs may give rise to emotional and behavioural difficulties, and in particular, those pertaining to attachment.

The word *caregiver* usually denotes the people who look after infants and young children. However, there is considerable controversy about the most accurate and appropriate term by which to denote the wide variety of people involved in regular child care (World Health Organization, 2004). Some advocate the term *parent* or *parenting* to denote long-term family care. *Parenting* embodies past and future perspectives and deep emotional involvement in the rearing and socialization of a young child (Call, 1984). In these ways, it is distinguishable from the motives and activities of people involved in short term or professional care of children (World Health Organization, 2004). Call (1984), for example, argues that the term *caregiver*, used instead of *mother*, loses something essential to the core activities of what mothering care involves and which is precisely what young children need.

Nevertheless, the term *caregiver* is preferred because many young children are not looked after by their biological mothers, as is the case with the adolescents within the children's home. Furthermore, with the exception of the earliest days of life, the care of young children is not limited to one person, and especially not in African cultures.

As in many African societies, infants and young children frequently have several key caregivers (Rutter, 1979). This may include situations in which fathers, other relatives, siblings and friends participate actively in the care of young children. There is no evidence that biological mothers are more capable of caring for young children, apart from their role in breastfeeding, than fathers or other people who have a stable presence and are emotionally committed to the wellbeing of the child (Parke, 1978).

There are other ways in which the understanding of the term *caregiver*, when viewed as being a single individual responsible for the care of one or more young children, may be distorted, especially related to the effects of caregiving on children. Firstly, responsive caregiving by one person is frequently dependent on the caregiver's supportive relationships with other people in the caregiver's intimate social group. In addition, the qualities of the caregiving relationships young children have with different people, vary. The differences may serve to compensate for a deficiency in a primary relationship, if and when it does occur (Hewlett, 1992; Rutter, 1979).

Young children are dependent on the care they receive from others. In this sense, there is no such thing as a baby on its own (World Health Organization, 2004). There is always a baby in the care of someone. All the child's physical and psychological needs must be met by one or more people who understand what infants, in general, need and what a *baby*, in particular, wants. The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive and respond to the child's bids for assistance and support (World Health Organization, 2004).

The following quotation aptly summarizes the most commonly accepted definition of the significance of the caregivers' role:

> …the care that children receive has powerful effects on their survival, growth and development… care refers to the behaviours and practices of caregivers (mothers, siblings, fathers and child care providers) to provide the food, health care, stimulation and emotional support necessary for children's healthy survival, growth and development…Not only the practices themselves, but also the way they are performed – in terms of affection and responsiveness to

> the child – are critical to a child's survival, growth and development. (Engle & Lhotska, 1999, p.132).

There is no doubt that child care practices vary widely, and cultural scripts influence caregiver-child contact and communication through practices of carrying, co-sleeping, conditions and conventions for interaction (Goldberg, 1972; Greenfield, 1994; Hess et al., 1980; Hopkins & Westra, 1989; Kilbride & Kilbride, 1974; Ogbu, 1981, 1994; Winn, Tronick & Morelli, 1991; Zaslow & Rogoff, 1981). However, all child-rearing environments for infants, so far identified, conform to what Bowlby called the "average expectable environment" or what Winnicott refers to as "good enough mothering" (Abel et al., 2001; Konner, 1977; Richter, 1995; Trevarthen, 1987b; Werner, 1988).

Caregiver-child interactions occur within a framework of caregiving and parenting, which, as we have seen from the above, are influenced by both cultural and sub-cultural beliefs and practices. Nonetheless, common dimensions of caregiving are manifest in all situations as a result of the infant's universal needs and developmental programme. At the same time, the infant's "individual development occurs in a family zone where internal and external systems overlap and interact" (Balbernie, 2002, p. 330), and "where factors found outside of the mother-baby relationship are being titrated into the developing psyche of the child" (p.335).

In the context of the study, it is also necessary to look at the relationship between the child and other caregivers, the effects of previous experiences and current institutionalization and unique and individual characteristics of personality and temperament that influence emotional and behavioural development in children and adolescents. Furthermore, it has been suggested that a child's opportunity to develop secure attachment to another person can help counteract the adverse effects of insecure attachment to a parental figure and it is possible that the initially insecure attachment of a child could change into a secure attachment (Shaffer, 1989). This would be relevant in the context of the child-caregiver relationship in the children's home. Because this study is contextually situated within a children's home or institution, issues pertaining to institutionalization and the effects thereof will now be discussed.

2.8. INSTITUTIONALIZATION

This discussion provides the context in which the study is grounded. In terms thereof the focus is on attachment of adolescents who reside in a children's home. These adolescents have often been mistreated, abused and/or rejected prior to institutionalization. The relevance of this in the present study is therefore the link to the adolescents' emotional and behavioural development and the social context in which it occurs (Neuman, 1997).

2.8.1 Introduction

According to Bowlby (1952), children flourish best in an environment that is affectionate and secure, such as a familial context. The familial context is therefore an important element of the child's social and emotional world as this is where the child's essential needs are catered for and the child learns to interact with others and form significant relationships (World Health Organization, 2004). For the child to develop a good, healthy personality, his biological as well as emotional needs should be met. The consequences of these needs not being met are that the child may become socially inadequate, have feelings of being unwanted and struggle with establishing peer- and relationships with significant others (Colin, 1996).

One of the primary goals of residential childcare programs includes "…building on children's strengths, helping them overcome problems and helping them leave in a better condition than they were in when they came" (Van Staden & Nieuwoudt, 2001, p.1). These authors also note that two key professional issues have to be addressed by the children's home namely: (a) the need to maintain order and quality of life in the homes, and (b) the need to ascertain that the work of the home is incorporated in a plan that involves preparing the children for the time when they leave the home. Preparation for the time when adolescents or young adults will leave the home will be of particular relevance within this study, as the researcher also explores children's attitudes towards their future and towards leaving the children's home.

2.8.2 Motivational Factors For Institutionalization

A number of factors result in children being placed in residential care. These include inter alia maternal and other forms of deprivation, rejection and neglect, separation, and last but not least, abuse. These issues will now be discussed separately.

a) Deprivation

Deprivation may be broadly defined as the act or process of removing, or the condition resulting from removal of something normally present and usually essential for mental or physical well-being in childhood (APA, 2008). Some of the most commonly acknowledged types of deprivation are social, economic, emotional and psychological. Within the context of this study, the most significant forms of deprivation that may be said to impact on the lives of children and adolescents within the home, are emotional and psychological deprivation that the adolescents may have experienced during early childhood and pre-adolescent years of development.

Background information provided by management and staff members at the identified children's home suggests that the adolescents and children residing there do not experience any form of economic, financial or material deprivation currently. The management and caregivers indicated that the children and adolescents residing there are provided with all basic requirements such as clothing, stationery, food and other material items. In addition, the children and adolescents receive education at public and semi-private schools and healthcare services. The management and other staff members perform multiple functions that range from daily childcare to shopping, administration, fund raising and even escorting children to healthcare facilities. The children's home has employed a social worker who resides in the home and a crèche teacher who teaches the younger children, aged three to six years of age. A number of committed volunteer workers provide additional support to children and adolescents, in the form of academic tutoring and recreational outings. The children's home may therefore be said to be well-resourced, and although many of the adolescents may have experienced poverty, economic and financial deprivation, these needs are now met in the children's home. It is therefore interesting to explore through this study,

how emotional or psychological deprivation has impacted on their development, and what, if any, emotional difficulties they currently experience despite their financial needs being met.

The following discussion will therefore focus on the most likely forms of deprivation to which the children and adolescents may have been exposed prior to institutionalization.

b) Maternal Deprivation

Bowlby highlighted the importance of the infant's need for an unbroken (secure) early attachment to the mother. He maintained that the child who does not have such a provision was likely to suffer from maternal deprivation (Fonagy, 2001). 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 he receives inadequate maternal care and thus has insufficient interaction with a mother figure (Bowlby, 1952). Bowlby (1952) distinguished three forms of maternal deprivation on the basis of the extent of the deprivation suffered by the child. Firstly, partial deprivation may be said to occur when the child lives with a mother (or permanent mother -substitute), including a relative, whose attitude towards him is unfavourable. Partial deprivation predisposes the child to the manifestation of acute anxiety, an excessive need for love, powerful feelings of revenge, and, arising out of these, guilt and depression. Secondly, complete deprivation occurs when the child looses a mother (or permanent mother-substitute) by death, illness, or desertion, and has no familiar relatives to care for him. Thirdly, when the child is removed from his mother (or permanent mother substitute) and placed with strangers by medical or social agencies, as a result of abuse and/ or neglect, complete deprivation occurs. Complete deprivation has even more far-reaching effects on character development and may entirely cripple the capacity to form relationships (Bowlby, 1952).

Other types of deprivation, each with potentially different implications, can be distinguished in institutional settings. Emotional and psychological deprivation are the most relevant forms for the purpose of this study. Emotional deprivation usually refers to an environment with neutral feeling tone or without variation in feeling tone

(Bowlby, 1952). Emotional deprivation symptoms that may occur in any combination and to any degree are: (a) behavioural disturbances resulting from the immaturity of the ego and inadequate superego development of the child, (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 nonexisting relationship formation, and (h) behaviour called psychopathic, sociopathic, or antisocial 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. Appropriate actualisation and development are obstructed and distorted as a result of this. 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).

Infants in institutions characterised by low staff-to-infant ratios and frequent turnover of personnel tend to display marked developmental retardation, even with adequate physical care and freedom from infection (Sadock & Sadock, 2007). Children tend to feel rejected and neglected as a result of the deprivation they experience.

c) Rejection and Neglect

Neglect seems to refer to a passive disinterest in the child, while rejection refers to an active hostile or cold response to the child (Main & Goldman (in Morgan, 1999). A child may be rejected and deprived of sensory and emotional stimuli if she or he is unwanted (Safonova & Leparsky, 1998). The consequences of cold, passive neglect are retarded emotional growth and distrust of affection, coupled with a need for affection, which may in turn cause the child to be unable to achieve happy normal relationships in later life (Chesser, 1912).

Another cause of rejection is when the child is deemed unsatisfactory or 'abnormal' in some way by the parent or parents. This may include disfiguring birthmarks, physical defects or some degree of mental defect (Safonova & Leparsky, 1998). In this research, this is not so. According to the caregivers, psychological assessments carried out at the children's home, reveal that these children are normal in all respects, physically, psychologically and mentally.

d) Separation

Separation refers to the physical separation of the infant or young child from his mother, whether permanently, or temporarily for longer or shorter periods (Bowlby, 1952) as illustrated in the "Strange Situation". Separation anxiety is precipitated by separation from the person to whom the infant is attached (Sadock & Sadock, 2007). Without the intimate, committed and consistent care of a caregiver, an infant cannot survive and develop. Appropriate care involves satisfaction not just of physical needs, but also of emotional needs (Gomez, 1997). From the infant's perspective attachment would refer to the specific affiliative tie of the infant to its mother, or father, which generally begins soon after six months of age (Cassidy, 1999). Separation from an attachment figure is painful and the loss can be devastating if the infant has already developed an internal working model of the attachment figure (Bretherton & Munholland, 1999). According to Gomez (1997), 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 the parent's absence is temporary.

e) Abuse

Many children are placed in protective care in children's homes as a result of abuse that is perpetrated in their family homes by an attachment figure. According to Wicks-Nelson & Israel (2000), abuse may be divided into four types, namely: sexual abuse, physical abuse, emotional abuse and neglect. These will be described separately.

Physical abuse is described as an act of commission by a caregiver that is likely to result in physical harm, including death of a child (Wick-Nelson & Israel, 2000).

Examples of physical abuse acts include biting, shaking, punching, stabbing or kicking a child. Generally, spanking is considered disciplinary action, however, it can be classified as abusive if the child is injured or bruised. The second type of abuse, sexual abuse, includes intrusion or penetration, molestation with genital contact or other forms of sexual acts in which children are used to provide sexual gratification to the perpetrator. This type of abuse also includes acts such as sexual exploitation and child pornography. Neglect, the third type of abuse, involves a caregiver's refusal or delay in providing health care to a child. This may be in the form of failure to provide food, clothing, shelter, attention, affection or providing inadequate supervision or abandoning the chid. This failure to act refers to both physical and emotional neglect. Emotional abuse refers to any act that includes isolating, terrorizing, rejecting or corrupting a child. Examples would be verbal abuse, exposing a child to domestic violence, refusing to provide psychological care, withholding food, shelter or sleep and allowing the child to engage in criminal activity or substance abuse.

2.8.3 Consequences of Institutional Rearing

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). Children brought up in institutions tend to suffer from two disabilities: stunted individuality caused by habitual conformity with institutional rules; and retarded emotional growth caused by lack of love and nurturance (Tizard & Rees, 1975).

According to Mudaly (1985), institutionalized children and adolescents come from deprived home circumstances because the primary family is no longer able to provide adequate protection and nurturing for the child. Childcare is considered to be a form of substitute care for children that experience total separation of the child from his biological family (if he has one) and his adjusting 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 Staden & Nieuwoudt, 2001). Substitute care is usually provided during circumstances where the particular child's needs cannot be adequately met, either because he no longer has a family or

because the family lacks the resources to meet the basic needs (Mudaly, 1985). Based on caregiver reports, many of the adolescents in the children's home find themselves within this situation mostly because of family breakdown, family neglect and abuse, or because they have lost one or both parents to illness and death.

This chapter serves as an overview of the most pertinent aspects related to children's development as well as factors relating to placements in institutions or children's homes. Erikson and Freud's theories delineated stages of development in children and adolescents as well as the developmental tasks associated with each stage. Bandura's theory provided an understanding of elements relating to the development of self-efficacy and resilience in children and adolescence, and provided a basis for this study's exploration of how institutionalized adolescents may overcome adverse experiences and circumstances. Bowlby's Attachment theory was discussed in order to examine how the adolescents' early caregiving experiences could possibly impact on their subsequent emotional and behavioural development. This section also highlights the notion that human experience does not take place in a vacuum, but in a specific context, as outlined by Bronfenbrenner (1979). Thus a clear understanding of adolescents' perceived experiences can only be arrived at if consideration is given to the context in which these experiences are generated. This chapter therefore contextualizes the attachment experiences of the adolescents within the children's home. The chapter that follows will look at the methodology that was utilised in the study.

CHAPTER 3:
RESEARCH DESIGN AND METHODOLOGY

Introduction

3.1 Research Design

The focus of this research study was on caregivers' subjective perceptions of the emotional and behavioural development of twelve to eighteen year old adolescents, living in a well-resourced children's home. For this reason the research was approached from a qualitative paradigm. Qualitative research is concerned with exploring everyday perceptions of the world and uncovering the experiential, subjective dimensions of people's worlds (Mouton & Marais, 1996).

The goals in qualitative research are set out as describing and understanding, rather than explaining and predicting human behaviour as is the case in quantitative research (Babbie & Mouton, 2001). Qualitative research also emphasises the importance of the social context for understanding the social world (Neuman, 1997). Furthermore, meaning always occurs within a certain context and can as such not be separated from the context in which it is generated. The meaning of social action or experience is therefore inextricably linked to the context in which it is generated (Pienaar, 2007).

Within the context of the present study, the implication will thus be that the perceptions of the caregivers who care for institutionalized adolescents will be significantly different from those whose caregiving roles and responsibilities are fulfilled in a different context, for example, looking after children who have one or both parents with whom they live.

A qualitative research design has therefore been identified as the most suitable design to use for this particular study in that it enabled the researcher to use direct elicitation methods to obtain data directly from a target, in this case – the caregivers working with children in a children's home. Kelly & Terreblanche (1999) postulate that this design allows for a thick description and deep understanding from the perspective of the participants. The caregivers were able to describe what processes they thought

were occurring and how they perceived attachment difficulties to be impacting on adolescents' development, if any (Howes & Hamilton, 1992).

A 'thematic analysis' is a coherent way of organising or reading some interview material in relation to specific research questions. Thematic content analysis, is also referred to as conceptual content analysis (Babbie & Mouton, 2001). It is used to describe a more clearly interpretative application of the method in which the focus of analysis is upon thematic content. This is then identified, categorised and elaborated upon on the basis of systematic scrutiny (Eagle, 1998). Thematic content analysis tends to be more subjective and emphasises meaning rather than quantification.

The proposed research is inductive as it moves from the specific to the general (Breakwell & Fife-Shaw, 1995), looking at the caregivers' experiences and descriptions of the children's attachments and then applying their information to our understanding of children's behaviour and possible attachment difficulties.

3.2 Procedure

The qualitative research design that was used in this study included a sample of 6-8 caregivers. The caregivers were sourced from a children's home in Johannesburg. Contact was made with the Director of the children's home and care facility in order to obtain permission to approach the caregivers and invite them to participate in the study. The researcher obtained written and verbal consent from each individual caregiver before conducting open-ended interviews, which were used as the main vehicle of data collection. Consent was also obtained to audio record interviews. The broad approach of the research may be said to be descriptive and relational (Rosnow & Rosenthal, 1996). It is descriptive, as the objective was to obtain caregivers' perceptions and descriptions of what was happening behaviourally. In light of this, open-ended questions were used in the interviews and thematic content analysis was employed to transcribe, categorize and code data from the interviews (Babbie, 2004).

3.3 Ethics

The participants of the study are not minors at the children's home, but rather adults who are able to give informed consent to participating in the study. No ethical clearance was required from authorities other than the Director of the children's home, with whom contact had already been made. Participants were informed about the nature and purpose of the study in order to get their consent. Verbal and written consent were acquired to audio record the interviews. Written consent was obtained from the Director as well as from each of the caregivers with whom interviews were conducted. Informed consent entailed informing the research participants about the overall purpose of the investigation and the main features of the research design, as well as any possible risks and benefits that might result from participation in the research project. Informed consent further required obtaining voluntary participation of the subject, with the full understanding that she or he may withdraw from the study at any given time (Rosnow & Rosenthal, 1996).

Participants were assured that should any of them be adversely affected by their participation, they would be referred to a mental health professional at the Emthonjeni Centre at The University of the Witwatersrand for support and containment, and follow-up sessions if necessary. Assurance was given that any information disclosed would remain strictly confidential and anonymity of all participants would be protected by the researcher using codes instead of names on the material derived from interviews. This ensured that caregivers' identities would not be revealed and information would not be exposed to employers or other staff members. Confidentiality means that any private data that may compromise the participants' identity will be removed from the research report (Kvale, 1996). The researcher was able to assure the potential subjects of complete confidentiality of their results where necessary and offered to inform the caregivers and teachers of the eventual outcome of the research. In addition, a summary of the research report will be provided if they so desire.

3.4 Sample

Patton (2002, p. 244) explains that in qualitative research there are no rules concerning sample size. The sampling method used in the present study is consistent with the assumptions of qualitative research. According to Kuzel (1992), citing

Patton, qualitative sampling is essentially concerned with information-richness. This is in stark contrast to quantitative research, which is characterised by a preoccupation with generalizability and representativeness (Mouton & Marais, 1996).

The sample was large enough to allow for possible attrition and subject non-compliance (Breakwell & Fife-Shaw, 1995). The researcher considered the following guidelines to determine the size of the sample: the nature and purpose of the inquiry and what can be done with the available time and resources. A purposive, theoretical sampling method was employed in selecting participants for the study as the aim was to acquire theoretical insight and deeper understanding into the social world of the caregivers (Neuman, 1997). The purposive sampling strategy entailed the inclusion of participants based on "judgement and the purpose of the study" (Babbie & Mouton, 2001, p.166).

Sample selection in the present study was therefore based on the extent to which participants could help the researcher understand the behaviour and possible attachment difficulties under investigation and not the extent to which findings could be generalized to the wider population. The use of this strategy also minimized travel and labour costs (Breakwell & Fife-Shaw, 1995). Participation in this study was voluntary. Full time caregivers who volunteered to participate, needed to meet the requirements for the research in terms of geographical location (living within or close to the children's home) as well the amount of time they spent interacting with the children. This would be as a result of the caregivers having spent a significant amount of time observing, interacting and caring for the adolescents and could therefore dispense information about possible attachment difficulties within the home. This criterion had therefore been decided upon because time and proximity are prerequisites for the formation of attachment bonds (Zeanah & Fox, 2004).

According to Hopkins & Ayre (2006), it is likely that children who have been at children's homes for many years, or those who have moved from one place of shelter to another, show signs or indications of attachment difficulties. Many of the children in the children's home have been living there for many years, or have previously moved from one place of care to another. The caregivers who interact with these children spend a significant amount of time caring for these children, and it is

therefore possible that they (the caregivers) may identify attachment difficulties through observed behaviours and characteristics in these children.

3.5 Instruments

Qualitative categorisation cluster include categories, themes and subthemes that are responsible for the rich descriptions that qualitative data yields. These descriptions allowed the researcher to glimpse into the caregivers' world of experiences and interactions with the children and adolescents at the home and their understanding of attachment behaviour and behaviour in general. Individual face-to-face (Rosnow & Rosenthal, 1996) semi-structured interviews were used as a primary means of data collection whereby the researcher questioned the participants on aspects of attachment and children's behaviour, based on John Bowlby's Attachment Theory (1952). The advantages of using this type of interview is that it provided an opportunity to establish rapport with the caregivers, and to stimulate trust and cooperation, needed to probe sensitive areas (Rosnow & Rosenthal, 1996) pertaining to perceived attachment relationships with children in the children's home. Face-to-face interviews also provided an opportunity to help the subjects in their interpretation of the questions and allowed flexibility in determining the wording and sequence of the questions by giving the researcher greater control over the situation by letting the interviewer determine on the spot the amount of probing required (Rosnow & Rosenthal, 1996).

The interviews were conducted in English. Although this is not the first language of many of the caregivers, they were nevertheless able to understand and respond to the questions appropriately. The interview schedule was structured in such a way that it would yield information pertaining to caregivers' experiences, understanding and perceptions of the adolescents' emotional and behavioural development. The schedule therefore included sections on the caregivers' cultural history and background experiences, the caregivers' education in childcare, caregivers' general awareness of normal development, perceptions of adolescents' development within the children's home, caregivers' perceptions of attachment and perceptions relating to resilience in adolescents. Semi-structured interview questions refer to the careful, deliberate wording, sequence, relevance and response range of the questions set out by the researcher (Rosnow & Rosenthal, 1996). At the same time, the questions were open

ended in order to guide the participants in providing relevant information to enable the researcher to establish how the caregivers experience their interactions and relationships with the adolescents in the home. Each interview lasted approximately 45 – 60 minutes and an interview schedule provided guidance for conducting the interview.

Eckhardt and Erman (1977) state that for the interview to yield as much information as possible, while at the same time, allowing the participants freedom of expression, open-ended questions are ideal. The researcher also used open-ended questions which included the following:

SECTION 1

In this section, caregivers were asked about their cultural history and background experiences relating to their childhood and upbringing, the community in which they were raised, important cultural beliefs regarding childhood development and the role of parents and family and the possible differences between the ways in which the caregivers raise their own children compared to the adolescents in the home. This was included to explore what is the behaviour and nature of the attachment difficulties that adolescents display, if any, through the eyes of caregivers. Given that caregivers differ in their perceptions of children's behaviour, and that culture plays an important role in the understanding of childhood and adolescent development, the questions in this section of the interview would provide information relating to the caregivers own experiences and ideas about child-caregiver relationships and what they believe constitutes 'attachment'.

SECTION 2

In this section, the questions focussed on caregivers' education and training in childcare. Particular attention was given to knowledge and understanding of adolescent development in relation to caregivers' own experiences in their communities and families of origin. These questions were included in order to determine whether or not the adolescents' emotional and behavioural difficulties were attributed by caregivers to what they regarded as 'normal' development or to difficulties relating to insecure and inconsistent early attachment experiences.

SECTION 3

The questions in this section explored caregivers' general awareness of what may be regarded as 'normal' development. The questions aimed at acquiring information about caregivers' understanding and awareness of the normal developmental stages through which children and adolescents pass as set out by various developmental theorists.

SECTION 4

The questions in Section 4 aimed at establishing whether the caregivers perceive adolescents in the children's home to be different to those living outside the home, with their own families and communities. Specific questions were asked relating to the perceived differences in adolescents' feelings and behaviour in order to determine whether the adolescents' perceived difficulties were different to teenagers whose early childhood experiences were characterised by consistent, close caregiving relationships. These questions would therefore yield information about the perceived impact of attachment relationships on childhood development.

SECTION 5

In this section, participants were asked questions pertaining to their perceptions of attachment and the emotional needs of the adolescents for whom they care. The questions also highlighted caregivers' and adolescents' feelings towards each other as well as the adolescents' attitudes towards other caregivers, children and adolescents within the children's home.

SECTION 6

In this section, caregivers were asked to explain their perceptions relating to resilience in children and adolescents with particular attention being given to the qualities of role-models within the home and the factors which may have contributed to adolescents' coping mechanisms and survival prior to living within the home and whilst living at the children's home.

3.6 Data Collection Process

Permission was obtained from the management at the identified Children's home for conducting the study at the facility and interviewing caregivers (Appendices A and B). Permission to interview and audio record interviews was obtained from each of the participants (Appendices C and D). Informal interviews with staff were arranged to discuss the study, possible considerations regarding the time frames and participation. A meeting was arranged and held to introduce both the researcher to the caregivers, to explain the purpose and nature of the study to them, and to obtain permission from each of the research participants for inclusion in the study. Data were transcribed and examined for content immediately following data collection, and themes emerging from the analysis were included in the discussion and results section of the report. The researcher encountered only two difficulties during the data collection process. The first disruption was related to the busy work schedules of the caregivers which meant that the researcher had to adhere strictly to the time allocated for interviews. The second difficulty related to the high noise levels of the surrounding area in which the children's home is situated. Due to noises of traffic and roadworks, the researcher experienced difficulty with transcribing data from audio recorded material.

3.7 Data Analysis

Interview data was audio recorded and transcribed verbatim. The process of thematic content analysis was used to contribute to the researcher's understanding of the possible development of attachment patterns and difficulties in children and adolescents in the children's home (Rosnow & Rosenthal, 1996). Themes generated by the analysis were compared and only those in which agreement was reached, were included in the results. The underlying aim of the content analytical approach was to elicit information that will contribute to the understanding of the caregivers' perceptions regarding adolescents' emotional and behavioural development and possible attachment difficulties. This would be facilitated by the richness of the data gathered by means of these methods. These methods yielded words and sentences which constituted the units of analyses and thus lend themselves to a content analytical method (Pienaar, 2007).

The researcher made use of both the inductive (data from the interview) and deductive (theoretical assumptions and theories) approaches in order to generate as many themes as possible that would add to the richness of the data collected and that would also illuminate the aims of the study.

3.8 Steps Taken to Facilitate Quality Assurance

With the purpose of providing an accurate account of the object and phenomena being studied, qualitative researchers employ various strategies or measures to achieve objectivity. In conducting this study, the researcher "let the object speak for itself" and applied so-called subjectivity to understand and interpret the data within a specific context in order to increase objectivity (Niemann, Niemann, Brazelle, Van Staden, Heyns & De Wet, 2000, p. 285). The application of subjectivity implies that the researcher imagined or placed herself in the position of the respondent to understand, anticipate, and interpret his/her experience or behaviour. Qualitative researchers refer to this spiritual activity as "role taking" (Lofland, 1971, p.4; Niemann, 1994, p.160; Smaling, 1994, p. 54). Thus, the aim and rationale for applying these principles were objective documentation of a section of the world from the point of view of the respondents selected for this study. Therefore, objectivity in qualitative research does not exclude subjectivity, making the researcher a passive recipient but instead presupposes that the researcher objectively understands, recognises and respects the respondent's experiences as his/her own psychological reality (Ratner, 2002: 3 of 7; Swanepoel, 2000, p. 91).

In the case of this research study, objectivity was also dependent on clear articulation of procedures, areas of investigation and research tools and methods used to gather data to allow for replication of the research, analysis review and verification of the findings (Berg, 2004, p. 258). The use of audio recordings also contributed towards improved accuracy and objectivity of the data collected.

The validity of the research is determined by the extent to which the findings are also tested and refined by other research, and whether the findings reflect the intent of the research (Goetz & LeCompte, 1984, p. 221). Reliability is indicated by how

consistent the results are, and thus achieved by elimination or limitation of random errors that can influence the results (Goetz & LeCompte, 1984, p. 211; Graziano & Raulin, 1989, p. 394; Smaling, 1994, p. 78). The following measures were used in this study to address issues concerning validity and reliability (Babbie & Mouton, 2001, p. 122, 396-7; Hyatt, 1986, p. 35-7; Niemann et.al. 2000, p. 284-285; Steyn, 2001, p. 70):

- The researcher drew data from various sources in order to verify the research findings where data intersected. Findings were discussed and often referred back to the respondents.
- The researcher made use of research tools that have proven their reliability in previous research.
- Based on the findings of the literature review, logical reasoning and interpretation were applied in terms of sampling and what the researcher outlined as the aim of the study.
- Data are presented in terms of categories and interpretations and is supported by direct quotations from participants.
- Limitations regarding the research design, research process and data collected were communicated.
- A detailed account and description of the research process, measures used, procedures followed and research situation and context were provided so that the study may be replicated.
- The rationale underlying the researcher's choice of methods was clearly stated.

Although no external coder was used in the process of data analysis or content analysis, the researcher's supervisor and colleague were involved in order to promote inter-rater reliability. This ensured that in addition to the researcher, a second and third independent rater could classify the material to establish its reliability and counteract any imposition of the researcher's own views of the material onto its classification (Breakwell & Fife-Shaw, 1995).

CHAPTER 4:
RESULTS AND DISCUSSION

Introduction

This chapter will focus on description and interpretation of the various themes which emerged from the content analysis of the caregiver interviews. The results and discussion will be explained in terms of themes, integrated with existing theory. Various themes emerged concerning caregivers' perceptions regarding the emotional and behavioural development of twelve to eighteen year old adolescents who are living in a well-resourced South African children's home. The themes will be divided into superordinate and subthemes, all of which are grouped around:

1. The themes which emerged from questions asked about the caregivers' understanding of what may be regarded as normal emotional and behavioural development of adolescents, aged twelve to eighteen years of age;
2. The themes which emerged from the questions asked about caregivers' general levels of awareness regarding attachment in adolescents aged twelve to eighteen years of age;
3. The themes which emerged from questions asked about caregivers' perceptions regarding the possible later life consequences of adolescents' experiences of emotional and/or attachment difficulties.

The most predominant and overarching theme which emerged from interviews with caregivers at the children's home, may be identified as the caregivers difficult experiences relating to the emotional and behavioural difficulties which they perceive the adolescents to experience. This theme highlights the difficulties experienced by the caregivers relating to their roles as caregivers, as well as the perceived emotional and behavioural experiences of adolescents within the home. This theme is thereafter divided into two secondary themes which will be discussed below, inclusive of the sub-themes that arose through multiple responses of participants during interviews with the caregivers.

The following themes will therefore be discussed:

4.1 OVERARCHING THEME 1: DIFFICULTIES OF CAREGIVERS RELATING TO THEIR ROLES WITHIN THE CHILDREN'S HOME

- Caregivers' Perceptions of Emotional Development of Adolescents as Influenced by Caregivers' Cultural Background and Experience
- Caregivers' Own Experience of Loss and Separation and How this Impinges on Attachment
- Caregivers' Perceptions of Own Caregiving and Parenting Experiences

4.2 OVERARCHING THEME 2: CAREGIVERS' PERCEPTIONS OF EMOTIONAL AND BEHAVIOURAL DIFFICULTIES EXPERIENCED BY ADOLESCENTS

- Perceived emotional difficulties of adolescents
- Difficulties relating to attachment and fear of abandonment
- Mistrusting others and difficulty making friends
- Difficulties surrounding communication, expression of emotion and being understood
- Not being able to deal with the past and difficulties adapting to life in the children's home
- Lack of self awareness relating to development
- Difficulties relating to the outside world
- Perceived behavioural difficulties of adolescents
- Aggression, bullying and problems with discipline
- Adolsecents' apprehension towards the future
- Perceived resilience in adolescents living in a children's home

These themes and subthemes will now be discussed in relation to existing theory and literature on adolescents' emotional and behavioural development.

4.3 Tabulation of Themes and Sub-themes

THEME 1: **DIFFICULTIES OF CAREGIVERS RELATING TO THEIR ROLES WITHIN THE CHILDREN'S HOME**	**Sub-theme 1.1** Caregivers' Perception of Emotional Development of Adolescents as Influenced by Their Cultural Background and Experience	**Sub-theme 1.2** Caregivers' Own Experiences of Loss and Separation and How They Perceive it to Impinge On Attachment	**Sub-theme 1.3** Caregivers' Perceptions of Own Caregiving and Parenting Experiences	
THEME 2: **CAREGIVERS' PERCEPTIONS OF EMOTIONAL AND BEHAVIOURAL DIFFICULTIES EXPERIENCED BY ADOLESCENTS**	**Sub-theme 2.1** Perceived **Emotional** Difficulties of Adolescents	**2.1.1** Difficulties Relating to Attachment and Fear of Abandonment **2.1.2** Mistrusting Other and Difficulty Making Friends	**2.1.3** Difficulties Surrounding Communication, Expression of Emotion and Being Understood **2.1.4** Not Being Able to Deal with Past Difficulties Adapting to Life in the Home	**2.1.5** Lack of Self Awareness Relating to Development **2.1.6** Relating to the Outside World
	Sub-theme 2.2 Perceived **Behavioural** Difficulties of Adolescents	**2.2.1** Aggression, Bullying and Problems with Discipline	**2.2.2** Adolescents' Apprehension Towards the Future	**2.2.3** Perceived Resilience in Adolescents Living in a Children's Home

4.1 THEME 1: DIFFICULTIES OF CAREGIVERS RELATING TO THEIR ROLES WITHIN THE CHILDREN'S HOME

1.1 Caregivers' Perception of Emotional Development of Adolescents as Influenced by Their Cultural Background and Experience

According to Mudaly (1985), the following are fundamentals 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 lifeworld;
- 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;
- 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; and
- providing the opportunity for the child to realise, appreciate and accept that people and circumstances change, and that he or she will have to come to terms with his or her own personal growth from a child to a self -sufficient adult.

It is apparent from the caregivers' responses, that they too regard these fundamental guidelines for effective care as their own responsibilities which ought to be fulfilled within their caregiving role. However, their attempts to meet the needs of the adolescents in alignment with these guidelines prove to be difficult, because of the

nature of the emotional and behavioural difficulties of the adolescents who they care for. It appears that the caregivers' difficulties to understand children's emotional difficulties therefore stem from the incongruence between their own cultural history, background experiences of development and family upbringing and the difficulties they experience with the adolescents who are unacquainted with the closeness, nurturance, guidance and support that they (the caregivers) received during their childhood and adolescence. The caregivers' perceptions of and expectations regarding possible emotional attachments and feelings of closeness to the adolescents is in contrast to the caregivers' own experiences of connection and closeness within their own attachment figures, in their families of origin.

In Africa, the traditional childrearing practices within the context of the extended family system or lineage, and the costs of raising children are not borne solely by the biological parents (Isiugo-Abanihe, 1991). 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 (Fapohunda & Todaro, 1988). Studies have indicated that the ubiquitous and cohesive nature of the extended family structure in traditional societies is the pillar supporting such childrearing practices (Fapohunda & Todaro, 1988; Isiugo-Abanihe 1985; 1991). The extended family structure, which comprises generations of close relatives rather than a married couple and children, who live either in the same house or compound, and in a close and continuous relationship, dominate the sub-Saharan African society.

Nukunya (1992, p. 47) observes that the extended family is a "social arrangement in which an individual has extensive reciprocal duties, obligations and responsibilities to his relations outside his nuclear family". Within the framework of this family structure, series of childrearing practices are maintained. Right from birth, surrogate mothers, maybe either mother-in-laws or sister-in-laws from either the husband's or wife's family, make themselves available to assist in caring for the new born baby and children (Fapohunda and Todaro, 1988). This practice lessens the emotional burden that a mother goes through during the early and even later periods of childrearing.

In light of the above, it may be said that the results of this research study indicate that the caregivers in the children's home have very specific ideas, beliefs and values

regarding childrearing practices and a pre-conceived understanding of development of adolescents based on their culture and background experiences.
These perceptions may hinder or enhance their caregiving experiences with the children.

Five out of the six caregivers aligned their views of caregiving and childrearing with traditional, cultural African practices and suggested that close relationships with family members, support and guidance were of prime importance in raising children.

According to Caregiver 1:

"*The community was big and everybody helped look after the children. Everybody knew everybody's children and all the parents were the same. My aunties or grandparents would also look after me. I wanted my children and these children to learn what I learn from my parents. To respect and be able to talk with others. I wanted to teach them the things I know and how to be good children."*

Caregiver 2 stated:

"*My mother was always teaching us how to stand for ourselves and how to respect people. We were all so close, if there was a quarrel, our parents taught us to sit down and discuss the matter. Everything was seen by our parents".*

Caregiver 4 observed:

With my parents, there was no distance. They were like friends to me. I could talk about anything to them. I want the same relationship with these children".

These caregivers demonstrated a strong sense of awareness surrounding the fact that maybe the children and adolescents in the home had not experienced traditional upbringings corresponding with what they (the caregivers) regard as 'normal' adolescent experiences. In traditional African families, the family structure may comprise of several 'fathers', 'mothers', 'brothers' and 'sisters', since the father's brothers are also regarded as the child's fathers and the mother's sisters as the child's

mothers (Becker, 1974). This is in contrast to the 'family units' within the children's home, whereby one caregiver is assigned to look after approximately five to ten adolescents, who are then regarded as 'her children'. As discussed previously, the roles of caregivers includes protecting the rights of the children in their care as far as they are able; providing basic requirements of life and development and the provision of an environment for psychosocial development and to support moral, cultural and religious instruction. Responsibilities also include teaching children about hygiene and personal care, attending to them and ensuring that the conditions exist for adequate emotional development (Skinner, 2006). The amount of emotional and psychological stress that these caregivers therefore experience whilst caring for the adolescents, could partially be attributed to the sole responsibilities that the caregivers fulfill in raising the teenagers without the support of nuclear or extended family units and/or community members, as proposed as necessary by Fapohunda & Todaro, (1988).

1.2 Caregivers' Own Experiences of Loss and Separation and How They Perceive it to Impinge on Attachment

Through analysis of the caregiver interviews, the researcher found that a common denominator in the lives of the caregivers was their experience of loss and/or separation from parents, grandparents and siblings during their childhood, adolescent or even adult lives.

Caregivers 2, 4 and 6 described their experiences as follows:

"*When I was growing up, at home we were eight children, two girls and six boys. Five boys passed away, and then my parents. My husband died in 1995 and I was left with my four boys*". *When he passed away, it was really tough for me, that I could just sit at home alone. I was thinking day and night what was I to do?"* (Caregiver 2)

"*I grew up in a family of eight. Four girls and three boys. One girl passed away and one boy, so we are left with six of us. My grandparents passed away when I was still young. Its still affecting me a lot"*. (Caregiver 4).

"*My sister passed away in 2001. I lived with my stepmother. My real mother left me when I was eleven years old, so I love my stepmother. My real mother is still alive, she divorced my father"*. (Caregiver 6).

It became apparent to the researcher, that these caregivers recognize the considerable influence that loss and separation have on an individual's life, in particular, the emotional difficulties experienced as a result of losing these individuals who fulfil primary caregiving roles. The experience of childhood adversity, loss and separation in carers is often a motivating factor for taking on caregiving roles which can facilitate caregiving through the ability to identify with deprived and abused children (Kay, 1966; Dando & Minty, 1987; Steele, Kaniuk, Hodges, Haworth & Huss, (1999). It is also probable that disrupted attachments and other adversity in caregivers' own childhood may have also provided them with experiences that allow for more empathic understanding of the needs of children and adolescents who may have come from similar backgrounds.

In response to the first interview question: "Tell me a bit about where you grew up", all of the caregivers responded by providing (amongst other information) details pertaining to the loss of significant family members and caregivers in their lives. This information may refer to caregivers' own attachment losses during their childhood and adult years, which facilitated their subsequent perceptions and understandings of the attachment difficulties of the adolescents in their care, who have also experienced loss. They are able to empathize with the adolescents as they too have had similar experiences.

The ability to provide quality care to children depends on a number of factors, the carer's 1) own attachment experiences both in childhood, and 2) as an adult (becoming a close attachment figure for other children), being two such factors (Berlin & Cassidy, 2001). Other equally important factors include appropriate high quality training, suitable matching between carer and child, adequate financial provision, and ongoing and timely support to carers. How adults interpret and respond to the needs of children depend on early experiences with their caregivers, and current states of mind with respect to attachment (Berlin & Cassidy, 2001; Main, 1990). Berlin & Cassidy (2001) further suggest that these states of mind refer to the way in

which adults process thoughts and feelings associated with their own attachment experiences, and have been categorised as coherent, idealising or unresolved.

Based on the caregivers' experiences of attachment and on assumptions of attachment theory, the caregivers' close relationships in adulthood with their own children, their families of origin and with other individuals could be viewed as originating from their close childhood relationships with parents or caregivers, or related to the loss thereof. Responsiveness of their attachment figure to the caregivers' emotional needs led to ''secure'' attachments (Bowlby, 1973; Hazan & Shaver, 1987), while the lack of such early attachment and caregiving in adolescents within the children's home, may have led to insecure attachment.

According to the caregivers' perceptions of their childhood and teenage years experiences, the nature of the relationship between themselves and their caregivers enabled them to form an attachment working model, or a mental representation of the infant-caregiver relationship. This perceived attachment working model shaped how the caregivers came to view their own and others' responsiveness to emotional needs, evolving into an attachment style that they carried into adulthood (Bowlby, 1973; Hazan & Shaver, 1987). With regards to the adolescents within the home, the difficult nature of their relationships with their current caregivers and the difficulties they seemingly experience in forming attachment relationships, reflect their mental representation of their own early infant-caregiver relationships which seems to be characterized by a lack of close, consistent attachment experiences.

1.3 Caregivers' Perceptions of Own Caregiving and Parenting Experiences

Regardless of their cultural orientation, parents play a significant role in helping their children become honourable and contributing members of society (Hazan & Shaver, 1987). They accomplish this by nurturing and guiding their children, engaging in problem solving with them, and modelling by 'setting examples' of culturally acceptable ways of living and solving problems. This is done by adhering to the beliefs, values and appropriate conduct accepted in their culture. Cultural context is central in parenting styles, parent-parent and parent-child interactions (Swick, 1985). These interactions reflect cultural expectations. Lewis (1964) states that 'culture as a

design for living is passed from generation to generation' (p. 150). Lewis also asserts that cultural difference in values and beliefs influence cognitive perceptions, psychological evolution, mental development and logical reasoning. Foss (1996) suggests that parenting patterns frequently are judged by the standards of the country of residence even if there are conflicts between the two standards.

As previously stated, within the African cultures it is widely accepted that members of nuclear and extended family contribute to the upbringing of children in the family. Mothers, grandmothers, aunts, cousins and even siblings take on childrearing responsibilities as part of their cultural norms and communal practices. Many of the caregivers in the children's home have their own biological children, most of whom reside with family members outside of the home, and some outside of the city. Although this would generally be regarded as acceptable and normal within their culture, the caregivers working in the children's home appear to base their perceptions of themselves as not being good parents and/or mothers on the fact that they are not looking after their own children themselves as many other parents do within the urban areas. During the interviews, they reported that they experience tremendous feelings of guilt surrounding the lack of physical contact with their children as well as the difficulties they experience with communicating with their children, due to lack of time and work commitments.

Caregiver 4 explained:
"My daughter stays with my mother in Zimbabwe. It is more than a few months. I last saw her in October. The nature of the job is affecting me. I'm looking after other children but my child is not with me. I'm giving most of my time here, more time that I would give my daughter".

Caregiver 3 suggested:
"During the week I don't have much time with him. The problem is that if the other children are here, I can't just chase them away. I have to be there".

And according to Caregiver 6:
"My children live with my stepmother in Heidelberg. Since they were born, I only spent time with them for about two years, then I moved away to take this job. Some off

days I don't even go home. They cal and ask me when I'm coming because I didn't go home".

Thus the caregivers' self-concepts are based not only on the jobs they fulfil as 'caremothers' within the home, but also on the evaluative aspects relating to negative feelings they have about themselves as mothers who do not contribute to the upbringing of their own children, together with extended family members. This may relate to elements and development of natural socialisation processes, or it may relate to caregivers' intentions to replicate the close attachment relationships of their own generation and maintain continuity thereof with their own children (Louw 1991). Although attachment between parent and child, as experienced by the parent, has to date received insufficient attention (Louw, 1991), it is clear from the caregivers responses that they experience emotional difficulties relating to attachment of their own children, in that they strive for more closeness and physical contact with their children and struggle with feelings of anxiety and guilt as 'absent' mothers. The quality of the caregiving relationship with the adolescents in the home is therefore compromised by the caregivers' sense of guilt and apprehension with forming too close an attachment with the adolescents.

4.2 THEME 2: CAREGIVERS' PERCEPTIONS OF EMOTIONAL AND BEHAVIOURAL DIFFICULTIES EXPERIENCED BY ADOLESCENTS

In relation to questions regarding perceptions of adolescents' development within the children's home, caregivers' responses consistently confirmed that the adolescents experience a number of difficulties, all of which are attributed (by the caregivers) to past experiences and in particular, lack of attachment relationships that could have provided strong parental guidance, support and nurturance. The shared experiences of the caregivers relating to emotional and behavioural difficulties may be divided into two categories which emerged as strong sub-themes, during analysis of interview material. The first sub-theme is that of *emotional* difficulties of adolescents as perceived through the eyes of caregivers. The second sub-theme is that of *behavioural* difficulties perceived by the caregivers.

2.1 PERCEIVED EMOTIONAL DIFFICULTIES OF ADOLESCENTS

2.1.1 Difficulties Relating to Attachment and Fear of Abandonment

One of the most prominent aspects that emerged through analysis of the caregiver interviews, was the caregivers' perception that adolescents within the children's home are different to adolescents living with their own families, outside the children's home. These differences are attributed to the differences in institutionalized adolescents' development, background history and absence of consistent and significant caregiving figures.

Some of the caregivers described their understanding of adolescents' development and emotional difficulties as follows:

"*Its hard to work with teenagers. I have to go to them and be sure about myself. I like it when I talk to them and they listen but with some of their backgrounds, it is difficult for them. Some feel good about me, some are not 100%. I've been with them for a long time and they know me. Spending less time with them affects how they feel about me"*. (Caregiver 1).

"*I think its their background. When you ask them 'why do you do this', they tell you its their background. Its difficult with something that affects them when they go to school and are asked to write something about their mother. They weren't brought up by their mother and don't have anything to write about. They ask 'what should I write'? They get very upset. It affects them a lot*" (Caregiver 4).

"*The problem with teenagers is that when those things happen, there was nobody to help them with it. It took them some time to find someone to talk about it, by that time it had already happened to them. Some were looking after their siblings and were helping them so they got that help from older ones, but the teenagers didn't get that help. You'll be trying to get that out of them, like a new child"*. (Caregiver 4).

Consistent with Bowlby's and Ainsworth's theories on attachment and separation (Sadock & Sadock, 2007), the adolescents in the children's home may be said to be

insecurely attached as they are perceived by the caregivers to be fearful of potential abandonment by their caregivers and show marked anxiety and even anger when the caregivers go on leave or are unavailable.

The adolescents' anxiety and fear of abandonment were expressed as follows:

"Even when I'm off, I find that they are saying, 'why do you have to be off'. They are hurt. They complain that they were never brought up like others. In school there are children who have families. They ask why they weren't lucky, 'why this happened to me'. They blame themselves. If they have a problem, they always refer back – 'its because of maybe my past that this is happening'. (Caregiver 4)

"*Especially when they see me packing to go home, they ask if I'm coming back. Other caremothers, when they go on leave the adolescents don't like it. They ask me if I'm going to leave and why I'll leave someone else to look after them. They ask if I sometimes feel like leaving the job. They don't like it if I am away.*" (Caregiver 6)

Consistent with literature relating to attachment and emotional difficulties, the adolescents' anxiety may be said to originate from early insecure attachments, which underlie uncertainty and anxiety about caregiver availability and worrying about whether their needs will be met (Warren, Huston, Egeland & Sroufe, 1997). 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, Cole, Ferenz-Gillies, Flemming & Gamble, 1993; Lopez & Brennan, 2000). By adolescence, individuals should be able to take in information about other people without exclusive reference to themselves, something which these adolescents seem unable to do. The caregivers reported that the adolescents often interpret others' behaviour in terms of their own feelings of worthlessness and insecurity. They believe that if a caregiver or another adult is unable to spend time with them, it is because the caregiver does not like them or because they expect that everybody will behave in ways that are consistent with their previous experiences of abandonment, rejection etc. Furthermore, these results are consistent with Ainsworth (1989), who argued that attachment to one's primary

caregiver (typically one's mother) could influence whether or not a child felt comfortable exploring new environments in the absence of that primary caregiver.

The caregivers highlighted examples relating to the adolescents' insecurity and fear of being left vulnerable and alone in their absence, thus further supporting the suggestion that the emotional difficulties experienced by adolescents, may in fact be due to insecure attachments. In addition, the display of anxiety relating to insecurity in caregiving attachments, often manifests in hostile behaviour, examples of which will be mentioned in the section on perceived behavioural difficulties.

2.1.2 Mistrusting Others and Difficulty Making Friends

According to Bowlby (1973) as a child grows older, relationships with friends, intimate partners and other individuals assume as much importance as the earlier parental relationships. The quality of the attachment to parents is thought to be the basis by which a person develops good relationships with others, primarily through internalized working models of self and others (Bowlby, 1973). These cognitive/emotional schemas are theorized to become the template for establishing adult relationships beyond the family. Thus, attachment to peers in adolescence is directly related to attachment to parents (Carnelley, Pietromonaco, & Jaffe, 1994; Main, Kaplan, & Cassidy, 1985), and peer relationships become a replacement for the support earlier provided by the family (Hinderlie & Kenny, 2002).

Compared to the younger children in the children's home, the adolescents appear to experience great difficulties with making new friends and with trusting other children, teenagers and even adults. Their difficulties extend beyond mistrust. According to the caregivers, the teenagers are only comfortable in their group and are not good with socializing. Caregivers provided the following additional observations of the adolescents' emotional difficulties:

"With the little ones, anyone new who comes, they say 'hello' and are happy. They make friends easier. With the teenagers, its different. Normally we struggle. Whomever comes in, the others come and say 'who are they' or 'what are they here for'. They ask questions. They don't trust easily. They find it hard to trust people for

the first time. They don't trust someone new in their place. They don't feel safe. They can't share their home with them even in the same department its difficult to welcome them and accept them" (Careiver 3).

"They can't manage different people. If I bring a new person, they are totally out of place. I can tell they don't want to come and meet. They do things to avoid coming. Even if they do come, it is difficult to open up and participate. I think its their background". (Caregiver 3).

"Those who come from poor backgrounds are scared and intimidated by those from good backgrounds. They feel alone and are quieter. They feel that they do not deserve to be here with the others. They cry. They need more emotional support from caregivers" (Caregiver 1).

The above theme corresponds with the suggestion that secure attachment provides both a sense of security and the encouragement of autonomy and exploration (Bowlby, 1973). It has been said that both mothers and fathers may promote different aspects of secure attachment. The attentive and supportive relationships often provided by mothers may contribute most strongly to a sense of security and lead to containment of psychological distress (Hannum, 2004). The emphasis on independence and autonomy often promoted by fathers may contribute most strongly to the development of social competence and interest in relationships outside the family (Hannum, 2004). It follows then that because most of the adolescents have not experienced having a consistent mother or father (secure) attachment figure, their sense of security, independence and autonomy is significantly underdeveloped and they therefore struggle to approach new people and new situations with confidence and a sense of keen exploration.

2.1.3 Difficulties Surrounding Communication, Expression of Emotion and Being Understood

Having a caregiver who provides consistent, responsive care helps children to learn to recognise the nature of their own emotions, and to regulate their own behaviour and

emotional states (Bowlby, 1973). Through experiencing responsive and sensitive caregiving, a child also develops social competencies, empathy and emotional intelligence and learns how to relate to other people and understand what to expect from them. Secure attachments have also been associated with a range of indices of wellbeing, including high self-esteem and low anxiety (Howe, 2005).

Children and adolescents 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 (Ainsworth, 1989). In contrast, those who are insecure are not confident that their caregiver will meet their emotional needs (Bowlby, 1973). 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 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 (Ainsworth, 1989). This can be very confusing to the caregiver, who may find it difficult to distinguish between the adolescent experiencing true distress and the adolescent just needing to be held and comforted. This confusion adds to the disharmony and dissatisfaction of the relationship (Howe, 2005).

According to the caregivers, the adolescents in the children's home tend to downplay or suppress their emotions as they are unable to ascertain what type of response will be elicited from the caregiver. Some tend to keep their feelings under wraps. They 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 the attachment figure and they do so by making communication and interaction difficult.

The adolescents' emotional difficulties relating to communication, expression of emotion and being understood were described by caregivers as follows:

"Openess. They are not open. I'm still a stranger to them. They think should they trust me or not. The type of children I'm working with now, you never get their lives. With

these, you have to find ways and means of finding out. They don't give you answers, or create something else. That sometimes comes much later on. They can start a story and it can take six months to finish. They are emotionally more stressed than teenagers outside. Teenagers outside, they can discuss their feelings" (Caregiver 4).

"These kids need someone who will always be patient. Sometimes you see one who is upset but when you ask them they say 'no, I woke up like this'. Then you have to wait". (Caregiver 1).

"*Especially when they are arriving, you see they are absent, they don't know what it is about, what is happening. Even they are shy and not free"*. (Caregiver 2)

"They just need somebody who can listen, be there for them and understand them. With the little ones, they've been here since they were young, you've seen them grow up, you understand them. With the adolescents, its very difficult if they've come here and are already sixteen years, its difficult to help them. You don't know how they grew up and its hard to understand them and get to know them". (Caregiver 3).

2.1.4 Not Being Able to Deal with the Past and Difficulties Adapting to Life in the Home

"Sometimes they might not accept the situation they are in at the time. They are denying, as if they are not here. They don't want to accept that they are here, even if they know the reason. They ask themselves questions like 'why am I here, why am I not at home' even though they understand their circumstances" (Caregiver 3).

"*Most of the time, they're blaming themselves. They have inferior complex. You'll find they're feeling all this but won't tell you. They cannot handle their problems"*. (Caregiver 4).

The above quotations are indicative of the caregivers' perceptions relating to the adolescents' inability to deal with their past experiences. The adolescents appear to display difficulty in dealing with their emotions and are unable to make sense of their situation. This is consistent with the assertion that secure attachments give children

the cognitive strengths to make sense of and understand their emotions (Howe, 1999). Adolescents' 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 predisposes them to possible later developmental disturbances. This means that they were not able to evaluate attachment related experiences in a balanced, accurate manner (Howe, 1999).

The adolescents appear to be poorly adjusted to their environment, namely the children's home. According to Bowlby (1973) it is because attachment relationships are internalised or represented, that these early experiences and subsequent expectations later serve as behavioural and emotional adaptation skills, even in totally new contexts and with different people (Kobak, 1999). This is a new experience for the adolescents. Consistent with Bowlby's assertion, the adolescents appear to have internalised their early experience to the extent that it has shaped their beliefs about relationships. The theory suggests a number of reasons why there could be a lack of adaptation. One such reason is that a lack of parent-child ties harms both the child's capacity for adaptation to the institution and his ability to benefit from the opportunities that are available (Kobak, 1999).

2.1.5 Lack of Self Awareness Relating to Development

Adolescence is the developmental stage between childhood and adulthood. The term 'adolescence', derived from the Latin verb, *adolescere*, means 'to grow up' or 'to grow to adulthood' (Louw 1991). Because of individual and cultural differences, the age at which adolescence begins varies from eleven to thirteen and the age at which it ends from seventeen to twenty-one. Since the age boundaries of adolescence are variable, it is better to demarcate the various developmental stages of adolescence according to specific developmental characteristics, rather than according to age. Adolescence therefore begins during puberty, in other words, when rapid physical growth begins, the reproductive organs begin to function, sexual maturity is reached and secondary sexual characteristics appear (Louw, 1991). When studying adolescence, it is important to bear in mind the complexity and diversity of physical development, thinking, feelings and behaviour.

In South Africa, both black and white adolescents experience adolescence as a difficult developmental stage (Thom, 1988). For black children and adolescents, it is even more complication as adolescents' self-concepts are influenced by their experiences of themselves as changing persons in a society that is changing owing to increasing westernisation of traditional black cultures (Dreyer, 1980). Sexual attitudes and behaviour are largely learnt, there are therefore cultural differences in adolescents' experiences of developmental changes before, during and after puberty. Apart from cultural attitudes toward handling sexual needs, cultural norms also prescribe, to a large extent, the age at which the adolescent may start dating and establish relationships with the opposite sex. What is decisive here is not the adolescent's level of sexual maturity, but rather the cultural norms (Dornbusch, Carlsmith, Gross, Marting, Jennings, Rosenberg & Duke, 1981).

In addition to natural biological or physiological changes which facilitate the onset of puberty and developmental changes, environmental and cultural factors also play an important role in influencing the specific nature of emotional and behavioural experiences of adolescents in relation to these changes. Cultural norms and socialization processes are maintained through interaction between the child and his/her environment. This includes interpersonal relationships with parents, siblings, peers and other individuals. The adolescent's development of identity and self-concept is therefore also related to the amount of learning and mediation adolescents receive about human development, self-perceptions, knowledge and understandings of gender roles and expected behaviour, inner emotional acceptance of bodily changes and other people's reactions to such changes, particularly adults (Louw, 1991).

Evidence from interviews points to the emotional difficulties that the adolescents in the home experience in terms of a lack of self-awareness and knowledge pertaining to puberty and the accompanying developmental changes that take place.

Caregiver 6 noted:

"Some of them who have not yet started puberty don't know about development. They don't know what is happening and what will happen. You have to teach them. For those who haven't started puberty its difficult, but even for those who have started

some don't know everything. When you're a teenager, you need someone to show you first so that you can take care of yourself"

Reflecting on her own experience of adolescence, Caregiver 4 stated:

"On my side, when I reached that age, I had someone to teach me. My parents came in to teach me. Here, these ones don't even have someone telling them what will happen to their bodies when it changes. They should be expecting those changes. At one time, I had to sit down with them. I even used the term adolescent. They were shocked. They said 'no, adolescence means you like boys too much'.

A particular area of interest in this study is the perceptions of the caregivers regarding why the adolescents experience such difficulties with development in addition to their lack of self-awareness. In relation to their own cultural background history, the caregivers suggested that the adolescents have not had anyone teaching them about the physiological changes that accompany the onset of puberty and adolescents therefore feel anxious and confused about what is happening to them. These suggestions correspond directly with theories relating to how individuals acquire knowledge through engaging in experiences, activities and discussion with individuals thereby challenging them to make meaning of their experiences and build progressively more complex understandings of their world (Lerner, 1996).

The adolescents in the children's home are described by the caregivers as children whose background history has been devoid of rich cultural and social experiences and insufficient attachment relationships with those who can impart knowledge about growing up and what to expect (Fopahunda & Todaro, 1988). Unlike the caregivers, these adolescents have not had parents to teach them about bodily changes and developmental stages. The difficulties the adolescents experience with trusting others and communicating and expressing themselves, further exacerbates their anxiety and fear about what is happening to them, as they do not openly communicate their feelings to the caregivers. The caregivers are thus not always able to provide the emotional support that the adolescents need during the difficult transitional phase of adolescence.

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). Children brought up in institutions tend to suffer from two disabilities: stunted individuality caused by habitual conformity with institutional rules; and retarded emotional growth caused by 'love starvation' (Tizard & Rees, 1975).

Bandura's Social Learning Theory (1977) further supports Bowlby's hypotheses about attachment relationships and the role it plays in children's ability to learn through close interaction with significant others. In light of this, the adolescents' lack of self awareness may be explained as the result of the processes of interaction and learning (Louw, 1991). Motivation to learn is facilitated by the interaction between the individual and the situation (Bandura, 1977). Bandura postulates that individuals frequently persist with one form of behaviour over long periods of time in spite of environmental changes and individual's expectations concerning results of their behaviour (Louw, 1991). Whether or not an individual will carry out a particular behaviour therefore depends on his/her expectations of whether it will bring valued benefits, no noticeable effects, or feared disadvantages (Bandura, 1977).

It is therefore possible that together with their mistrust of new people and their difficulties in communication and expressing themselves, the adolescents are not accustomed to asking questions about developmental changes. This is mostly because they have not learnt about puberty through interactions with others such as parents and because they expect the caregivers to respond to them in the same way as others have, possibly with disinterest, apathy and lack of support.

2.1.5 Relating To The Outside World

Analysis of the interview data highlighted that the caregivers perceive the adolescents to have inadequately developed life skills as well as having a lack of exposure to the outside world.

Adolescents, while proceeding through this period, are faced with the numerous tasks

that they must master before they become adults (Gitter, 1999). The developmental task of attaining autonomy, becoming independent in one's thoughts and opinions as well as actions, has long been thought of as one of the central processes of adolescence (Hill & Holmbeck, 1986). This process is mostly easily steered in the context of a close relationship with parents rather than at the expense of this relationship (Gitter, 1999). In addition to this, the major task of adolescence is to achieve a secure sense of self and to form an identity. For adolescents, identity is both a matter of determining who one is and a matter of deciding who one will be (Hill & Holmbeck, 1986).

Identity is, at least in part, an explicit theory of oneself as a person (Moshman, 1999). Identity is generally seen as related to the self, with the understanding that neither term is easy to define and that the relationship of the two concepts is far from clear (Ashmore & Jussim, 1997). Although identity formation is a challenging process even under the best circumstances, problems in earlier development (early attachments) may render it even more difficult and decrease the likelihood of positive outcomes (Moshman, 1999). Identity diffusion is a failure to develop a cohesive self or self-awareness. The adolescent identity crisis is partly resolved by the move from dependency to independence. The initial struggles often revolve around the established concepts of sex roles and gender identification (Kaplan & Sadock, 1998). Erikson's psychoanalytic psychology of adolescence was based on the twofold importance of identity formation and the ego's adjustment to the drives and to society. His writings on adolescence addressed both the anxiety inherent in the process of identity formation, and the analytic task of helping the adolescent to assess values and choices from the point of view of identity synthesis (McCarthy, 2000).

Besides developing physically, cognitively and morally, the adolescent has to achieve social maturity. The adolescent's ability to handle the developmental tasks associated with social development (e.g. the development of independence), will, to a large extent, be determined by his physical and cognitive maturity, but also by the complexity or level of modernisation of the society in which the adolescent grows up; the characteristics of his subculture (ethnic and socio-economic) and the attitudes and reactions of society to his subculture; the family structure and parental influence (Louw, 1991) and earlier experiences. Thus, the perceived emotional difficulties of

adolescents can be related directly to a lack of exposure and inadequate development of life skills due to living in a children's home, which would otherwise be acquired through interaction with their social environment and others. Examples of this may be seen in the fact that adolescents very rarely experience 'the real world' outside of the children's home. The adolescents are not taken to the shops to acquire a sense of how to handle money and relate with other individuals in their community. Church meetings and religious gatherings are also restricted to include caregivers and staff of the children's home. The adolescents' exposure to other cultures, ethnic groups and social practices is therefore limited as they are reported to seldom interact with children at school who do not reside in the children's home.

Examples of such difficulties were explained by the caregivers as follows:

Caregiver 2 suggested:

"They are different. Now they are protected in this centre".

Caregiver 1 emphasized:

"These children do not meet different people. They go to school and meet school friends. They come home. Outside kids get to go and meet new people and share their problems with other people. It is difficult for them, if they get upset. Since they are teenagers, they sometimes have problems with boys outside. They miss having friends outside.

And according to Caregiver 4:

"They are not very confident in themselves and they're very aggressive. They can't manage different people. Outside, adolescents can make a choice, here they cannot. Everything is controlled for them. There is a lot of pressure and there is no exposure".

According to the caregivers, the adolescents in the children's home very rarely go out, other than to school and on one or two occasions to the shops with the caregivers.

Such limited exposure to the outside 'real' world, means that in addition to the difficulties they appear to experience with establishing new relationships, their interactions with individuals are restricted to those with other children and adults within the home. The caregivers also report that the adolescents are not given enough opportunity to make decisions for themselves as a result of them having to abide by the rules and structured routines within the home.

2.2 PERCEIVED BEHAVIOURAL DIFFICULTIES OF ADOLESCENTS

2.2.1 Aggression, Bullying and Problems with Discipline

In addition to the emotional difficulties perceived by the caregivers as experienced by the adolescents within the children's home, many of them engage in behavioural displays such as acts of aggression and bullying towards other children and adolescents.

Caregiver 3 explained:

I think there are differences between the kids where I grew up and those who are here. Here, they have behavioural problems. When someone new comes, they are aggressive towards that one, they swear at each other. They even ask that child, 'what do you want here'. They feel like they are the ones who are supposed to stay here".

According to Caregiver 2:

"These in the centre, you teach them different things, but they become short tempered quickly. We have a TV room here, when they open the TV room, my ones don't go because they're happy to be here with me and they sometimes get bullied there. In the other department, they'll beat them up".

Aggressive outbursts and bullying are reported to occur frequently between the older and younger children in particular. The adolescents also engage in attempts to threaten the caregivers together with their aggressive behaviour.

This was noted by Caregivers 4 and 5 who said:

"At times, they swear at each other, they fight. One might say 'you'll be lucky to see me tomorrow', then you don't sleep the whole night" (Caregiver 4)

"Some are very stubborn. The bigger ones love beating the smaller ones". (Caregiver 5).

It is evident from the above findings that the adolescents in the home display behaviour that can be relayed to and/or interpreted in light of different types of deprivation, found in institutionalized children and adolescents. According to David (1992), and as indicated in the literature review, each type of deprivation has potentially different implications. For the purpose of this study, the most relevant forms are emotional and psychological deprivation. The term emotional deprivation can be restricted to characterise an environment with neutral feeling tone or without variation in feeling tone (Bowlby, 1952). Emotional deprivation symptoms that may occur and may be seen in the adolescents' behaviour include: (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 non-existing relationship formation, and (h) behaviour called psychopathic, sociopathic, or antisocial 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 may therefore be described as 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 relating to adolescents within the home is evident

in the difficulties they experience relating to new people. School outings and social functions held at the children's home often result in a display of aggression towards unfamiliar children and resistance against interacting with them.

Further to the challenges that caregivers encounter with adolescents' bullying and aggression, the caregivers emphasized problems with discipline as one of the major areas in which they experience great difficulty. The caregivers' struggles with disciplining the adolescents stem from the disparity between their own cultural experiences and beliefs regarding discipline, and the rules and regulations pertaining to discipline and punishment within the children's home.

Caregiver 2 recalled:

"My parents were very strict. You have to listen when your parents talk. You mustn't go around doing bad things – it will affect your life. These ones, if my own child doesn't want to do something, I can give him punishment. These I cannot. Other ones are very naughty, knowing things aren't right".

"Being a child care worker, you cannot punish them. At home, my mother and most mothers are able to punish them. And we had that understanding that we would be punished if we didn't do something" (Caregiver 6).

Caregiver 1 noted:

My parents were very strict. If you didn't respect others, they'd smack you. If a child is misbehaving in the street, I could say 'I'll beat you'. It's the same for everybody in that culture. Its not the same. We are not allowed to scold or smack the children here. Compared to our own kids. I can't be strict with them and I have to have a favourable approach".

2.2.2 Adolescents' Apprehension Towards the Future

Traditionally, most adolescents are provided with social modelling cues from parents, teachers and other adult relatives (Louw 1991). These figures in their lives tend to be

fixed and constant, and present a solid indication of how the adolescent should behave when they reach adulthood (Maluccio, Krieger & Pine, 1990). This constant existence provides a social context for the adolescent, but more importantly, provides the support that the adolescent requires in their maturation (Louw, 1991). Dahl (2004) refers to this as 'social scaffolding', wherein the adolescent receives monitoring, interest, support and protection from adults that allow them to pursue self-control. With time, this 'scaffolding' should progressively withdraw so that the adolescent is able to make independent decisions without feeling afraid or uncomfortable with the situation. Unfortunately, children and adolescents living in homes or in foster care, rarely receive this crucial structure as they have been provided with few social models and are given minimal support as they attempt to make their own decisions. Thus, the adolescent may frequently find himself or herself placed in a situation in which a decision is required, but unable to make a decision because he or she lacks the confidence or knowledge to do so.

Consistent with the above theory, the caregivers' responses indicated that a major concern that they have relating to the adolescents' development is their apprehension towards the future and the anxiety related to having to leave the children's home and function independently and autonomously, after completing their school career.

The following caregivers elaborated on this concern:

"Most of them, the most difficult part is after school – what happens next? Some of them don't have anywhere to go. You'll find that those in higher grades, its affecting them. Where do they go from here? If they fail matric, they're out of this place. They have to go". (Caregiver 4).

"They struggle with finishing school. They have to get sponsors to get a career. Its stressful because when you finish matric you have to go. Its hard for them to think about". (Caregiver 5).

"I need to encourage them to socialize about difficulties in life. To encourage them with their goals. Some have the potential. They need encouragement because they get demotivated". (Caregiver 1).

A number of studies have demonstrated that attachments to parents is also predictive of a variety of adjustment indicators for college, including social, academic and personal/psychological functioning (Hinderlie & Kenny, 2002; Lopez & Gormley, 2002; Rice, Fitzgerals, Whaley, & Gibbs, 1995), perceived stress and coping styles (McCarthy, Moller & Fouladi, 2001), and social competence (Rice, Cunningham, & Young, 1997). Because attachment to parents is an important predictor of how adolescents and young adults adjust to life after school, one can reasonably assume that certain events may alter attachment and therefore affect psychological and social adjustment. Certainly temperament and other dispositional elements of children and parents may affect the strength of the attachment that is formed, but interpersonal events such as intrafamilial conflict and alteration of the family structure through divorce or separation may affect attachment as well (Hannum, 2004).

From the caregivers' comments, it is apparent that the adolescents face tremendous challenges with achieving a sense of autonomy and being able to think about their future lives outside the home. Consistent with above literature, the adolescents lack confidence to explore and master new environments outside the children's home. This may further be explained by the insecure attachments they experienced during their early childhood years as well as their lack of 'social scaffolding' and knowledge of how to cope psychologically and socially outside of the children's home.

2.2.3 Perceived Resilience in Adolescents Living in a Children's Home

The process of bouncing back may be understood as recovery and (maintained) adaptive behaviour that follows initial retreat or incapacity upon initiating a stressful event (Kumpfer, 1999). The term "resilience" is used to describe a set of qualities that foster a process of successful adaptation and transformation, despite risk and adversity. Thus, the ability to bounce back from adversity may be considered a central concept of resilience.

Wolin & Wolin (1999) used the word "resiliencies" to describe clusters of strength that are mobilized in the struggle with hardship or adversity. Seven resiliencies are identified, which are referred to as a vocabulary of strengths. These strengths correlate with the internal self-resilience factors mentioned by Kumpfer (1999). The self-

resilience factors may be viewed in relation to the adolescents within the children's home. Some of the difficulties they are perceived to experience include their lack of *insight* and not being able to give honest answers to tough questions. The adolescents are also perceived to have an underdeveloped sense of *independence* and do not show an ability to *distance themselves emotionally and physically from sources of trouble.* The adolescents are reported to constantly refer back to their previous background experiences for current circumstances and this causes them a significant amount of distress. The adolescents struggle to make fulfilling connections to other people and do not take initiative in taking charge of problems. On some occasions the adolescents are however, able to use their imagination in expressing themselves creatively and displaying a sense of humour. This occurs mostly during therapeutic workshops and interactions with university students who provide tutoring support to the children and adolescents within the home. The adolescents have also been reported to be able to act on the basis of an informed conscience as would be the case with those who had survived on the streets for a period of time. Having to take responsibility for younger siblings and look after one another would most certainly have involved making moral judgements and choices.

When asked how they thought adolescents had overcome adverse experiences, the caregivers noted the following:

"They would look for food just to get something to eat, get something warm. Begging, looking after each other". (Caregiver 2).

"On the streets they ask for money and think about what they can do. As you observe them on the streets, they always ask for help. They look after each other. One teenager told me that since her parents died she was the breadwinner and she had to go to help the people at home and do domestic work to help buy bread for her little brothers". (Caregiver 1).

"Some of the days, the bigger brothers would go out to get jobs so that they could get food for the little ones, it was really hard for them. They wouldn't go to school". (Caregiver 3).

In every developmental level, the child's perception of an event is an important mediator of how stressors will be experienced and handled. It will also determine whether stress will lead to negative outcomes (Smith & Carlson, 1997). Some life events (parental divorce, neglect, or parental conflict) have the potential to ignite both positive and negative implications for the child. An example of positive implications would be a child having less contact with abusive parents or caregiving individuals. However, levels of stress that are too high may render the child helpless and increasingly at risk for negative developmental outcomes such as behavioural problems (Haan, 1989). For a child to handle temporary stresses without developing serious behaviour problems, Bee (1989) argues that a secure attachment to at least one person seems fundamental. The child's experience and evaluation of a situation may therefore influence resilience.

During the interviews, caregivers were asked about their perceptions of how adolescents survived on the streets. Their responses indicated that the adolescents were perceived to display characteristics or elements of resilience, regardless of the difficulties they experience as a result of not being able to foster and maintain close relationships, in addition to their emotional and behavioural difficulties.

Consistent with research by Donald & Swart-Kruger (1994), these findings confirm that children and adolescents are in many instances, able to rise above adverse circumstances and look after themselves and each other. The caregivers' perceptions of resilience in the adolescents may be linked to research concerning street children which shows that children living in high–risk environments may actively seek prosocial elements in their environment to reduce risk factors (Coles, 1989). As a group, these street children were found to be particularly adept at identifying, engaging, and drawing upon supports (e.g. physical and emotional support through peer relations) that do exist, even in a bleak environment. On the other hand, children living in high-risk environments may seek out better environments for themselves by going to a different school or choosing pro-social friends. Hence, children engage in transactional processes such as seeking help from others and looking after each other to help them transform a high-risk environment into a more protective environment.

In conclusion, it may be said that the caregivers experience difficulties relating to their own caregiving roles with the adolescents as well as perceived difficulties pertaining to the adolescents' emotional and behavioural development. These difficulties include the perceived struggles that adolescents encounter with physical and emotional development, difficulties communicating with others and expressing themselves, trusting others and establishing close relationships. However, an important theme which emerged relates to the fact that in the adolescents' efforts to cope with the stress of living through adverse experiences such as homelessness, impoverishment and the loss of one or more close attachment figures, these adolescents may have drawn from limited resources such as intelligence, and problem-solving skills in order to keep themselves and their siblings alive (Brooks & Goldstein, 2003; Kumpfer, 1999). This is an indication of what may be termed 'resilience' and self- efficacy (Bandura, 1979). In many instances the adolescents had displayed their own caregiving abilities in looking after younger siblings and seeking out empathic and benevolent others who would help facilitate positive life adaptations and enhancement of protective processes (Brooks & Goldstein, 2003; Kumpfer 1999). In summary, these adolescents were able to modify consciously or unconsciously their environment or perceive their environment selectively to construct more protective environments for themselves and others.

The focus of this study was to explore and develop a better understanding of the caregivers' perceptions of the emotional and behavioural development of adolescents in the children's home, as well as the possible attachment difficulties they experience. The findings of the study are presented and discussed in chapter 4. In this section, the study is concluded. This will be done by reflecting on the themes and examining the extent to which the aim of the study was achieved. The study itself will also be critically reflected on and possible suggestions for improvement will be made.

Freud and Erikson's Theories delineated the developmental stages and developmental challenges faced by adolescents. Although these theories provide a basis for understanding childhood and adolescent development, it is nevertheless important to note that they are based on Westernized ideals and conceptions of development. Albert Bandura's Theory highlighted those factors which facilitate the development of self-efficacy and resilience, pertinent to this study. Bowlby's Attachment Theory

provided a strong foundation for understanding attachment and the implications of insecure or inconsistent attachment relationships for growth and development in children and adolescents. His theory can however, be refuted in that it appears too deterministic and suggests that the adolescents will experience attachment difficulties throughout their development as a result of their early attachment experiences, or the lack thereof.

The themes generated from the study are however, consistent with the theoretical literature based on attachment behaviours and emotional development. These themes indicate that adolescents who have been separated from their caregivers and placed in a children's home, tend to be insecurely attached. The participants' did not receive adequate caregiving from primary caregivers. The literature highlights the importance of adequate caregiving that is necessary for the child to develop a healthy sense of self and the implications if they do not experience close, secure attachment relationships with caregiving figures. In institutions or children's homes there is an increased risk that children will continue with insecure attachment patterns, as the staff-child ratio is extremely low and there is not enough interaction between care worker and child to facilitate a secure attachment relationship. All these factors therefore seem to contribute to the persistence of insecure attachment throughout the child's development.

It is inappropriate to suggest that a lack of attachment relationships in early childhood is the only contributing factor which impacts on adolescents' emotional and behavioural development and on their attachment patterns. This is mostly due to the lack of factual background information detailing the adolescents early childhood experiences. However, based on theories of development and attachment, as well as research on institutionalisation, it is more than likely that the adolescents early attachment relationships impacted negatively on their subsequent attachment patterns and the difficulties they experience forming close relationships.

The study succeeded in its aim to explore the caregivers perceptions of the emotional and behavioural development of adolescents and the possible attachment difficulties they experience whilst living in the children's home. The data sources yielded rich data that provided significant insight into the caregivers' perceptions of the

adolescents for whom they care. This, together with information about the caregivers' own cultural history and background experiences, enabled the researcher to develop a better understanding of the caregivers' knowledge of childhood and adolescents' development, as well as their perceptions of the attachment difficulties experienced by the adolescents in their care.

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.

The sampling of the study served as a limitation, because the pool from which the participants were chosen was too small. The generalizability power of the study is therefore extremely 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 generalize the results of the study to wider populations. Allocating sufficient time during which to conduct interviews also proved to be challenging. The caregivers were only available during a limited amount of time during the day. Due to the lack of information about the adolescents background history and upbringing, the researcher had to rely on caregivers' accounts of what they believe had happened to the adolescents during their early childhood years.

There were a limited number of problems with the transcription of the interviews, which were tape-recorded. Due to the high levels of noise within the children's home, outdoor roadworks and construction noises were caught on tape. This made transcription of some of the actual interview material difficult. The researcher therefore had to rely on her notes and her recollections of the interview situation. Because tape recorders are not able to capture non-verbal language, some valuable information may have been lost, pertaining to caregivers' feelings and experiences. In terms of data analysis, content analysis and interpretation of themes relies on interpretation. The researcher's interpretation was guided by her subjective, preconceived belief system. Any interpretation therefore excluded other interpretations. It therefore has to be emphasized that no objectivity claims were

made. The results merely represent one way of understanding the phenomena that was investigated.

Having identified the above mentioned information in correspondence with the aims and research questions of the study, the researcher was also able to identify a number of strengths and limitations pertaining to the research study. The strengths and limitations will be discussed below together with recommendations for future research within this field.

CHAPTER 5:

STRENGTHS, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

5.1 Strengths of the study

The study aimed to explore how caregivers experience and understand the behavioural and emotional development of adolescents who are in their care. More specifically, the study suggested that caregivers' perceptions indicated that there were attachment difficulties in adolescents. The latter was consistent with literature and research on attachment and development. The results were interpreted in accordance with existing literature on development and attachment, which prove to be helpful in our understanding of institutionalization and adolescent development within the South African context. The results which indicated that the adolescents do in fact experience emotional, behavioural and attachment difficulties, can be seen as providing valuable insight into the perceptions of caregivers working within a South African children's home. Such insight is useful in identifying the role that caregivers play in supporting and caring for adolescents who experience a number of emotional and behavioural difficulties as a result of their past experiences and upbringing. These insights also highlighted the significant impact of cultural and historical experiences of caregivers on their caregiving roles. This is particularly relevant to the multicultural society in which we live. The research also identified a number of gaps in literature on experiences and perceptions of caregivers in the South African context and in general. The research findings can also be beneficial in motivating for further research in the field, especially against the backdrop of the many socio-economic problems facing South African society today, but specifically related to children and adolescents living in children's homes.

5.2 Limitations of the Study

As this study explores the perceptions of caregivers from a single children's home, findings are limited to a specific group, and as such, may not be generalized to other samples or groups. Furthermore, the nature of the data is limited, as the descriptive, exploratory nature of the research does not account for self-report bias that may be

present in the data. However, as the research focuses on perceptions, the nature of the findings is subjective, and must be considered as such.

It is important to note that although the researcher made use of handwritten notes including observations, valuable data might have been lost due to the limited time allocated for interviews and the fact that tape recorders also do not capture non-verbal language of participants. In terms of data analysis, content analytical theme generation relies on interpretation. The researcher's interpretation was guided by her preconceived belief and norm system. Any interpretation excluded other interpretations. Thus in the analytical process, certain material which was regarded as irrelevant was discarded. It therefore has to be stressed that no objectivity claims are made. The results merely represent one way of understanding the phenomena that was investigated.

5.3 Conclusion

The themes of caregivers' difficulties relating to their roles within the children's home and the perceived emotional and behavioural difficulties of the adolescents, though overlapping significantly, appear to be nonetheless consistent with the literature on childhood and adolescent development and attachment. The themes also indicate that the caregivers' perceptions confirm that adolescents who have been placed in a children's home tend to display emotional and behavioural difficulties consistent with characteristics of insecurely attached individuals. Despite the fact that the children's home fulfils their material and financial needs, the adolescents' emotional needs appear to be unfulfilled as a result of the difficulties they experience in forming close relationships with caregivers, peers and other individuals both within the children's home as well as outside the home. These difficulties could stem from a lack of early, consistent attachment relationships with significant caregiving figures.

The literature highlights the importance of adequate caregiving that is necessary for the child to develop a healthy sense of self and the implications if this is absent. Furthermore, in institutions or children's homes, there is an increased risk that children will continue with insecure attachment patterns, as the staff-child ratio is

extremely low and there is not enough interaction between care worker and child to facilitate a secure attachment relationship.

Another important issue yielded by this study is the significance of the quality of the relationship between the caregiver and the adolescent. This relationship has a profound bearing on the child's understanding of self. Children and adolescents who have been institutionalised often grapple with questions relating to self identity and the development of positive self concept. Children and adolescents also find it difficult to get others to recognise, understand and respond to their needs as a result of a lack of synchronicity and attunement with caregivers, and poorness of fit with their environment. These children 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 future adult relationships. All these factors therefore seem to contribute to the insecure attachments that persist throughout the child's development.

The study revealed that according to caregivers' perceptions, institutionalized adolescents' are in many ways able to rise above adverse circumstances, make responsible decisions and display characteristics of resilience regardless of the difficulties they experience as a result of not being able to foster and maintain close relationships, in addition to their emotional and behavioural difficulties. This finding seems to oppose Bowlby's attachment theory in that despite having experienced a lack of close attachment relationships within the crucial, early years of development, these adolescents are able to develop and display signs of resilience, and as reported by caregivers, they exhibit a slow progression towards establishing relationships with new caregivers and other children within the home.

5.4 Recommendations

Although the current analysis has highlighted key areas of perceptions and experiences of caregivers with regard to understanding emotional and behavioural development of adolescents, the small sample size limits the generalizability of this research. It is therefore recommended that a larger sample size, or caregivers from various children's homes be interviewed in future research and further thematic

content analysis to be conducted in order to provide additional qualitative data to either refute or reinforce the themes identified. It is further recommended that future research interviews be conducted in a quiet area, or away from the premises of the children's home in order to prevent valuable information from being lost during audio recording of interviews. Due to the busy work schedules of the caregivers, a limited amount of time was allocated for each interview. Future researchers could therefore negotiate using the time during which children and adolescents are at school, to interview caregivers, thereby allowing the researcher to engage with the caregivers more thoroughly. The themes of emotional and behavioural difficulties which emerged offer future researchers the opportunity to either refute or repeat the findings and possibly explore other variables that may have contributed to the adolescents being perceived as such by the caregivers. It is therefore recommended that in future studies, observation or interviewing of the adolescents within the children's home would enable the researcher to compare the findings to those of this study. Furthermore, the researcher may find it useful to interview other staff members within the home, who interact with the adolescents to compare their perceptions and experiences of the adolescents with those of the caregivers.

It is recommended that using the information generated by this study, future researchers could focus on qualitative studies exploring the nature of attachment patterns in children and adolescents of various cultures in South Africa, including those of Westernized and non-Westernized backgrounds. Further research could also be aimed at investigating the impact of caregivers' cultural background history on their caregiving experiences. Studies with a primary focus on resilience in children and adolescents would contribute to the limited research available on South African and African children and adolescents who live in children's homes.

If this research had to be reworked, I would have included the use of an interpreter during interviews in order to ensure that all questions were asked, understood and answered in whichever African language the participants spoke as their home language. Although participants were able to provide insight and understanding into the questions, it is possible that the use of their own language may have provided more in-depth answers to questions together with examples of their own experiences. In addition, time constraints prevented the researcher from interviewing caregivers in

a number of children's homes thus limiting the research to one particular setting. A reworking of the study would include exploration of the same topic in other children's homes within South Africa.

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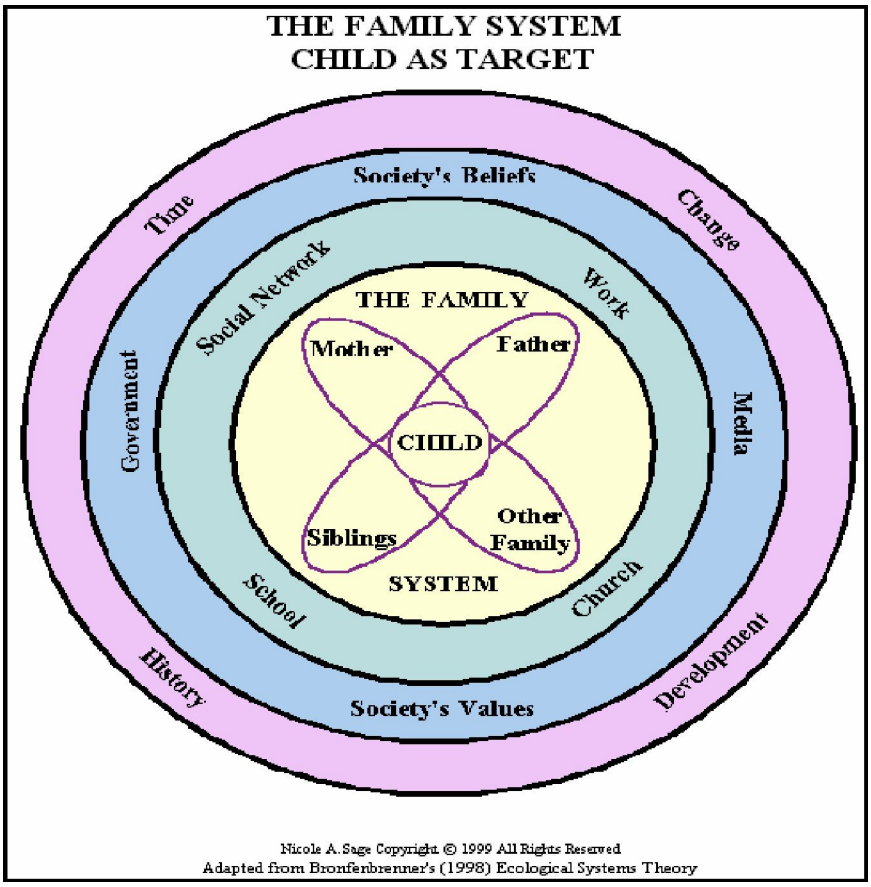
ADDENDUM 1:

BRONFENBRENNER'S ECOLOGY OF HUMAN DEVELOPMENT



Source: Bronfenbrenner, 1998

ADDENDUM 2:

ERIKSON'S EPIGENETIC CHART

STAGES									SUCCESSFUL RESOLUTION
Infancy 0-24 mnths	Basic Trust vs mistrust								Hope
Early child-hood 2-3 yrs		Autonomy vs shame							Willpower
Play age 4-6 yrs			Initiative vs guilt						Purpose
School age 6-12 yrs				Industry vs inferiority					Competence
Adolescence 13-18 yrs					Identity vs confusion				Trustworthiness
Early adult-hood 18 yrs to college yrs	Trust vs distrust in respect to relationships	Maintain autonomy in relationship	Master new roles in family	Learning new responsibiliti es in family and career	Reformulate identity as married person	Intimacy vs isolation	Family planning; start career	Developing joint philosophy and values	Love
Adulthood							Generativity vs stagnation		Care
Maturity								Integrity vs despair	Wisdom

Source: Meyer, 1997