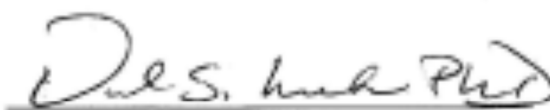Resilient Kids South Africa: A Child's View

By

Stirling M. Barfield

A Dissertation
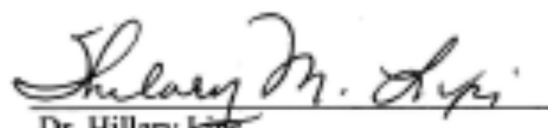Presented to
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Abstract

The present study addresses gaps in the literature by exploring resilience from the perspective of the child. This paper begins by providing background on the current conditions in sub-Saharan South Africa specific to children and the AIDS epidemic. Emphasis is placed on the adverse conditions for these children, resulting in what has been labeled a national and social emergency. Past and present literature is reviewed on the topic of resilience in children with particular attention paid to the concept of global resilience in relationship to cross-cultural studies of at-risk children and the cultural and contextual factors specific to healthy development in adversity. Background is additionally provided on theories of resilience from a developmental perspective, including a review of psychological and social systems and the use of psychosocial support as a framework for addressing the developmental needs of children. In the current study, researchers analyzed the existing data sample collected from a week long Kids Camp organized and operated by Resilient Kids SA, a psychosocial support program and awareness training curriculum designed to equip and empower communities to care for youth and vulnerable children in South Africa. Grounded theory methodology was employed in this study. An open-coding process was used to identify themes and construct a theory on resilience, grounded in the data, from the perspective of the child. Individual and group themes that emerged were: community networking and connection, multisensory tools, skill building and development, identity, group belonging and change, positive influence of the model, and a place to learn.

Keywords: *South Africa, NGO, OVC, Resilience, Psychosocial, Qualitative, Community*

Dedication

This research is dedicated to my dyad, "Team Oui", whose belief in me has taught me the true meaning of a co-constructive resilience.

En die grootste hiervan is die liefde!

I Korintiërs 13

Acknowledgments

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- To each of the children who participated in this study. Your excitement, enthusiasm, and willingness to give of your time as you shared your personal journeys was a privilege. Don't ever forget that *You are special*; Eke s oleg and Di a tandwa

- To my Doc and Judi; for your patience and unconditional acceptance of all of me; I love you to the moon and back…and beyond

- To Crystal and her family: thank you for the unselfish gift of your time and for sharing a sense of accomplishment and pride in this work…Turduckens for life!

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Chapter 1: Summary of the Issues

In sub-Saharan Africa, the AIDS epidemic has introduced an extraordinary challenge to families and communities, threatening the survival and development of children at-risk for exposure to violence, physical and sexual abuse, poverty, and ongoing socio-economic hardship. It is estimated that more than 18 million children in this region have been orphaned by acquired immunodeficiency syndrome (AIDS) (Chama, 2008). The number of children who have lost one or both parents to AIDS may have reached its peak in South Africa in 2010, nevertheless, estimates are that between nine and twelve percent of the total population of the Republic of South Africa (RSA) will consist of AIDS-orphaned children by 2015 (Andrews, Skiner, & Zuma, 2006). Statistical models predict approximately 2.5 million of these children under the age of 18 will have lost their mothers (Dorrington, Johnson, Bradshaw, & Daniel, 2006); the majority will be adolescents. Collectively these children are commonly referred to as OVCs, indicating the status of *orphan and vulnerable child*.

The South African government continues to struggle in its efforts to overcome the social and economic disproportions in existence during the Apartheid regime. While the government now funds HIV/AIDS prevention, palliative care, and treatment, the RSA is overwhelmed by the size and nature of the OVC crisis (Andrews, Skinner, & Zuma, 2006). The United Nations International Children's Emergency Fund (UNICEF) seeks solutions for this unprecedented health crisis. UNICEF advocates for community solutions because institutional ones, such as orphanages, will never be able to address the scale of the problem, adding that community solutions fit with the children's cultural, social and psychological needs (UNICEF/WHO, 2006).

Resilience

Traditionally, resilience has been defined throughout the literature from a Western perspective encompassing the concept of "positive adaptation within the context of significant adversity" (Luthar, 1991). Central to this definition are two critical concepts: the first, exposure to significant threat or severe adversity and the second, attainment of positive adaptation in spite of the adverse circumstances during the developmental process. Early methods of research on resilience focused on influences surrounding the maladaptive behavior patterns of individuals, examining the determinants of psychopathology while controlling for factors that contribute to positive adaptation (Rutter, 1979). A second wave of resilience literature suggested a number of emerging factors that allowed for adaptive developmental outcomes in spite of adversity (Masten, 2013). During this second wave of research, protective factors of resilience were examined and defined throughout the literature as mechanisms that interrupt negative predications for risk and promote healthy growth and development (Garmezy, 1976; Luthar, 2003).

The rise of resilience research specific to children began shortly after World War II with attention on the investigation of the children affected by the difficult conditions that war left behind, including the loss of a parent, sickness, starvation, displacement, and evacuation (Werner, 2000). During that time, UNICEF was established to assist in global efforts of emergency and disaster involving children (Werner, 2000). UNICEF was one of many humanitarian organizations that developed to aid in the support of war-affected children worldwide. As physicians and psychologists were called upon to assist in the large scale efforts to provide for these children, providers began to observe patterns; the children who had a caregiver (such as a parent) present in this time of adversity rarely showed "traumatic shock"

(Garmezy, 1983). The book *War and Children* (Freud & Burlingham, 1943) depicts observations of children during this time:

> The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child with the family group. (p. 37)

The noted relationship of adverse conditions and protective factors of resilience steered researchers to the systemic search for ways to better understand the dynamics of vulnerability and adaptation for children in relationship to the environment in which they live.

Shifting from the earlier lens of resilience, which viewed the concept as an individual trait, a third wave of resilience research began by focusing on the concept of resilience as an interaction of vulnerability and protective factors and the child's environment (Luthar, 2003; Luthar, Cicchetti, & Becker, 2000). In this wave of research, studies emerged that examined the context in which resilience is nurtured for a child; contexts included the social and community support of the child (Ungar, 2008).

A fourth wave of literature on resilience has introduced a focus that incorporates the concept of culture in resilience research (Luthar, 2006; Ungar, Ghazinour & Richter, 2013; Wachs & Rahman, 2013). Variations in the terms used to operationally define the factors associated with resilience have led researchers to pursue an understanding of risk and resilience specific to the cultural context of the child (Unger, 2006); these factors examine the role of culture in shaping interpreted meaning of similar experiences among children (Eggerman & Panter-Brick, 2010; Unger, Ghazinour, & Richter, 2013).

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Global Resilience

The fourth wave of literature, with an increase in cross-cultural and multicultural studies of resilience and at-risk children and youth, has begun to discuss a continuing need for resilience viewed through a global lens (Masten, 2013; Ungar, 2008). Global research on resilience and culture reflects both commonalities and variation in the criteria used to measure the factors of resilience (McCormick, Kuo, & Masten, 2011). Researchers pursuing the concept of global resilience discuss a need for greater sensitivity when examining both context-specific and cultural concepts of resilience and how these factors influence a child's healthy growth and development (Ungar, 2011). Masten (2013) argues, "The resilience of an individual over the course of development depends on the function of complex adaptive systems that are continually interacting and transforming. As a result, the resilience of a person is always changing and the capacity for adaptation of an individual will be distributed across interacting systems" (p.9). Investigators have identified culture-specific distinctions among these systems that are integral when considering the dynamics of resilience in at-risk youth across cultures (Ungar, 2012).

Child Development and Resilience. The developmental literature on the childhood characteristics of resilience suggests children use both internal and external resources to find the capacity for positive adaptation in the face of adversity; they utilize both internal coping strategies and the ability to use environmental resources. Resources like nurturing kinship networks (Cowen, Work, & Wyman, 1990) and available adult models of pro-social involvement have been identified as protective in the face of adversity among children. Other studies with children indicate the use of a mentoring relationship with an older individual as protective towards fostering trust and the reciprocal give/receive interaction needed for secure social relationships (Yates et al., 2003). Resilience in children is additionally correlated with factors

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that are intrapersonal in nature, factors such as cognitive skills as well as emotional and behavioral regulation skills (Werner, 2006). Research on child interventions recognizes the effect of providing children with multiple protective resources to foster competence across several domains (Bradley et al., 1994; Jessor, Turbin, & Costa, 1998).

Psychosocial Support

Psychosocial support extends beyond the physical needs of an individual. This type of support focuses on the emotional, mental, social, and spiritual needs as well; providing physical or material support in the form of clothes, food, shelter, and money is not enough if the psychosocial well-being of that individual or community is not considered (Foster, Levine, & Williamson, 2005; Germann, 2005; World Vision, 2005). According to World Vision (2005), mental and spiritual support is as important as material support to OVC development and their ability to live well-balanced lives in the future. The psychosocial concept is often referred to throughout the OVC literature, though rarely defined. Nyakutse (2006) describes that psychosocially well adapted children need to have a sense of belonging, identity, and an adult with whom they can form a close attachment; they need guidance as they grow and mature emotionally, spiritually, physically and intellectually. An exploratory study of psychosocial well-being and psychosocial support programs conducted on OVCs in Zimbabwe (Gilborn et al., 2006) included the implication that promoting children's psychosocial well-being is a crucial priority requiring attention from trained caregivers. Specific to global resilience and psychosocial support, Mallmann notes that cultural practices, religious beliefs, rituals, and daily routine are pivotal components for a child's identity and sense of belonging and connectedness, commenting:

it provides the child with a base from which a sense of security may grow. It is

important that children and young people feel understood, are able to express their fears, and to feel safe; Healthy adaptation depends on each person developing a sense of belonging with adults with whom they can relate and form a secure attachment. (2003, pp. 108)

OVCs and Psychosocial Support

Factors of psychosocial support and resilience are especially salient in sub-Saharan Africa where children face daily adverse conditions, posing a possible threat to healthy development. Some of these vulnerable conditions include poverty, poor nutrition, exposure to high levels of community violence, and educational stressors (minimal classroom resources, poorly trained educators, and a lack of support services; Barbarin, 2003). The HIV pandemic has resulted in homes headed by single mothers (often themselves HIV-positive), or in children who have friends who are double orphans (who have lost both parents) living with extended kin in households who struggle to provide basic food needs or grandparents who lack the energy and skills to raise grief stricken children. Households headed by children caring for younger siblings are not uncommon (Andrews, Skinner, & Zuma, 2006). The learning that typically occurs during these formative years, non-formal learning opportunities specific to youth, such as the ability to expand social skills and think critically, may be threatened (Diers, 2013).

Strategies supporting orphaned and vulnerable children are varied (Cluver & Gardner, 2007). Currently, there are community-based organizations that work with OVCs and assist impoverished families in communities struggling with unemployment and illness; however, these families are burdened with the care of extra children who may or may not be a part of their extended kin or who have nowhere else to turn. Additionally, there have been broad-based community mobilization initiatives (Donahue & Williamson, 1998), attempts to address poverty

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through income generating activities, as well as the fostering of HIV prevention behaviors through psychosocial support interventions (Petersen, Swartz, Bhana, & Flisher, 2010). Due to the multiple factors associated with OVCs throughout the literature, there is a call for intervention programs aimed at lessening risk while promoting successful adaptation across several domains (Cluver & Gardner, 2007; Masten & Wright, 1998; Wild et al., 2013). This call includes knowing more about the social and environmental contexts that affect the evolving capacity for healthy development in children and youth and how resilience is best nurtured in adverse conditions (Diers, 2013). Through the strengthening of protective influences and resources for resilience building using psychosocial support, children and youth may be offered increased opportunities to think critically and function as members of their families, communities, and societies (Diers, 2013).

Non-governmental Organizations (NGOs). In an effort to implement these psychosocial models of resilience in response to the OVC crisis, international institutions such as the World Health Organization (WHO) and UNICEF have called on humanitarian development agencies and religious groups for help (UNICEF, 2006). Financial assistance for these local agencies is often supplied through NGOs in partnership with faith-based organizations (FBOs). Intervention programs are then implemented in the form of community-based initiatives on resilience building.

Faith-based Organizations. The WHO has recognized the value that faith-based organizations (FBOs) have long brought to health care, pointing out that in some countries, 30 to 70% of the HIV-related health care infrastructure is provided by these FBOs (Karpf, 2007). The WHO has warned that the solution to the AIDS crisis, and therefore by extension the OVC crisis, needs to include collaboration between FBOs and other key organizations.

Resilient Kids SA. Resilient Kids South Africa (SA) is one example of a faith-based NGO working towards the community-based support of psychosocial sequels for resilience building in children. Resilient Kids SA seeks to equip and empower communities to care for their OVCs in two different ways. The first is through the provision of training workshops in which trained community volunteers teach other non-trained community members about the needs of vulnerable children. The second way Resilient Kids SA seeks to equip and empower local communities is in the form of weekly after school Kids Clubs and occasional week long Kids Camps. The training workshops, as well as the Kids Clubs and Kids Camps, use a psychosocial model that incorporates observable activities, such as experiential learning, journal writing, and play, with the internal processes of thought, feelings, and attitudes to promote resilience building. Throughout the training workshops, community participants are led through experiential training activities that will later be used with the children and youths themselves. The Resilient Kids SA model seeks to train participants using the same objectives and model; the model encourages participants to experience the training in the same way as the children they will be working with.

The training is holistic in that it acknowledges and speaks to the physical, educational, emotional, psychosocial, and spiritual aspects of the person. Objectives of the training include an understanding of vulnerability and resilience, an awareness of the stages of child development, an awareness of the impact that negative circumstances can have on a child, and the offer to show ways of working with a child that will help build resilience (Resilient Kids, 2012).

Their training method, which advocates working with children, (a) values each child as unique, (b) is non-judgmental, (c) creates a sense of belonging and safety, (d) uses experiential

learning and inclusive games and activities, and (e) allows children to express their feelings, have those feelings acknowledged, and be listened to.

The ultimate purpose of the Resilient Kids SA model is to provide learning environments and opportunities that allow each individual and community to take responsibility for identifying and, with training and support, begin addressing the needs particular to their situation.

Models like Resilient Kids SA can be seen throughout the OVC literature as a means of addressing the needs of OVCs in South Africa and the communities in which they live. A large number of these children are vulnerable as a result of the AIDS epidemic; providing them with adequate care is a constant focus in the research on resilient children.

UNICEF (2011) has recognized the need to move beyond a basic needs approach towards the child, shifting the focus to one based on the children's possibilities, potentials, and capacities (Diers, 2013). A review of the literature suggests the need for psychosocial support models that promote the resilience of children within their community, models empowering children in order for them to withstand the stressors to which they are exposed daily (Richter, 2003). Throughout the OVC literature, there is a call for more research on the psychosocial factors of resilience that are locally relevant and sensitive to the context of the child and surrounding community (Clacherty & Donald, 2005; Zimbabwe & USAID/Zimbabwe, 2003).

In 1990, the Convention on the Rights of the Child (CRC) became the most widely ratified human rights treaty in history; the convention delineates the first comprehensive set of rights relevant to children – including social, economic, cultural, and civil rights – recognizing children as social actors and active holders of their own rights (Diers, 2013). The guiding principles of the CRC include "non-discrimination; adherence to the best interests of the child; the right to life, survival, and development, and the right to participate" (Diers, 2013). UNICEF

(2013) now specifically calls for an increase in research reflective of children's rights and their gendered vulnerabilities, sensitive to stigma associated with HIV, and research responsive to children's evolving concerns as they develop.

Call for More

Though there appears to be sufficient information on resilience and the need for culturally sensitive, context-specific measures that contribute to the risk and protective factors of resilience in children on a global level, there is little information on the investigation into resilience from the perspective of the child, specifically OVCs in sub-Saharan Africa. Humanitarian efforts established to address the current conditions in sub-Saharan South Africa, specific to children and the AIDS epidemic, have placed emphasis on the use of psychosocial support models as a means of attending to the emotional, physical, social, spiritual, and mental needs of the child. These models have sought to provide the child with a base from which a sense of security may grow. However, because there is little information on the use of these psychosocial models from the perspective of the child, my intent was to explore this vantage point using open-ended, developmentally appropriate survey questions designed to serve as discussion prompts. My research questions included:

1) How are the children internalizing the current model?

- Specifically, what do they see as tools?

- What do they consider threats?

- What do they perceive as support?

- What are challenges?

The Study

This study served as a continuation of a larger research initiative to evaluate the effectiveness of a non-governmental organization (NGO) program used to train South African youth care providers in psychosocial support for children and youth who have lost family members. Because of the AIDS and other infectious diseases health crises that exists in Africa, NGOs who provide services to impoverished children, families and their communities, are constantly needing to secure funds from donors, governments, and other possible avenues. These donors require information demonstrating the effectiveness of the NGO's programs and interventions. The principal investigator of this larger study has been working with Resilient Kids SA to establish an ongoing program to document, evaluate, and improve the services they offer. My portion of the study, as the doctoral student-member of the study team, was designed to explore the perspectives of the children and youth who are receiving services. Little information is available on the perspective of the children receiving services from the current models of care for OVCs in sub-Saharan Africa. Although there has been an increase in these models of support for children, more information related to the voice of the child is needed. In order to explore this further, I used a qualitative study that analyzed data from a previously collected sample obtained during the larger evaluation study. Even though all the children who attended the Resilient Kids SA Kids Camp in May 2013 were interviewed, this population is just a sample of the children who have received services from Resilient Kids SA. The organization has existed since 2009 and has worked with many children and adolescents in the Greater Cape Town area as well as trained numerous trainees who have themselves employed the Resilient Kids SA method with children and youths.

The sample in this study included the following criteria. The first criterion is based on the participant demographics. This sample included the entire population of the Resilient Kids SA

Kids Camp held in May 2013; they were children and youth, ranging in age from 7 to 12 years, receiving the services being evaluated in the initial study and who attended the Resilient Kids SA Kids Camp when researchers were present to interview the children and youths. The principal investigator of the larger study made contact with the NGO about the possibility of holding focus groups and interviews. This contact person then obtained consent from parents and guardians to ask children and youth to participate in individual or group focus interviews about their perceptions of the Resilient Kids' program while the researchers were on site. Participation in this study was voluntary. All children who chose to participate later signed additional forms of assent and agreed to meet with the principal investigator and this student.

The second inclusion criterion for choosing this sample is due to the "information-rich" quality of the participants within the sample. Patton (2002) stated that, "Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research" (p.46). Because the interviews were done while the children and youths were at camp, the experience was fresh on their minds and therefore, the researchers hoped that the children and adolescents would constitute "information-rich" cases.

The data was collected at the Resilient Kids SA Kids Camp which took place over a long weekend in May 2013. The researchers stayed on site with the participants for the weekend and collected data throughout the course of the weekend. The semi-structured survey was used as a guide for individual and focus group interviews. Data analysis identified overarching themes that emerged over the course of each individual and group interview. Throughout both the individual and group interview process, translation was provided for participants by either a Resilient Kids trained youth or adult group leader when necessary.

Points to Consider

My time in the field and on-site at the Resilient Kids SA program was during one of their annual Kids Camp events. Throughout the course of my data collection, all participants were staying on-site, exposed to Resilient Kids training material and volunteers who had been trained to reinforce that material in a supportive manner. Though each of the participants reported prior involvement in the weekly RK Kids Clubs, the setting of the Kids Camp may have led to saturation of the learned principles and in the teaching. Had I collected data in another setting, one in which the mentors, leaders, and staff of RK were not all immediately present, the participants answers may have differed due to differentials in the context surrounding the survey. During the camp, RK leaders were seen to provide psychosocial support as encouraged in the literature; the sustained, supportive and attuned environment may have led to an over-saturation of the RK concepts. However, the long term effects are unclear.

Results & Discussion

The findings of this study indicate that the themes that developed were closely related to the open-ended survey questions asked of the participants; however, the word-choice used to describe each theme did not always reflect a jargon similar to that found in the resilience literature. This may be due to the developmental perspective of the child.

Multisensory tools. Though the original research question sought to explore the child's perspective of tools and supports, separately, the participant responses to the open-ended survey questions did not differentiate between these two concepts. A majority of the participants identified the experiential concepts learned throughout their time in the Resilient Kids SA program as both tools and supports, collaboratively. Multisensory learning, like that used in the resilience model described here, has been defined in the literature as a process that appeals to more than one sense in an effort to promote the acquisition and retention of information (Alvarez

& Zammitt, 2011). This internalized information was used as a supportive tool in a variety of ways by each participant and across a number of different settings.

      Games and activities. A common overarching theme discussed by participants was the use of games and activities. Games, like the name game and feeling game, were discussed as concepts used to invite others to the Resilient Kids SA group, express feelings among other participants in the group, and observe others at play. These types of skills are discussed throughout the literature as pro-social tools (internal) of effective developmental skill building and attachment tools (external) among peers, community, and society that enable positive attachment relationships with competent others (Masten, 2014).

      Some of the participants additionally discussed the concept of learning how to play through the Resilient Kids SA program. The resilience literature on the child's right to play examines the provision of play and opportunities for play as more than simply providing spaces and facilities in which children are able to play. A child's right to play, according to the CRC (Article 31), requires consideration of the social and physical environment as supportive of children's ability to play. When the social and physical supports of a child's environments are impeded upon, the impact can effect survival, well-being, and development (Burghardt, 2005; McEwen, 2007). Participants regularly described the internalization of supports embedded within the Resilient Kids SA model that are consistent with the right to play. Some participants described the play as "good games" others referred to the activities and outings provided by the Resilient Kids SA program. For example, camping and horseback riding were activities discussed by the participants as "new opportunities." Games and activities like these enable children to try out their environments and develop a wide repertoire of responses to the situations they create (Hromek, 2004). This is especially salient towards protective factors for psychosocial

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resilience in children in youth such as self-regulation skills for self-control and attention, arousal, and impulses (Masten, 2014).

The use of games and activities also served as a modality by which participants were able to share themselves in a meaningful way and, in turn, notice and participate in the talents of others. Some of the participants described knowing that the Resilient Kids SA setting was one that "loved children" and others identified the games and activities as "non-judgmental." Games were often described as a setting in which the participants were able to observe others during the process of "good" play. Furthermore, participants shared about experiences surrounding the acquisition of trust and knowledge of respect for self and others through the games and activities as they followed the rules of play. The literature describes this as foundational for the protective factors of resilience when stating, "Children with a wide enough social network and a broad enough repertoire of skills can cope even when there are large gaps in some area of their lives" (Hromek, 2004, p.1).

Participants also commented on the use of gestures in many of the games and learning activities. Gestures paired with a song or verbal routine became a way for the participants to share the acquired information and experience of the game or activity among peers, both within the setting of the Resilient Kids SA model and outside of the model among uninformed peers and community members. This is a two-part developmental skill found in the literature, one that requires the learning of new information and then passing it on. It is the developmental task of receiving and giving, described in the developmental model of resilience as a necessary skill for fostering healthy attachment relationships (including romantic relationships), emotional regulation, leadership skills, and a sense of meaning in life (Bowlby & Ainsworth, 1995; Werner, 2000, Matson, 2001). The National Scientific Council on the Developing Child (2004) identified

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that children grow and develop in the context of relationships with others. Ainsworth (1979) further described that the nature of these relationships need to have a quality of connection and a sense of belonging within sustained social attachments as distinguishing characteristics for children's security.

Respect. A majority of the participants identified the concept of respect as a tool learned during their time in the Resilient Kids SA program. Respect was internalized across a wide range of representations, ranging from "not judging others" to "not pointing and making fun of others." Participants consistently described an overarching theme when defining the framework of respect, one conceptualized as "builder versus breaker." A "builder" was described by participants as one who builds others up and a "breaker" was described as one who breaks others down. This concept was additionally paired with hand-motions and gestures and tied to stories and lessons learned throughout the Resilient Kids SA program.

Another major component of the concept of respect included the representation of both self and others and was oriented in the here-and-now and towards the future self. Participants described the need to "build up" now in an effort to support each other's dreams for the future. Sroufe, Egeland, & Kreutzer(1990) found that "children with internalized representations of self-worth, available protection, and sensitive care may be more responsive to the positive features of their environment and better equipped with the regulatory capacities to effectively engage and benefit from such resources" (p.253).

Respect was also incorporated into the rules of everyday life, rules beyond the program of Resilient Kids SA and into the lives of the participants during their time with friends in the community. Many of the participants described teaching their friends about respect by teaching pro-social concepts such as "it is not nice to say bad words" or "we do not hit." These concepts

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were also used during play with peers, "we musn't point and laugh at each other during the games." This type of carry over into the community setting is a key feature found in the resilience literature, one labeled as a protective factor in the form of connections to rule abiding peers and neighborhoods with collective efficacy (Masten, 2014).

Gestures. As participants shared their meanings of respect, the use of gestures was consistently observed. A gesture has been defined in the literature as any variety of movements—including movement of hands and arms, adjustment of posture, the touching of oneself (e.g., stroking one's hair) and other fiddling movements that people use while talking (Kendon, 1996). Across cultures, hand gestures are understood as meaningful in their own right and able to communicate specific content. Piaget (1959) argues that gestures play an important role in the learning, development, and communication of children. Additionally, early research in child development showed that almost all the rules children verbalize while explaining a game to an adult are accompanied by gestures; the gestures provided cognitive support when children attempted to talk about difficult tasks (Evans & Rubin, 1979).

"I am special" (Identity)

One of the defining attributes of resilience found in the literature is that of self-determination and high expectancy. Self-determination encompasses the concept of self-worth: not being overwhelmed by feelings of hopelessness or extreme challenge based on a strong internal belief that whatever life brings, the individual will persevere (Benson, 1997; Garmezy, 1991). Participants talked about self-worth as a concept related to "I am special." This was taught in the Resilient Kids SA model through the use of songs and activities as well as stories, including Bible stories that incorporated context specific components of Jesus' unconditional

love and belief for participants. This unconditional love translated into the participants' reported belief in their own abilities and understanding that others believe in them.

Jesus loves me. There are a number of studies from different countries showing that religion has a substantial effect on people's ability to cope with difficulties and do well in spite of hardships and risk factors in their lives (Kumpfer 1999; Lester, Masten, and McEwen 2006; Masten 2013; Pargament 2010; Werner & Smith 1982; Wright and Masten 2005).

Another way religion and spirituality can create resilience is through the use of Bible stories and teachings as a model of good values for the child to follow in life. A majority of the participants referred to values like love for others, honesty, the equality of all children, to be helpful, and friendly, when describing the overall framework of respect. The literature indicates that a sense of values can help children to avoid criminal activities, conflicts, and other negative behavior, and it can lead children towards making good choices for themselves. The use of Bible stories has been examined in the resilience literature as one example of telling people about others who went through a number of hardships. This type of teaching tool has been found to give strength by giving positive role models (Gunnestad & Thwala, 2011). In a study conducted by Gunnestad and Thwala on the role of religion and resilience among orphaned children in Southern Africa, authors suggested that

> these models can also come from meeting people who have experienced a similar situation, and who are now coping again. The role models give an understanding that hardships are part of life, and it creates hope: others have come out of it. I will also cope. (2011, p.181)

Influence of a Positive Adult/Mentor

As participants were describing the games and activities, teachings, rules and lessons, the names of specific adult leaders were embedded throughout their responses. Participants identified these individuals as key figures from the Resilient Kids SA program: adult leaders consistently present in the setting of the program and among the community in which the participants lived. Studies in children have found the presence of at least one healthy attachment to a significant adult is omnipresent when resilience is identified (Anthony, 1974; Garmezy, 1991; Luthar, 1991). These relationships can provide opportunities for developmental skill building, communication, and support, and are important not only for their existence but also when the child perceives them as being of healthy quality (Tusaie & Dyer, 2004).

In the setting of the Resilient Kids SA model, participants reported knowing the concepts of "I am special", respect, and "builder versus breaker" through the teachings of the adult leaders, often identified as the primary secure attachment figures. The participants additionally interacted (behaviorally) with each other using ways that were modeled by the adult leaders, adult-to-child and adult-to-adult. One of the factors found to enhance resilience in child development found by Emmy Werner is "having affectional ties that encourage trust, autonomy, and initiative" (1995, p.83). These ties are often provided by support systems in the community that reinforce and reward the competencies of resilient children and provide them with positive role models: caring neighbors, teachers, elder mentors, youth workers, and peers (Werner, 1995).

Non-Violence

Werner (1995) also observed that children who have developed the capacity to trust both themselves and others construct environments that, in turn, reinforce and sustain their positive expectations of the social world and reward their competencies. This was apparent as participants

described their perspectives of non-violence. Many of the participants paired non-violence with the concept of respect and shared that this concept was learned through an experiential learning technique such as a song or activity. Participants described the concept of non-violence using an active language, one alluding to ways in which they were able to follow through on controlling aspects of behavior such as "not cursing" or "not fighting with others."

The ability to regulate this type of emotional arousal has been discussed throughout the child resilience literature as critical for behavioral and attention control, thereby fostering both academic and social competence (Eisenberg et al., 1997; Rubin, Coplan, Fox, & Calkins, 1995).

Five Finger Rule

Another experiential tool of emotional regulation reported by participants was the use of the five finger rule. The five finger rule was a concept interwoven throughout the discussions on respect and playing "nice games." One participant explained each of the five fingers to represent a corresponding action, such as the pinky represents "do not laugh at one another" and the pointer finger represents "say nice things to each other." Many of the participants related these concepts to the gestures associated with the five fingers with and without the use of a paired verbal response. Participants also used this concept with the leaders and each other using reminders (by gesturing the five fingers) in an effort to enforce behavior regulation and models of distress tolerance throughout the games and activities, story times, songs and dramas. Regulatory skills, like this one, have been found especially important for at-risk youth, who likely experience increased levels of emotional intensity and negativity on a daily basis (Eisenberg et al., 1997).

Child's Perception of Threat and Challenge

The literature specific to OVCs in sub-Saharan Africa identifies the threats and challenges to resilience as risk factors, specifically defined as variables that increase the psychological difficulties for child development (Rutter, 1979). Examples of risk in resilience are found in the form of poverty, violence, hardships such as grief and loss, HIV/AIDS, and lack of social support. Using open-ended survey questions as prompts, I chose to explore the factors associated with risk by asking participants about their lives before the Resilient Kids SA program and their lives after the Resilient Kids SA program. Interviews explored concepts in which participants perceived the program as affecting their coping strategies, play, happiness, well-being, and place to belong. In an effort not to influence responses, the words "threat" and "challenge" were not used.

Life before. Participants described life before as one that involved fighting on the streets, struggle with peers, lack of support, and few friends. The child resilience literature describes children's survival as dependent on physiological necessities, safety, communal relationships and opportunities for learning; children's basic needs are intimately linked to their social environment – their communities (Betancourt et al., 2010). A majority of the participants described fighting on the streets and a struggle with peers as a parallel reality to not knowing how to play games, or if the participants were aware of games they were not "good" games. One participant noted, "Life before was not nice, everyone wanted to fight with me. Here we learn about teamwork and not to fight and cuss with one another." Some participants referred to the fighting on the street as "not beautiful." This was in reflection of the learned concept of "I am special" and the internalized association of "special" with "beautiful." When this concept was

compared to life before Resilient Kids SA, the participants were observed to associate fighting on the streets with the reference of "not beautiful."

In the literature on community violence, Barbarin (2003) reported the effects of community violence in children distorted developmental processes and influenced character formation to the point that violence is normalized and becomes an inseparable feature of personal identity. As participants established the identity of "I am special," playing "nice" games, and "builder not breaker," the concept of fighting on the streets became something that was discussed as an action that occurred in their lives before entering into the Resilient Kids SA program. Participants consistently saw the streets as lacking safe play areas and encouraging behavioral problems and fighting among peers and adults in the community.

Unique Responses of Reciprocity

There were participant responses that did not develop into main themes but can be found across sub-themes, uniquely related based on their shared common factors (see Figure 1).
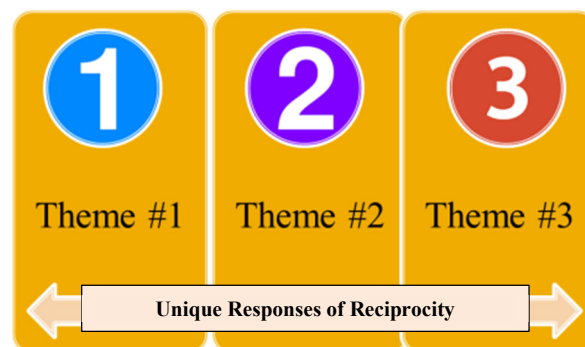
Figure 1: Unique Responses of Reciprocity

Gilligan found:

> while resilience may previously have been seen as residing in the person as a fixed trait,
> it is now more usefully considered as a variable quality that derives from a process of

repeated interactions between a person and favorable features of the surrounding context in a person's life. (p. 94)

There are multiple theories from which these interactive schemas have been observed to evolve. Both the attachment literature and the resilience literature support the concept of the availability of relational others as complimentary towards being protective. For example, in the literature on attachment, Bowlby (1980) explained the concept of infant attachment through the use of internal working models that form the basis for the organization and understanding of early attachment experiences with the primary caregiver. Schore (2005) further described this concept as "episodes of affect synchrony" arguing that attachment relationships are a fundamental dyad of interactive affect regulation between two people. Schore stated, "In these interactions, both partners match states and simultaneously adjust their social attention, stimulation, and accelerating arousal to each other's responses" (2005, p.206). This interpersonal dyad has been studied as a rich source of developmental capacity (Ainsworth, 1979; Bowlby, 1980; Schore 2005; Siegel, 2001).

The literature on resilience additionally describes integrative factors that are crucial to minimizing risk and maximizing the ability to live and cope in difficult circumstances and regain strength and normal life after traumas and stress (Gunnestad & Thwala, 2011). Rutter (1998) identifies the importance of secure relationships as central to the formation of a positive self-concept, one of the key protective factors found in resilient children. Developmental factors of resilience (i.e. collective efficacy, problem-solving skills, and having talents valued by others) have been found to possess an interactive quality that encourages a mutually shared component (Masten, Best, & Garmezy, 1990). This interactive component is one that portrays the reciprocal dynamic of the collaborative whole.

Interrelated Theory of Resilience (ITR)

It is important to reiterate that many of the key components for protective factors of resilience cannot exist in isolation (i.e. collective efficacy, problem-solving skills, and having talents valued by others). These factors are dependent on a mutually shared dyad, a shared community or system.

Currently, the literature on children is supportive of theories that are complementary in design. The research on the protective factors of resilience, for example, supports attributes found in theories on attachment and child development, among others. These interdisciplinary foundations provide important connections to the underpinnings of positive outcomes in the face of adversity, linking well documented bodies of knowledge in parallel process.

This study, however, sought to understand the perspective of the child which highlighted the context specific and developmentally sensitive conceptualization of the child's view. The child's view revealed unique responses of reciprocity which described a process of factors that were co-constructive in nature, and found within the existence of a relational dyad. In this dyad, each party has his or her own resilience and risk factors, and the dyad itself results in a separate factor. This combines internal and external factors of the child and of the adult to create an interrelationship between factors which the ITR labels as the dyadic factor of resilience that appears capable of a protective effect.

One limitation, however, of the attachment literature and the literature on child resilience is the inability to account for this dyadic effect. Instead, the focus is typically at an individual level such as the response of a child when receiving the support of a caregiver or healthy and developmentally nurturing environment.

On one level, we can argue that the support of a care provider, mentor, or nurturing environment is indeed protective. However, this type of paradigm only accounts for a unidirectional process. Though the current literature identifies these interactive factors at the level of the individual, participants in this study alluded to a capacity that is fostered within a shared paradigm.

Therefore, I assert the need for a new theory, one that adds to the current literature on resilience and to the literature on attachment. This theory draws attention to a dyadic component of resilience, resulting from the capacity of factors that are mutually shared between separate parties; factors supportive to both parties involved beyond a unidirectional give and receive cycle. This is the premise of the Interrelated Theory of Resilience (ITR; see Figure 2).

Figure 2: Dyadic Factor of Resilience

The ITR pulls from the discussions found within the literature on attachment, lifespan development, and the current literature on resilience. Additionally, the ITR incorporates aspects of neuroscience that account for the brain as a social organ (Siegel & Bryson, 2011). Siegel and Bryson (2011) alluded to this when they stated that:

the problem with the single skull perspective-where we consider each individual brain as a lone organ isolated in a skull- is that it neglects the truth that scientists have come to

understand over the last few decades […]. In other words, what happens between brains

has a great deal to do with what happens within each individual brain. (p. 122)

This theory proposes the existence of relevant variables *between and within dyads* to

promote resilience; variables that will need to be explored to allow researchers to further

investigate these mechanisms and how they function to promote resilience.

In the ITR, the third separate factor of resilience may refer to a set of shared psychosocial

ideas that, when used in repeated connection, support resilience building. This dyadic factor is

not always a result of a common paradigm such as shared contexts, behaviors, or cultural views.

However, both parties in the dyad are intentional within a common framework and use this

framework to reinforce their view of self [internal] and view of the world around them

[external]; in the midst of this process the dyadic factor of resilience is created (see diagram).

This process can be glimpsed in my study in the unique responses of reciprocity that emerged

from participant responses. Throughout these themes participants spoke of the way they learned

respect within the existence of a relational dyad; this combined an interrelationship of *within and

between* dyadic connections. For example, as reported earlier, a majority of participants who

commented on the non-violent aspects of respect (Theme 3: Skill Building and Development)

also reported to have learned these concepts throughout the course of play using both verbal and

non-verbal games and activities (Theme 2: Multisensory Tools) and in conjunction with a theme

of Identity (Theme 4).

In order to capture the above mentioned process it is important to make room for an

interdisciplinary use of the many lenses through which resilience has been examined and to

include the perspective of the recipients of interventions. ITR highlights an unrecognized dyadic

factor and provides a framework for the investigation of these interrelated concepts between

mutually shared dyads. Whereas this study examined the perspective of the child, and does not specifically address the other side of the dyad (ie. the perspective of the adult), I, as the researcher, observed an interrelationship between psychosocial factors shared by the adults and the children which a majority of the participants described as positive.

The ITR is crucial for understanding factors that promote resilience. As a framework, it allows researchers to work at the intersection of multiple bodies of knowledge and bring them together to support an investigation of relevant variables and mechanisms between and within dyads that create the dyadic factor which appears to promote resilience.

Contributions to the Field

The first contribution of this study is the emergence of a new way of looking at resilience from a dyadic perspective which incorporates the conceptualization of the child's view. I propose that in the dyad, each party has his or her own resilience and risk factors; in the midst of this process, a dyadic factor of resilience is created.

The recognition of a dyadic factor of resilience led to the second major contribution of this study: the proposed Interrelated Theory of Resilience (ITR). I suggest the ITR as a framework to capture the process that exists within dyads and creates a third factor which I have labeled the dyadic factor.

From the adults' perspective we are defining terms or concepts that may not map onto the children's lived experiences. The goal of this research was to investigate the perspective of the child and how that perspective provides a lens for the child's lived experience of the resilience building model. Another contribution of this study is that participants seemed to gain an internalized schema of the resilience building concepts when there is an established trusted adult modeling this concept in a consistent manner. This contrasts with the current child resilience

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literature that discusses context specific risk or protective factors surrounding a child. However, my participants consistently referred to the relationship with a constant adult who is both giving and receiving in this relationship.

This study examines a much-used intervention paradigm called "psychosocial support" for which there is a limited working definition and a paucity of research. The few existing studies lack standardized terms. This study provided a qualitative window into the following psychosocial processes: mental, physical, spiritual, emotional and social, and how they work in symbiosis from both the model itself and from the perspective of the recipients. It is important to note that the RK SA model is not merely an academic paper model that includes sets of exercises and skills to learn. While the participants were at camp, the skill building was just one facet; the complete model of overlapping psychosocial layers was lived out by both participants and leaders moment by moment.

The WHO has pointed out the vital role played by FBOs in solution to the AIDS crisis, and by extension, the OVC crisis. Yet little research exists about these organizations. This researcher was given open access to youths benefitting from the resilience building infrastructure created and provided by a sub-Saharan FBO working with OVCs in an impoverished community.

Limitations

There is little to no research on psychosocial support models and resilience building from the voice of the child. Additionally, there is little research on how the child's view of resilience may or may not differ from the current definitions within the literature.

First, one of the limitations was that this sample may have been exposed to atypical (for RK SA) levels of intervention. The RK teachings that my participants received may have been

saturated beyond what they would receive in a typical weekly RK Kids Club setting. Data collection took place within the environment of a weekend-long Resilient Kids SA Kids Camp. The participants had been familiarized repeatedly with the main lessons and themes from the overarching psychosocial support model during the weekend. Additionally, participants were surrounded by committed group leaders, mentors, and trained adults who served as models and reinforcements. The setting and circumstances of a concentrated Kids Camp may have led to an oversaturation of the psychosocial support teachings due to the concentrated time frame and supportive surroundings for each participant. Collecting data in settings outside of a Kids Camp, for example, might result in different responses and thus yield outcomes that are varied because of a less intensive setting.

Second, the camp participants had been selected by the camp leaders. Each participant at the Kids Camp had been singled out to attend camp due to their observed leadership qualities and abilities within their social circles and communities. These types of qualities have been discussed throughout the literature as necessary for resilience-building among children and youths, however, when these same qualities become influential towards negative behaviors and poor-decision making (i.e. stealing, gang leadership) they are commonly referred to as risk factors in the current literature.

Additionally, the researcher was not given much information about the selection process of the camp participants. Because of the leaders' personal involvement in the selection and invitation processes, it is unclear whether any other youths were invited but were unable to attend; it also remains unclear whether any youths declined the offer or dropped out prior to the start of camp. Whereas none of the participants dropped out during camp itself, we are unable to comment on possible differences between those who did and those who did not attend camp.

Therefore, our sample may or may not be representative of the child and youth composition of the community in which the research was conducted. Neither are we able to affirm that the model works for young people in the community as a whole based on the limited number of youths who attended at camp. Finally, this study did not inquire about the RK attendance following camp, thus we do not know if any participants decided to no longer attend Kids Clubs following their camp experience.

Directions for Future Research

While previous researchers (e.g., Freud & Burlingham, 1943; Werner & Smith, 1982) found the presence of a supportive adult to enhance resilience and be protective, this study indicates the need to further examine both the adult and child parties and the interplay of factors that are supportive to the whole of the dyad. This specific disconnect between the perspective of adults and the reported experience of the child needs to be investigated. The resilience literature provides mostly well-defined concepts and terms, such as "risk or protective factors," "resilience," or "psychosocial support." The children do not use such terms and qualitative studies do not appear to show that children even think in such terms; rather, youths report factors that are complex in nature. These factors do not appear to fit into the dimensions that adults use, such as risk *and* protective, but instead, a child considers a factor that is meaningful to her such as "I am special." A simile would be trying to describe three dimensional geometric shapes with two dimensional geometrical terms; there will be some occasional overlap between terms but the concepts occupy different dimensions and do not map onto one another. We cannot describe a cube as a square.

Future researchers who study this RK model will want to examine data outside of the concentrated setting of a camp. They will want to conduct an evaluation for participant responses

following weekly Kids Clubs. Investigating the RK model using a longer time frame will yield valuable insight about the RK model; examining the individual components of the model may reveal vital modules on which to focus. Furthermore, the psychosocial outcome of these participants long term, whether this be one year or five or fifteen years later, would be a real life measure of resilience. E.g., does something make the child more resilient? Can the child use the internalized schema to then live out the many psychosocial facets of subjective well- being? To date, a longitudinal study investigating an effective resilience intervention has yet to be done.

Prior literature indicates that word choice and meaning may vary across subcultures. Therefore, further investigations conducted in youth participants' mother tongues may offer additional breadth and depth in the participants' responses. Studying the experiences of children from various language groups is worth pursuing as well as it may unveil variations in concepts related to resilience; in the current study, this would mean examining the topic in Xhosa or Afrikaans as well as in the English we employed.

We typically view risk and protective factors according to norms that were established in settings. Non-Western groups may display developmental trajectories that do not conform to these previously established ages and stages. It would be important to further examine developmental and psychosocial trends according to what is known about life span development in non-Western countries and the effects on resilience.

Does the model have the same impact when trained volunteers implementing the model differ? How does a leader leaving affect the psychosocial processes of the implemented model? In other words, is the model sustainable over time and with other people or is it dependent on those who have created it and are applying it? Is resilience dependent on the interpersonal dynamics of the team who first introduced it to a youth? The exploratory nature of this initial

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study brings up these and numerous other questions that future researchers are encouraged to investigate.

Assessing and measuring psychosocial support. Psychosocial support is not a standardized unified operationally defined concept in the field of resilience in spite of being a strong framework that drives the models used in the field of resilience for this population and those who care for them, e.g., prevention, funding, intervention, support, assessment. There is no working, standardized set of factors or constructs from the child's perspective, therefore tools need to be developed for a more in-depth investigation into this perspective. The lack of a common language and absence of tools impede communication, research, and work at all levels.

Conclusion

Traditionally, resilience has been defined as the "positive adaptation within the context of significant adversity" (Luthar, 1991). Literature on resilience in children historically placed emphasis on the noted relationship of adverse conditions and protective factors of resilience, examining the dynamics of vulnerability and adaptation for children in relationship to the environment in which they lived (Luthar, 2003; Luthar, Cicchetti, & Becker, 2000). Global efforts have further examined contexts that are idiosyncratic and specific to the social and community support of the child, describing a need for greater sensitivity when examining both context-specific and cultural concepts of resilience and how these factors influence a child's healthy growth and development (Ungar, 2011).

The present study shows that resilience from the child's perspective incorporates the bi-directional relationships the researchers witnessed during the camp, the use of multiple psychosocial components embedded within an idiosyncratic, context-specific environment. The findings from this study appear related to the recent findings on global resilience that describe

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the need for further understanding of the operational definitions of resilience specific to the

child's context and pertinent to risk, adaptation, and protection within the child's context

(Masten, 2014).

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Chapter 2: Literature Review

In this chapter, I provide a brief overview of the current crisis in sub-Saharan South Africa surrounding orphans and vulnerable children (OVCs) and the factors associated with this population. I next review the literature relevant to the topic of resilience in children and the concept of global resilience in relationship to cross-cultural studies of resilience and at-risk children. I provide background from the literature to discuss theories of resilience specific to child development, including a brief review of the psychological and social systems seen to support healthy development in children and their link to resilience. Then, I discuss the connection between resilience building in children and the use of psychosocial models for intervention. Finally, I address the call in the resilience literature on children to identify additional factors that will foster culture-specific protective influences and resilience-building models within communities and families using investigations that consider the voices of the children and youth directly. I conclude this chapter with the rationale for the current proposed study.

Background

In sub-Saharan Africa, the AIDS epidemic has introduced an extraordinary challenge to families and communities, threatening the survival and development of children at risk for exposure to violence, physical and sexual abuse, poverty, and ongoing socio-economic hardship. It is estimated that more than 18 million children in this region have been orphaned by AIDS (acquired immunodeficiency syndrome) (Chama, 2008). The number of children who have lost one or both parents to AIDS may have reached its peak in 2010, nevertheless, estimates are that between nine and twelve percent of the total population of the Republic of South Africa (RSA) will consist of AIDS orphaned children by 2015 (Andrews, Skiner, & Zuma, 2006). Statistical

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models predict approximately 2.5 million of these children under the age of 18 will have lost

their mothers (Dorrington, Johnson, Bradshaw, & Daniel, 2006); the majority will be

adolescents. Collectively these children are commonly referred to as OVCs, indicating the status

of *orphan and vulnerable child*.

The South African government continues to struggle in its efforts to overcome the social

and economic disproportions in existence during the Apartheid regime. While the government

now funds HIV/AIDS prevention, palliative care, and treatment, the RSA is overwhelmed by the

size and nature of the OVC crisis (Andrews, Skinner, & Zuma, 2006). The United Nations

International Children's Emergency Fund (UNICEF) seeks solutions for this unprecedented

health crisis. UNICEF advocates for community solutions because institutional ones, such as

orphanages, will never be able to address the scale of the problem, adding that community

solutions fit with the children's cultural, social and psychological needs (UNICEF/WHO, 2006).

Resilience

A review of the resilience literature revealed almost five decades of information on the

topic of resilience. Traditionally, resilience has been defined throughout the literature from a

Western perspective encompassing the concept of "positive adaptation within the context of

significant adversity" (Luthar, 1991). Central to this definition are two critical concepts: the first,

exposure to significant threat or severe adversity and the second, attainment of positive

adaptation in spite of the adverse circumstances during the developmental process. Early

methods of research on resilience focused on influences surrounding the maladaptive behavior

patterns of individuals, examining the determinants of psychopathology while controlling for

factors that contribute to positive adaptation (Rutter, 1979). A second wave of resilience

literature suggested a number of emerging factors that allowed for adaptive developmental

outcomes in spite of adversity (Masten, 2013). During this second wave of research, protective factors of resilience were examined and defined throughout the literature as mechanisms that interrupt negative predications for risk and promote healthy growth and development (Garmezy, 1976; Luthar, 2003).

The rise of resilience research specific to children began shortly after World War II with attention on the investigation of the children affected by the difficult conditions that war left behind, including the loss of a parent, sickness, starvation, displacement, and evacuation (Werner, 2000). During that time, UNICEF was established to assist in global efforts of emergency and disaster involving children (Werner, 2000). UNICEF was one of many humanitarian organizations that developed to aid in the support of war affected children worldwide. As physicians and psychologists were called upon to assist in the large scale efforts to provide for these children, providers began to observe patterns; the children who had a caregiver (such as a parent) present in this time of adversity rarely showed "traumatic shock" (Garmezy, 1983). The book *War and Children* (Freud & Burlingham, 1943) depicts observations of children during this time:

> The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child with the family group. (p. 37)

The noted relationship of adverse conditions and protective factors of resilience steered researchers to the systemic search for ways to better understand the dynamics of vulnerability and adaptation for children in relationship to the environment in which they live. Shifting from the earlier lens of resilience, which viewed the concept as an individual trait, a third wave of

resilience research began by focusing on the concept of resilience as an interaction of vulnerability and protective factors and the child's environment (Luthar, 2003; Luthar, Cicchetti, & Becker, 2000). In this wave of research, studies emerged that examined the context in which resilience is nurtured for a child; contexts included the social and community support of the child (Ungar, 2008).

A fourth wave of literature on resilience has introduced a focus that incorporates the concept of culture in resilience research (Luthar, 2006; Ungar, Ghazinour & Richter, 2013; Wachs & Rahman, 2013). Variations in the terms used to operationally define the factors associated with resilience have led researchers to pursue an understanding of risk and resilience specific to the cultural context of the child (Unger, 2006); these factors examine the role of culture in shaping interpreted meaning of similar experiences among children (Eggerman & Panter-Brick, 2010; Unger, Ghazinour, & Richter, 2013).

Global Resilience

The fourth wave of literature, with an increase in cross-cultural and multicultural studies of resilience and at-risk children and youth, has begun to discuss a continuing need for resilience viewed through a global lens (Masten, 2013; Ungar, 2008). Global research on resilience and culture reflects both commonalities and variation in the criteria used to measure the factors of resilience (McCormick, Kuo, & Masten, 2011). Researchers pursuing the concept of global resilience discuss a need for greater sensitivity when examining both context-specific and cultural concepts of resilience and how these factors influence a child's healthy growth and development (Ungar, 2011). Masten (2013) argues, "The resilience of an individual over the course of development depends on the function of complex adaptive systems that are continually interacting and transforming. As a result, the resilience of a person is always changing and the

capacity for adaptation of an individual will be distributed across interacting systems" (p.9).

Investigators have identified culture-specific distinctions among these systems that are integral

when considering the dynamics of resilience in at-risk youth across cultures (Ungar, 2012). The

International Resilience Project (IRP) examined 1500 youth in 100 countries over 5 continents

using both qualitative and quantitative measures of data collection to examine individual,

interpersonal, family, community and cultural factors associated with building resilience in youth

around the world (Unger, Clark, Kwong, Makhnach, & Cameron, 2006). The study sought to

develop a more culturally sensitive understanding of how youth around the world effectively

cope with the adversities that they face (Unger, 2006). Results from the study included the

findings that the protective factors of resilience influence outcomes differently depending on the

culture and context in which they manifest. For example, a child in Cape Town, South Africa

may not benefit from the same protective factors (i.e. social relationships) as a child in Halifax,

Nova Scotia due to subtle idiosyncratic differences of culture and context. The IRP findings can

be summarized as four propositions supported by the data: first, resilience has both global and

culturally/contextually specific aspects; second, aspects of resilience exert different amounts of

influence on a child's life depending on the specific culture and context in which resilience is

realized; third, aspects of children's lives that contribute to resilience are related to one another

in patterns that reflect a child's culture and context; and fourth, how tensions between

individuals and their cultures and contexts are resolved will affect the way aspects of resilience

group together (Unger, 2006).

Child Development and Resilience

Recent child development research indicates a trend to adopt a developmental perspective

of resilience in children that will allow for the exploration of experiences by which children

acquire the capacity for resilience (Yates, Egeland, & Sroufe, 2003). The developmental

literature on the childhood characteristics of resilience suggests children use both internal and

external resources to find the capacity for positive adaptation in the face of adversity; they utilize

both internal coping strategies and the ability to use environmental resources. Resources like

nurturing kinship networks (Cowen, Work, & Wyman, 1990) and available adult models of pro-

social involvement have been identified as protective in the face of adversity among children.

Other studies with children indicate the use of a mentoring relationship with an older individual

as protective towards fostering trust and the reciprocal give/receive interaction needed for secure

social relationships (Yates et al., 2003). Specific to middle childhood (commonly defined as

between the ages of 6 and 12 years) identity development that unfolds as a process of continued

negotiation between the child and his or her surrounding (Skovdal, 2012); the quality of the

community in which the child lives and the ability to share resources with members from that

community serve a protective role. In middle childhood, a child is able to negotiate community

support, empowering a sense of duty and service which in turn enables the construction of a

positive social identity (Skovdal & Andreouli, 2011). Resilience in children is additionally

correlated with factors that are intrapersonal in nature, such as cognitive skills as well as

emotional and behavioral regulation skills (Werner, 2006). Research on children interventions

recognizes the effect of providing children with multiple protective resources to foster

competence across several domains (Bradley, Whiteside, Mundfrom, Casey, Kelleher, & Pope,

1994; Jessor, Turbin, & Costa, 1998).

Psychosocial Support

Psychosocial support extends beyond the physical needs of an individual. This type of

support focuses on the emotional, mental, social, and spiritual needs as well; providing physical

or material support in the form of clothes, food, shelter, and money is not enough if the psychosocial well-being of that individual or community is not considered (Foster, Levine, & Williamson, 2005; Germann, 2005; World Vision, 2005). According to World Vision (2005), mental and spiritual support is as important as material support to OVC development and their ability to live well-balanced lives in the future. The psychosocial concept is often referred to throughout the OVC literature, though rarely defined. Nyakutse (2006) describes that psychosocially well-adapted children need to have a sense of belonging, identity, and an adult with whom they can form a close attachment; they need guidance as they grow and mature emotionally, spiritually, physically and intellectually. An exploratory study of psychosocial well-being and psychosocial support programs conducted on OVCs in Zimbabwe (Gilborn et al., 2006) included the implication that promoting children's psychosocial well-being is a crucial priority requiring attention from trained caregivers. Specific to global resilience and psychosocial support, Mallmann (2003) notes that cultural practices, religious beliefs, rituals, and daily routine are pivotal components for a child's identity and sense of belonging and connectedness, commenting, "it provides the child with a base from which a sense of security may grow. It is important that children and young people feel understood, are able to express their fears, and to feel safe; Healthy adaptation depends on each person developing a sense of belonging with adults with whom they can relate and form a secure attachment" (p. 108).

OVCs and psychosocial support. Factors of psychosocial support and resilience are especially salient in sub-Saharan Africa where children face daily adverse conditions, posing a possible threat to healthy development. Some of these vulnerable conditions include poverty, poor nutrition, exposure to high levels of community violence, and educational stressors (minimal classroom resources, poorly trained educators, and a lack of support services; Barbarin,

2003). The HIV pandemic has resulted in homes headed by single mothers (often themselves HIV positive), or in children who have friends who are double orphans (who have lost both parents) living with extended kin in households who struggle to provide basic food needs or grandparents who lack the energy and skills to raise grief-stricken children. Households headed by children caring for younger siblings are not uncommon (Andrews, Skinner, & Zuma, 2006). The learning that typically occurs during these formative years, non-formal learning opportunities specific to youth such as the ability to expand social skills and think critically, may be threatened (Diers, 2013).

Strategies supporting orphaned and vulnerable children are varied (Cluver & Gardner, 2007). Currently, there are community-based organizations that work with OVCs and assist impoverished families in communities struggling with unemployment and illness; however, these families are burdened with the care of extra children who may or may not be a part of their extended kin or who have nowhere else to turn. Additionally, there have been broad-based community-mobilization initiatives (Donahue & Williamson, 1998), attempts to address poverty through income generating activities, as well as the fostering of HIV prevention behaviors through psychosocial support interventions (Petersen, Swartz, Bhana, & Flisher, 2010).

Due to the multiple factors associated with OVCs throughout the literature, there is a call for intervention programs aimed at lessening risk while promoting successful adaptation across several domains (Cluver & Gardner, 2007; Masten & Wright, 1998; Wild et al., 2013). This call includes knowing more about the social and environmental contexts that affect the evolving capacity for healthy development in children and youth and how resilience is best nurtured in adverse conditions (Diers, 2013). Through the strengthening of protective influences and resources for resilience building using psychosocial support, children and youth may be offered

increased opportunities to think critically and function as members of their families, communities, and societies (Diers, 2013).

Non-governmental Organizations

In an effort to implement these psychosocial models of resilience in response to the OVC crisis, international institutions such as the World Health Organization (WHO) and UNICEF have called on humanitarian development agencies and religious groups for help (UNICEF, 2006). Financial assistance for these local agencies is often supplied through NGOs in partnership with faith-based organizations (FBOs). Intervention programs are then implemented in the form of community-based initiatives on resilience building.

Faith-based Organizations

The WHO has recognized the value that faith-based organizations (FBOs) have long brought to health care, pointing out that in some countries, 30 to 70% of the HIV+ related health care infrastructure is provided by these FBOs (Karpf, 2007). The WHO has warned that the solution to the AIDS crisis, and therefore by extension the OVC crisis, needs to include collaboration between FBOs and other key organizations.

Resilient Kids SA. Resilient Kids South Africa (SA) is one example of a faith-based, NGO working towards the community-based support of psychosocial sequels for resilience building in children. Resilient Kids SA seeks to equip and empower communities to care for their OVCs in two different ways. The first is through the provision of training workshops in which trained community volunteers teach other non-trained community members about the needs of vulnerable children. The second way Resilient Kids SA seeks to equip and empower local communities is in the form of weekly after school Kids Clubs and occasional week long Kids Camps. The training workshops, as well as the Kids Clubs and Kids Camps, use a

psychosocial model that incorporates observable activities, such as experiential learning, journal writing, and play, with the internal processes of thought, feelings, and attitudes to promote resilience building. Throughout the training workshops, community participants are led through experiential training activities that will later be used with the children and youths themselves. The Resilient Kids SA model seeks to train participants using the same objectives and model; the model encourages participants to experience the training in the same way as the children they will be working with.

The training is holistic in that it acknowledges and speaks to the physical, educational, emotional, psychosocial, and spiritual aspects of the person. Objectives of the training include an understanding of vulnerability and resilience, an idea of what normal, healthy children look like, an awareness of the stages of child development, an awareness of the impact that negative circumstances can have on a child, and the offer to show ways of working with a child that will help build resilience (Resilient Kids, 2012).

Their training method, which advocates working with children, (a) values each child as unique, (b) is non-judgmental, (c) creates a sense of belonging and safety, (d) uses experiential learning and inclusive games and activities, and (e) allows children to express their feelings, have those feelings acknowledged, and be listened to.

The ultimate purpose of the Resilient Kids SA model is to provide learning environments and opportunities that allow each individual and community to take responsibility for identifying and, with training and support, begin addressing the needs particular to their situation.

Call for More

Models like Resilient Kids SA can be seen throughout the OVC literature as a means of addressing the needs of OVCs in South Africa and the communities in which they live. A large

number of these children are vulnerable as a result of the AIDS epidemic; providing them with adequate care is a constant focus in the research on resilient children. UNICEF (2011) has recognized the need to move beyond a basic needs approach towards the child, shifting the focus to one based on the children's possibilities, potentials, and capacities (Diers, 2013). A review of the literature suggests the need for psychosocial support models that promote the resilience of children within their community and empower children to withstand the stressors to which they are exposed daily (Richter, 2003). Throughout the OVC literature, there is a call for more research on the psychosocial factors of resilience that are locally relevant and sensitive to the context of the child and surrounding community (Clacherty & Donald, 2005; Zimbabwe & USAID/Zimbabwe, 2003).

In 1990, the Convention on the Rights of the Child (CRC) became the most widely ratified human rights treaty in history; the convention delineates the first comprehensive set of rights relevant to children – including social, economic, cultural, and civil rights – recognizing children as social actors and active holders of their own rights (Diers, 2013). The guiding principles of the CRC include "non-discrimination; adherence to the best interests of the child; the right to life, survival, and development, and the right to participate" (Diers, 2013). UNICEF (2013) now specifically calls for an increase in research reflective of children's rights and their gendered vulnerabilities, sensitive to stigma associated with HIV, and responsive to children's evolving concerns as they develop. The literature calls for more information from the perspective of the child.

Conclusion and Research Questions

According to the literature presented here, it is clear that there is a need for further investigation into resilience from the perspective of the child, specifically OVCs in sub-Saharan

Africa. Based on this review, there appears to be sufficient information on resilience and the need for culturally sensitive, context specific measures that contribute to the risk and protective factors of resilience in children on a global level. The literature provides material on the developmental process of children, as well as the current conditions in sub-Saharan Africa due to the AIDS pandemic that are threatening the development of children, resulting in the OVC crisis. There are examples of the current models of resilience, as well as information reviewing the partnership between NGOs in collaboration with FBOs as a means of providing these models of care and the use of psychosocial support to address the needs of OVCs that extend beyond material needs. However, there seems to be a lack of information on the child's perspective and perception of these models.

Therefore, the purpose of the current study is to fill that gap in the literature by gaining more knowledge on the child's perspective. My intent is to explore the perspective of the child using a set of data that was previously collected from Resilient Kids SA. My research questions include:

How are the children internalizing the Resilient Kids model?

- Specifically, what do they see as tools?

- What do they consider threats?

- What do they perceive as support?

- What are challenges?

- Do they talk about outstanding needs/concerns that are not being covered by the model?

Chapter 3: Methodology

This proposed study is a continuation of a larger research initiative to evaluate the effectiveness of a non-governmental organization (NGO) program used to train South African youth care providers in psychosocial support for children and youth who have lost family members. Because of the AIDS and other infectious diseases health crisis that exists in Africa, NGOs, who provide services to impoverished children, families and their communities, are constantly needing to secure funds from donors, governments, and other possible avenues. These donors require information demonstrating the effectiveness of the NGO's programs and interventions. The principal investigator of this larger study has been working with Resilient Kids SA to establish an ongoing program to document, evaluate, and improve the services they offer. My portion of the study, as the doctoral student-member of the study team, is designed to explore the perspectives of the children and youth who are receiving services. Little information is available on the perspective of the children receiving services from the current models of care for OVCs in sub-Saharan Africa. Although there has been an increase in these models of support for children, more information related to the voice of the child is needed.

In order to explore this further, I have designed and developed a qualitative study that analyzes data from a previously collected sample obtained during the larger Resilient Kids SA evaluation study. In this chapter, I describe the rationale for the research design, provide a description of the participants in the sample of data I am using for analysis, and then describe the instruments that were used for data collection in the initial study. Finally, I explain the data analysis process, including a discussion on trustworthiness and coding.

Design Rationale

I propose grounded theory (Glaser & Strauss, 1967) as an overall research design for a

number of reasons. I want a research design that lends itself to the exploratory nature of this qualitative study and that will allow for the breadth of information this approach can provide (Strauss & Corbin, 1990). Strauss and Corbin (1990) emphasized that grounded theory analyses are intended to "provide the grounding, build the density, and develop the sensitivity and integration needed to generate a rich, tightly woven, explanatory theory that closely approximates the reality it represents" (p. 57), making it well-suited for a topic about which there is a current lack of research. The grounded theory approach also provides flexibility and has been found useful in bridging the gap between theory and practice (Fassinger, 2005). I believe this approach will be useful in supporting the progression of a cross-cultural research study whose terms and concepts of resilience may operationally differentiate from each other first, when viewed by the perspective of the child and second, which can be couched within an international social justice perspective, is an important component of the larger research initiative.

Sample. This study uses data that was collected as part of a larger research initiative on evaluating a program of fostering individual and community resilience. Even though all the children who attended the Resilient Kids SA Kids Camp in May 2013 were interviewed, this population is just a sample of the children who have received services from Resilient Kids SA. The organization has existed since 2009 and has worked with many children and adolescents in the Greater Cape Town area as well as trained numerous trainees who have themselves employed the Resilient Kids SA method with children and youths.

The sample included the following criteria. The first criterion is based on the participant demographics. This sample included the entire population of the Resilient Kids SA Kids Camp held in May 2013; they were children and youth, ranging in age from 7 to 12 years, receiving the services being evaluated in the initial study and who attended the Resilient Kids SA Kids Camp

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when researchers were present to interview the children and youths. The principal investigator of the larger study made contact with the NGO about the possibility of holding focus groups and interviews. This contact person then obtained consent from parents and guardians to ask children and youth to participate in individual or group focus interviews about their perceptions of the Resilient Kids' program while the researchers were on site. Participation in this study was voluntary. All children who chose to participate later signed additional forms of assent and agreed to meet with the principal investigator and this student.

The second inclusion criterion for choosing this sample is due to the "information-rich" quality of the participants within the sample. Patton (2002) stated that, "Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research" (p.46). Because the interviews were done while the children and youths were at camp, the experience was fresh on their minds and therefore the researchers hoped that the children and adolescents would constitute "information-rich" cases.

Variables and Instrumentation

Demographics. Cape Town is described as the legislative center of the Western Cape Province and has a population of 2,893,251 people. 46.6% of the Cape Town city population is under age 24; and in South Africa in general, 51% of the population is under the age of 18 (UNICEF, n.d.) Cape Town is known for its famous port, natural resources, and tourism; however, considerable disparities exist between the rich and the poor in the city, with the majority of inequalities falling along racial lines. Steps to improve basic services have been taken, yet issues like health and housing, education, sanitation, and access to potable water continue to pose a challenge for youth and their communities. The participants in this study were all from one of these communities, a low-income housing project situated close to Cape Town in

the Western Cape. The demographic information obtained from each participant includes age and gender of the child and contact information for the parent/guardian.

Semi-structured interview. The data was gathered using a semi-structured survey which was developed based on findings from the existing literature, consultation with other mental health professionals, and collaboration with current child advocates in South Africa. The following format was used for both individual and focus group interviews:

1) How did you hear about Resilient Kids?

2) Tell me about the things you do/did in the Resilient Kids program

      Prompts: Are there any

      games?

      dramas?

      crafts?

      outdoor activities?

3) Tell me about the things you like in the Resilient Kids program

      Use above prompts if not already used

4) Tell me about the things you've learned in the Resilient Kids program

5) What was life like before Resilient Kids?

6) What is life like after Resilient Kids?

7) What would you change about the Resilient Kids program?

Researcher as instrument. In qualitative research, the researcher cannot be separated from the research process. Understanding how this process relates to the construction of evidence and analysis requires self-awareness on the part of the researcher (Creswell, 1998). Examining the researcher's positions, self-identities and self-constructions can lead to important choices in

how the data are created and represented (Morrow, 2007). Depending on the researcher's own identity, a particular voice, interpretation, or intention may be embodied. For this reason, I provide a brief description of my personal journey relevant to the proposed study.

I was raised in the heart of Miami, Florida. My love for diversity came from an international upbringing in which it was common to experience many cultures and customs on a daily basis. Since my early childhood I have been on a mission to experience life at its fullest, determined to love others and to be authentic with a depth that many have noticed and find unique. My passion lies in truth and living with purpose. I believe in the ethical and humane treatment of the whole person.

Subsequent to my work as a pediatric Speech Language Pathologist, my direct mental health practice experience includes both the social service setting and community-based non-profit environment. I have served as a provider for therapeutic interventions designed to address mental, emotional, behavioral, and/or developmental disorders in children and I have worked to improve parent/caregiver skills and concerns caused by social and psychological stressors. I have experience in the areas of international ritual abuse and emotional trauma, working with survivors of human trafficking and individuals diagnosed with dissociative and severe attachment disorders. As an expressive therapist I have used therapies that include dance/movement therapy, poetry therapy, art therapy and psychodrama. I am interested in the use of experiential and creative techniques as they relate to the point of attachment between people; the point in which worlds collide and personhood pools to meld into the collaborative spark that ignites connection. In my counseling and research experience, I count on the use of expression to know more about the struggle in search of identity and purpose, specifically as this relates to trauma recovery and rebuilding emotional capacity. Bart Santen alludes to this struggle in his

2007 article, *Into the Fear Factory: Treating Children of Trauma with Body Maps*, when he states:

> All over the world there are children who have been (and will be) confronted with extremely overwhelming situations that cause helplessness. Violent processes, inflicted by human beings or by other environmental disasters, leave the "dust" of fear in their blood. In cases where those circumstances make an emergency state of dissociation inevitable, dynamics are created that these children cannot undo by themselves…methods are needed to help them recover. (p. 77)

In my role of therapist, I am interested in knowing the clients' stories from their perspectives. I want to know what the client sees as the presenting issue and how this plays into the surrounding circumstances of his or her environment, such as financial concerns, family issues, and health factors. In my role as researcher, conducting qualitative research is a similar process for me.

Qualitative research is another step on my journey to accept the command by life to capture the moment between the lines; the moment where pain, injustice, and vulnerability meet in the cracks beneath the surface. It is where that which does not have words becomes defined; it is the space where a non-verbal look may reflect the rich depths of knowing. By using grounded theory in qualitative research I believe that I am able to experience a research tool that allows for the exploration of the voice of the individual, in this case the children, from a perspective that is unique to them. In this project, I am focusing on the elements of this theory that drives for a subjective understanding of the shared story and the ability to externalize the story for use as a catalyst for change.

Procedures

Prior to the initiation of data collection, approval was obtained from the Radford University Institutional Review Board (IRB) and from the University of Cape Town Ethics Board. Due to the international nature of this project, the process of attaining permission required approval from both. Financing for the trip for two researchers from Radford, Virginia to Cape Town, South Africa was carved out of a Seed Grant that served as funding for the larger research initiative.

Data collection. The data was collected at the Resilient Kids SA Kids Camp which took place over a long weekend in May 2013. The researchers stayed on site with the participants for the weekend and collected data throughout the course of the weekend. The semi-structured survey was used as a guide for individual and focus group interviews.

Individual and focus group interviews with children. A focus group is a discussion involving a small group of participants led by a moderator who seeks to gain insight into the participants' experiences, attitudes and/or perceptions (Hennessy & Heary, 2005). With children, these groups typically consist of between four and six children with discussions lasting in length between 30 and 90 minutes (Heary & Hennessy, 2002). The focus groups are facilitated by a moderator whose goal is to maximise the interaction of group participants in a non-threatening environment (Heary & Hennessy, 2002). In contrast, individual interviews typically consist of a one on one, question-and-answer approach between an adult and a child. Similar to focus groups, individual interviews are seen as useful for gathering information on emotions and experiences (Denscombe, 2003). Individual interviews are additionally regarded as valuable in gathering data on sensitive issues (Denscombe, 2003) and on children's thinking about complex issues (Ginsburg, 1997).

Individual interviews and focus groups each have their own benefits and drawbacks (Kitzinger, 1995; Krueger, 1996). Given the social nature of focus groups (Krueger, 1994), participating children have the opportunity to hear the opinions of others. The group context reflects the manner in which individuals form opinions in the real world, through interacting and conversing with others (Ronen, Rosenbaum, Law & Streiner, 2001). However, Lewis (1992) warns of one drawback of using focus groups with children, the potential for group think, when a child tags onto the views of others without necessarily reflecting on their own individual meaning or value. Mayall (1993) disagreed, noting her conversations with two or more children stating, "the social situation encouraged the children to talk with each other, rather than answer questions: to spark off ideas, to argue, to develop and refine points" (p. 468).

The unique advantages discussed for individual interviews over focus group interviews with children include the ability to obtain more in-depth information and the greater control of the interviewer over the interview process relative to the unpredictable nature of group interaction (Morgan, 1997). Some would argue that the one-on-one situation between an adult and a child can create a power imbalance for children (Donaldson, 1978). Furthermore, when the interview takes place in a school type setting, this may further complicate the situation by creating an environment similar to an educational or test experience, resulting in the expectation amongst children that they must produce correct answers (Kellett & Ding, 2004).

In a review of focus groups with children, much of the knowledge is based on conventional wisdom (Wooten & Reed, 2000); there appears to be an absence of empirical data to support many of these claims (Seal, Bogart & Ehrhardt, 1998). A small number of studies comparing data from interviews and focus groups have been conducted with adult participants. Hill (2006) noted that while researchers often form judgments on children's level of engagement

and enjoyment, these observations are frequently unsystematic in nature. A child-centered approach requires consideration of children's experiences of participating in different interview formats (focus group versus individual). Currently, little is known about children's opinions on different research methods, and there is a need to listen to the children's voices in regard to the debate on the choice of research method.

Translation and the use of an interpreter in qualitative data. When the data was gathered, after briefly establishing rapport with each participant, the researcher read each question aloud in English and then paused for translation, if needed, into the participant's primary language of Afrikaans or Xhosa. Very little is published on the collection of qualitative data using interviews conducted in another language with the use of an interpreter/translator. The majority of participants in this sample were bilingual, speaking Afrikaans or Khosa in addition to English as a second language.

According to Young-Hee (1995), the first priority of translation should be to the overall meaning of the words, and not to the linguistic structure. Rubin & Rubin (1995) further noticed that cultural assumptions are embedded within the context of the language people use; these cultural assumptions may include a set of understandings, values, and beliefs widely shared within a group or sub-group. Edwards (1998) argues the need to treat interpreters as key informants rather than neutral transmitters of the message. Key informants can be used as a tool in qualitative data collection to provide culturally and contextually specific information when conducting individual and focus group interviews (Baker, 1981; Edwards, 1998). In the interviews this data utilized, key informants provided translation with the children when needed. All individual and focus group interviews in this sample were audio recorded with permission for later analysis and coding.

Unexpected factors in field work with children. There were a number of purposeful actions I took in an attempt to conduct developmentally appropriate field work with children. During the course of these actions, I encountered some unexpected factors. The first unexpected factor occurred during my use of the audio recorder. Initially, I joined in the circle games with my audio recorder in hand -however not in use- in order to allow the children to make observations of the recorder, of me, and to see me with the recorder. This was my effort to assimilate the research tool into the field work and make it user friendly for the camp participants. By the time I began conducting my initial interviews, the participants had been offered time to look at the equipment and had been introduced to it by the camp leader as a "Rocket Ship that would fly back to the University in America where Stirling goes to school." The second and smaller recorder that was used during the Focus Group portion of data collection was likened to a *Talking Stick*, similar to a microphone that the participants used in conjunction with the larger recorder. Participants were already familiar with the concept of a talking stick as an object used to signal their turn to talk during circle games and focus groups.

My initial reaction was to label this approach as magical thinking. The majority of campers ranged in age from ten to twelve years old, and I was concerned that labeling my data collection recorders and audio equipment as a "Rocket Ship" and "Talking Stick" was developmentally inappropriate. Upon consultation, camp leaders encouraged me to remember that a majority of the activities accounted for developmental delay. It was not atypical to find that a fourteen year old male was observed as physically smaller in stature and delayed in both social and emotional experiences.

A second unexpected factor occurred during the process of obtaining consent/assent from the participants. During the initial individual interview, I sat down with the first participant in an

empty room and encouraged her to examine my tape recorder while offering a moment of initial

rapport building. I followed this with the introduction of the informed consent/assent paperwork.

I observed as the participant became quiet, eyes down, bringing arms inward in a crisscross

position and slowly made her way back into the corner. At first, I was confused, unsure of what

was happening after rapport had seemingly been established so well. I continued to explain the

interview process and was met with silence. It occurred to me that the setup of the room, with the

paperwork, and me in a position of authority, may have felt similar in nature to the setting of

school and for some of the participants, school had been described as a negative environment in

which they were punished physically if they did not behave. When I consulted with the leaders

of the RK Camp, they confirmed my interpretation. I met with my academic advisor and with the

cultural broker before the next interview and together we planned for accommodations that

would further support participants. We decided that because the guardian or parent of each

participant had already given their signed informed consent, obtaining an initial verbal

agreement from each child or youth before the individual interview would allow participants to

consent to the interview. Later in the camp, participants signed the proper consent/assent forms.

The interview with the next participants seemed to go smoothly so my advisor speculated the

paperwork had been intimidating for the previous participant.

Analysis

Because of the paucity of empirical studies on research examining the children's

perspectives of resilience, I used grounded theory for analyzing all individual and focus group

interviews in this sample. Grounded theory methodology is an approach that uses data to explain

a process or phenomenon thus helping supply the framework for future research (Creswell et al.,

2007; Patton, 2002; Strauss & Corbin, 1998). In grounded theory, researchers are not attempting

to test a hypothesis; they are building a theory from the raw data (Fassinger, 2005; Strauss & Corbin, 1998). The qualitative approach of grounded theory allows ideas and themes to emerge from the data that are closely connected with the participants' reality (Fassinger, 2005; Strauss & Corbin, 1998). McCracken (1998) describes the objective of this analysis as one that determines patterns, themes, relationships, and assumptions that inform the research about the participants' view of the world in general and about the topic in particular. Grounded theories "offer insight, enhance understanding, and provide a meaningful guide to action" (Strauss & Corbin, 1998, p. 12).

Coding. A major objective of qualitative methodologies is to extract themes, patterns, and ideas that may exist in the narrative. One method of analysis for this extraction is coding. Coding is a strategy that allows researchers to deconstruct the data and develop broad categories of ideas. Grounded theory analysis uses three stages of coding: (a) open coding, (b) axial coding, and (c) selective coding (Fassinger, 2005); each stage of coding occurs recursively using constant comparisons that include (a) comparing data among participants, (b) comparing events, and (c) comparing categories (Charmaz, 2000). The overarching goal is to generate themes that are then used to create a theory, grounded in the data reported by the participants from their perspectives and lived experiences (Fassinger, 2005).

The first stage of coding is open coding. Strauss and Corbin (1998, p.101) define open coding as the "analytic process through which concepts are identified and their properties and dimensions are discovered in data." In open coding, the transcribed data is broken down into units of meaning, labeled using words close to that of the participant, and further examined for alternative meanings (Fassinger, 2005). These units of meaning, traditionally thought of as concepts, are further grouped into categories that explain why the concept exists. This process is

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repeated as additional data is gathered and new units of meaning emerge. Categories undergo modification until all gaps are filled (Fassinger, 2005).

Upon completion of open coding, Ruth Riding-Malon, my academic advisor and principle investigator for the larger portion of this smaller research study, served as an auditor by reading over each section of the transcribed data and offering input for the categories that developed from each concept within the data. At this stage she offered input towards the goodness-of-fit between the data and the developing categories.

The second stage of coding in grounded theory analysis is axial coding. This is "the process of relating categories to their subcategories, termed [axial] because coding occurs around the axis of a category, linking categories at the level of properties and dimensions" (Strauss & Corbin, 1998, p. 123). Axial coding further examines the relationship between categories allowing for the building of key concepts. In axial coding, a constant comparison method is used to gain insight into the categories. Axial coding involves putting back together the concepts that were extracted during the open coding process; the concepts identified through open coding are grouped into categories that are the building blocks of any subsequent theory that may emerge. The main goal in this stage is to look for explanations and understanding of the phenomena (Strauss & Corbin, 1998).

At the end of this stage of coding, the structure and organization of each category was again audited by my academic advisor, Ruth Riding-Malon. She offered feedback on data that had not yet been accounted for by an assigned category and also noted categorical names that were too broad or data that was misrepresented or better represented by a different category altogether.

Selective coding is then used to create a substantive theory, if possible. This stage involves the selection of a central "core" category - one that is related to all other major categories and will serve to integrate each category into an "explanatory whole" (Strauss & Corbin, 1998). Throughout this stage of analysis, a theory may begin to emerge which is a brief narrative, a core "story" that incorporates all of the categories and their relationship to the central core. The emerging theory is constantly compared to the data and to the existing literature to ensure that the themes, concepts, and subcategories are accurately reflected.

Trustworthiness. The analytic process in qualitative methodology draws on the capacity of the method to capture nuances within the data. This is a process that can allow researchers to explore a phenomenon through the voice of the participant. The progression is labor intensive. It uses the skills of the researcher to bridge the creative richness of grounded theory with a credibility of design considered counterpart to validity and reliability in quantitative method (Fassinger, 2005; Morrow, 2005). Trustworthiness in qualitative research can be considered equivalent to discussions of validity and reliability in quantitative methods (Morrow, 2005). Trustworthiness can be demonstrated through a series of strategies that ensure the researcher has performed the study with as much credibility as possible (Hays & Singh, 2011).

In the current study, I addressed trustworthiness in the data analysis process firstly through the use of memos. Memos can be used throughout the analytic process to describe findings as they develop in the study. Memos may include records of thoughts, questions, assumptions, and insights related to the coding process (Fassinger, 2005; Strauss & Corbin, 1998). Memos can be used to later review the researcher's methods during the process of data analysis, thereby serving the function of record keeping for the researcher.

Throughout the course of my time at the campsite with the children, and during the majority of my fieldwork preparation and termination, I maintained a handwritten journal for the use of collecting memos. I used these memos in conjunction with new memos to record my insights, thoughts, and questions during the analytic process. I later shared some of these memos with my academic advisor, Ruth Riding-Malon, as we determined the best fit for the data and their emerging categories. I address some of these thoughts and the actions I took as I connected with the children during the camp even before I began interviewing them in the discussion chapter in the section entitled Points to Consider.

Another key strategy for addressing trustworthiness is through the use of an outside auditor (see above coding section for details; Fassinger, 2005). Auditing can be done in a variety of ways; Fassinger (2005) notes inquiry auditing "monitors the overall process and product (usually substantive theory) of the inquiry to ensure that it has been conducted in adherence to acceptable procedures." As a second trustworthiness strategy, I chose to select an auditor who has a background in grounded theory and some experience in qualitative data analysis.

Conclusion

The methods described in this chapter were followed in order to seek understanding on the topic of interventions that foster resilience in at-risk children in South Africa from the perspective of the child. Although there appears to be a sufficient body of knowledge on resilience throughout the literature, there are few studies that consider the perspective of the child, with little in-depth information on data collected from this age group directly.

Chapter 4: Results

In this chapter I discuss the results of the study. Data analysis identified overarching themes that emerged over the course of each individual and group interview. Throughout both the individual and group interview processes, translation was provided for participants by either a Resilient Kids trained youth or adult group leader when necessary.

Individual Interviews

In the individual interview setting, six major themes emerged: Means of Connection, Multisensory Tools, Skill Building and Development, Identity, Group Belonging, and Sense of Change. Each of these main themes is broken down into sub-themes and described in the sections below.

Theme 1: Community networking and connection. Participants expressed a main theme of community networking and connection in their discussions surrounding the means by which they were first introduced to the Resilient Kids SA program and the resources it offered. This theme contained three sub-themes: Verbal Connection, Observation of the Group, and Outside Referral. All of the participants in this study were able to identify the source by which they first obtained knowledge of the organization. Next, I will further expand on each sub-theme by describing it in detail and quoting the participants in an effort to provide a thick description when possible.

Verbal connection. The participants reported the most common method of connecting to the organization was through a verbal connection by word of mouth. Nine of the participants indicated they directly heard about Resilient Kids SA from a friend, with one of the nine participants clarifying that the "friend was my sister" (P1). Three of the participants provided the additional information that their friend said to "come and play games," and two of those three

participants heard the friend add "it is nice, you must come" (P3) and "they have nice games" (P9). One participant shared his friend's in-depth description of Resilient Kids SA and stated, "he told me we must come on a Wednesday, they've got nice games that they play and they go on outings…camp…camping and horseback riding" (P9). Another participant shared (in reference to Kids Club, a weekly club organized by Resilient Kids SA), "I was brought by a friend…they said I must come to Kids Club because there are many games to play…and they said I must come because I learn things about respect, like don't hit others" (P4).

Observation of the group. Two of the participants observed the Resilient Kids SA program during the day at school (the school was next to the community building where the Resilient Kids SA program meets for Kids Club during the week). When they were asked how they first heard about the program, one participant shared, "I saw people playing" (P13) and another participant stated,

> Every day when I came out of school I saw a lot of white people there, by the wall, and I asked my friends, what is this, what is going on? They told me they are playing games with the kids and they asked me to come (P12).

Outside referral. Two of the participants reported that they heard of the Resilient Kids SA program during their involvement with another resource, Inside Out, describing it as "also like a club or something" (P7).

Theme 2: Multisensory tools. As participants described what they do in the Resilient Kids SA program, they expressed a main theme surrounding the concept of multisensory tools, specifically in the form of games and activities. This theme emerged from two sub-themes: verbal games and activities and non-verbal games and activities. One participant described the games and activities by stating, "we play name and feeling games and we also play games where

we tell each other if we are happy to be there" (P11). Another participant shared, "I saw there were good things that kids were doing, like playing games here…they are teaching me how to play" (P8).

Verbal games and activities. Thirteen participants reported playing verbal games and provided examples of specific types of verbal games. The following selection of responses reflected these specific verbal games:

[Were there games or crafts?] "Yes, games like 'Hamba Tangi Omo' and 'Do What I Do' and 'I Have the Ball'" (P7). A second participant shared, "We play 'Do What I Do' and 'Carrot on the Farm'" (P12).

Songs and drama. Verbal games additionally emerged as a sub-theme surrounding the discussion on singing songs and participation in drama. One participant shared an example of singing songs in the response, "Yes, umm [snapping and motioning the songs] 'If you're happy and you know it' and 'Put your left hand in and put your left hand out'" (P1). The same participant then sang a song about feeling special:

[snapping and motioning the song] "I am special, I am special, special me," Ekkus Ollek [What does Ekkus Ollek mean?] I am special, but in Afrikaans. In Xhosa it is Di A Tandwa, Di Ten Ma. Yes, Jesus loves me and I am so clean (P1).

Storytelling. Another form of verbal games took on the concept of storytelling. One participant said, "I like the games and the sleeping, when we were sleeping we read first the Bible and then we go to sleep" (P4).

Non-verbal games and activities. Six of the participants discussed games as activities including movement (e.g. hand gestures and non-verbal motions). The following responses illustrate the subtheme of non-verbal games and activities:

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We play games and learn one another's names, like this: my name is [participant's name]

and I feel WHOOOHAAAA [participant motions with hands to demonstrate how he is

feeling] (P9).

Another participant said, "We make faces about our feelings" (P7), and then demonstrated the

activity of modeling facial features to match a represented feeling.

Physical activities. Six of the participants viewed games as physical activities like an

obstacle course or swimming. One participant reported, "I played in the mud, the tires, and also

there was a rope I had to walk on" (P8).

Arts and crafts. Four of the participants identified games as crafts, making things, and

drawing. One participant shared, "we draw on a piece of paper and then we make a box and

everything we need we put it into that box" (P9).

Theme 3: Skill building and development. As participants reflected on what they do in

the Resilient Kids SA program, the topic of conversation typically transitioned into what they

had learned; there was an overlap in the description of what they do in the program and what

they have learned. For example, one participant was asked the question "How do you *learn*

respect?" and answered, "We *play* games." It is important to note that the concept of *play games*

and *learn things* for participants included reports of both verbal and non-verbal modalities that

worked in partnership with observed physical, emotional, social, mental, and spiritual themes.

All participants were able to report at least one thing they learned from the Resilient Kids SA

program and twelve participants provided a specific example of what they learned through the

demonstration of a game, the sharing of a story about God, discussing an activity, singing a song,

or acting out a non-verbal motion using their hands or body. One participant noted, "[An adult

leader] taught me I am special. [How?] She showed me with her fingers." This participant

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motioned the meaning of "special" by using each of the five fingers to represent a component of the meaning of *special*.

Respect for self and others. In response to the question "What have you learned in the program?" participants most commonly provided answers surrounding a theme of respect for self and others. The concept of respect ranged in description from "not judging others" (P4) to "we must not make fun of other people" (P12). Three of the participants defined respect using the concept of builder and breaker. One participant reported in detail, "a builder [motioning up with her hands] is when you say nice things to people and a breaker [motioning down with her hands] is when you are rude to them and you speak rude languages and things like that" (P5). Another participant further described, "When you build up, it's when you help people achieve the things they want. Make their dreams come true" (P3).

A major component of this theme incorporated responses that were reflective of both self and others. One participant defined respect as "not being ugly with one another" (P9) specifically explaining, "when we play games we are not allowed to point at one another" (P9). Many of the participants noted they had learned the concept of respect throughout the course of learning how to play games and participation in various activities.

Non-violence. Within the subtheme of respecting self and others was the factor of non-violent interaction as a form of respect, incorporating responses such as "do not fight," "do not curse," and "do not judge others." This is reflected in the following participant responses:

> [My friends] say I must come to Kids Club [Resilient Kids SA] because there are many games to play. And they say I must come because they learn good things about respect. [What kind of things?] Don't hit others and no fluking [Afrikaans word for cursing]. [Does fluking mean bad words?] Ya, bad words. (P4)

The same participant later added, "[I learned] don't judge other people, don't hit and don't fight with other people, and don't say bad things to other children" (P4).

Theme 4: Identity. Throughout the interview process, I observed a sense of internal identity, worth, and meaning of self that developed alongside participation in the Resilient Kids SA program. This section incorporates these concepts using the following sub-themes: self-concept and spiritual identity.

Self-concept. A majority of the participants used the phrase "I am special" to reflect a sense of identity, specifically the perception of self or self-concept. When asked to describe the meaning of *special*, two of the participants used their hands to gesture the meaning, with each of the five fingers on the hand representing a component of the meaning of *special*. One participant shared thoughts on the meaning of *special* by stating,

I learned I am special. That I mustn't make fun of other people and I must be respectful of bigger people and I mustn't swear. [Who taught you about special?] [an adult leader]…she always tells us we are special. [How?]. She shows us with her fingers [participant demonstrates with fingers] and verbally spells out, "I…A-M…S-P-E-C-I-A-L" (P13).

Spiritual identity. For many of the participants, the knowledge of "I am special" was observed as a parallel process to the second subtheme of spiritual identity. Five of the participants defined the concept of special in relationship to God by stating, "we are Jesus's child and He says we are special" (P2). Another participant shared, "God created us to be special and not to judge each other and if I saw someone crippled not to laugh because God made everyone equal" (P11).

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Non-violent identity. The aspect of non-violence stood out in the discussion surrounding self-concept and spiritual identity. "I am special" was observed to connect with the concepts of "do not fight" (P12) and "do not judge" (P7). One participant shared, "[After going to Kids Camp for the first time] I went to fetch my friends to come and join because the things I saw were very positive and then because it keeps them from fighting one another" (P11). Another participant reflected on what special means:

> I learned that I am special. [And special means?] Nice like Jesus. And beautiful. Before Kids Club I was fighting. My friends were fighting me and I fighting them back. [I learned] You must not fight them, you are Jesus' child. We are Jesus' child and fighting is not beautiful and, yes, I stopped fighting. It is not beautiful to fight (P2).

Theme 5: Group belonging. While many participants reported having learned things specific to themselves as individuals, seven of the participants noted they learned things specific to their roles in relationship to others, both within their communities and within their homes. This included the concepts of rules and manners like, "always have a grown up near when you make fire" (P5). Additionally the concept of listening within the group was observed in statements like, "you must respect other people and parents" (P7) and the concept of doing chores at home to help others in the home was reflected in statements like, "[I help] wash the dishes and make the bed" (P13) and "[I learned to] always help with my hands" (P12).

Teamwork. Other participants described this concept as teamwork. One participant shared, "I learned teamwork. When we were, just a minute ago, when we were on the field [tossing the egg back and forth] and the egg fell on me, I learned about teamwork" (P5). The concept of teamwork and concern for others within the surrounding environment was

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additionally found throughout answers provided by participants about what they learned specific to non-violent interaction with the peers and adults in the community and at school.

Non-violence. In relationship to the theme of non-violence and group belonging, the following was reported specific to community and violence: "We do not fight with one another" and "Do not cuss or say mean words to each other". One participant explained, "I learned don't judge other people, don't hit and don't fight with other people, and don't say bad things to other children" (P4). Three additional participants noted the importance of this concept in reference to the adult figures and leaders within a group setting. One participant stated, "I learned a lot about games and learned to respect my parents and not to swear at my parents, my mother" (P6).

Spiritual group identity. The theme of non-violence within a group setting also incorporated factors that were directly tied to the participants' view of self and others within the group in relationship to spiritual identity. One participant shared, "if I saw someone fighting, I would go up to them and stop them and tell them that God love them and they shouldn't be fighting because God loves all of them" (P11). Another participant stated, "[before] my friends were fighting me and I fighting them back. [I learned] You must not fight them, you are Jesus' child, we are Jesus' child and fighting is not beautiful" (P2).

Emotional awareness. Of particular interest was the emerging factor of emotional awareness. The responses classified in this section incorporated the concepts of belonging together with others, expression of emotional self, and mentoring in the form of modeling. Participants continuously depicted an environment in which they grow and develop amongst each other and within the guidance of the adult leaders. One participant described this using an adult leader as an example of mentoring and modeling on the subject of emotions: "[An adult leader] taught me to make stuff about my feelings. [What kind of stuff?] Emotions, faces like

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emotions" (P7). The participant then demonstrated the awareness of emotions in a non-verbal manner to display the emotions of anger and happy. Another participant described a group activity during which the participant crawled through a pit of mud while team members and the adult leaders cheered. When asked to share about the mud the participant stated, "[I learned] that we love them [the group]" (P8). The participant further described the love as "for himself and the other children" (P8).

Theme 6: Change. In this section I included the aspects of change categorized by two major sub-themes: life before Resilient Kids SA and life after Resilient Kids SA.

Life before Resilient Kids SA. Participants consistently described life before Resilient Kids SA with an overarching sense of isolation and the presence of violence surrounding four concepts: struggle with peers and adults, fighting on the street, no games and activities, and negative emotions.

Struggle with peers and adults. Participants described life before Resilient Kids SA as inclusive of struggle with both peers and adults. The sub-theme of struggle with peers classified responses like "fighting" (P2) and "walking the streets [with no friends]" (P1).

In addition to the reported struggle with peers, participants described struggle with adults. One participant shared, "[My] life before was bad. My mother shouted at me and when I did my homework my mother walked up to me and when I don't do what she asks she shouts, 'you must fuck out'" (P8).

Another participant described the struggle among adult members of the community when stating, "the children fight and the parents are angry with one another and the next day, children are friends again but the mothers are angry at each other and then start having a fight" (P11).

Fighting on the street. One participant described life before Resilient Kids SA reflecting on the struggle on the streets when stating, [What was life like before Resilient Kids SA] "it was not nice, my friends was not nice with me because when I talk to them [on the streets] they tell me they want to fight with me" (P2).

No games and activities. Three participants noted the absence of games and not knowing how to play games before the Resilient Kids SA program. One participant commented, "it wasn't nice because I didn't know how to play good games and I wasn't like I am now…I wasn't good at learning, I am [good at learning] now" (P3).

Negative emotions. All of the participants who commented on life before the Resilient Kids SA program included the aspect of negative emotions. Specific to this subtheme were the concepts of life as "bad," feeling "not happy," threat or danger in isolation, and the idea of having a negative self-concept. One participant shared, "it [life before] was bad. I didn't play games…I talked to my friends and play outside in the street…skipping, yes…but it's not happy" (P1). This participant later described life on the streets as, "I had one friend" (P1).

Life after Resilient Kids SA. The awareness that life had changed in a positive manner with the presence of the Resilient Kids SA program was reflected throughout answers provided by twelve of the participants. I observed this throughout the discussion of four major concepts: having friends, life as more positive, feeling of support, and presence of games/knowledge of play.

Having friends. Three participants noticed an increase in friends after they began attending the Resilient Kids SA program. One participant shared, "I have more friends" (P1) and another stated, "before my friends were not nice with me and now I have nice friends." This

participant later described the difference in the school setting and shared, "It is very nice to play with a group at my school" (P2).

Life is more positive. I observed this theme to include the dynamic of life as being/feeling more positive and a sense of improvement. More than one participant was observed to comment, "I love Kids Club" (P8), "I am happy to be in Kids Club now" (P11), and "I feel happier than ever" (P3). Another participant indicated, "My life is full" (P1).

Feeling of support. The feeling of support was noted throughout this subtheme in the form of peer support and support from the adult leaders within the Resilient Kids SA program. One participant commented on the feeling of support when sharing, "I love everything, everyone works in a group and respects each other" (P11). Another similarly commented, "We work together and we must not laugh at each other" (P9).

Presence of games/knowledge of play. One noted difference I observed throughout the answers provided by participants surrounding life after Resilient Kids SA was the concept of knowing how to play "good games" (P3). For the participants who commented on play, specific to street play, prior to the Resilient Kids SA program the type of play was reported to change. There was a sense of decreased isolation and negativity in play. For example, "We play nice games here" (P2) was a distinction made in contrast to answers provided on life before Resilient Kids SA such as, "It wasn't nice, I didn't know how to play good games" (P3). For some of the participants, I observed comments that the Resilient Kids SA program taught them how to play. One participant shared, "They are teaching me how to play games and sing songs and learn the songs" (P3). Another participant similarly commented, "I am happy for the games and activities we learn to play" (P11).

Group Interviews

Beyond individual interviews, I also conducted two group interviews during which the participants were asked questions within their assigned peer groups with an adult group leader present. In the group interview setting, four major themes emerged: Play Games, Resilient Kids SA as a Positive Influence, Group Belonging, and a Place to Learn. Each of these main themes is broken down into sub-themes and described in the sections below.

Group Theme 1: Multisensory tools. Similar to participant reports in the individual interviews, the group setting yielded concepts of multisensory tools in the form of games, songs, and both verbal and non-verbal activities. Group participants described "nice games and songs," "dramas," and "activities." In all of the group interviews, participants demonstrated specific games and activities. Group participants demonstrated the answer provided by singing a specific song, acting out a game, or using the concept of playing games to further describe the things they have learned in the Resilient Kids SA program. For example, one group member shared:

> One day [after school] when I came from the library, the library is next to [the community hall], I saw a lot of children in front of the Hall playing, and I was asking them "What are you doing there?", and they were telling me they were part of the Kids Club and I go and join them. We do a lot of games there and dramas that teach me to love myself and that I am special (G1, M6).

Group Theme 2: Resilient Kids SA as positive influence. Resilient Kids SA as a positive influence emerged out of the discussion among group members that reflected the dynamic of Kids Club as a positive presence. One group member described, "Kids Club is a positive part of life and it keeps you away from drugs and alcohol and stuff like that" (G1, M1). In regards to life before the Resilient Kids SA program versus life after the program, one group member specifically identified, "life was nice before, but when I met [an adult leader] and them

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[the Resilient Kids SA group] my life was not *so* nice and I did bad things and now I see the way I do more good things" (G2, M3).

Group Theme 3: Group belonging. A sense of this community was observed within the theme of group belonging. In this section, two sub-themes emerged: observation of play as a group and group that cares for and loves children.

Observation of play as a group. The first sub-theme, observation of play as a group, incorporated the concepts of children playing within the school setting and within the community setting. This observation was described in the following example:

> When I passed the [the community hall] I saw a lot of children outside and I went immediately because they were singing and they were playing games and when I came into the [community building] they asked me what age I am and I tell them and I felt enough at home and found Kids Club very happy and interesting (G1, M3).

Another participant described, "From school I see a lot of children outside and they ask me my age and marked my hand as a green team, and I feel proud to be on the green team" (G1, M4).

Group that cares for children/loves children. The second sub-theme of group belonging included the aspects of group belonging that specifically represented caring for and loving small children. One group participant reflected on his first day within the Resilient Kids SA program and stated:

> I saw all the children going and then on the first day they were playing nice games and I saw them and I realized Kids Club was for me and there is love and caring for small children and that is how I found Kids Club (G1, M2).

Another group member shared, "I found in Kids Club caring for children and love for children and I am very thankful for that" (G1, M1). A third group member remarked, "When I came into

the [community building] they asked me what age I am and I told them and I felt enough at home" (G1, M3).

Group Theme 4: A place to learn. The fourth and final theme from the group interview setting included the dynamics of Resilient Kids SA as a place to learn. Specific to learning, the following sub-themes emerged: Self-concept/Identity Formation, Love, and Spiritual Identity.

Self-concept/identity formation. Group members commonly identified coming to the Resilient Kids SA program and learning aspects of self-concept and identity formation for both themselves and in relationship to others around them. One participant shared this concept when stating, "I go and join them [Resilient Kids SA]. You do a lot of games there and drama and they teach me to love myself and I am special" (G1, M6).

Another group member described a sense of respect for himself and those around him. He shared, "I learn a lot at Kids Club. I learn how to respect one another; I learn how to teach one another, how to love one another" (G1, M10).

Love. Unique to the group interviews was the direct discussion on love. A sense of learning about love and receiving love by those in the Resilient Kids SA program was present along with a desire to love others by giving that love to them in the future. This was apparent in the following example when a group member shared her perspective on what she learned in the program:

I go every Wednesday to the Kids Club and they teach me how to be special and I want to one day teach my children how to be special and I also want to love my children one day as the people of Kids Club love me. At Kids Club I learn many things, how to love one another and how to care for one another and how to build on to my future (G1, M7).

Spiritual Identity. In this sub-theme, I incorporated the concepts of learning about God and I am special. A sense of something bigger than self was present throughout the concepts discussed. One participant shared, "I learn about God, the word of God here and before I wasn't feel special but when I start at Kids Club regular I started feeling special and I believed I am a special lady" (G1, M8).

Additional themes of reciprocity. During the data analysis, participant responses to the open-ended interview questions allowed for interrelated themes to emerge within the overarching main themes throughout both the individual and group interviews. These interrelated themes did not align categorically, but rather as reciprocal sub-themes that were contextually related to one another while remaining categorically aligned within the original over-arching main theme. The emerging reciprocal themes included: "I am Special" (Identity of self/others), Non-Violence, Spirituality (Self-Concept), and Group Belonging/Connection. For example, a majority of the participants who commented on the non-violent aspects of respect (Theme 3: Skill Building and Development) also reported to have learned these concepts throughout the course of play using both verbal and non-verbal games and activities (Theme 2: Multisensory Tools) and in conjunction with a theme of Identity (Theme 4).

Summary

The data analysis revealed six major themes that emerged as a direct result of the answers provided by participants in individual interviews; four of these major themes were re-iterated in group interviews with participants. Furthermore, reciprocal themes emerged as a result of interrelated themes that did not align categorically as main themes but rather uniquely aligned in connection to each other while remaining linked to a main overarching theme.

I began by examining the sub-themes associated with connection, specifically connection as a means of obtaining knowledge about the Resilient Kids SA program. I reviewed sub-themes related to multisensory tools in the form of games, songs, and activities described by participants using both verbal and non-verbal modalities. Additional themes related to how the multisensory tools were used by participants for the acquisition of new skills and development specific to identity formation and self-concept. Further, the theme of group belonging emerged as a result of the discussion related to group characteristics; this was true in two areas of discussion by participants about the concept of group characteristics: 1) observation of the group when playing and 2) the sense of Resilient Kids SA as a group that cared for and loved small children. The final theme discussed reflected participants' concepts of change, specifically in regards to change as reflected by life before the Resilient Kids SA program in comparison to life after or in the program. In the next chapter, I will compare the results of the current study to the existing literature and explore potential implications.

Chapter 5: Discussion

In this chapter I discuss the results of the research in terms of the original research questions. I begin the discussion by relating points to consider about the environment that I encountered in the field. I then review the themes and sub-themes that developed from the interviews and how these relate to existing research. Next, I discuss impressions associated with the unique responses that emerged as additional related themes. After this, I consider the implications of the research, followed by the limitations of the results. Finally, I conclude with the possibilities for further research.

Points to Consider

My time in the field and on-site at the Resilient Kids SA program was during one of their annual Kids Camp events. Throughout the course of my data collection, all participants were staying on-site, exposed to Resilient Kids training material and volunteers who had been trained to re-enforce that material in a supportive manner. Though each of the participants reported prior involvement in the weekly RK Kids Clubs, the setting of the Kids Camp may have led to saturation of the learned principles and in the teaching. Had I collected data in another setting, one in which the mentors, leaders, and staff of RK were not all immediately present, the participants' answers may have differed due to differentials in the context surrounding the survey. During the camp, RK leaders were seen to provide psychosocial support as encouraged in the literature; the sustained, supportive and attuned environment may have led to an over-saturation of the RK concepts. However, the long term effects are unclear.

Research Questions

Resilience has been traditionally defined throughout the literature from a Western perspective, which encompasses the concept of "positive adaptation within the context of

significant adversity" (Luthar, 1991). Specific to children, resilience has been examined with attention on the investigation of children affected by the adverse conditions that war left behind, including the loss of a parent, sickness, starvation, displacement, and evacuation (Werner, 2000). Within these studies, observations by researchers included the noted relationship of adverse conditions and protective factors of resilience that led to a systemic approach towards resilience and children. This approach was intended to examine the dynamics of vulnerability and the adaptation of children in relationship to the environment in which they lived (Luthar, 2003; Luthar, Cicchetti, & Becker, 2000). Subsequently, global efforts in the research on resilience have further examined the culture-specific environment in which resilience is nurtured for a child that are idiosyncratic and specific to the social and community support of the child (Ungar, 2008). Researchers pursuing the concept of global resilience continue to discuss a need for greater sensitivity when examining both context specific and cultural concepts of resilience and how these factors influence a child's healthy growth and development (Ungar, 2011).

Though there appears to be sufficient information on resilience and the need for culturally sensitive, context-specific measures that contribute to the risk and protective factors of resilience in children on a global level, there is little information on the investigation into resilience from the perspective of the child, specifically OVCs in sub-Saharan Africa. Humanitarian efforts established to address the current conditions in sub-Saharan South Africa, specific to children and the AIDS epidemic, have placed emphasis on the use of psychosocial support models as a means of attending to the emotional, physical, social, spiritual, and mental needs of the child. These models have sought to provide the child with a base from which a sense of security may grow. However, because there is little information on the use of these psychosocial models from the perspective of the child, my intent was to explore this vantage

point using open-ended, developmentally appropriate survey questions designed to serve as discussion prompts.

How are the Children Internalizing the Resilient Kids model?

In this section, the themes described in chapter four will be used to answer my original research question and demonstrate connections between this dissertation and previous work as well as how this project extended beyond the existing literature on resilience, specific to the perspective of the child. Though the themes that developed were closely related to the open-ended survey questions asked of the participants, the word-choice used to describe each theme may not reflect the jargon found in the resilience literature. This difference in vocabulary may be due to the developmental perspective of the child. As a result, it will be important to link the themes to the original research question and in partnership to the themes of reciprocity that emerged as unique. These unique themes arose as the children described the vital role that a mutually supportive relationship with an adult mentor held for them.

What do They (the Participants) See as Tools and Supports?

Though the original research question sought to explore the child's perspective of tools and supports, separately, the participant responses to the open-ended survey questions did not differentiate between these two concepts.

Multisensory tools. A majority of the participants identified the experiential concepts learned throughout their time in the Resilient Kids SA program as both tools and supports collaboratively. Multisensory learning, like that used in the resilience model described here, has been defined in the literature as a process that appeals to more than one sense in an effort to promote the acquisition and retention of information (Alvarez & Zammitt, 2011). This internalized information was used as a supportive tool in a variety of ways by each participant

and across a number of different settings. I will discuss these identified tools and supports based on the type of concept, broken down according to subheading.

Games and activities. A common overarching theme discussed by participants was the use of games and activities. Games, like the name game and feeling game, were discussed as concepts used to invite others to the Resilient Kids SA group, express feelings to other participants in the group, and observe others at play. These types of skills are discussed throughout the literature as pro-social tools (internal) of effective developmental skill building and attachment tools (external) among peers, community, and society that enable positive attachment relationships with competent others (Masten, 2014).

Some of the participants additionally discussed the concept of learning how to play through the Resilient Kids SA program. The resilience literature on the child's right to play examines the provision of play and opportunities for play as more than simply providing spaces and facilities in which children are able to play. A child's right to play, according to the United Nations Convention on the Rights of the Child CRC (Article 31), requires consideration of the social and physical environment as supportive of children's ability to play. When the social and physical supports of a child's environments are impeded upon, the impact can effect survival, well-being, and development (Burghardt, 2005; McEwen, 2007). Participants regularly described the internalization of supports embedded within the Resilient Kids SA model that are consistent with the right to play. Some participants described the play as "good games," others referred to the activities and outings provided by the Resilient Kids SA program. For example, camping and horseback riding were activities discussed by the participants as "new opportunities." Games and activities like these enable children to try out their environments and develop a wide repertoire of responses to the situations they create (Hromek, 2004). This is especially salient towards

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protective factors for psychosocial resilience in children and youth, factors like self-regulation skills for self-control and attention, arousal, and impulses (Masten, 2014).

The use of games and activities also served as a modality by which participants were able to share themselves in a meaningful way and, in turn, notice and participate in the talents of others. Some of the participants described knowing that the Resilient Kids SA setting was one that "loved children" and others identified the games and activities as "non-judgmental." Games were often described as a setting in which the participants were able to observe others during the process of "good" play. Furthermore, participants shared about experiences surrounding the acquisition of trust and knowledge of respect for self and others through the games and activities as they followed the rules of play. The literature describes this as foundational for the protective factors of resilience when stating, "Children with a wide enough social network and a broad enough repertoire of skills can cope even when there are large gaps in some area of their lives" (Hromek, 2004, p.1).

Participants also commented on the use of gestures in many of the games and learning activities. Gestures paired with a song or verbal routine became a way for the participants to share the acquired information and experience of the game or activity among peers, both within the setting of the Resilient Kids SA model and outside of the model among uninformed peers and community members. This is a two-part developmental skill found in the literature, one that requires the learning of new information and then passing it on. It is the developmental task of receiving and giving, described in the developmental model of resilience as a necessary skill for fostering healthy attachment relationships (including romantic relationships), emotional regulation, leadership skills, and a sense of meaning in life (Bowlby & Ainsworth, 1995; Matson, 2001; Werner, 2000). The National Scientific Council on the Developing Child (2004) identified

that children grow and develop in the context of relationships with others. Ainsworth (1979) further described that the nature of these relationships needs to have a quality of connection and a sense of belonging within sustained social attachments, as distinguishing characteristics for children's security.

Respect. A majority of the participants identified the concept of respect as a tool learned during their time in the Resilient Kids SA program. Respect was internalized across a wide range of representations, ranging from "not judging others" to "not pointing and making fun of others." Participants consistently described an overarching theme when defining the framework of respect, one conceptualized as "builder vs. breaker." The internalization of "builder" and "breaker" was reported in the form of builder as one who builds up and breaker as one who breaks down. This concept was additionally paired with hand-motions and gestures and tied to stories and lessons learned throughout the Resilient Kids SA program.

Another major component of the concept of respect included the representation of both self and others and was oriented in the here-and-now and towards the future self. Participants described the need to "build up" now in an effort to support each other's dreams for the future. Sroufe, Egeland, & Kreutzer found that "children with internalized representations of self-worth, available protection, and sensitive care may be more responsive to the positive features of their environment and better equipped with the regulatory capacities to effectively engage and benefit from such resources" (1990, p.253).

Respect was also incorporated into the rules of everyday life beyond the program of Resilient Kids SA and into the lives of the participants during their time with friends in the community. Many of the participants described teaching their friends about respect by teaching pro-social concepts such as "it is not nice to say bad words" or "we do not hit." These concepts

were also used during play with peers, "we musn't point and laugh at each other during the games." This type of carry over into the community setting is a key feature found in the resilience literature, one labeled as a protective factor in the form of connections to rule abiding peers and neighborhoods with collective efficacy (Masten, 2014).

Gestures. As participants shared their meanings of respect, the use of gestures was consistently observed. A gesture has been defined in the literature as any variety of movements, including movement of hands and arms, adjustment of posture, the touching of oneself (e.g., stroking one's hair) and other fiddling movements that people use while talking (Kendon, 1996). Across cultures, hand gestures are understood as meaningful in their own right and able to communicate specific content. Piaget (1959) argues that gestures play an important role in the learning, development, and communication of children. Additionally, early research in child development showed that almost all the rules children verbalize while explaining a game to an adult are accompanied by gestures; the gestures provided cognitive support when children attempted to talk about difficult tasks (Evans & Rubin, 1979).

"I am special" (identity). One of the defining attributes of resilience found in the literature is that of self-determination and high expectancy. Self-determination encompasses the concept of self-worth, of not being overwhelmed by feelings of hopelessness or extreme challenge based on a strong internal belief that whatever life brings the individual will persevere (Benson, 1997; Garmezy, 1991). Participants talked about self-worth as a concept related to "I am special." This was taught in the Resilient Kids SA model through the use of songs and activities as well as stories, including Bible stories that incorporated context-specific components of Jesus's unconditional love and belief for participants. This unconditional love translated into

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the participants' reported belief in their own abilities and understanding that others believe in them.

Jesus loves me. There are a number of studies from different countries showing that religion has a substantial effect on people's ability to cope with difficulties and do well in spite of hardships and risk factors in their lives (Kumpfer 1999; Lester, Masten, and McEwen 2006; Masten 2013; Pargament 2010; Werner & Smith 1982; Wright and Masten 2005).

Another way religion and spirituality can create resilience is through the use of Bible stories and teachings as a model of good values for the child to follow in life. A majority of the participants referred to values like love for others, honesty, the equality of all children, to be helpful, and friendly, when describing the overall framework of respect. The literature indicates that a sense of values can help children to avoid criminal activities, conflicts, and other negative behavior, and it can lead children towards making good choices for themselves. The use of Bible stories has been examined in the resilience literature as one example of telling people about others who went through a number of hardships. This type of teaching tool has been found to give strength by giving positive role models (Gunnestad & Thwala, 2011). In a study conducted by Gunnestad and Thwala (2011) on the role of religion and resilience among orphaned children in Southern Africa, authors suggested that:

> these models can also come from meeting people who have experienced a similar situation, and who are now coping again. The role models give an understanding that hardships are part of life, and it creates hope: others have come out of it. I will also cope. (p. 181)

Influence of a positive adult/mentor. As participants were describing the games and activities, teachings, rules, and lessons, the names of specific adult leaders were embedded

throughout their responses. Participants identified these individuals as key figures from the Resilient Kids SA program; adult leaders consistently present in the setting of the program and among the community in which the participants lived. Studies in children have found the presence of at least one healthy attachment to a significant adult is omnipresent when resilience is identified (Anthony, 1974; Garmezy, 1991; Luthar, 1991). This relationship can provide opportunities for developmental skill building, communication and support, and is important not only for their existence but also when the child perceives it as being of healthy quality (Tusaie & Dyer, 2004).

In the setting of the Resilient Kids SA model, participants reported knowing the concepts of "I am special," respect, and "builder versus breaker" through the teachings of the adult leaders, often identified as the primary secure attachment figure. The participants additionally interacted (behaviorally) among each other using ways that were modeled by the adult leaders, adult-to-child and adult-to-adult. One of the factors found to enhance resilience in child development found by Emmy Werner is "having affectional ties that encourage trust, autonomy, and initiative" (1995, p.83). These ties are often provided by support systems in the community that reinforce and reward the competencies of resilient children and provide them with positive role models: caring neighbors, teachers, elder mentors, youth workers, and peers (Werner, 1995).

Non-violence. Werner (1995) also observed that children who have developed the capacity to trust both themselves and others construct environments that, in turn, reinforce and sustain their positive expectations of the social world and reward their competencies. This was apparent as participants described their perspectives of non-violence. Many of the participants paired non-violence with the concept of respect and shared that this concept was learned through an experiential learning technique such as a song or activity. Participants described the concept

of non-violence using an active language, one alluding to ways in which they were able to follow through on controlling aspects of behavior such as "not cursing" or "not fighting with others."

The ability to regulate this type of emotional arousal has been discussed throughout the child resilience literature as critical for behavioral and attention control, thereby fostering both academic and social competence (Eisenberg et al., 1997; Rubin, Coplan, Fox, & Calkins, 1995).

Five finger rule. Another experiential tool of emotional regulation reported by participants was the use of the five finger rule. The five finger rule was a concept interwoven throughout the discussions on respect and playing "nice games." One participant explained each of the five fingers to represent a corresponding action, such as the pinky represents "do not laugh at one another" and the pointer finger represents "say nice things to each other." Many of the participants related these concepts to the gestures associated with the five fingers, with and without the use of a paired verbal response. Participants also used this concept with the leaders and each other using reminders (by gesturing the five fingers) in an effort to enforce behavior regulation and models of distress tolerance throughout the games and activities, story times, songs and dramas. Regulatory skills, like this one, have been found especially important for at-risk youth, who likely experience increased levels of emotional intensity and negativity on a daily basis (Eisenberg et al., 1997).

What Do They Consider Threats and Challenges?

The literature specific to OVCs in sub-Saharan Africa identifies the threats and challenges to resilience as risk factors, specifically defined as variables that increase the psychological difficulties for child development (Rutter, 1979). Examples of risk in resilience are found in the form of poverty, violence, hardships such as grief and loss, HIV/AIDS, and lack of social support. Using open-ended survey questions as prompts, I chose to explore the factors

associated with risk by asking participants about their lives before the Resilient Kids SA program and their lives after the Resilient Kids SA program. Interviews explored concepts in which participants perceived the program as affecting their coping strategies, play, happiness, well-being, and place to belong. In an effort not to influence responses, the words "threat" and "challenge" were not used.

Life before. Participants described life before as one that involved fighting on the streets, struggle with peers, lack of support, and few friends. The child resilience literature describes children's survival as dependent on physiological necessities, safety, communal relationships and opportunities for learning; children's basic needs are intimately linked to their social environment – their communities (Betancourt et al., 2010). A majority of the participants described fighting on the streets and a struggle with peers as a parallel reality to not knowing how to play games, or if the participants were aware of games they were not "good" games. One participant noted, "Life before was not nice, everyone wanted to fight with me. Here we learn about teamwork and not to fight and cuss with one another." Some participants referred to the fighting on the street as "not beautiful." This was in reflection of the learned concept of "I am special" and the internalized association of "special" with "beautiful." When this concept was compared to life before Resilient Kids SA, the participants were observed to associate fighting on the streets with the reference of "not beautiful."

In the literature on community violence, Barbarin (2003) reported the effects of community violence in children distorted developmental processes and influenced character formation to the point that violence is normalized and becomes an inseparable feature of personal identity. As participants established the identity of "I am special," playing "nice" games and "builder not breaker," the concept of fighting on the streets became something that was discussed

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as an action that occurred in their lives before entering into the Resilient Kids SA program. Participants consistently saw the streets as lacking of safe play areas, encouraging behavioral problems and fighting among peers and adults in the community.

Unique Responses of Reciprocity

There were participant responses that did not develop into main themes but can be found across sub-themes, uniquely related based on their shared common factors (see Figure 3).
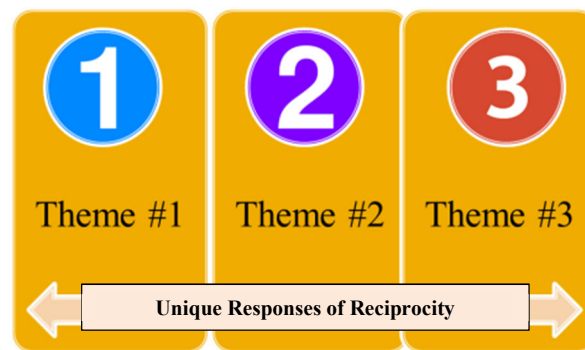
Figure 3: Unique Responses of Reciprocity

Gilligan found:

> while resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a variable quality that derives from a process of repeated interactions between a person and favorable features of the surrounding context in a person's life. (p. 94)

There are multiple theories from which these interactive schemas have been observed to evolve. Both the attachment literature and the resilience literature support the concept of the availability of relational others as complimentary towards being protective. For example, in the literature on attachment, Bowlby (1980) explained the concept of infant attachment through the use of internal working models that form the basis for the organization and understanding of early attachment experiences with the primary caregiver. Schore (2005) further described this

concept as "episodes of affect synchrony" arguing that attachment relationships are a fundamental dyad of interactive affect regulation between two people. Schore stated, "In these interactions, both partners match states and simultaneously adjust their social attention, stimulation, and accelerating arousal to each other's responses" (2005, p.206). This interpersonal dyad has been studied as a rich source of developmental capacity (Ainsworth, 1979; Bowlby, 1980; Schore 2005; Siegel, 2001).

The literature on resilience additionally describes integrative factors that are crucial to minimizing risk and maximizing the ability to live and cope in difficult circumstances and regain strength and normal life after traumas and stress (Gunnestad & Thwala, 2011). Rutter (1998) identifies the importance of secure relationships as central to the formation of a positive self-concept, one of the key protective factors found in resilient children. Developmental factors of resilience (i.e. collective efficacy, problem-solving skills, and having talents valued by others) have been found to possess an interactive quality that encourages a mutually shared component (Masten, Best, & Garmezy, 1990). This interactive component is one that portrays the reciprocal dynamic of the collaborative whole.

Interrelated Theory of Resilience (ITR)

It is important to reiterate that many of the key components for protective factors of resilience cannot exist in isolation (i.e. collective efficacy, problem-solving skills, and having talents valued by others). These factors are dependent on a mutually shared dyad, a shared community or system.

Currently, the literature on children is supportive of theories that are complementary in design. The research on the protective factors of resilience, for example, supports attributes found in theories on attachment and child development, among others. These interdisciplinary

foundations provide important connections to the underpinnings of positive outcomes in the face of adversity, linking well documented bodies of knowledge in parallel process.

This study, however, sought to understand the perspective of the child which highlighted the context specific and developmentally sensitive conceptualization of the child's view. The child's view revealed unique responses of reciprocity which described a process of factors that were co-constructive in nature, and found within the existence of a relational dyad. In this dyad, each party has his or her own resilience and risk factors, and the dyad itself results in a separate factor. This combines internal and external factors of the child and of the adult to create an interrelationship between factors which the ITR labels as the dyadic factor of resilience that appears capable of a protective effect.

One limitation, however, of the attachment literature and the literature on child resilience is the inability to account for this dyadic effect. Instead, the focus is typically at an individual level such as the response of a child when receiving the support of a caregiver or healthy and developmentally nurturing environment.

On one level, we can argue that the support of a care provider, mentor, or nurturing environment is indeed protective. However, this type of paradigm only accounts for a unidirectional process. Though the current literature identifies these interactive factors at the level of the individual, participants in this study alluded to a capacity that is fostered within a shared paradigm.

Therefore, I assert the need for a new theory, one that adds to the current literature on resilience and to the literature on attachment. This theory draws attention to a dyadic component of resilience, resulting from the capacity of factors that are mutually shared between separate

parties; factors supportive to both parties involved beyond a unidirectional give and receive cycle. This is the premise of the Interrelated Theory of Resilience (ITR) (see Figure 4).

Figure 4: Dyadic Factor of Resilience

The ITR pulls from the discussions found within the literature on attachment, lifespan development, and the current literature on resilience. Additionally, the ITR incorporates aspects of neuroscience that account for the brain as a social organ (Siegel & Bryson, 2011). Siegel and Bryson (2011) alluded to this when they stated that:

> the problem with the single skull perspective-where we consider each individual brain as a lone organ isolated in a skull- is that it neglects the truth that scientists have come to understand over the last few decades […]. In other words, what happens between brains has a great deal to do with what happens within each individual brain. (p. 122)

This theory proposes the existence of relevant variables *between and within dyads* to promote resilience; variables that will need to be explored to allow researchers to further investigate these mechanisms and how they function to promote resilience.

In the ITR, the third separate factor of resilience may refer to a set of shared psychosocial ideas that, when used in repeated connection, support resilience building. This dyadic factor is not always a result of a common paradigm such as shared contexts, behaviors, or cultural views. However, both parties in the dyad are intentional within a common framework and use this

framework to reinforce their view of self [internal] and view of the world around them [external]; in the midst of this process the dyadic factor of resilience is created (see diagram). This process can be glimpsed in my study in the unique responses of reciprocity that emerged from participant responses. Throughout these themes participants spoke of the way they learned respect within the existence of a relational dyad; this combined an interrelationship of *within and between* dyadic connections. For example, as reported earlier, a majority of participants who commented on the non-violent aspects of respect (Theme 3: Skill Building and Development) also reported to have learned these concepts throughout the course of play using both verbal and non-verbal games and activities (Theme 2: Multisensory Tools) and in conjunction with a theme of Identity (Theme 4).

In order to capture the above mentioned process it is important to make room for an interdisciplinary use of the many lenses through which resilience has been examined and to include the perspective of the recipients of interventions. ITR highlights an unrecognized dyadic factor and provides a framework for the investigation of these interrelated concepts between mutually shared dyads. Whereas this study examined the perspective of the child, and does not specifically address the other side of the dyad (ie. the perspective of the adult), I, as the researcher, observed an interrelationship between psychosocial factors shared by the adults and the children which a majority of the participants described as positive.

The ITR is crucial for understanding factors that promote resilience. As a framework, it allows researchers to work at the intersection of multiple bodies of knowledge and bring them together to support an investigation of relevant variables and mechanisms between and within dyads that create the dyadic factor which appears to promote resilience.

Contributions to the Field

The first contribution of this study is the emergence of a new way of looking at resilience from a dyadic perspective which incorporates the conceptualization of the child's view. I propose that in the dyad, each party has his or her own resilience and risk factors; in the midst of this process, a dyadic factor of resilience is created.

The recognition of a dyadic factor of resilience led to the second major contribution of this study: the proposed Interrelated Theory of Resilience (ITR). I suggest the ITR as a framework to capture the process that exists within dyads and creates a third factor which I have labeled the dyadic factor.

From the adults' perspective, we are defining terms or concepts that may not map onto the children's lived experiences. The goal of this research was to investigate the perspective of the child and how that perspective provides a lens for the child's lived experience of the resilience building model. Another contribution of this study is that participants seemed to gain an internalized schema of the resilience building concepts when there was an established trusted adult modeling this concept in a consistent manner. This contrasts with the current child resilience literature that discusses context specific risk or protective factors surrounding a child. However, my participants consistently referred to the relationship with a constant adult who is both giving and receiving in this relationship.

This study examined a much used intervention paradigm called "psychosocial support" for which there is a limited working definition and a paucity of research. The few existing studies lack standardized terms or measures. This study provided a qualitative window into the following psychosocial processes (mental, physical, spiritual, emotional and social) and how they work in symbiosis from both the model itself and from the perspective of the recipients. It is important to note that the RK SA model is not merely an academic paper model that includes

sets of exercises and skills for children to learn. While the participants were at camp, the skill building was just one facet; the complete model of overlapping psychosocial layers was lived out by both participants and leaders moment by moment.

The WHO has pointed out the vital role played by FBOs in solution to the AIDS crisis, and by extension, the OVC crisis. Yet little research exists about these organizations. The leaders of RK SA gave me open access to youths benefitting from the resilience building infrastructure they created and which they provide as they work with OVCs in an impoverished community. This study begins to fill the research void by reporting on the positive perceptions of children of a resiliency intervention offered by an FBO in sub-Saharan Africa.

Limitations

In this section I discuss the limitations of the current results. There is little to no research on psychosocial support models and resilience building from the voice of the child. Additionally, there is little research on how the child's view of resilience may or may not differ from the current definitions within the literature.

One of the first limitations of the study was that this sample may have been exposed to atypical levels of intervention for RK SA participants. The RK teachings that my participants received may have been saturated beyond what they would receive in a typical weekly RK Kids Club setting. Data collection took place within the environment of a weekend-long Resilient Kids SA Kids Camp. The participants had been familiarized repeatedly with the main lessons and themes from the overarching psychosocial support model during the weekend. Additionally, participants were surrounded by committed group leaders, mentors, and trained adults who served as models and reinforcements. The setting and circumstances of a concentrated Kids Camp may have led to an oversaturation of the psychosocial support teachings due to the

concentrated time frame and supportive surroundings for each participant. Collecting data in settings outside of a Kids Camp, for example, might result in different responses and thus, because of a less intensive setting, yield outcomes that vary from the results I obtained.

Second, the camp participants had been selected by the camp leaders. Each participant at the Kids Camp had been singled out to attend camp due to their observed leadership qualities and abilities within their social circles and communities. These types of qualities have been discussed throughout the literature as necessary for resilience-building among children and youths, however, when these same qualities become influential towards negative behaviors and poor-decision making (i.e. stealing, gang leadership) they are commonly referred to as risk factors in the current literature. Their leadership qualities may mean that each participant from this particular camp may not represent an average RK SA participant; their responses may, therefore, not be representative of other youths in their community.

Additionally, the researcher was not given much information about the selection process of the camp participants. Because of the leaders' personal involvement in the selection and invitation processes, it is unclear whether any other youths were invited but were unable to attend; it also remains unclear whether any youths declined the offer or dropped out prior to the start of camp. Whereas we know from direct observation that none of the participants dropped out during camp itself, we are unable to comment on possible differences between those who did and those who did not attend camp. Thus, our sample may or may not be representative of the child and youth composition of the community in which the research was conducted. Neither are we able to affirm that the model works for young people in the community as a whole based on the limited number of youths who attended at camp. Finally, this study did not inquire about the

RK attendance following camp; we do not know if any participants decided to no longer attend Kids Clubs following their camp experience.

Directions for Future Research

While previous researchers (e.g., Freud & Burlingham, 1943; Werner & Smith, 1982) found the presence of a supportive adult to enhance resilience and be protective, this study indicates the need to further examine both the adult and child parties and the interplay of factors that are supportive to the whole of the dyad. There appears to be a specific disconnect between the perspective of adults and the reported experience of the child which needs to be investigated. The resilience literature provides mostly well-defined concepts and terms, such as "risk or protective factors," "resilience," or "psychosocial support." The children, however, do not use such terms and qualitative studies do not appear to show that children even think in such terms; rather, youths report factors that are complex in nature; these factors do not appear to fit in the dimensions that adults use such as risk *and* protective but instead a child considers a factor that is meaningful to her such as "I am special." A simile would be trying to describe three dimensional geometric shapes with two dimensional geometrical terms; there will be some occasional overlap between terms but the concepts occupy different dimensions and do not map onto one another. Indeed, one cannot describe a cube as a square.

Future researchers who study interventions will want to examine data in a concentrated setting, such as a camp, and they will also want to conduct an evaluation for participant responses following less intense intervention formats such as the RK weekly Kids Clubs. Investigating interventions using a longer time frame will yield valuable insight about the chosen model; examining the individual components of a model may reveal vital modules on which to focus. Furthermore, the psychosocial outcome of these participants long term, whether this be

one year or five or fifteen years following an intervention or a series of interventions, would be a real life measure of resilience. For example, does something make the child more resilient? Can the child use the internalized schema to then live out the many psychosocial facets of subjective well-being? To date, a longitudinal study investigating an effective resilience intervention has yet to be conducted.

Prior literature indicates that word choice and meaning may vary across subcultures. Therefore, further investigations conducted in youth participants' mother tongues may offer additional breadth and depth of understanding of the participants' experiences. Studying the experiences of children from various language groups is worth pursuing as well, as it may unveil variations in concepts related to resilience. In the current study, this would mean conducting the interviews in Xhosa or Afrikaans as well as in the English we employed.

Researchers and theorists typically view risk and protective factors according to norms that were established in Western settings. Non-Western groups may display developmental trajectories that do not conform to these previously established ages and stages. It would be important to further examine developmental and psychosocial trends according to what is known about life span development in non-Western countries and the effects on resilience.

Does the model have the same impact when trained volunteers implementing the model differ? How does a leader leaving affect the psychosocial processes of the implemented model? Is resilience dependent on the interpersonal dynamics of the team who first introduced it to a youth? In other words, is the model sustainable over time and with other people applying its principles or is the model dependent on those who have created it and are applying it? The exploratory nature of this initial study brings up these and numerous other questions that future researchers are encouraged to investigate.

Assessing and measuring psychosocial support. Psychosocial support is not a standardized unified operationally defined concept in the field of resilience in spite of being a strong framework that drives the models used in the field of resilience for this population and those who care for them, e.g., prevention, funding, intervention, support, assessment. There is no working, standardized set of factors or constructs from the child's perspective; therefore, tools need to be developed to enable in-depth investigations into this perspective. The lack of a common language and absence of tools impedes communication, research, and work at all levels.

Conclusion

Traditionally, resilience has been defined as the "positive adaptation within the context of significant adversity" (Luthar, 1991). Literature on resilience in children historically placed emphasis on the noted relationship of adverse conditions and protective factors of resilience, examining the dynamics of vulnerability and adaptation for children in relationship to the environment in which they lived (Luthar, 2003; Luthar, Cicchetti, & Becker, 2000). Global efforts have further examined contexts that are idiosyncratic and specific to the social and community support of the child, describing a need for greater sensitivity when examining both context-specific and cultural concepts of resilience and how these factors influence a child's healthy growth and development (Ungar, 2011).

The present study shows that resilience from the child's perspective incorporates the bi-directional relationships the researchers witnessed during the camp, the use of multiple psychosocial components embedded within an idiosyncratic, context specific environment. The findings from this study appear related to the recent findings on global resilience that describe the need for further understanding of the operational definitions of resilience specific to the child's context and pertinent to risk, adaptation, and protection within the child's context

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(Masten, 2014).

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Appendix A: Interview Protocol -- Individual

<u>**Resilient Kids: A Child's View – Individual**</u>

    1) How did you hear about RK?
    2) Tell me about the things you do/did in the Resilient Kids program
              Prompts: Are there any
                         Games?
                         Dramas?
                         Crafts?
                         Outdoor Activities?
    3) Tell me about the things you like in the Resilient Kids program
       Use above prompts if not already used
    4) Tell me about the things you've learned in the Resilient Kids program
    5) What was life like before Resilient Kids?
    6) What is life like after Resilient Kids?
    7) What would you change about the Resilient Kids program?

Appendix B: Interview Protocol -- Group

<u>**Resilient Kids: A Child's View - Group**</u>

1) How did you hear about RK?
2) Tell me about the things you do/did in the Resilient Kids program
       Prompts: Are there any
             Games?
             Dramas?
             Crafts?
             Outdoor Activities?
3) Tell me about the things you like in the Resilient Kids program
    Use above prompts if not already used
4) Tell me about the things you've learned in the Resilient Kids program
5) What was life like before Resilient Kids?
6) What is life like after Resilient Kids?
7) What would you change about the Resilient Kids program?

<center>**Appendix C: Parental Consent Form**</center>

<center>**Child and Youth Survey of Resilient Kids' Program**</center>

<u>Parental Consent Form for the Participation of Children</u>

You are being asked to allow your child/youth to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your child's participation is entirely voluntary. Your child can refuse to participate without penalty or loss of benefits to which they are otherwise entitled. You can stop your child's participation at any time and your refusal will not impact current for future relationships with Resilient Kids' or Radford University. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

The purpose of this study is to study the perception of children and youth about the impact and the effectiveness of the Resilient Kids' program on themselves, their families, their schools, and their communities.

If you agree to be in this study, we will ask your child to do the following things:
- Answer questions about Resilient Kids' program, its impact and its effectiveness on themselves, their families, their schools, and their communities in either an individual interview or in a group interview.

Total estimated time to participate in study is 30-60 minutes.

Risks of being in the study:
- This interview does not involve risks. If you wish to discuss the information above or what your child may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

Benefits of being in the study:
- There will not be any direct benefits to you for participating in this study. However, your responses will help the researcher and Resilient Kids' leaders understand the strengths and weaknesses of the Resilient Kids program so that they can modify it to better meet needs of children and youth in the Resilient Kids' program.

Compensation: there is no compensation for taking part in this study.

Confidentiality and Privacy Protections:

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

<center>130</center>

The records of this study will be stored securely and kept confidential. Your child's/youth's interview responses will not have their name on them and will remain anonymous. Authorized persons from Radford University, members of the Institutional Review Board, and Resilient Kids' program leaders have the legal right to review your child's research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify your child/youth as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your child's participation, contact Ruth Riding-Malon conducting the study at **rridingmalon@radford.edu**, call (540) 831 6892 in the United States, or (021) 852 3650 in Cape Town. If you have questions about your child's rights as a research participant, complaints, concerns, or questions about the research, please contact Chantal Philander from Philippi Trust, at **chantal@philippitrust.co.za**, **Tel: (021) 852 3650.**

You are making a decision about allowing your (circle one: son/daughter/child/adolescent/youth) to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him or her to participate in the study. If you later decide that you wish to withdraw your permission for your (circle one: son/daughter/child/adolescent/ youth) to participate in the study, simply tell me. You may discontinue his or her participation at any time.

You will be provided a copy of this consent form

_____
Printed Name of (son/daughter/child/adolescent/youth)

_____ _____
Printed Name of Parent(s) or Legal Guardian

_____   _____
Signature of Parent(s) or Legal Guardian   Date

_____   _____
Signature of Researcher/Research Assistant   Date

Appendix D: Child Assent Form – Individual (7-12)

<u>Assent form for child between the ages of 7 and 12</u>

Child and Youth Individual Survey of Resilient Kids' Program

I agree to be in a study about the Resilient Kids' program. This study was explained to my (circle the one that applies: mother/father/parent/guardian) and (she/he/they) said that I could be in it. The only people who will know about what I say and do in the study will be the people in charge of the study. They will let the Resilient Kid's leaders know some of the answers I give but will not give anyone my name.

In the study someone will ask me questions about what I do in the Resilient Kids' program or during Kid's Club or Kid's Camp. I will also be asked if things have changed for me after Resilient Kids' and how I feel about Resilient Kids, my family, my school and myself.

Writing my name on this page means that the page was read by me and to me, and that I agree to be in the study. I know what will happen to me. If I decide to quit the study, all I have to do is tell the person in charge.

_____
Child's Printed Name

_____   _____
Child's Signature   Date

_____   _____
Witness's Printed Name and Signature   Date

_____   _____
Researcher Printed Name and Signature   Date

Appendix E: Child Assent Form – Group (7-12)

Assent form for child between the ages of 7 and 12

Child and Youth Group Interview of Resilient Kids' Program

I agree to be in a study about the Resilient Kids' program. This study was explained to my (circle the one that applies: mother/father/parents/guardian) and (she/he/they) said that I could be in it. The only people who will know about what I say and do in the study will be the people in the group and the people in charge of the study. They will let the Resilient Kid's leaders know some of the answers I give but will not give anyone my name.

In the study, I will be asked questions in a group about what I do in the Resilient Kids' program or during Kid's Club or Kid's Camp. I will also be asked how Resilient Kids has changed things for me and how I feel about Resilient Kids, my family, my school and myself. I do not need to share secrets; I can choose to be quiet and answer some questions or choose to answer no questions.

Writing my name on this page means that the page was read by me and to me, and that I agree to be in the study. I know what will happen to me. If I decide to quit the study, all I have to do is tell the person in charge.

_____
Child's Printed Name

_____   _____
Child's Signature   Date

_____   _____
Researcher Printed Name and Signature   Date

_____   _____
Witness's Printed Name and Signature   Date

Consent form for child between the ages of 13 and 17

You are being asked to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with Resilient Kids' programs. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

The purpose of this study is to study the perception of children and youth about the impact and the effectiveness of the Resilient Kids' program on themselves, their families, their schools, and their communities.

If you agree to be in this study, we will ask you to do the following things:
- Be part of a group discussion and answer questions about Resilient Kids' program, its impact and its effectiveness on yourself, your family, your school, and your community.

Total estimated time to participate in the study is approximately 60 minutes.

Risks of being in the study:
- This interview does not involve risks. If you wish to discuss the information above or what you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.
- Because it is a group, we will ask for people to keep information they hear confidential but we cannot guarantee people will not share this information with others. If you want to keep your information private, you do not need to answer with personal information, you may remain silent or you may ask the person in charge to have an individual interview instead of being part of the group.

Benefits of being in the study:
- There will not be any direct benefits to you for participating in this study. However, your responses will help the researcher and Resilient Kids' leaders understand the strengths and weaknesses of the Resilient Kids program so that they can modify it to better meet needs of children and youth in the Resilient Kids' program.

Compensation: there is no compensation for taking part in this study.

Confidentiality and Privacy Protections:

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data

will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. The focus group responses will not have your name on them, so the information will remain anonymous. Authorized persons from Radford University, members of the Institutional Review Board, and Resilient Kids' program leaders have the legal right to review your child's research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation, contact Ruth Riding-Malon conducting the study at rridingmalon@radford.edu, call (540) 831 6892 in the United States, or (021) 852 3650 in Cape Town. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research, please contact Chantal Philander from Philippi Trust, at chantal@philippitrust.co.za, Tel: (021) 852 3650.

You are making a decision about your participation in this study. Your signature below indicates that you have read the information provided above and have decided to participate in the study. If you later decide that you wish to withdraw your participation in the study, simply tell me. You may discontinue your participation at any time.

I have read the description of the study titled **Child and Youth Survey of Resilient Kids' Program** that is printed above, and I understand what the procedures are and what will happen to me in the study. I have received permission from my parent(s) to participate in the study, and I agree to participate in it. I know that I can quit the study at any time.

I will be provided a copy of this consent form.

_____
Printed Name of Youth

_____
Signature of Youth

_____
Signature of Adult Witness

_____
Printed Name of Parent(s) or Legal Guardian

_____   _____
Signature of Parent(s) or Legal Guardian   Date

_____   _____
Signature of Researcher/Research Assistant   Date

Consent form for child between the ages of 13 and 17

You are being asked to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with Resilient Kids' programs. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

The purpose of this study is to study the perception of children and youth about the impact and the effectiveness of the Resilient Kids' program on themselves, their families, their schools, and their communities.

If you agree to be in this study, we will ask you to do the following things:
- Answer questions about Resilient Kids' program, its impact and its effectiveness on yourself, your family, your school, and your community.

Total estimated time to participate in the study is 30 minutes.

Risks of being in the study:
- This interview does not involve risks. If you wish to discuss the information above or what you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

Benefits of being in the study:
- There will not be any direct benefits to you for participating in this study. However, your responses will help the researcher and Resilient Kids' leaders understand the strengths and weaknesses of the Resilient Kids program so that they can modify it to better meet needs of children and youth in the Resilient Kids' program.

Compensation: there is no compensation for taking part in this study.

Confidentiality and Privacy Protections:

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. Your interview responses will not have your name on them so they will remain anonymous. Authorized

persons from Radford University, members of the Institutional Review Board, and Resilient Kids' program leaders have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation, contact Ruth Riding-Malon conducting the study at **rridingmalon@radford.edu**, call (540) 831 6892 in the United States, or (021) 852 3650 in Cape Town. If you have questions about you rights as a research participant, complaints, concerns, or questions about the research, please contact Chantal Philander from Philippi Trust, at **Chantal@philippitrust.co.za** , Tel: (021) 852 3650.

You are making a decision about participating in this study. Your signature below indicates that you have read the information provided above and have decided to participate in the study. If you later decide that you wish to withdraw your participation in the study, simply tell me. You may discontinue participating at any time.

I have read the description of the study titled **Child and Youth Survey of Resilient Kids' Program** that is printed above, and I understand what the procedures are and what will happen to me in the study. I have received permission from my parent(s)/guardian(s) to participate in the study, and I agree to participate in it. I know that I can quit the study at any time.
You will be provided a copy of this consent form.

_____
Printed Name of Youth

_____
Signature of Youth

_____
Signature of Adult Witness

_____
Printed Name of Parent(s) or Legal Guardian

_____   _____
Signature of Parent(s) or Legal Guardian   Date

_____   _____
Signature of Researcher/Research Assistant   Date