

A preventative program for young adolescent boys to build resiliency as a life skill

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Abraham Kriel Child Care, my parents, Prof Retha Bloem and every friend who have supported me during this whole process.

Every child that I have ever had the privilege to work with, I have the greatest respect and admiration for their willingness to be resilient.

Our Heavenly Father who is the greatest Teacher of resilience.

DECLARATION

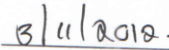
I HEREBY DECLARE THAT

**A PREVENTATIVE PROGRAMME FOR YOUNG ADOLESCENT BOYS TO BUILD
RESILIENCY AS A LIFE SKILL**

is my own work and that all the references that were used or quoted were indicated
and recognized.



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Date

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SUMMARY

In this study the term resilience in relevance to adolescents is explored in depth with the aim to suggest a preventative programme for social workers working with young adolescent boys within the child and youth care centre. The aim of the study is to explore and describe the experiences of young adolescent boys in a child and youth care facility with an emphasis on the configuration process of the self within the gestalt perspective in order to understand and develop resiliency as a life skill. In addition to provide recommendations in the form of a preventative programme for social workers working in child and youth care facilities.

Qualitative research was utilized to guide the research process. Applied research was used and gestalt play therapy and field theory formed the paradigm for this study. Within the field of Gestalt play therapy, the researcher focussed on the work of Erwin and Miriam Polster who explained the development of the self.

The population of the study was young adolescent boys between the ages of 15 – 21. Data collection took place by means of two focus groups. In the first group the experiences of late adolescent boys who displayed resilience and who were successfully placed out of a child and youth care centre were described and explored as well as to use as a guideline for younger boys that needs to follow the same process. The second focus group were with professionals with the same process were used. The data collected from the two focus groups and the literature study form the basis for the resiliency as a life skill programme

MAIN CONCEPTS

Resilience

Adolescence boy

Play therapy

Child and youth care centre

Gestalt therapy

Pre-adolescent

Preventative programme

Life skills

Theory of self

Qualitative research

OPSOMMING

In hierdie navorsing is die konsep *veerkragtigheid* in terme van adolesensie ondersoek ten einde 'n voorkomingsprogram vir maatskaplike werkers wat met seuns in kinder- en jeugsorgsentrums werk, voor te stel. Die doel van die studie is om die ervarings van jong adolescent seuns in 'n kinder en jeugsorgsentrum te eksplorieer met die fokus op die proses van die self binne die Gestalt perspektief te bestudeer waarna die konseptualisering van *veerkragtigheid* as 'n lewensvaardigheid beskryf is. Aanbevelings vir 'n voorkomingsprogram is daarna gemaak vir maatskaplike werkers werkzaam in 'n kinder en jeugsorgsentrum.

Kwalitatiewe navorsing is gebruik om die navorsingsproses te lei. Toegepaste navorsing is gebruik waarbinne Gestalt speltherapie en die veldteorie die paradigmatische vertrekpunte gevorm het. Binne die veld van Gestalt speltherapie het die navorser gebruik maak van die werk van Erwin en Miriam Polster om die ontwikkeling van die self te verduidelik.

Die populasie van die studie was vroeë adollesente seuns tussen die ouderdom van 15 en 21. Die data insameling het plaasgevind deur middel van twee fokus groepe. In die eerste groep het data-insameling geskied deur die ervaring van laat adollesente seuns wat *veerkragtigheid* toon en suksesvol vanuit 'n kinder- en jeugsorg sentrum uitgeplaas is, te ondersoek en te beskryf en as riglyn te gebruik vir jonger seuns wat deur dieselfde proses later moet beweeg. 'n Tweede fokusgroep met professionele persone as teiken is gebruik waarbinne dieselfde proses gevolg is. Die data wat versamel is uit die fokus groepe en literatuurstudie vorm die basis om die *veerkragtigheid* as 'n lewensvaardigheid program te ontwikkel.

KERNKONSEPTE

Veerkragtigheid

Adolesente seun

Spel terapie

Kinder- en jeugsorgsentrum

Gestalt terapie

Vroeë adolesensie

Voorkomingsprogramme

Lewensvaardighede

Teorie van die self

Kwalitatiewe navorsing

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY

1.1	Introduction	15
1.2	Contextualisation and problem statement	17
1.3	Aim and objectives of the study	23
1.4	Theoretical framework for the study	24
1.5	Research strategy and methodology	25
1.5.1	Research approach	25
1.5.2	Type of research	25
1.5.3	Research design	26
1.5.4	Theory and literature review	26
1.5.5	Sampling	27
1.5.6	Data collection	28
1.5.7	Data analysis	28
1.6	Validation and reliability of the study	29
1.7	Ethical aspects	31
1.7.1	Approval and ratification of research	31
1.7.2	Informed consent	31
1.7.3	Avoidance of harm	32
1.7.4	Privacy, anonymity and confidentiality	32
1.7.5	Deception	33
1.7.6	Competence of researcher	33
1.7.7	Publishing of data	33
1.8	Description of main concepts	34
1.8.1	Preventative programme	34
1.8.2	Young adolescent boys	34
1.8.3	Resiliency	35
1.8.4	Life skills	35
1.8.5	Gestalt play therapy	35

1.9	Conclusion	35
-----	------------	----

CHAPTER 2: A THEORETICAL FRAMEWORK FOR DEVELOPMENT IN YOUNG ADOLESCENT BOYS

2.1.	Introduction	37
2.2	Demarcation of adolescence for this chapter	37
2.3	The period of adolescence	39
2.3.1	Early adolescence	40
2.3.1.1	Typical-eleven-year old	41
2.3.1.2	Typical-twelve-year-old	41
2.3.1.3	Typical-thirteen-year-old	41
2.3.1.4	Typical-fourteen-year - old	42
2.4	Physical development of early adolescence	42
2.5	Emotional development in early adolescence	43
2.5.1	Emotional development and masculinity	44
2.5.2	Anger, aggression and violence	45
2.5.3	Emotional developmental tasks of early adolescence	47
2.5.4	Emotional regulation	48
2.6	Moral development of early adolescence	50
2.7	Social development of early adolescence	51
2.7.1	Social development and masculinity	52
2.8	Cognitive development of early adolescence	53
2.8.1	Underachievement and dropping out of school	53
2.9	Identity development of early adolescence	55
2.10	Environmental influences	55
2.11	The effect of childhood experience	56
2.12	Conclusion	57

CHAPTER 3: A CONTEXTUAL REFERENCE ON RESILIENCE AND THE PROFILE OF THE YOUNG ADOLESCENT IN THE CHILD AND YOUTH CARE CENTRE

3.1	Introduction	59
3.2	History of resilience	60
3.3	Defining resilience	60
3.3.1	Resilience as a life skill and coping with stress	61
3.3.2	Identifying resilience	63
3.3.3	Risk factors	64
3.3.3.1	How families contribute to adolescent risks	65
3.3.4	Protective factors	66
3.3.5	Adolescent resiliency and the importance of resilience	68
3.3.6	Resilience as a process	69
3.4	The adolescent in child and youth care centres	69
3.4.1	Defining child and youth care centre	71
3.4.1.1	Profile of child and youth care centres in the South African Context	72
3.4.1.2	Reasons why an adolescent is admitted in care	73
3.4.2	Life in alternative care system: emotional needs of an adolescent committed to a child and youth care centre	74
3.4.3	Resilience and adolescent in child and youth care centre	75
3.5	Promoting resilience as a life skill: key ingredients to resilience	76
3.5.1	The self	76
3.5.2	Education	76
3.5.3	Stable care and continuous relationships	77
3.5.4	Promoting positive involvement in leisure activities	77
3.6	Conclusion	77

CHAPTER 4: A SOCIAL WORK FRAMEWORK FOR GESTALT PLAY THERAPY AND THE ADOLESCENT BOY

4.1	Introduction	79
-----	--------------	----

4.2	Gestalt theory fundamentals for resiliency	80
4.2.1	Field theory	81
4.2.2	Here and now	82
4.2.3	Awareness	83
4.2.4	Contact, resistance and contact boundary disturbances	84
4.2.4.1	Introjection	87
4.2.4.2	Projection	88
4.2.4.3	Confluence	88
4.2.4.4	Retroflexion	88
4.2.4.5	Deflection	89
4.2.4.6	Desensitisation	89
4.2.4.7	Egotism	90
4.3	Organismic self-regulation	90
4.4	The self in gestalt	91
4.4.1	Population of selves according to Erving Polster	93
4.4.2	Fragmentation	99
4.4.3	Strengthening the self	100
4.5	Gestalt play therapy and resilience	101
4.6	Building a relationship in gestalt play therapy	104
4.6.1	Gestalt play therapy in a residential setting	105
4.6.2	Objectives of Gestalt play therapy with young adolescents	106
4.7	Conclusion	107

CHAPTER 5: EMPIRICAL DATA AND RESEARCH FINDINGS

5.1.	Introduction	108
5.2	Research process	108
5.2.1	Data collection	110
5.2.2	Analysing the data	110
5.2.2.1	Generating of categories and coding of the data	111
5.3	Discussion of the data	111

5.3.1	CATEGORY 1: Understanding of the term resilience	113
5.3.1.1	THEME 1: Defining resilience	113
5.3.1.2	THEME 2: Cognitive abilities	114
5.3.1.3	THEME 3: Little resistance to support and late bloomers	114
5.3.2	CATEGORY 2: Characteristics present in a resilient adolescent	115
5.3.2.1	THEME 1: Emotional intelligence	115
5.3.2.1.1	SUBTHEME 1: Perseverance	115
5.3.2.1.2	SUBTHEME 2: Adaptability	116
5.3.2.1.3	SUBTHEME 3: Positive self-worth	116
5.3.2.1.4	SUBTHEME 4: Can make choices	116
5.3.2.2	THEME 2: Future	117
5.3.2.3	THEME 3: Significant other	118
5.3.3	CATEGORY 3: Aspects that may have an influence on the resilient adolescent	118
5.3.3.1	THEME 1: Therapeutic intervention	119
5.3.3.2	THEME 2: Childcare workers	119
5.3.3.3	THEME 3: Stability in care	119
5.3.3.4	THEME 4: Developmental stage – being independent	120
5.3.3.5	THEME 5: Can identify with positive aspects	121
5.3.3.5.1	SUBTHEME 1: Roll models	121
5.3.3.6	THEME 6: External aspects	121
5.3.4	CATEGORY 4: Methods to increase or develop resilience	122
5.3.4.1	THEME 1: Awareness continuum	122
5.3.4.2	THEME 2: Self and identity	122
5.3.4.3	THEME 3: Support	123
5.3.5	CATEGORY 5: Building blocks for resilience	123
5.3.5.1	THEME 1: Religion	123
5.3.5.2	THEME 2: Positive self-image	124
5.3.5.3	THEME 3: Healthy peer group	124
5.3.5.4	THEME 4: Healthy family life	125
5.3.5.4.1	SUBTHEME 1: Significant other	125

5.3.5.5	THEME 5: Good education	126
5.3.5.6	THEME 6: Opportunities to develop	126
5.4	Summary of empirical results	126
5.5	Conclusion	128

CHAPTER 6: EVALUATION OF THE RESEARCH, CONCLUSIONS AND RECOMMENDATIONS

6.1	Introduction	130
6.2	Overview of the research topic	130
6.3	Evaluation of the research	131
6.3.1	Aim of the research	131
6.3.2	Objectives of research	132
6.4	Conclusions regarding this study	133
6.5	Recommendations for professionals working with young Adolescent boys	137
6.6	Further research opportunities	138
6.7	Limitations of this study	138
6.8	Summary statement	139

BIBLIOGRAPHY 142

LIST OF FIGURES

Diagram 1: Illustration of Population of selves	100
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LIST OF TABELS

Table 1: Description of participants	109
--------------------------------------	-----

Table 2: Focus group with adolescent boys and experts incorporating Questionnaire of expert	112
--	-----

Table 3: Preventative programme	134
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LIST OF APPENDIXES

Appendix A: Consent to participate in research (children)	158
Appendix B: Interview schedule: children	162
Appendix C: Interview schedule: experts and children	164
Appendix D: Ethics committee application form	167
Appendix E: Consent to participate in research (experts)	169
Appendix F: Consent to participate in research (Campus managers of the Children)	172
Appendix G: Transcripts of focus groups	174
Appendix H: Questionnaire for expert	186

CHAPTER ONE

INTRODUCTION AND OVERVIEW OF THE STUDY

"Our greatest glory is not in never falling, but in rising every time we fall."

Confucius

1.1 INTRODUCTION

Contemporary discourses on young adolescent boys (Helgeland, *et al.*, 2005; Hurrelmann, 1990; Kalafat, 2003; Smollar, 1999) tell us that this specific age group can be described and categorised as sometimes “troubled” with narrative constructions on their experiences, relationships, their development, risk and resilience and the way they construct their identity.

Much less common are research that explain how adolescent boys negotiate their journey through the adolescent years and orient their behaviour in terms of life and adulthood. In this research the researcher’s intention was to explore and describe the young adolescent boys, as a vulnerable group who have to emerge out of “problem” teenage behaviour (Gergen, *et al.*, 2004) to a paradigm where they can rely on their own inner strengths (Peterson & Seligman, 2004) in order to cope with difficult life challenges. By that definition, this research explored the specific traits and life skills embedded in the developmental processes of children, life experiences and relationships, which can be identified as processes of resiliency. This process of resiliency needs to be described in a framework for social workers who work in preventative programmes with these boys in preparing them for adulthood outside the structures of child and youth care centres. Such a framework will refer to the

conventional risk discourse where the emphasis is on personal responsibility to bounce back in spite of adversity.

For the purpose of this study, resilience can be described as the ability to manage and learn from difficulties and to bounce back from adversity. To be able to do that, certain life skills are needed such as coping with changes and challenges (Munro, 2011), loss and grief (Allen & Manning, 2007), focusing on respectful relationships, (Yap, *et al.*, 2010), access strengths and assets from the environment, (Sarbin, 2000, Pooley, *et al.*, 2005) thinking optimistically (Allen & Land, 1999), being able to care for oneself and others, and being able to utilise positive self-talk (Bottrell, 2009).

In resilience literature (Ramphela, 2002:123) the most important focus area that researchers explore is the experiences and pathways people (in this case adolescent boys) use to reach positive outcomes. Initially many researchers thought resilience was a personality trait of a few “invulnerable super-children” who could leap life’s barriers in an effortless bound. Instead, the emerging view (Kemper, *et al.*, 1999; Johnson, 1994) is that resilience is programmed into the DNA of every person with an opinion that all are descendants of ancestors who overcame every manner of hardship and adversity and children from terrible backgrounds can develop strengths to alter their life pathways. These strengths require resilience. Resilience can be described as an emotional muscle which can be developed with determination and practiced by means of life skills.

In this chapter the researcher will discuss the contextualization and problem statement, the aim and objectives of the study and the theoretical framework. This will be followed by the research strategy and methodology, the ethical aspects and the validation and reliability of the study. Finally, a description of the main concepts and a conclusion of the chapter will be provided.

1.2 CONTEXTUALISATION AND PROBLEM STATEMENT

According to Creswell (2007:103) the purpose statement, also referred to in other literature (Fouché & De Vos, 2005:90; Mouton, 2001:27) as the problem statement, forms an important part of the entire study, due to the fact that the purpose statement gives direction to the research, a “road map” directing the need for the study. The problem statement is sometimes also discovered according to Fouché and De Vos (2005:90), by researchers in their professional daily practice.

The researcher’s experience as a social worker in the field of child care and child protection, constituted the source of motivation for this study. The researcher’s intention was to focus on young adolescent boys, as committed by the Court to a child and youth care centre (previously known as a children’s home). The researcher helps by means of a preventative programme to prepare them through life skills to be resilient when leaving the centre. Munro (2011:10) states that this specific group of children are in a vulnerable position and can be described as a vulnerable group. This research in particular focused on the need to develop strengths to alter their life pathways. The same author’s research (Munro, 2011:19) indicated that adolescent boys lack certain life skills that will help support them when they gain independence through the construction of selfhood. The lack of life skills manifest in emotional problems, developmental delays, social skills delays and in the case of young adolescent boys, sometimes in deviant behaviour and delinquency ultimately, leaving them without being resilient.

Children depend on parents, families, institutions and systems to support them but are more open to vulnerability when these support networks neglect or abuse them (Low 1996:351). Children committed via the Children’s Court system to child and youth care centre are exposed to trauma in their lives and these traumas follow them into care, adding to the risk factors which increase the probability of vulnerability in the development of these children (Webb & Schell, 2010:23). The researcher is based at

a child and youth care centre and attention was drawn to an increasing number of boys who were previously accommodated at the child and youth care centre are or were in prison and/or known to be involved in criminal activity.

According to a preliminary research project at the Department of Correctional Services (2009) one of the main prison facilities in South Africa there is an extensive number of the younger prisoners (men) committed to imprisonment that has been in child and youth care centres or had previously being involved with social services and social work care. This raise concerns for boys currently accommodated in child and youth care centres with social workers who desperately need to establish what measures can be developed as a preventative strategy to prevent boys currently in child and youth care centres ending up in prison or leading negative lifestyles once they leave the child and youth care centres.

Collins, *et al.*, (2000) completed research stating that boys are more likely than girls to underachieve academically, become involved in criminal activity as well as substance abuse. According to Phoenix, *et al.*, (2003) an emphasis on boys being targeted for special attention is needed especially to address their apparent failure to achieve academically compared to their female peers. This was also found by Rossouw (as cited by RAPCAN, 2007:42) with an emphasis on the socialization processes. She found that the socialisation of boys have an impact on their behaviour. Boys often need to prove their masculinity especially amongst their peers and certain stereotypical views on masculinity lead to male aggression and risk taking behaviour (as cited by RAPCAN, 2007:44). Munro (2011:12) refers to this phenomenon as the “crisis in masculinity” which has provoked a surge of academic research. Rossouw (as cited in RAPCAN, 2007:43) further concluded that the respondents in the research expressed a need for emotional support especially from adults. This research recommended assistance to boys to have interpersonal relationships and an awareness of self-defeating behaviours.

During 2009 the World Health Organization (World Health Organization, 2008:124) stated that violence, not only in child and youth care facilities, but in general amongst children and youth is a public health problem worldwide. Every day, worldwide, an estimated 227 children and youths (age 0–19 years) die as a result of interpersonal violence, and for each death many more are hospitalised with injuries. Poor social skills, low academic achievement, impulsiveness, truancy and poverty are amongst the factors that fuel this violence. The WHO (1997:133) further stated that this violence can be prevented by developing the life skills of young children. Life skills are cognitive, emotional, interpersonal and social skills that enable individuals to deal effectively with the challenges of everyday life. In the research completed by the World Health Organization (2008) it was evident that preschool enrichment and social development programmes, which target children early in life, can prevent aggression, improve social skills, boost educational achievement and improve job prospects. These effects are most pronounced in children from poor families and neighbourhoods. The benefits of high-quality programmes of this type can also be sustained into adulthood. Programmes for older children and youth also improve behaviour.

Most research on life skills programmes have been conducted in high-income countries, particularly the United States of America. More evidence is needed on the impacts of child and youth care enrichment and social development programmes in low- and middle income countries such as South Africa.

In light of the above-mentioned and in order to integrate a theoretical understanding of how this could be achieved, Gestalt play therapy as a special mode of intervention in social work, will serve as the frame of reference embedded in the social development approach (Midgley, 1995) and strengths perspective (Engelbrecht, 2010:55). The focus on a therapeutic intervention strategy is due to the lack of individual intervention strategies in current social work literature that could support a process that guides children to resilience.

Literature research uncovered the following examples of studies that support children in the development of life skills. This can have positive impacts on young people's opportunities through improving pro-social abilities, educational attainment and employment prospects and can help prevent violence:

- Studies by Heckmann (2000:214) also indicate that the rate of return on investment in such interventions aimed at disadvantaged children is higher when the intervention occurs earlier in life; therefore, there is a well-developed evidence base for the effectiveness of enrichment programmes and social development programmes in preventing aggression and improving social skills, particularly in deprived children.
- High-quality programmes have shown that these effects can be sustained well into adulthood. Such programmes can also show positive impacts on a range of other health-risk behaviours, such as substance use and unsafe sexual behaviour (Munro, 2011:71).
- The current understanding of the impact of academic enrichment, incentives to complete schooling and vocational training programmes on violence prevention is less developed and there is a need for rigorous evaluations in this area. Dishion, *et al.*, (1999) have found positive effects on behavioural outcomes are often short-lived, while some programmes for adolescents have even shown detrimental effects.
- According to the W.H.O. (2008) bringing at-risk youths together may have a normalizing effect on their deviant behaviour while the mechanisms behind such negative effects are unclear, however, skills taught to adolescents through academic enrichment, incentive and vocational training programmes are often significantly different from those taught in interventions offered to young children. While pre-school enrichment and school-based social development programmes typically seek to promote social and emotional skills, programmes targeting adolescents largely focus on academic and vocational skills development. This, combined with differences in the mode of evaluation (e.g.

- methodologies, quantity and quality of studies conducted and outcomes measured), complicates the comparison of different types of interventions.
- Most studies on the impact of life skills programmes on violence prevention have been conducted in developed countries, particularly in the United States (Miller, *et al.*, 2013) but give a good frame of reference to social work research in South Africa.
 - Literature state that knowledge of how life skills programmes can be effective in high-income settings must be translated to low- and middle income settings and must be a key research priority (Webster, *et al.*, 2012).
 - The evidence reviewed in research (Heckmann, 2006, W.H.O., 2008) underlines the importance of targeting violence prevention through life skill programmes efforts as early in life as possible to achieve maximum benefits and protect children from risk factors that increase their propensity for violence.
 - By focusing on being aware can lead to change. With this, awareness as gestalt therapy concept, change of self can occur (Yontef, 1993:51, 88) and needs to be included in strategies to build resilience.
 - In order for awareness to work effectively, the sense of self needs to develop (Joyce & Sills, 200:28). Yontef (1993:492) points out that interpersonal contact with others forms children's sense of self. To understand how young adolescent boys can be assisted *the self* in Gestalt theory of the self needs be explored in-depth. Polster and Polster, (2005:5) described that there is "no real self, hidden by surface experience but rather a community of selves that vie for ascendancy". The concept of resiliency will be explored on the basis of this *population of selves* that Polster and Polster describe. Which part of the *self* can thus be strengthened in order to promote resiliency.

In summary, this research will focus on:

- How to build resilience as a life skill with young adolescent boys within gestalt theory.

- It is known that there are children who have been subjected to adverse abuse and circumstances (i.e. sexual, physical abuse, poverty, being in care) but were able to function in a healthy manner (Louw & Louw. 2007:381; Schroeder & Gordon. 2002:18).
- In order to understand the changes that develop from within and self-support, one needs to understand the factors contributing resiliency.
- Health care professionals traditionally focus, on the problems and risk factors adolescents experience such as alcohol and drug abuse, violence and crime, family problems however, prevention programs are a positive field to explore in order to help and support these vulnerable group. Risk factors can provide, as stated by Constantine (1999:3) “critical information in prevention and early intervention program planning (especially in getting services to populations in greatest need)”.
- Knowing that the risk factors are not enough to help these adolescents but rather to look at how some young people, despite experiencing trauma in their life and faced with risk factors, have developed into healthy young people.

The researcher consulted with five experts in the field of both play therapy and social workers in child protection settings in order to establish if the study was viable. They were all senior professionals who have practiced in the field of social work for 15 year or longer and are also qualified to use play therapy as a mode of intervention. They all approved of the study and agreed on the value of exploring resiliency as a life skill. This resilience that children display will be further explored in this research and how lessons that were learned could be used to develop a preventative program for young adolescent boys accommodated to child and youth care centres.

According to Mouton (2001:53), research problems are often formulated in the form of questions. This helps the researcher to focus the process by answering these questions to find more information about the topic. (Fouché & De Vos, 2005:100). Research questions constitute a reformulation of the purpose of the study in more

specific terms by beginning with the word “what” (Creswell, 2007:107). With this in mind the following research question needs to be answered:

What are the aspects to be included in a preventative programme for young adolescent boys in child and youth care facilities to build resiliency as a life skill?

1.3 AIM AND OBJECTIVES OF THE STUDY

According to Fouché and De Vos (2011:94) objectives of a study should be clear, specific and achievable. The aim of this study was:

To explore and describe the experiences of young adolescent boys in a child and youth care facility with an emphasis on the configuration process of the self within the gestalt perspective in order to understanding and develop resiliency as a life skill and to provide recommendations in the form of a preventative programme for social workers working in child and youth care facilities.

The research objectives are the steps which the researcher has to take in order to achieve the overall goal. (Fouché & De Vos, 2011:104) and the objectives of the study were as follows:

- To conceptualize adolescence, child and youth care, resiliency, child and human development, theories of self and life skills by means of a literature review;
- To investigate the relationship between the configured self and resilience building as a life skill within young adolescent boys;
- To conduct an empirical study by means of collecting data during two focus groups discussions in order to explore the experiences of (group one) boys previously committed to child and youth care centres and to be identified as being resilient, (group two) social workers working in the field of child protection, heads of child and youth care centres and probation officers in order to determine processes of resiliency or the lack there-off;

- To provide a description and analysis of data collected on processes of resiliency and theories of self in order to determine factors lacking in current life skills programmes; and
- To formulate conclusions and recommendations for social workers working in child and youth care facilities in the form of preventative guidelines (programme) to build resiliency as a life skill.

1.4 THEORETICAL FRAMEWORK FOR THE STUDY

According to Guba (as cited in Creswell, 2007:19) a paradigm such as fundamental philosophy guides the action in research. The interpretive stance taken by the researcher shaped the research in terms of individuals chosen for the study, the types of questions asked and how the data were collected and analysed. These theoretical stances also affect the way in which the information was gathered for the study and is used to change society (Creswell, 2007:30). Within qualitative research the study may consist of multiple paradigms when they are compatible (Creswell, 2007:19). For the purpose of this study the researcher adopted Gestalt therapy theory, including play therapy from the Gestalt approach, as the foundational paradigm, with child development theory as a secondary paradigm.

A Gestalt therapy framework or paradigm includes key concepts such as phenomenology, dialogical existentialism and holism and/or field theory (Yontef, 1993:200). In Gestalt theory a phenomenological approach is used to assist a person to explore and become aware of who and how he/she is in the here and now (Joyce & Sills, 2010:17).

Gestalt play therapy is described as play therapy with children using techniques based on the perspectives and methods of Gestalt therapy theory (Blom, 2006:20). From the above-mentioned explanation it is clear that a central theoretical statement can be formulated as follows:

A configured self in young adolescent boys accommodated in child and youth care centres might assist in building resilience as a life skill in order to prevent problems and risk factors in adult life.

1.5 RESEARCH STRATEGY AND METHODOLOGY

Mouton (2001:56) states that research methodology is the process, tools and “objective” procedures to be employed, which will then be the individual steps in the research process.

1.5.1 Research approach

The research process utilized in the study was the qualitative research approach in order to understand and describe the phenomena as it is in “real life”. The qualitative approach was the most appropriate approach as this research focuses on an interactive process, a process to construct social reality, and a holistic understanding of a situation (Neumann.1997: 14) According to Creswell’s (2007:50) description of the qualitative research approach, the paradigm for this study was embedded in the phenomenological nature with a clear understanding of the body of knowledge, related-empirical observations of phenomena to each other, in a way that is *consistent* with fundamental theory, but is not directly derived from theory. From this it was evident that the research applied in terms of problem solving – that is – the development of a preventative programmes in order to build resiliency as a life skill. The objectives of the research were exploratory and descriptive.

1.5.2 Type of research

The difference between basic and applied research is described by Neumann (2011:26-27) as on the one hand, basic research refers to increasing the knowledge base of a subject to support or disprove theories and having a broader impact on thinking over a long period of time, where applied research is used to bring about

change in a problematic situation. Fouché and De Vos (2005:105) state that applied research develops findings of practical relevance that can be used in the shorter term.

Applied research was used to explore and describe the aspects to be included in a preventative programme for young adolescent boys in child and youth cares facilities to build resiliency as a life skill.

1.5.3 Research design

Applied research was used in an instrumental case study design as 'n method of obtaining results. As described by Fouché and Schurink (2011:320) the researcher is part of the research process in order to obtain "intimate familiarity with the social world and to look for patterns in the participants lives". The key question in the research design concerns the type of study that will be undertaken. Semi-structured interviews were conducted by means of focus groups with a subjective exploration and descriptive component of the reality from the perspectives of professionals and young boys.

1.5.4 Theory and literature review

The researcher completed a literature review to collect data as part of the research process (Mouton, 2001: 56). The qualitative research literature process, according to Delpont and Fouché (2005:265), can be used to guide the study before data collection, or towards the completion of data collection with the view of comparing existing literature with the conceptual theoretical framework and research findings.

The researcher has done a preliminary review to explore theoretical concepts in the field of Gestalt therapy and Gestalt play therapy process within the scope of practice for social work.

The question that the researcher attempted to explore in a literature investigation was: *What was it that allows some children to keep going during hard times and to develop*

into well-balanced adults in particular when those children were accommodated in child and youth care centres, while others get involved in negative lifestyles or even end up in prison. The work on resiliency by Condley (2000; 2011) Lester (1998; 2009) and Benard (1998) was cited. The promotion of resiliency in children was further investigated.

Within the field of Gestalt play therapy, the researcher focused on the work of Polster and Polster (2005:6;8) who explain the development of the self and they point out that the “concepts of the self” not only helps to recognize identity but also gives new guidance for reconstructing the summary conclusions of persons”. The concepts of Gestalt therapy and in particular children gestalt play therapy, are ideal to assist the researcher in explaining resilience in children and how to support children to build resiliency and these concepts were also investigated in the literature review.

1.5.5 Sampling

A sampling plan for the research will not only increase the feasibility of the research but will also demarcate the boundaries with-in a population. According to Strydom and Delpont (2011:390) sampling is defined as the means of taking any portion of a population and represents that population. Sampling in qualitative research is less structured. The focus is less on the sample’s representativeness and more on its significance with regards to the research topic (Neumann, 2011:241) and the purpose of collecting specific cases that can clarify a deeper understanding. The universe of the study refers to all adolescent boys residing in child and youth care centres in the Johannesburg region who possess a certain character trait, resilience, and who can be identified by this character trait by teachers, social workers and care givers. The population of the study was young adolescent boys between the ages of 15 and 21 previously residing or still residing in child and youth care centres that shows resiliency. By using resilient boys between this age group, the researcher can develop a retrospective framework and formulate guidelines for boys between 11 and 14 years

old, living in child and youth care centres and need to be equipped with resiliency as a life skill. Participants, therefore, were between the ages of 15 and 21 years.

1.5.6 Data collection

Focus group discussions were used as the primary source of data collection (Greeff, 2011:300). The discussions were designed to obtain information regarding resilient behaviour. Managers or social workers of child and youth care centres were at first approached with a definition of resiliency and then they were asked to identify resilient boys to be included in a focus group. The second focus group consisted of professionals working in child and youth care centres with boys. The process of sharing and comparing in the non-threatening environment of a focus group facilitated the collection of large amounts of data. According to Greeff (2011: 352) this allowed the researcher to explore the participants' views, opinions, attitudes and beliefs about certain events and phenomenon. This also allows for the clarification of given answers.

During the whole research process the researcher had to bracket herself in terms of previous experience as a social worker in child and youth care centres. During the focus group discussions the researcher managed to not impose her own experience, background and views on the participants, but to rather focus on the issue of exploring the participants' experiences of resilient behaviour.

1.5.7 Data analysis

Neumann (1997:426-427) describes data analysis as the search for a pattern in data and it brings structure and meaning to the collected data (Schurink, *et al.*, 2011:405). Neumann (1997:427) also states that a qualitative researcher "moves from the description of a historical event or social setting to a more general interpretation of its meaning". The techniques that were used to analyse data were thematic analysis with open coding, axial coding, examining, sorting, categorising, evaluating, and comparing

of data (Neuman, 1997:427; Zaaiman, 2003:55). For the purpose of the study, the researcher depended on transcripts, video recordings, notes and memory as the basis for data analysis.

Patterns and themes were identified and categorized (Creswell, 2009:119; Delpont & Fouché, 2005:354) by a repetitive review and coding of transcripts and notes into the relevant categories (Merriam cited in Creswell, 2009:199). This process is an organized “listening” of participants’ realities (Greeff, 2011:311), comparing data and seeking for differences and similarities in order to find alternative views.

1.6 Validation and reliability of the study

Angen, as cited by Creswell (2007:205), argues that validation is “a judgement of trustworthiness or goodness of a piece of research”. Although numerous validation strategies can be found in literature, the researcher decided that the validation strategy as described by Lincoln and Guba (in Creswell, 2007:203, 207; 209) validated the research the best. The validation strategy suggests that the researcher ask specific and critical questions such as:

- *How credible are the particular findings of the study?*
- *By what criteria can we judge them?*

The credibility of this study was enhanced by the inclusion of two focus groups consisting of participants from two diverse groups – social workers and care givers working with adolescent boys and then another group consisting of young adolescent boys who have a record of resilient behaviour.

In addition to the research, the researcher’s prolonged experience in the field as social worker and interaction with the subject matter contributed to an understanding of the issue involved. Further credibility was ensured by providing detailed information pertaining to the subject and scope of the study prior to the focus group discussions (Creswell, 2007:207-208). Member checking was utilized where the researcher “tests”

the participants' view of the credibility of the interpretation of the data. Participants were, for instance, not only asked if they agree with what other participants in the focus groups said, but also to elaborate on the subject of discussion. Another question suggested is:

- *How transferable and applicable are these findings to another setting or group of people?*

Transferability refers to the demonstration of how one set of findings is applicable in another context (De Vos, 2011:345). The strategy followed by the researcher was triangulation. Multiple and different sources of data (two focus groups), theories (Gestalt therapy theory and child development theory) and investigators (co-facilitator and study leader) were used (Creswell, 2007:208). In addition, the study's applicability to other settings was enhanced by using two focus groups to enrich and corroborate the evidence (Creswell, 2007:208; De Vos, 2011:346). Transferability is also obtained through a detailed and substantial description (Creswell, 2007:209), which the researcher did achieve when she describes the detail of the focus group process and outcome in a later chapter. The final question suggested is:

- *How can the researcher be sure that the findings are reflective of the subjects and the enquiry itself rather than a creation of the researcher's biases or prejudices?*

According to Creswell (2007:208) the degree to which the findings reflect the contribution of the participants and enquiry is greatly enhanced when the researcher is being open and clear about past experiences, biases or possible prejudices from the onset of the study. Peer review, discussions with the study leader and two fellow professionals regarding the breakdown of the data into various themes, sub-themes and categories, provided further opportunities to lessen possible research bias.

Reliability was as also enhanced by making use of data recording of good quality, which were transcribed in detail by the researcher and coded with the help of the study leader and through peer reviewing. This was a repetitive process of dividing codes into broader themes and sub-themes.

1.7 ETHICAL ASPECTS

Social research can be intrusive and therefore participation needs to be voluntary, information needs to be asked and treated with respect. The following procedures were followed to ensure that respect the participator.

1.7.1 Approval and ratification of research

The study was ethically cleared by the ethics committee of the North West University under the ethics project of Prof. Pedro Rankin (Project leader) at the School for Psychological Behavioural Sciences.

The ethics number is:

NWU-0011-10-S1

The research protocol was approved by the Research Committee of the North-West University on 15 June 2011 and ratified by the Faculty Board in November 2011.

1.7.2 Informed consent

Informed consent (Appendix A) entails informing the participants about the nature of the study and provides specific and sufficient information about the procedures involved (Creswell, 2007:141). The researcher accurately explained the main concepts, procedure and ethical issues in this informed consent letter. This was followed by a formal procedure of written consent. All participation should be voluntary

since social research could potentially be an intrusion into people's lives (Babbie, 2010:64)

Informed consent heightens the participants' insight into the research and minimizes the risk of uncertainty, strain and resistance experienced by participants (Strydom, 2005:60). During the data-gathering phase the researcher explained to the participants what the goal of the research was.

1.7.3 Avoidance of harm

Avoidance of harm entails predicting potential risks and discomforts for the participants and treating both participants and information obtained with respect and dignity. (Babbie, 2010:65). Strydom (2005:58) states that harm in social research is more likely to be of an emotional nature, which is not always easy to foresee however, the effects of emotional harm may have more extensive consequences for the participants. Through informed consent the participants had the choice to participate or withdraw from the research study.

A follow-up session for each participant (boys) was scheduled with their social worker to debrief any unresolved issues that might have occurred as a result of the focus groups.

1.7.4 Privacy, anonymity and confidentiality

According to Babbie (2010:67) anonymity implies a guarantee that the researcher and reader will not be able to link a response with a specific participant. Although this could not be adhered to during the focus group discussions, participants' anonymity was obtained in the transcript by using fictitious names. This ensures the privacy of participants (Strydom, 2005:61) and guarantees confidentiality, since a specific person's response cannot be identified in public (Babbie, 2010:67).

1.7.5 Deception

Deception or misrepresentation occurs when the participants are misled in any way with regards to instructions or the purpose of the research and the possible impact it could have on them (Strydom, 2005:60-61). Babbie (2010:70) stresses that the identity of the researcher should be clear to the participants in terms of affiliation. The identity of the researcher as well as the purpose and scope of the research were communicated to the participants.

1.7.6 Competence of the researcher

The researcher is a qualified social worker and has been in practice for several years. The researcher's conduct during the research process was guided by her professional code of ethics as prescribed by the South African Council for Social Services Professions. Her current training in play therapy and child protection has equipped her with the knowledge to understand and work in groups and she also has insight engaging in dialogue with the participants. Prior to the study the researcher attended an intensive training session on research methodology. Furthermore, the researcher worked under the guidance of a supervisor in her work place and a study leader at all times.

1.7.7 Publishing of data

The researcher tried to avoid all forms of misrepresentation of information and bias in writing the report (Strydom, 2005:66). Limitations and shortcomings of this study were acknowledged (Babbie, 2010:71) and discussed in the final chapter. The researcher confirms that the data analysis process was conducted accurately and the report reflects the true outcome of the study (Strydom. 2005:65).

1.8 DESCRIPTION OF MAIN CONCEPTS

For the purposes of this study it is important to discuss the following key concepts. This discussion creates a platform to build the rest of the study.

1.8.1 Preventative program

The term "prevention" is typically used to represent activities that stop an action or behaviour. It can also be used to represent activities that promote a positive action or behaviour. According to Coie, *et.al.*, (1993:1013) preventative strategies involve a screening process. It also aims to identify individuals who may have early signs of problems and/or having an increased risk for problems. A preventative program typically will guide a professional through a representation of activities in a structured manner to prevent problems.

1.8.2 Young adolescent boys

The start of adolescence is marked by the physical changes young persons will experience. It is not only the physical changes that adolescents need to cope with but also with changes in their social, emotional and cognitive development coupled by moving towards independence and exploring their own identity and self (Frydenberg, 2008:1). In this study young adolescent boys are referred to as being in the age group between 11 and 14 years, the most significant age for puberty and the onset of adolescence. This age group is also described in literature as middle childhood (Berger, 2006:253, McCartney & Philips, 2006: xiv, Papalia, *et.al.*, 2006:295).

The researcher took notice of the fact that the age category in developing children should never be viewed too structural (Wait, 2005:16).

1.8.3 Resiliency

For the purpose of this research resiliency is the capacity of adolescents to meet a challenge and use it for psychological growth (Henry, 2005:21).

1.8.4 Life skills

For the purpose of this research life skills were seen as the cognitive, emotional, interpersonal and social skills that enable adolescences to deal effectively with the challenges of everyday life (Maclean, 2004:2).

1.8.5 Gestalt play therapy

Gestalt play therapy focuses on giving children the opportunity to enhance their sense of self by expressing their thoughts and feelings while participating in exercises and experiences involving all their senses in a nurturing therapeutic relationship (Thompson & Henderson, 2007: 197)

1.9 CONCLUSION

The research methodology utilized by the researcher in conducting this study was described in this chapter. The conceptualization and problem formulation gave birth to the research topic and the research question. The aim and objectives were discussed. A qualitative research approach, a case study design and applied research with an explorative and descriptive goal were making use of two focus groups. The theoretical framework and paradigm provided the basis of the research design. The validation, reliability and ethical considerations of the study were discussed and the main concepts were briefly defined.

The second and third chapter will form the conceptual framework for the study. Chapter two will include a broad understanding of developmental theory and the third

chapter will provide a theoretical framework for Gestalt play therapy with a reference to resilience.

CHAPTER 2

A THEORETICAL FRAMEWORK FOR DEVELOPMENT IN YOUNG ADOLESCENT BOYS

2.1 INTRODUCTION

The purpose of this chapter is to provide a theoretical framework in the form of a literature study for the development of adolescent boys relevant to this study. The researcher will therefore, attempt to integrate theoretical underpinnings and constructs that will assist in understanding adolescent boys in their development. A literature study according to Fouché and Delport (2011:127) exists to provide an understanding of what is being researched. A literature review helps to focus the research and places the research problem in context (Fouché & Delport 2011:129). This chapter's literature review attempts to identify areas of knowledge that will assist the researcher in understanding the adolescent boys and to form a profile of adolescents.

2.2 DEMARCATION OF ADOLESCENCE FOR THIS CHAPTER

Adolescence is an important life stage and a formative period in human development. According to Erik Erikson (cited in Lampert, 2003:154), the primary task of adolescence is the construction of a sense of self also referred to as a personal identity. McNamara (2000:32-33) argues that "the decisions made in adolescence is important and often irreversible consequences for occupational and social status in adulthood". Adolescence is a period of transition and change from childhood to maturity and changes in all areas of human development occur; physical changes, emotional changes, values, moral development, behaviour, self image, identity, intellectual development, social development as well as emergence of sexuality (Fahlberg, 2001:99; McNamara, 2000:30-31;). During adolescence young persons will go through periods of transitions in order to learn and acquire skills to be able to

function as adults later in their life. Erikson's psychosocial model explains adolescence as development where growth occurs because of conflict and set out developmental tasks for adolescents. Balk (1995:21) explains further that the source of conflict is biological – due to the physical changes in adolescents.

The researcher will focus on the unique features of the adolescent boy, the developmental tasks and the effect of these changes on the development of the adolescent boys' developmental tasks and the effect of these changes on the development of the adolescent boy in his totality. The researcher will briefly note the physical development but will spend more time on social development, cognitive development and emotional development. Special concerns, the effects of childhood experience later on in adolescence, in adolescence will be discussed.

To understand adolescents one cannot view them in a vacuum but as a part of different aspects and therefore applicable theories will be utilized to discuss adolescents. For the purpose of this chapter the gestalt theory and its concepts will only be discussed in Chapter 4 when gestalt theory will be used to understand adolescent development because a basic understanding of adolescence is necessary to understand resilience and Gestalt therapy concept and how this can be used to assist and support adolescents.

The researcher will attempt to discuss different concepts in adolescence. The purpose is to form a profile of early adolescent boys to create a wider understanding of the adolescent boys' unique features and to build a logical framework for the rest of the research (Fouché & Delpont 2002:266). For the purpose of this research the focus will be on different aspects of early adolescent boys. Middle adolescence and late adolescence will be briefly looked at to complete the exploration of adolescence. It is important to have an advanced knowledge of the developmental needs of the adolescent boy as this increased knowledge will assist the researcher to engage adolescents in the therapeutic process (Nelson & Mize-Nelson, 2010:307).

The theoretical underpinnings of resilience will be discussed in Chapter 3 while, the connection between resilience and gestalt play therapy will be explored in Chapter 4. In order to understand adolescent development gestalt theory and the field theory will be explored in Chapter 4.

2.3 THE PERIOD OF ADOLESCENCE

The definition of adolescence is different in every culture. Literature defines adolescence as the period between childhood and adulthood (Geldard & Geldard, 2007:2; Gerali, S. 2006:20; Gouws *et al.*, 2008:2; Louw, 1996:393). Although it is difficult to specifically define when adolescence starts, literature defines (Gerali, 2006:22-24; Gouws *et al.*, 2008:6; Louw, 1996:393; Wait *et al.*, 2005:149,165;) early adolescence between the ages of 11 and 14 years, middle adolescence occurs between 14 and 17 years of age and late adolescence is between the ages of 18 and 21 years. The start of adolescence will be marked by physical changes experienced by young persons; however it is not only physical changes that adolescents need to cope with but also the changes in their social, emotional and cognitive development coupled by moving towards independence and exploring their own identity and self (Frydenberg, 2008:1).

McNamara (2000:31) points out that these changes are interrelated; however, the occurrence of changes differs from individual to individual and social, economic, political and cultural dynamics influence the emergence of adolescence and how it manifests. It is important that adolescents are able to deal with these changes effectively, as this might likely lead to psychological, emotional and behavioural consequences (Geldard, *et al.*, 2007: 4). These changes and transitions may increase conflict with family, friends or the school and may cause stressful situations for adolescents.

Life stressors that adolescents need to cope with include death, loneliness, family separations, relationship difficulties and academic performances. These life stressors

contribute to an increased risk of emotional, cognitive and behavioural difficulties in adolescents such as delinquency or poor academic performances (Frydenberg, 2008:2).

While these stressors are occurring in the life of adolescents, they are also going through the process of adolescence to move into adulthood. Gouws *et al.* (2008:2) point out that the chronological age, developmental tasks; psychological maturity and economic maturity all determine adulthood which can be used to measure the end of adolescence.

Historical views on development were strongly based on the developmental theories of Erikson, Piaget, Maslow and Freud and the researcher agrees with Reynolds and Mortolla (2005:155) that knowledge of these theories is an asset in understanding children. For the purpose of this study the early adolescent phase is important and will be discussed in more detail.

2.3.1 Early adolescence

Puberty is the period in which rapid physical growth starts and marks the end of childhood and the beginning of adulthood (Stassen-Berger, 2005:432). According to Gerali (2006:20) puberty is not adolescence but only the start of adolescence and this period begins around the age of 11. Early adolescence usually starts between the ages of 11 and 14.

Fahlberg (2001:201-202) identified a profile for the characteristics of typical 11 to 14-year-olds in order to enhance the understanding of typical early adolescents and can assist with creating a profile:

2.3.1.1 Typical 11-year-old

Typical 11-year-olds will echo the stages of early toddlers where they burst into rage at short notice or start to laugh and are emotionally unstable. Fahlberg (2001:102) points out that typical 11-year-olds are assertive, curious, talkative and sociable. They have an enormous appetite for food and they tire easily. In general, 11-year-olds do not like to complete tasks and will try their best to avoid it. Their best behaviour is away from home and they are content with attending school. This age makes it also difficult for them to get along with brothers and sisters. Emotionally, 11-year-olds will get angrier than when they were ten years old and verbal outbursts are more common.

2.3.1.2 Typical 12-year-old

The peers of 12-year-olds are becoming increasingly more important to them; however, they are less competitive. School and learning are areas where typical 12-year-olds will thrive in and is a source of satisfaction to them. Fahlberg (2001:201-102) attributes this to the capacity of 12-year-olds capacity to learn and their conceptual ability increases. This age are normally described as a likeable age as they get along with others and are more enthusiastic. It is also noted that typical 12-year-olds will assert themselves by talking back to adults and as they grow older verbal responses occur more often.

2.3.1.3 Typical 13-year-old

Typical 13-year-olds seem to be more moody and appear to be less inquisitive than typical 12-year-olds. Thirteen-year-olds become more withdrawn within themselves. It appears that typical 13-year-old spend a lot of time in front of the mirror to inspect physical changes. Introspective thoughts and self-discovery are more apparent in this year group. They are more sensitive to criticism and; therefore, caregivers need to be more verbally supportive than judgemental. Typical 13-year-olds will argue about everything, will ask more questions and also question the motives of people more.

Thirteen-year-olds will withdraw physically after an anger outburst to gain self-control and it will be beneficial for caregivers to give them alone time before arguments or disagreements are resolved.

2.3.1.4 Typical 14-year-old

Typical 14-year-olds seem to be happier and are less withdrawn. Family relationships are less strained than at the age of 13. Typical 14-year-olds are more objective and are more able to look at both sides of an issue. At this age boys have not yet matured physically; however, girls usually have. During this age adolescents would swear in response to anger and storm out of rooms. It will be beneficial if caregivers allow adolescents to leave the room when angry and not to ask adolescents to speak up when they mumble under their breath. At this age there is rapid physical development and also an increase in “aggressive impulses” in adolescents. This aggressiveness in adolescents might increase if there is already aggression present in their families.

2.4 PHYSICAL DEVELOPMENT OF EARLY ADOLESCENCE

Adolescent boys experience rapid physical changes in their muscle growth and these changes sometimes cause boys to be more clumsy and uncoordinated (Wait, *et al.*, 2005:151). Wait, *et al.* (2005:150-252) further describe that early adolescent boys will experience “maturation of the reproductive system and appearance of secondary sex characteristics”.

Gouws, *et al.* (2008:11-12) point out that the accelerated growth that adolescents experience can cause stress to them as adolescents are more aware of bodily changes than ever before. This awareness has an influence on adolescents’ ever revolving self-concept. In early adolescence, adolescents need to become comfortable with these physical changes, they need to gain self-control and identity issues start to occur (Fahlberg, 2001:100).

Gouws, *et al.* (2008:19-20) state that the self-concept of adolescent boys who mature earlier is better and are socially more successful than those who develop later. Tilton-Weaver, *et al.*, (2005:37) indicate that to grow taller and bigger is associated with masculinity. The psychological impact of how early or late adolescent boys develop can have implications on social expectations and rejection or acceptance because they are viewed as different (Wait, *et al.*, 2005:152). Most fetal alcohol syndrome adolescents are born with developmental delays and therefore they develop slower than their peers. The impact of these developmental delays might have an impact on their self-concept like Wait, *et al.* (2005:12) and Gouws, *et al.* (2008:12) argue and this needs to be taken into account when working with such adolescents.

Wait, *et al.* (2005:153) are of the opinion that sufficient information about physical changes, positive indications of one's role, and support from family and peers will assist adolescents in accepting physical changes. Adolescents need to understand that adolescence is a process that continues into adulthood (Tilton-Weaver, *et al.*, 2005:38).

2.5 EMOTIONAL DEVELOPMENT IN EARLY ADOLESCENCE

According to Wait, *et al.* (2005:155) in early adolescence emotional development is characterized by the fluctuation of intense emotions and intense feelings of being different. With rapid physical changes, hormones are released that will influence and alter moods (Gerald, *et al.*, 2007:8; Gerali, 2006:115). In addition, emotional development is influenced by the interaction of other developmental processes occurring simultaneously and impacting on the whole functioning of adolescents (Geldard & Geldard, 2007:6). The speed of physical development will influence the emotional development of adolescent boys for example, boys who develop taller quicker than their peers are regarded as more popular (Gerali, 2006:114). These processes all influence the forming of adolescents' own identity and how they view themselves in the world. These influences have an effect on their emotional and behavioural development. Fahlberg (2001:105) explains that if adolescents display

unacceptable behaviour it might be linked to underlying emotional needs and the inability to express these emotions appropriately. Adolescents need adults to validate their feelings (Fahlberg, 2001:105) and to help them to express their feelings appropriately. Adolescents in the care system are mostly from dysfunctional families where adults are not able to manage their own emotions and; therefore, are not able to validate the feelings of adolescents or to teach them appropriate ways to manage emotions and behaviour. Fahlberg (2001:105) points out that anger from adults might cause them to abuse adolescents.

2.5.1 Emotional development and masculinity

Emotional development manifests differently in genders and in adolescence behavioural styles and perceptions are integrated into “gender scripts” (Harwood, *et al.*, 2008:519; Louw, 2007:319). Louw (2007:319) explains that these gender scripts manifest in increased feelings of depression and anger and is evident in girls and boys experiencing feelings of irritation and aggression but on the other hand positive emotions are also experienced and they feel more energetic. Gerali (2006:114) points out that the perception of adolescents on gender identity might influence how they express their emotions. Statements such as “boys don’t cry” and “be a man” cause adolescents to repress emotions and they become detached from their emotions. Girls are more likely to talk about their emotions and to seek social support when upset and boys will do something to distract themselves rather than to show their emotions. Adolescent boys view emotional restriction and aggression as more masculine and normal (Fisher & Oransky, 2009:66-67). Dean, *et al.* (2010:6) agree with this statement and add that society discourages boys to be vulnerable and these vulnerabilities might be suppressed or even be punished when acting vulnerable with a statement such as, “Boys don’t cry”. Boys are thus discouraged to show their emotions and might lack the skills to deal with their emotions appropriately. Boys need to be encouraged to seek emotional support.

2.5.2 Anger, aggression and violence

Violence amongst adolescent boys is more evident than in girls. Dean, *et al.* (2010:6) provide statistics from the United States of America where 95% of juvenile homicides are caused by boys and that young adolescent boys are ten times more likely to commit murder than girls. Gang delinquency is closely connected to violence. In South Africa the consequences of gang delinquency threatens to have an effect on large communities (Gouws, *et al.*, 2008:229). Adolescents born with the fetal alcohol syndrome (FAS) are more vulnerable to fall into delinquency and the gang culture due to their limited cognitive abilities. Garbarino (2005:362) states that if children with neurological damage, like in the case of FAS, grow up in violent, abusive families and environment, they are more likely to end up as violent young persons than well-balanced children.

Asmussen and Larson (1991:22-24) found in their research that there is an increase in pre-adolescents and early adolescents experiencing negative emotions, depressive thoughts and delinquency. This increase in negative experiences could be attributed to hormonal changes but also because of the fragmentation in the internal and external world of early adolescents. Another aspect that needs to be taken in consideration is that according to Fahlberg (2001:100) adolescents have a great deal of sexual and aggressive impulses and caregivers need to teach adolescents to cope with these impulses in a socially acceptable way. Rapid changes are thus occurring in early adolescence on all levels of development (Larson & Asmussen, 1991:36) and these changes can cause heightened emotionality (Gouws, *et al.*, 2008:117).

This heightened emotionality ranges from joyous states to anger and aggression. According to Gouws, *et al.* (2008:119) anger manifests in various forms of hostility, fighting or swearing and even temper tantrums. Aggression and violence are more evident in adolescent boys than in girls. Girls tend to talk about their issues but due to the views of boys as well as the view of society that boys do not need to talk about issues and being vulnerable are not muscular. According to Fisher and Oransky

(2009:67) the more adolescent boys feel compelled to live up to the masculine norm the more likely they are “at risk” for poor psychological adjustment. These pressures to conform to the norm might lead to anger and aggression within adolescents.

There are precipitating triggers that may cause aggressive behaviour. Bullying, belittling and humiliation are such triggers that can drive adolescents to act violently (Gerali, 2006:155). Adolescent boys view teasing and making fun of their peers as more masculine;. However, Fisher and Oransky (2009: 67-68) found in their study about adolescent masculinity that if adolescents believe that being teased is normal, they are less likely to feel anxious about teasing.

Gerali (2006:159) argues that when adolescent boys learn through aggression to use people and value things, a destructive pattern develops. This leads to disrespecting persons and the viewpoint that “when I bully you I will have the power over you and; therefore, I am more muscular”. Gerali (2006:155) is of the opinion that such adolescent boys will look for permanent solutions to their problems and might choose destructive ways due to the lack of self-support.

The lack of self-support can also be linked with adolescent boys’ own poor parenting experiences. Dean, *et al.* (2010:4) note that the relationship between parents or caretakers and adolescents can influence how adolescents manage aggression. Adolescents look towards their parents or caretakers and their environment to manage their emotions as there is a mutual influence between adolescents and their parents or caretakers. Adolescents’ own sense of self and their self-concept effects the internalization of these influences. According to Gouws, *et al.*, (2008:117) there is a connection between a self-concept, emotions and past experiences. Past experiences adolescents had with especially their parents or carers can cause adolescents to have a positive or negative self-concept. Disappointments and emotional abuse from adults can make adolescents feel inadequate and if adolescents do not have the necessarily emotional skills to deal with this, it can lead to underlying aggression and anger.

To comprehend aggression in adolescents, one needs to understand the self-concept of adolescents. Self-concepts are the views and perceptions adolescents have of themselves and determine the kind of person they developed into. Long (2010:57) explains that to understand the behaviour of adolescents, one needs to understand their self-concept and part of their self-concept is the self-fulfilling prophecy and past experiences. Long further explains that the self-fulfilling prophecy is the perceptions and feelings of how adolescents manage their emotional pain. Long (2010:58) goes on to state that the self-fulfilling prophecy of not trusting adults is the assumption aggressive adolescents make and becomes reactive in conflict situations.

2.5.3 Emotional developmental tasks of early adolescence

With every developmental stage persons need to complete certain developmental tasks in order to progress. To understand the developmental tasks of early adolescents, Erik Erikson's psychosocial theory of human development will be discussed. Erikson is of the opinion that the development of personality is the result of biological and social influences and those individuals pass through stages determined by maturation and demands from society (Gouws, *et al.*, 2008:78). Erikson believes that persons have the potential to solve their own conflicts ("personal social crises") which take place at each developmental stage. This fosters the development of the self and the ability to cope based on the experience gained during each crisis. Dealing with each crisis can lead to a strengthening of the ego and becoming more adjusted in life. Each stage adds to progress or mastery and accomplishment, which is an ongoing process (Gerald & Gerald, 2008:32). Erikson (1995:222-229) divides the emotional development of early adolescents into the following stages:

a) Industry versus inferiority.

This stage lasts from six to 12 years. In this stage social and academic skills need to be acquired by children. Children's initiative brings them in contact with new experiences (Santrock 2008:24) and new skills will be learned. During this stage children are enthusiastic about learning and they are also starting to compare

themselves with their peers which can lead to feelings of inferiority. Completing certain developmental skills adds competence to children (Louw, 1996:64).

b) Identity versus identity confusion.

This stage lasts from 12 to 20 years. This stage heralds the start of puberty and the beginning of maturation in young persons. Adolescents must start to separate their own identity from their parents or caregivers or else they might remain confused about their roles in adulthood. Adolescents must acquire the necessary skills to enable them to go forward into the next stage (LaFieniere, 2000:250; Louw, 1996:64; Santrock, 2008:24).

The developmental tasks of adolescent boy are thus (Louw, 1996:396; Perkins, 2006; Stassen-Berger, 2005: 484):

- a) Acceptance of physical changes.
- b) Form gender roles and identities.
- c) Achieve emotional independence from parents and other adults and moving towards self-reliance.
- d) Establish friendships and relationships with a deeper emotional connection.
- e) Acceptance of and adapting to peer groups.
- f) Create own identity independent from parents or caregivers.
- g) Socially responsible behaviour.
- h) Refine own value system according to the wider society.
- i) Career choice and preparing for work.

2.5.4 Emotional regulation

According to Keenan and Evans (2009:245) the emotional development of adolescents has the “potential to organize or disrupt functioning. The extent to which emotions can organize or interfere with functioning on a given task is, to a large degree, is governed by the capacity of individuals to regulate their emotions.” Keenan and Evans (2009:229:246) define emotion regulation as the “processes by which individuals’

emotional arousal is maintained within their capacity to cope". Emotional regulation also sets in motion impulse control (Stassen-Berger, 2005:289).

Fahlberg (2001:99) states that it is expected from adolescents to "move from depending upon external controls supplied by adults towards relying on using internalized controls thereby exhibiting both independence and self-control". Adolescents in alternative care needs a level of supervision, not physical control but the presence of adults to ensure that they do not get into trouble, to promote interaction with others and to become less dependent on adults controlling emotions. Keenan and Evans (2009:246) explain further that internal developments such as cognitive abilities and the growth of linguistic abilities in the brain play a role in planning and attention span. This is necessary when adolescents want to divert away from unwanted attention. As adolescents develop they learn that they can control their emotions and alter how they feel. Linguistic development increases the skills of adolescents to be able to voice their feelings and talk about their emotions. External processes according to Keenan and Evans (2009:246) come from factors outside adolescents. These external processes are for instance parental soothing, social or cultural scripts on how emotions are regulated.

During adolescence control issues are ever present. Adolescents are once again egocentric and see their needs as paramount (Santrock, 2008:503). When young children display egocentric behaviour and control issues, adults or caretakers normally respond by using physical and psychological power to control these situations; however, in cases of adolescents the power of adults or caretakers is weakened — adolescent relationships help to restore these power issues. Adolescents will demonstrate through their actions that adults or caretakers have limited power over them and will resist boundaries. Adults or caretakers need to "facilitate the development of further self-control and responsibility on the part of young persons" (Fahlberg, 2001:99-100). Emotional regulation provides a window for personal growth and social functioning.

2.6 MORAL DEVELOPMENT IN EARLY ADOLESCENCE

According to Louw (1996:427) society develops a set of rules and values for behaviour but it remains the responsibility of individuals (adolescents) to regulate their behaviour according to these rules. Louw (1996:427) further stresses that it remains a developmental task of adolescents to develop a personal value system as the development of their cognitive abilities allow them to think abstractly.

Theoretically, Kohlberg's views on moral development influence the way moral development in children and adolescents have been seen (Balk, 1995:183). According to Balk (1995:227) Kohlberg developed a theory where he explained that in moral reasoning people use different thinking and reasoning methods about moral dilemmas. Kohlberg developed three stages and these stages are linked with the cognitive development that Piaget developed (Louw, 1996:429). Louw (1996:429) explains that stage one develops before adolescence, stage two develops during adolescence through to adulthood and only a small percentage of adults develop into stage three. This development from one stage to the next in moral development is influenced by socio-economic class and intelligence.

According to Louw (1996:431) there are four factors influencing moral development:

- a) Parental attitude and behaviour — moral values need to be internalized during adolescence but relationships with parents or caretakers will influence this process. The relationships obviously have an impact on adolescents accommodated in child and youth care facilities. A great number of adolescents in care have been neglected by their parents and this impact greatly on their moral development. Adolescents with warm and fair parents or caretakers, who meet the needs of their adolescents, are more likely to internalise moral values than adolescents whose parents and caretakers neglect their adolescents (Louw 1996:431).

- b) Peer groups — in addition to the parents or caretakers of adolescents, peer groups are also setting rules and values that adolescents need to conform to in order to gain acceptance. This conforming can be either positive or negative; the values set by the parents or caretakers can be strengthened peer groups; however, the values of peer groups can also be negative if they are in conflict with parental values. Adolescents in child and youth care facilities are in a vulnerable position as most of them were neglected by parents or caretakers and they will seek values and norms from their peer group. This can lead to gangsterism in order to achieve a sense of belonging.
- c) Religion — as adolescents develop cognitive abilities and thought processes are developed, they are able to think abstractly about religion. The attitude of adolescents towards religion also influences their moral development. According to Louw (1996:438) adolescents whose values and norms are guided by religion are more likely to demonstrate moral development as adolescents who are not guided by religion.
- d) Gender roles — adolescents may also adjust their behaviour according to stereotypes of the different gender roles.

2.7 SOCIAL DEVELOPMENT IN EARLY ADOLESCENCE

Adolescents' social development is also connected to their cognitive, physical and emotional development (Louw, 1996:432). Young persons are constantly busy, and especially during adolescence, to acquire social skills necessary to form relationships. If adolescents do not have the appropriate social skills they will have difficulty forming friendships and relationships and might be viewed as outsiders. Peer groups in adolescence play an important role in the development of adolescents and acceptance in these peer groups is important as adolescents fear rejection (Louw, 1996:441-442).

Dishion and Nelson (2007:29) point out that friendship in adolescence is vital in learning and to practise skills needed later in adult relationships. They further found in their study that adolescent friendships are more important to young people “from a

lower social status and marginal family situations”. Peer groups and friendship are important to adolescents and can influence adolescents either positively or negatively. Moyeux and Cillesen (2007:40) state that there must be two characteristics present for adolescents to be influenced by their peers’ anti-social behaviour: (1) Adolescents must engage in anti-social behaviour themselves and (2) Adolescents must engage others in anti-social behaviour. Tilton-Weaver, *et al.*, (2005:37) state that early adolescents are more involved with risk-taking behaviour as a means to impress their peers.

Adolescents in the care system have a disadvantage in learning appropriate social skills as they are from dysfunctional families and; therefore, have difficulty forming friendships (Fahlberg 2001:105). Adolescents in the care system are more vulnerable to be influenced by anti-social behaviour.

2.7.1 Social development and masculinity

Socialization of boys has an impact on their behaviour as they are expected to conform to masculine identity (as cited RAPCAN, 2007:5). Harwood, *et al.*, (2008:532) explain that social development stems mostly from external factors (parents or caregivers or peer groups or families or society) but gender development from both internal and external factors. Adolescents learn male and female stereotypes by observing their family or caregivers (Santrock, 2008:322). Mothers will socialize their daughters to be more obedient and responsible and fathers will focus more on their sons than their daughters in most cultures. Masculinity and femininity are viewed with different meanings in different communities — boys are treated differently than girls. From the above-mentioned it is evident to the researcher that children and adolescents are socialized in certain patterns of behaviour; however, it is not acceptable that societies tolerate boys to be more violent and rough during play and girls are viewed as more caring and conforming to nurturing roles.

Peer groups also play a role in the social development of gender roles. Peers often reward and punish gender behaviour when they reject children who behave opposite to the peer norm (Santrock, 2008:322). Adolescent boys experience more pressure to conform to what society view as masculine. They need to assert their masculinity by not talking about their feelings (Frosh, *et al.*, 2002:58) and to act aggressively. Cultural influences also play a role in the forming of masculinity and this need to be taken into account when working with adolescents.

2.8 COGNITIVE DEVELOPMENT IN EARLY ADOLESCENCE

Changes in the cognitive development and processes influence all areas of development such as moral reasoning, self-identity, coping skills and social relations (Balk, 1995:89). Adolescents are able to complete intellectual tasks easier and quicker. A change in adolescents' thought process is also taking place together with a change in the completion of intellectual tasks (Louw, 1996:417). In addition, Ernest and Hardin (2010: 202) point out that "during adolescence, neural hardware supporting cognitive development becomes increasingly co-ordinated with the hardware that enables emotion".

As Piaget pointed out adolescence is also the period where formal operational thoughts are developed (Harwood, *et al.*, 2008:31). This is the period where adolescents are able to think more abstract thoughts about religious concepts and to question their own values and feelings (Ernest & Hardin, 2010:192; Louw, 1996:418). Adolescents are also able to think logically about statements (Keenan & Evans, 2009:168). These cognitive developments help adolescents to question and to seek answers to issues concerning them.

2.8.1 Underachievement and dropping out of school

Adolescents are able to think about abstract aspects and this reasoning influences all the other areas of their development. This is also the period in which conflict between

authority and adolescents is more on the foreground as adolescents develop cognitively and they are constantly in search of acceptance and struggling for independence. Adolescents are egocentric and they are continually preoccupied with their own thoughts and feelings (Fahlberg, 2001:99; Louw, 1996:424) and they regularly feel as if they are on stage and everybody is watching them. Consequently, these attitudes reflect in classrooms where adolescent boys may be underachieving.

RAPCAN (2007:5) highlights that boys are much more likely to underachieve in school and drop out of school, be expelled or permanently excluded or become involved in criminal activity. Frosh, *et al.* (2002: 224) also point out that the majority of adolescent boys are of the opinion that although they would like to achieve in school they view achievement in school not masculine enough. They need to have a “hard attitude” and not show vulnerability in order to be popular. In their study they found that adolescent boys have a strong sense of injustice and that they feel that they are being treated unfairly by their teachers.

Cotterell (2007:155) states that adolescents might become disconnected from school and when this occurs adolescents cope by acting truant or by dropping out of school. Disconnections occur when adolescents feel that they have no sense for mastering skills and they gain no social experiences from their peers (Cotterell, 2007:156). The adolescent boys’ peers influence academic motivation. While there are rules in schools to control and manage behaviour, it is the adolescents’ friends who have an influence on their academic performance (Cotterell, 2007:147). Cotterell (2007:170-171) acknowledges that poor teaching and the adolescents’ motivation for self-protection play a role when motivation is needed for academic performance. The author suggests that for school to be relevant, young people need to connect not only to the curriculum material but to the teacher and fellow classmates as well and that adolescents need to be supported to find meaning in their work.

2.9 IDENTITY DEVELOPMENT IN EARLY ADOLESCENCE

The main psychological tasks of adolescents according to Fahlberg (2001:99) are to separate psychologically from their families and to form an identity. During adolescence the self must form a new identity different from the self during their childhood (Kroger, 1993:7). In addition, adolescents need to evaluate their own beliefs and those of their parents in order to help form a separate identity (Leather, 2004:16). Balk (1995:22,131) points out that Erikson identified adolescence as the period in which identity formation takes place and he viewed identity formation as an ongoing process and a lifelong task. Balk (1995:130-132) further explains that identity development is a tense period for adolescents and these developments force adolescents to make choices and commitments. It can be challenging for adolescents to search for their own identity when these identities are in contrast with the views of their parents or different from their community. Searching for an identity can have an effect on the emotional well-being of adolescents and on their relationships (Nelson & Mize-Nelson, 2010:307).

Adolescents' friendships, how peer relations function, cliques, small groups and crowds all help to form identities. Boys tend to play in larger groups, they like being physically active when playing games, they prefer to compete and to take risks and they exhibit more aggressive behaviour (LaFieniere & Walter, 2000:250, 261).

Geldard and Geldard (2007:8) stresses that if adolescents are not able to achieve a satisfying identity, it might have negative psychological implications. An identity provides adolescents with a sense of self that enables personal control and continues throughout the life span.

2.10 ENVIRONMENTAL INFLUENCES

Adolescents experience changes internally and externally. Internal changes were discussed in earlier parts of this chapter. External changes or influences also have an

effect on adolescents. The social landscape of adolescents, for example family structure, changes with the influences of peers and become increasingly more important to adolescents (Ernest & Hardin, 2010:167).

Conger, *et al.* (2008:731) found in their study about the consequences of socio-economic disadvantage across three generations, that economic hardship, measured in the lack of education and poverty does indeed have an effect on the quality of the relationship between parents and children and these consequences continue into the next generation. They explain that “experiencing economic disadvantages such as poor education and poverty during adolescence may set into motion a sequence of events, like early child bearing (teenage pregnancies), dropping out of school that takes place into the next generation and an increased risk for developing behaviour problems”. Their study also found that poverty during adolescence increases the likelihood of early child bearing in both girls and boys at an earlier age. Conger, *et al.* (2008:732) suggest that strengthening parent and adolescent relationships might lower the risk for maladjustment in the next generation.

2.11 THE EFFECT OF CHILDHOOD EXPERIENCE

The risk of conduct problems is increased when adolescents experience loss, negative parenting, instability in care, emotional neglect, abuse, lack of parental support increase the risk of conduct problems early in this developmental stage and might lack school and social readiness (Dodge & Pettit, 2003:363). According to Spatz-Widom (1991:218) experiences of abuse and neglect during childhood might encourage the development of impulsive behavioural styles and are related to negative problem solving skills, delinquency or poor academic performances. The researcher found the development of impulsive behavioural styles evident in her own work with adolescents as well as negative problem solving skills, delinquency and poor academic performance.

Some adolescents experience additional problems when they have to look after the family when parents are not able to and experience fear when they need to seek help. Adolescents have little adult guidance and support when they experience all these changes (Howarth, 2002:284).

The researcher observed that family structures are changing in the South African context. More than half of the young adolescent boys who the researcher worked with are from single parent families and with absent fathers. According to Martinez and Forgatch (2002:108) family structure and transitions can influence the adjustment of children. Family dysfunction, absent parents or parental incompetence can cause emotional abandonment. One of the consequences of absent fathers, whether physical or emotional, is that these adolescents have to navigate through transitions alone and have to choose acceptable concepts regarding masculinity on their own (Frosh, *et al.*, 2002:259). The absence of a father figure has removed male role models from their lives and this creates confusion in adolescents (RAPCAN, 2007:6). Adolescent boys receive messages from absent fathers that they need to be emotionally independent and to not need adult support and these adolescents; therefore, lack emotional contact with their fathers or contact with male role models.

2.12 CONCLUSION

This chapter focused on early adolescent boys. Early adolescence starts when physical changes occur during puberty, from the ages of 11 to 14.

Rapid physical changes occur during adolescence as well as emotional, cognitive, social and moral changes in the different developmental areas. These developmental changes are interlinked and influence each other. How boys socialize in terms of specific gender scripts, influence emotional and social development. From the above-mentioned it became apparent to the researcher that adolescent boys are discouraged from showing emotions and; therefore, are not able to openly share their emotions. Aggression is socially more acceptable to boys as for girls. Moral development is also

prominent in adolescence and coincides with the adolescents' cognitive development of the formal operational stage where they are able to think about abstract concepts and to think logically.

During this transition and developmental stage adolescents need to complete certain developmental tasks according to Erik Erikson. Adolescents are once again egocentric and they think that they are on a stage. This coincides with adolescents' emotional regulation, a process in which adolescents maintain their own emotions, and helps with the identity formation. Social development is another major development within adolescents, and is becoming increasingly important to them in terms of building and maintaining relationships, emotional regulation, emotional support, identity formation and development. Family structures and early childhood experiences influences all of the different areas in the development of adolescents.

Adolescence is an important period of transition in human development. The choices and experiences adolescents experience may have an effect later on in adulthood and it is; therefore, important to have a broad understanding of the development of adolescents in order to build a profile to enable effective therapeutic support to them.

Resilience and early adolescents in child and youth care facilities are going to be discussed in-depth in Chapter 3.

CHAPTER 3

A CONTEXTUAL REFERENCE ON RESILIENCE AND THE PROFILE OF YOUNG ADOLESCENTS IN CHILD AND YOUTH CARE FACILITIES

3.1 INTRODUCTION

This Chapter will provide a contextual reference on resilience, the different components of resilience as well as the profile of adolescents in child and youth care facilities will be illustrated in order to develop an understanding of the contextual determinants to increase the understanding of resilience in order to be able to use this knowledge in practice to help adolescents build resilience. The profile of adolescents in child and youth care facilities will thus be explored against the background of resilience.

Resilience is the ability to bounce back from adversities (Henry, 2005:28). It is unique qualities that enable adolescents to overcome difficult circumstances. Adolescents in care experience great difficulties apart from the initial reasons why they came into care — they also have to adapt to living away from their families. Their behaviour in care provides clues to how they cope with life. There are adolescents who, despite their difficulties, are able to succeed and function in a healthy manner. The researcher will attempt to explore these unique resilient characteristics by means of describing literature on the topic.

In this chapter resilience will be defined as the process. The importance of resilience will be studied. The profile of adolescents in child and youth care facilities will be studied and how being resilient is applicable to these adolescents.

3.2 HISTORY OF RESILIENCE

Resilience and how to achieve it is part of the positive psychology perspective (Frydenberg, 2008:175). Positive psychology explore individuals and “is a science of positive aspects of human life such as happiness, well-being and flourishing” and focuses on positive topics rather than negative topics that mainstream psychology usually focuses on (Boniwell, 2008:1). Positive psychology relates well to Gestalt therapy. Although not viewed as part of the positive psychology perspective, the goal of Gestalt therapy is similar to positive psychology: to promote and strengthen the sense of self of children (Blom, 2006:102) which can be interpreted as enhancing the well-being of children. Positive emotions, such as enjoyment, playfulness and contentment, enhance problem-focused coping strategies and; therefore, the ability to be resilient (Boniwell, 2008: 8).

3.3 DEFINING RESILIENCE

Adolescents in care are exposed to adverse circumstances and some adolescents in care are able to cope and function healthy despite these difficult circumstances (Cameron & Maginn, 2009:305; Frydenberg, 2008:78; Fergusson & Horwood, 2005:30 Santrock, 2008:11). Cameron and Maginn (2009:35) explain that “resilience is the ability to bounce back from adversity and to cope with stressful life events and to thrive in the face of what appear to be overwhelming odds”. Olsson, *et al.* (2003:1) add to this definition and state that “resilience can be defined as an outcome characterized by particular patterns of functional behaviour despite risk”.

Stassen-Berger (2005:15) adds to this definition by reporting that resilience is “the ability of some people to endure conditions that are often harmful — such as poverty, mental illness, social disruptions and low intelligence, and to adapt in ways that make them stronger”. Gilligan (2001: 3) agrees with the previous definition and adds that resilience “is a set of qualities that helps a person to withstand many of the negative effects of adversity”. Stassen-Berger (2005:420) further describes resilience as

dynamic and not a stable trait. Resilience can fluctuate and there may be periods where adolescents are more resilient than other periods. In addition, resilience is “not the absence of pathology but a positive adaptation to stress” (Stassen-Berger, 2005:420). For example, children are not resilient when they are not depressed when their parents are getting divorced but can be resilient when they are able to form close relationships with other persons who can support them. In order for adolescents to be resilient the adversity must be significant (Stassen-Berger, 2005:420) as the stress that these adolescents experience must be major which means that they are functioning well (Coleman & Hagell, 2007:13; Snyder and Lopez, 2007:103). Ungar (2005:95) stresses that resilience is not just inner strength but it is also ecologically dynamic and a mutually dependent process.

Stokols (2003: 337) notes that “psychological strengths such as the capacity to persevere under difficult circumstances may develop gradually as individuals cope with challenging situations”; however, long-term exposure to degrading and an impoverished environment (such as the trauma adolescents in child and youth care facilities are exposed to) might contribute to the helplessness of individuals. Resilience building by strengthening the self can minimize this helplessness. Landreth (2002:56) adds to this by stating that these experiences can be internalized and integrated in such a way that can determine whether someone is resilient or not.

To summarize, resilience is a character trait within adolescents when exposed to adversity, and *despite* the negative experiences, are able to function in a healthy manner. Resilience is dynamic and can fluctuate according to the circumstances of adolescents.

3.3.1 Resilience as a life skill and coping with stress

UNICEF (2013:23) states in training documents that life skills help children to cope with stress. There are always stressors to which adolescents are exposed whether in their family life, school, community or interpersonal. These stressors are normative, acute or

chronic. Normative stress is experienced by adolescents as they move through adolescence, for instance when losing friends or daily frustrations with adults. Acute stress could be a traumatic event such as death and injury. Chronic stress is stress occurring over a long period of time such as poverty, bullying or parental conflict (Coleman & Hagell, 2007:7). Adolescents in care who experienced abuse and neglect during childhood might encourage the development of impulsive behavioural styles and these are also related to negative problem solving skills, delinquency or poor academic performances (Spatz-Widom, 1991:218). The length and timing of such stressors contribute to the stress that adolescents have to deal with.

To cope with stress adolescents learn different coping styles which are influenced by their parents or carers, circumstances, personality and culture. Coping are the efforts being made to manage situations and can be seen as a life skill needed to adapt for adulthood (Kleinke, 1998: 2-3). When events are appraised as being stressful adolescents will use their coping styles to manage. The individual coping styles of adolescents might be active, for instance seeking resources or finding solutions, or passive, such as worrying, wishful thinking. The goal in therapy is helping adolescents to use active coping skills as a life skill rather than passive ones (Geldard & Geldard, 2007:44-45) as a means to develop resilience.

McNamara (2000:52) highlights a factor that emphasises the importance of resilience in adolescents: there is a link between the coping styles of adolescents and adaptation outcomes. McNamara explains that negative coping styles such as avoiding are associated with depression. He further adds that the overuse of negative coping styles such as avoiding can cause stress to adolescents which can lead to secondary stress for adolescents like substance use. The ultimate focus should therefore be to help adolescents to focus on positive coping strategies as an essential life skill in order to build resilience.

3.3.2 Identifying resilience

Resilient adolescents are young people who adapt well to adverse circumstances (Gilligan, 20015). According to Frydenberg (2008:177) resilience in adolescents can be identified as the “interplay of risk factors and protective factors that can buffer individuals against adverse circumstances. It is not invulnerability to stress but a capacity to recover when confronted with adversity”. Henry (2005:20) adds that resilience can only be understood if risk and protective factors are studied. According to Hoosain (2007:35) resilient children have certain qualities that enable them to overcome their difficult circumstances and this might explain why certain children and/or adolescents can overcome adversities.

A profile of resilient adolescents will include the following (Benard, 1998:5; Goldman, 2004:321; Landreth, 2002:56):

- Responsiveness, they elicit more positive responses from others and have a willingness to show emotions;
- Flexibility and adaptability, they are able to bounce back;
- Empathy and care for others;
- Good communication skills;
- A sense of humour;
- Good problem-solving skills;
- Attributes of social competence and awareness of knowing themselves;
- The capacity to have courage;
- A sense of purpose and future. This relates to the sense of autonomy and self-efficacy and the belief that they can have some degree of control over their environment and the motivation to move forward;
- Capability to connect with others;
- Inspiration to give back;
- Self-control;
- Inner motivation; and
- A sense of personal identity.

These personal traits can also be seen as a set of human life skills which are needed to be able to handle problems and questions commonly encountered in daily human life

3.3.4 Risk factors

Risk factors can influence the development of adolescents and the impact of risk factors might predict poor outcomes for adolescents. The cumulative manner of risk factors, such as poverty, long-term family disadvantages, abuse and maltreatment, and the intensity and timing of such risk factors can predict poor outcomes for these adolescents (Garbarino, 2005:363). Garbarino (2005:366) also states “that 90% of the kids who develop a chronic pattern of aggression, bad behaviour, acting out and violating of others’ rights come from backgrounds which include abuse, deprivation and oppression”.

Coleman and Hagell (2007:6-8) distinguish between independent and non-independent risk factors. Independent risk factors are those outside of the control of individuals and non-independent risk factors are those related to the behaviour of individuals. The authors divide risk in *individual factors*, such as an anxious temperament, low intelligence, low frustration tolerance; and *family factors*, such as parental conflict, inconsistent discipline, and death; as well as *community factors*, such as disadvantaged communities, poor housing, crime rate, and quality of schools. Children exposed to poverty, violence, neglect and abuse are vulnerable to risk (Mallmann, 2003:2). Coleman and Hagell (2007: 35) add that childhood poverty has an effect on educational attainment and emotional development as well as the overall development of adolescents.

Many of the children and adolescents placed in care are from low socio-economic families. Geldard and Geldard (2007:32) state that there is an association between unemployment and juvenile crime; therefore, the risk factor for adolescents increase especially after they leave the care system.

An additional risk factor is transitions and changes in family structure. Martinez and Forgatch (2002:114) found in their study that family structure transitions relate to poorer adjustment in academic functioning, acting out and emotional adjustments. Changes in parenting decreases the effectiveness of parenting and are associated with poorer adjustments and outcomes. In the researcher's personal experiences in working at child and youth care facilities she often found that the adolescent boys she worked with experienced multi-transitions where parenting was concerned. For example, some of the mothers have multiple partners and unstable relationships that lead to constant changes in their family structures as well as multiple placements in facilities. Risk factors involved are poorer outcomes for these adolescents. By identifying the above risk factors and establishing an intervention may help to reduce risks factors.

Coleman and Hagell (2007:7) go on by adding that risk factors can also be understood when stress is studied. They state that "it will be clear that the more difficulties any young person experiences, the more resources will be needed to deal with these". This is particularly true during adolescence when there may be both normative and non-normative stressors present that need to be managed".

3.3.3.1 How families contribute to adolescent risks

As adolescents in child and youth care facilities are the focus of this study it is important to look at how families contribute to risk factors. The reasons why adolescents are placed in care are directly linked to how their families are functioning. O'Brian and Scott (2007:31) state that "early experiences of social risk can have long-term consequences, continuing into adulthood and into the next generation". Coleman and Hagell (2007:31) agree with this statement and add that long-term effects of early negative experiences can be observed in educational attainment, employment status and family functioning.

With this in mind, the researcher draws the conclusion that the employment status and own social exclusion of parents contribute towards the problems and risky behaviour of adolescents. Apart from unemployment, the effects of poverty are detrimental to the ability of adolescents to achieve academically. Neglect and disruption in families are contributing factors towards risks associated with adolescents (Coleman & Hagell, 2007:33). Together with chronic neglect and abuse in family life, adolescents might also learn conflict resolution skills and poor communication skills from their parents or caregivers which can contribute to risky behaviour in adolescents (Geldard & Geldard, 2007:26-27). Risky behaviours such as being part of gangs (to feel a sense of belonging) or substance abuse to name a few, contribute to risk factors in the lives of adolescents.

3.3.4 Protective factors

In order to be resilient there should be certain protective factors present (Cameron & Maginn, 2009:36). These protective factors can include social and personal resources. Gore and Eckenrode (1996:34) classify protective factors into two groups:

1. *Personal factors* with a biological component, these include personality, physical health, self-esteem and mastering beliefs.
2. *Environmental resources*, these include supportive social relationships and supportive communities.

McNamara (2000:52-53) explains that personal resources consist of interpersonal and coping strategies and social resources include formal and informal networks. The presence of protective factors might minimize the vulnerable or stressful life experiences these adolescents face (Gore & Eckenrode, 1996:35).

In a study by Barber, *et al.* (2005:34-46) on parenting and adolescents, they found that variations in parenting especially in the setting of boundaries and parent involvement could have an influence on adolescents ability to adapt. They concluded their research

by stating that relationships between parents and adolescents, and not the strategies, will help and support these adolescents. This support from families as a protective factor enhances resilience within adolescents.

Cameron and Maginn (2009:37) point out that the following protective factors contribute towards resilient adolescents in public care:

- Ensuring stability and continuity in care;
- Promoting friendships with pupils who are doing well at school;
- Encouragement or high levels of intrinsic motivation and an internal locus of control;
- Locating adults who can act as mentors;
- Supporting regular school attendance; and
- Helping children to read early and fluently.

McNamara (2000:53) adds problem-solving abilities, attractiveness to peers and adults, competence, identification with role models and development of self-esteem, as other important factors.

To recapitulate protective factors which enhance resilience the following skills need attention (Coleman & Hagell, 2007:11; Masten & Reed (2002) in Snyder & Lopez, 2007:106-107):

Within children:

- Positive outlook on life;
- Sense of humour;
- Adaptability;
- Good social skills;
- Positive problem solving skills; and
- Good cognitive abilities.

Within families:

- Close family relationships;
- Close relationships with care giving adults;
- Organized home environment;
- Parents involved in the education of their children;
- Socio-economic advantages;
- Parental involvement;
- High expectations; and
- Cohesion.

Within communities:

- Effective schools;
- Striving for and obtaining high levels of public safety;
- Good public health care;
- Strong social networks; and
- Neighbourhood resources.

3.3.5 Adolescent resiliency and the importance of resilience

The use of the resilience perspective is a positive working model, identifying strengths in individuals, developing problems-solving skills and empowering these individuals (Henry, 2005: 20). Focusing on strengths is crucial for future outcomes concerning adolescents (Bostock, 2004:6). Olsson, *et al.*, (2003:9) point out that “*a resilience-based approach emphasises the building of skills and capacities that facilitate successful negotiation of high-risk environments*”. This risk reduction approach implies the avoidance of certain risk factors such as drug abuse. Olsson, *et al.* (2003:23) are of the opinion that a combination of both is important for intervention with adolescents.

Knowledge pertaining to the development of resilience can provide insight into the development of adolescents and provide guidelines for prevention programmes and therapeutic goals. Gilligan (2001:6) highlights that only a portion of the resilience of

adolescents can be influenced; therefore, the responsibility remains with adolescents to make use of positive support and opportunities offered by social workers, parents and care givers. Gilligan (2001:64) points out that the emphasis should be on what adolescents can do and what their strong points are, *not* to avoid problems and let problems dominate their lives.

Frydenberg (2008:176) states that “adaptive qualities are not constitutional or un-modifiable: young people can be helped to develop them”. This statement is encouraging to develop programmes for adolescents to learn skills. Theron and Theron (2010:6) point out that resilience is not uncommon and that active steps can be taken to promote, develop and sustain resilience amongst adolescents “who are placed at risk by ordinary and extraordinary adversities”.

3.3.6 Resilience as a process

Frydenberg (2008:176) stresses that resilience is a process and not a “single event or capacity”. Resilience is the capacity of adolescents to meet challenges and use these trails for psychological growth (Henry, 2005:21). To understand the protective factors, the process of adaptation and the risk factors that make adolescents vulnerable, it is of paramount importance to assess factors that enhance resilience. This assessment can lead to the evaluation of resources available to adolescents and interventions can be aimed to develop the internal or external resources of adolescents, thus developing resilience (Olsson, *et al.*, 2003:3-4).

3.4 ADOLESCENTS IN CHILD AND YOUTH CARE FACILITIES

Before children, under the age of 18 years, can be committed to child and youth care facilities, these children need to be deemed in need of care and protection and taken to the Children’s Court. The Children’s Act, 38 of 2005 (Section 150), provides the following guidelines with regards to children needing care and protection:

Children are in need of care and protection if they:

- (a) Have been abandoned or orphaned and without any visible means of support;
- (b) Display behaviour which cannot be controlled by parents or care givers;
- (c) Live or work on the streets or beg for a living;
- (d) Are addicted to a dependence-producing substance and without any support to obtain treatment for such dependency;
- (e) Have been exploited by lies or circumstances that expose them to exploitation;
- (f) Live in or are exposed to circumstances which may seriously harm their physical, mental or social well-being;
- (g) May be at risk if returned to the custody of parents, guardians or care givers or when they are exposed to circumstances which may seriously harm their physical, mental or social well-being;
- (h) Are in a state of physical or mental neglect; or
- (i) Are being maltreated, abused, deliberately neglected or degraded by parents, care givers, persons who have parental responsibilities and rights, family members of the children or by persons who have control over the children.

In addition to the above-mentioned guidelines, Section 150 (2) also stresses the following: Children found in the following circumstances may be children in need of care and protection and must be referred for investigation by designated social workers:

- (a) Children who are victims of child labour; and
- (b) Children in child-headed households.

When designated social workers find children in need of care and protection according to the Children's Act, 38 of 2005 (Section 150), social workers may remove these children with (Section 151) or without a court order (Section 152) and may place these children in alternative care. Section 167 stipulates that children are in alternative care when children have been placed:

- (a) In foster care;

- (b) In the care of child and youth care facilities following a court order terms of the Children's Act, 38 of 2005 or according to the Criminal Procedure Act, (Act 51 of 1977);
- or
- (c) In temporary safe care.

The Children's Act, 38 of 2005, clearly states that the best interest of children needs to be taken into account whenever decisions about children are made. The Act aims to keep families together but will always act in the best interest of children and recognises the fact that if the family of children is not looking after them, alternative arrangements should be made. All decisions related to children (The Children's Act, 38 of 2005, defines children as persons under the age of 18 years) need to be made in the best interest of them. The Act also highlights the rights and responsibilities of children. The Children's Act, 38 of 2005, must be taken into account when working with children, in particular when children were placed in child and youth care facilities.

When children are placed in child and youth care facilities, they have already experienced trauma, abuse, neglect or abandonment. When children are removed from the care of their parents, they initially experience shock (Strydom, 1973:43) and feelings of rejection (Gilligan, 2001:3). These children experience a loss of contact abilities and unfulfilled needs and it is; therefore, important to give back to them a sense of self when decisions are made and to reinforce their rights and responsibilities.

3.4.1 Defining child and youth care facilities

New legislation with regards to the protection of children, including adolescents, came into force with the new Children's Act, 38 of 2005. The definition of the home of children has changed with this new legislation. The following terms now falls under the umbrella term: child and youth care facilities: street children shelters, schools of industries and reform schools. The objective of this new definition is to ensure that children who are receiving services are not being discriminated against, especially later

on in their lives. For the purpose of this study the term *child and youth care facilities* will refer to the historically defined 'children's home'.

According to the Children's Act, 38 of 2005 (Section 191) child and youth care facilities are defined as: Facilities for the provision of residential care to more than six children outside the children's family environment in accordance with a residential care programme suited for the children in the facility, but exclude:

- (a) Partial care facilities;
- (b) Drop-in facilities;
- (c) Boarding schools;
- (d) School hostels or other residential facilities attached to schools;
- (e) Prisons; or
- (f) Any other establishments which are mainly maintained for the tuition or training of children other than establishments which are maintained for children ordered by the Court to receive tuition or training.

Although children's homes are now defined under a new name, the functions remain the same. Child and youth care facilities are viewed as places where children or adolescents are kept safe from harm or abuse and provide residential care facilities. Child and youth care facilities provide programmes for young persons (children or adolescents) to enhance their general well-being in a holistic manner. In addition to residential care programmes, these facilities must offer therapy and developmental programmes (Children's Act, 38 of 2005 (Section 191)). The Court decides upon the types of programmes that child and youth care facilities should provide, which will be the most suitable for these specific young persons.

3.4.1.1 The profile of child and youth care facilities in the South African context

Most of the child and youth care facilities are privately run but receive subsidies from the Department of Social Development. These facilities are under management of organizations like Child Welfare, ACVV (Afrikaans Christian Women's Association) and

also church based organizations. Child and youth care facilities are registered under chapter 12 in the Children's Act, 38 of 2005 and there are certain regulations that need to be followed in line with the stipulations of this Act. The Department of Social Development conducts regular evaluations of child and youth care facilities to ensure quality and that procedures are being followed.

All child and youth care facilities are non-racial facilities. Child and youth care facilities need to ensure that they meet the children's linguistic and cultural needs. There are child and youth care facilities that accommodate children from 0–18 years or facilities that only cater for children within a specific age group (Strydom, 1973: 38) or gender.

3.4.1.2 Reasons why adolescents are admitted into care

The reasons why adolescents are admitted into care vary. The Children's Act, 38 of 2005, stipulates the reasons why children or adolescents in need of care and protection are admitted into care.

The most prevalent reason why adolescents are admitted into public care is due to neglect by their parents. Parental neglect such as alcohol and other substance abuse and not being able to maintain boundaries are some of the contributing factors for removing adolescents from the care of their parents if it is in their best interest. Adolescents might display challenging behaviour that causes parents or care givers to request social workers to put these adolescents who are in need of care in alternative care. The HIV and Aids pandemic in South Africa also adds to the amount of children en adolescents who are being cared for in child and youth care facilities. Abandoned babies, street children and adolescents are also included in the group of young people needing care.

3.4.2 Life in alternative care system: emotional needs of young persons committed into child and youth care facilities

Youth in care experience trauma and they carry deep-seated feelings and pain which influence their behaviour and cause them to have the label of “troubled”. Anglin (2004:180) has described this behaviour as “pain-based behaviour” and explains that this “so-called *acting out* behaviour and internalising processes such as ‘depression’ are very frequently the result of a triggering of this internalised pain”. These adolescents have experienced negative events in their young lives and are likely to have social, emotional or learning difficulties and these problems might continue into the next generation (Cameron & Maginn, 2009: 67).

Gilligan (2001:3) highlights that being in care may bring additional problems like dealing with the initial reasons why they were placed in care, for example dysfunctional families. Being in care might not provide young persons with the strength and resources to cope with life as supposed to living independently. In addition, Gilligan (2001:3) points out that “in care” means that young persons might not be in contact with people who are concerned about them and as a result they may feel rejected and that nobody cares about them. Strydom (1973:89-90) agrees with Gilligan and points out that at the onset of placements adolescents already experience a lack of emotional attachment to their parents or care givers. This unfulfilled need continues as their placement progresses and reinforce the feelings of rejection from families.

Young people in care experience relationship difficulties and need to develop their social skills. They tend to feel insecure due to the separation from their families and communities and being in “institutions” are issues that these young persons in care need to face (Michael, 1994:41).

A therapeutic environment needs to be established in child and youth care facilities. These therapeutic environments need to be safe places where there are no repeats (abuse and neglect) from the environments these young people were removed from

(Michael, 1994:41). These environments need to be consistent, responsive to their needs and have to focus on healthy development (Michael, 1994:41).

3.4.3 Resilience and adolescents in child and youth care facilities

Jackson and Martin (1998:573) explain that the majority of children and adolescents who are removed from their family's care and placed in child and youth care facilities are from disadvantaged backgrounds and poor outcomes are expected; however, this expectation does not account for "the children who enter the system early and remain there through childhood and adolescence and their outcomes appear to be no better than before". Jackson and Martin (1998:573) use research studies completed in the United Kingdom about young persons in care as an example: "leavers in the UK that consistently show that care-leavers are many times more likely than their peers to be unemployed, to become pregnant in adolescence, to be homeless, to engage in health-threatening behaviour such as smoking and the abuse of alcohol or drugs, and to suffer from eating disorders and mental health problems". From these studies cited by Jackson and Martin (1998:571) care-leavers have poor educational outcomes and little educational qualifications – which clearly have a tremendous impact on their employment status and life expectations. There are some adolescents who experience trauma and difficulties and yet they are doing well in life, but the balance between risk factors and protective factors will influence this phenomenon. It is important that adolescents in the care system experience positive school experiences as schools may be a source of peer relationships, help develop social skills, or help to build self-esteem (Gilligan, 2001:27-28).

The best child and youth care facilities are those where carers and support networks are able to have insight into the psychological needs of young persons when placing them and where they are assisted in finding their inner strength (Cameron & Maginn, 2009:67). Cameron and Maginn (2009:68-69) further suggest that in order to support these young persons, knowledge and insight of trauma is important, recognizing and understanding the causes and reactions following rejection, abuse and neglect and the

types of support needed, and lastly, post-traumatic growth is important, that is building the strengths, skills and positive qualities of these young persons.

Larzelere, *et al.* (2001:175-185) conclude in their study that with a great deal of support from care givers when providing residential treatment, therapeutic input in residential treatment can bring stability to adolescents. They noted that in focusing on social skills and positively orientated behavioural strategies, stability could be improved.

3.5 PROMOTING RESILIENCE AS A LIFE SKILL: KEY INGREDIENTS TO RESILIENCE

Promoting resilience necessitates the focus to be on the strengthening of the self in a positive way. To promote resilience is to build and identify strengths despite adverse circumstances (Seligman & Peterson, 2003:306).

3.5.1 The self

A key ingredient for resilience is the self. Self-acceptance is having a positive regard for one's self. Self-acceptance is built on awareness of both positive and negative attributes (Ryff & Singer, 2003:277). One of the goals of Gestalt play therapy is the strengthening of the self, to enhance self-support (Nelson-Jones, 2001:122).

3.5.2 Education

Gilligan (2001:32) states that some of the initial reasons why adolescents are placed in child and youth care facilities might have an effect on the adolescents' motivation and behaviour in school; however, schools can be positive experiences for adolescents in child and youth care facilities as schools create environments where relationships and opportunities stimulate the social and academic development of adolescents.

3.5.3 Stable care and continuous relationships

Many adolescents in the care system experience multiple moves and the importance of stability cannot be stressed enough. Gilligan (2001:13) emphasises that adolescents “need to have a chance to put down some roots”. If adolescents have continuous relationships, these relationships will raise protective factors for them in order to be resilient. Stability and continuity are important factors for well-being and development (Gilligan, 2001:14). The sense of belonging needs to be promoted.

3.5.4 Promoting positive involvement in leisure activities

If adolescents take part in activities, such as sports, music or other creative activities outside of child and youth care facilities, these activities will create opportunities for the adolescents to feel less stigmatized of being in child and youth care facilities. Gilligan (2001: 42) points out that leisure activities “provide a pathway out of adversity”.

Resilience is the ability to bounce back, but in order to do so certain things need to be in place such as protective factors, self-acceptance, self-support and positive attitudes. Olsson, *et al.* (2003:6) reviewed literature aimed at resilience in adolescents and they found that “the aim remains the same, providing young people with the resources needed to successfully adapt to an ever changing physical, psychological and social environment. When young people are well resourced within themselves, within their families and social contexts, a capacity for constructive adaptation to adversity, that is, resilience can be enhanced”. It is the strength of adolescents and creative problem solving that assure resilience.

3.6 CONCLUSION

The aim of this chapter was to explore resiliency in a profile of young adolescents in child and youth care facilities. A description of resiliency was provided with a framework of what young adolescents experience in child and youth care facilities. The

new Children's Act, 38 of 2005, was introduced and the implications of this Act were discussed. The reality of child care and child and youth care facilities was conceptualized and context was provided within the framework of resilient behaviour.

The essence of this chapter can be found in the understanding of adolescents in child and youth care facilities and their experiencing of trauma in their lives. The importance of resilience building is; therefore, very important and should be developed in these adolescents.

CHAPTER 4

A SOCIAL WORK FRAMEWORK FOR GESTALT PLAY THERAPY AND ADOLESCENT BOYS

4.1 INTRODUCTION

For the purpose of this study, a brief overview of theoretical concepts relating to social work practice in Gestalt play therapy will be provided. The trauma of neglect, abuse and parental rejection affects the whole being of adolescents and will require emotional support that will in turn support the healing process (Cameron & Maginn, 2009: 67). This forms part of the job description of social workers working in child and youth care facilities. According to Paul (1973:94) the relevance of Gestalt therapy for social work could be found in the fact that Gestalt therapy is in harmony with the humanistic tradition of social work. For the purpose of this chapter Gestalt therapy can be described as the intervention strategy of Gestalt theory. Both are inseparably part of each other.

The eco-systems approach to social work (Mattaini, 1997:171) is a direct link to the outcomes of Gestalt therapy. The purpose of the eco-systems perspective is to ensure that practitioners pay attention to the multiple interacting elements that are always present in cases. Mattaini (1997:174) further argues that with a transactional focus, in which all processes are addressed to persons in the environment, social work is separated from other professional disciplines such as psychology. This implies that clients are always potentially adaptive to each other, and that interventions can be carried out in either sphere of the case or directly in the transactions and can be expected to have an effect on other spheres.

The eco-systems perspective has enabled social workers to enhance this psychosocial focus through the use of a systemic lens that do not separate persons from the environment but requires social workers to see them in their transactional reality.

Gestalt therapy is concerned about how individuals are supporting themselves to solve problems and facilitates problem solving through increased self-regulation and self-support (Carroll, 2009:290; Yontef, 1993:145) and; therefore, ideal to assist in healing processes. Through the lens of Gestalt therapy, play therapy can aid these healing processes and support adolescents emotionally.

This subject serves as a conceptual framework where the theoretical framework for this study and concepts are discussed. Gestalt theory with specific focus on field theory, holism, the here-and-now, organismic self-regulation, awareness, contact and contact boundary disturbances, play therapy and Gestalt play therapy will be briefly discussed in this chapter.

4.2 GESTALT THEORY FUNDAMENTALS FOR RESILIENCY

Gestalt therapy is phenomenological and its goal is to create awareness and is based on dialogic existentialism, holism and the field theory (Yontef, 1993:200). This process is based upon the relationship between social workers and their clients and is experienced in the current moment or as it is called in Gestalt theory, the principle of “here-and-now”. Another fundamental principle of Gestalt therapy is that it is a humanistic, process-oriented form of therapy embedded in Gestalt theory (Blom, 2006:21).

In Gestalt therapy individuals are seen as a unified whole and individuals should be seen holistically with everything that influences their environment — mentally, psychically, psychologically and spiritually. This unified whole creates balance, which is essential for resilience.

Latner (2000:13-19) supports the above-mentioned explanation when he says that Gestalt therapy focuses on the experiential present moment, the here-and-now and anything which is experienced as a whole is a gestalt (Latner, 2000:13,19). Latner goes on to say that individuals cannot exist without forming wholes of experiences or gestalts. The term, gestalt, means to shape, to form, pattern, to configure or to organise a whole (Nelson-Jones, 2001:112). Individuals do not perceive things in isolation but organize these things into a meaningful whole. Adding to this explanation, Nelson-Jones (2001:131) stresses that individuals can only exist in an environmental field as a unified whole.

Gestalt theory assumes that behaviour and cognitive processes are all part of a *field* that affects each other.

4.2.1 Field theory

Field theory is one of the underlying concepts of Gestalt therapy. In Gestalt therapy everything is seen through the lens of the field (O'Neill & Gaffney, 2008:239; Yontef, 1993:272). Field theory enables Gestalt therapy to focus on individuals, keeping in mind all the elements in the field of individuals as well as how they construct their selves (Yontef, 1993:28). According to Parlett (1991:71) the “essence of field theory is that a holistic perspective towards persons extend to include environment, the social world, organisations and culture”. Parlett (1991:71) is also of the opinion that field theory has a broad meaning; it is a set of principles and an outlook.

The field theory focuses on a unified whole where there are two aspects opposite of each other as Parlett (1991:75) explains: “My experiential field includes the meanings I find in my environment”. The field is in interaction with the environment (Phillipson, 2001:16) as well as interdependent (Blom, 2004:19) with individuals. Individuals use their environments to meet their needs and the environment responds to this. Latner (1986:68) highlights the importance of the environment within children. He explains that “as children, the possibility of frustration, deprivation, and danger is greater than

when we become adults, for the environment's rule in our growth is greater". Children do not have all the necessary skills to organize their field to satisfy basic needs. Children need their field, that is their parents or care givers, their schools, their whole environment to have their needs met. This creates a situation where children are vulnerable and inadequacies in childhood might interfere with being balanced persons. Individuals are no longer in touch with themselves or with their environment. Their contact functions are disturbed, for example if children are filled with grief and are not allowed to be angry or show any emotion, they will learn to adjust and grief might be masked by acting-out behaviour.

Latner (2000:13) made the statement that "it is only possible to truly know ourselves as we exist in relation to other things". One cannot separate the environment from individuals or ignore the interdependence between it. One of the aspects to promote resilience is that individuals make use of their resources in their environment.

4.2.2 Here-and-now

Gestalt focuses on the here-and-now, what is happening in the present (what is happening now) and what is actual, not what is potential or what happened in the past (Yontef, 1993:149). The present contains memories, dreams and awareness of present activities and not what lies in the future. This sometimes may hinder the awareness process (Yontef, 1993: 149). The past and the future are not ignored, and if they are present in the *here-and-now*, it is because adolescents are experiencing the past and future in the present (Blom, 2006:57).

The here-and-now begins with sensory awareness (Zinker, 1978:78) at a moment in time and where individuals are. According to Blom (2006:57) Gestalt play therapists focus on promoting the awareness of adolescents in the present (the here-and-now being in the present). Individuals take ownership of their here-and-now by being aware — they need to own their inner experiences and; therefore, their behaviour and outer experiences (Zinker, 1978:78,83,87). The above-mentioned statement is part of the

process where adolescents need to create an integrated whole in order to grow and promote resilience. Adolescents in child and youth care facilities experience ongoing changes in their fields which have an impact on how their needs are being met. Consequently, being in the here-and-now, the present, is important to promote awareness and ultimately resilience.

4.2.3 Awareness

One of the goals in Gestalt therapy is raising awareness by being in the present. According to Joyce and Sills (2003:27) awareness is a “non-verbal sensing or knowing what is happening here and now”. Yontef (1993:145) explains that awareness includes the environment, taking responsibility for choices, self-knowledge, self-acceptance and the ability to make contact. By focusing on these aspects and being in the present awareness are raised (Yontef, 1993:7). Awareness means that at times persons will be fully aware and filled with happiness and enthusiasm, and at other times persons may experience feelings of aloofness, sadness and being out of touch — as long as these feelings are experienced and persons are aware of them.

Joyce and Sills (2003:27) explain that this ‘out of touch’ feeling is due to fixed gestalts and interference from the past or anticipation about the future and limits awareness. Insights into Gestalt therapy are vital as this is the goal of therapy – awareness – awareness of how fields are organized in persons’ lives. Insight is the knowing of one self, own emotion, needs behaviour and thus knowing the entire field and also knowing which gestalts are fixed (Yontef, 1993:318).

If the awareness of adolescents is raised, they are more able to get in touch with emotions and to release these emotions. Through a raised awareness adolescents are able to get in touch with their current experience including their bodily sensations, emotional feelings and thoughts (Geldard & Geldard, 2005:67, Latner, 2000:18) and are then able to move forward. Yontef (1993:51) stresses that “only an aware gestalt (awareness) leads to change”. This process of change is needed to be open to

develop and promote resilience in the adolescent. Adolescents need to be aware of their own processes. According to Blom (2006:53) adolescents who are in the process of becoming aware of themselves (“who they are, what they feel, what they like and do not like, what they need, what they do and how they do it”) will also become more aware of the fact that they have a choice about what they feel, how to satisfy their needs and to explore new behaviour.

Raising awareness is one of the objectives in Gestalt play therapy, to be in contact with all the aspects related to the lives of adolescents, to be in contact with others and with their environment (Blom, 2006:53). A raised awareness creates a vehicle for adolescents to deal with traumatic experiences in their lives. Lampert (2003:10) points out that children and adolescents sometimes need to distance themselves from the pain in order to survive the trauma they experienced. Lampert suggests facilitating the healing process; adolescents need to be encouraged to express these feelings of pain. Children and/or adolescents express their awareness through paintings, stories and play. Yontef (1993:309) adds to this by explaining that “awareness is a sensory event occurring in the here-and-now, but includes both remembering and anticipating”.

Fulfilment of needs occur when these needs are present and when adolescents are aware of these needs (Latner, 1986:12). When awareness is blocked by contact boundary disturbances, adolescents have great difficulty in bringing themselves into new situations (Latner, 1986:83) and this in turn hinders gestalt completion and restrains resilience in adolescents.

4.2.4 Contact, resistance and contact boundary disturbances

For healing to take place there needs to be growth and growth occurs through the contact process. Yontef (1993:203) explains that contact is the basic process of relationships. Being in good contact with therapists, who respect and accept adolescents as a whole, these adolescents experience that they are being understood,

and this creates an opportunity to introject a sense of belonging (Polster & Polster, 2005:33).

According to Oaklander (2003:144) contact involves the ability to be fully present in a situation. According to Blom (2006:29) contact takes place when individuals use the environment to satisfy their needs because everyone is of-the-field (in relation to and connected to the environment) Contact is part of the experience and no experience exists without contact.

At the contact boundary individuals experience a sense of self as well as the process taking place. At the contact boundary is the “basis on which the experiences which we name *this is me* and *this is not me* rest” (Phillipson, 2001:16). Individuals and their environment are making contact at the boundary as well as separating at this boundary.

Healthy contact occurs when all the senses (looking, listening, touching, tasting, smelling), awareness, appropriate use of the body and the ability to express emotions are used (Oaklander, 2003:144). In healthy functioning, children need to understand and be capable of distinguishing what contacts will be beneficial to them and what contacts will not be. Blom stressed (2006:30) that “children must also be capable of relevant contact and withdrawal from the environment in order to complete the gestalt on their foreground and to effect organismic self-regulation”. Nelson-Jones (2001:113) agree with Blom and explains that “in healthy functioning, once the system of orientation has performed its function, the organism manipulates itself and the environment in such a way that organismic balance is restored and the gestalt is closed”.

According to McConville (2007:33) adolescents display polarities for instance mature versus immature and compliant versus rebellion. These polarities might meet each other while adolescents are in contact with another or between the self and other parts of themselves. During adolescence, adolescents’ sense of subjectivity and objectivity

develop. They start to learn what is real and what is not. They start to see things more objectivity in their world, for instance they start seeing their parents or carers as “normal people”.

McConville (2007:35) points out that this objectivity that adolescents experience, reflects on the separation of adolescents’ inner and outer world. This differentiation is “the emergence of meaningful boundaries of inner and outer boundaries throughout the field” (McConville, 2007:35). According to Erikson this is part of adolescents’ development to separate their own identity from their care givers as part of the identity versus confusion developmental task (Louw, 1996: 64).

Through contact with the field, adolescents develop. Healthy contact is necessary to strive towards optimal development. Oaklander (2003:145) explains that healthy contact involves a feeling of security with self and when the self is restricted in some way it becomes weak and undefined. When the sensory modalities are restricted or blocked healthy contact cannot take place and fragmentation rather than integration occurs. Oaklander (2003:145) clarifies that children (including adolescents) react to trauma in developmental ways. Adolescents who experience trauma, restrict themselves by having a fragile sense of self due to fragmentation in their contact processes. Oaklander (2003:145) further points out that children (and adolescents) break contact when it appears as if their energy levels are fading and they might reach a point of discomfort. It is important to honour this resistance as this might be the only way in which adolescents know how to protect themselves. Oaklander (2003:145) stresses that this action might be an indication that adolescents do not have enough ego-strength or self-support to continue.

According to Oaklander (2003:145) contact boundary disturbances can be described as resistance that adolescents might be exhibiting. Resistance to or contact boundary disturbances restrict healthy contact, organismic self-regulation and balance. Blom (2006:29) explains that the contact boundary “can be regarded as the point where children experience the I in relation to that which is *not I*, in other words that which is

within (part of) and outside (foreign to) the organism. The contact boundary has two functions: it connects people with others; and separate people from the field.

Blom (2006:30) further points out that contact and boundaries determine how the needs of children are met and how they grow. When these boundaries are rigid they will interfere with the ability of children to change and consequently creates isolation. Children will do what they need to do to get their needs met but will develop inappropriate ways in this process due to the lack of emotional and intellectual maturity (Oaklander, 2003:145). In this process contact boundary disturbances develop.

4.2.4.1 Introjection

Introjection occurs when things from the environment are taken without questioning. Individuals will rather accept the views and opinions of others than their own opinion (Blom, 2006:32; Yontef, 1993:137). Individuals develop unfinished business because information that was received from the environment is taken in by these individuals without questioning. Blom (2006:32) stresses that “introjection implies that children take in aspects from the environment without considering positive and negative features”. Adolescents who use introjection as a contact boundary disturbance feel a strong pressure to conform (Joyce & Sills, 2003:125). Contact is the connection between individuals and their external world and this is where introjects occur (Polster, 2005:32). Introjection can interfere with the self-awareness of individuals and they will be open to environmental influences. For instance, when children constantly hear that they are stupid they will later make this assumption an introject by accepting this information from the environment as their own. Cultural rules also cause introjects to occur, for instance boys must not cry in front of other people. Beliefs, customs, languages or cultural rules cause introjections in persons and can suppress the self. In order to create equilibrium persons need to alter these introjects to fit their individual needs (Polster & Polster, 2005:30). Introjections are seen as the cause of distorted self-images; however, Polster and Polster (2005:31) view introjections positively as the

way the world can offer something to the person and the manner in which these experiences are introjected within a person.

4.2.4.2 Projection

According to Nelson-Jones (2006:125), projections are most commonly referred to as "... shifting those parts of ourselves that we dislike and devalue onto others rather than recognizing and dealing with the tendencies in ourselves". Blom (2006:33) explains that it is like holding the environment responsible for one's own actions. Yontef (1993:138) clarifies by stating that is assigning to the outside something that is part of the self. Blom (2006:33) further explains that children deny their own personal experiences especially when children tell lies and then deny their emotions as they have too little ego-strength to take responsibility for their actions and readily blame others.

4.2.4.3 Confluence

According to Yontef (1993:204) confluence occurs when "a boundary is too open and threatens the autonomous existence of the organism via loss of a separate identity". Yontef (1993:137) explains that in confluence the separation and distinction between the self and the other becomes unclear and the boundary gets lost. During this process adolescents are more pleasers and will do anything that is expected of them, for example adolescents who submit to peer pressure when they misuse substances rather than to say no. These adolescents have a poor sense of self as there is no boundary between themselves and the environment (Blom, 2006:35, Joyce and Sills, 2003:121).

4.2.4.4 Retroreflection

According to Yontef (1993:137) retroreflection is a split within the self when the self does what the self wants someone else to do to the self or when the self does the things the

self wants other to do and these actions lead to isolation. Blom (2006:35) agrees with this and adds that the manifestations of psychosomatic symptoms can be an indication of retroreflection. Joyce and Sills (2003:114) explain further that retroreflection occurs when adolescents avoid taking action and this leads to suppressing what they need to say for instance and then they turn inward to the self. This can be seen when adolescents harm themselves or are depressed.

4.2.4.5 Deflection

Deflection as a contact boundary disturbance occurring when contact with other people is avoided (Blom, 2006:36, Yontef, 1993:138). Adolescents often break contact and have difficulty in regulating emotions. This can manifest by avoiding eye contact, being vague and not talking directly with someone when spoken to (Yontef, 1993:138) or by laughing instead of taking themselves seriously or by focussing on the needs of others (Joyce & Sills, 2003:116). Joyce and Sills (2003:116) stress that deflection is an active process of avoiding awareness; adolescents will break contact to avoid dealing with matters.

4.2.4.6 Desensitisation

Blom (2006:37) refers to desensitization “as the process whereby children exclude themselves from sensory and physical experiences related to aspects such as pain and discomfort”. When children and adolescents have been exposed to trauma or abuse they use desensitization as a contact boundary disturbance to protect themselves from further pain, it can also be described as a type of shut-down. This has an effect on their emotional contact-making as they cannot distinguish between physical experiences and emotional experiences according to Blom (2006:38) and then avoid contact with the stimulus (Joyce & Sills, 2003:118). There are times when desensitization is useful for protection; however, on the long term it negatively influences healthy organismic self-regulation and gestalt formation.

4.2.4.7 Egotism

A contact boundary disturbance with regards to egotism can be observed where adolescents do not take responsibility for their actions; they become commentators on themselves and their relationship with their field. These adolescents have an objective awareness of their experience but no emotions are present and they are not in contact with themselves (Blom, 2006:38,39). Blom further indicates that there is space for healthy egotism when adolescents need to make decisions and a healthy look at their situation is needed. Blom (2006:39) defines that “egotism becomes a contact boundary disturbance when children continuously attempt to control the uncontrollable and surprising aspects in their lives by means of continuous objective actions, at the expense of emotional contact”. These adolescents want to control the environment and have a fear of being out of control. Joyce and Sills (2003:122) add to this that egotism is avoiding “real relational contact” between individuals and their field.

According to Latner (1986:92) egotism gives a false and deceptive sense of self. Individuals become arrogant and lose touch with parts of the flow of their lives. This results in isolation from the field and interferes with gestalt formation.

4.3 ORGANISMIC SELF-REGULATION

In Gestalt therapy persons are viewed as having a natural tendency to regulate the self. Blom (2006:23) defines organismic self-regulation as “the process whereby action takes place in order to satisfy needs”. Blom further explains that all behaviour is regulated by organismic self-regulation. It is the way in which individuals satisfy their social, physical, emotional and intellectual needs in order to create balance or homeostasis. Once these needs are satisfied, the gestalt is complete and moves to the background and a new gestalt is formed (Yontef, 1993:50).

In Gestalt therapy individuals learn to use their internal and external senses to be self-responsible and self-supportive (Yontef, 1993:86).

Adding to his abovementioned statement, Yontef (1993:136) explains that effective self-regulation includes contact with the environment and awareness that the environment is both positive and negative. Individuals relate and exchange with the environment but it remains the responsibility of individuals to regulate their own support. Organismic self-regulation implies that individuals will regulate themselves, given their own capabilities and the resources of the environment (Latner, 1986:13,15). Environmental support is needed for adolescents to meet their needs (Latner, 1986:15). Adolescents are part of the field and will use the field to meet their needs. The field might be causing trauma to the adolescents and this trauma influences how and if these needs are met.

Blom (2006:28) explains that adolescents react to trauma by blaming themselves, they fear that their needs will not be met. As a result of this adolescents will find unsuitable ways of meeting their needs such as anger and other destructive ways as Blom points out. The manner in which care was given to adolescents in their lives as well as how their needs were met as children will influence the self-regulation of adolescents. Self-regulation is needed to complete gestalt and ultimately for growth to take place.

4.4 THE SELF IN GESTALT

The self consists of physical, emotional and cognitive aspects (Latner, 1986:39) and; therefore, totals the essential qualities of persons (Polster & Polster, 1999:222). According to Nelson-Jones (2001:115) “the self is the system of contacts at the contact boundary at any moment”. The self exists at the contact boundary and integrates the senses to form a gestalt. Nelson-Jones further explains that healthy functioning involves identifying with one’s forming organismic self. Latner (1986:39) agrees with this as he explains the self attends to the making and finishing of gestalts.

Yontef (1993:288) describes the self as “a process, it is as real as any tangible existent, and it is constructed in the current organism or the environment field”. The self is a process and not a separate aspect in Gestalt therapy that emerges from the

relationship with the environment (Chidiac & Denham-Vaughan, 2009:42; Phillipson, 2008:18).

Introjection can be advantageous to the forming of the self. Because of fixed ideas of themselves imposed by other people's beliefs and external pressures they are unable to alter their introjections. The task of therapy is restoring these introjections (Phillipson, 2008:18).

According to Yontef (1993:304) "every event, experience, object or organism is determined by the field of which it is part". In turn, the organism and/or environment determines the person as there is a mutual relationship between individuals and their field, the field has an impact on individuals and individuals have an impact on the field (Chidiac & Denham-Vaughan, 2009:43,44). The self is constantly changing and adjusting to the circumstances surrounding the self. Chidiac and Denham-Vaughan (2009:43) explain that the purpose of the self is to "organise this emerging and changing experience to make it meaningful". Certain experiences or trauma that adolescents experience determine their identity, for instance when black children are looked after by white child care workers who are not sensitive to culture, there is always the chance that these black children might lose their identity of being black and their culture will be lost.

The parts that individuals do not like about themselves need to be included and not be dissociated from them as this will interfere with their own sense of wholeness. When the right contact and tailoring are restored, "the configurational task of including this experience as part of their lives was made easier because it involved less contradiction, and as a result they feel more whole" (Polster & Polster, 2005:39). Different selves can be forced to the background because of certain introjects. The objective of therapy is not to highlight one *self* as the ultimate but to bring together all the different selves to create balance and wholeness for individuals.

Phillipson (2008:20; 26) explains that the manner in which individuals configure the self depends on the configuration of what is "not-self". At the contact boundary between

individuals and their environment, interaction occurs from which the self emerges. At this boundary, the therapeutic relationship also develops and growth takes place. The difficulties that individual experience, form the cornerstones from which they configure themselves in the world (Phillipson, 2008:27, 28).

Latner (1986:102) expresses that the goal of therapy is to “achieve enough integration so that the process of development can carry on by individuals themselves”. If individuals integrate and harmonize all the contributors to the sense of self, the identity of individuals and their sense of self will be enhanced (Polster & Polster, 2005:237).

The sense of self is important in the development of adolescents and for growth to take place. A platform for resilience is established as a life skill in adolescents when a heightened sense of self is formed which is integrated and balanced.

4.4.1 Population of selves according to Polster and Polster

Polster (2005:6b) explains the concept of self-focus when there is interaction between aspects of persons that are coming into focus. Polster and Polster (2005:7) adds that there is a *community of selves* that is waiting to come to the surface, for example if aggressive boys are experiencing turmoil in their lives due to their feelings of aggression and they realise that they need to bring their quieter self to the surface more. Polster and Polster (2005:6) points out that “when some of the selves of persons are obscured from attention it does not mean that they are more real than the manifested self. It means that these selves need to be co-ordinated with each other”.

Polster and Polster (2005:7,8) explains that these selves are formed, details of the experiences of persons are taken and then formed into a unified pattern. Persons can be identified by these clusters of experiences for example: a robber, a singer, a coward, a hardworking person. Polster and Polster (2005:17) goes on to explain that “we organise these experiences into selves with which we identify” and summarises

that the “self is a system of ever-fluid contacts, a process rather than a structure, a result of a continuum of engagement and awareness”.

Polster and Polster (2005:64) states that “inherent in the concept of self is the possibility that, in the interaction of persons with an environment, they can form more than one self, each one emerging from a different way of relating to the environment”. Persons usually have a single view of themselves; however, persons have a population of selves made up by clusters of experiences combined into certain configurations. The selves that individuals have might be parallel (a doctor self and a musical self), biological (a mothering self and a woman self), cultural, interactive (an energetic self and a lazy self), temporary or permanent (Polster & Polster, 2005:41).

According to Polster and Polster (2005:8) for some people this search for an easy sense of identity is nothing more than the wistful despair of people grieving over an ancient fragment of themselves. Other people seriously try to harmonise their behaviour with their most desired qualities”. The qualities and experiences of persons merge into a sense of self. Polster and Polster (2005:15) states that “therapy must then re-engage and reconfigure both their sorrows and their multiple self-possibilities”. Individuals are stuck with narrow classifications of their natures (Polster & Polster, 2005:16) and the aim of therapy is to create an awareness of their lives, to recognize fluidity of their environment and of what these persons can do.

Polster and Polster (2005:21-22) conceptualized “an entity within persons”, a population of self. They explain that there exists a “rational self” or the “dominating self”, a basic self rather than the persons themselves. There is a large or small collection of “characteristics within persons that guide the feelings and behaviour of persons”. “The nature of the self is elusive because it cannot be identified by simple registration of experiences” (Polster & Polster, 2005:23-25). Individuals are a host of a population of selves (Polster & Polster, 2005:41). These selves might be biological, like sons or daughters, cultural like being of certain culture, or generalized or narrow

like a school going self. They may be temporary or permanent; they may co-ordinate well with each other or be dissociated from each other (Polster & Polster, 2005:41).

Polster and Polster (2005:46) also point out that the environment also evokes different parts of the self and this may confuse the dominant self. For wholeness individuals must discover that the good-person self can remain stable although for instance, the though-minded person can be present as well.

Polster and Polster (2005:41) divide the concept of population to two selves: *essential selves* and *member selves*. Essential selves are individual experiences and member selves are in greater fluidity and more responsive to the immediate experience. Essential selves are the essential qualities persons have and these selves will not be easily altered and it is these selves with which individuals identify. Essential selves might be for instance a destructive self and because individuals identify so strongly with this self, as it is familiar, change might be difficult. Sometimes these essential selves are positive, for example to grow up feeling secure and; therefore, positive coping mechanisms are in place. When negative essential selves are present, the self is more fixed and resistant to change.

These selves are the focus of therapy as they cause emotional pain and distort any clear sense of who these adolescents are (Polster & Polster, 2005:42). Polster (2005: 6) stresses that these negative experiences can create essential selves and individuals can make assumptions about negative experiences that “distort any clear sense of who they are”. For instance, adolescent boys might have had traumatic experiences when they were physically abused by their fathers and as a result cause them to be aggressive to all males in authority and thus have aggressive selves. These aggressive selves might overshadow other qualities that these adolescent boys might have, like being funny or generous. These adolescent boys need to have many experiences of being funny or generous to be able to register this as essential selves, this will lead to configuration of selves and aggressive selves will be placed in the background. Aggressive selves are not going to disappear but will rather form a

smaller proportion in their minds. In essence therapy focuses on the positives of individuals and brings these positive traits to the foreground.

Member selves have more fluidity than essential selves and they are more dependent on the field than essential selves. They respond more to the field and immediate experiences (Polster, 2005:46b). Member selves might be overshadowed by essential selves but sometimes the difference between essential and member selves is not clear (Polster, 2005:46b) and individuals are aware of essential selves and member selves and cannot integrate these two selves, for instance when adolescents enjoy helping other people, they recognize this kindness as their member selves but they do not view themselves kind, their essential selves.

People stay the same when they do not allow new experiences to teach them, and resilience is not given a chance to develop. Polster and Polster (2005:83) state that:

Since selves are configurations formed out of experiences, reconnecting isolated experiences helps also in recovering a fluidity of the selves within. These experiences are reconnected not only by the general understandings these connections provide — their overall meaning — but also by the simpler connections of moment to moment. From these simple connections, the person becomes ready to take the next step and release the fluidity required for up-to date self-formation.

For example, adolescent boys are neglected and abused by their parents and they learn to not trust adults. Their distrusting selves are in the foreground, thereby diminishing new experiences where they are able to trust adults to care for them. They rather behave aggressively and their aggressive and distrusting selves are fixed within them. In order for this to change, adolescents need to have new experiences where trust can be restored, for instance situations where these adolescents allow adults to care for them, talking about their fears of trusting adults. These adolescents will then learn new ways to dislodge these selves.

When selves are poorly established sometimes, negative selves take over, for instance when adolescent boys have essential selves of kindness but their aggressive selves take over the kind selves (Polster, 2005:85b).

Individuals might need several experiences of new configured selves before individuals own these new selves (Polster, 2005:43b). A cluster of experiences create fixed beliefs that specific selves are the essential selves, for instance adolescents who were emotionally abused throughout their lives and constantly received messages from their external world that they are not worthy will believe their essential selves (dominating self) that they are not worthy of anything. They will recognize the loving or generous selves but will think that they are not real; these selves were not built into their natures. To assist these individuals, their interpretations of their selves need to be established. Exploring the different selves and creating awareness of the experiences of each of these selves create opportunities for individuals to configure different selves.

The configuration of experiences identifies selves. Adolescents are more than those experiences, for example adolescents are more than their refusal to attend school. The configuration process is a fluid process of Gestalt formation. Polster and Polster (2005:33) explain that there is a distinction between selves and persons. There are many selves within persons and at times persons are not aware of these selves.

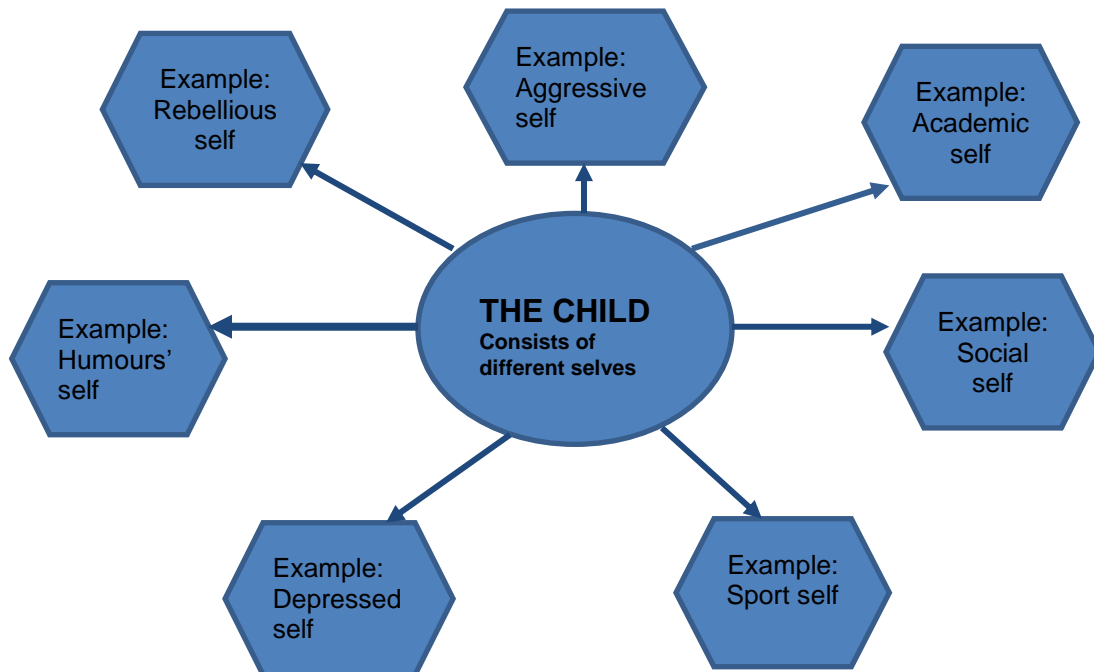
Configuration according to Polster and Polster (2005:33) is “the process designed to create internal unity”. The less experienced individuals has the less complicated their configurational processes. The more individuals grow up, experience different things and are in contact with the world, the more complicated their configurational processes become. According to Blom (2006:32) assimilation is the opposite of introjection, where experiences are taken in; useful experiences are kept and the rest are disregarded. Polster and Polster (2005: 35) explain that assimilation refers to the process where learning takes place and learned experiences are digested. The aim of wholeness, and thus balance and/or homeostasis, is that the selves in the background come to the surface. These different selves are formed by experiences or by defining statements.

Polster (2005:124b) indicates that “selves are formed by configurational reflexes, which take the disparate details of personal experiences and form them into a unified pattern”. Through these organizations of experiences, an identification of clusters of experiences occurs and selves are formed. Individuals have a sense of self but this view is often obscured by the different experiences they had. Polster and Polster (2005:8) explain that “often they have no idea what is wrong because they don’t realise how they have summed themselves up or how misrepresentative the troublesome summations may be. The concept of the self not only helps recognise this trouble but also gives new guidance for reconstructing the person’s summary conclusions”.

Configuration takes place when life experiences and the characteristics of individuals emerge to form selves (Polster, 2005:9b). During therapy the goal is to get a new view on these influences in order for new selves to be formed, for example when aggressive adolescent boys experience discomfort, a new sense of self can be formed to ensure homeostasis when these aggressive boys bring their calmer selves to the foreground. Therapy needs to reconfigure both the aggressive and calmer selves in order to bring the positive qualities of the adolescent boys to the foreground (Polster, 2005:10b).

The different characteristics within individuals come to the foreground while others recede into the background. Individuals are made up out of a population of selves that represent them. Once adolescents are aware of these populations of selves that represent them, they can then work to bring the positive selves to the foreground in order to promote and enhance resilience within them.

Diagram 1: Illustration of Population of selves as described by Polster



4.4.2 Fragmentation

The aim of gestalt therapy is to configure the selves and to enhance positive selves within adolescents; however, fragmentation occurs when adolescents are in contact with their field. Contact boundary disturbances cause fragmentation and influence the process of organismic self-regulation (Blom, 2006:31). Organismic self-regulation is the process followed for needs to be met and to reach homeostasis. The task in therapy is not to promote only one self but to bring a variety of selves to the foreground in order for adolescents to function as an integrated whole (Polster & Polster, 2005: 39). For example, the individual may be religious, athletic, and an angry person, three different selves with equilibrium but the individual experiences fragmentation in certain situations of these selves due to past experiences and this causes disequilibrium. If

individuals accept all of these parts of themselves they would be able to accept themselves and; therefore, function better in life.

4.4.3 Strengthening the self

Blom (2006:30) points out that if the “child’s sense of self is poorly defined; there is no clear contact boundary and the self experiences problems with making contact”. Yontef (1993:55) explains that self-support implies contact with other people, which is essential to coping, solving problems and growing. Oaklander (2003:147) stressed that if the adolescent develop a strong sense of self, he will be able to express his emotions and have a positive self-image. Adolescents, who experienced trauma have, as Oaklander (2003:146) states it, blocked emotions. These blocked emotions causes fragmentation and inhibit healthy growth and integration.

Oaklander (2003:147) emphasises that the use of senses assists in empowering the self. According to Yontef (1993:86) that “patients learn to fully use their internal and external senses in Gestalt therapy so that they can be self-responsible and self-supportive”. By integrating their senses adolescents learn about themselves and growth can occur. Gestalt therapy suggests a paradoxical theory of change in that change occurs by “fully owning who one is, not by trying to be different or denying unacceptable parts of self” (Geldard & Geldard, 2005:68). During this process adolescents will experience less confusion and more clarity about who they are which is a very important ingredient in resilience.

Polster and Polster (2005:27-29) is of the opinion that certain selves are more dominant than others at certain times. These selves have a specific function at specific times; however, discomfort happens when one self is more dominant than others. This discomfort causes an imbalance in adolescents; the real self should appear and give a necessary new dimension to the other self, for instance the angry self, versus the peaceful self. The real self is what adolescents would like to be or what they believe they once were.

Important aspects to keep in mind when strengthening the self:

- If adolescents solve problems in their own way it will increase their sense of mastery. A therapeutic relationship rich in contact, through the use of self, will enhance the problem-solving skills of adolescents (Lampert, 2003:65,223).
- Children and/or adolescents who have been abused think that they need therapy because of something bad they have done. They have irrational feelings of guilt. If adolescents are given the opportunity and the freedom to express themselves, they will be given the opportunity to accept themselves as adequate and worthy (Lampert, 2003:74).
- Relaxation is an important focus in therapy. Tension and stress manifest mostly through psychosomatic symptoms such as headaches and/or stomach-aches in adolescents. When they learn to relax, they are able to express their emotions (Blom, 2006:101). Breathing exercises are good for relaxation.
- Create experiences and/or exercises to enhance the senses (touching, seeing, listening, tasting and smelling) of adolescents (Oaklander, 2003:147).
- Lampert (2003:124) stresses that adolescents mask their depression and grief with rebellious behaviour. Acknowledge this feeling of depression and then focus on problem-solving (Lampert, 2003:138). Unselfish group therapy, knowing that the experiences and understandings of adolescents help others, also helps adolescents to feel good about themselves.
- The amount of respect, acceptance and concern adolescents receive during treatment, the history of successes, status and position, the way in which experiences are interpreted and modified in accordance with the values and aspirations of adolescents and lastly, the manner in which adolescents respond to devaluation all assist in building a stronger sense of self.

4.5 GESTALT PLAY THERAPY AND RESILIENCE

Gestalt play therapy is grounded in the therapeutic relationship with adolescents and can promote healthy development (Reed & Bennett, 2013:112). Gestalt play therapy

focuses on integration, homeostasis, awareness, organismic self-regulation and the here-and-now. With this gestalt play therapy background the social worker then, by means of play therapeutic mediums and techniques, make use of play as the communication medium for children.

Landreth (2002:17) defines “play therapy as a dynamic interpersonal relationship between children and therapists trained in play therapy procedures who provide selected play materials and facilitates the development of a safe relationship for children to fully express and explore themselves (feelings, thoughts, experiences and behaviours) through play, children’s natural medium of communication, for optimal growth and development”. Landreth (2002:34) stresses the importance of play for children and explains that play involves “children’s physical, mental and emotional self in creative expression and can involve interaction”. Children are totally present when they play.

Oaklander demonstrates that Gestalt therapy is very valuable when working with children and adolescents (Geldard & Geldard, 2005:35). Yontef (1993:43) agrees with the value of Gestalt therapy and states that: “What therapy can create are situations wherein the very core of growth problems of persons, restricted awareness, is the focus of attention”.

Gestalt concepts and Gestalt therapy are ideal when working with play therapy and resilience as these concepts and therapy focus on what is happening now, in the present. According to Luthar, Cicchetti and Becker (cited in Reed & Bennett, 2013 :113) “the capacity to self-regulate, through creative adjustment, to adversity as it emerges through this contact (of organism-environment contact) is captured in the dynamic process of resilience”. Interventions that focus on strengthening the self and the manner in which adolescents make contact with their field will promote resilience. According to Lampert (2003:174) there are play therapy interventions that can be done to promote resilience in children and/or adolescents. Lampert (2003:175) states that Gestalt therapy “with its emphasis on organismic self-regulation and the I-Thou

relationship, is a logical method to promote healing ability". Lambert (2003:174-176) identified the following guidelines that can enhance resilience:

- Talents or special interests. Therapy provides opportunities to bring these skills to the foreground;
- Good relationships with adults. These relationships are present in therapy where adolescents are respected and accepted and where trust exists;
- Asking for help from appropriate adults. Learning to recognize and reach out to adults who can be trusted may be the best abuse prevention that can be taught;
- To plan rather than to act on impulses. Exercises such as "what helps and/or hurts lists" where the advantages and disadvantages of certain behaviour are listed;
- Individuality. Children with a strong sense of their own worth may come across as naughty;
- Feeling in command. During therapy adolescents are given opportunities to make decisions and to be in command and in control;
- A sense of order and stability. Sometimes the therapy room is the only stable place for adolescents;
- Inappropriate self-blame discouraged. In therapy the focus is on changing the belief systems of adolescents;
- Communication with adolescents. When adolescents are being listened to, it will result in trust and confidence which provide a strong foundation for stress survival. By letting adolescents know that they are being heard and understood and that it is good to talk about what they feel, their feelings are validated;
- Caring about others. This capacity to care is present in resilient children. Group therapy is very good to encourage and teach sharing and caring for others;

- The importance of therapists. Therapists have an impact on the environment of children and their development of social and coping skills. Therapy provides opportunities to develop strengths and enhances the capabilities of adolescents.

The goal of Gestalt play therapy is not to “fix or to change, but to facilitate self-healing” (Lampert, 2003:9). The goal of therapy according to Latner (1986:102), is to achieve enough integration to promote self-healing, to discover enough resources and to develop new solutions to solve problems. Blom (2006:86) agrees with this viewpoint as the objective of play therapy is to promote self-supportive behaviour and integration as a holistic entity.

Gestalt play therapy focuses on facilitating self-healing and not to fix things for children. During this process children and/or adolescents learn to take responsibility for themselves.

4.6 BUILDING A RELATIONSHIP IN GESTALT PLAY THERAPY

Yontef (1993:127) emphasises the importance of therapeutic relationships and describe these relationships as: “putting oneself as fully as possible into the experience of the other without judging, analysing or interpreting while simultaneously retaining a sense of one’s separate, autonomous presence”. Therapeutic relationships that develop between therapists and adolescents use creativity to generate processes of change and growth within children and/or adolescents (Geldard & Geldard, 2005:9; Landreth, 2002:85-87).

The following principles should be adhered to when building therapeutic relationships:

- Landreth (2002:31) states that therapeutic relationships provide acceptance, respect and trust while providing opportunities for growth and making correct choices. Therapeutic relationship is central to gestalt play therapy;
- Building therapeutic relationships is the creation of safe spaces for adolescents when they need therapy (Geldard & Geldard, 2005:11);

- A working alliance begins to develop between therapists and adolescents (clients) with offers of help, support, commitment and no judgment (Joyce and Sills, 2003: 41,55);
- Therapeutic relationships in Gestalt therapy are the authentic meeting of two human beings (Joyce and Sills, 2003:41);
- Therapeutic relationships are also used to raise the awareness of adolescents “themselves and the way they connect with all the other relationships in their lives” (Joyce & Sills, 2003:41);
- Therapeutic relationships should encourage trust between therapists and adolescents; and
- Therapeutic relationships should always be genuine and authentic (Geldard & Geldard, 2005:12).

In this context therapeutic sessions create safety and acceptance and individuals are never pushed beyond their capacity or willingness. Professional relationships with therapists can also be therapeutic for adolescents (Oaklander, 2003:144).

4.6.1 Gestalt play therapy in a residential setting

Residential care or child and youth care facilities have the opportunity to provide therapeutic environments. Residential care or child and youth care facilities have social workers who need to create these therapeutic environments. These adolescents have child care workers who look after them on a 24 hour basis and who are part of teams to develop therapeutic environments. The Children’s Act, 38 of 2005, requires that all child and youth care facilities should provide therapeutic programmes for children and adolescents in their care.

To highlight the importance of therapy in residential care settings, Bradley (cited in McMahan, 2000:199) comments that children (and adolescents) in residential care settings are “stuck at the early stages of narcissistic and pre-oedipal play. They have not reached integration and are rarely ready to make use of symbolic play”. Gestalt

play therapy that focuses on sensory awareness is ideally suited to address these issues.

Some adolescents in residential care settings have experienced a series of continuous damaging events in their lives. They have experienced trauma, multiple moves, various care givers and these events cause them to be harder to reach and they block painful emotions as a coping mechanism. Therapeutic work is essential to promote self-healing and in essence develops resilience in adolescents. Therapeutic work is likely to be a long-term process and; therefore, residential care settings might be beneficial to such adolescents. Through play therapy as a means to address problems, a non-intrusive way for communication and building relationships with adolescents are provided (McMahon, 2000:194, 2003).

4.6.2 Objectives of gestalt play therapy with young adolescents

The focus of Gestalt techniques when working with children is to strengthen their sense of self and self-confidence. This is achieved by giving them opportunities for making choices, participating in imaginative play, mastering, owning of projections and expelling aggressive energy appropriately (Oaklander, 2003:27) Thompson and Rudolf (cited in Blom, 2006:51) define three central objectives in Gestalt play therapy with children, namely promoting awareness, promoting self-support and promoting integration. All three of these concepts are essential to the development of resiliency as discussed in Chapter 3.

Gestalt play therapy is concerned with creating safe spaces for children and/or adolescents to develop as a whole and to integrate all the different aspects of the self. Adolescents will learn in therapy to nurture the parts that they do not like by using the supportive parts of themselves (Blom, 2006:176). Gestalt play therapy can be used with adolescents to create integration; awareness and self-regulation to promote healthy development and ultimately promote the development of resilience.

4.7 CONCLUSION

It is clear from this theoretical discussion that Gestalt play therapy is a humanistic, process-oriented form of therapy that originates from Gestalt theory. The utilization of Gestalt play therapy can play a vital role in building resilience in young adolescents. The different concepts of Gestalt therapy were discussed. Particular attention was given to how these concepts relate to adolescents and resilience. When adolescents are viewed from the Gestalt approach, adolescents need to be view holistically and attention needs to be given to their fields.

This chapter also discussed organismic self-regulation as the process whereby action takes place in order to satisfy needs; however, adolescents never stand alone and will always be part of a field and will use the field to meet their needs. It is these fields that need to be understood to be able to be aware of the world of adolescents (their fields).

Another important concept that was discussed within this chapter was the self. The self is a process and needs to bring together all the different selves in order to create balance and wholeness for adolescents. This healthy sense of self can be a platform for resilience to be established as a life skill for adolescents in residential care settings.

CHAPTER 5

EMPIRICAL DATA AND RESEARCH FINDINGS

5.1 INTRODUCTION

The purpose of this study was to identify components for a preventative programme for young adolescents committed to child and youth care facilities. Data collection and the analysis of data depend on the purpose of the study (Greeff, 2011:311). According to Henning (2004:129) the classification of data is not neutral but is guided by the research objectives, namely to explore and describe the experiences of young adolescent boys in child and youth care facilities with an emphasis on the configuration process of the self within the gestalt perspective in order to understand and develop resiliency as a life skill.

The focus of this chapter is to describe the research process that was followed and the analyzing of the empirical data. For the purpose of this study empirical data were gathered from focus groups and questionnaires. Participants in the focus groups were selected from a sampling process. The empirical data were grouped according to themes. The data were gathered and analyzed according to a coding process. Categories were formed and compared to available literature.

5.2 RESEARCH PROCESS

Frydenberg (2008:39) explain the research process that was followed in this study, accurately:

The research setting is the participants' natural world and everyday lives, the field settings, environmental and social contexts of their actual lives. The researcher embraces the role of researcher as instrument, incorporating his

experience as participant to the process and admitting that all observation is conditioned to some degree on the perceptual and judgmental processes of the observer.

It is in this natural setting of the participants that it was attempted to determine resilient factors for this study.

The researcher of this study made use of literature, documents, interviews and the observations of young adolescents in a specific child and youth care facility. Focus groups were held with two sets of experts to determine their views on resilience and young adolescent boys. One focus group consisted of social workers, campus managers and senior child care workers of child and youth care facilities. The second focus group consisted of adolescent boys who are committed to a child and youth care facility and deemed resilient.

Table 2: Description of the participants

Group	The participants	Number of participants	Gender	Language	Duration of the groups
1	Adolescents in the child and youth care facility	6	Male	1 English 5 Afrikaans	1,5 hours
2	Social workers	3	Female	Afrikaans	2 hours
2	Senior child care workers	2	Female	Afrikaans	
2	Manager	1	Male	Afrikaans	

Focus group 1 took place on a Saturday morning at a children’s home, and focus group 2 took place with professionals at a children’s home, during work hours to enable the participants to attend the group. Focus group 1 consisted of adolescent

boys who have been committed to the child and youth care facility for at least two years. Their ages varied from 16 to 18 years and they are all still in high school.

5.2.1 Data collection

During the qualitative research interviews and in particular focus groups were utilized to collect data. Focus groups are a means to understand how people think or feel about issues (Greeff, 2011:360) and in particular resilience. Babbie (2007:308) explains that focus groups are a qualitative method and structured, semi-structured or unstructured interviews may be used. A survey was also sent to experts in the field of resilience; however, only one respondent reacted. The questions in the survey were also used in the focus groups.

An interview schedule with semi-structured questions was followed during the group interviews. A phenomenological approach was used to understand the everyday experiences of the participants (Greeff, 2011:364). Both focus groups were opened by the facilitator explaining the purpose of the specific group and to ensure that all of the participants are able to participate. Field notes were kept during both the focus groups by the facilitator and the assistant facilitator also took field notes during focus group 1. In addition, the use of a digital voice recorder was used during both the focus groups.

5.2.2 Analysing the data

According to Greeff (2011:373) “the aim of analysis is to look for trends and patterns that reappear within the focus group”. The basis of analysis for this study was transcripts, notes and the use of memory during the focus groups. During this process of analysis the data obtained from the two focus groups were constantly compared with the study’s literature review.

The process followed during the analysis of data: a concept was identified during the transcription process; this concept was then compared to the findings in the literature

study. Categories and subcategories were identified during this ongoing process. Field notes, transcriptions and a digital voice recorder were used to gather data which acted as a preliminary analyzing process (Schurink, Fouché & De Vos, 2011:405).

5.2.2.1 Generating of categories and coding of data

During the process of data analysis to determine themes, recurring ideas or beliefs were identified. The process of category generation involved identifying categories that held meaning to the participants and these categories were then reduced to themes (Schurink, Fouché & De Vos, 2011:410).

Coding is defined by Babbie (2007:325) as “the process whereby raw data are transformed into standardised form suitable for ... analysis”. Resilience was identified as the phenomenon to be studied with the use of data analysis. Concepts were grouped and categorized (Schurink, Fouché & De Vos, 2011:411). Schurink, *et al.* (2011:411) further explain that the “process of grouping concepts that seem to pertain to the same phenomenon is called discovering categories”. When the concepts were identified and accordingly categorized they were named. Open coding was used for the naming. Schurink, Fouché and De Vos (2011:412) explain that open coding involves the process of breaking down, examining, comparing, conceptualizing and categorizing data.

5.3 DISCUSSION OF DATA

The discussion of data will take place in this section. Transcribed data were analyzed and opinions were grouped together.

FOCUSGROUP WITH ADOLESCENT BOYS AND EXPERTS

CATEGORY 1: UNDERSTANDING THE TERM RESILIENCE	
THEME 1	Defining resilience
THEME 2	Cognitive abilities
THEME 3	Little resistance to support Late bloomers
CATEGORY 2: CHARACTERISTICS PRESENT IN RESILIENT ADOLESCENTS	
THEME 1	Emotional intelligence
SUBTHEME 1.1	Perseverance
SUBTHEME 1.2	Adaptability
SUBTHEME 1.3	Positive self-worth
SUBTHEME 1.4	Is able to make choices
THEME 2	Future
THEME 3	Significant other
CATEGORY 3: ASPECTS THAT MAY HAVE AN INFLUENCE ON RESILIENT ADOLESCENTS	
THEME 1	Therapeutic intervention
THEME 2	Childcare workers
THEME 3	Stability
THEME 4	Developmental stage
THEME 5	Can identify with positive aspects
SUBTHEME 5.1	Role models
THEME 6	External aspects
CATEGORY 4: METHODS TO DEVELOP OR INCREASE RESILIENCE	
THEME 1	Awareness continuum

THEME 2	Self and identity
THEME 3	Support
CATEGORY 5: BUILDING BLOCKS FOR RESILIENCE	
THEME 1	Religion
THEME 2	Positive self-image
THEME 3	Healthy peer groups
THEME 4	Healthy family life
SUBTHEME 4.1	Significant other
THEME 5	Good education
THEME 6	Opportunities to develop

5.3.1 CATEGORY 1: UNDERSTANDING THE TERM RESILIENCE

5.3.1.1 THEME 1: Defining resilience

The focus group with the experts were asked to explain their understanding of the term resilience.

Expert participant 5 said: *It is the ability to adapt to difficult circumstances. Resilient people are stable in their lives even though they have not done “something big”*, explains participant 4. The expert on the questionnaire added to this description: *Resilience in adolescents is those adolescents that cope fairly well despite many challenges in their lives. Young people who are able to function well on physical, psychological and social level despite their negative circumstances.* These above-mentioned explanations of the term resilience correlate with the definition of resilience which was discussed in Chapter 3.

Theron and Theron’s (2010:1) definition of the term resilience is similar to the definition provided in Chapter 3 and they add “that adolescents adapt positively despite adversities”.

5.3.1.2 THEME 2: Cognitive abilities

Expert participant 3 added that: *resilience in adolescence can also be explained that the adolescents' cognitive functioning develops further in adolescence and; therefore, are they are more able to think about things on a cognitive level.* Louw, et al. (2007:299) point out that according to Piaget adolescents are in their formal operational stage of cognitive development where they develop the capacity to think abstractly. Adolescents are more able to persevere in things important to them as well as thinking positively about their lives.

Expert participant 4 pointed out that: *Those adolescents have better self-knowledge.* Child participant 2 stated that: *To be resilient is to say every day to yourself that you need to get up, no matter what happened, and if you look back at the negative things that happened to you, you are going forward.*

Dan sê ek net vir myself ek wil dit vir myself beter maak ek wil eendag 'n beter lewe hê, ek wil nie hê my kind moet eendag in die kindershuis wees nie. So ek gaan dit vir my beter maak en vir my kind beter maak.

This data correlate with what Louw and Louw (2007:299) purport that adolescents are able to think about possible occurrences and can react on it in order to better their environment.

5.3.1.3 THEME 3: Little resistance to support; late bloomers

Expert participant 3 said that: *Some adolescents have a high resistance level against adults and the system that causes them to choose to not be adaptable. Their negative behaviour and rebellion against authority causes adolescents to appear not resilient although they have some of the characteristics of being resilient, that is intelligence, support network and leadership skills.*

To be resilient is to be able to make use of support systems and resources available to adolescents. Theron and Theron (2010:7) support this view by stating that protective resources are anchored in the community and enhance resilience in adolescents.

Expert participant 3 also added that: *There is also the “late bloomers” who appear to not be resilient but after a while develops it by making a decision or when the “right circumstances” were present and they took the opportunity.* Again adolescents need to be willing to make use of support provided to them. All the participants in focus group 2 (professional persons and care givers) agreed, that “late bloomers” are more evident in child and youth care facilities when these young people decide in their last school year to change their negative behaviour and to focus on school work and prepare for the future.

5.3.2 CATEGORY 2: Characteristics present in resilient adolescents

5.3.2.1 THEME 1: Emotional intelligence

Expert participant 3 explains that: *Emotional intelligence is one of the characteristics of resilient adolescents. To have the knowledge that despite when things go bad I can still move forward when working hard but this is not always the case for children in a child and youth care centre.* Expert participant 4 added to this statement: *These resilient adolescents are adaptable. Personality, temperament, and level of trauma play a role in the adolescent being adaptable.*

5.3.2.1.1 SUBTHEME 1: Perseverance

To persevere is one of the characteristics of resilient adolescents. Child participant 4 explains: *That to go on even though you experience “bad things”, to get up and say I am going forward.* Resilient adolescents have perseverance as confirmed by Expert participant 6:

Ek dink hulle het regtig deursettingsvermoë. Aanhouers, vasbyters hulle maak 'n ding werk vir hulle.

Expert participant 6 added by commenting: *Resilient adolescents have absolute perseverance and have motivation to go further in life. It appears that they have something to live for.* Adolescents have qualities of optimism and they are able to value how far they have come despite adversities (Maclean, 2004:2).

5.3.2.1.2 SUBTHEME 2: Adaptability

Another characteristic of resilient adolescents is the ability to adapt. They need to be adaptable to their circumstances as cited by Expert participant 4. In addition to adaptability, Expert participant 6 pointed out that: *Resilient adolescents are also independent.*

5.3.2.1.3 SUBTHEME 3: Positive self-worth

Positive self-worth is an individual attribute to enhance resilience in adolescents (Coleman & Hagell, 2007:1; Louw, *et al.*, 2007:381). Child participant 2 explained that: *If you have a positive attitude it will be easier to do things in life.* This participant also added that: *If you motivate yourself to acquire good things it will become a habit.* Sesa, *et al.*, (2006:284) indicate that positive identity helps to develop self-esteem, a sense of purpose. Child participant 1 agreed with the previous statement and commented that: *Be that change you want to see.* Expert participant 3 explained that: *If adolescents are able to identify with positive aspects in their lives, they are more able to be resilient.*

5.3.2.1.4 SUBTHEME 4: Can make choices

To be able to make choices are important. Expert participant 4 stated that: *If a base or opportunities are created for children, it remains their choice whether they are going to use these opportunities.* Expert participant 3 explained that: *Children experience a*

change on an emotional level to accept their circumstances or have self-acceptance. Then on a cognitive level they can make a choice and can work constructively on it.

Expert participant 4 agreed with the above-mentioned statement and added that: *This situation in which adolescents is making choices is a gradual process.* Expert participant 3 added that: *It is never an immediate change:*

... maar 'n stabiliteit en 'n voortgaan in die geleentheid bring daai ding van uiteindelik behoort ek, ek identifiseer, nou kan ek begin dink daaroor.

Child participant 4 explained the importance of making correct choices:

Jy kan jouself, want sê nou maar jy maak die slegte keuse en jy kom in die moeilikheid vir daai keuse gaan jy mos nou in die moeilikheid kom en dan sal jy van jou moeilikheid af leer want dan sal jy volgende keer reg doen, regte keuse doen.

Child participant 4 agreed that you learn from your mistakes and from the choices you make and added:

Almal het keuses en as jy nie daai keuse wil maak nie om suksesvol te wees nie dan gaan jy nie suksesol wees nie.

Child participant 2 concluded by adding that: *A choice makes you who and what you are.*

5.3.2.2 THEME 2: Future

To have dreams and visions for the future is an important part of being resilient. A sense of purpose, the ability to plan (Mampane & Bouwer, 2006:444) and to be optimistic (Theron & Theron, 2010:2) contributes to building resilience within adolescents. Expert participant 6 told the focus group about a boy in her unit discovered his singing talent where his was previously a defiant young person:

Daar was iets vir hom wat, wat hom letterlik daai hoop gegee en hy kan nou terug bounce, hy het nou 'n droom.

Recognizing talents within adolescents create opportunities for growth and enhance their self-esteem. These elements assist adolescents to start planning for their future. Louw, *et al.* (2007:320) stress that career choices and the preparation for careers are important adolescent tasks.

5.3.2.3 THEME 3: Significant others

Attachment to significant others create secure fields where adolescents feel safe to explore the world around them. Maclean (2004:2) states that “one sign of resilience in children is the ability to ‘recruit’ caring adults who take a particular interest in them”. Most adolescents in child and youth care facilities do not have secure attachments or any attachments with adults. Their experiences of being rejected, neglected and abused by their families hinder the forming of secure attachments; however, relationships with significant others develop resilience in adolescents. Expert participant 4 added to the above-mentioned statement by saying: *It’s good when someone cares about you, who can walk the distance with you.* Expert participant 6 agreed and added that: *This relationship brings hope which can develop into resilience.* Some adolescents in child and youth care facilities are able to form relationships with child care workers, holiday friends, teachers or relatives. These relationships can provide a secure base for these adolescents.

Although the participants agreed unanimously that those relationships with significant others are very important, expert participant 1 stated that: *She has seen that the children on her case load who are excelling do not have families. They were abandoned when they were babies or toddlers.* The inconsistency of the involvement of parents in the lives of the adolescents creates instability for these young people and; therefore, absent parents or family members do not disappoint these adolescents.

5.3.3 CATEGORY 3: Aspects that may have an influence on resilient adolescents

5.3.3.1 THEME 1: Therapeutic intervention

The importance of therapeutic intervention was identified as an aspect that could influence resilient adolescents and can be classified as a protective factor. Expert participant 6 explained that: *Resilient adolescents can integrate their trauma in order to make sense of it; they don't remain victims of their circumstances and experience blame shifting.* Child participant 1 agreed that: *Therapy helped him to persevere.* Maclean (2004:2) stresses that adolescents who have a good insight into their own difficulties are more likely to be resilient. These insights help adolescents to make good choices and to be self-efficient. Adolescents who are able to make sense of their experiences are more likely to have better coping mechanisms (Mampane & Bouwer, 2006:444); they value how far they have overcome their adversities (Maclean, 2004:2) and they are less effected by the adversities they are exposed to (Louw, *et al.* 2007:382).

5.3.3.2 THEME 2: Childcare workers

From the accounts of the adolescents who participated in the focus group, it became clear that the availability of the childcare workers who are caring for these young people in residential care is equally important. This availability ranges from being emotionally available to being psychically available. *Their availability to attend to the young people's needs is important in developing resilience* (Expert participant 2). Child participant 1 stressed that: *His "house tannie", childcare worker, was the person who helped him. She listened and she was talking to him in a respectful manner without rushing him, in therapy he experienced that he should talk to the therapist.* Positive relationships create recognition, achievements and help to enhance a positive sense of identity (Houston, 2010:363).

5.3.3.3 THEME 3: Stability in care

The stability of childcare workers is equally important as this can create certainty for young persons. A stable care-giving environment is a protective factor in resilient adolescents (Mumpane & Bouwer, 2006:445). Expert participant 4 was of the opinion that: *Consistency of childcare workers over time is very important to ensure that the young person experience stability in his care.*

The sense of stability that is created by childcare workers might be the only stability these adolescents experience whose lives may have been very chaotic and are lacking stability and predictability. Expert participant 4 added that: *The overall stability of the childcare worker is equally crucial in caring for the adolescent in a child and youth care centre. The childcare worker's personality and the manner in which she/he is working with the children should be consistent and adds that the childcare worker should not display emotional instability. The child thus, experiences uncertainty about the child care worker.*

5.3.3.4 THEME 4: Developmental stage

Erikson explained that in adolescence the main task for adolescents to master is independence. Adolescence is the stage in which adolescents are required to make considerable adjustments and where physical, emotional and cognitive changes occur (Coleman & Hagell, 2007:2; Louw, *et al.*, 2007:278). Louw, *et al.* (2007:327) describe that while these changes are occurring, adolescents are trying to make sense of everything that is happening. In the process of mastering independence, they want to be self-efficient emotionally, self-reliant and independent of their parents or care givers. Expert participant 6 and 3 explained that: *Adolescents want to be trusted to be independent* and want to receive recognition for that (Louw, *et al.*, 2007:327). These aspects, as cited in Louw (2007:328) help to build the self-confidence of adolescents, to accept and trust their environment and to learn to be reliable and be respected (Maclean, 2004:2).

5.3.3.5 THEME 5: Can identify with positive aspects

Expert participant 3 pointed out that: *If the adolescent can identify with positive aspects more, he is more able to be stronger in his resiliency.* Positive aspects, as well as positive response to the talents of adolescents, will help to give adolescents hope. In return, to be able to identify with positive aspects, adolescents can choose to use opportunities provided to them, for instance to sing in a choir. In this process adolescents develop a positive sense of identity (Houston, 2010:363).

5.3.3.5.1 SUBTHEME: Role models

Expert participant 6 explained that: *Adolescents want to see successful people as this brings hope that other people who experience similar life experiences than them can be successful. Or that they also experienced similar trauma and they made a choice to be successful.* Role models can be beneficial in providing a positive identity to adolescents. Identification with competent role models is a protective factor in enhancing resilience (Mampane & Bouwer, 2006:445).

5.3.3.6 THEME 6: External aspects

External aspects can develop resilience according to expert participant 1. She was of the opinion that it is aspects outside adolescents that develops resiliency within them, for instance participating in sports. Expert participant 1 added that: *Even if it lays dominant within you it will only be released when someone refers to that specific aspect.*

Resilience results from adolescents successfully navigating their way to the services, structures and relationships (health resources) and their negotiations to have services provided in child-focused ways that sustain their well-being. It is the interaction between what is provided to at-risk children, children's access to health resources on their own terms, and how well these resources are provided to address children's

unique constellations of problem behaviours, that contribute most to growth in children who experience themselves as resilient. Children's resilience is as dependent on what is built inside them as what is built around them (Ungar & Liebenberg, 2005:429).

5.3.4 CATEGORY 4: Methods to increase or develop resilience

5.3.4.1 THEME 1: Awareness continuum

The development of an awareness continuum of surroundings creates empathy, as child participant 6 explained: *Once you put yourself in someone else's shoes you are able to help him. To be aware of others around you, you are more able to help somebody else*, according to child participant 4. Empathy for others opens the door for therapeutic intervention. Therapeutic intervention increases the resilient children — this is vital in the process. It is important that children's trauma is integrated and children have to come to terms with trauma to be able to be aware. This integration allows for maturation, growth learning and continuing of the well-being of adolescents (Carroll, 2009:287) which are all protective factors for resilience. Expert participants 1 and 4 agreed with this statement that therapeutic intervention is vital for growth to take place. Child participant 2 stated further that: *Therapy helped him, it was not always nice but it helped him.*

5.3.4.2 THEME 2: Self and identity

According to Erikson the development of an identity is very important in adolescence otherwise role confusion may occur (Louw, *et al.*, 2007:309). Louw, *et al.* (2007:309) further states that during identity development adolescents need to define who they are, what is important to them and what directions they want to take in life. For adolescents in child and youth care facilities this is at times problematic as their life history is sometimes very limited. They need to know who they are and where they belong (Maclean, 2004:3). The child participants in the focus group agreed that it will be better to know earlier on about one's past than to learn about it later in their lives.

Acceptance about their circumstances and history will then come earlier in their lives. This knowledge will help to shape their identity. They are more likely to be resilient if they could make sense of their own history.

Child participant 6 has indicated that: *A sense of belonging is important, it is important to spend time with family and he said that, that is his sense of belonging.* Maclean (2004:126) agrees with this statement and explains that “In order for adolescents to receive social support, develop trust and attachments and build a positive identity, they need to remain connected to key figures in their lives”. Child participant 4 further comments that: *One needs to be yourself and to have a positive outlook on life.*

5.3.4.3 THEME 3: Support

Child participant 1 mentioned that: *One needs to know the Lord is always there for you and that the knowing that the Lord is there for you is comforting as people can criticize you and then there is no one to turn to.* Child participant 4 explained that: *You have to have somebody that you know is there for you. When you need help then you know you can turn to that person for help and support.* Expert participant 3 added by saying that: *A positive support system can assist to increase the development of resilience.* Resilient children and adolescents are those who receive social support (Maclean, 2004:5).

5.3.5 CATEGORY 5: Building blocks for resilience

5.3.5.1 THEME 1: Religion

Religion has been identified by the adolescents in the focus group as being important in their lives. Child participant 1 indicated that: *Sometimes there is nobody you can turn to but then the realization that the Lord is present helps and the knowledge how He can change a person.* Child participant 4 agreed with this and expressed that: *You cannot trust everybody but the Lord is always “there for you”.* Expert participants 1 and

3 agreed with the previous statement and described that: *Religion helps adolescents to form a relationship with the Lord and within this relationship it helps adolescents in therapy, building self-confidence as well as acceptance without being rejected.*

Child participant 2 said that: *Religion helps one to make choices. Religion helps one to make the right choices and helps to guide a person.* Louw, et al. (2007:346) confirms the above statement by saying that religious adolescents show greater moral responsibility than those adolescents who are not religious. Faith and morality can help adolescents with problem solving or surviving a set of challenging life circumstances; faith and morality create purpose and gives meaning to their lives (Maclean, 2004:2).

5.3.5.2 THEME 2: Positive self-image

Positive self-image is one of the building blocks for resilience (Louw, et al. 2007:381; Maclean, 2004:1). Development of a positive self-image can also lead adolescents to believe in their own self-efficacy. Self-efficacy has qualities of optimism and belief in one's own abilities (Maclean, 2004:2). Learning new life skills assist in promoting a positive self-image. Expert participant 2 recalled *a girl to whom she was a house mother. This particular girl was cognitively low-functioning, was in a school for children with special learning needs, she studied a child care course and afterwards worked as an assistant in a crèche. These studies and employment helped this adolescent's self-image and she is studying further.*

5.3.5.3 THEME 3: Healthy peer groups

Social skills and interactions with other people form the consciousness persons. Disruptions in social skills can contribute to psychological distress, low self-esteem and isolation (Beauchamp & Anderson, 2010:39); therefore, social skills and being in healthy peer groups contribute to adolescents being resilient. Expert participant 3 was of the opinion that: *Friends who are emotionally available and loyal to adolescents and who are able to support them help these adolescents to build enough ego-strengths for*

the development of resilience. Child participant 4 added by saying that: *Friends also help to make the right choices.* Piaget (1932) acknowledged that peers play an important role in moral development of adolescents (Jaffe, 1998:158). Keenan and Evans (2009: 278) add to this by explaining that apart from parental support adolescents' peers are their primary sources of support. This phenomenon is more prevalent amongst adolescents committed into child and youth care facilities as they lack parental support. Child participant 2 confirmed this by stating that: *Friends understand better and support you — without experiencing the frustration of not being understood by adults.*

5.3.5.4 THEME 4: Healthy family lives

One of the building blocks of resilience is to experience a healthy family life. *It is important that adolescents in child and youth care facilities experience house mothers (child care workers) as stable* (Mampane & Bouwer, 2006:445), *available and to be able to listen to these adolescents,* according to expert participants 2, 5 and 6. Maclean (2004:3) adds to this by stating that the “the provision of consistent and stable places to live and the continuity of wider relationships will then allow for the maintenance or development of attachment relationships” which in turn develop resilience.

5.3.5.4.1 SUBTHEME: Significant others

Child participant 2 indicated that: *Support from significant others play an important role in their lives.* Some of the child participants were able to identify that their house parents played an important role in their lives. Support from friends is significant in the lives of these adolescents. Sesa, *et al.* (2006:283) listed that relationships with other adults, where adolescents receive support from adults, are a protective factor in building resilience. Louw, *et al.*, (2007:382) agree with Sesa that children and adolescents who have positive relationships with others appear to be more resilient than others.

5.3.5.5 THEME 5: Good education

Expert participant 5 was of the opinion that: *Intelligence and to be able to make positive progress in school are good building blocks for resilience.* Commitment to learning, school engagement and achievement as well as the motivation to do well in school; are all qualities identified in resilient adolescents (Sesa, *et al.*, 2006:283). Expert participant 4 differed from expert participant 5's statement *as she has had experience with a child with a low intelligence level who had a house mother who believed in her abilities, access to a wider support system and her own motivation helped her to be able to have gone to a university. Insight in their own situation is very important in the development of resilience.*

5.3.5.6 THEME 6: Opportunities to develop

Child participant 2 explained that: *His teacher at school gave him good advice about choices and that there are more than ten reasons to be successful rather than ten reasons not to be.* New experiences also create situations where the self-image of adolescents can be promoted and developed. In offering positive experiences to these adolescents, opportunities are created to discover and enhance their strengths and self-esteem (Coleman & Hagell, 2007:14).

Studies (Coleman & Hagell, 2007:14) have shown that where protective factors are present most children and adolescents do recover from some adversities. They have the capacity for resilience; however, protective factors need to be in place.

5.4 SUMMARY OF EMPIRICAL RESULTS

The research study revealed valuable outcomes regarding the experiences of professionals and adolescent boys concerning the utilization of resiliency as a life skill.

The following conclusions from the results could be made and will be incorporated into a suggested preventative programme for social workers in Chapter 6:

Resilience is the ability of young adolescents to thrive and fulfil potential in spite of adversities or difficult circumstances;

When life situations are out of balance, resilience is the one quality and skill that adolescents need most to get them through difficult times;

To be resilient mean that young adolescents need to be able to remain stable and function well when faced with disruption and chaos;

The role of social workers is of the utmost importance because they need to help these young adolescents to continue with everyday tasks, remain balanced, and to bounce back quickly when experiencing hard times;

Resilience can be described as an emotional muscle which children and/or adolescents possess to some degree. With determination and practice social workers can help these children and/or adolescents to develop and strengthen resilience even further. Being aware of why children and/or adolescents need resilience and how important it is, can encourage these children and/or adolescents to work on increasing it.

In reflection on the feedback and information from these two focus groups, the following phenomena were observed:

- Sharing valuable experiences created a new awareness in both focus groups;
- The professional group had a good frame of reference with regards to resilience, play therapy and the therapeutic process. This helped this focus group to target more integrated issues such as adolescent behaviour and realities of child and youth care facilities;

- Much deeper insights could be obtained when the focus group members had the opportunity to openly and freely discuss real life issues. This trend was observed in both groups.

5.6 CONCLUSION

This chapter focused on the analysis and results of the empirical study of two focus group discussions. The participants (experts and adolescents) in both focus groups defined the term resilience. It was important for the purpose of this study that resilience was defined and that the participants had an understanding of the term. The views on resilience of both of these focus groups were explored in detail. Attention was given to the characteristics of resilient adolescents, factors that may influence resilience, methods to develop and increase resilience as well as exploring the building blocks for resilience. The research findings were recorded and verified with existing literature.

The last chapter of this study will provide the evaluation, findings, recommendations and limitations of this study.

The purpose of this study was to identify components of a preventative program for young adolescents committed to child and youth care centres. Data collection and the analysis of data start with going back to the purpose of the study (Greef, 2005:311). According to Henning (2004:129), the classification of data is not neutral but is guided by the research objectives, namely to explore and describe the experiences of young adolescent boys in a child and youth care facility with an emphasis on the configuration process of the self within the gestalt perspective in order to understanding and develop resiliency as a life skill.

The focus of this chapter is to describe the research process that was followed and the analysing of the empirical data. For the purpose of this study empirical data was gathered from focus groups and questionnaires. Participants in the focus groups were

selected from a sampling process. The empirical data was grouped according themes. The data is gathered and analysed according to a coding process. Categories was formed and controlled against the available literature.

CHAPTER 6

EVALUATION OF THE RESEARCH, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter the researcher will aim to give a summative overview of the research study. This will involve an evaluation of the aim and objectives that were formulated for this study and the most significant findings of the research process. In addition, the conclusions that were drawn, the recommendations for social workers and possible future research opportunities will be discussed. Limitations that were identified during the course of this study will also be highlighted and discussed.

6.2 OVERVIEW OF THE RESEARCH TOPIC

Resilience can be described as the ability to manage and learn from difficulties and to bounce back from adversities. To be able to do that, certain life-skills are needed such as coping with changes and challenges (Munro, 2011:115), loss and grief (Allen & Manning, 2007), focussing on respectful relationships (Yap, *et al.*, 2010), accessing strengths and assets from the environment (Pooley, *et al.*, 2005; Sarbin, 2000), thinking optimistically (Allen & Land, 1999), being able to care for oneself and others, and lastly being able to utilize positive self-talk (Bottrell, 2009).

The researcher's experience as a social worker in the field of child care and child protection, constituted the source of motivation for this study. The researcher's intention was to focus on young adolescent boys, as committed by the Court to a child and youth care facility (previously known as a children's home), to help these adolescents by means of a preventative programme to prepare them by developing life skills to be resilient when leaving the facility. Munro (2011:10) states that this specific

group of children are in a vulnerable position and can be described as a vulnerable group. This research in particular focused on the need for these adolescents to develop strengths to be able to alter their life pathways. Munro (2011:19) indicates that adolescent boys lack certain life skills that will help support them when they gain independence through the construction of selfhood. The lack of these life skills manifest in emotional problems, developmental delays, social skills delays and in the case of young adolescent boys, sometimes in deviant behaviour and delinquency.

Children depend on parents, families, institutions and systems to support them but are more open to vulnerability when these support networks neglect or abuse them (Louw, 2007:351). Children committed via the Court system to child and youth care facilities are exposed to trauma in their lives and these traumas can follow them into care, adding to the risk factors which increase the probability of vulnerability in the development of these adolescents (Webb & Schell, 2010:23). The researcher is based at a child and youth care facility and attention was drawn to an increasing number of adolescent boys who were previously accommodated at the child and youth care facility and who are or were in prison and/or known to be involved in criminal activities.

To reformulate the purpose of this study (Creswell, 2007:109), the researcher wanted to determine which aspects should be included in a preventative programme for young adolescent boys in child and youth care facilities in order to build resiliency as a life skill. This question was answered by collecting valuable data through an empirical study of two focus groups.

6.3 EVALUATION OF THE RESEARCH

6.3.1 Aim of the research

The aim of this study was:

To explore and describe the experiences of young adolescent boys in child and youth care facilities with an emphasis on the configuration process of the self within the

Gestalt perspective in order to understand and develop resiliency as a life skill and to provide recommendations in the form of a preventative programme for social workers working in child and youth care facilities.

A qualitative research approach, using two focus groups with a subjective exploration and descriptive component, was followed. Professionals from child and youth care facilities participated in the one group and young adolescent boys (between the ages of 15-19) participated in a second group in order to develop a preventative programme for young adolescent boys between the ages of 11-14. The diversity of the participants proved invaluable with regards to the extent and depth of the data collected.

In Chapter five the results of the empirical study, that is the direct input of the participants obtained during the focus group discussions, clearly revealed that specific processes could be followed in order to develop resiliency as a life skill.

6.3.2 OBJECTIVES OF RESEARCH

The research objective is the steps which the researcher has to take in order to achieve the overall goal (Fouché & De Vos, 2011:104) and the objectives of the study were as follows:

Objective 1:

- *To conceptualize adolescence, child and youth care, resiliency, child and human development, theories of self and life skills by means of a literature review.*

Objective 2:

- *To investigate the relationship between the configured self and resilience-building as a life skill within young adolescent boys.*

The objectives were met in Chapters two, three and four. The researcher completed an in-depth literature review of current literature, showing how different authorities in the field impacted on the conceptual framework of resilience, life skills, child development and Gestalt therapy.

Objective 3:

- *To conduct an empirical study by means of collecting data during discussions taking place in two focus groups in order to explore the experiences of adolescent boys previously committed to a child and youth care facility (group one) and the experiences of social workers working in the field of child protection, heads of child and youth care facilities and probation officers (group two) in order to determine the processes of resiliency or the lack there-of.*

The empirical data were collected during two focus group discussions with participants who met the criteria of the study. The one focus group consisted of professionals working in the field of child and youth care and the other group consisted of young adolescent boys identified as being resilient. The method of data collection included video recordings and field notes made by the researcher.

Objective 4:

- *To provide a description and analysis of data collected of the process of resiliency and the theories of the self in order to determine factors lacking in current life skills programmes.*

From the empirical research process the following aspects of a preventative programme for young adolescent boys to build resiliency as a life skill can be suggested:

PREPARATION PHASE: UNDERSTANDING RESILIENCE		
Embedded Gestalt theoretical underpinning	Important attributes to resiliency	Embedded Gestalt play therapy focus
THEME 1 Enhance contact between social workers and young adolescent boys.	Defining resilience as a life skill.	Here-and-now, awareness. Focus on problem solving and identification of feelings.
THEME 2 Grounding the adolescents.	Cognitive abilities and self-support.	Focus on contact boundaries and self-support. Emphasis on developmental processes and choices.
THEME 3 Contact with the self.	Confluence and boundary work.	Awareness, the environment and field — boundary disturbances.
FOCUS ON IDENTITY: CHARACTERISTICS PRESENT IN RESILIENT ADOLESCENTS		
THEME 1 Strengthen the sense of self.	Emotional intelligence.	Feeling safe, Dialogue.
SUBTHEME 1.1	Perseverance.	Identity work: Identify perseverance, self.
SUBTHEME 1.2	Adaptability.	Identity work: Identify the adaptable self.
SUBTHEME 1.3	Positive self-worth.	Identity work: Identify the

		positive self.
SUBTHEME 1.4	Is able to make choices.	Identity work: Identify the assertive self.
THEME 2 Strengthen the field and/or environment.	The future.	Identify fragments of contact boundary disturbances from environment.
THEME 3 Strengthen the relationships (I and/or thou).	Significant others.	Identify fragments of contact boundary disturbances from the inner self.
PREVENTATIVE PROCESS: METHODS TO DEVELOP OR INCREASE RESILIENCE		
THEME 1 Embodiment.	Awareness continuum.	Body awareness.
THEME 2 Embodiment.	Self and identity.	Making choices.
THEME 3 Embodiment.	Support.	Mastering skills
LIFE SKILLS : BUILDING BLOCKS FOR RESILIENCE		
THEME 1 Configuration sense of spirituality.	Religion.	Emotional expressions.
THEME 2 Configuration sense of self-support.	Positive self-image.	Whole body experience.

THEME 3 Configuration sense of belonging.	Healthy peer groups.	I and/or thou contact.
THEME 4 Configuration sense of place.	Healthy family lives.	Work with resistance.
SUBTHEME 4.1	Significant others.	Relating to others.
THEME 5 Configuration sense of achievement.	Good education.	Self-knowledge and dialogue.
THEME 6 Configuration sense of personal growth.	Opportunities to develop.	Self-knowledge and dialogue.

Objective 5:

- *To formulate conclusions and recommendations for social workers working in child and youth care facilities in the form of preventative guidelines (programme) to build resiliency as a life skill.*

These conclusions and recommendations will be discussed in 6.4 and 6.5 of this chapter.

6.4 CONCLUSIONS REGARDING THIS STUDY

During the empirical study the researcher focussed on the experiences of professionals and young adolescent boys with regards to resiliency. All the participants shared valuable information concerning their experience of resiliency and how resiliency could be utilized as a life skill. The diversity of the participants' backgrounds

(one group consisted of professionals and another group consisted of young adolescent boys) helped to gain a broader perspective and representation of what resilience entails how to implement resilience as a life skill.

A new awareness was created and some of the expert participants shared the fact that they focus on resiliency as an inevitable part of life skills while several of the participants also expressed their need for more knowledge on the theme of resiliency.

At the conclusion of this study, it is apparent that resiliency should be utilized as a preventative measure in order to prepare young adolescent boys for life.

6.5 RECOMMENDATIONS FOR PROFESSIONALS WORKING WITH YOUNG ADOLESCENT BOYS

Based on the findings of the study and the researcher's personal experience of working in the field of child and youth care and Gestalt play therapy with these adolescents, the researcher proposes the following recommendations:

- It is clear from the research that preventative strategies to build resiliency as a life skill are necessary for social workers working in child and youth care facilities. It is also clear that a Gestalt play therapeutic approach will enhance the integration between life skills, the adolescents' development process and social work. The needs expressed by the professionals in their focus group can be met through a process of Gestalt play therapeutic intervention. Giving young adolescent boys the opportunity to explore identity, the development of the self and awareness, will contribute to the integration of resilient behaviour in life skills;
- It is also important that social workers working with these adolescent boys should always maintain a developmental perspective regarding prevention strategies;

- The researcher recommends that a preventative strategy should be seen as a holistic method of intervention with young adolescent boys, and the social workers should be working towards a more integrated self to prevent fragmentation;
- The process of building resiliency as a life skill through Gestalt therapy should also be viewed as a natural way of self-regulation;
- The researcher recommends the use of building resiliency as a working term in future Gestalt play therapy with children and/or adolescents; and
- The researcher recommends that professionals working with young adolescent boys in child and youth care facilities should have a basic knowledge of resiliency theory, Gestalt theoretical underpinnings and developmental theory.

6.6 FURTHER RESEARCH OPPORTUNITIES

The researcher has identified the following possibilities for further research:

- A more extensive study on young adolescent male identity formation with more specific and detailed guidelines and a framework with regards to culture sensitive practices in South Africa;
- An investigation into the therapeutic value of Gestalt play therapy in social work;
- An investigation into the sense of belonging of young adolescent boys. Some of the participants have the need to work through emotional issues with regards to a sense of belonging; and
- The researcher is of the opinion that the restructuring of child and youth care facilities in South Africa and the impact of these integrated structures needs to be investigated.

6.7 LIMITATIONS OF THIS STUDY

- Even though the focus of this study was on adolescents between the ages of 11-14, the researcher acknowledges that resiliency also forms an important part

of other childhood years. In this regard the researcher would recommend social workers to also establish preventative programmes for other childhood years as well as for both genders;

- Another possible limitation is that the participants from this study (young adolescent boys) are already part of therapeutic intervention programmes. The researcher acknowledges that these interventions may have an influence on the outcomes of resilient behaviour; and
- A final possible limitation could be that the cultural phenomenology of the participants (in both groups) was not considered.

6.8 SUMMARY STATEMENT

In conclusion, the researcher agrees with Munro (2011:154) that young adolescent boys do not merely see themselves as “adult apprentices” but instead legitimately inhabit the “here-and-now” while simultaneously staking their claim to future spaces. They are active agents who engage with their social world. It is the responsibility of care givers, social workers and parents to guide them through obstacles, to prevent them from losing their identity and to become significant adults and lastly to teach them the skills to embrace resiliency.

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LIST OF APPENDIXES

Appendix A: Consent to participate in research (children)



NORTH-WEST UNIVERSITY
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19th October 2012

STUDY ON DEVELOPING A PREVENTATIVE PROGRAM FOR YOUNG ADOLESCENT BOYS TO BUILD RESILIENCY AS A LIFE SKILL

CONSENT FORM FOR ADOLESCENTS: QUALITATIVE STUDY, FOCUS GROUP

You are invited to participate in a research study to explore qualities in resilient adolescents, specifically early adolescent boys. This research study will be conducted by Edelweiss Horn. The results of this research study will be used to complete a Masters in Social Work, Play therapy at the North-West University. You have been chosen to participate in this research study as you have been regarded as an expert in the field working with adolescents placed in a child and youth care centre (children's home).

According to research, *resilience* can be defined as a character trait within a person, where when exposed to adversity, and *despite* the negative experiences, is able to function in a healthy manner. Resilience is dynamic and can fluctuate according to the circumstances of the adolescent.

1. PURPOSE OF THE STUDY

The purpose of this study is to identify components for a preventative program for young adolescent boys to develop resilience as life skill.

2. PROCEDURES

If you are willing to participate in this study, you will be requested to provide consent for:

- Participation in a focus group.
- A digital recording will be used to record the information which will then be transcribed.
- The support of an assistant researcher will be used to assist the researcher.
- Concepts transpire from the focus group will be identified.
- The focus group will last approximately 60 min.

3. POSSIBLE RISKS AND DISCOMFORTS

No risks or discomfort is anticipated. Refreshments will be provided.

4. COMPENSATION/REIMBURSEMENT

Participations in the focus group are voluntary and no compensation will be provided.

5. CONFIDENTIALITY AND ANONYMITY

- All information will be regarded as highly confidential and any information related to the participant will be kept confidential and will be made known with your consent.
- All information resulting from the study will be kept safe and the researcher will be the only person access to the transcribed interviews. The transcribed interviews will be destroyed when the study is completed.
- Confidentiality will be preserved by means of coding when themes in the study are identified.
- All participants' identity will be kept anonymous and this will reflect in the study as well.
- The conclusions of the study will be made known in a thesis.

6. QUESTIONS, PROBLEMS OR CONCERNS

If you have any questions regarding this study please contact the researcher, Edelweiss Horn. If you consent to participate in this study, you can withdraw any time you wish. Should you wish not to provide certain information you can decline to provide this. The researcher can withdraw you from the study if necessary.

7. RIGHTS OF THE PARTICIPANT

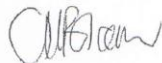
You can withdraw from the study at any given time. You can decline to provide certain information, but still continue to participate in the study.

8. IDENTIFICATION OF THE RESEARCHER

If you have any questions or concern regarding the study, contact the researcher:
Edelweiss Horn (researcher)
Contact number: 073 488 1093
edelweisshorn@gmail.com



Ms Edelweiss Horn
Researcher and social worker



Prof Retha Bloem (study leader)
Contact number: 021 864 3593

131

CONSENT TO PARTICIPATE IN THE STUDY

I, _____, herewith understand the purpose of the study and is willing to participate in the study. I am aware that I can withdraw from the study should I wish to. Ms Horn can contact me to make arrangements for the mentioned focus group

Signature of participant: _____

Date: 03/11/12

Appendix B: Interview schedule: children

INTERVIEW SCHEDULE FOR ADOLESCENT BOYS:

1. How would you explain how some teenagers are more able to bounce back?
2. Do you think there are specific characteristics that these teenagers have?
3. What do you think will an influence on such a teenager?
4. Do you think resiliency can be taught? And how?
5. How can you help a teenager to become more resilient?

Appendix C: Interview schedule: experts and children

QUALITATIVE RESEARCH: INTERVIEW SCHEDULE: EXPERTS AND SOCIAL WORKERS

1. In your opinion what does resilience means? **Hoe sal jy resilience in adolesente beskryf?**

Definition of Resilience:

Cameron and Maginn (2009:35) explain that "resilience is the ability to bounce back from adversity and to cope with stressful life events and to thrive in the face of what appear to be overwhelming odds. resilience is the character trait within an adolescent where when exposed to adversity, despite the negative experiences is able to function in a healthy manner. Resilience is dynamic and can fluctuate according to the circumstances and of the adolescent's experiences and needs at a specific time and ecologically process.

2. Are there any specific characteristics you were able to identify in working with resilient adolescents? **Is daar enige spesifieke karakter eienskappe in resilient adolesente wat jy kon identifiseer?**

Researcher's notes:

- Responsiveness – elicit more positive responses from others and willingness to show emotions
- Flexibility and adaptable and the ability to bounce back
- Empathy and caring
- Communication skills
- A sense of humour
- Have problem-solving skills
- Attributes of social competence and awareness of knowing themselves
- The capacity to have courage
- A sense of purpose and future – it is related to the sense of autonomy and self – efficacy and the belief that one can have some degree of control over one's environment and the motivation to move forward.
- The capability to connect with others
- The inspiration to give back
- Self-control
- Inner motivation
- A sense of personal identity

3. In your opinion, what aspects have an influence on resilient adolescent? **In jou opinie watter aspekte het 'n invloed op die resilient adolescent?**

Researcher's notes:

- By developing communication
- By developing empathy
- By developing problem solving skills
- By begin adaptable
- By developing social skills

4. Do you think resiliency in adolescences can be taught? And how? **Dink jy resilience in adolesente kan aangeleer word?**

Researcher's notes:

- Strengthening of the self; self -control; inner motivation
- Education
- Stable care and consistency
- Promoting positive involvement in leisure activities
- Connection with others
- Personal identity

5. In your opinion what will the building blocks for resilience be? **Wat dink jy is die boublokke vir resilience?**

Researcher's notes:

- Configuration is to form / integration
- Configuration takes place when life experiences and the individual's characteristics emerge to form the self (Polster, 2005:9).
- Configuration according to Polster (2005:33) is the process to create integration.

Appendix D: Ethics committee application form



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9 December 2011

ETHICS AND RESEARCH APPROVAL: E HORN - STUDENT NUMBER 11663804

The university approved this study from an ethics and research point of view for a period of three years commencing December 2011.

Approved title: A Preventative programme for young adolescent boys to build resiliency as a life skill

Ethics project leader: Prof P Rankin – School for Psychosocial Behavioural Sciences, Potchefstroom Campus

Study Leader: Prof C.H.M Bloem: Centre for Child Youth and Family Studies

Ethics number: NWU-0011-10-S1

Yours truly

A handwritten signature in black ink, appearing to read 'C.H.M Bloem'.

HEAD: CENTRE FOR CHILD YOUTH AND FAMILY STUDIES
PROF C.H.M BLOEM

Appendix E: consent to participate in research (experts)

CONSENT TO PARTICIPATE IN THE STUDY

I, _____, herewith understand the purpose of the study and is willing to participate in the study. I am aware that I can withdraw from the study should I wish to. Ms Horn can contact me to make arrangements for the mentioned focus group

Signature of participant: _____

Date: 05/11/2012

Appendix F: Consent to participate in research (campus managers of the children)

CONSENT TO PARTICIPATE IN THE STUDY

I, _____, herewith understand the purpose of the study and is willing to participate in the study. I am aware that I can withdraw from the study should I wish to. Ms Horn can contact me to make arrangements for the mentioned focus group.

The following adolescents will participate in this study:

Signature of campus manager: _____

Date: 4/11/2012

Appendix G: Transcripts of focus groups

Transcription of Focusgroup session with children held on 3rd November 2012

Navorser: die eerste vraag is hoe sal jy verduidelik dat party tieners kan terug spring al het bad dinge met hulle gebeur. Wat dink julle? As julle na julle eie lewens kyk? En dalk aan iemand anders se lewens?

Deelnemer 1: party van hulle gee net nie om nie.

Navorser: party van hulle gee nie om nie?

Deelnemer 1: ja soos party gee nie om nie. Sê okay dit het nou gebeur. Kom ons verandernet en gaan aan.

Deelnemer 2: Ek sê elke dag vir myself as ek opstaan: maak nie saak wat gebeur het nie as jy net terug aan kyk na die negatiewe goed wat gebeur het gaan jy nooit kan aangaan en vorentoe gaan nie en nooit aan gaan nie. Dan sê ek net vir myself ek wil dit vir myself beter maak ek wil eendag 'n beter lewe hê ek wil nie hê my kind moet eendag in die kindershuis wees nie. So ek gaan dit vir my beter maak en vir my kind beter maak.

Navorser: dink julle daar is spesifieke karakter eienskappe wat sulke tieners moet hê.

Deelnemer 1: nee

Navorser: Dink jy nie iemand moet iets wys of iets doen wat, iets dink of daar dalk sekere goeters binne hom gebeur wat, hoe kyk hulle na iets.

Deelnemer 1: hulle kan meer positief na dinge kyk.

Deelnemer 2: nie pesimisties wees nie.

Deelnemer 3: selfvertroue

Navorser: waar kry mens al daai dinge?

Deelnemer 2: terapie het gewerk. Dit is nie lekker nie maar dit werk rereg veral as jy te veel gehad het van kleins af.

Navorser: hoe help dit dink julle? Wat leer terapie?

Deelnemer 2: Ek sal sê, vir my het dit gehelp om te volhard om iets te hê. Maar dit kom ook van altwee kante af. As jy nie rereg wil hê nie dan is dit nie die moeite werd nie maar as jy rereg 'n verskil wil maak of 'n verskil wil sien dan gaan jy ook jou kant bring maar soos enige saak. So dit is wat ek dink.

Deelnemer 1: dit is 'n mors van tyd. Rereg.

Ander deelnemers lag.

Deelnemer 1: al daai tye in terapie het tyd gemors.

Navorser: maar wat dink jy het gehelp

Navorser: hoe het die huistannie gehelp? Wat het sy gedoen?

Deelnemer 1: Sy het netjies met my gepraat. Hier is die terapie tannie: spreek hier gaan jy bly tot jy spreek. Maar die huistannie het mooi met my gepraat en my nie aan gejaag nie.

Navorser aan die res van die groep: het julle dieselfde ervaring?

Deelnemers: hulle knik hulle koppe en die navorser vra: stem julle saam as julle koppie knik? Ja

Deelnemer 2: Ja veral toe 'n mens kleiner was.

Navorser: Hoe voel julle nou? Dink julle hulle help of help nie?

Deelnemer 3: Die huidige huis tannie in plaas van die vorige huis tannie is die beste.

Deelnemer 2: daai tannie wat ek nou het is baie cool.

Navorser: wat maak haar cool?

Deelnemer 2: is baie rustiger as die ander huistannies, sy raak nie sommer kwaad nie,

Deelnemer 4: en sy luister vir jou as jy met haar wil praat en sy gee goeie raad.

Deelnemer 2: Ja sy wag wanneer jy wil praat. Nie soos ander mense wat jou forseer om met hulle te praat.

Deelnemer 1: ja soos ander huistannies wat nie jou wil luister nie. Dit sal my mal maak bring die duiwel uit jou uit.

Navorser: Sou julle sê dat daar huistannies is wat julle baie meer gehelp het as iets anderste? Omdat sy vir julle geluister het.

Deelnemer 1: Ja

Deelnemer 2: well my terapeut was ook my maatskaplike werker gewees. Verstaan.

Navorser: okay

Deelnemer 1: Wat hulle (terapeut) gedoen het by my is om ou wonde oop te krap. Dis die huis tannie wat in sulke tye soos daai wat die maatskaplike werker opgemors het, in my oë opgemors het, was die huistannie daar gewees.

Navorsers: wat sê julle ander? Wat dink julle het nog gehelp?

Deelnemer 5: as jy in die moeilikheid is dan help enig iets.

Navorsers: as julle aan iemand kan dink wat dit gemaak het. Wat dit suksesvol gemaak het. Hy was in die kindershuis en hy is nou suksesvol. Wat se tipe persoon is dit? Watter tipe karaktereienskappe moet so 'n persoon hê? Weet julle wat is karaktereienskappe?

Deelnemer 1: ja ons weet ons is nie sommer van die werf af nie. Ja ons verstaan.

Navorsers: skies man.

Deelnemer 3: ek dink hulle sit soos hulle verlede agter hulle dan gaan hulle aan met hulle nuwe lewe. Hulle los die negatiewe agter hulle gaan vorentoe.

Deelnemer 1 en 2: ja

Deelnemer 3: en dan vergeet hulle van die kindershuis.

Deelnemer 1: ek gaan my brein wash. Daai dag as ek uitloop ek gaan my brein wash met iets. Vergeet. Onthou net nie die goeie tye los die slegte tye.

Deelnemer 4: ja

Navorsers: Dink julle dit was 'n besluit wat daai persoon geneem het om die verlede agter te los en aan te gaan of dink julle dit het so geleidelik gebeur.

Deelnemer 4: dink dit is 'n besluit wat so persoon geneem het. Jy kan nie geleidelik so aan gaan nie.

Navorsers: ja

Deelnemer 3: anders so jy nog negatief nou gewees het.

Deelnemer 2: want 'n keuse maak wie en wat jy is.

Deelnemer 1: exactly

Deelnemer 2: jy kan 'n goeie besluit maak en dan gaan dit 'n goeie uitkoms hê. Maar as jy 'n slegte besluit maak dan gaan dit 'n negatiewe gevolge hê.

Navorsers: sou ons kan sê dat dit dalk 'n huistannie wat gehelp het, terapie het jy gesê John,

Deelnemer 2: maatskaplike werkers

Navorsers: maatskaplike werkers, en dit kan 'n besluit wees wat iemand gemaak het.

Deelnemer 1: vakansie mense ook

Navorsers: vakansie mense

Deelnemer 2: soos tannie as jy elke dag en nie net vakansies kan uit gaan nie en jy is heeltyd in die huis raak jy nogal verveeld.

Deelnemer 3: en gefustreerd

Deelnemer 1: ja en dit tannie by die huis wil nooit luister nie sy wil net altyd hê jy moet dit en dit jy werk net, werk die hele dag. Jy begin so, jy staan op jy eet, kombuis daarna, dan kamer, na kamer dan jaart, sny sommer die gras. Jy kry sulke huistannies.

Deelnemer 2: jy benodig soms rus soms.

Navorsers: Dit help as daar 'n balans is, nie te veel van een ding en te veel van 'n ander ding nie. Wat dink julle help nog 'n persoon?

Deelnemer 1: 'n mense se vriende.

Deelnemer 2: ja 'n mense se vriende

Navorsers: hoe kan 'n mense se vriende help?

Deelnemer 1: hulle help net weet nie hoe nie maar hulle help.

Navorsers: hoe?

Deelnemer 3: vir my voel dit anders as ek saam met my vriende is.

Deelnemer 4: byvoorbeeld as jy 'n slegte dag gehad het dan is jou vriende daar om jou dag vir jou lekker te maak.

Deelnemer 1: dan kom jy huis toe dan word jou dag slegter.

Deelnemer 3: as ek sleg voel oor iets en ek gaan skool toe dan begin ek maybe met 'n topic begin dan gesels hulle en maak 'n grap daarvan en dan lag ek dan raak my gedagtes weg.

Deelnemer 1: Ja

Navorsers: soos dit is 'n halwe escape ding?

Deelnemer 2: nee. Dink hulle (die vriende) verstaan jou beter. Jy is heeltyd om hulle, hulle ondersteun jou beter. Hulle weet hoe jy werk. Hulle ondersteun jou net. Jy is in 'n gemaklike as jy by hulle is.

Navorsers: Wat dink julle ander? Dink julle vriende is nogal belangrik as ek so na jou luister?

Deelnemer 2: Sport ook

Deelnemer 1: As jy 'n man daar op die rugby veld dan voel jy lekker.

Navorsers: So dit is manier hoe jy van goeters ontslae raak?

Deelnemer 1: Sien, jy sien daai tannie , daai huistannie se gesig op die rugby bal en dwa! dan voel jy beter.

Deelnemer2: soos daai waterboy

Almal lag

Deelnemer 2: tannie ek dink as ek nie sport gedoen het nie sou ekke, ek weet nie seker 'n dropout gewees het. Ek sou nonsense aangejaag het tannie. Rerig.

Deelnemer 1: Sport hou 'n mens besig.

Deelnemer 2: Ja, want jy is heelyd besig met iets. Selfs skool, jys is besig. Jy kan nog stoute goed doen maar sport en vriende hou jou besig. Maar jy moet ook goeie vriende hê jy kan nie slegte vriende hê nie.

Navorsers: Hoe weet jy wat is slegte vriende en goeie vriende? Hoe weet jy?

Deelnemer 4: jy kan sien wat hulle doen.

Deelnemer 5: wat is reg en verkeerd

Deelnemer 4: Byvoorbeeld as jy elke dag in die moeilikheid kom kan jy obviously weet dat daai is slegte vriende en dan as jy soos in 'n prefek is soos daai goed dan gaan jy obviously weet hulle is goeie vriende.

Deelnemer 2: Looks can be deceiving.

Deelnemer 3: Don't judge a book by his cover.

Deelnemer 4: Dis baie waar maar

Deelnemer 2: tannie ek dink die grootste ding wat maak dat jy vorentoe gaan is jou waardes.

Navorsers: okay en waar leer 'n mens waardes?

Deelnemer 2: Van kleins af,by die mense wat jou groot maak

Deelnemer 3: by die skool, by die juffrou

Deelnemer 4: orals

Deelnemer 2: waardes, soos as jy volhard in iets, as jy glo ies is so dan gaan jy weet hoe om op te tree en watter keuses om te maak.

Deelnemer 1: Jy leer dit by Julius op die nuus.

Almal lag

Deelnemer 1: Okay jy leer dit nie by hom nie maar by leiers.

Deelnemer 2: by hom

Deelnemer 1: Ja jy leer by sy foute

Deelnemer 4: jy leer deur iemand se foute en jy leer deur jou eie foute.

Deelnemer 1: leer deur Mandela se foute

Deelnemer 3: nee hy het nie foute gemaak nie.

Deelnemer 4: Nee almal het foute in die lewe.

Deelnemer 3: maar hy het goeie foute gemaak.

Navorsers: So hoekom dink jy daar is party kinders wat aanhou met slegte vriende deurmekaar al sien hulle hulle doen sleg?

Deelnemer 4: Wat ek dink hulle het nie 'n goeie selfbeeld nie.

Deelnemer 3: want hulle selfbeeld het nog nie so ontwikkel nie.

Deelnemer 3: ek dink hulle doen dit so want hulle wil soos in inpas en behoort. Dit maak hulle by die skool maybe in pas.

Navorsers: Wat dink julle ander?

Deelnemer 3: soos my een tjommie, Jeandre, hy soos hy wil alles doen wat sy tjommie doen. Soos as hy sy hare so wil hê dan probeer Jeandre dit ook.

Deelnemer 2: Tannie ek dink partykeer omdat dit in die familie is dan dink hy okay as my ouers so was dan moet ek ook so wees. En partykeer wil hulle nie verander nie. Partykeer is dit net te lekker om sleg te wees.

Deelnemer 3: Ek stem ook saam.

Navorsers: Okay ek dink ons het al bietjie daarvoor gepraat maar wat dink julle sal invloed hê op so tiener? So 'n tiener wat resiliënt is? Wat suksesvol is? Watter ander invloed is daar nog? Jullehet gesê sport..

Deelnemer 4: Hy kan verder kom in die lewe.

Navorsers: hoe kan hy verder kom? Wat moet iemand doen om verder te kan kom?

Deelnemer 4: Positief te dink en aan te gaan met jou lewe.

Deelnemer 2: tannie my een onderwyser het 'n baie groot invloed in my lewe. Want ek ry elke oggend saam en as ek iets nodig het dan kan ek na hom gaan. En partykeer soos ons skool se vakansie s verskil van die staat skole vakansies en soos ek kan nie na my vriende toe gaan nie want hulle het skool of ek het skool. Dan gaan ek na my meneer toe en ek kan altyd na hom toe gaan as ek probleme het. Hy het self gesê want hy ken mense by universiteite en as ek enige probleme het dan kan ek hom vra en dan kan mense praat. En studie beurse kry. So hy het eintlik 'n baie groot invloed op my. Hy probeer my net help. Hy weet ek is in die kindershuis so hy probeer net sy bes om my te help. Mense het 'n groot invloed op mekaar.

Assistent navorsers: Verhoudings?

Deelnemer 2: Ja

Navorsers: Wat sê julle ander? Wat dink julle? Het julle so 'n persoon in julle lewe?

Deelnemer 3: Ja

Deelnemer 1: Nee. My rugby coach wil net my gebruik om vir hulle soos in vir hulle rugby te speel. Soos as ek vir hom sê dat ek nie vanmiddag kan oefen nie dan sal hy sê ja ek sal vir jou 'n lift huis toe gee. En dit is al wat hy vir my doen. Ander dae dan trap hy my net uit omdat ek nie kom oefen nie.

Navorsers: maar wat doen rugby vir jou?

Deelnemer 3: Rugby kalmeer vir my.

Navorsers: So in 'n mate help die meneer ook om jou te kalmeer.

Deelnemer 1: By die rugby oefening hou ek nie daarvan want ons speel nie juis kontak nie.

Deelnemer 3: Ja. By 'n rugby wedstryd dan sale k my beste probeer om daaruit te kom.

Assistent navorsers: Thabo, vertel die tannie wat jy doen.

Deelnemer 4: Wat doen ek?

Assistent navorsers: Wat doen jy in jou vrye tyd?

Deelnemer 4: Ek sing

Navorsers: sing? Waar sing jy by iemand spesifiek? In 'n koor?

Deelnemer 4: Ja ek doen, in 'n koor.

Navorsers: en wat beteken dit vir ou?

Deelnemer 4: dit beteken baie

Navorsers: Hoe?

Deelnemer 4: Dit help my kalmeer en dit help my om te fokus op spesifieke dinge. Dit vat my weg van daai slegte goeters af en maak my net gelukkig. Ja.

Assistent navorsers: Behoort?

Navorsers: Jy behoort nou iets?

Deelnemer 4: Ja

Assistent navorsers: Dit gee vir jou 'n gevoel van behoort.

Deelnemer 4: Ja

Deelnemer 3: Nou kan jy enige iets doen. Unstoppable.

Navorsers: Wat dink julle ander? Is daar iets anders in julle lewe wat 'n gevoel van behoort gee of dink julle nie dit maak saak nie.

Deelnemer 6: Behoort?

Navorsers: Belonging

Deelnemer 6: Oh sense of belonging.

Assistent navorsers: What is your sense of belonging?

Deelnemer 6: Spending time with family members like 80% of the kids living here don't know anything about their family members. Maybe don't value that because they don't know them.

Deelnemer 3: Van my kant dink ek is as jy maybe byvoorbeeld ons ouderdom is en daar is iets wat in die verlede gebeur het dat dit beter is dat jy dit nie weet nie, dit meer depressing maak en sulke goed. Toe ek in terapie was toe kom sulke goed uit.

Deelnemer 6: It is better to tell the child from a young age.

Deelnemer 4: exactly

Deelnemer 3: Ja what age was I? Grade 7. Then they first told me.

Deelnemer 2: Dit het my nie gepla nie want ek wil 'n verskil maak in my lewe, ek wil vorentoe gaan. Dit hang af hoe sterk 'n persoon jyself is. Jy moet weet of jy reg is daarvoor of nie. So as jy dink jy is reg dan is dit reg.

Navorsers: So van julle sê dit is beter om later uit te vind oor goeters wat gebeur het en van julle sê dit is beter om van die begin af te weet.

Ja dit is beter om te weet.

Deelnemer 3: Dit is beter om te weet dan hoef jy nie heeltyd te wonder oor dinge en toe ek uit gevind het toe dink ek dit kan nie waar wees nie.

Deelnemer 4: Ja en dan hoef jy nie weer so te lewe soos in jy die verlede gelewe het nie.

Deelnemer 6: Sometimes it is difficult to tell a child about his past let's say he does not have parents then it is better to tell him from a young age cause what happens when he is like 18 and then you tell him.

Deelnemer 2: Dit is soos 'n kind wat aangeneem is van kleins af, van kleins af ken hy nie sy regte ouers nie. Ek ken, een van my vriende is aangeneem en hy het eers later uitgevind dat dit is nie sy regter ouers nie en hy het baie upset geraak. Maar hy is daar deur en hy weet as hy nie, soos ons nou, as ons nie hiernatoe gekom het nie dan sou ons in 'n erger toestand gewees het. So ons moet baie dankbaar wees waar ons nou is. Want as ek vriend my was en eers later uitgevind het in sy geval het dan sal dit vir my ook sleg gewees het om uitvind nee is nie my regte ouers nie maar tog is jy in 'n beter plek as wat jy sou gewees het.

Deelnemer 3: As ek aangeneem gewees het dan sou ek vir myself gedink het nee hulle het my al die jare groot gemaak en sal dit net aanvaar.

Assistent Navorser: Wat gee vir jou hoop?

Deelnemer 5: Ek weet nie tannie.

Assistent Navorser: Wat laat jou elke dag aangaan?

Deelnemer 5: My rugby. As ek sports doen.

Deelnemer 2: Ek wil net elke dag skool toe gaan. My vriende elke dag sien. In my comfort zone wees. Maar tannie ek dink ook jy moet dit voor jouself lekker maak. As jy dit nie vir jouself lekker maak nie hoe gaan ander mense dit doen.

Navorser: Ja. So wat noem 'n mens dit?

Deelnemer 3: self entertainment

Navorser: dink jy die vermoë om terug te kan spring om resiliënt te wees kan aan iemand geleer word?

Deelnemer 3: Ja deur 'n voorbeeld van iemand se lewe wat gebeur het in sy lewe.

Navorser: Kan dit aangeleer word? Hoe om suksesvol te wees?

Deelnemer 3: Ek dink eintlik so. Want ons byvoorbeeld ons as kinderhuiskinders kan soos 'n byvoorbeeld 'n persoon wat in ons omstandighede was soos hy het ook in die kindershuis geleef het en hy is nou suksesvol. En hy kom speech vir ons en vertel ons van sy lewe en vertel ons hoe sy lewe suksesvol geword het en dan kan ons ook hoe kan ek sê ook aangemoedig word om suksesvol te wees.

Navorser: Wat dink julle ander? Stem julle met hom saam?

Deelnemer 6: yes

Navorser: Kan julle aan so 'n persoon dink? Iemand wat 'n rolmodel was vir julle?

Deelnemer 2: Weet nie of julle saam was nie toe ons op daai een oom se plaas was toe ons in standard 5 was.

Deelnemer 4: Ja

Deelnemer 2: Daar is so een oom tannie hy het 'n groot plaas gehad in Limpopo. Hy was dislekesies gewees en al sulke goed en almal het altyd vir hom gesê nee hy sal nooit sukses van sy lewe maak nie en hy was in Hamlet ook gewees. Toe sê hy vir die mense hy gaan hulle wys hoe hy eendag 'n sukses van sy lewe gaan maak. En hy het 'n sukses van sy lewe gemaak en dit het my gemotiveer om harder te werk. Hulle sê if you want live like a king you have to work like a slave.

Navorser: Wat wil jy sê Leon?

Deelnemer 3: Ek stem saam.

Navorser: Wat wou jy nou nou vir Thabo gesê het.

Deelnemer 3: Ek weet nie.

Assistent navorser: Jy wou 'n voorbeeld gegee het.

Deelnemer 3: Ja dit was van 'n ek ken nie die ou se naam nie en nou kan ek ook nie verduidelik sy storie. Hy was ook in die kindershuis en hy is nou 'n sanger. Ek kan nie sy naam onthou nie.

Deelnemer 5: 'n Afrikaanse sanger?

Deelnemer 3: Ja

Navorser: Dink julle daar is ander manier om hierdie goeters vir iemand om suksesvol te wees?

Deelnemer 3: Ander kan 'n voorbeeld wees.

Navorser: Maar wat kan so kind, sê nou maar hier staan so kind wat kan julle nou vir daai kind aanleer om suksesvol eendag te wees.

Deelnemer 4: Ons help hulle om hulle self te wees.

Navorser: Wat dink julle ander?

Deelnemer 1: Hy moenie wag dat ander die lewe vir hom moet lekker maak nie, hy moet dit self vir hom lekker maak.

Navorser: En hoe gaan 'n mens dit doen?

Deelnemer 1: Jy gaan nie probleme gee nie sien en as jy probleme gee dan hammer hulle op jou, los jou nie uit nie.

Deelnemer 2: Ons een meneer het gister vir ons gesê dat elke matriek kry 'n graad 8 waarna hy moet kyk en alles, jy moenie iets gaan doen of iets gaan doen oor een probleem nie waar daar 10 redes is om die ding te doen wat goed is so jy moenie jy vir hom een rede gee om nie die ding te doen nie waar daar 10 redes is waarom dit 'n sukses kan wees. So dis wat ek dink.

Navorser: Wat dink julle ander?

Deelnemer 4: Ek dink die ding wat jy nodig het is selfvertroue want sonder selfvertroue kan 'n mens nerens in die lewe kom nie.

Navorser: Maar hoe kry 'n mens selfvertroue?

Deelnemer 2: 'n Mens moenie te veel selfvertroue hê nie.

Navorser: So hoe kry 'n mens selfvertroue?

Deelnemer 2: Deur opgestaan waar jy geval het. Soos om aan te hou.

Deelnemer 4: Om aan te gaan al het jy slegte omstandighede deur gegaan. Om op te staan en te sê ek gaan aan.

Deelnemer 5: Selfrespek is ook belangrik.

Deelnemer 4: Ja

Navorser: Maar hoe kry mens dit? Hoe kan een ou dit reg kry en 'n ander ou nie? Wat maak daai ou verskillend?

Deelnemer 1: Party ouens het net die krag om oor dit te kom en party is moedeloos, hulle het nie die moed nie hulle sien nie 'n rede hoekom moet hulle verander nie. Soos dinge nou aangaan is dit mos okay well fine gee nie om nie. Ander ouens is nou weer soos ek like nie hoe dinge nou aangaan nie dit moet nou verander dit nou verander.

Deelnemer 3: Nie nou verander nie gou verander.

Navorser: Wat dink julle ander?

Deelnemer 2: As jy positiewe ingesteldheid het dan dan gaan dit beter wees dit gaan makliker wees vir jou om goed te doen as wat jy pessimis is en negatief na die wereld kyk en net se nee hierdie is sleg daai is sleg ek wil nie dit doen nie ek wil nie dit doen nie. Soos as jy jouself elke dag motiveer om iets goeds te doen dan gaan dit 'n gewoonte raak. En as dit 'n gewoonte raak dan..

Deelnemer 1: Dan gaan ander dit raak sien.

Deelnemer 2: Ja

Deelnemer 1: wat sê hulle "be the change you want to see"

Deelnemer 3: Yo goeie woorde daai.

Navorser: en hoe kan tieners gehelp word om meer resiliënt te wees? Julle het nou gese sport, julle het gese om selfvertroue te hê

Deelnemer 1: Ondersteuning

Navorser: ondersteuning van ander.

Deelnemer 2: Ondersteuning speel 'n belangrike rol in lewens. Maar tannie jy moet ook geleer word van jong ouderdom af.

Deelnemer 1: Jy kan ook nie staat maak op ander mense om jou te ondersteun nie. Jy moet ook weet om jouself te kan.

Deelnemer 2: Soos ek weet as ek nou of enige van ons ander nou, nou eers geleer het hoe om deur al die goeters te kom dan sal dit lank gevat het om, om te dit doen. Dit is soos buig die boompie terwyl hy nog klein is. Soos as hy jonk is en jy leer hom of haar wie ook al die persoon ook al is wat om te doen van kleins af dan, dan gaan dit deel van sy lewe word. As wat jy vir iemand wat klaar groot is en wat sy eie kop wil volg en vir hom sê nou moet jy dit so en so doen, gaan dit baie moeiliker wees. So dit hang af van watter ouderdom die kind is om vir hom goed aan te leer.

Navorser: Wat dink julle ander? Stem julle met hom saam of..? Thabo jy en Billy knik julle koppe? So julle stem saam.

Deelnemer 4: Ja

Navorser: Is daar iemand wat verskil van John? Of wil iets by sit?

Deelnemer 5: Nee

Navorser: Wat het vir jou gehelp? Ons het nou al bietjie daarvoor gepraat. Julle is eintlik lekker vining om te gesels oor al die dinge. Wat het jou spesifiek gehelp? Van dat jy kleintyd tot nou toe.

Deelnemer 4: My selfbeeld, motivering en selfvertroue.

Deelnemer 2: Soos tannie, die mense wat die grootste impak om my gehad het was die oom en tannie, jy kan nog oom George en tannie Tilla onthou Jason?

Deelnemer 4: ja

Deelnemer 2: Hulle het die grootste impak op my gehad. Hulle het my geleer, hulle het my waardes vir my geleer, hulle het my geleer hoe om goeters te doen en hoe om te volhard.

Assistent navorser: Hoe oud was jy?

Deelnemer 2: Ek was baie klein ek was in graad 1. So ja tannie van kleins af is ek geleer hoe om goed te doen dis seker hoekom dit vir my maklik is om te vrae en te doen en te volhard. Want ek word van kleins af geleer.

Navorser: en julle ander?

Assistent navorser: Wat het jou gehelp om, om te wees wie jou nou is.

Deelnemer 5: Sport en my vriende.

Navorser: Hoe het hulle jou gehelp?

Deelnemer 5: Dis gewoonlik die manier hoe hulle my hanteer.

Assistent Navorser: Hoe hanteer hulle jou?

Deelnemer 5: Baie goed

Assistent Navorser: Soos?

Deelnemer 5: Goed.

Assistent Navorser: Wat doen hulle is goed?

Navorser: Waarvan hou jy hoe hulle dit doen?

Deelnemer 5: Ek hou van die manier hoe ons altyd uithang. En saam sport speel.

Deelnemer 6: Selfmotivation and self-discipline.

Deelnemer 4: Yes.

Navorser: So do you think it is important to have other people around you like friends.

Deelnemer 6: Yes it is.

Deelnemer 5: As jy nie vriende mense om jou gehad het nie dan sou jy nie by hulle kom geleer het nie en dan sou jy nou nie suksesvol geleef het nie. Want jy het foute nodig om te kan reg maak.

Deelnemer 3: Vir my is dit my vriende. Hulle meen die wereld vir my. Hulle weet ek is in die kindershuis en alles en ja en aanvaar my as een van hulle. So hulle is vriende. En ons is vriende deur slegte en goeie tye.

Deelnemer 4: Julle staan saam.

Deelnemer 3: En somtyds soos wanneer het ons sangsessie gehad?

Deelnemer 4: Maandag

Deelnemer 3: Ja Maandag toe, toe oortree ons almal iets saam, okay dit was nou dom gewees, toe sê hulle vir my ek moet een kant toe skuif, toe vat my ander drie tjommies die blame vir my. En ek was saam met hulle in die ding.

Navorser: So wat het dit vir jou vertel? Watter tipe mense is hulle?

Deelnemer 3: Hulle is vir my goeie vriende. Dis my klasmaats.

Navorser: Dit klink vir my amper of jy sê hulle ondersteun jou en is lojaal teenoor jou?

Deelnemer 3: Ja. Hulle sal opofferings maak.

Navorser: Hoe voel julle ander? Stem julle saam? Dat daar mense moet wees wat lojaal is soos wat Leon nou gesê het. Ondersteuning

Deelnemer 4: Soos ek gesê het, sonder ondersteuning kan jy nie actually kom waar jy wil kom nie. Dan sal jy bly negatief wees. Sal jy nie positief wees nie dan sal jou ook nie ver kom nie.

Navorser: Wat moet jy doen om sulke vriende te kan hê?

Deelnemer 4: Wees net jouself en wees positief.

Navorser: En julle ander? Wat dink julle?

Deelnemer 2: Ek stem saam.

Deelnemer 1: In seker gevalle kan jy sonder vriende klaar kom.

Deelnemer 4: Soos wanneer?

Deelnemer 1: Solank jy net weet dat die Here is altyd daar vir jou.

Deelnemer 4: Jy het niemand nodig om te weet daai persoon is daar vir jou. Wanneer jy help nodig het dan kan jy na daai persoon toe gaan. Ja om te weet daai persoon sal jou help al is jy ja..

Deelnemer 1: Vriende bly nie altyd daar nie.

Deelnemer 4: Ja

Deelnemer 1: Party van hulle loop, kom en gaan soos wat hulle lus het.

Deelnemer 2: Ja

Deelnemer 4: Jy het daai iemand nodig altyd daar vir jou wat jy op staat maak.

Navorsers: Jy het nou gesê die Here? So kan die Here jou help?

Deelnemer 1: Mense, baie keer kritiseer dan voel jy het niemand om na heen te gaan nie, byvoorbeeld net 'n Bybelversie oop maak en sal lees en dan sal jy agter kom maar wow! Dis amazing wat die Here vir ons kan doen. En hoe Hy ons kan verander. Hoe Hy 'n mens kan werk, verandering te bring. Ja.

Navorsers: Stem julle met hom saam? Of verskil julle? Of dink julle nie dis vir julle so groot deal nie.

Deelnemer 4: Ek stem met hom saam. Want nie almal is so social nie, en nie almal het mense wat hulle regtig trust nie, en die Here is altyd daar, die Here is altyd daar as jy Hom die nodigste het. So ek dink jy kan net met Hom praat. So..

Navorsers: Wat dink julle ander?

Deelnemer 4: Jy kan nou nie letterlik met hom praat soos gesig tot aangesig tot aangesig maar in 'n manier is Hy daar vir jou altyd.

Navorsers: Wat dink julle ander? Oor geloof?

Deelnemer 1: Geloof is ook belangrik maar ook nie altyd nie. Ek het vriend wat noem jy dit atities. Maar hy vat nie die Christenskap aan nie maar aan die ander kant is daar 'n ander meisie, sy bly die Christenskap aanvat, sy kan net, het nie tyd om met mense soos jy te praat nie, nie tyd vir hulle nie, ek vat nie jou geloof aan nie moet nie my kom aanvat nie.

Navorsers: Wat dink julle is geloof ook iets wat belangrik is om..

Deelnemer 2: Tannie geloof help jou ook om keuses te maak.

Navorsers: Hoe help geloof jou?

Deelnemer 2: Soos as jy 'n Christen is en jy weet die Here wil hê jy moet dit nie so doen nie en dan kom iets oor jou pad wat heeltemal die teenoorgesteld is, dan gaan jy mos weet, wag bietjie hierdie is nie reg nie. Dis nie soos die Here wil hê ons moet leef nie.

Deelnemer 1: Ja mense moet nie forseer word, jy moenie voel dis 'n moet om kerk toe te gaan nie, jy moet voel jy wil. Jy moet voel jy is lus om daar in die kerk te gaan sit, nie wou ek gaan nou kerk toe, ek is moeg, ek is nie lus nie. Ek gaan maar net omdat my huistannie gesê het ek is moet gaan, jy moet voel jy wil gaan. Niemand anders moet 'n invloed hê of jy wil gaan of nie wil gaan nie. Jyself. Baie keer is die nie so nie, mense veroorsaak dat jy minder van God begin hou deur dinge wat hulleself doen. Jy voel forseer. Niemand wil nooit niks doen wat hy voel ek word forseer. Wil jou saak aanpak dat jy weet in jou hart jy was nou lus om daai saak aan te pak nie okay sy het vir my gesê ek moet gaan, kom ek gaan. Keuses.

Deelnemer 5: Keuses

Deelnemer 4: Keuses.

Navorsers: Om weet jy, okay wie het jou nou geleer hoe om te weet wat is die regte keuse en wat is die verkeerde keuse?

Deelnemer 4: Jy kan jousef, want sê noumaar jy maak die slegte keuse en jy kom in die moeilikheid vir daai keuse gaan jy mos nou in die moeilikheid kom en dan sal jy van jou moeilikheid afleer want dan sal jy volgende keer reg doen, regte keuse doen.

Navorsers: So jy leer uit jou foute uit.

Deelnemer 4: Jy leer uit jou foute uit. Ja. En ja. Die keuses wat jy maak bepaal watse toestand jy is.

Navorsers: En John jy het gesê geloof help jou om te leer wat is reg en verkeerd.

Deelnemer 2: Ja

Navorsers: Wat dink julle ander?

Deelnemer 4: Billy jy is so skaam vandag.

Deelnemer 5: Ja

Navorsers: Nee dis oraaait. Okay volgende vragie. Right hoekom kan seker tieners suksesvol wees as ander en ander nie? As julle nou dink aan die stoutste kind wat julle al teë gekom het, sonder om nou name te noem, die stoutste kind en julle dink nou aan iemand wat suksesvol is.

Deelnemer 1: Talente, party kinders is beter af as ander is.

Deelnemer 4: Tannie ek dink soos ek gesê het, almal het keuses en as jy nie daai keuse wil maak om suksesvol te wees nie dan gaan jy nie suksesvol wees nie.

Deelnemer 2: Tannie nie almal het die kennis nie.

Deelnemer 3: ek het eintlik 'n voorbeeld, soos een van my maats wat saam in die laerskool was en nou saam in die hoërskool is ons is nou nie meer maats nie as gevolg wat hy doen, van keuses. Hy gebruik CAT. En dit is omdat hy ander probleme by die huis het en hy gebruik dit. En dan kry jy suksesvol le kinders in my klas is soos die wat baie slimmer is en dies wat goed gemanierd is. Ek wil amper sê die nerds van die klas.

Deelnemer 4: So die keuses wat jy maak, die omstandighede by die huis is, is nie noodwendig dieselfde keuses wat jy maak nie.

Navorsers: Jy het nou nou gesê die outjie gebruik CAT, wat nou dwelms is, so dink julle as 'n mens sulke goeters gebruik gaan jy minder suksesvol wees of dink julle dit is nie so groot issue nie?

Deelnemer 3: Ek het hom al gevra hoekom hy dit gebruik, toe sê hy vir my dat vat soos al sy probleme weg, dit kalmeer hom.

Deelnemer 6: frustrasie

Deelnemer 1: Okay maar jy kan suksesvol wees, President JF Kennedy van Amerika hy was op dwelms, okay as gevolg van sy rug, het hom baie probleme gegee en stress groot invloed op hom gehad. Dit het eintlik per ongeluk gebeur, want dokters het vir hom pille en goed gee om te gebruik dit het nie gewerk nie toe hoor hy van hierdie ou, wat hy gebruik 'n geel inspyting dan word jy sommer net beter. Daar was vir niemand gesê wat hy in die inspytings sit nie, dat daar dwelms is. Die hele ding jy mag dit nie gebruik nie en was ook in dit in en mense vir hom gesê hy moet dit gebruik en hy het gesê nee hy gaan dit bly gebruik dit laat my beter voel dit, hy was ook op steroids, hy het ook gesê dit het hom confident gemaak alles beter gemaak. Dit is ook toe hulle hom skiet het hy 'n rugstut gedra, dis hoekom hy nie omgeval het nie, hy het so bly sit as gevolg van al daai snert wat sy kondisie lekker laat voel het maar erger gemaak.

Deelnemer 2: Maar tannie ek dink as jy kennis van 'n saak het om dit aan te pak dan, dan gaan jy nie weet hoe om dit te verbeter of wat om aan die saak te doen nie. So kennis speel ook 'n groot rol. So onderrig ook 'n groot..

Navorsers: So skool. Ons is amper klaar. Die laaste vragie: Wat se raad sal julle nou aan 'n outjie wat in die kindershuis. As julle nou dink aan 'n seuntjie van so 11 of 12 jaar oud is. Watse raad sou julle vir hom gee sodat hy suksesvol sal wees. Dis okay as ons goeters herhaal het.

Deelnemer 3: Ek sal sê hy moet net vasbyt dis amper oor.

Deelnemer 4: Ek sal vir hom sê dat hy nie worry oor die slegte omstandighede nie wat hy in is nie. Hy moet fokus op die toekoms en hy moet, hy moenie worry wat mense van hom dink nie. Hy moet net aangaan en homself wees en goeie selfvertroue kry dan sal hy suksesvol in die lewe wees.

Deelnemer 6: I wil tell him to stop living with excuses in his life. People often say ja I am not successful in life because my father was never successful, because I am come from a children's home I act like such, there is no such thing.

Navorsers: En julle ander? Wat dink julle? Watse raad sal julle gee?

Deelnemer 1: Peer pressure. Peer pressure is eintlik maar net 'n keuse. Ek het baie vriende wat my soos byvoorbeeld hulle drink by 'n partytjie of iets hulle sê vat 'n slukkie, dis nie van peer pressure nie dis van okay ek is lus of ek wil nie, of jy is lus of jy is nie. Jy wil of jy wil nie. Dis jou keuse. Jy kan sê. Daar is mense wat sê ja maar dit is as gevolg van groepsdruk, dit is nie groepsdruk nie, dit is jy jouself, jy kan jou eie keuses maak.

Deelnemer 2: Dis waar aardes hier in kom.

Deelnemer 6: Bad experiences can also teach you lessons in life.

Deelnemer 3 & 4: Yes

Deelnemer 2: Ek sal vir sulke kind net sê, geniet die lewe en probeer die beste van elke saak maak.

Deelnemer 3: Ek stem sam

Deelnemer 4: As jy slegte keuses in die lewe maak moet jy gevolge dra en leer uit jou foute.

Deelnemer 2: Ek sal vir hom sê. As hy struikel en val dan moet jy opstaan en twee keer harder probeer want daar is altyd 'n lig in die einde van die tunnel.

Deelnemer 1: Jy moet ook pasop wat jy sê want sonder dat 'n mens weet het jy 'n groot invloed op ander mense, byvoorbeeld daar vir ons 'n video gewys by die skool. Daar was 'n vrou sy was 'n Christen en sy het 'n ander ou convert. Toe convert hulle so aan en aan. En naderaan by die vrou wat

hulle begin het en die ou wat eindig loop hulle verby mekaar en hulle weet nie watse invloed hulle op mekaar se lewe gehad het nie.

Deelnemer 3: Dis 'n nice video.

Deelnemer 2: Ek sal vir die persoon sê hy moet so min as moontlik verskonings het vir elke saak.

Deelnemer 6: Excuses

Deelnemer 4: As hy excuses het dan sal hy nie bereik wat hy wil bereik nie. Dan gaan hy nie net heelyd aan daai excuses dink, dan vir elke verkeerde ding wat hy doen gaan hy aan daai spesifieke excuse gebruik.

Deelnemer 2: Van uitstel kom afstel.

Navorsers: Julle het ook gesê sport is belangrik, julle het ook gesê vriende is belangrik, geloof is belangrik, ondersteuning, julle huis tannies of vakansie tannies, om iewers te behoort, familie is belangrik, selfbeeld.

Deelnemer 4: keuses

Navorsers: Wat nog?

Deelnemer 4: Vertroue

Navorsers: Vertroue.

Deelnemer 2: Ek sal sê selfbeheersing

Navorsers: Selfbeheersing. Wat nog?

Deelnemer 1: self motivation.

Deelnemer 4: Wat het jy nou nou gesê?

Deelnemer 5: Wanneer?

Deelnemer 4: Self respek

Navorsers: Self respek. Enige iets anders?

Deelnemer 2: Self dissipline

Navorsers: Ja

Deelnemer 3: Goeie talente te gebruik

Navorsers: Enige iets anders? Kan julle aan nog iets dink?

Deelnemer 2: Moenie soos ander mense probeer wees nie, wees net jousef. Moenie 'n people pleaser wees nie.

Deelnemer 4: Be yourself. Do what you love to do and become you what you want to become.

Deelnemer 6: I would say listen to yourself because you know yourself best nobody else does.

Deelnemer 3: Daars sy.

Deelnemer 2: Probeer jousef besig hou met positiewe dinge.

Deelnemer 4: Nie met negatiewe goed nie.

Navorsers: Dink julle om nice te wees met ander mense help ook?

Deelnemer 1: 'n Smile kan 'n dag verander.

Deelnemer 4: Ja om nice te wees met ander.

Navorsers: om empatie, weet julle wat is empatie?

Deelnemer 2 en 4: Ja

Navorsers: Dit is die vermoë omjousef in iemand ander se skoene te sit. Dink julle dit is ook iets wat iemand kan help om empatie te hê met iemand anderste.

Deelnemer 2: Ja verskriklik baie.

Deelnemer 3: Ek het nie nou mooi geluise nie.

Navorsers: Empatie is die vermoë wat jy het om jousef in iemand anders se skoene te sit. As jy sien daai ou het baie pyn en sad. Kan jy sien hy is sad en jy kan vir hom sê jy kan sien hy is sad. En saam met hom sad wees.

Deelnemer 3: Vir my vriend vra ek altyd wat is fout, en dan sal hy my nie wil antwoord nie.

Deelnemer 6: Once you put yourself in someone else's shoes you are able to help him.

Deelnemer 4: As jy sien iemand is sad daai dag moenie hom gaan afkraak nog verder, gaan daar wees vir hom. Gaan na hom en vra wat is fout. En jy kan hom daardeur help.

Deelnemer 6: Like Leon's friend who is using cocaine he said he is not his friend anymore.

Deelnemer 3: Nee hy was my vriend.

Deelnemer 6: He was your friend, not his friend anymore because of what he does. But then you know why he does it so why don't you just help him.

Deelnemer 3: Moet ek nou met die, amper sê ek crack kop, moet ek nou met die....

Deelnemer 4: Nee hy sê jy moet daar wees vir hom om hom te help om dit nie, motiveer om dit nie te gebruik nie.

Deelnemer 6: But you understand why he is doing it.

Deelnemer 4: Selfbeeld

Deelnemer 3: Wat van my selfbeeld?

Deelnemer 4: Kyk hier as jy 'n goeie selfbeeld het kan jy maak dat iemand anders ook 'n goeie selfbeeld het deur hom te help.

Deelnemer 1: Partykeer wil 'n ou nie verander nie.

Deelnemer 4: Maar dan is dit sy eie keuse wat hy gemaak het.

Deelnemer 1: Presies!

Deelnemer 6: But have you tried hard enough?

Deelnemer 3: Think he is in Grade 8 or 9 now he has use it for two years. Next year he will maybe use it even more. Dan mos ek hang out with that child?

Deelnemer 6: Yes to try to help him.

Deelnemer 3: The kids will think I am mal at the school.

Deelnemer 6: Yes so what.

Deelnemer 2: So jy gee om wat mense van jou dink?

Deelnemer 3: Nee ek gee om oor my vriende.

Deelnemer 4: Nou as jou vriend was dan het jy om gegee.

Deelnemer 3: Hy was my vriend. Ons hou dit nou so. Wat in my gedagtes aan gaan is wat in my gedagtes aangaan.

Deelnemer 5: Die topic vat nou oor hier so.

Navorsers: Ek verstaan Leon hierso. Ek verstaan waar vandaan kom jy en ek verstaan waarvandaan kom julle. Is daar nog iets anders wat julle dink kan so 'n kind help?

Deelnemer 2: motivering

Deelnemer 4: ja self motivering. Wees jousef. En help hom.

Deelnemer 3: elke geval help hom, ek het vir hom gesê dit is nie ordentlik wat hy doen nie.

Deelnemer 6: Sometimes it is only this much that you can help with.

Deelnemer 4: Hy mag dalk dink daar is niemand daar vir hom nie, en as jy na hom toe loop en dan begin jy met hom praat sal hy darem weet daar is iemand wat wel omgee vir hom en dan so sal hy 'n goeie selfbeeld ontwikkel en dan sal hy met jou begin gesels en dan sal jy hom daardeur help en dan sal hy 'n positiewe persoon word en dan sal bereik wat hy wil bereik.

Deelnemer 1: Party mense hou nie daarvan om te praat nie, hulle bly stil.

Deelnemer 4: introvert. Dan skryf jy dit op papiere

Deelnemer 6: You can write it down like Thabo.

Navorsers: oraait ouens nog iets anderste voor ons afsluit.

Deelnemer 4: Be yourself and live who you want to become.

Navorsers: Baie dankie vir julle tyd ek waardeer dit baie.

Appendix H: Questionnaire for expert

QUESTIONNAIRE FOR EXPERTS

1. How would you describe resilience in adolescence?

Adolescents that cope fairly well despite many challenges in their lives.
Young people who are able to function well on physical, psychological and social level despite their negative circumstances.

2. Are there any specific characteristics you were able to identify in working with resilient adolescents?

To keep on trying to achieve their best despite many challenges and set backs.
These adolescents have a positive self image, are independent, have set personal goals, communicate well and develop their talents and abilities.

3. In your opinion, what aspects have an influence on resilient adolescent?

The homes they come from play a major role in resilience, as well as schools and the community in which they live.
A strong desire to make a success of their lives. Support systems, strengths, abilities and Christian outlook.

4. Do you think resiliency in adolescences can be taught? And how?

Yes, by positive example by adults and peers alike.
Yes, by individual mentoring by a person who believes in them. By teaching parents and teachers to provide a safe, positive and stimulating climate for adolescents.

5. In your opinion what will the building blocks for resilience be?

- Religion
- Positive self-image
- Healthy peer group
- Healthy family life
- Good education
- Healthy body
- Opportunities to develop

Thank you very much for participating in this study
E. Horn

