

**RESILIENCE AMONG  
MIDDLE-BORN CHILDREN**

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## DECLARATION

I, **HELENEZE VAN ZYL** declare that **RESILIENCE AMONG MIDDLE-BORN CHILDREN** is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **ABSTRACT**

Existing literature on resilience portrays middle-born children as vulnerable. Middle-born children have to face many risks, such as a tendency towards delinquent behaviour, having poor relations with family members, being low achievers and harbouring negative feelings. Many children who face risk and who consequently are in danger of maladaptive outcomes manage to bounce back from these risks. Such children are called resilient. Research suggests that resilience among children is a common phenomenon, but no literature exists that focuses specifically on resilience among middle-born children. Because of personal experience, I as the researcher believe middle-born children can display resilience in the face of their particular risks.

The purpose of this study therefore was to explore, by means of a literature study and empirical research, what the antecedents of resilience among middle-born children might be. This was done by using a concurrent triangulated mixed method design: Six resilient middle-born children completed a self-report questionnaire (RSCA) and participated in semi-structured interviews.

The findings were mixed and allowed understanding of what encourages resilience in middle-born children. This study contributes to theory by identifying the resilience-promoting processes (both intra- and interpersonal) which contribute to resilience among middle-born children. This study's findings also transform the stereotypical view of middle-born children as vulnerable only.

### **Keywords:**

Resilience; attachment; middle-born children; birth order; risk and protective processes.

## OPSOMMING

In bestaande literatuur word middelgebore kinders as kwesbaar uitgebeeld. Middelgebore kinders staan baie risiko's in die gesig, soos 'n neiging tot misdadige gedrag, swak verhoudings met gesinslede, swak prestasie en die koester van negatiewe gedagtes. Baie kinders wat risiko's in die gesig staan en gevolglik die gevaar van wanaangepaste uitkomstes loop, slaag daarin om hierdie risiko's te trotseer. Sulke kinders word veerkragtig genoem. Navorsing wil beweer dat veerkrag onder kinders 'n algemene verskynsel is, maar geen bestaande literatuur fokus spesifiek op veerkrag onder middelgebore kinders nie. Weens persoonlike ervaring glo ek as die navorser dat middelgebore kinders wat met hulle besondere risiko's gekonfronteer word, wel veerkrag kan openbaar.

Die doel van hierdie studie was derhalwe om deur middel van 'n literatuursoektog en empiriese navorsing, ondersoek in te stel na wat die antesedente van veerkrag onder middelgebore kinders mag wees. Dit is gedoen deur gebruik te maak van 'n konkurrente getrianguleerde gemengde metode-ontwerp: Ses veerkragtige middelgebore kinders het 'n self-verslag vraelys (RSCA) voltooi en aan semi-gestruktureerde onderhoude deelgeneem.

Die bevindings was gemeng en het begrip geskep vir die faktore wat veerkrag in middelgebore kinders aanmoedig. Hierdie studie dra by tot teorie deur die identifisering van die prosesse (beide intra- en interpersoonlik) wat veerkrag aanmoedig en onder middelgebore kinders daartoe bydra. Die bevindings van hierdie studie transformeer ook die stereotipiese beskouing van middelgebore kinders as slegs kwesbaar.

Sleutelwoorde:

Veerkrags; verbintenis; middelgebore kinders; geboorte-volgorde; risiko en beskermende prosesse.

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# CHAPTER ONE

## ORIENTATION TO THE STUDY

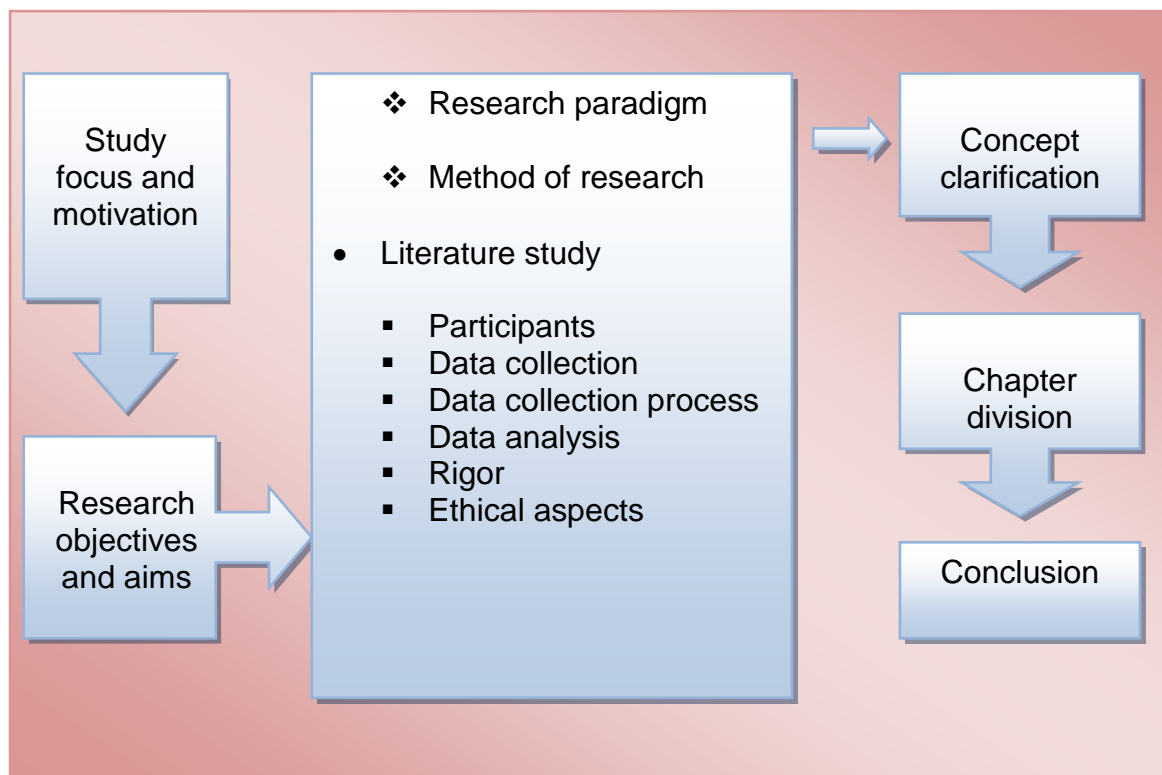
**Middle child syndrome is real: middle children often bemoan their fate as children that are being ignored (DeBroff, 2006)**

### 1.1 INTRODUCTION

The purpose of this chapter is to introduce the outlines of the study which focuses on resilience among middle-born children. In this chapter the research focus is discussed, research objectives are set out, the research method and research paradigm are explained and a division of chapters are given.

Figure 1.1 below provides an overview of Chapter One.

**Figure 1.1: Overview of Chapter One**



### 1.2 STUDY FOCUS AND MOTIVATION

My interest in middle-born children stems from the fact that I am the daughter of a middle-born mother and sister to a middle-born brother. I have always

been intrigued by the fact that they are so different, and I wanted to know what caused this difference. The literature available on middle-born children focuses on the negative behaviour and attitudes of middle-born children and suggests that there is a risk associated with being a middle child (Begue & Roche, 2005; Dailey, 2008; DeBroff, 2006; Fulgham, 2000; Guastello & Guastello, 2002:3; Salmon, 2002:74; Sutor & Pillemer, 2007; Teague, 2007). Literature states that middle-born children are vulnerable and tend to feel left out, as if they do not have a place in the family (Leman, 1998:154; Richardson & Richardson, 2000:137; Teague, 2007). Some evidence in the literature about middle-born children suggests that they have strengths. Fritz (2006:8) states that middle-born children tend to be more adaptable, socially skilful and able to handle disappointment. Middle-born children can be good mediators, are independent and extremely loyal to their peers (Leman, 1998:153). These descriptions differ from the typical picture of middle-born children as vulnerable and add support to the commonly described risks of being a middle-born child (Begue & Roche, 2005; Dailey, 2008; DeBroff, 2006; Fulgham, 2000; Guastello & Guastello, 2002:3; Salmon, 2002:74; Sutor & Pillemer, 2007; Teague, 2007). I could find no studies that linked middle-born children and resilience.

Researchers define resilience in different ways, the essential definition being that resilience is the ability to cope and 'bounce back' (Donald, Lazarus & Lolwana, 2006:8) from difficulties. Resilience is characterised by patterns of positive adaptation in contexts of adversity or risk and has been broadly defined in terms of success in educational achievement (such as good grades), peer acceptance, the absence of psychopathology, involvement in age-appropriate activity and positive behavioural adjustment (Masten & Reed, 2005:76). Resilience is typically conceptualised as a process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and/or avoiding the negative trajectories associated with risks (Fergus & Zimmerman, 2005:399; Harvey & Delfabbro, 2004:4; Killian, 2004; Masten & Reed, 2005:75). Murray (2010:118) explains that resilience can also be termed active resilience, where the concept of resilience is seen as a process, during which an individual resists giving in to adversity and behaving

badly, but is actively engaged in the process of resilience. In most recent literature, Ungar (2010:6) describes resilience as a dual process of navigation and negotiation, resilience being the capacity of the individual to navigate to health-promoting resources and access them, and the capacity of the ecologies to make such resources available in a meaningful way.

In this sense, resilience is understood as a phenomenon that is embedded in the child and his<sup>1</sup> ecology.

As a primary school educator and daughter of and sister to middle-born individuals I became aware of middle-born children who show signs of resilience. Although they are middle children (with the documented associated risks of emotional poverty), they cope well with life. That is a point of interest to me, because (as noted above) the literature shows overwhelming evidence of middle-born children who suffer difficulties and show vulnerability (Begue & Roche, 2005; Dailey, 2008; DeBroff, 2006; Fulgham, 2000; Guastello & Guastello, 2002:3; Salmon, 2002:74; Sutor & Pillemer, 2007; Teague, 2007). As a result of the discrepancy between my experience and what literature reports in the main, I decided to conduct a study to investigate/determine what might contribute to middle-born children being resilient. Because I understand that resilience is embedded in the child and his ecology (Ungar, 2008:2; 2010:6), I wanted to understand how various eco-systemic resources contribute to this resilience.

Therefore, the question that is to be answered by this research is:

**What does the phenomenon of resilience among middle-born children entail?**

The above leads to the following additional research questions:

- What is the phenomenon of middle-born children?
- What is the nature of resilience?

---

<sup>1</sup> In this dissertation "his"/"he" also refers to "her"/"she"

- What protective resources contributed to the child's resilience?

### **1.3 AIMS**

The aim of this study is to explore the phenomenon of resilience among middle-born children.

The aim was sub-divided into the following:

- to do a literature study on middle-born children (and their attachment);
- to do a literature study on the nature of resilience; and
- to do an empirical study to gain a deeper understanding of the protective resources found in the child's social ecology that contribute to the phenomenon of resilience among middle-born children.

### **1.4 RESEARCH PARADIGM**

A research paradigm is a perspective that refers to the way researchers view the world (Maree & Van der Westhuizen, 2007:32). The general purpose of a research paradigm is the organising of principles by which researchers interpret reality (Nieuwenhuis, 2007a:48). I worked from a transformative paradigm (Mertens, 2009:3), because I wished to transform or challenge how middle-born children are conceptualised. I believe that middle-born children can be resilient, as opposed to their stereotyped portrayal as vulnerable. To do this I collected quantitative data that had to be positivistically interpreted and qualitative data that was analysed according to the interpretivist paradigm (Nieuwenhuis, 2007a:50).

The positivist, quantitative paradigm is based on discovering general laws and its key approach is the experiment (Henning, 2007:17; Nieuwenhuis, 2007a:50). Because part of my data collection was done using the Resiliency Scale for Children and Adolescents (Prince-Embury, 2007), I obtained psychometric scores of my participants' resilience. Any numerical or statistical data are approached from a positivist perspective, meaning that the scores are thought to be factual. Although quantitative data commonly provide numerical facts (thereby making them positivistic), I must emphasise that I used these facts interpretively to transform how we see middle-born children: instead of just reporting that the participants had a certain level of resilience, I

used this score to interpret what contributed to their resilience. I did this because my overall paradigm was transformative (Mertens, 2009:3) and so I did not want to provide mere facts about middle-born children's resilience – instead I wanted to challenge the status quo (Mertens, 2009:3) that middle-born children are typically believed to be at risk and to interpret what contributes to their resilience.

The interpretive approach is concerned with the uniqueness of each situation, and data analysis flows from experiences and relationships that the researcher shares with the participants (Henning, 2007:21). In other words, I used the participants' interpretation of their experiences to seek a deeper understanding of their resilience. The interpretive paradigm is not concerned with general laws and rules but seeks to find a deep interpretive understanding of the study's focus (Henning, 2007:21; Nieuwenhuis, 2007a:50; Richards & Morse, 2007:64). As with the quantitative data, I approached my interpretation of the qualitative data from a transformational perspective (Mertens, 2009:299), meaning that I focused on the resources that nurtured middle children's resilience because I hoped to provide an atypical understanding of middle-born children.

When research is approached from an interpretivist paradigm, it can be influenced by the researcher's assumptions (Merriam, 2008); therefore it is important to state assumptions up front. My preconceived idea for this research was that not all middle-born children struggle with life. As a teacher I see middle-born children who show positive traits such as determination and perseverance, who strive to achieve excellence and have positive relationships with their peers and family (Carr, 2004:192). As a result, I was open to stories about their resilience. My expectations for this research were to find that middle-born children are not all vulnerable, as suggested by literature (Begue & Roche, 2005; Dailey, 2008; DeBroff, 2006; Fulgham, 2000; Guastello & Guastello, 2002:3; Salmon, 2002:74; Sutor & Pillemer, 2007; Teague, 2007).

To guard against my assumptions, I spoke to my study leader regularly and made use of an independent reviewer to help me interpret the data. In addition, I was very careful to reread the transcripts a number of times and

review the psychometric data to make very sure that I had not missed data that did not fit my assumptions (Gilgun, 2005: 43).

## **1.5 METHOD OF RESEARCH**

The method of research that I used was a concurrent triangulated mixed method strategy (Creswell, 2009:213; Ivankova, Creswell & Plano Clark, 2007:266). This consists of using qualitative and quantitative methods to collect data at more or less the same time and then “mixing” the results to answer my research question. A concurrent triangulated mixed method is most suitable because I collected both types of data at about the same time in order to compare and contrast the different findings to produce well-validated conclusions (Creswell, 2009:213; Ivankova *et al*, 2007:266; Leedy & Ormrod, 2005:136). Triangulation is critical in establishing validity and data trustworthiness (Maree & Van der Westhuizen, 2007:39). I used semi-structured interviews to collect qualitative data and a standardised rating scale, namely the Resiliency Scale for Children and Adolescents, to collect psychometric data (Prince-Embury, 2007). Before commencing with this empirical data collection, I studied relevant literature.

### **1.5.1 The literature study**

The literature study was based on the following topics:

- the phenomenon of the middle-born child; and
- the phenomenon of resilience.

Literature was gathered from articles, books based on the phenomenon, educational journals, surveys and interviews.

I used key words for the internet search using EBSCOHost and my keywords included:

- resilience;
- attachment;
- birth order; and
- middle-born children.

The purpose of the literature review was to determine what literature says about middle-born children and if there is any evidence of resilience among middle-born children. It was also to provide me with a thorough understanding of resilience so that I could make meaning of the data I would gather later on.

## **1.5.2 Participants**

The participants were limited to a purposive sample (Nieuwenhuis, 2007b:79), specifically middle-born, resilient children aged 10-13 years. In a phenomenological study, a typical sample size is from 5 to 25 individuals. However, Merriam (2008) does note that sample size is determined by saturation of data (i.e. the researcher continues interviewing until there is nothing new to be learnt about the phenomenon in question). I aimed to include at least five participants, but was aware that I might need to find more participants if I did not obtain data saturation after analysing the data that the participants generated. In the end I included six participants.

Participants were identified as resilient by an informed Advisory Panel (AP) consisting of educators and peers from the same community, as recommended by the original International Resilience Study led by Michael Ungar from Dalhousie University, Canada (Ungar, 2008:223; Ungar & Liebenberg, 2005:217). The process followed by the AP to identify resilient middle-born children is discussed in full in Chapter Four (*Cf.* 4.3.3).

## **1.5.3 Data Collection**

### **1.5.3.1 Qualitative data collection**

I used semi-structured interviews (Nieuwenhuis, 2007b:87), that focused on what contributes to the resilient functioning of middle-born children. A semi-structured interview is commonly used in research projects to support data which emerged from other data sources (Nieuwenhuis, 2007b:87). It usually requires the participants to answer a set of predetermined questions. These questions were based on themes that probed for ecologically embedded protective factors. These themes came from my review of resilience literature (Armstrong, Birnie-Lefcovitch & Ungar, 2005; Cameron, Ungar & Liebenberg, 2007; Cyrulnik, 2009; Fergus & Zimmerman, 2005; Harvey & Delfabbro, 2004; Killian, 2004; Kraemer, 1999; Leadbeater, Marshall & Banister, 2007;

Leagault, Anawati & Flynn, 2006; Louw & Louw, 2007; Mandleco & Peery, 2000; Mash & Wolfe, 2005; Masten & Reed 2005; Murray, 2010; Theron & Theron, 2010; Thompson & Rudolph, 2000; Ungar, 2005; Ungar, 2008; Ungar, 2010a) (see Addendum C-E for interview protocol).

### **1.5.3.2 Psychometric data collection**

“The Resiliency Scale for Children and Adolescents” (RSCA) (Prince-Embury, 2007) was used to collect the psychometric data. This scale is a psychometric tool to profile personal strengths as well as vulnerability in order to profile a child as resilient or not. It is described as a scale that is theoretically based and psychometrically sound (Prince-Embury, 2007:1).

The scale is designed to reflect the protective underlying mechanisms / processes that show the interaction between the environment and the child’s internal experiences (Prince-Embury, 2007:9), making it suitable to a study that wishes to determine the ecological antecedents of resilience.

### **1.5.4 Data Collection Process**

The process of data collection involved four parts:

- **Part 1**

I met with all participants individually to get to know them. I put each participant at ease, explained the study and obtained his assent to take part in the research. At the same time, I obtained written, informed parental consent.

- **Part 2**

I met with each participant individually so that the participant could complete the RSCA.

- **Part 3**

In the following week I met with each participant individually to conduct a semi-structured interview as outlined in 1.5.2.1.

- **Part 4**

I met with each participant individually to verify my interpretation of the interview data. Each participant was able to add to what I understood, or explained if I misunderstood something.

All of the above took place at times and places suitable to the participants. All face-to-face interactions were tape-recorded (with their permission) and transcribed verbatim.

## **1.5.5 Data Analysis**

### **1.5.5.1 Qualitative data analysis**

I used inductive qualitative content analysis to draw conclusions about the data generated by the interviews (Leedy & Ormrod, 2005:142). The process of inductive content analysis is explained in detail in Chapter Four (*Cf.* 4.3.5.2).

### **1.5.5.2 Psychometric data analysis**

The RSCA was scored by a registered psychometrist according to manual specifications. These scores were interpreted according to manual norms (Prince-Embury, 2007) and presented as psychometric results, as discussed in detail in Chapter Four (*Cf.* 4.3.5.1).

## **1.5.6 Rigor**

Triangulation is a traditional strategy for improving the trustworthiness of research findings (Nieuwenhuis, 2007b:80). This means I engaged thoroughly with the psychometric and qualitative data to arrive at a complex and deeper understanding of resilience among middle-born children. This understanding is richly described so that if others scrutinise the data, they will be able to see the same patterns that I did (Nieuwenhuis, 2007b:81).

### **1.5.6.1 Reliability and validity**

Cronbach's alpha coefficients are documented for each of the three resiliency scales in the RSCA manual (Prince-Embury, 2007:87) and prove internal consistency across items within the scales. The RSCA showed moderate to high alpha coefficients for the total standardisation sample of children ages 9-11, 12-14 and high internal consistency for adolescents (Prince-Embury, 2007:87) (*Cf.* 4.3.6.2). Nevertheless, the RSCA has not been normed for South African children. I note this as a limitation to my study.

### **1.5.6.2 Trustworthiness**

In qualitative research the researcher is the main data gathering instrument. I incorporated reliability procedures and validity strategies to ensure trustworthiness (Creswell, 2009:190-191). To further ensure trustworthiness I used an independent investigator who is knowledgeable about my research phenomenon to assist me in the interpretation of my data (Nieuwenhuis, 2007:80). I paid attention to the principles of credibility, transferability, dependability and confirmability (Guba & Lincoln, 1989:234), as discussed in detail in Chapter Four (*Cf.* 4.3.6.1).

### **1.5.7 Ethical Aspects**

I adhered to basic prevailing guidelines (Strydom, 2005:58-62; Leedy & Ormrod, 2005:101-104). Permission was granted by the Department of Education in Gauteng (See Addendum A) and informed consent was obtained from each participant's parents (See Addendum B). Participants provided assent and took part in the programme voluntarily; they gave permission for tape-recording to be used. Participants did not take part in activities that exposed them to any emotional, psychological or physical harm. The data collected were recorded anonymously to protect and respect the participants (Leedy & Ormrod, 2005:101; Strydom, 2005:59). The Ethics Committee of North-West University also provided ethical clearance for this study (Number: NWU-003-08-A2).

## **1.6 CLARIFICATION OF KEY CONCEPTS**

In my study I often refer to the following concepts and when I do, I understand them to mean what is defined below:

### **1.6.1 Resilience**

Resilience is the ability to cope and 'bounce back' (Donald *et al.*, 2006:8) from difficulties. Resilience is typically observable in behaviours that suggest good adaptation to difficult context. Resilience is encouraged by protective resources found in the child and his ecology and is nurtured by health-promoting transactional processes between the individual and his ecosystem (Sameroff, 2009:9; Ungar, 2010a:6).

### **1.6.2 Protective Resources and Processes**

Resilience cannot be understood as merely a characteristic of individuals; it is encouraged by protective resources and processes in the individual, family and community (Leadbeater *et al.*, 2007:517). In other words, resilience is reliant on resources within the child and his ecology (Ungar, 2010a:6) Protective resources and processes protect a person from the severity of adversities.

### **1.6.3 Risk Factors**

A risk is something that poses a threat to a child's well-being. This risk can be an individual or environmental hazard that potentially increases negative behaviour or negative coping (Armstrong *et al.*, 2005:276; Leadbeater *et al.*, 2007:517). In general, risk factors originate in the individual (e.g. poor health) or within the individual's context (e.g. poverty, poor schools, criminal parents, negative culture) (Armstrong *et al.*, 2005:276; Fergus & Zimmerman, 2005:400; Killian, 2004; Leadbeater *et al.*, 2007:517; Louw, Duncan, Richter & Louw, 2007:352; Mash & Wolfe, 2005:16). In this particular study the focus will be on the risk of being a middle child.

### **1.6.4 Middle-Born Children**

A middle child can be the second-born of three children or one of several in-between children in a family (Richardson & Richardson, 2000:137). A middle-born child, therefore, is somewhere between the first or oldest in the family and the last of the family (Leman, 1998:150). Middle-born children tend to describe their birth position as "out of place", "misunderstood", "fifth wheel" or as leftovers who mostly got bypassed and upstaged by other siblings (Leman, 1998:161). Middle-born children are less likely to take initiative, their academic achievement is typically low and they are the ones of their family least likely to go to university (Richardson & Richardson, 2000:139). Middle-born children are described as sensitive to injustices, unfairness and feelings of being wrong (Fulgham, 2000).

### **1.6.5 Attachment**

Attachment can be seen as an emotional bond or emotional relationship between people (Reber & Reber, 2001:61). As such, attachment refers to a

child and caregiver relationship that supports the regulation of emotions and feelings (Carlivati & Collins, 2007:92). Attachment is a strong bond of emotional communication between mother and child (Schoore, 2003:134).

## **1.7 CHAPTER DIVISION**

A preview of the chapters in this study follows.

### **Chapter 2: *The phenomenon of resilience***

The focus of Chapter Two is on resilience and the antecedents of resilience. The reason for this focus is to inform my understanding of resilience in middle-born children. I have used this review of literature to make sense of the nature of resilience and how my participants interact with their ecology to encourage resilience.

### **Chapter 3: *Attachment and the phenomenon of middle-born children***

The focus is on attachment and the middle-born child. I have tried to make sense of literature on attachment and how this has an effect on middle-born children. The reason for this focus is to better understand middle-born children and the risks they face.

### **Chapter 4: *Research design***

Chapter 4 contains a detailed description of the mixed research method I used in the empirical study.

### **Chapter 5: *Results of empirical research***

The data collected in this study were analysed in order to give a clear interpretation and in order to determine what the phenomenon of resilience among the middle-born children who participated in my study entails.

### **Chapter 6: *Summary***

This chapter serves as a conclusion to this study, incorporating findings of the literature study, findings of the empirical study, limitations and contributions of this study, as well as recommendations for further studies.

## **1.8 CONCLUSION**

In this chapter an overview of what this study entailed is discussed.

In the following chapter the nature of resilience will be discussed.

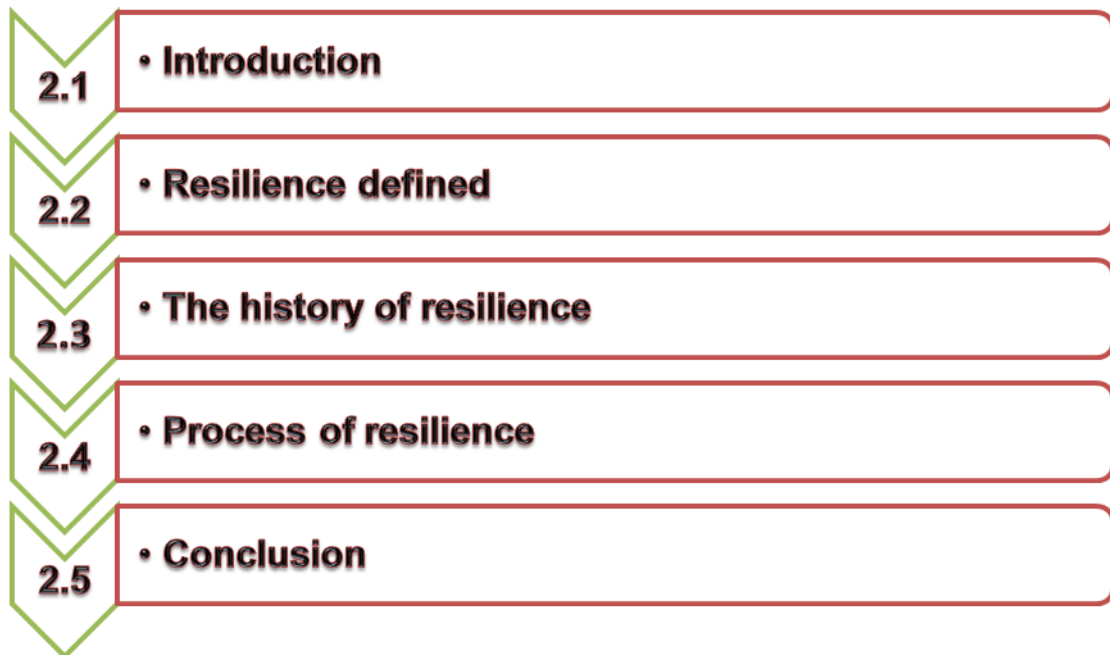
## **CHAPTER TWO**

### **THE PHENOMENON OF RESILIENCE**

“Resilience is the capacity to get back in balance after being pushed out of it, to tolerate greater challenges without breaking down”

(Kraemer, 1999:280)

**Figure 2.1: An overview of Chapter Two**



#### **2.1 INTRODUCTION**

As suggested by the above quote, resilience is the ability to be competent and maintain competence despite adversity and stressful life events. This has become an important concept in the field of psychology in recent years (Dass-Brailsford, 2005:574).

In this chapter the phenomenon of resilience will be focused on. The history of resilience will be examined. The process of resilience as informed by personal, familial, environmental and cultural protective factors which enable the child to respond adaptively to risk will be discussed. I will work from a transformational paradigm (Mertens, 2009). In other words, I will challenge

the idea that middle-born children are at risk by exploring how they can be resilient.

## **2.2 RESILIENCE DEFINED**

Resilience may be understood as a process of adaptation to adversity that is scaffolded by environmental, cultural, social, psychological and physiological processes (Cameron *et al.*, 2007:285). With the help of the afore-mentioned processes and resources, resilience is the ability to cope in the presence of significant risk or adversity (Masten & Powell, 2003:4; Mash & Wolfe, 2005:15). Resilience does not cause a child to do well when faced with risk, but rather reflects the process by which a child acquires the ability to use internal (i.e. psychological and physiological) and external resources (i.e. environmental, cultural and social) to achieve positive adaptation although he is faced with prior adversity (Yates, Egeland & Sroufe, 2003:250). Resilience therefore is not a personal trait but merely the child's pattern of behaviour related to the influences that put him at risk and protective resources in his environment towards which he navigates and for which he negotiates (Masten & Powell, 2003:4; Ungar, 2006:55). Resilience cannot occur without the presence of risk – in other words, adversity (e.g. poverty, conflict at home, parental inattention) must be present before a child can be identified as resilient (Ungar, 2006:54).

As Ungar (2004b:342) mentions, resilience is both the process of and outcome from negotiations between the individual and his environment in adverse circumstances. Resilience, therefore, is influenced by a child's environment, his propensity to make use of protective resources available to him and the interaction between the child and his social ecologies, all of which will determine the degree of positive outcomes (Ungar, 2006:55). As such, resilience refers to the child's capacity to navigate to resources that encourage well-being, the capacity of his social and physical ecologies to provide such resources and lastly the process of negotiations between family, child and communities to share these resources in a meaningful way (Ungar, Brown, Liebenberg, Cheung & Levine, 2008:2).

To be resilient does not mean that a person does well all the time under all imaginable circumstances (Masten & Powell, 2003:4). According to Mash and Wolfe (2005:16), some children seem to be more resilient against risk factors than others and according to Masten (2001: 228), more children demonstrate resilience in the face of risk than earlier researchers anticipated.

Bersthorn (2005:122) identifies three main categories regarding resilience:

- **Overcoming odds** – This is when a child attains positive outcomes despite a high risk status;
- **Sustained competence under stress** – This is the ability to bounce back and have certain coping skills available; and
- **Recovery from trauma** – This is when a person is able to find significance in a traumatic event and carry on with life in a meaningful way.

### 2.3 THE HISTORY OF RESILIENCE

Resilience research consisted of a number of waves. I will base my understanding and explanation of the resiliency waves on the work of Richardson (2002) and McMurray, Connolly, Preston-Shoot and Wigley (2008).

The first wave was based on descriptions of resilient qualities of individuals and was determined by innate factors and was not influenced by interaction with the environment (Anthony & Cohler, 1987:16; Kaplan, 1986:20; Rutter, 1985:607). Garmezy, Masten and Tellegen (1984:109) noted that there was an important issue to investigate: some children were exposed to extreme life stressors but showed no signs of deprivation and they wanted to establish what protected these children from the hazards they faced. Although Rutter (1985:599) mentioned protective factors in his article his initial work was still part of the first wave. Resilience was typically seen as the capacity of an individual to adapt in the context of adverse circumstances and therefore this view led researchers to attribute resilience to various personal traits, such as optimism; a sense of humour; self-esteem; self-efficacy; intelligence and problem-solving abilities (Anthony & Cohler, 1987:16; Kaplan, 1986:20; Richardson, 2002:308).

The first wave of resilience therefore focused on the paradigm shift from risk factors that led to psychosocial problems to the identification of the individual's strengths. Viewed from this more positive perspective, researchers believed that people possessed selective personal strengths that helped them to survive adversity and began to explore what these might be (Anthony & Cohler, 1987:16; Rutter, 1985:599; Richardson, 2002:308). There was, however, little exploration of how to obtain these strengths or improve these strengths, which led to the second wave of resilience research.

As research on resilience developed, researchers began to focus on protective factors and processes which help people towards resilience. In addition to such personal strengths, resilience was believed to be fuelled by intrapersonal resources (such as supportive family and community contexts) (Werner & Smith, 1982). In other words, resiliency research started to focus more on the interplay between the individual and his family and community (McMurray *et al.*, 2008:300; Richardson, 2002:308).

The second wave, according to McMurray *et al.* (2008:301), could be distinguished by the process of resilience, which included the relationship between the things that protect and the things that damage the individual. Most typically these were described as buffering relationships (e.g. nurturing parents; supportive adults; pro-social peers) located within resilient young people's families or communities (Masten, Best & Garmezy, 1990:426; Masten & Coatsworth, 1998:212; Zimmerman & Arunkumar, 1994:7).

Unlike the first wave of resilience research, this suggests that resilience is a process that can take place at any age, so long as risk has challenged the individual and he chooses to respond adaptively, often with the support of protective resources within his family or environment (Atkinson, Martin & Rankin, 2009:139). In an attempt to explain how protective and risk factors impacted on resilience, a number of theorists proposed models of resilience. Among these the **compensatory model** explains the process of attaining the identified resilient qualities and how to acquire these qualities that interrupt negative growth, in other words, not only the strengths of the individual but also his environmental strengths have to be determined (Richardson, 2002:310).

The **compensatory model** is based on the direct effect a protective factor has on an outcome. This effect occurs when the protective factor operates in the opposite direction, indicating particular positive influence which neutralises the impact of other stresses on a specific outcome. This approach is typically tested by examining unique, direct effects in a multiple regression analysis (Cook & Du Toit, 2005:249; Fergus & Zimmerman, 2005:401). This model shows the relationship where the individual interacts with the resources in his environment to neutralise the negative impact that stresses have on the individual.

Another model is the **protective factor model** where assets or resources reduce the effects of a risk on a negative outcome. The protective model will be present when the relationship between children and negative behaviour is reduced with good parenting or guidance (Cook & Du Toit, 2005:250; Fergus & Zimmerman, 2005:402).

Protective factors may work in different ways to influence outcomes. The protective factor model can further be categorised as a protective-stabilising model, a protective-reaction model and a protective-protective model. The protective-stabilising model refers to the effect when the protective factor helps to neutralise the effect of risk. With regard to the protective-reactive model, the protective factor diminishes the risk but does not completely remove the expected correlation between the risk and an outcome. The protective-protective model will become apparent when a protective factor enhances the effect of another promotive factor in producing an outcome. These models will not be resilience models unless the protective factors are studied in a population defined to be at risk (Fergus & Zimmerman, 2005:403).

The third model is the **challenge model**. In this model the exposure to moderate levels of risk factors is related to fewer negative outcomes and more positive outcomes and opens up the opportunity to learn how to overcome adversity (Fergus & Zimmerman, 2005:403; Schoon, 2006:75). The intention of the model is to, when children are exposed to moderate levels of risk factors, have them learn how to overcome them but to not expose them to such a large extent that overcoming is impossible (Cook & Du Toit, 2005:249; Fergus & Zimmerman, 2005:403). This model challenges the

individual to learn the process of navigation towards resources and the negotiation process where the individual actually has to negotiate with the environment and where the environment should make the resources available to the individual to promote resilience.

The third wave was concerned with changing theory into resilience promoting intervention (McMurray *et al.*, 2008:301), therefore this wave focuses on the strength perspective, which, according to Lerner and Benson (2003:19), focuses on the strengths or assets of a person and his ecology, rather than focusing exclusively on the problems or deficits. Developmental assets can be internal (e.g. achievement motivation, integrity, responsibility, personal power, self-esteem) or external (e.g. family support, positive family communication, caring neighbourhood, community values, youth programmes). This focus on assets lead to the developmental asset-building concept in communities, which is based on the theoretical construct that identifies a set of environmental and interpersonal strengths known to enhance educational and health outcomes for children (Lerner & Benson, 2003:19). The asset-building community is an evolving conceptual model which describes the nature and dynamics of places and settings that provide a flow of asset-building energy to all children. In other words, there is a constant availability of socialising systems such as supportive families, safe neighbourhoods, schools and youth centres which assist children (Lerner & Benson, 2003:19).

The most recent trend and forth wave in resilience research has been to describe resilience as an interactive process, where the individual navigates his way to health promoting resources in the community and the community's ability to provide culturally meaningful resources to the individual (Ungar *et al.*, 2008:3). According to Reivich and Shatte (2002:15), the process that determines our resilience is a dynamic one; it is a complex interaction between elements of the person's internal world (e.g. general health; genetic predisposition; temperament; cognitive capacity; coping ability; personality characteristics) and external world (e.g. within the family and the community) (Mandleco & Peery, 2000:102; Schoon, 2006:30). According to Masten and Powell (2003:15), resilience arises from 'ordinary magic' which refers to the idea that human individuals are capable of astonishing resistance, coping,

recovering and success in the presence of adversity when communities offer everyday supportive systems (like healthy families or good schools). The outcome of resilience is contingent on interactions between young people and their ecologies (Lerner, 2006:43; Lerner & Benson, 2003:19; Masten & Reed, 2005:76; Ungar *et al.*, 2008:2). As such, a trajectory of resilience testifies to young people who navigate towards and negotiate for resilience-enabling resources and compatriots (members of their ecologies) who make such resources available (Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong & Gilgun, 2007:288; Ungar, 2005:424; Ungar *et al.*, 2008:2).

To summarise, from these four waves of resilience research, it is clear that resilience research initially focused on the at-risk individual and how he coped to reach better than expected outcomes after a sequence of stressful events and progressed to a focus on protective resources that helped predict resilience. This depended on the individual's capacity to use and access the resilience-promoting resources. In this study, resilience will be viewed from the ecosystemic perspective of resilience where the individual navigates towards and negotiates for protective resources in his community. This forms the theoretical framework for this study (Ungar *et al.*, 2008:2).

The ecosystemic perspective is characterised by the interaction between different levels of the social contexts and the individuals within them, where the individual is decentred and the focus shifts to the interaction process between the individual, his culture, community and family (Donald, Lazarus & Lolwana, 2010:106; Ungar, 2010b:423).

## **2.4 PROCESS OF RESILIENCE**

As could be deduced from the consecutive waves of resilience research above, resilience is not only the child's ability to cope with stressful life events, but more the ability of the child's ecology to provide resources that he needs to cope positively, coupled to his capacity and inclination to make good use of these resources. In other words, resilience is a process where the individual and his environment interact dynamically to promote positive outcomes (Ungar *et al.*, 2008:2). Cyrulnik (2009:51) explains the process of resilience so well when he says, "Resilience is a sweater knitted from developmental,

emotional and social strands of wool. Resilience is a mesh and not a substance; we are forced to knit ourselves, using the people and things we meet in our emotional and social environments". The sub-elements of this process will be explained in more detail below.

#### **2.4.1 Protective Processes**

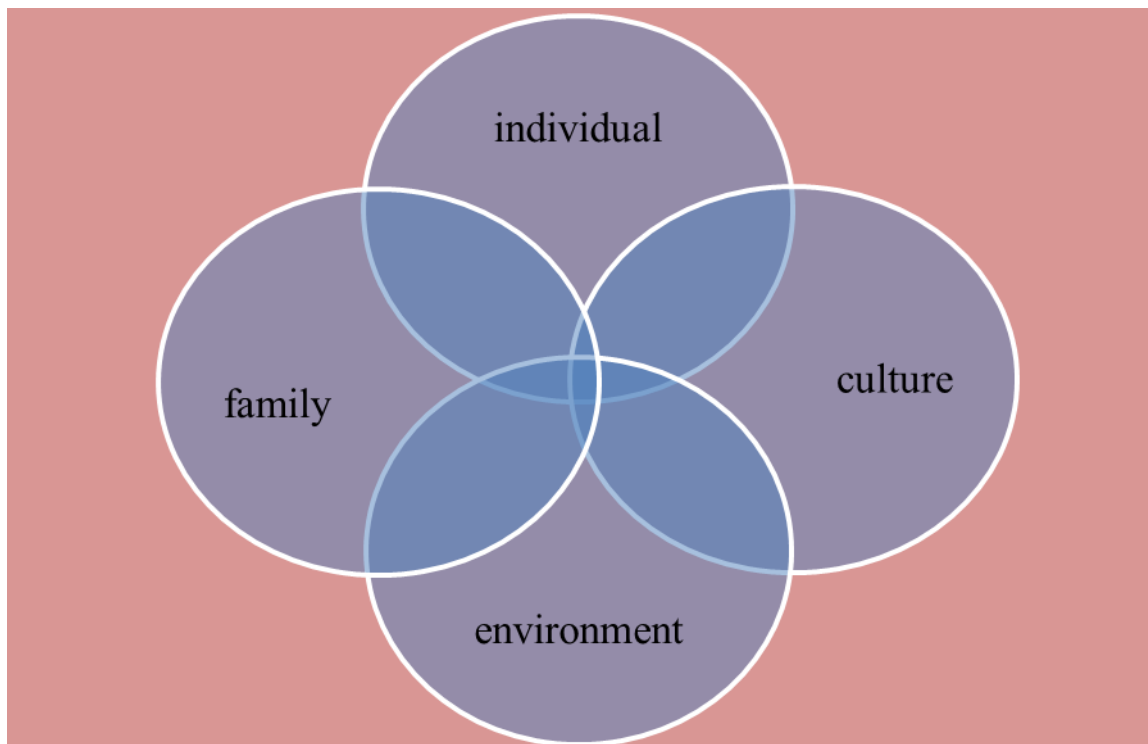
In early research on resilience the focus was on protective factors. According to Cameron (2010), the focus moved to a multilevel perspective from protective factors to protective processes. Cameron (2010) further notes that the protective factors and resources are the underlying bricks or content of the protective processes.

According to Leadbeater *et al.* (2007:517), protective processes act as a buffer to protect an individual's reaction to a situation that in ordinary circumstances would lead to maladaptive outcomes. Protective resources contribute to protective processes and are those resources that protect children with the intention of adjusting and reversing expected negative outcomes when faced with adversity (Boyden & Mann, 2005:6). As outlined above, protective resources can be found both within the child and his ecology (Masten & Reed, 2005:76). The protective processes within the child make it possible to acquire control, be proactive and make decisions about what to do, and the external protective processes which can be found in the home, school and community environment provide the child with positive influences (Christle, Harley, Nelson & Jones, 2001).

These protective processes within the child's ecology include experiences, events, resources and relationships which can lower the impact of stressful events and reduce the negative effects a family or school environment can have (Leadbeater *et al.*, 2007:517). This occurs through the on-going dynamic process of resilience, where the child navigates towards and negotiates for protective resources in his environment which will help him to cope with adverse circumstances (Ungar *et al.*, 2008:2).

The four interactive domains of protective resources are summarised in Figure 2.2. Each will be discussed in detail.

**Figure 2.2: Domains of protective resources**



#### **2.4.1.1 Protective individual processes**

Some children begin life with certain advantages, which include, among others, an easy temperament, intelligence, and good cognitive ability; this can be due to the fact that they are born with these advantages or they develop through the interaction of generic and environmental factors (Killian, 2004). For a child to develop these individual protective factors it is necessary for him to develop an effective attachment relationship to the primary caregiver early on, to develop an autonomous functioning ability and to acquire flexible problem-solving skills which will be enabled by adequate behavioural and emotional self-regulation (Yates *et al.*, 2003:252).

Personal characteristics which contribute to resilience in children (Christle *et al.*, 2001; Harvey & Delfabbro, 2004:4; Killian, 2004; Larson & Dearthmont, 2002:828; Leagault *et al.*, 2006:1027; Louw *et al.*, 2007:381; Mandleco & Peery, 2000:100; Masten & Powell, 2003:13; Masten & Reed, 2005:83; Masten, Herbers, Cutuli & Lafavor, 2008:79; Theron & Theron, 2010; Van Breda, 2002:4; Vinson, 2002:151; Werner & Smith, 2001:57) can be summarised as follows in Table 2.1.

**Table 2.1: Personal resources that contribute to resilience**

<b>Personal Resources</b>	
• positive self-perception	• achievement motivated
• emotional regulation	• persistence
• effective stress management	• easy temperament
• self-regulation skills	• positive self-regard
• confidence	• good cognitive abilities
• learned resourcefulness	• goal directed
• internal locus of control	• empathy with others
• sense of coherence	• good sense of humour
• self-efficacy	• problem-solving skills
• good self-esteem	• positive outlook on life

Children with a **positive self-perception or self-esteem** are often aware of their own strengths and weaknesses and are able to realise their capabilities when challenged. A high self-esteem has been related to lower anxiety levels in fostered young people, which promote resilience (Leagault *et al.*, 2006:1027). Studies done by Schoon and Bartley (2008:25) on children living in poverty, show that they have a **positive outlook on life** and positive aspirations for the future which encourage their resilience.

Resilient children are often very good **problem solvers**, which enable them to make decisions independently (Fergusson & Horwood, 2003:132; Mandleco & Peery, 2000:103). The **ability to solve problems** gives children the capacity to deal with adverse circumstances, which enable them to be resilient. This was corroborated by Lee, Shek and Kwong (2007:382), when they did a study

on children in China living with stress. A child's coping ability is affected by his **cognitive capacity** and personality characteristics, therefore intelligence, independence and **empathy with others** contribute to positive coping ability (Mandleco & Peery, 2000:105).

For a child to become a well-adjusted adult it is necessary for him to possess **self-efficacy, motivation for achievement, self/emotional regulation** and beliefs that life has meaning (Masten *et al.*, 2008:81; Werner & Smith, 2001:57/151). Children's ability to recognise their own abilities, their sense of direction in life, **self-efficacy** and their **persistence** protect them against life's stressful life events (Larson & Dearmont, 2002:828). Self-efficacy is the belief someone has in his ability to perform behaviours which lead to positive outcomes (Weiten, 2007:485).

An **easy temperament** (i.e. an easy-going, adaptable, cheerful child) elicits positive responses from family members, which allow the children to establish close bonds with adults, thereby contributing to resilience (Harvey & Delfabbro, 2004:4). Studies done by Werner and Smith (2001:145) on children who were troubled by chronic discord, parental alcoholism or mental illness, found that an **easy temperament** was one of the personal characteristics which helped children adapt to adverse circumstances and enabled them to cope resiliently.

Resilient individuals use their internal resources, such as **achievement orientation, high degree of internal locus of control, social perceptiveness and social maturity** to navigate toward and negotiate for protective resources in their community (Hjemdal, 2007:306; Ungar *et al.*, 2008:2; Werner & Smith, 2001:51/151). To be achievement-orientated means a person is driven to do well and succeed

According to Van Breda (2002:4), **learned resourcefulness and a sense of coherence** 'buffer' children from life stress so that they are not mere passive victims to such conditions but equipped to cope with these stresses. This was supported by Vinson (2002:151) when she did a study on children with illness. Vinson found that a **sense of coherence** and a **feeling of competence** contribute to adaptive outcomes and help a child to use his abilities to

overcome adversity, which encourage resilience. To encourage resilience in children it is important to help the child make sense of his experience; this will allow him to view the adversity less negatively and be able to cope with future adversities better (Louw *et al.*, 2007:383). Furthermore, it is important to help the child to experience some sense of control over his experiences; this will help him to handle his feelings of helplessness against the stressors in life better or enhance resilience. It is necessary to create a supportive environment in which a child is praised for accomplishments; this will enhance **self-confidence** and self-esteem (Louw *et al.*, 2007:383). Self-confidence can be defined as a person's trust in his own abilities.

In other words, from the above it can be deduced that although intrapersonal resources (i.e. resources in the individual) encourage resilience, the process of resilience also needs intrapersonal resources (i.e. resources in the child's social ecology) to help the child bounce back from risk.

#### **2.4.1.2 Family**

Family members play a major role in how a child interprets and cope with difficult life experiences (Armstrong *et al.*, 2005:271; Boyden & Mann, 2005:7; Larson & Dearthmont, 2002:825; Masten & Reed, 2005:82). The protective resources found in families of resilient children are summarised in Table 2.2.

**Table 2.2: Family resources that contribute to resilience**

### Family resources

- a close/secure relationship with care-giving adults
- authoritative parenting
- positive family climate
- good health and good parental care
- emotional support from family members
- parental guidance
- parents who are involved in child's education
- family quality time with each other
- parents having realistic expectations for their child
- positive disciplinary practices
- good sibling relationships
- parental monitoring and supervision
- opportunity for child to contribute to family goals
- good communication between parents and child
- supportive connections with extended family members

(Atwool, 2006:323; Christle *et al.*, 2001; Killian, 2004; Larson & Dearthmont, 2002:829-830; Leagault *et al.*, 2006:1026; Louw *et al.*, 2007:381; Mandelco & Peery, 2000:105; Masten *et al.*, 2008:79; Masten & Reed, 2005:83; Theron & Theron, 2010)

According to Ungar (2004a:25), children's **relationships with their caregivers** provide them with a setting in which they can form an identity and develop other behaviours which they later transfer to their communities. This means that the relationship forming between child and parents is very

important for healthy development, which brings us to attachment. Masten and Reed (2005:83) furthermore explain that parents having realistic expectations for their child may appear to protect the child's development and nurture attachment.

**Attachment** is a very important family resource for children (also for the middle-born child), as this promotes secure relationships which can potentially protect the child from trauma and promote healthy psychosocial interaction (Cameron *et al.*, 2007:287). **Secure attachment** promotes career success in later life, as Schoon and Bartley (2008:26) found when they did studies on children living in poverty. Children show positive behaviour where there is a stable **supportive family environment**, where parents are involved in their children's education and upbringing (Schoon & Bynner, 2003:24). Atwool (2006:322), when she did studies on Maori children in the care system in New Zealand, found that attachment in the child's early development plays an important role in developing a sense of self-regulation. The **exposure to the primary caregiver's regulatory capacities** facilitates the child's adaptive ability (Schoon, 2006:31; Ungar, 2004a:27).

**Secure attachment** between the child and the primary caregiver provides the context for optimal development which will contribute to resilience. The child feels secure to explore his environment and develop a sense of worthiness (Atwool, 2006:317; Mash & Wolfe, 2005:47; Weiten, 2007:645). To promote resilience it is important to encourage a child to establish and build positive relationships.

A **good sibling relationship** is very important; it provides a network of supportiveness among each other when parents are preoccupied (Louw & Louw, 2007:256). It also provides a learning base from where children can learn lessons and skills from one another (Louw & Louw, 2007:196). Children who have **positive relationships** outside the family, like supportive connections with extended family members, are more resilient when faced with adversity than their peers (Louw *et al.*, 2007:382). Parents should not only focus on establishing good relations with their children, but also encourage other positive relationships (Louw *et al.*, 2007:382).

Leagault *et al.* (2006:1026), when studying resilience among fostered children, found that an **authoritative parent** and the presence of a caring adult are protective factors that promote the ability of a child to adapt under adverse life circumstances. Parenting styles consist of four dimensions, namely warmth and nurturance, clarity and consistency, expectations, and communication. The **authoritative parenting** style is high in all four dimensions, which makes parents warm and sensitive to their children's needs in appropriate moderation. This style is seen as the most successful approach to child-rearing and promotes many different aspects of competence in children (Louw & Louw, 2007:194). Parenting styles may promote motivation in a child, in other words, **authoritative parents** who are warm and maintain good control and discipline, generally have children who are curious to learn and explore and who are higher achievers (Louw & Louw, 2007:225). Authoritative parenting has been associated with academic success too (Masten & Coatsworth, 1998:211). Experiences of success nurture resilience. Individual protective factors would develop more slowly in a child without a **secure relationship with at least one adult** in which the child feels worthy and loveable, therefore the importance of family. Atwool (2006:322) corroborates this in her study on Maori children in the care system. A secure and harmonious love relationship is an important key to the development of a positive self-concept which is the basis for individual protective factors (Atwool, 2006:321). In other words, establishing close bonds with family members offers emotional comfort, experiences of trust and gives the child a sense of belonging, which is important for resilient functioning (Ungar *et al.*, 2008:7).

In summary Cameron *et al.* (2007:288), report that social support and other relational assets such as family which contribute to personal development or act as a buffer to external stressors for the child so that development may proceed and that these are very important protective resources to achieve resilience. When a family system is healthy, headed by caring parents, offers access to other extended family members and includes siblings, then the family is characterised by relational assets that champion resilience.

### 2.4.1.3 Environment

Environmental resources are resources found outside the immediate or extended family and typically relate to community structures such as those mentioned in Table 2.3 below.

**Table 2.3: Environmental processes that promote resilience**

<u>Environmental resources</u>
<ul style="list-style-type: none"><li>• safe neighbourhood</li><li>• well-trained / supportive teacher(s)</li><li>• after-school programmes</li><li>• external support systems (e.g. health care, psychological services)</li><li>• effective schools that provide a positive learning environment</li><li>• good health care</li><li>• social support-exposure to adult role models and rule-abiding peers</li><li>• access to emergency services</li><li>• supportive adults outside the family</li></ul>

(Atwool, 2006:323; Christle *et al.*, 2001; Larson & Dearthmont, 2002:831; Louw *et al.*, 2007:381; Mandleco & Peery, 2000:106; Masten *et al.*, 2008:79; Masten & Reed, 2005:83; Theron & Theron, 2010; Ungar, 2005:450)

Schoon and Bynner (2003:24), when they did a study on socioeconomic disadvantaged children, found that **external support systems and supportive adults** such as neighbours, teachers, peers and coaches who support an individual and who see his potential and invest time in supporting him, are very important to promote resilience.

Having someone outside the family to turn to for support and having a **supportive educational environment** may be crucial in adverse times. According to Johnson and Lazarus (2008:19), schools are a significant factor in fostering resilience in children; schools must create a positive supportive and nurturing environment. Schools play a major role in a child's

development, therefore, if a school functions well in a context of adversity it manifests resilience which is important for a child (Masten *et al.*, 2008:78). Furthermore, Larson and Dearthmont (2002:831), when they did a study on resilience in children living in rural farming areas, found that good **school programmes** can help children develop resiliency by providing a **safe learning environment** and by setting realistically high, achievable academic and social expectations.

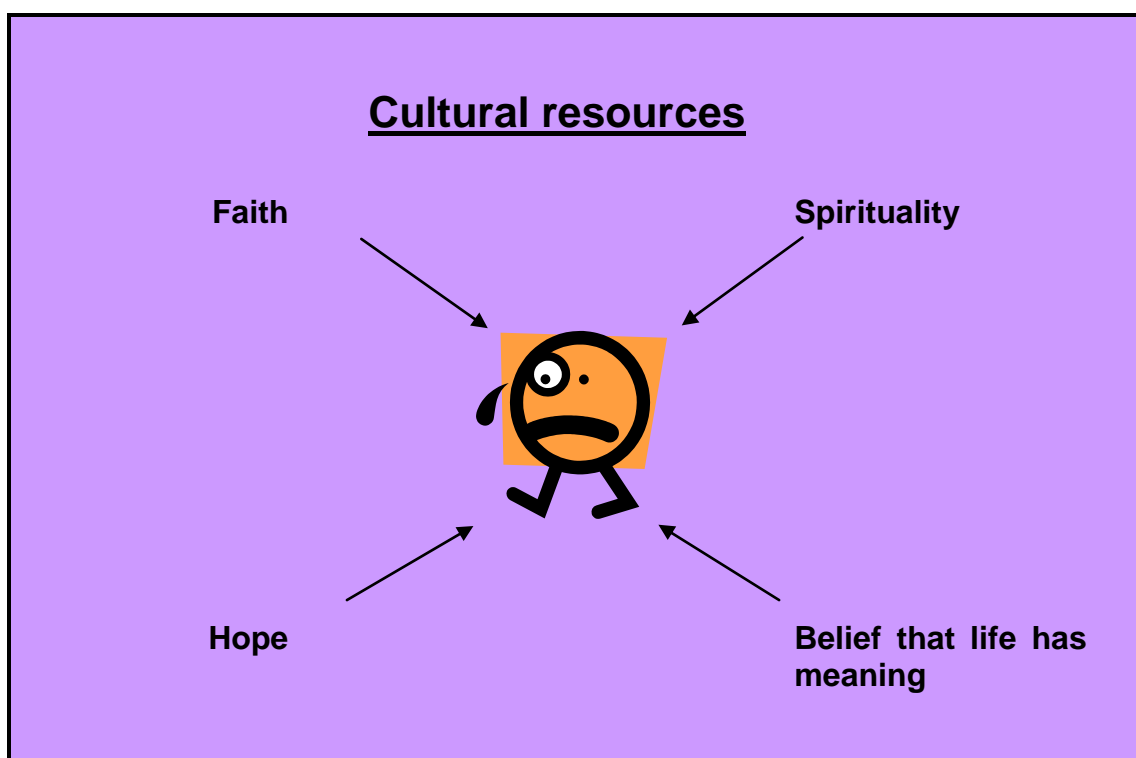
**Exposure to adult role models and rule-abiding peers** is very important, because people learn by modelling the behaviour of others (Harvey & Delfabbro, 2004:10). In other words, peer relationships provide children with an environment in which they can learn skills, values and how to share and help each other. These relationships were found to contribute to the self-esteem of children affected by HIV/AIDS and help them to form meaningful relationships, which potentially enhance the development of other protective processes such as competence and a sense of belonging. These in turn build resilience (Boyden & Mann, 2005:8).

Among others, a **safe neighbourhood, good health care, and access to emergency services** are vital to develop resilient children (Mandleco & Peery, 2000:106).

#### **2.4.1.4 Culture**

**Faith, hope, spirituality** and **a belief that life has meaning** are some of the cultural protective factors that help disadvantaged black children and high risk children in the resilience process (Dass-Brailsford, 2005:583, Masten *et al.*, 2008:79). These cultural resources are summarised in Figure 2.3.

**Figure 2.3: Cultural protective resources**



According to Rogoff (2003:3), “human development is a cultural process”. Humans use their cultural and biological heritage to develop language and to learn from each other (Rogoff, 2003:3). This heritage also encourages a collective identity and sense of belonging, both of which nurture resilience.

McCubbin and McCubbin (2005:32), when they did studies on resilient indigenous families, found that family is the channel for cultural transmissions such as beliefs, values and traditions that are carried over from one generation to another. Furthermore, these family traditions are an important element in the resilience process and give the family a sense of stability and support (McCubbin & McCubbin, 2005:32).

Cultural meaning systems guide a person in their behaviour and create rules on how to feel and how to behave, therefore culture plays a big role in the family and the individual’s process of recovery and resilience (McCubbin & McCubbin, 2005:40). Communities that allow children in rural farming communities to experience positive identification with **beliefs** and **values** may protect children from adversity (Larson & Dearmont, 2002:831).

Cultural **beliefs** and **practices** of a group play an important role in the resilience process. These beliefs and practices help individuals in indigenous families to deal with trauma and crises, such as the loss of a loved one. Their way of dealing with trauma and crises will depend on the degree of cultural beliefs and values (McCubbin & McCubbin, 2005:34). According to Te Vaarwerk (2009:15), family gatherings or meetings helped black adolescents of divorced parents to cope with this trauma and they said it gave them a sense of belonging. They described this gathering as traditionally part of African culture to cope with crises.

Spirituality and religious practices, such as attending church activities and/or traditional ancestral worship, is often a feature of resilient black disadvantaged youth's lives (Dass-Brailsford, 2005:583). Resilient people find that going to church gives them meaning in life and provides them with comfort in challenging times. A sense of **spiritual connection** is seen as a commitment in serving their community (Dass-Brailsford, 2005:583).

In a variety of black cultures there is a concept called Ubuntu, which forms an important core in their culture and community. The moral philosophy of Ubuntu is the belief that an individual's humanity is expressed through personal relationships with others in a community. It is a basic rule of respect and compassion for others. Ubuntuism has the power to create unity and purpose among people in a community (Masango, 2006:931; Nyaumwe & Mkabela, 2007:53-154). Cultural antecedents of resilience such as religion, adults who pass on culture, extended families who follow the ubuntu philosophy and honour the idea of a family community as opposed to a nuclear family help black youth to be resilient and give them a home even when they are parentless (Theron, Cameron, Didkowsky & Mabitsela, 2009).

This view of collective identity, which is similar to the idea of Ubuntuism, is supported by Ungar *et al.* (2007:297), who explain the sense of cohesion where a person develops a sense of responsibility to the self and a duty to his community. Child rearing is the responsibility of all the people in the community. Any adult is allowed to discipline a child. African villages do not allow a person to live alone, as if on an island. Everybody lives together and communism is a very important part of their lives. The Ubuntu philosophy is a

uniting force that enables members in a given community to care for the well-being of others (Masango, 2006:938; Nyaumwe & Mkabela, 2007:154). According to Theron (2007:371), the concept of Ubuntuism encourages black youth's resiliency.

The community cares for less-privileged people such as widows and the elderly through traditional activities, like helping to plant crops. This is probably the important thing that contributes to resilience - the fact that the whole community is involved in the lives of children and others and there is a lot of support from the community (Masango, 2006:938; Nyaumwe & Mkabela, 2007:154).

Furthermore, **ethnic identity** gives an individual social and psychological meaning and a sense of belonging which facilitate self-description, provide a sense of cohesion with others in the community and guide him to seek access to important resources, thereby enhancing the resilience process (Cameron *et al.*, 2007:297).

In summary, culture plays a big part in the resilience process, as it assists in shaping an individual's self-esteem and self-efficacy (McCubbin & McCubbin, 2005:40). According to Louw *et al.* (2007:382), cultural traditions, religious rituals and support services in a culture may provide a variety of protective functions, but several cultural practices also exist that can break down resilience and therefore increase risk. Such factors can include unacceptable and severe ways of punishment, belittling children, overprotection of children, overemphasising obedience, all of which result in underdevelopment of inner strengths and do not provide children with opportunities to ask for assistance when needed. Nevertheless, a growing number of studies is exploring how positive aspects of culture nurture resilience (Theron *et al.*, 2009).

#### **2.4.2 Risk Processes**

Although the risk factor chosen to delimit my study (i.e. being the middle-born child) is discussed in detail in Chapter Three, I provide a brief overview of risk processes, as it is not possible to discuss resilience in the absence of risk. In other words, a chapter overviewing resilience would be incomplete without an overview of risk.

A risk factor can be described as those circumstances that increase the likelihood for a child to experience problematic behaviour or negative outcomes that will put him in jeopardy of failing to become a meaningful member of his home, school or community (Armstrong, Stroul, Boothroyd, 2005:391; Boyden & Mann, 2005:6; Christle *et al.*, 2001).

No one risk has the same impact on everyone and what may be seen as a risk or protective process in one context may not necessarily be one in another setting. Therefore risk should be viewed in a specific context, in other words, risk factors may interfere with an individual's healthy everyday living, but they do not guarantee that a negative outcome will occur (Leadbeater *et al.*, 2007:517). According to Boyden and Mann (2005:6), risks can be internal, which result from the unique combination of characteristics that makes up an individual, such as temperament and neurological structure. Other risks can be external, resulting from the environment, for example poverty or war which inhibits an individual's well-being.

#### **2.4.2.1 Internal risks**

As mentioned above, internal risks include individual make-up such as a difficult temperament or deficient neurological structures (e.g. attention deficit, mental handicap, restlessness, and concentration problems) (Boyden & Mann, 2005:6; Christle *et al.*, 2001).

According to Schoon (2006:28) and Boyden and Mann (2005:6), specific skills such as intellectual, creative, socio-affective, sensory-motor and other abilities as well as temperament, a sense of humour, memory and perceptual competencies are necessary for successful adaptation and have a significant impact on resilience. Therefore, if the child does not possess these abilities or they are underdeveloped, it is most likely that the child will be more at risk and will not have the ability to navigate towards resilience-promoting resources.

Children who are chronically sick or weak will find it more difficult to deal with adversity than a child who is healthy and strong (Boyden & Mann, 2005:6).

#### **2.4.2.2 External risks**

Not only internal risks threaten a child, but also external risks found within the child's ecology, including poverty, lack of material resources, unsupportive

family members, poor community, single-parent household, culture and overcrowding (Boyden & Mann, 2005:6; Christle *et al.*, 2001; Schoon & Bynner, 2003:24). As mentioned above, family can potentially play a great role in helping the individual in the process of resilience, for family members act as mentors, and can provide reinforcement for problem-solving, motivation and other coping skills (Boyden & Mann, 2005:7). The converse is also true: in the absence of protective familial resources, the child is placed at risk.

When the family is in crisis, which is characterised by imbalance and disharmony, and has the ability to change and transform this crisis it will dictate the amount of risk the child in the family has to deal with. Although families are faced with severe risk they can still maintain the child's well-being by providing opportunities where he can feel in control of his life and protected from risks (Ungar, 2004a:25). This means that when a family cannot provide such a protective environment for the child it will affect his well-being. Ungar (2004a:26) comments further that children who have these supportive families take on more mature roles and will practise the skills they need to accomplish greater autonomy.

If family members are absent, unsupportive or unable to initiate change in crisis situations it will increase risk (McCubbin & McCubbin, 2005:31). According to Ungar (2004a:27), if parents withdraw from their role as guides to their children, they are denying them a valuable resource to their mental well-being.

An unsupportive community and school environment make the middle-born child more vulnerable, especially if he does not receive support and love at home. This increases risk and leads to problematic behaviour. Therefore a supportive community and school environment with teachers and others who are approachable are very important for a child's welfare (Boyden & Mann, 2005:8; Masten *et al.*, 2008:77).

According to Schoon and Bynner (2003:23), chronically stressful environments like an alcoholic parent influence a child's development of personal adjustment required for successful adaptation. In other words, if a

child's adjustment is weakened at an early age it becomes more difficult for him to fully develop his potential.

It is important to note again that risk must be seen in context (Leadbeater *et al.*, 2007:517). No one risk has the same impact on everyone in the same context, what might be seen as a risk to one person may not necessarily be that to another person, and multiple risks place the child at greater risk, therefore the risk of being a middle-born child will be discussed in more detail in Chapter Three.

## **2.5 CONCLUSION**

For a child to be resilient it is necessary for some form of risk as well as certain protective factors to be present to help the person cope with adversity and bring about a positive outcome or reduce or avoid a negative outcome. This does not mean every child faced with risk is resilient; it depends on how the individual copes with the risk at hand in conjunction with how easily he can navigate towards and negotiate for protective resources in his family, community and culture.

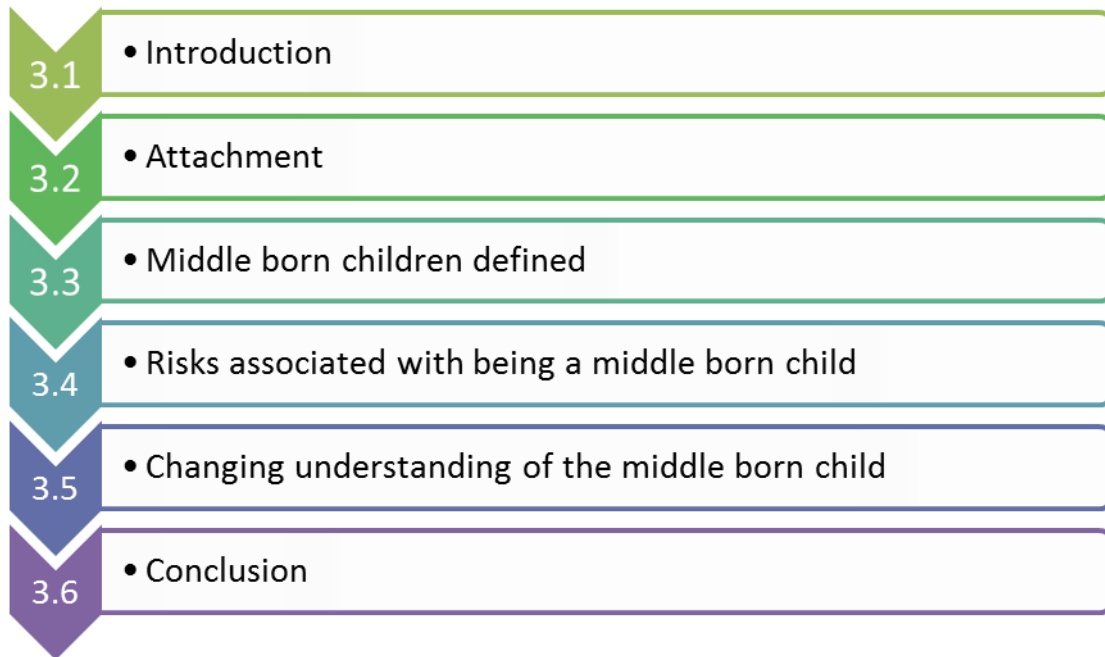
It is important for the protective resources to be present in the lives of children to help them cope with adversity. This indicates that certain individual characteristics are not enough to cope with adversity resiliently, but that the child's ecology needs to respond to his negotiations for resources that will enable healthy functioning in the face of risk and make sure that protective resources are available and accessible.

In the following chapter, the focus is on the middle child, who is traditionally believed to be at risk for negative outcomes.

# CHAPTER THREE

## ATTACHMENT AND THE PHENOMENON OF MIDDLE-BORN CHILDREN

**Figure 3.1: An overview of Chapter Three**



### **3.1 INTRODUCTION**

The focus of this chapter is on the middle-born child. Before describing the profile, weaknesses and strengths of the middle-born child, I will briefly discuss the phenomena of attachment. I do so because attachment theory enlightens the concept of middle-born children in that it explains how bonds are formed (or misformed). Because the middle-born child often complains that he is left out, overlooked and/or neglected (Leman, 1998:154), it would seem that poor attachment might be contributing to such negative experiences.

### **3.2 ATTACHMENT**

Attachment can be seen as the behavioural control system that balances the infant's need for safety and security; it gives him the desire to explore and master his environment (Stanfeld, Head, Bartley & Fonagy, 2008:516). As such, attachment refers to the infant and caregiver relationship that supports

the regulation of emotions and feelings (Carlivati & Collins, 2007:92). Attachment is a bond of emotional communication between mother (or another primary caregiver) and infant that is accompanied by strong feelings of emotion, facial expression, posture, tone of voice, physiological changes and tempo of movement (Schoore, 2003:134).

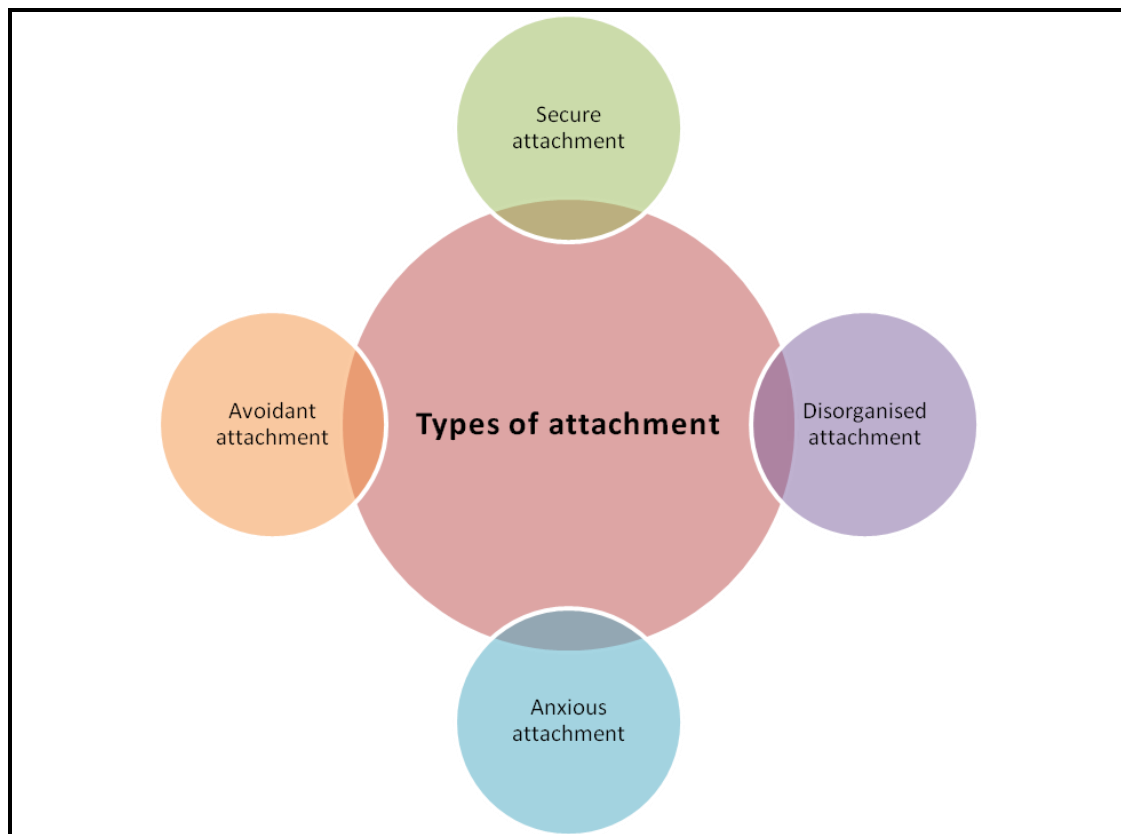
According to Bowlby (1979:103), all humans are happiest and able to live out their talents when they know there is someone behind them who supports them. This person who offers support is known as an attachment figure, where he or she provides a secure base from which the other person can operate. What happens during the early months of a person's life is very important for later development, hence the importance of attachment to a trusted figure like the mother or caregiver (Bowlby, 1979:116; Stansfeld *et al.*, 2008:516). Parental (or caregiver) sensitivity is the most important component in the attachment process (Bakermans-Kranenburg & Ijzendoorn, 2007:1160).

In other words, infant-caregiver relationships, attachment is the unique or distinct interpersonal connection that supports the regulation of emotions and feelings of safety from adverse circumstances and the emotional bonding between primary caregiver and infant (Bakermans-Kranenburg & Ijzendoorn, 2007:1160; Carlivati & Collins, 2007:92; Louw & Louw, 2007:128; Schoore, 2003:78). This connection encourages resilience. Attachment, as a behavioural control system where the child balances his need for safety and security with the desire to explore and master his environment encourages positive development (Stanfeld *et al.*, 2008:516). However, attachment is not always positive, as discussed below.

### **3.2.1 Types of Attachment**

There are different types of attachment as seen in Figure 3.2.

**Figure 3.2: Types of attachment**



(Ainsworth, 1979:933; Gerhardt, 2004:27; Kiang & Furman, 2007:74; Louw & Louw, 2007:130; Sonkin, 2005:2; Weiten, 2007:429).

### **3.2.1.1 Secure attachment**

Secure attachment is present when the baby uses the mother or caregiver as a security base from which he explores his environment. The baby becomes distressed when the mother or caregiver leaves the room but on the return of the mother or caregiver the baby is happy again. Securely attached infants welcome physical contact and can be relatively positive towards strangers when the mother or caregiver is present (Ainsworth, 1979:933; Kiang & Furman, 2007:74; Louw & Louw, 2007:130; Sonkin, 2005:2; Weiten, 2007:429). The caregiver must develop a sensitive responsiveness or ability to tune into the child and respond appropriately. This will help to form secure attachment and will provide a base from which the child can explore the world (Atwool, 2006:316). It will furthermore enable the child to develop a sense of worthiness and others will be perceived as available and reliable, which will

result in the child seeing the environment as a challenge but manageable with support (Atwool, 2006:318). This fuels resilience.

### **3.2.1.2 Anxious/Ambivalent attachment**

This type of attachment is identifiable by the baby becoming very anxious when the mother or caregiver leaves the room. When the mother or caregiver returns the baby will behave ambivalently: he will try to make contact with the mother or caregiver or will try to avoid them by crying, kicking or hitting. Anxious attached babies are very wary of strangers and it may be very unlikely that they will explore their environment (Ainsworth, 1979:933; Kiang & Furman, 2007:74; Louw & Louw, 2007:130; Sonkin, 2005:2; Weiten, 2007:429).

This attachment pattern develops when caregivers are very inconsistent in the way they respond to a child's feelings. Sometimes caregivers will act concerned and at other times they will 'switch off'. This confuses the child and he tends to keep his feelings close to the surface, and waits for a moment when he can make a bid for parental attention. He soon learns that he cannot rely on help with regulating his feelings being readily available and this leads to a strategy where he suppresses his feelings and learns to exaggerate them or be overly aware of his fears and needs and this influences his independence (Gerhardt, 2004:27).

In other words, ambivalent attachment develops due to inconsistent and unreliable responses from the primary caregiver. The child experiences an uncertainty about the worthiness of the self, and perceives others to be unreliable, over-bearing and insensitive. This will not encourage resilience.

Anxious attached children experience the environment as unpredictable and chaotic (Atwool, 2006:319). Children with a history of ambivalent attachment are likely to be helpless and resentful; they use manipulation as a dominant strategy. These children are likely to be in intense and explosive relationships with attachment figures when they grow up; they will desperately seek relationships with peers and others but will fear rejection and drive people away (Atwool, 2006:319).

### **3.2.1.3 Avoidant attachment**

If a baby receives displays of negative emotions from his caregivers, like yelling or facial expression that is stressful, he will learn to suppress his feelings and avoid expressing them to keep the caregiver from getting angry. The baby's feelings do not go away, however, and this leads to an avoidant attachment pattern (Gerhardt, 2004:26).

This type of attachment is characterised by the baby who is not upset when the mother or caregiver leaves the room and will avoid the mother or caregiver upon their return. The baby will not attempt to explore his environment when he is with his mother or caregiver. He can get very upset by the presence of strangers or he will ignore or avoid the stranger (Ainsworth, 1979:933; Kiang & Furman, 2007:74; Louw & Louw, 2007:130; Sonkin, 2005:2; Weiten, 2007:429).

This avoidant pattern develops in the context of an unresponsive relationship, where the caregiver is unresponsive to the child. This will result in the child seeing himself as unworthy and others as unavailable and hurtful. The environment will become threatening due to the fact that the caregiver is unsupportive and unavailable in stressful situations. The infant will become self-reliant at an early stage and will become unapproachable for attachment behaviour in order to protect the self from rejection (Atwool, 2006:319). A child with avoidant attachment will not regard relationships as important and may have underlying anger and resentment. These children tend to become withdrawn with intermittent outbursts of rage and will form superficial peer relationships (Atwool, 2006:319). Given how important relational resources are for resilience, avoidant attachment is likely to put the child at risk for non-resilient outcomes.

### **3.2.1.4 Disorganised/ atypical attachment**

This type of attachment is characterised by the greatest insecurity in infants and usually occurs in infants whose mothers or caregivers are insensitive, intrusive or abusive. The baby will be happy when the mother or caregiver returns but then he will turn away and show a variety of confused behaviour (Louw & Louw, 2007:130; Sonkin, 2005:2; Weiten, 2007:429).

Parents in these families have very often been overwhelmed by traumatic feelings that have not been processed effectively, consequently making them unable to provide the most basic parental functions such as protecting the child and creating a safe environment from where the child can explore (Gerhardt, 2004:27).

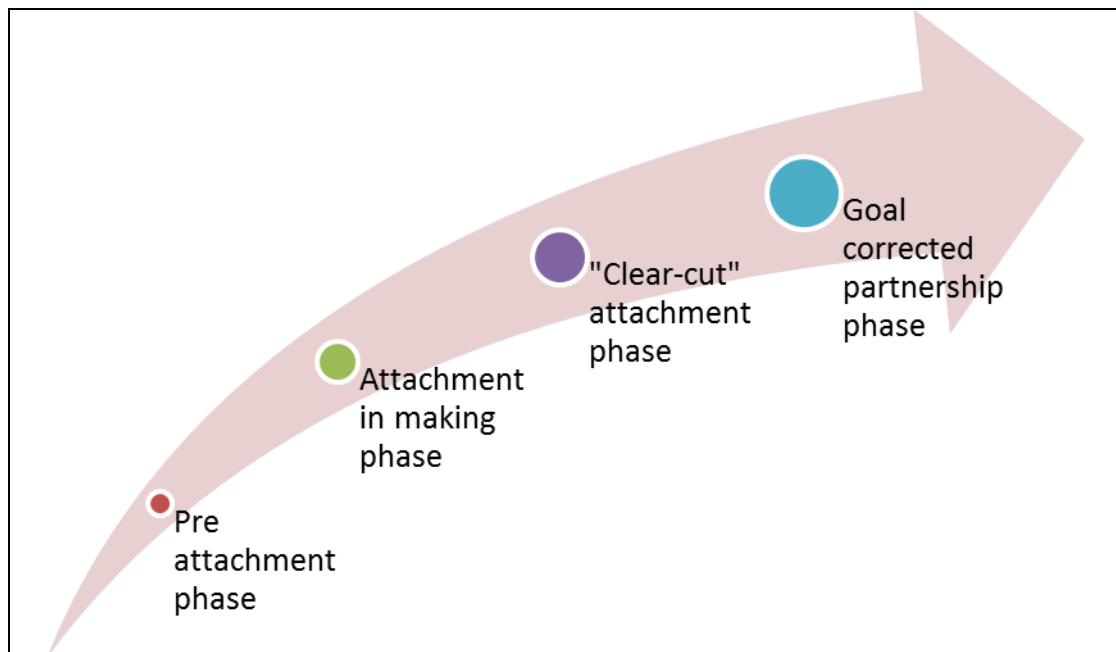
The primary caregiver of children in this category is often described as frightening or frightened. In an abusive situation the child sees himself as unworthy and perceives others as frightening and dangerous. The child experiences his environment as dangerous and chaotic. These children are hyper-aroused and their cognitive development will typically be impaired. They experience conflicting emotions and will be fearful and reactive. Their exploration is inhibited and they may not develop the capacity for symbolic play. Some children may develop compulsive compliance, compulsive caregiving or controlling behaviour (Louw & Louw, 2007:130; Sonkin, 2005:2; Weiten, 2007:429).

The child's dominant strategy is survival, and he is hyper-vigilant to caregiver cues. Researchers have found that most problems in childhood and later life are linked to this attachment category (Atwool, 2006:320). Clearly then, disorganised attachment does not encourage resilience.

### **3.2.2 The Phases of Attachment**

According to Bowlby (1969:265), attachment is not automatically present at birth, but it develops over a period of time in the form of phases that are summarised in Figure 3.3.

**Figure 3.3: Phases of attachment**



(Ainsworth, Blehar, Waters & Wall, 1978:23; Bowlby, 1969:266; Louw & Louw, 2007:129; Sonkin, 2005:1)

### **3.2.2.1 The pre-attachment phase**

Bowlby (1969:266) calls this the phase of “orientation and signals without discrimination of figure.” This phase begins at birth and lasts for a few weeks. The baby’s main characteristic at this stage is his genetically determined reflex responses. He is more responsive to stimuli in certain ranges than to others, and it seems that the stimuli to which he is most responsive come from people. In the beginning the child does not discriminate between individuals; he will respond to his mother in the same way as to any other person. The infant uses certain attachment behaviours which allow him to actively seek or maintain closer contact, including sucking, grasping and postural adjustment when held. Phase one comes to an end as soon as the infant can discriminate between people (Ainsworth *et al.*, 1978:23).

### **3.2.2.2 The attachment in making phase**

Bowlby (1969:266) calls this the “orientation and signals directed towards one discriminated figure” phase. During this phase the baby can discriminate between unfamiliar and familiar figures and is able to discriminate between one familiar figure and another (e.g. mother and father). This phase lasts

about from the third to the sixth month. During this phase the infant's attachment behaviour expands. For example, he begins to make use of coordinated reaching, which means he begins to direct his movement towards a certain object (Ainsworth *et al.*, 1978:24). In this phase the degree of attachment between the primary caregiver and child can be noticed.

### **3.2.2.3 The “clear-cut” attachment phase**

This phase lasts from about the sixth month to about two years and Bowlby (1969:267) identifies this phase as “maintenance of proximity to a discriminated figure by means of locomotion as well as signals.” In this phase the attachment between caregiver and child is clearly noticeable. The baby is much more active in this phase and actively seeks contact with his discriminated figures, rather than relying on attachment behaviours like before. The child will crawl or walk to the caregiver and will cry if the caregiver leaves the room (Ainsworth *et al.*, 1978:25). In this phase language starts to develop, and the child is active in exploring his environment, manipulating objects he discovers and learning about their properties. The child's behaviour becomes organised on a goal-directed basis (Bowlby 1969:267). According to Ainsworth *et al.* (1978:25), it is of greater importance for the child to learn to organise his behaviour with reference to a specific attachment figure than the intensity or frequency with which he uses each behavioural component of his attachment system. In other words, the child starts to organise and direct his behaviour towards the attachment figure. According to Ainsworth *et al.* (1978:27) separation distress is likely to occur in this phase, when the child starts to develop locomotive behaviour.

### **3.2.2.4 The goal corrected partnership phase**

In this phase attachment between caregiver and child can be much more complex. This starts at approximately age two. Bowlby (1969:267) believes the fundamental feature of this phase is the “development of the lessening of egocentricity” to the point where the child is capable of seeing things from his mother's point of view, and therefore he is able to see what feelings and motives, set-goals and plans might influence her behaviour. This phase is especially characterised by the child's attempts to influence the caregiver to

be more responsive to his own needs (Ainsworth *et al.*, 1978:28; Louw & Louw, 2007:129; Sonkin, 2005:1). Bowlby (1969:267) suggests that when a child reaches this phase there is a much more complex relationship between mother and child as they form a goal-directed partnership which underlines the flexible, hierarchical organisation of the child's attachment behaviour and his mother's reciprocal behaviour.

### **3.2.3 Benefits of Good Attachment**

According to Brink (2007:17), the child's non-verbal right brain develops through the attachment relationship in early years by attachment interactions such as rocking, songs, eye contact and loving touch. These activate positive emotional states which are essential for stress-coping systems to develop, which is an important component of resilience (Mandleco & Peery, 2000:105). In other words, attachment is essential for the development of resilience.

The development of positive attachment to the mother or caregiver is crucial for the healthy development of the child. Children with healthy attachments appear to be more resilient (Cameron *et al.*, 2007:287). Securely attached children show initiative and can explore their worlds (Karen, 1998:136; Louw & Louw, 2007:133). Further benefits of good attachment include social competence, responsiveness and cooperative friendships (Louw & Louw, 2007:133; Zimmerman, 2004:85), joyfulness, an inquisitive attitude, and less dependence on adults (Louw & Louw, 2007:133). According to Weiten (2007:429), infants with a relatively secure attachment tend to develop into competent toddlers with a high self-esteem. As mentioned in Chapter Two (*Cf.* 2.4.1.1), high self-esteem promotes resilience.

According to Bogels and Brechman-Toussaint (2006:837), a secure child-caregiver attachment might protect the child against childhood social fears. Mothers of securely attached infants show a tendency to respond appropriately, which gives the infant a feeling of control, and leads to coping responses to emotional stress (Schoore, 2003:165), both which encourage resilience as mentioned in Chapter Two (*Cf.* 2.4.1.1).

### **3.2.4 The Risks of Poor Attachment**

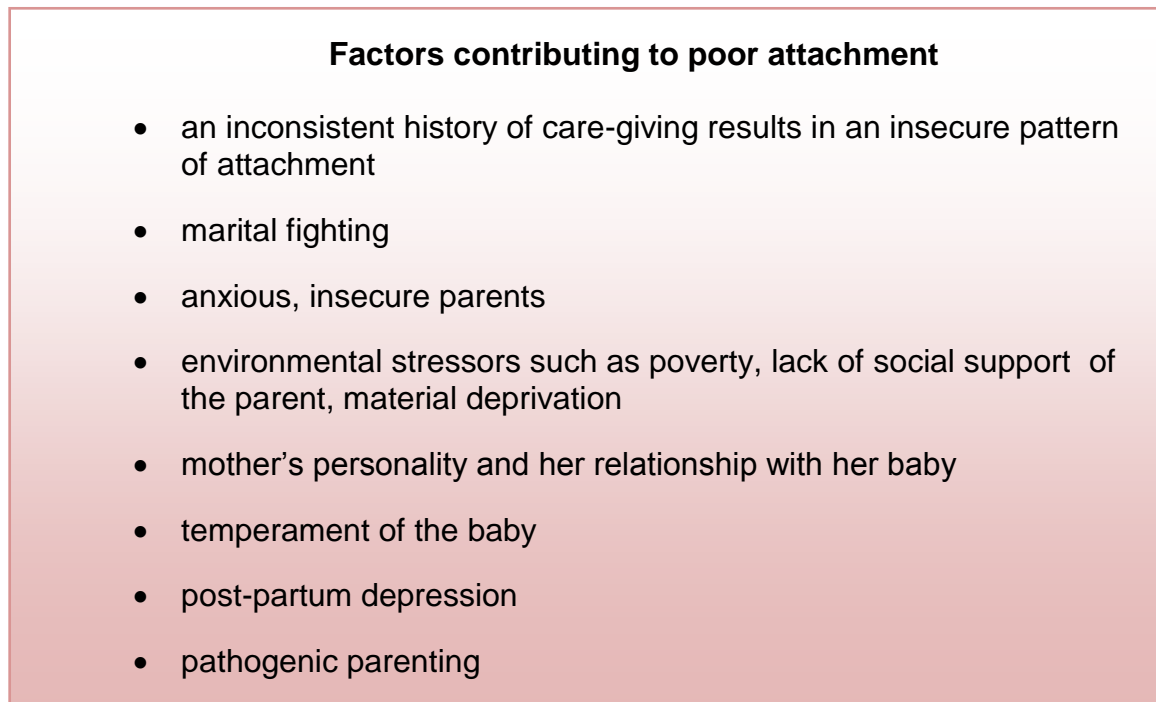
Alfred Adler (1988:407) concludes that the bond between mother and child is the child's first experience with social interest. When this bond is malformed the child will experience feelings of isolation and that he is always in enemy territory, which will lead to an unsuccessful transition to social interest. He will avoid coming close to others or bonding with other people and he will be inefficient in all tasks which require a well-developed social interest (Alfred Adler, 1988:407).

According to Carlivati and Collins (2007:91); Louw and Louw (2007:133) and Zimmerman (2004:84), insecurely attached children may show more negative emotions, hostility towards other children, are more likely to behave disruptively when faced with helplessness, disappointment and resignation and can be very dependent on adults during their school years. Insecure attachment during childhood may be related to a number of psychological problems during adulthood. It may lead to inadequate interpersonal relationships, disturbed emotional and social development and the development of anxiety disorder (Bogels & Brechman-Toussaint, 2006:836; Karen, 1998:252). In other words, poor attachment seems to predict non-resilient pathways.

#### **3.2.4.1 Factors that contribute to poor attachment**

Bogels and Brechman-Toussaint (2006:835-837); Bowlby (1979:137); Kiang and Furman (2007:74); Louw and Louw (2007: 130-131); Schore (2003:66); Stanfeld *et al.* (2008:517) summarise the following factors that could contribute to poor attachment as indicated in Figure 3.4.

**Figure 3.4: Factors that contribute to poor attachment**



According to Bowlby (1979:137), **pathogenic parenting** patterns could be one of the factors that lead to poor attachment. Pathogenic patterns include: one or both parents being **persistently unresponsive** to the child; discontinuities of parenting for frequent periods of time; persistent threats by parents not to love a child or to leave the family; insecure parents; threats by one parent to abandon or kill the other or to commit suicide; inducing a child to feel guilty by claiming that his behaviour is the cause of a parent's illness or death; **marital fights**. These patterns of parental behaviour may affect a child's ability to form emotional bonds and may lead to the development of neurotic attachment styles (McLaughlin, Heath, Bucholz, Madden, Bierut, Slutske, Dinwiddie, Statham, Dunne & Martin, 2000:1293).

An **inconsistent history of care-giving results in an insecure attachment bond**. If the child does not receive predictable, warm and emotionally available communication from his caregivers, he may adapt by avoiding dependence on others in future and this may lead to him becoming an aloof adult (Siegel, 1999:84). A **mother's personality and her relationship with her baby** are very important. A mother who is unfriendly, less supportive, unhelpful and unaffectionate may have an insecure attached baby which might lead to psychological problems (Louw & Louw, 2007:131). A **baby's**

**temperament** may also be an important factor in the formation of an attachment bond (Harvey & Delfabbro, 2004:4). If the baby is difficult it might have such a negative effect on the mother that the development of attachment will be affected. Psychosocial factors such as an **unhappy marriage, poverty, lack of social support** may all be responsible for an unsatisfactory attachment between mother and child (Louw & Louw, 2007:131). **Post-partum depression** experienced by the mother could lead to disturbances in the mother-infant relationship and may cause attachment problems.

### **3.2.5 Attachment Concluded**

From the above overview, it is clear that secure attachment is a reciprocal process between caregiver(s) and child that encourages resilience. As noted in the introduction to this chapter, many middle-born children complain of parental neglect and less than secure attachment (Leman, 1998:153; Richardson & Richardson, 2000:139). To understand this in more detail, I now turn to a discussion of what it means to be a middle-born child.

### **3.3 MIDDLE-BORN CHILD DEFINED**

The middle child is a person born somewhere between the first and last child in the family. This results in the middle child mostly feeling he was born too late to receive the privileges and special treatment of the first-born and born too soon to enjoy the relaxed discipline last-born children often experience. Therefore the term 'middle child syndrome' arose (Leman, 1998:150; Richardson & Richardson, 2000:137).

A child's birth position and sex probably determine how other people in his family treat and react to him (Richardson & Richardson, 2000:12). A family changes in many ways with the birth of each child. The circumstances, emotional life and the world around the family are different. Every person needs to develop an own identity. Birth order may impact on identity development (Richardson & Richardson, 2000:4). For example, the first-born child will usually identify with the parents' values and will try to be what they want him or her to be. The second-born child will most likely realise that he or she cannot compete with the first born and will try out new behaviours and

seek different routes to get affirmation and recognition (Richardson & Richardson, 2000:7).

According to Richardson and Richardson (2000:35), birth order traits develop on the basis of five circumstances of birth: the order of birth; the sex of the child; the number of years between births of siblings; the sex of the siblings; to a lesser degree, the birth order of the parents, particularly the same sex parent. These five circumstances have an impact on the dynamics of the family structure and family members, for instance the child's sex plays a role in how the parents will treat the child; the number of years between children will determine what kind of characteristics a child will develop. A middle child who is closer in age to the oldest child usually develops youngest child characteristics. However, if the middle child becomes the caretaker of younger siblings it can result in him developing oldest child characteristics (Richardson & Richardson, 2000:36).

### **3.3.1 Emotional Profile of a Middle-Born Child**

According to Alfred Adler (1988:409), young children often feel weak and helpless in comparison with competent older children and adults. They may compensate to overcome these feelings of inferiority over time, but excessive inferiority feelings can prevent the child from normal personality development. Adler further notes that when first-, second- and last-born children are born they enter different home environments and are treated differently by their parents, which has a direct affect on their personalities (Weiten, 2007:479).

Of all birth positions, middle-born children are the most difficult to define. This may be because psychologists do not know that much about them as over the years little research has been done on middle-born children (Leman, 1998:150).

The general characteristics of the middle-born child are the most varied and contradictory of all the birth positions. Characteristics may include being a mediator or someone who avoids conflict, frequently being the child in the family who gets 'lost', and often feeling more adrift in the family. The lower self-esteem, higher frustration, less supportive parents and victimisation of middle children may keep middle-born children from developing coping

resources (Dailey, 2008; Guastello & Guastello, 2002:3; Salmon, 2002:74; Teague, 2007). As mentioned in Chapter Two, (Cf. 2.4.1.1), coping resources are important skills for resilience.

Leman (1998:153) quotes that middle-born children are often using the phrase, "I just didn't get much respect". They often describe their birth position as "out of place", "misunderstood", "fifth wheel" or as leftovers who always got bypassed and upstaged by other siblings (Leman, 1998:154). Comments like these suggest that some middle-born children do not enjoy good attachment to their parents (or caregivers) and siblings.

### **3.3.2 Scholastic Profile of a Middle-Born Child**

According to Werner and Smith (1982:58), birth order influences scholastic development: first-born children receive more social stimulation from everybody and therefore develop high intellectual competence which results in a lesser degree of school failure. It is also less likely that first-born children will develop mental health problems. Guastello and Guastello (2002:1) established that only and oldest children have an academic edge over other birth categories. As mentioned in Chapter Two (Cf. 2.4.1.3), academic achievement is one of the indicators of resilience (Harvey & Delfabbro, 2004:4; Masten & Powell, 2003:6; Masten & Coatsworth, 1998:206; Masten & Reed, 2005:75). Given the aforementioned findings (Guastello & Guastello, 2002:3; Werner & Smith, 1982:58), it would seem that middle-born children are not as well-stimulated as their older siblings and may have to work harder to achieve academically.

Middle-born children are less likely to take initiative or think independently; their academic achievement is the lowest in their family (Richardson & Richardson, 2000:139). This may be due to the fact that parents put less pressure on middle-born children to succeed (Richardson & Richardson, 2000:139). Studies reveal that middle-born children are under-represented in colleges and universities and also in careers that require excellence in mathematical skills; however, middle-born children do well in areas that require creativity, such as writing, music and art (Rosenberg-Asch, 1997:7).

### **3.3.3 Social Profile of a Middle-Born Child**

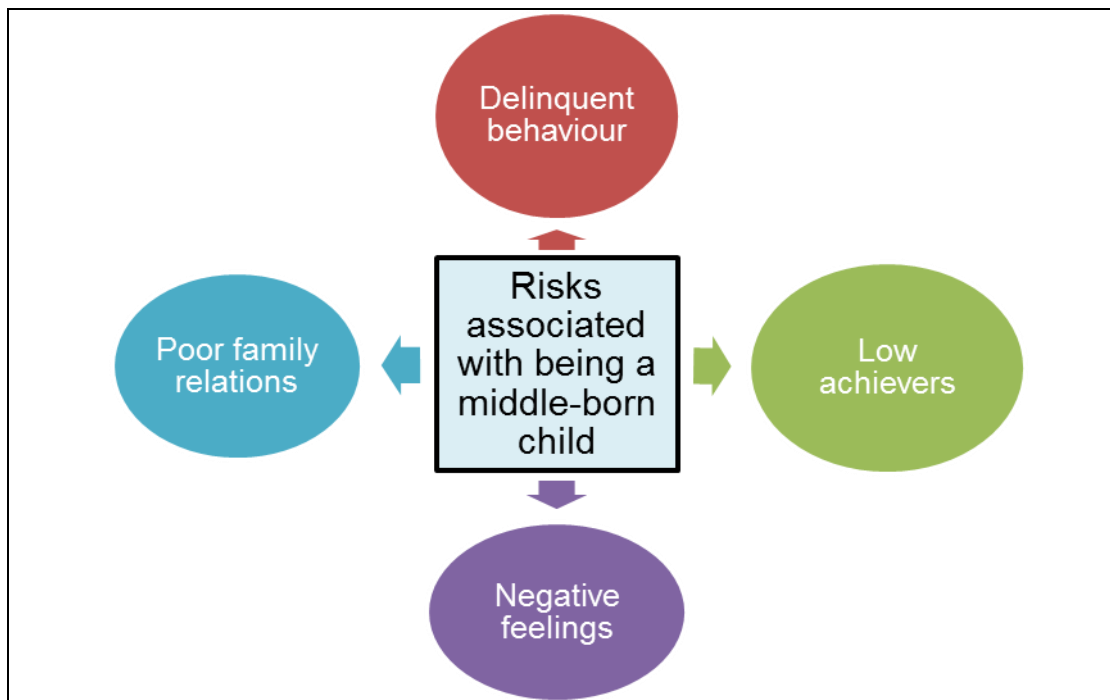
Middle-born children are usually more responsible than youngest children, but they tend to have more problems than either the oldest or youngest children. They are not as spontaneous as the younger child and lack the authority of the oldest child. Spontaneity can include spontaneous moves towards caregivers and others who could encourage attachment, and so it is possible that limited spontaneity limits attachment (Richardson & Richardson, 2000:141).

On a more positive note, middle children have to learn to live with the very different personalities of the youngest and oldest children and therefore may be quite adept at dealing with all kinds of people (Richardson & Richardson, 2000:141). Because middle-born children often feel left out and misunderstood at home, they tend to socialise more with their peer group than other children in the family and therefore they are more sociable. Middle-born children often have many friends (Leman, 1998:154). This is one of the characteristics of a middle-born child which may help to result in resilience, for social support in the form of the child's peer group is a protective resource which the child can use to accomplish resilience (Johnson & Lazarus, 2008:20; Louw *et al.*, 2007:382; Schoon & Bynner, 2003:24).

### **3.4 RISKS ASSOCIATED WITH BEING A MIDDLE-BORN CHILD**

“Middle child syndrome is real: middle children often bemoan their fate as children who are being ignored” (DeBroff, 2006). They don't feel special growing up, because the older or younger sibling gets all the attention (Leman, 1998:153) and this suggests that their attachment behaviour to family figures may be negatively affected. Figure 3.5 summarises the risks associated with middle children.

**Figure 3.5: Risks of being a middle-born child**



### **3.4.1 Poor Relations between Parent and Child**

According to Sutor and Pillemer (2007), the most consistent finding in the literature on birth order in families is the difference between the parent-child relations of middle-born children and those of both firstborn and last-born children. The empirical literature on parent-child relations has shown that the advantage for both firstborn and last-born children is far greater than for middle-born children in terms of material and interpersonal resources in the early years (Sutor and Pillemer, 2007). Sutor and Pillemer (2007) found that middle-born children are less close to parents and have lower feelings of family solidarity (Sutor & Pillemer, 2007). Parents are less supportive (emotionally and financially) of middle born children (Salmon, 2002:75). According to Leman (1998:153), there just doesn't seem to be a great deal of parental awareness of the middle child's need for a spot in the family. Leman (1998:154) quotes "if I want to get a rise out of middle-born children at a seminar, all I have to say is, family photo album". He reported that most middle-born children agree that the family photo album often contains proof that the parents relegate the middle-born child to the background. The album usually contains a lot of photos of the first- and last-born children but fewer of

the middle-born children. The middle child noticing this may do more damage to the relationship between child and parent, because the lack of photos could almost be confirmation that he was left out. Because positive attachment to parents / caregivers is vital for healthy development, good adjustment and resilience (Ainsworth, 1979:936; Atwool, 2006:316; Karen, 1998:180-184; Schore, 2003:56-59), the reports that middle-born children have poorer family attachments are worrying.

### **3.4.2 Delinquent Behaviour**

“A **delinquent** is one who has a tendency to commit a crime”  
(OED, 2007:143).

Many studies on delinquent behaviour have shown that firstborn children are less involved in delinquency than middle-born children (Begue & Roche, 2005). Delinquent behaviour can be seen as behaviour that a person engages in that cannot be controlled by his parents (Gouws, Kruger & Burger, 2000:183), and is not typically associated with resilience. Middle-born children are more likely to be rebellious at times, because they don't feel they fit in (Fritz, 2006; Leman, 1998:165). Insecurely attached children are more likely to behave disruptively (Carlivati & Collins, 2007:91; Louw & Louw, 2007:133; Zimmerman, 2004:84) and this may be part of the reason why middle-born children often behave in delinquent ways.

Another reason may be that the middle child feels pressured from above by the oldest and from below by the youngest child, and so often goes outside the family where he can feel special (Leman, 1998:156). The middle child becomes a bit of a free spirit and seeks acceptance elsewhere, because he has a need to belong. This may lead to the child choosing a peer group with which to socialise (rather than family) and may often result in the wrong group which introduces him to delinquent behaviour (Leman, 1998:161; Richardson & Richardson, 2000:150). Insecurely attached children often form unhealthy bonds with accessible adults or older peers (Carlivati & Collins, 2007:91; Louw & Louw, 2007:133; Zimmerman, 2004:84) and if these peers typically behave in socially inappropriate ways, this could also encourage delinquency.

### **3.4.3 Negative Feelings**

Middle-born children often feel displaced, overlooked and overwhelmed by their older and younger siblings and mostly have a sense that their siblings are favoured (Leman, 1998:153-154). According to Richardson and Richardson, (2000:139) middle children are sensitive to being left out. Being treated unfairly along with perceptions of being neglected may make middle-born children suspicious, cynical and even bitter (Leman, 1998:165). Middle-born children have less family support and social confidence and this contributes to their lower self-esteem, higher frustration, and victimisation, which limit their development of coping resources (Guastello & Guastello, 2002:3). The literature on resilience (Christle *et al.*, 2001; Leagault *et al.*, 2006:1027 Mandleco & Peery, 2000:103), emphasises that resilience is encouraged by positive feelings like trust, optimism and cheerfulness and so the fact that middle-born children typically experience negative emotions, suggests that they are at risk.

### **3.4.4 Low Achievers**

Middle-born children are often the lowest achievers academically and may be the least likely of the family to go to university (Richardson & Richardson, 2000:139). Middle-born children are less pressured by their parents to succeed, which may contribute to them being low achievers (Richardson & Richardson, 2000:140). Typically, resilience is associated with healthy goals and positive future orientation (Christle *et al.*, 2001; Mandleco & Peery, 2000:103), and so the tendency of middle-born children to aim low puts them at risk.

Many middle-born children don't stick to anything too long because they are typically afraid of failure (Richardson & Richardson, 2000:139). To avoid failure they try to set up conditions where others can perform badly so the middle child may feel less inadequate. In other words, if there is an area where the oldest child does not do well, the middle child will do his best to shine in that area (Richardson & Richardson, 2000:139). Although this encourages achievement, it often leads to an overly competitive spirit. This competitive instinct may result in the middle child becoming self-destructive if

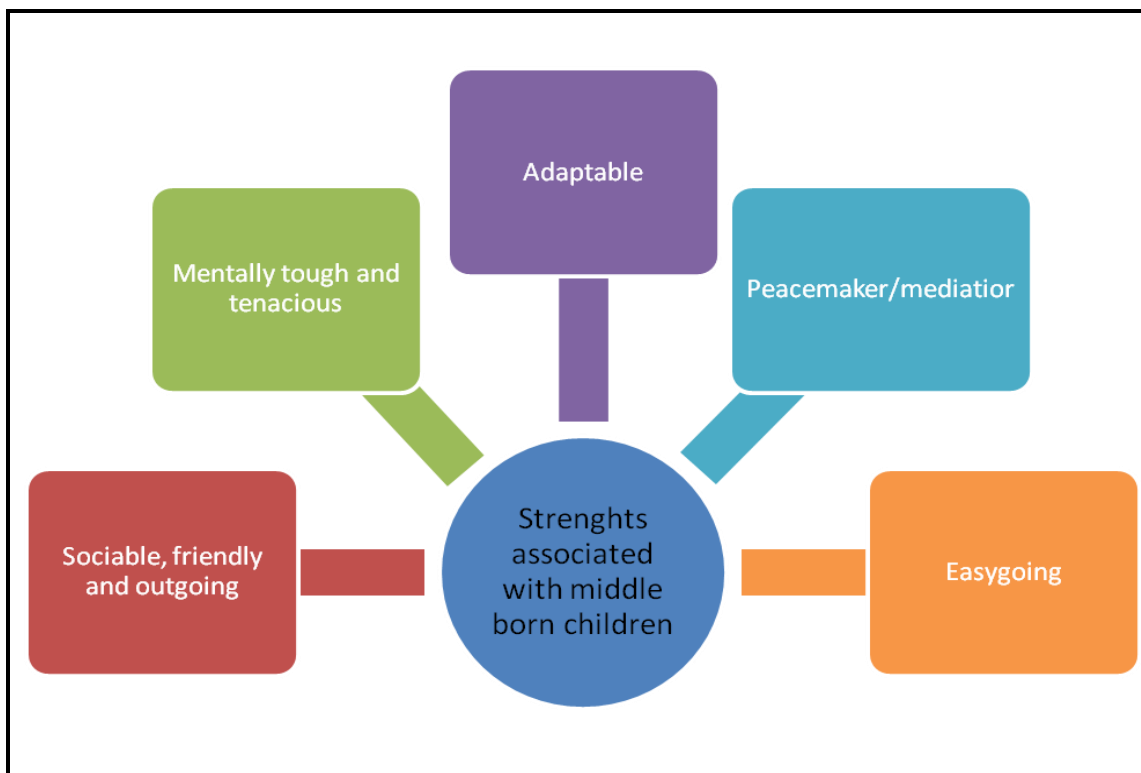
he belongs to a family of achievers. Attempts to self-destruct could include eating or drinking too much or eating too little, all in a bid to get attention.

### 3.5 CHANGING UNDERSTANDING OF THE MIDDLE-BORN CHILD

Earlier literature (Begue & Roche, 2005; Dailey, 2008; DeBroff, 2006; Fulgham, 2000; Guastello & Guastello, 2002:3; Salmon, 2002:74; Suito & Pillemer, 2007; Teague, 2007) on middle-born children focuses on the deficits associated with middle-born children and emphasises that there is risk associated with being a middle-born child. However, more recent studies suggest that middle-born children do have strengths (Leman, 1998:153; Fritz, 2006; Richardson & Richardson, 2000:141). According to Leman (1998:153), painting a picture of middle-born strengths is challenging because of the ambivalence surrounding middle-born children (e.g. a middle-born child can be quiet, shy and a loner, or sociable, friendly and outgoing) (Leman, 1998:153).

Despite this challenge, there is some evidence that middle-born children can be strong and emotionally robust, as summarised in Figure 3.6 below (Leman, 1998:156).

**Figure 3.6: Strengths of middle-born children**



### **3.5.1 Sociable, Friendly and Outgoing**

As noted previously, middle-born children often socialise more with their peer group than other siblings in the family. Friends become very important because they make them feel special. Middle-born children can therefore be more sociable and outgoing (Leman, 1998:155) and often develop excellent social skills (Fritz, 2006). Good social skills and a network of friends for support are known to encourage resilience (Hjemdal, 2007:30; Johnson & Lazarus, 2008:20; Masten *et al.*, 2008:81; Schoon & Bynner, 2003:24), as documented in Chapter Two (*Cf.* 2.4.1.3).

### **3.5.2 Easy going**

Middle-born children are often able to work in teams and relate well to older and younger people, probably due to their experience of being “sandwiched” between an older and younger sibling (Fulgham, 2000). Some middle-born children are trusting and more than willing to respect the opinion of others (Fulgham, 2000), which contributes to them being good team-players. The capacity for cooperation is known to encourage resilience (Harvey & Delfabbro, 2004:10; Masten *et al.*, 2008:81).

### **3.5.3 Peacemaker and Mediator**

Middle-born children tend to be peacemakers and mediators, partly because they couldn't have their parents all to themselves and so learned to negotiate and compromise (Richardson & Richardson, 2000:139). The more aggressive, competitive middle-born child may use these mediating skills to become a skilled entrepreneur (Leman, 1998:157). To be a good mediator will enable the middle-born child to navigate towards resilient resources and negotiate to obtain them (Ungar, 2004b:342).

### **3.5.4 Mentally Tough and Tenacious**

Some middle-born children tend to be mentally tough and independent, qualities they may have acquired due to having learned to cope with feelings of rejection and of always feeling left out. They may be tenacious because they are used to life not always being fair (Leman, 1998:161-164). Tenacity is strongly associated with resilience (Christle *et al.*, 2001; Harvey & Delfabbro, 2004:5).

### **3.5.5 Adaptable**

Many middle-born children are considered to be adaptable. They are generally more flexible and adjustable compared to older and younger siblings (Weller, Natan & Hazi, 1974:794). Fritz (2006) notes that this adaptability may help middle-born children to handle disappointment.

According to Louw *et al.*, (2007:381), children who have an easy temperament and an adaptable personality are more often resilient.

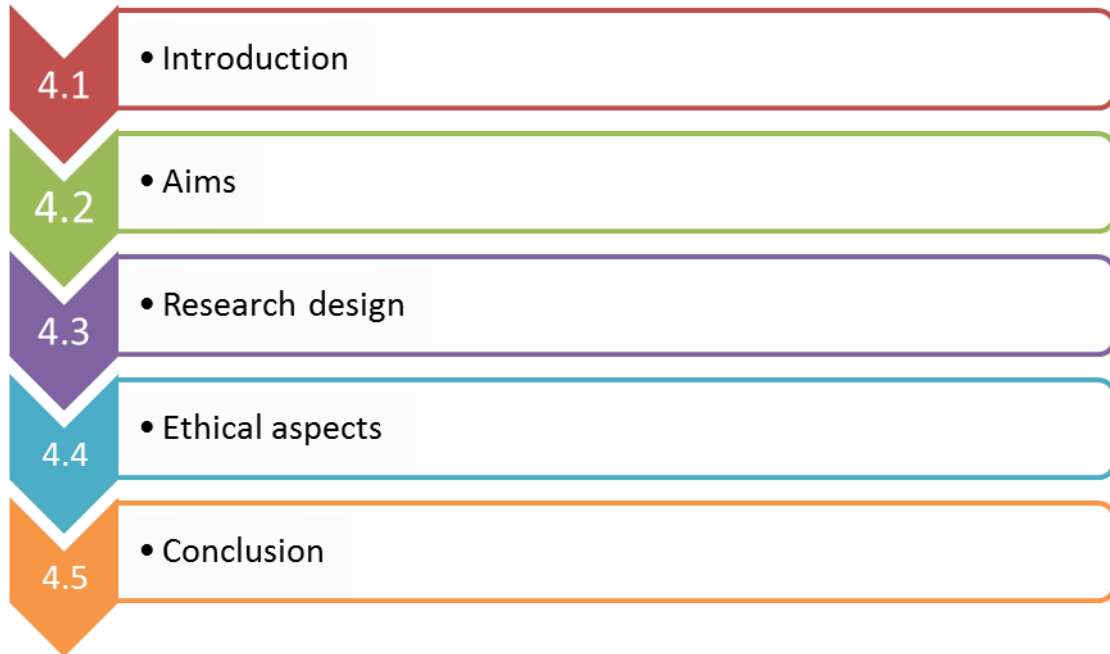
### **3.6 CONCLUSION**

There are many contradictions throughout the literature on middle-born children and this creates a paradox, but it is clear that of all birth positions middle-born children are the ones on which the least studies have been done. It seems that secure attachment, a supportive family, community and healthy culture are very necessary for middle-born children to be resilient. Middle-born children display strengths as well as weaknesses. The paradox in middle-born children's characteristics may be due to their having different kinds of access to resources and each individual approaches the process of navigation towards and negotiation for resources differently. Some middle-born children may therefore be resilient and others not. However, this is just an assumption; through this research I aim to establish what processes lead to their resilience.

# CHAPTER FOUR

## RESEARCH DESIGN AND METHOD

Figure 4.1: Overview of Chapter Four



### 4.1 INTRODUCTION

Chapter Two and Three provided the theoretical framework for my study and guided me to understand the core concepts with regard to my research focus. They also helped me to understand what still needed to be researched. My literature review focused on attachment and middle-born children within the context of resilience.

Chapter Four outlines the process of research used in my study. I focus on my research design and method, as well as the data collection and analysis process. I discuss the ethical principles that I followed while conducting my research and explain the reliability, validity and trustworthiness of my study.

### 4.2 RESEARCH AIMS

The primary aim of the study was to determine what contributes to the resilience of some middle-born children. This aim was informed by my primary research question: What does the phenomenon of resilience among

middle-born children entail? The primary aim was sub-divided into the following:

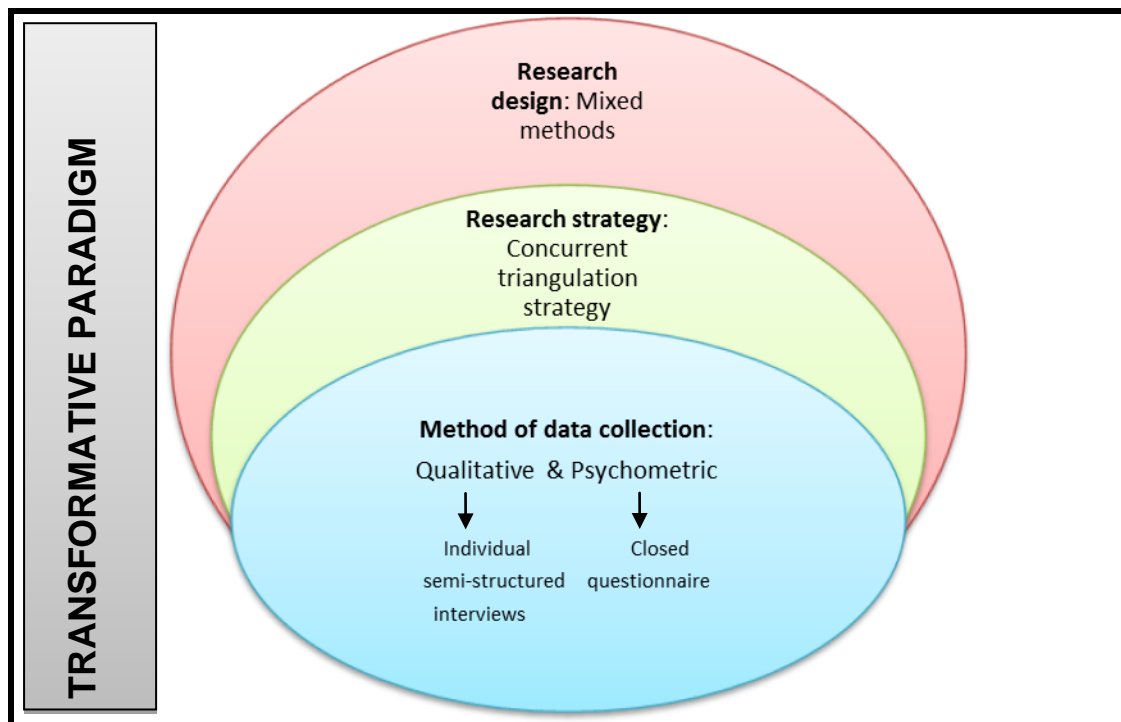
- to do a literature study on middle-born children (and their attachment);
- to do a literature study on the nature of resilience; and
- to do an empirical study to gain a deeper understanding of the protective resources found in the child's social ecology that contribute to the phenomenon of resilience among middle-born children.

This empirical aim was facilitated by following a concurrent triangulation mixed method design as explained below.

### 4.3 RESEARCH DESIGN

The research design is the overall picture of how the study was conducted and is summarised in Figure 4.2 below. As explained in Chapter One (*Cf* 1.4) my design was embedded in a transformative paradigm (Mertens, 2009) because I wished to challenge the stereotypical view of middle-born children as vulnerable and non-resilient.

**Figure 4.2: An overview of the research design**



I used the mixed methods design (Creswell, 2009:213) as discussed in 4.3.1. Mixed methods can be divided into six different strategies, namely the sequential explanatory, exploratory and transformative strategies and the concurrent triangulation, embedded and transformative strategies (Creswell, 2009:211-215). The mixed method design that I chose was the concurrent triangulation strategy (Creswell, 2009:213). The concurrent triangulation strategy was preceded by a thorough literature study that informed my theoretical framework of resilience theory and theories of middle-born children. The literature study was conducted using keywords such as: middle-born children, birth order, attachment and resilience. These keywords were used to collect data from educational journals, books and search engines. The databases I used were Ebsco Host and Sabinet.

#### **4.3.1 Research Strategy: Concurrent Triangulation Strategy**

As mentioned above, according to Creswell (2009:211), the mixed method design can be divided into six designs. I will discuss the different designs briefly so that it will be clear why I chose the concurrent triangulation strategy.

Sequential exploratory strategy is done by using the quantitative findings, which are gathered in the second phase to help clarify the qualitative findings. The quantitative data collection and analysis are used to explain the qualitative data gathered in the first phase (Creswell, 2009:211). The sequential exploratory strategy is usually used by researchers who want to explore a relatively unknown phenomenon (Creswell, 2009:212). The advantage is that the two phases make it easy to implement, but the disadvantage is that it takes longer to complete the study (Creswell, 2009:211).

The second strategy is the sequential explanatory strategy, which involves gathering of quantitative data in the first phase, followed by qualitative data collection in the second phase that helps to explain the quantitative data collected in the first phase (Creswell, 2009:211). This strategy is used especially when unexpected results arise from the quantitative study. The advantage of the sequential explanatory strategy is that it is easy to implement and straightforward in nature (Creswell, 2009:211). The

disadvantage on the other hand is that to collect the data is time-consuming (Creswell, 2009:211).

The third strategy is the sequential transformative strategy. According to Creswell (2009:212), this strategy “is a two-phase project with a theoretical lens”. This means that the first phase is done by gathering either qualitative or quantitative data followed by a second phase where either qualitative or quantitative data are collected to build on the earlier phase (Creswell, 2009:212). This strategy differs from the ones above for it has a theoretical perspective that guides the study. It is used by researchers who want to give a voice to diverse perspectives (Creswell, 2009:213). The disadvantage is that this is a rather new approach and not much has been written about it. There is therefore little guidance on how to use the transformative design (Creswell, 2009:213). The sequential strategies follow a specific sequence and all the data mixing are connected (Creswell, 2009:212). I did not choose one of the sequential strategies, because the quantitative and qualitative data are not collected at the same time (Creswell, 2009:214) and my study lent itself to simultaneous collection of qualitative and quantitative data.

The next set of strategies comprises those that are concurrent. The first concurrent strategy is the embedded strategy. The concurrent embedded strategy can be identified by the use of only one phase of data collection, where quantitative and qualitative data are collected at the same time (Creswell, 2009:214). This strategy is used when there is a secondary research question related to the primary research question which needs to be answered (Creswell, 2009:214; Ivankova *et al.*, 2007:267). The advantage of this design is that one can collect two types of data at the same time and base the study on a design that is well-known (Creswell, 2009:215). The disadvantage is that it is a challenge to decide why a second set of data is needed and how to collect it without bringing bias into the collection and analysis of the primary data (Ivankova *et al.*, 2007:268). The results of the data could also be unequal within the study, which may be a disadvantage in the interpretation of the final results (Creswell, 2009:215). This strategy differs from the triangulation study because the embedded strategy has a primary method which gives guidance to the study and is supported by a

secondary database. The secondary method has less priority and is embedded in the primary method (Creswell, 2009:214). The concurrent embedded design has all the advantages of the concurrent triangulation strategy, but the reason I did not choose the embedded strategy was that I only had one main research question to answer.

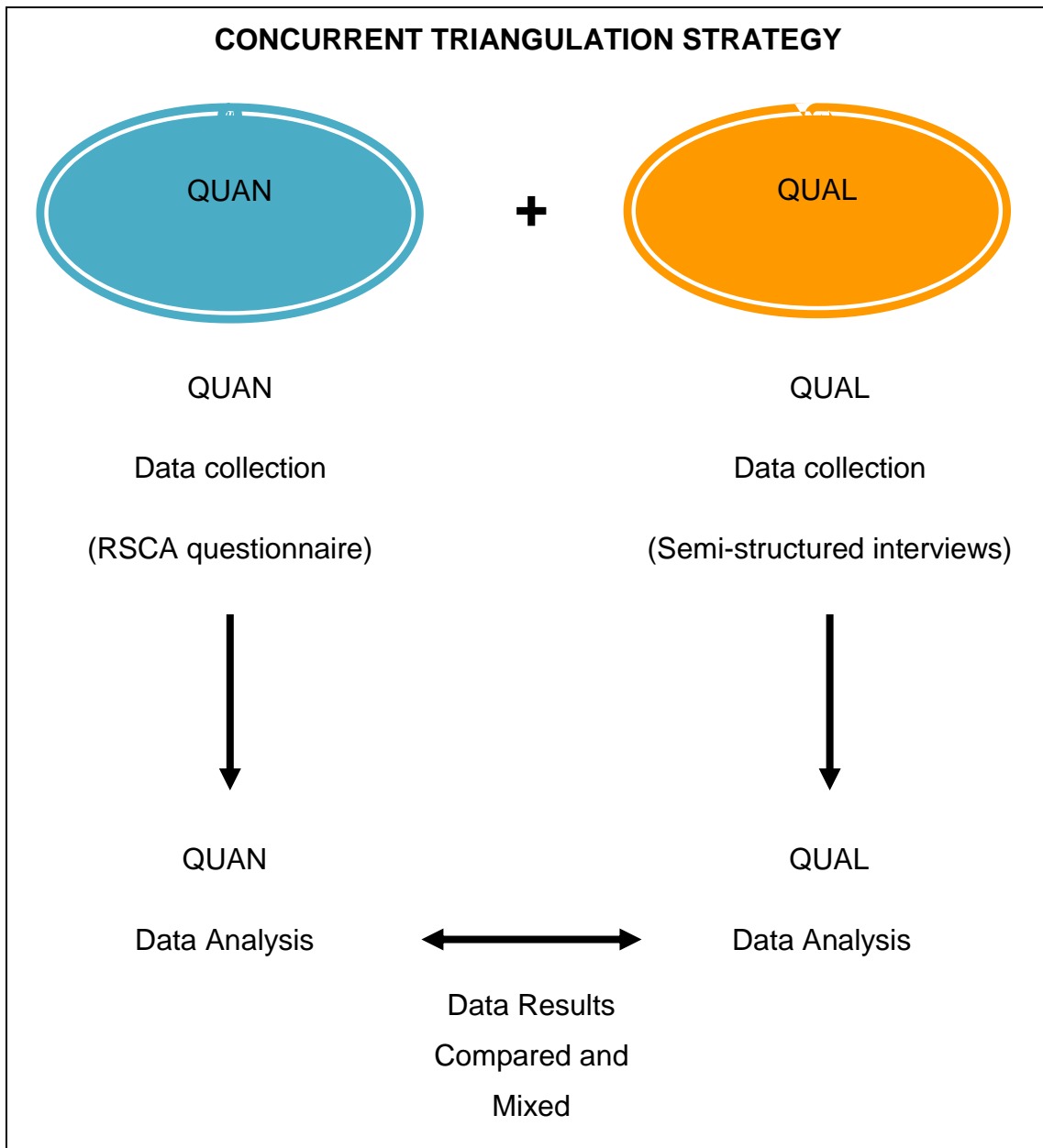
The next concurrent strategy is the transformative strategy, which involves the collection of quantitative and qualitative data at the same time but with a theoretical perspective (Creswell, 2009:215). The perspective is reflected in the research question of the study. The concurrent transformative strategy may take on characteristics of the embedded or triangulation strategy but it has an added advantage of putting the mixed method research into a transformative framework (Creswell, 2009:216). Although I worked from a transformative paradigm (Mertens, 2009), I did not think that a concurrent transformative strategy was best for my study, because my study was not challenging a specific theoretical perspective (Creswell, 2009:219). Instead my study was challenging the stereotype of middle-born children as typically non-resilient. I intended to use mixed methods to explore the strengths of middle-born children, something which is mostly overlooked in current literature (Mertens, 2009:18). In other words, I hoped that the findings of my study would encourage a change in how social agents (like parents and teachers) think of and treat middle-born children. I hoped that a different, more positive view of middle-born children would encourage more just expectations and conceptualisations of these children.

The last concurrent strategy is triangulation, which is the one I chose because of its suitability (as noted above) and its advantages. The concurrent triangulation strategy is the most familiar of the mixed method designs, where quantitative and qualitative data are collected at the same time and then the results are mixed and compared. In other words, in this approach the quantitative and qualitative data collection is concurrent (Creswell, 2009:213). The advantages of the concurrent triangulation strategy are that it is familiar and it can result in well-validated and substantiated findings (Creswell, 2009:213). The challenges of the concurrent triangulated strategy are that it takes a lot of effort to collect two different types of data at the same time and

then it is difficult to determine how to compare the data. The problem may appear if the two sets of results do not agree (Creswell, 2009:214).

Figure 4.3 below illustrates how the concurrent triangulation strategy works.

**Figure 4.3: An illustration of the concurrent triangulation strategy (Creswell, 2009:210)**



My aim was to through triangulation determine which conclusions based on my qualitative sources are supported by the conclusions of the quantitative sources and vice versa (Leedy & Ormrod, 2005:99; Maree & Van der Westhuizen, 2007:39) and in so doing provide a more complete

understanding of what contributes to the resilience in some middle-born children.

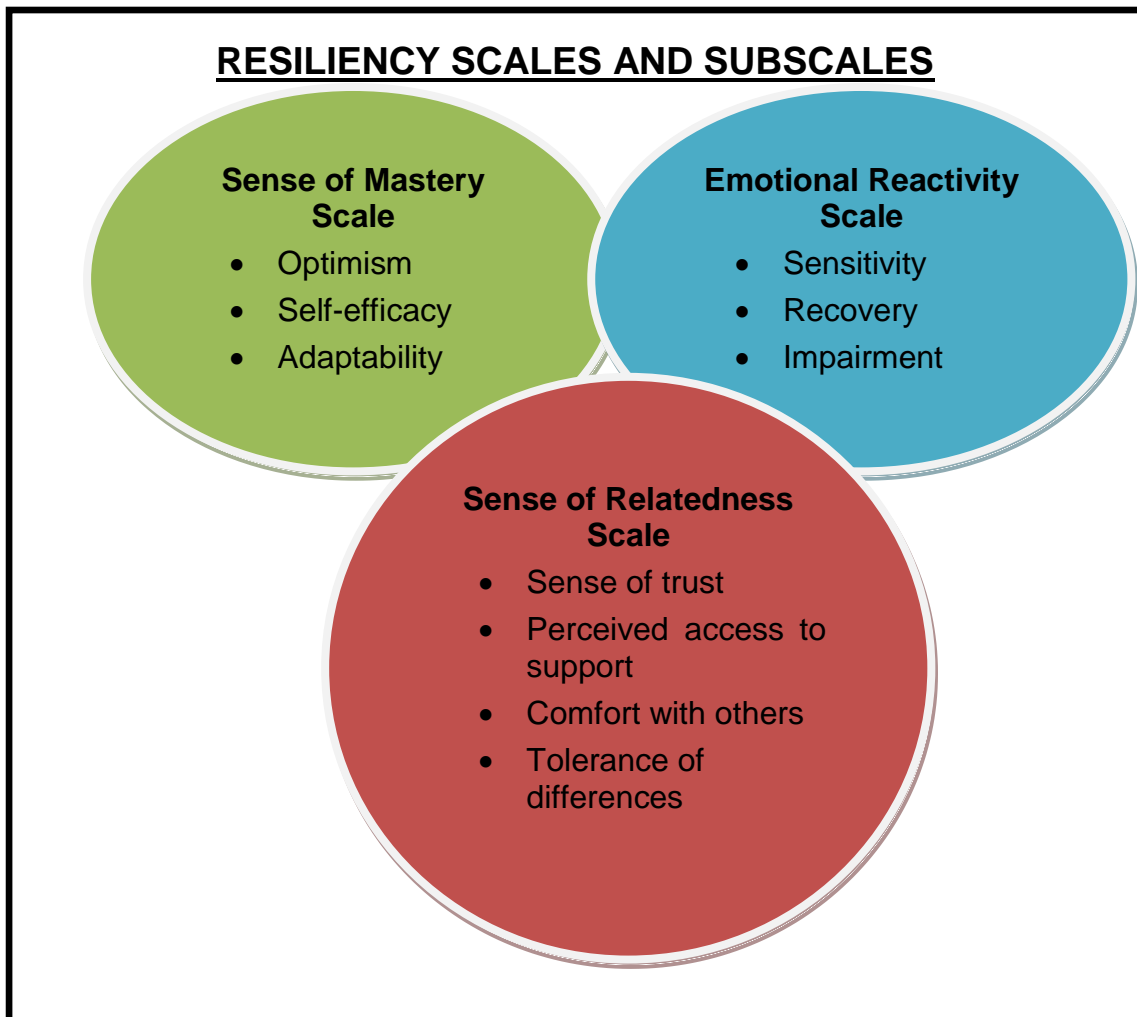
### 4.3.2 Methods of data collection

#### 4.3.2.1 Questionnaire

My psychometric data collection was done using a questionnaire called the Resiliency Scale for Children and Adolescents (RSCA) (Prince-Embury, 2007).

The RSCA questionnaire was designed to identify three core characteristics (and their sub-characteristics) of resilience in children and adolescents (Prince-Embury, 2007:1). These three characteristics are sense of mastery, emotional reactivity and sense of relatedness, as summarised in Figure 4.4 below.

**Figure 4.4: A summary of the three RSCA scales and their subscales (Prince-Embury, 2007:9-14)**



Each scale is printed on an individual page and consists of twenty to twenty four statements. A response on the statements is given by circling the words

Each scale is printed on an individual page and consists of 20 to 24 statements. A response on the statements is given by circling the words never, rarely, sometimes, often or almost always. A score is given from 0-4 for each statement, depending on what the child's answer was.

The scales are as follows:

- **The Sense of Mastery Scale and Subscales**

This scale consists of twenty statements that measure three constructs central to mastery, namely optimism, self-efficacy and adaptability. (I discuss each below). This scale measures a child's ability to use the opportunity to interact and enjoy cause and effect relationships in his ecology (Prince-Embury, 2007:9). The twenty statements are unequally divided between the subscales.

The three personal characteristics are:

- Optimism

Optimism can be seen as a positive attitude towards life and the world in general (Prince-Embury, 2007:9). This was measured by statements<sup>2</sup> such as, "I can get the things I need" or "Good things can happen to me."

- Self-Efficacy

Self-efficacy is a person's ability to approach obstacles or problems in his environment (or the belief in self that this is possible) (Prince-Embury, 2007:10). Self-efficacy is a strong predictor for resilient behaviour, which will determine how resilient an individual will be in the face of adverse circumstances (Prince-Embury, 2007:10).

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<sup>2</sup>Because the RSCA was bought from Mindmuzik. I may not reproduce the scale as an addendum. I therefore include examples of statements.

Statements like, “I can make good decisions” or “If I have a problem, I can solve it” were some of the statements used to measure the child’s degree of self-efficacy.

- Adaptability

Adaptability or flexibility is the child’s capacity to react and learn from his mistakes and incorporate feedback from others into his sense of mastery (Prince-Embury, 2007:10). Statements that measured this were, “I can learn from my mistakes” and “I can ask for help when needed.”

- **The Sense of Relatedness Scale and Subscales**

The Sense of Relatedness Scale is based on the assumption that to be in a relationship with other people is a basic human function and one that is fundamental to resilience (Prince-Embury, 2007:11). Relatedness can be defined as a secure feeling of connection or attachment to other individuals in a social context (Prince-Embury, 2007:11). This scale consists of 24 statements, which are divided between the subscales. The following subscales contribute to the Sense of Relatedness Scale;

- Sense of Trust

Trust is the ability to receive and accept what is given (Prince-Embury, 2007:11). The concept of trust can be seen as expectations about the trustworthiness of others, which relates to the underlying attachment status (Prince-Embury, 2007:11). This subscale consists of seven statements including the following, “I spend time with my friends” or “I trust other people.”

- Perceived Access to Support

This subscale is developed to measure access to support rather than actual support. The aim is to measure the child’s perception of support and most importantly his view on the availability of support. This is done using six statements (Prince-Embury, 2007:11). An example of one of the statements is, “I can ask my friend for help, when something bad has happened.”

- Comfort with Others

The construct of comfort is assumed to reflect a child's experience in the company of other people, resulting from past experience with them as well as his physiological make-up (Prince-Embury, 2007:11). This subscale consists of four statements like, "I can meet new people easily" or "People like me."

- Tolerance of Differences

Tolerance of differences is a child's ability to have his own thoughts and express them although it may differ from other people's thoughts. This ability would be part of the child's balancing of dependency and striving for autonomy (Prince-Embury, 2007:12). This subscale has seven statements which include, "I forgive my parents when they upset me" and "I can calmly tell a friend if he or she did something to hurt me."

- **Emotional Reactivity Scale and Subscales**

Emotional reactivity can be seen as the pre-existing vulnerability arousal or threshold of tolerance an individual has when being confronted with adverse situations or events. Relative reactivity may be influenced by temperament, genetic predisposition, learning disability or physical impairment. The Emotional Reactivity Scale does not measure emotional regulation directly but rather aims to measure the child's ability to maintain himself when emotionally aroused (Prince-Embury, 2007:13). This scale consists of twenty statements spread over three subscales. The three subscales are:

- Sensitivity

This subscale aims to determine how easily and how intense a child's emotions can be triggered, in other words, the scale aims to measure to what extent a strong emotion can disrupt a child's equilibrium (Prince-Embury, 2007:13). This scale has six statements such as, "I strike back when someone upsets me" or "It is easy for me to get upset."

- Recovery

This subscale determines how soon a child recovers from emotional arousal and returns to normal functioning. Four different items were designed to determine how long a person takes to recover and what

response option he reflects (Prince-Embury, 2007:13). Statements such as, “When I get upset, I stay upset for several hours” or “When I get upset I stay upset for the whole day” were used to measure recovery.

- Impairment

This subscale has to do with the impairment of an individual’s functioning due to emotional arousal. The intention of this subscale is to measure the degree of emotion-related impairment in functioning through statements like, “When I get upset, I react without thinking” or “When I get upset, I lose control” (Prince-Embury, 2007:14). This scale aims to measure impairment using ten statements.

#### **4.3.2.2 Semi-structured interviews**

To collect qualitative data I used semi-structured interviews (Leedy & Ormrod, 2005:184; Nieuwenhuis, 2007b:87). A semi-structured interview can be defined as a set of predetermined questions with the option of probing to get clarification of answers (Nieuwenhuis, 2007b:87). The purpose was to explore the experience of being a middle-born child and what in these children’s experiences had contributed to their resilience. The fact that I was focused on their experiences indicates that my purpose was phenomenological (Leedy & Ormrod, 2005:139). A phenomenological study attempts to understand people’s perceptions, perspectives and understandings of a particular situation (Leedy & Ormrod, 2005:139; Nieuwenhuis, 2007b:87).

The aim of the qualitative interviews was to see the world through the eyes of the participants. Interviews can be a valuable source of information, provided that the information is used and interpreted correctly (Nieuwenhuis, 2007b:87).

In my study the children were asked a few questions (as listed below) about their experiences as middle-born children and I then used this information to better my understanding of what contributed to their resilience.

The reason for using semi-structured questions was that it doesn’t take a long time for the participants to answer a set of questions, but it allows for probing to get clearer clarification of the participant’s answers (Nieuwenhuis,

2007b:87). An open-ended interview is in the form of a conversation and I did not use this as I did not want to take too much time with unnecessary conversation (Nieuwenhuis, 2007b:87). I did not consider structured interviews for it would not have allowed probing throughout the interviews (Nieuwenhuis, 2007b:87).

The basic interview questions were:

- Tell me what you like about being the middle child?;
- What don't you like about being the middle child?;
- Tell me about the ways your parents treat you?;
- How do they treat your siblings?;
- Your teachers and friends think you are resilient - this means coping well with life, even when it's hard. Can you tell me who helps you cope?;
- Can you tell me what helps you cope?;
- Can you tell me when you cope best?; and
- What would you do, if you came to school unprepared for a test?

The above questions were influenced by my ecosystemic understanding of resilience (Ungar, 2010b:422). For this reason I asked about resources in the child himself and in his family, peer and other ecological systems.

Probing questions were added to obtain a deeper understanding (Nieuwenhuis, 2007b:87). When the participants did not provide detail about resources in their social ecology, I probed more specifically (e.g. about teachers, friends or church) (see Addendum C).

When conducting qualitative studies, especially those involving interviews, the researcher is the instrument of data collection. As mentioned above, I used semi-structured interviews to gain information about the phenomenon and throughout the study I made sure that the participants remained focused and that they understood what I was asking. During the interviews I tried not to lead participants to give a certain answer but at times I did probe about specific resources. If participants indicated that these resources were not relevant to them I accepted this. My role was to collect as much information

as possible and to stay objective throughout each interview (Leedy & Ormrod, 2005:146). Communication is very important and I made sure that I started with the participants individually by letting them ask questions if they were uncertain about anything. I spoke clearly and slowly so that the participants could understand. I used positive body language, like smiling (Leedy & Ormrod, 2005:147). I kept eye contact and listened very carefully so that the participants could see that I was very interested in what they had to say (Nieuwenhuis, 2007b:88). I made the situation as comfortable and relaxed as possible for the participants because then they tend to be more open and express their feelings easier (Leedy & Ormrod, 2005:147). My participants spoke in Afrikaans as this was their mother tongue. In addition I was aware that my assumptions could influence my data collection and interpretation (Merriam, 2008) and so I was careful to listen with an open mind (*Cf.* 1.4).

### **4.3.3 Participants**

I used purposeful sampling, because the participants had to be chosen for a particular purpose (Creswell, 2009:178; Leedy & Ormrod, 2005:206), namely helping me to explore what the phenomenon of resilience among middle-born children entails. Therefore all the participants had to be middle-born children and I chose to limit this to middle-born children in the age group ten to thirteen years, because the RSCA is normed for children from 9 years onwards, and because previous South African resilience studies have neglected children (Theron & Theron, 2010). Furthermore, the RSCA is not normed for children in the foundation phase (age younger than nine years old). Due to logistical constraints, I recruited middle-born children coping resiliently from a local mainstream primary school in the Vaal Triangle.

According to Leedy and Ormrod (2005:139), a purposeful sampling size can be five to 25 participants who have had direct experience with the phenomenon. An advisory panel, as discussed in Chapter One (*Cf.* 1.5.1), was elected, consisting of three teachers and ten peers. We discussed the criteria for resilience and what to look for. This discussion was based on the current understanding of resilience as being evidenced in

- above average academic performance;

- pro-social conduct;
- peer acceptance;
- normative mental health; and
- involvement in age appropriate activities (Masten & Reed, 2005:83).

The above criteria were contextually interpreted: for an optimal understanding of resilience, local context must be factored in (Carrey & Ungar, 2007:510). In other words, the panel first debated whether the above criteria apply to resilient children in South Africa.

The panel agreed with the above criteria and were unanimous that the criteria fitted the white<sup>3</sup>, middle-class children who would form part of my study. The panel then identified eight potential participants who complied with the above criteria. However, one chose not to participate and I accepted this.

I then approached the remaining seven children and explained the project to them. I followed a detailed ethical procedure (Cf. 4.4). However one participant did not demonstrate resilience on the RSCA or in the interview and so I excluded her data. Because the qualitative data of the remaining six seemed saturated (Nieuwenhuis, 2007b:82) (i.e. I kept getting similar answers to my questions), I did not include additional participants.

The participants participated in interviews and completion of questionnaires. Information about the participants is set out in Table 4.1 below.

**Table 4.1: Summary of participants' information**

Participant	Home Language	Gender	Race	Age	Grade	Additional risks
Participant 1	Afrikaans	F	White	13	7	Academic pressure
Participant 2	Afrikaans	F	White	10	4	Academic pressure
Participant 3	Afrikaans	F	White	10	4	Inflexible parents/

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<sup>3</sup> Although this biases my participant selection, I only had access to white Afrikaans speaking middle-born children.

						Academic pressure
<b>Participant 4</b>	Afrikaans	M	White	11	5	Parents divorced
<b>Participant 5</b>	Afrikaans	M	White	11	5	-
<b>Participant 6</b>	Afrikaans	M	White	10	4	Academic pressure

In other words, my participants experienced adversity at school, because they were subjected to academic pressure by both their parents and teachers. In most cases, they had older siblings who were high academic achievers. The school they attended was also characterised by an excessively competitive culture. In two cases (P3 and P4) the participants faced home-life difficulty, because of rigid parenting and parental conflict. So in addition to the challenge of being a middle-born child they were faced with additional risks.

The cultural background of my participants was influenced by the fact that I approached a local school to which I had access to help me identify the participants. This limited the cultural heterogeneity of my participants, because the school is a dual-medium school in a traditionally upper middle-class, white suburb. The majority of children in the school is Afrikaans so the participants came from homes where traditional Afrikaans culture (i.e. quiet, conservative, strict parents) and values (e.g. religious, respect for family bonds, respect for education) (Theron & Dunn, 2010:242) were prominent.

#### **4.3.4 Data Collection Process**

The data collection process took place in four phases.

##### **Phase One:**

I met with each selected participant individually, without their parents being present. I explained the aim of my study to them and gave them the opportunity to ask questions. I sought written consent from the participants and then from their parents or legal guardians.

##### **Phase Two:**

This involved a second meeting with the participants individually, where psychometric data were collected by asking participants to complete the

Resiliency Scale for Children and Adolescents (Prince-Embury, 2007). I was trained by a registered and practising psychologist to conduct the RSCA.

The questionnaire was in English, although all the participants are Afrikaans-speaking. I did not see this as a limitation, because the school they attend is bilingual. The children are all white upper middle-class individuals and have a good bilingual ability. I did however tell them to ask, if they did not understand the question, and there were times during the completion of the questionnaire that I had to translate parts of the questions into Afrikaans. This only happened about three times and it was the younger participants who asked for translations of some of the statements. Examples of such statements included, "I can depend on people to treat me fairly". I had to translate the word "fairly". Another statement was, "I can adjust when plans change". A participant wanted to know what exactly "adjust" means. The last statement I translated was, "When I get upset, I get mixed-up". The word "mixed-up" was confusing and I translated it.

### **Phase Three:**

A third meeting took place during which I interviewed each participant individually using semi-structured interviews (Leedy & Ormrod, 2005:184; Nieuwenhuis, 2007b:87). The interview was conducted in Afrikaans, because all the participants' mother-tongue is Afrikaans. The interviews were recorded with the knowledge and consent of each participant. The participants chose a venue and time that suited them best. All the participants preferred a classroom at school and the interviews were conducted after school hours.

### **Phase Four:**

A fourth meeting followed during which I discussed my interpretation of the data with each participant and the participant had the opportunity to add or correct if I had misunderstood the data. It transpired that no data needed changing. However I did phone some of the participants afterward to clarify some of their comments in the interviews.

### **4.3.5 Data Analysis**

#### **4.3.5.1 Psychometric data analysis**

To analyse the RSCA responses, the manual specifications were followed:

The RSCA questionnaire has a numeric value to each response category (Prince-Embury, 2007:19). There are three resiliency scales, as mentioned above in 4.3.2.1. A raw score is calculated for each scale by adding the numeric value of each response of the participants. This raw score is then converted to a T score using a table in the RSCA manual (Prince-Embury, 2007). The T score has a mean of 50 and a standard deviation of 10 (Prince-Embury, 2007:20). In other words, T scores from 46-55 are in the average range, T scores from 56-59 are above average and T scores above 60 are in the high range. For the Sense of Mastery and Sense of Relatedness scales it means that scores in the high, average and above average category may indicate that the person experiences relative resilience-promoting strengths in these areas. Below average may indicate that the person does not experience strengths in these areas. For the subscales of each scale the scores vary between 0-18. A low score equals 4 and below, 5-7 is below average, 8-12 is average, 13-15 is above average and 16 and higher is a high score. For the Emotional Reactivity Scale the reverse interpretation applies. In other words, the Emotional Reactivity Scales' scores that are high, above average and average mean that the individual has a potential vulnerability. Scores in the below average and low ranges mean that emotionally the individual does not react quickly and is therefore less vulnerable (Prince-Embury, 2007:26).

To determine if the participants who completed the RSCA questionnaire were resilient or not I had to take the Vulnerability Index T score into consideration. To determine the Vulnerability T score I first had to calculate the Resource Index score, which is the standardised average of the Sense of Mastery T score and the Sense of Relatedness T score. To calculate the Resource Index raw score I had to sum the two T scores from the Sense of Mastery and Sense of Relatedness scales and divide them by two. This score was then converted to a T score using a table in the RSCA manual. To determine the

Vulnerability Index raw score I had to subtract the Resource Index T score for the Emotional Reactivity T score, and then look up the Vulnerability Index T score from a table in the RSCA manual (Prince-Embury, 2007).

The T scores for each scale were plotted on a graph and are discussed in Chapter Five (*Cf.* 5.4). A registered Psychometrist verified the scoring. I provide a graphic summary of the results in Chapter Five.

#### 4.3.5.2 Qualitative data analysis

I did qualitative data analysis using content analysis (Nieuwenhuis, 2007c:101), to identify and summarise relevant sections of my interview data (Leedy & Ormrod, 2005:144; Nieuwenhuis, 2007c:101). Content analysis can be inductive or deductive in nature and is used to identify similarities or differences in the data that speak to the research question (Nieuwenhuis, 2007c:101); but I used the inductive content analysis to identify the multiple realities that may be present in the data (Maree & Van der Westhuizen, 2007:37). In other words, I worked inductively without preconceived codes and therefore let codes emerge from my data (Nieuwenhuis, 2007c:107).

The steps indicated in Table 4.2 are typical of content analysis (Henning, 2007:102; Leedy & Ormrod, 2005:140-142; Nieuwenhuis, 2007c:101-110).

**Table 4.2: Steps in content analysis**

<b>Step 1</b>	<b>Specific body of material to be studied is identified</b>	I used all the transcribed interviews by reading through each one. I used them one by one.
<b>Step 2</b>	<b>Specific characteristics to be examined are defined to answer the research question</b>	I read through the transcribed interviews thoroughly and looked for segments of text that gave clues to how the participants coped resiliently with being a middle-born child. I did this with each transcript by using open coding (Henning, 2007:131; Leedy & Ormrod, 2005:141; Nieuwenhuis, 2007c:105).  I labelled these characteristics. I used codes that emerged from my data. The way I read my data and assigned certain codes was influenced by the knowledge of resilience that I gained from my literature review, but I was led by the data themselves.

<b>Step 3</b>	<b>The researcher breaks down the data into smaller units of meaning and groups them together</b>	The labelled characteristics were then grouped into themes using all the transcripts by comparing them. I used the constant comparative method (Leedy & Ormrod, 2005: 141), which means I moved back and forth through the interviews to establish themes that are similar and different from each of the transcripts. I did this by coding the first two interviews and recording emerging similar themes and discrepancies. Then I compared the next interview to the first two and so on to the last one.
<b>Step 4</b>	<b>The researcher reads through the data again and makes sure nothing was left out</b>	I reread the transcripts of the interviews to make sure I did not miss anything. I read critically to check whether I missed data that might challenge the emerging themes.
<b>Step 5</b>	<b>The researcher refines the codes and identifies how each is linked to other categories</b>	I reread each category and refined the codes. For example, there were five codes, namely supportive parents, teachers, siblings, grandparents, friends and I decided that all could fit into one category, namely supportive relationships.
<b>Step 6</b>	<b>The researcher interprets the data</b>	Once I had coded and categorised what each participant said, this step involved bringing the processed data into the context of the existing theory of resilience. In other words, I took the data that I grouped into categories and interpreted it by using my literature-based knowledge of resilience.

#### 4.3.5.3 Mixing

According to Creswell (2009:207), mixing data can be difficult because qualitative data consists of text and images and quantitative data of numbers. Mixing can occur at any stage in the study; I chose to mix my data at the data interpretation stage. After I had analysed the data, from the interviews and the RSCA, I mixed it to see which data supported each other and which data contradicted each other. My mixing consisted of integrating (Creswell, 2009:208) the two sets of data by merging the qualitative data with the

quantitative data. I commented on similar findings and noted findings that did not seem completely congruent.

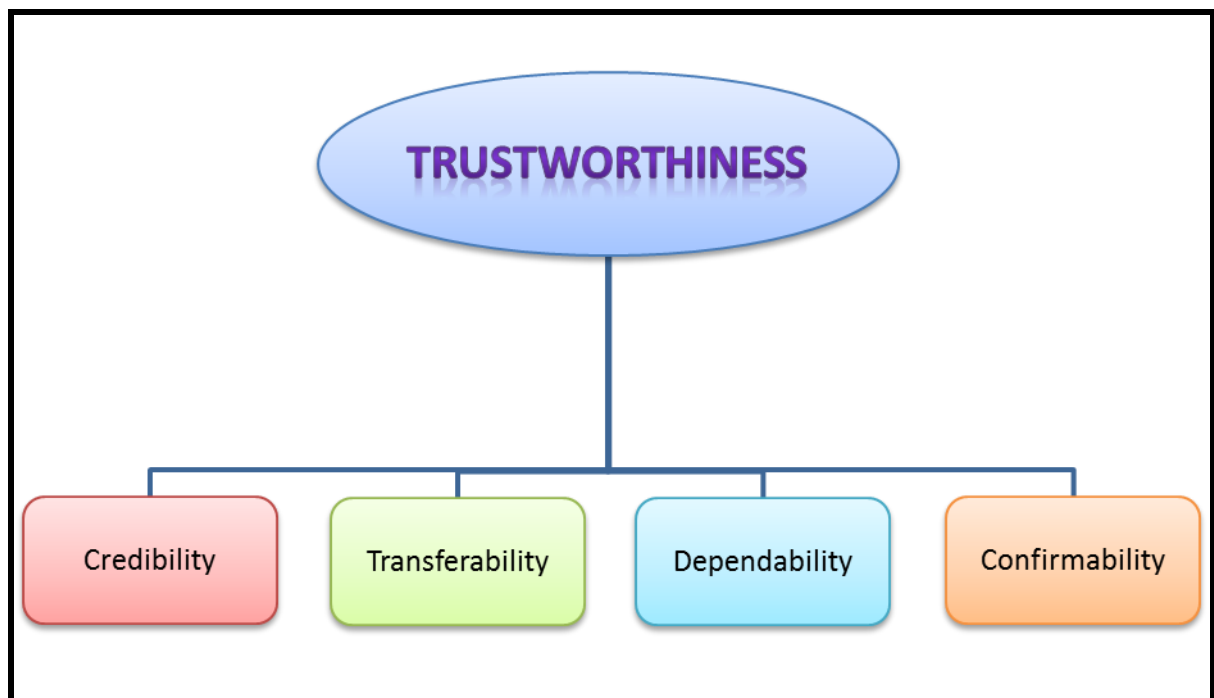
### 4.3.6 Rigor

The design I used, namely the Concurrent Triangulation Strategy (Creswell, 2009:213), made it possible to improve the trustworthiness of my research findings (Nieuwenhuis, 2007b:80). I mixed quantitative and qualitative data to arrive at a complex and deeper understanding of resilience among middle-born children. I also made an effort to ensure trustworthiness in my qualitative data, as discussed below.

#### 4.3.6.1 Trustworthiness in qualitative research

For Guba and Lincoln (1989:234), the key characteristics of trustworthiness as summarised in Figure 4.5 below, are credibility, transferability, dependability and confirmability. To clarify this, a discussion of each of these characteristics follows.

**Figure 4.5: A summary of the characteristics of trustworthiness (Guba & Lincoln, 1989:234).**



- **Credibility**

Credibility means the data are true or believable (Babbie & Mouton, 2001:277). To achieve credibility I made use of the following strategies:

- Took time doing my research

I took time in doing my interviews with the participants and did not rush them. I probed answers that were unclear to me. When I was transcribing my interviews, I contacted some of the participants to help me clarify parts that were unclear. I then coded the interviews, and used the information to draw conclusions (Babbie & Mouton, 2001:277; Creswell, 2009:192; Leedy & Ormrod, 2005:100; Mertens, 2009:195).

- Feedback from others

I talked to my supervisor regularly about my findings to ensure my objectivity and also made use of an independent advisor who read through my coded transcripts to determine if I was objective (Babbie & Mouton, 2001:277; Creswell, 2009:192; Guba & Lincoln, 1989:235; Mertens, 2009:195).

- Respondent validation

I took my data back to each participant and made sure they agreed with my conclusions and that I had understood them correctly. If there was any uncertainty about certain answers I asked them to explain what they had meant and I corrected the data (Babbie & Mouton, 2001:277; Leedy & Ormrod, 2005:100; Mertens, 2009:195).

- **Transferability**

“Transferability refers to the extent to which the findings can be applied in other context or with other respondents” (Babbie & Mouton, 2001:277). I used the following strategies to enhance transferability, but I am well aware that my findings will not be appropriate for all middle-born children as I only included six participants and they were a homogeneous group.

Nevertheless, I tried to use as much detail as possible to describe the setting

in which the study took place so that the reader can have enough detail to judge the transferability of my study (Babbie & Mouton, 2001:277; Mertens, 2009:197). I also provided demographic detail about my participants (Cf. Table 4.1).

In addition, I used purposive sampling by selecting only resilient middle-born children from one specific school (Babbie & Mouton, 2001:277). By using purposive sampling, another researcher can use the same sampling criteria I have used and should get the same results, which makes my study transferable.

- **Dependability**

Dependability means that if the research should be repeated with the same participants in the same setting the results should be similar (Babbie & Mouton, 2001:278). Dependability cannot be demonstrated without credibility, so if the study is credible it should also be dependable (Babbie & Mouton, 2001:278). I made sure that my study was logical and well-documented (Guba & Lincoln, 1989:187) by including an example of a transcribed interview and coded themes (Addendum D and E). According to Babbie and Mouton (2001:278), if one makes use of an inquiry audit, where an independent person checks the data, findings, interpretations and recommendations of the study and confirms that it is internally coherent, it should determine dependability and confirmability simultaneously. As noted earlier an independent advisor checked my analysis as it unfolded.

- **Confirmability**

Confirmability is one of the major categories of rigor and this equals objectivity (Mertens, 2009:196). This is the degree to which the findings of my study focus on the results and not on my biases as researcher (Babbie & Mouton, 2001:278). I checked with my study leader to make sure I was not biased when interpreting my data. I also checked with each participant afterwards to make sure my interpretation of what they had said was correct. This is called respondent validation (Cf. 4.3.4). This gave them the opportunity to confirm (or refute) my findings.

#### **4.3.6.2 Validity and reliability of the RSCA**

In a mixed method study, rigor also relates to the validity and reliability of the quantitative instrument. The reliability evidence of the instrument and scales is explained in terms of internal consistency. Internal consistency was assured in all three scales by Cronbach's Alpha coefficients which were documented for each scale (Prince-Embury, 2007:85). For all three scales and their subscales it generally showed moderate to high alpha coefficients for the total standardisation (Prince-Embury, 2007:85), which means that the scales are reliable.

The validity of this questionnaire was ensured by using confirmatory factor analysis, which means that the specific relation between the observed variables (subscales) and the latent variables (main scales) are tested to determine if the relations between the two confirm the hypothesised structure (Prince-Embury, 2007:94). Although the RSCA has been proven to be valid and reliable, it must be noted that this was done in trials with children in non-African countries. Nevertheless, I used the RSCA because I was not aware of resilience instruments that have been standardised for white, Afrikaans-speaking South African children. The Child and Youth Resilience Measure has been used with coloured adolescents in the Cape (IRP, 2006) and the Resilience Scale has been used with township black adolescents (Mampane & Bouwer, 2006). The above resilience questionnaire was not suited for white, Afrikaans-speaking children as it was specifically developed or normed for coloured and black adolescents in South Africa.

#### **4.4 ETHICAL ASPECTS**

The following aspects were taken into consideration to ensure confidentiality and that I conducted ethical research.

##### **4.4.1 Avoidance of harm/Beneficence and nonmalignificence**

This first principle urges one to do no harm, to be aware of one's influence on others, to use one's professional positions for good, and to monitor one's own physical and mental health so that these factors will not affect one's work negatively (Creswell, 2009:89; Strydom, 2005:58; Leedy & Ormrod, 2005:101).

#### **4.4.2 Informed consent**

Persons involved in the research should be informed of the goal of the study as well as the advantages and disadvantages that they may be exposed to (Creswell, 2009:89; Strydom, 2005:59; Henning, 2007:73; Leedy & Ormrod, 2005:101).

#### **4.4.3 Fidelity and responsibility/Actions and competence of researcher**

According to this researchers have to be aware of their professional and scientific responsibilities, ensure that they are adequately skilled, interact collegially with colleagues, and donate a portion of their expertise to others pro bono (Strydom, 2005:63).

This includes:

- *Integrity* – To be accurate, honest, and truthful, to keep one's promises, and correct any consequences that arise from the ethical use of deception (Leedy & Ormrod, 2005:102);
- *Release or publication of the findings* – The findings of the study should be introduced to the public in written form. It should be accurate and objective (Creswell, 2009:92; Strydom, 2005:65);
- *Violation of privacy/Respect for people's rights and dignity* – One should value people and their dignity and respect diversity, people's right to privacy, confidentiality, and self-determination (Strydom, 2005:61; Leedy & Ormrod, 2005:102); and
- *Debriefing of respondents* – The respondents should be given the opportunity to work through their experiences after the study. The best way to debrief them is to discuss their feelings immediately after the session (Creswell, 2009:91; Strydom, 2005:66).

To respect the above ethical aspects I was professional at all times and aware of my possible influence on the children with whom I interacted. Although I had been a teacher at this school and could easily have influenced them to participate, I made it very clear that they had the right not to participate in my study. After I explained what the study entailed, one of the participants chose not to participate due to other obligations. I had emphasised that participation

was voluntary and each participant had the right to withdraw at any time (Leedy & Ormrod, 2005:101; Strydom, 2005:59), and I respected her choice.

I interacted regularly with my study leader to sustain the responsibility and fidelity of the research process. I treated the participants with respect and dignity and was honest and truthful. My research did not cause any of the participants discomfort as we talked about their resilience. If any participants had become upset by something they remembered in the course of conversation/completing the RSCA, I would have referred them to a local counsellor.

I obtained informed written assent from the participants and informed written consent from their parents/legal guardians (*Cf.* Addendum B). Informed written assent and consent imply that the participants and their parents/guardians were informed of all adequate information on the goal of the research, the advantages, disadvantages, time expenditure and possible dangers of participation. I arranged meetings at times that suited the participants for collecting data. Furthermore I did not disclose identifying particulars of any of the participants.

I have trained as a school counsellor which meant that I was competent to conduct this study. However, a registered psychologist gave me specific training in the administration of the RSCA. A psychometrist independently verified my scoring.

Ethical permission was sought from the Department of Education in Gauteng (see Addendum A) and the North-West University (Number: NWU-003-08-A2).

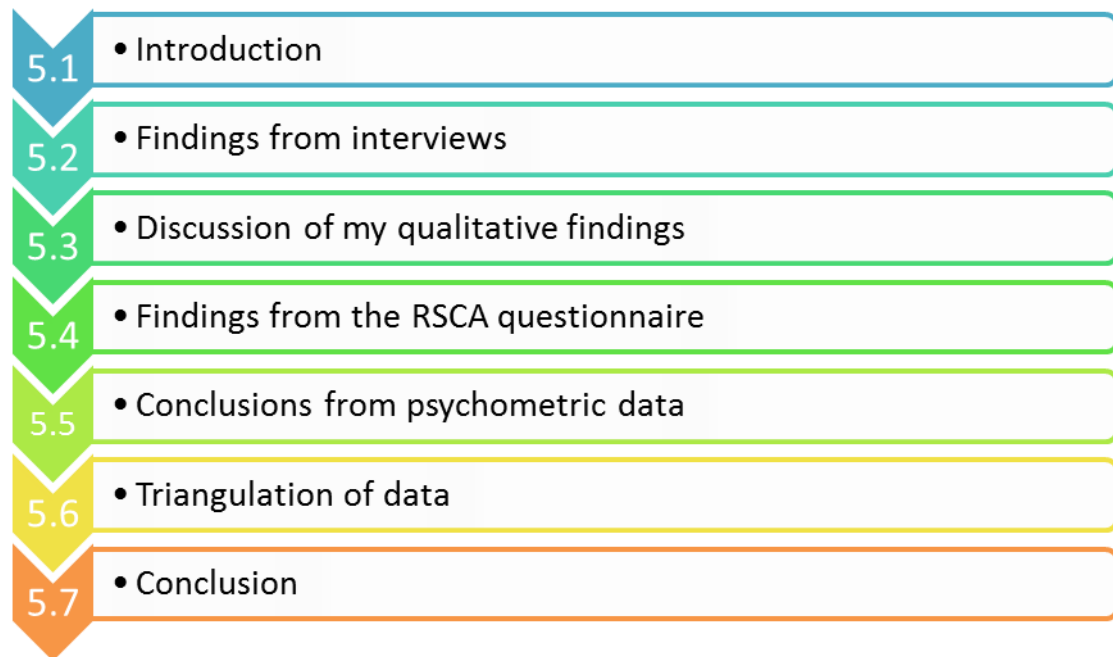
#### **4.5 CONCLUSION**

In this chapter I discussed the method of my research and how I conducted the research. Attention was given to the mixed method strategies and in particular the concurrent triangulation strategy and how I used it in my research. The trustworthiness, validity and reliability of my study were also discussed. The measures I took to ensure that ethical practice was followed were also explained in this chapter. In the following chapter I will discuss and present my findings and the results of my study.

## CHAPTER FIVE

### RESEARCH FINDINGS

Figure 5.1: Overview of Chapter Five



#### 5.1 INTRODUCTION

This chapter gives an in-depth analysis of the results of the RSCA questionnaire and interviews that were conducted. I will commence with findings from the interviews and thereafter the findings of the RSCA (Resiliency Scale for Children and Adolescents). I will then mix the results of both to comment on what contributes to the resilience of middle-born children who participated in my study.

#### 5.2 FINDINGS FROM INTERVIEWS

I grouped the findings of my interviews in two main categories namely: intrapersonal and interpersonal protective resources. Each of them was then divided into subthemes.

The categories and their subthemes will be discussed below. However, before reporting the resources, it is necessary to report what my participants

considered challenging in addition to their being middle-born. They used protective resources to cope with these challenges.

- **Perceptions of parenting**

Most of my participants reported that at times they felt rejected. Some felt that their parents spent more time with their siblings. For example, Participant Four said, "*Partykeer moet my ouer broer die voorbeeld stel en die klein boetie, hy kry meer aandag, so ja partykeer voel ek bietjie afgeskeep deur my ma hulle, maar dit is fine*" (Sometimes my older brother should set an example and my younger brother gets more attention, so yes sometimes I feel a little neglected by my parents, but it is fine) (Interview Four, lines 17-19).

Likewise, Participant Three commented that her parents would allow her siblings more by letting them go to friends or buying them new clothes (Interview Three, lines 154-155).

Some felt that their parents would side with their siblings in a confrontation. For example, Participant Five said, "*As ek en my sussie vassit luister my ma na haar en nie na my nie*" (If my sister and I argue my mother listens to her and not me) (Interview Five, line 15). Likewise, Participant Two commented that her younger sister received all the attention because she was the youngest and she felt that her parents always sided with her younger sister (Interview Two, line 17).

- **School pressure**

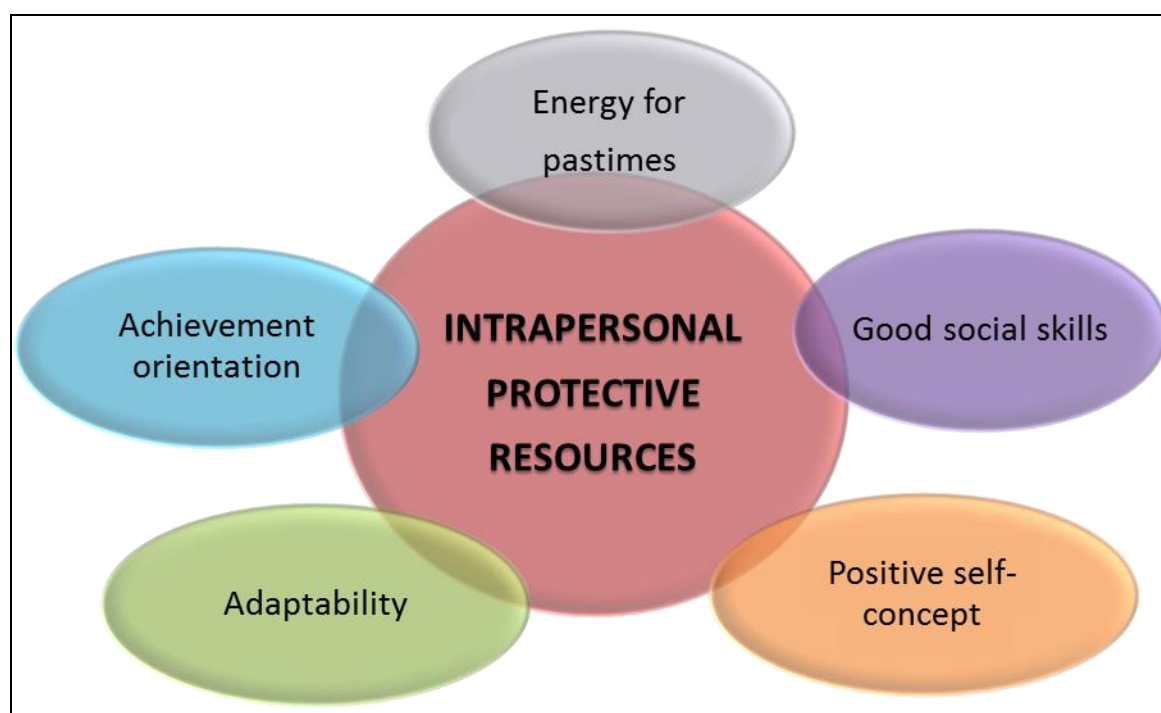
Most of my participants felt pressured to do well at school and this led to them feeling stressed and sometimes anxious that their best would not be good enough. For example, Participant Six said, "*Partykeer by die skool of huis druk hulle jou in 'n hoek*" (Sometimes at school or at home they push you into a corner) (Interview Six, line 157). After probing he responded that when teachers or his parents forced him to work harder and expected a lot more from him, he felt trapped and misunderstood. Participant Three also felt pressured to do well academically. She said, "*Hulle vra my, my ma vra vir my, vir my toetse op 'n spesifieke manier. So hulle vra dit heeltemal omgedraai dan as ek daardie een nie ken nie moet ek dit weer leer*" (They ask me, my mom asks me, for my tests in a specific manner. She asks the questions in a

different way and if I don't know the answer I have to study some more) (Interview Three, lines 65-67). Likewise, Participants Two and Four commented that their parents and teachers expected much from them and that they experienced these expectations as too demanding.

### 5.2.1 Intrapersonal Protective Resources

Intrapersonal protective resources have to do with the characteristics inherent to the participants themselves that help them to do well despite the risks of being middle-born children. In other words, these characteristics are the personal resources they use to be resilient. Subthemes, such as energy for pastimes, good social skills, a positive self-concept, adaptability, determination and achievement orientation emerged within this category and are summarised in Figure 5.2 below. Each one will then be discussed.

**Figure 5.2: Summary of the intrapersonal protective resources**



#### 5.2.1.1 Energy for pastimes

From comments made by all the participants it was clear that they were very active and had energy for sport and other pastimes. All of the participants mentioned that to be active, exercise or have a hobby helped them to cope resiliently.

Participant Three said that sport helped her to feel better when she felt down. She said,

*“Ja dan oefen ek daarvoor en so sport help ook baie om beter te voel.”*  
(Yes, then I practise and sport helps me feel better) (Interview Three, lines 117-118).

Participant One said,

*“Ek is nie baie sportief nie, maar ek hou baie van hokkie. Baie, baie, dit is vir my ‘n lekker sport.”* (I am not very sporty, but I like hockey, very very much. I enjoy the sport) (Interview One, lines 74-75).

This demonstrates that she has energy and engages in extramural activity.

When I asked Participant Two what she does when she is feeling down she replied,

*“Ek speel kitaar, klavier en dan hou ek daarvan om rugby saam met my pa te kyk en om krieket en rugby te speel.”* (I play the guitar, piano and I like watching rugby with my dad and then I like to play cricket and rugby) (Interview Two, lines 66-67).

Her response suggests that she spends her time actively engaged in different activities (rather than just being passive) and this helps her bounce back when things are hard.

Participant Four is an energetic person and this was clear when he told me,

*“Ek hou baie daarvan om in die strate met my fiets te ry en by my maatjies te gaan kuier en ek hou baie daarvan om te gaan bal skop en om krieketballe te boul. Dit is vir my lekker.”* (I like to ride my bike in the streets and visit my friends, I also like to kick a ball around and play cricket) (Interview Four, lines 89-91).

In similar vein Participant Six told me that he liked to play hockey and he enjoyed paintball, which shows his energy (Interview Six, line 88).

Participant Five uses his time actively in his hobby:

*“Ek versamel karretjies, karretjies in sulke kassies”* (I collect small cars in cases) (Interview Five, line 88).

His response suggests that he uses his energy on a hobby he likes, which contributes to his passing time meaningfully.

The above statements demonstrate my participants' energy and their love for sport and hobbies. In summary, my participants illustrated that they preferred being actively and meaningfully engaged, and that this encouraged them to do well when they felt their parents paid more attention to siblings or when they felt pressured at school.

#### **5.2.1.2 Good social skills**

Social skills can be identified as the ability to communicate, persuade and interact with other members of society, without undue conflict or disharmony (Business Dictionary, 2010). A good social skill is the way in which one thinks about other people, social relationships and social institutions (Louw *et al.*, 2007:304). It is the ability to see a situation from a point of view other than your own in order to interact and communicate with others.

Four of the six participants made comments during their interviews which suggested that they had good social skills. These included the ability to cope with conflict in a positive way, communicate effectively and to rationalise a situation so that prosocial outcomes were ensured.

For example, Participant One is in an authoritative position at school and was asked what she would do when she needed to reprimand some of her friends. Her answer was:

*“Ek dink jy moet hulle anders benader as iemand wat nou nie jou vriend is nie. Jy moet hulle tog vasvat en partykeer moet jy maar die ongewilde besluit neem en net vir hulle sê hulle kan nou nie dit doen nie”.* (I think you have to approach them differently than you would someone who is not a friend, but you have to reprimand them and sometimes you have to take the unpopular decision and tell them that they are not allowed to do that) (Interview One, lines 175-177).

Her response therefore suggests that she is able to handle conflict.

Participant Four, when asked how he would deal with a person who treated him unfairly, replied,

*“Ek sal met hom gaan praat en vra hoekom het hy dit gedoen? Hoekom is hy so onregverdig?”* (I will go and talk to him and ask him why he did it and why is he so unfair?) (Interview Four, line 250).

His response illustrates that he has the ability to communicate effectively and in this way maintain social relationships.

Participant Two said that sometimes she felt ignored by her family and that only the older and younger sibling received attention. She will then tell her mother how she feels and they will solve the problem by talking. She rationalised the situation by saying,

*“Partykeer besef hulle (gesin) dat hulle verkeerd is en dat hulle net nie aan jou (haarself) gedink het nie.”* [Sometimes they will realise that they were wrong and just never thought of you (herself)] (Interview Two, lines 133-134).

Her response suggests that she copes with potential conflict by communicating her feelings and by rationalising her family’s behaviour.

Participant Six was able to rationalise a situation which made it clear that he has good social skills when he said,

*“My broers slaan my sommer vir niks, ek dink hulle soek net my aandag.”* (My brothers will hit me for no reason, I think they just want my attention) (Interview Six, line 33).

His response illustrates his ability to rationalise the situation. He could have just responded by hitting them back, but he has the ability to rationalise his brothers’ actions by knowing that they hit him to get his attention.

### **5.2.1.3 Positive self-concept**

Self-concept is the picture a person has of himself, the way he sees himself and how he evaluates himself (Louw & Louw, 2007:8). A positive self-concept is essential to cope resiliently (Leagault *et al.*, 2006:1027).

In four of the six participants’ interviews it was clear that they had a positive self-concept which included a positive self-image, confident appraisal of

themselves and awareness of their positive characteristics. For example, Participant One, when asked what makes her cope resiliently, replied,

*“Sjoe, ek sal sê dit is my persoonlikheid want, sê nou maar ek sal net dinge anders hanteer as ander kinders wat ek ken”*. (I will say that it is my personality, because I will just handle things differently from other kids I know) (Interview One, lines 31-32).

Her answer suggests a good concept of herself, and that she seems to be well aware of her positive characteristics.

Participant Two, when asked what makes her cope resiliently, said,

*“Ek dink dit is selfvertroue”*. (I think it is self-confidence). *“Ek dink dit is die onderwysers en ekself”*. (I think it is the teachers and myself) (Interview Two, lines 27/35).

As with Participant One, she could give herself credit. In a similar manner, Participant Four commented that it was his personal characteristics such as his friendliness and self-control that helped him to cope resiliently (Interview Four, line 56). He too could identify positive characteristics within himself.

Participant Five replied on the question of what contributes to your success:

*“Dit is ekself.”* (It is myself) (Interview Five, line 113).

From this statement it is clear that this participant can recognise his own worth and so seems to have a positive concept of himself.

#### **5.2.1.4 Adaptability**

Adaptation is a process during which an individual is exposed to a new situation or information and he needs to process the information and assimilate it into his being (Louw & Louw, 2007:24). If a child can be adaptable it will help him to cope resiliently, because adaptability refers to one of the elements of an easy temperament which, according to Harvey and Delfabbro (2004:4), may contribute to resilience.

I put an identical question to all six participants to find out how adaptable or flexible they were. Seeing that all six participants were very academically motivated and high achievers, I asked what they would do if they came to

school unprepared for a test. Four of six participants' responses reflected adaptability and flexibility. For example, Participant Six said,

*“Ek sal probeer om al die antwoorde te onthou.”* (I will try to remember all the answers) (Interview Six, line 121).

His answer suggests that he would not panic and instead would adjust to the demands of the situation.

Participant Four told me,

*“Ek kyk eers na die moontlikhede wat ek kan doen, ek sal maar verskoning maak en opmaak daarvoor”.* (I will weigh up all my options and then apologise and try to make up for it) (Interview Four, lines 228-229).

His response illustrates that he has the ability to adapt to uncertain or unexpected circumstances.

Participant Two said,

*“Ek sal eers na die juffrou toe gaan en vra of ek die toets ‘n ander keer kan skryf en as sy nie wil nie sal ek stres.”* (I will go to the teacher first and ask if I can write it another time and if she says no I will stress) (Interview Two lines 82-83).

Her response illustrates that at first she will try to adapt to the situation by talking to the teacher, but if that fails she will panic and this may indicate some vulnerability.

Participant One noted that she would just write the test, because these things will happen in life and you need to handle them (Interview One, lines 86-87).

In summary, these four participants demonstrated the ability to accept and adjust to the test-situation or to respond to a challenge in a flexible manner.

#### **5.2.1.5 Achievement orientation**

Masten *et al.* (2008:81) claim that to have the ability to enjoy achievement, will foster intrinsic motivation and a sense of persistence in the face of adversity. An achievement-oriented person may therefore be less vulnerable

in adversity. To be achievement-oriented, a person has to possess the ability to engage in challenging tasks and keep on trying to master those (Louw & Louw, 2007:223). In other words, an achievement-oriented person is determined to succeed.

It became clear through the interviews that achievement orientation was one of the resources that three of the six participants relied on to be resilient. For example, Participant One said,

*“Ek wil ‘n aktrise word of as ek nie suksesvol is nie dan nog steeds drama studeer en ‘n drama-juffrou word en ‘n dramaskool hê.”* (I want to become an actress and if I am not successful I will still study acting and become an acting teacher and have an acting school) (Interview One, lines 168-169).

*“...ek wil graag dinge bereik volgende jaar.”* (I want to achieve things next year) (Interview One, lines 141-142).

For Participant One failure is not an option, she wants to succeed and if not through her first choice of becoming an actress, she wants to have her own acting school and still pursue her dream.

Participant Three mentioned,

*“...maar die netbal was ook lekker by die netball kliniek, want ek wil nou graag in die A span wees, ja dan oefen ek so hard....”* (The netball was nice at the netball clinic, I would like to be in the A team, yes then I practise so hard.) (Interview Three, lines 117-118).

Her will to practise hard shows her dedication to succeed and that makes her an achievement-oriented person.

Participant Four said:

*“...ek het net daai ding in my kop, om te gaan leer, as ek nie my werk ken nie sal ek tot tien, elf uur in die aand sit en leer tot ek dit ken.”* (I just have this thing in my mind to go and study, if I don't know my work I will study till ten or eleven at night until I know it) (Interview Four, lines 273-275).

His dedication to his studies clearly illustrates his determination to achieve because, as he told me, he will keep going and practise for hours until he masters something before he will stop (Interview Four, lines 283-284).

The will to strive for excellence makes these participants achievement-oriented and therefore probably contributes to their resilience.

#### **5.2.1.6 Summary of the Intrapersonal Protective Resources**

In summary, all my participants reported intrapersonal protective resources of which they made good use to cope with the difficulties of being a middle-born child. All my participants told me about hobbies or sporting activities that they engaged in actively and with energy. Almost all my participants reported good social skills, a positive self-concept and adaptability. Half of my participants reported determination to succeed and that this drove them to be achievement-oriented. These inner qualities and attitudes encouraged them to navigate towards and negotiate for resources and goals and to cope well with difficult life moments like peer conflict and sibling rivalry.

#### **5.2.2 Interpersonal Protective Resources**

Interpersonal relates to interaction between a person and another person or persons (Donald *et al.*, 2006:2; Killian, 2004). In other words, an interpersonal protective resource is a source of strength that a person has from interaction with others. Themes relating to interpersonal protective resources that emerged from the interviews and summarised in Figure 5.3, are: supportive relationships, family harmony, pets as companions and religious beliefs.

**Figure 5.3: Summary of the interpersonal protective resources**



### **5.2.2.1 Supportive relationships**

The first interpersonal supportive resource relates to how the different participants had access to supportive relationships made available by friends, parents, siblings, teachers and grandparents. They were not restricted to only one source for support and guidance, but were able to get guidance from a variety of significant others. According to Mandleco and Peery (2000:105), supportive relationships are very important to sustain resilience.

- **Supportive friends**

According to Boyden and Mann (2005:8), as mentioned in Chapter Two (Cf. 2.4.1.3), peer relationships provide children with an environment in which they learn new skills and values and how to share and help each other. These relationships may contribute to a child's self-esteem. On this note, five of the six participants mentioned that they had a supportive friend or friends. Friends' support included: emotional support, being available for comfort when needed, helping them feel better about a bad experience and friends to laugh with. For example, Participant Two said,

*“Ek praat met my vriende as ek down voel en hulle is net daar om my op te cheer.”* (I talk to my friends when I feel down and they are there to cheer me up) (Interview Two, lines 38/119-120).

She further noted when asked who helps her to cope well,

*“Partykeer somer net my maatjies om met hulle te praat oor dinge wat jy nou nie met jou ma wil bespreek nie of as jy hartseer is die dag kan jy met hulle (vriende) praat.”* (Sometimes it is just my friends, to talk to them about things you don’t want to discuss with your mom or if I am sad I can talk to them (friends) (Interview Two, lines 119-120).

Participant Two is able to approach her friends for advice and support when she needs it. Her friends also provide support that her parents apparently will not or are not be able to provide.

Like Participant Two, Participant Four and Five stated that friends were a source of cheer and support: For example, Participant Four said,

*“Ag dit is hulle (friends) support my. Dis baie lekker. My maatjies hulle sal my ondersteun soos bv. partykeer as ek sleg voel dan sal hulle my help”.* (My friends support me. It is very nice. My friends are there for me, for example sometimes when I feel down they will help me) (Interview Four, lines 99-100).

Participant Five said that he had many friends and that he could talk to them when needed (Interview Five, lines 98/103).

For these participants friends play an important role in their ability to cope adaptively, by cheering them up when they need it most or by helping them through a difficult time. In a similar way Participant Three mentioned that her friends helped her through a bad experience. She said,

*“En partykeer is dit my maats wat my ook deurhelp as ek sleg doen in die toets dan het hulle slegter gedoen, dan sê hulle jy het vreeslik goed gedoen.”* (Sometimes it is my friends that help me through when I did badly in a test, they did worse and then they will say, you did very well) (Interview Three, lines 188-189).

Another source of support for Participant One was having friends to laugh with. When asked what was one of the things that made her cope the best, she said,

*“Wanneer ek goeie vriende het, wat my lekker kan laat lag sommer vroeg in die oggend...”* (When I have good friends who can make me laugh even early in the morning) (Interview One, lines 157-158).

From the above statements it is clear that all these participants rely on one or more friends for support or comfort, which contributes to their resilience. The only participant not to mention friends as a source of support was Participant Six.

- **Supportive teachers**

Five of the six participants also mentioned that they had supportive teachers. Their support included helping with academic work, being available for advice when needed and moral support. For example, when asked how teachers contribute to her success, Participant One told me,

*“Jy kan altyd iets leer by iemand anders (onderwysers), so as jy net luister na hulle (onderwysers) en dink wat hulle sê sal jy altyd iets kry wat jou kan help in die lewe”.* (You can always learn something from someone else (teachers), if you just listen to what they (teachers) have to say you will always find something that can help you in life) (Interview One, lines 134-136).

Participant One is aware of the significance of other people’s knowledge and wisdom and she is able to access the knowledge and wisdom from her teachers and use it well in her life.

Participant Two, when asked what or who helps her do so well in school, replied,

*“Ek dink die onderwysers”* (I think it is the teachers) (Interview Two, line 35).

Participant Three also supported this by noting that when she did something wrong, teachers were always there to help (Interview, Three, lines 107-109).

In a similar way Participant Four stated that teachers helped him and were always there to support him:

*“Ag dit is hulle (teachers) support my. Dit is baie lekker. Ag die juffrouens help my baie as ek nie iets verstaan nie dan vra ek hulle altyd*

*dan leer ek beter en dan verstaan ek dit.”* (The teachers, they support me. It is nice when the teachers help me when I don’t understand the work. I always just ask them and then I learn and understand better) (Interview Four, lines 99/109-110).

Participant One, Two, Three and Four noted above that it was important for them to know their teachers were available for support and that it helped them to cope adaptively in challenging circumstances.

For moral support from teachers Participant Six mentioned that,

*“Hulle (onderwysers) help ons om te sê moenie dit doen nie, jy moenie dat doen nie en jy moet luister”* (They (teachers) helps us by saying, don’t do this, don’t do that and that we must listen) (Interview Six, line 180).

Participant Six makes it clear that teachers are not just there for academic support but also to shape their lives by teaching the children morals and principles, which contribute to his doing well in life.

In summary, the participants mostly mentioned that supportive teachers who gave advice and re-explained difficult work helped them to progress at school and/or to solve problems.

- **Supportive parents**

Four of the participants mentioned that their parents provided support. This support included comfort, practical help with preparing for tests, and providing guidance and structure in their lives. For example, Participant One said,

*“Ag soos sê nou maar om my te troos of wanneer jy hulp nodig het soos as jy ongelukkig is oor iets kan jy na hulle (ouers) toe gaan om jou te help”* (If you want to be comforted or you need help when you are unhappy about something, you can always go to them (parents) to help you) (Interview One, lines 47-48).

Participant Two said that she could talk to her mother when certain things bothered her. She said,

*“Ek raak bietjie jaloers of hartseer en dan praat ek met my ma of so en dan sorteer ons dit net uit.”* (I get a bit jealous or sad and then I talk to my mother and we sort things out) (Interview Two, lines 130-131).

For Participant One and Two open communication with their parents when they experience negative emotion makes them feel secure and they know that they can talk to their parents when needed. Having this open relationship with their parents contributes to their adaptive coping, and gives parents opportunities to comfort them.

Two of the participants referred to parental support for their school tasks. According to Masten and Coatsworth (1998:211), academic competence is influenced by parental involvement. Participant Five mentioned that when he finished studying for tests his mom helped him by asking him questions about the work he had to study and this helped him to do well academically (Interview Five, line 45). Participant Six supported this by saying,

*“Toe ons hier gekom het help hulle (ouers) my om te leer en hulle help my met my huiswerk en alles”* (When we came here, they (parents) helped me with my learning and helped me with my homework and everything) (Interview Six, line 49).

The parents of participants Five and Six play a significant part in their academic achievement by being involved and supporting them with school work.

- **Supportive siblings**

According to Louw and Louw (2007:256), the sibling relationship is an important source of support for children.

Four of the six participants mentioned that their brother or sister was a significant source of guidance and support to them and helped them cope resiliently. Participant Four said,

*“...Want ons (broer en hy) speel baie in die agterplaas en my broer leer my ook baie goeters...”* (Because we (brother and I) play in the backyard and my brother teaches me many things) (Interview Four, line 83).

For Participant Four playing with his brother means a lot to him, for he learns things which he can use in his life to his advantage.

Participant Six said,

*“Toe ek klein was het ek gesukkel om te swem toe het hy (broer) my gehelp om te swem”.* (When I was little I struggled to swim and he (brother) helped me to swim) (Interview Six, lines 9-10).

This assistance gave him confidence, which is one of the sources for coping resiliently.

Participant Two mentioned that her sister was a significant help with her academic work when she said,

*“Sy (sussie) gee my ook idees en partykeer help sy my met my spelling.”* (She (sister) gives me ideas and sometimes she helps me with my spelling) (Interview Two, line 33).

For this participant her sister is a source of support that helps her to do well academically.

Participant One told me that she and her sister were very good friends and that she could talk to her about things that she did not want to discuss with her mom (Interview One, lines 90-92). This supportive bond which exists between the two sisters helps them to do well in life.

In summary it is clear from the above statements that the participants see their brothers or sisters as sources of practical support to cope resiliently.

- **Supportive grandparents**

Two participants mentioned support from grandparents. For example, Participant Four said,

*“Ja my ouma is baie goed, sy is goed in take en sy inspireer my net.”* (Yes, my grandmother is very good, she is good with assignments and she just inspires me) (Interview Four, lines 69/77).

Participant Four mentioned his grandmother with so much respect and that she equipped him with skills to do his school assignments. He can always use these skills in his life. She also inspires him.

When asked what role her grandfather played in her life, Participant One replied,

*“Ek hou baie van my oupa, hy gee raad as ek dit nodig het en hy is net altyd daar vir my, ja hy speel ‘n belangrike rol in my lewe.”* (I like my grandfather very much, he gives me advice when I need it and he is always there for me. Yes, he plays an important role in my life) (Interview One, lines 119-120).

For Participant One her grandfather is a role model, she is able to understand that his advice is precious and that she can learn from his wisdom.

These two participants make it clear that their grandparents are a source of support to them and provide one of the resources that help them cope resiliently.

#### **5.2.2.2 Religious beliefs**

As mentioned in Chapter Two (Cf. 2.4.1.4), McCubbin and McCubbin (2005:40) report that culture guides a person’s behaviour and helps to create rules on how to behave. This plays an important role in the individual’s process of recovery and resilience. Faith or religion is a documented cultural protective resource (Masten *et al.*, 2008:79).

All six participants mentioned their religion and how this helped them cope resiliently. Religious practices in this particular study included going to church and Sunday school, reading their Bibles and praying as part of their everyday lives. Participants reported that religious beliefs provided guidance and answers, they found answers in the Bible by reading their Bibles every day and going to church, which in turn encouraged their resilience when they faced difficult times. For example, Participant One said,

*“Daar is baie dinge, die Bybel het soveel antwoorde. As jy sukkel met iets sal jy altyd ‘n antwoord kry.”* (There are so many things, the Bible has so many answers. If you struggle with something, you will always get an answer) (Interview One, lines 125-126).

In the statement above we see that Participant One feels the Bible is her resource for finding answers to difficult situations.

Participant Two also supported the fact that religious beliefs helped her cope adaptively when she said,

*“Dit vertel my dat ek nie alleen is nie en altyd kan vertrou op die Here.”*  
(It tells me that I am not alone and can always trust in God) (Interview Two, line 80).

Religion helps her feel that she is not isolated and that she always has someone to depend on.

Participant Six said that to go to church and attend Sunday school helped him to praise the Lord and not to be nasty to other people (Interview Six, line 65). For this participant, religion provides guidelines for prosocial behaviour. Prosocial behaviour encourages resilience. Likewise, Participant Three, Four and Five mentioned that reading their Bibles and going to church also helped them when they felt too much pressure or loneliness.

The above statements show that religious beliefs help these children cope adaptively when they face difficult times, either by getting answers from the Bible, not feeling isolated or receiving guidance on how to behave in a positive way.

### **5.2.2.3 Family harmony**

According to the OED (2007:225), harmony means the quality of forming a pleasing combination. In other words, family harmony is the pleasing bond between family members. The family environment where a sense of harmony is present along with emotional warmth is a very important factor in fostering resilience (Armstrong *et al.*, 2005:274; Mandelco & Peery, 2000:105).

Four of the six participants mentioned that they experienced family harmony and that it helped them to cope resiliently. For example, Participant One told me how they as a family did things together and how the whole family got together on special occasions (Interview One, lines 114-116).

Participant Three also noted family harmony when she said,

*“.....Partykeer sit ons lekker voor die tv dan kyk ons ‘n fliek. As ons nuwe flieks kry of ‘n fliek uitneem dan sit ek op die stoel wat kan uitslaan*

*en my pa en ma sit bymekaar en my sussie en my boetie lê op die mat.”*  
(Sometimes we sit and watch a movie in front of the television... I will sit in the lazy-boy and my dad and mom sit together, and my sister and brother lie on the carpet) (Interview Three, lines 84-86).

To do things together creates a sense of harmony between family members, something that Participant Three seemed to value as she related this with a big smile.

Participant Five also narrated experiences of harmonious family activity by saying,

*“Op Sondag gaan ons kerk tot so tienuur, so laat middag kyk ons saam televisie of slaap. Dan is ons net rustig.”* (On Sunday we go to church till about ten o'clock and then late afternoon we watch television together or take a nap. We just relax) (Interview Five, lines 52-53).

Family harmony is very important for a child to feel safe and nurtured, as Participant Two said,

*“Lekkerste is dat niemand in vrees vir mekaar leef nie en dat ons ook met mekaar kan praat en dat ons nie dink een is beter as ‘n ander een nie”.* (The nicest thing is that we are not in fear of each other and that we can talk to each other and that no one thinks he is better than anyone else) (Interview Two, lines 99-100).

In other words, she likes the way her family can talk to each other without fearing one another.

In summary, for all the above participants family coherence, or doing things together, creates a sense of family harmony which they value, and which contributes to their doing well.

#### **5.2.2.4 Pets as companions**

My participants reported that their pets had an influence on their adaptive coping ability. Four of the six participants in this study mentioned that when they were feeling down or lonely they would go and pat their dogs or play with them.

Participant Two said:

*“Dan praat ek met die diere, want hulle kan nou nie iets leliks vir my sê nie, hulle sal maar net luister.”* (I talk to the animals (dogs), because they won't say something bad to you, they just listen) (Interview Two, lines 58-59).

Participant One mentioned,

*“Ja, my hondjies is altyd happy, hulle is nooit in ‘n slegte bui nie, ek kan amper sê hulle gee jou weer energie.”* (Yes, my dogs are always happy and they are never in a bad mood, I can almost say they give you energy) (Interview One, lines 62-63).

For Participant One and Two their dogs aren't just pets but companions that listen and revitalise them when they need it.

According to Participant Five, his dog makes him feel better after a bad day:

*“Ek gaan lê op my bed en vryf my hond as ek ‘n slegte dag gehad het, dan voel ek beter.”* (I lie on my bed and pat my dog if I had a bad day, this makes me feel better) (Interview Five, line 83).

Participant Four also loves animals and said,

*“Ja, ek hou baie daarvan, veral ‘n voëltjie om hom mak te maak. Dit is vir my lekker.”* (Yes, I like it a lot, especially taming a small bird. I enjoy it) (Interview Four, line 116).

After probing some more, he said that to tame this bird made him feel that he had achieved something and that he could share it with his friends (Interview Four, line 119). In other words, it gives him satisfaction and a sense of competence to care for this bird and indicates that he loves animals. By practising this hobby he is able to cope adaptively.

In summary, the participants reported that pets provided companionship or in one case a sense of competence which helped them to cope adaptively.

### **5.2.2.5 Summary of interpersonal resources**

In summary, all my participants reported interpersonal protective resources that they used when faced with the difficulties of being a middle-born child. All the participants also mentioned their religious beliefs as a source of comfort. Almost all my participants mentioned their parents, siblings and teachers as sources of support and guidance. Almost all my participants mentioned that friends provided them with support and comfort. Almost all my participants mentioned their pets as a source of comfort. Family harmony was also mentioned by four participants. Two of my participants mentioned their grandparents as a source of guidance and inspiration. These resources were made available to my participants by their families and community and encouraged them to navigate towards and access these resources. They were able to use these resources when faced with pressure from school or feelings of neglect.

## **5.3 DISCUSSION OF MY QUALITATIVE FINDINGS**

### **5.3.1 Situating My Findings in Literature**

My findings reveal that resilience in the middle-born children who participated in my study was encouraged by intrapersonal and interpersonal protective resources, as summarised in Figure 5.4. The intrapersonal protective resources include good social skills, adaptability, positive self-concept, achievement orientation and having energy for pastimes. The interpersonal protective resources include supportive relationships, family harmony, pets as companions and religious beliefs.

**Figure 5.4: Summary of findings of qualitative data**



These inter- and intra-personal protective resources (Cf. Figure 5.3) are well-known themes in resilience literature. Other studies involving at-risk children who function resiliently report protective resources that contributed to their resilience similar to those reported by my participants.

According to Mandleco and Peery (2000:105), a child's cognitive ability, which includes his **social skills**, affects his ability to cope adaptively, therefore being more **socially skilled** has been associated with resilience (Harvey & Delfabbro, 2004:5). Children with an easy temperament, which includes **adaptability** and flexibility, are known to do well under stressful life circumstances (Harvey & Delfabbro, 2004:4; Masten & Powell, 2003:13; Zentner & Bates, 2008:8).

The findings in my study showed that most of the participants had a good self-concept and that their belief in themselves seemed to encourage their resilience. This finding corroborates studies done by Mandleco and Peery (2000:103); Rutter (1984:60); Schoon (2007:96); Werner and Smith (2001:57)

which indicate a positive self-perception. In other words a **positive self-concept** is one of the important contributors to resilience.

To be **achievement-oriented** gives children the ability to navigate towards and negotiate for protective resources in their community, as shown in studies with children and youth (Ungar *et al.*, 2008:2). According to Werner and Smith (2001:57), children with an achievement-oriented attitude towards life are more likely to be resilient. Half of the participants in my study mentioned their determination to achieve and this gave them a sense of direction in life and they knew where they were going. As shown in previous studies, a child's ability to recognise his own abilities, his sense of direction in life and his determination protect him against life stressors and adversity (Larson & Dearthmont, 2002:828). Likewise, some of the participants in my study mentioned that being achievement-orientated helped them to cope resiliently, because it kept them focused on the future.

According to Zentner and Bates (2008:19), the level of activity refers to the total **energy** output, which is expressed in the amount of movement. They further note that positive level of activity leads to positive emotionality. All of the participants in my study mentioned that they liked to be active and show their energetic nature. Literature states that **energetic** youth are associated with resilience (Bissonnette, 1998:4; Driskell, Bannerjee & Chawla, 2001:78). Literature on resilient youth has also reported that youth who engage in meaningful pastimes are more likely to be resilient (Bissonnette, 1998:4; Driskell *et al.*, 2001:78; Schoon & Bartley, 2008:25).

In summary, the above discussion shows that the intrapersonal protective resources emerging in my study have been mentioned in previous studies of resilient children. The same is true for the interpersonal protective resources emerging in my study, as shown below.

**Supportive relationships** act as a buffer to stressors for children at risk and contribute to their resilience (Cameron *et al.*, 2007:288). This was also found in my study, where all of the participants had one or other supportive relationship. All of the participants had a family member, friend or teacher to turn to for support; according to Ungar *et al.* (2008:7), to have a close bond

with a family member offers emotional comfort and gives a child a sense of belonging, which is important for resilient functioning. Likewise, studies on resilient youth have reported that supportive teachers (Christle *et al.*, 2001; Dass-Brailsford, 2005:582; Schoon, 2007:96; Schoon & Bartley, 2008:26), supportive peers (Boyden & Mann, 2005:8), and supportive siblings (Christle *et al.*, 2001), encourage resilience.

**Family harmony** was present in almost all the participants' lives, which contributed to their resilience. Four of the six participants mentioned that they as a family did things together and that their parents were involved in their upbringing. According to Armstrong *et al.* (2005:273), family well-being, which includes family harmony, is important for a child's well-being, which in turn creates a platform for resilience.

In my study most of the participants mentioned that they often turned to their **pets for comfort**. According to Walsh (2009:482), emotional support which facilitates coping, recovery and resilience can be given by a **companion animal**. Furthermore it is believed that having a pet during adverse circumstances may lead to less anxiety among children (Walsh, 2009:482).

Culture, which in my study manifested as **religious beliefs and practices**, was one of the key elements of my participants' resilience. All of the participants mentioned their religious beliefs and the significant role it played in their lives. This is supported by literature that acknowledges that children who are exposed to religious beliefs and practices, which include attending church regularly, may be protected from adverse circumstances and encouraged towards resilience (Dass-Brailsford, 2005:583; Larson & Dearnont, 2002:831).

### **5.3.2 Contribution of my findings to understanding resilience as a reciprocal, individualistic process in middle-born children**

Findings in my study illustrate that resilience is a reciprocal process: it became clear that the individuals in my study had the ability to navigate to a specific resource and to access a specific support system. My participants were all able to navigate towards resources and their ecology reciprocated either in the form of a supportive parent, grandparent, sibling, friend, teacher,

a harmonious family, religious beliefs, or a pet which made their resilience possible. In other words, all of the participants could identify the resources they needed and navigate towards them, but at the same time the resources towards which they navigated were willing to support and reciprocate my participants' efforts. In this way my findings illustrate more recent understandings of resilience as a bi-directional, reciprocal process (Lerner, 2006:47; Ungar *et al.*, 2008:2).

What I found interesting is that the resilient middle-born children who participated in my study did not navigate towards or negotiate for support randomly. Instead they seemed to be quite selective with regard to whom they approached for support, which suggests that the reciprocal process of resilience is also a unique and individualistic process.

Table 5.1 summarises the selective approaches for supportive resources of each participant individually.

**Table 5.1: A summary of the reciprocal process of each individual**

	<b>Participant One</b>	<b>Participant Two</b>	<b>Participant Three</b>	<b>Participant Four</b>	<b>Participant Five</b>	<b>Participant Six</b>
<b>Friends provided</b>	Emotional support and humour	Emotional support	Comfort and support	Emotional support	Support	
<b>Parents provided</b>	Comfort and support	Emotional support			Academic support	Academic support
<b>Siblings provided</b>	Emotional support	Academic support		Guidance		Tutoring
<b>Teachers provided</b>	Guidance and advice	Academic support	Support	Academic support		Moral support
<b>Grandparents provided</b>	Guidance and advice	Inspiration and support				
<b>Family harmony provided</b>	Harmonious family activity	Open Communication	Companionship		Companionship	
<b>Religious beliefs provided</b>	Answers to her problems	Trust	Faith	Faith	Faith	Guidance towards prosocial behaviour
<b>Pets provided</b>	Energy	Companionship		Satisfaction and competence	Support and companionship	

The above allows me to conclude that resilience should not be understood as a checklist of protective factors (e.g. resilience is encouraged by parents, grandparents, siblings and so forth). Although the protective resources were similar across my six cases, how the participants navigated towards and negotiated for resources was individualistic. For example, Participant One navigates towards her parents and negotiates for emotional support and advice when needed while Participant Five and Six navigate towards their parents and negotiate for academic support.

Another example of the individualistic reciprocal process can be seen in the participants' relationships with their siblings. Participant One knows that she can navigate towards her sister when she needs emotional support, but for Participant Two her sister is a source of academic support towards whom she can navigate and negotiate with. Participant Four receives guidance from his brother, while Participant Six navigates towards and negotiates with his brother to teach him new skills.

The reciprocal process for the participants in approaching their teachers for support is also variable. From the above table it can be seen that Participant One navigates towards her teachers and negotiates for guidance and advice, Participants Two and Four know that they can receive academic support from their teachers, while Participant Six navigates towards his teachers to negotiate for moral support.

From the findings emerging from my data I therefore conclude that resilience is a reciprocal process and that it is different for each participant, which makes it an individualistic process. It is very possible that the culture and context from which my participants come (a traditional Afrikaans context which encourages close family interaction, diligence at school and religion), shaped the resources that were available. However, within this context, my participants still made individual choices about which resources they preferred.

The above discussion also suggests that my participants did demonstrate good attachment. Although the attachment varied from individual to individual, it was clear that my participants had formed attachments (*Cf.* Table

5.1). Although the literature on middle-born children suggests that their attachment is not as strong and that they typically have poorer family relations (Cf. 3.4.1), my participants demonstrated the opposite. As previously mentioned in Chapter Three (Cf. 3.2.3) attachment is an important attribute for resilience (Cameron *et al.*, 2007:287; Louw & Louw, 2007:133; Schore, 2003:165; Zimmerman, 2004:85). My findings suggest that resilience in middle-born children is probably nurtured by good attachment.

### **5.3.3 Summary of the Qualitative Findings**

In summary, the findings on what contributes to the resilience of my middle-born participants have been noted in previous studies (Leman, 1998; Fritz, 2006; Richardson & Richardson, 2000). Although the themes found in my study were reported in previous resilience literature, when I reviewed the literature on middle-born children (Leman, 1998:153; Fritz, 2006; Richardson & Richardson, 2000:141), I noted that this literature did not include reports on what encourages middle-born children's resilience and tended to describe middle-born children as vulnerable. This means that my findings provide a different perspective on white Afrikaans middle-born children and make a contribution to the literature on white Afrikaans middle-born children in illustrating that some middle-born children are resilient, as well as reporting the protective resources and reciprocal processes that encourage their resilience.

My study therefore contributes to theory because literature on middle-born children focuses mostly on the negative impact and the adversities that accompany being a middle-born child (Dailey, 2008; Guastello & Guastello, 2002:3; Salmon, 2002:74; Teague, 2007). My study shows that middle-born children (in this case, white Afrikaans speaking middle-born children) can be resilient and that their resilience is embedded in intrapersonal protective resources (i.e. good social skills, adaptation, positive self-concept, achievement orientation and energetic ability) and interpersonal protective resources (i.e. supportive relationships, family harmony, pets as companions and religious beliefs). Not only one but a varied combination of these resources contributed to my participants' resilience.

Through my study, the stereotype of middle-born children being only or mostly vulnerable is transformed (Mertens, 2009). This new understanding could be useful for parents and teachers of middle-born children, who may use my findings to consider middle-born children as resilient and explore the resources that contribute to this.

My finding that my participants were quite individualistic in how they navigated towards and negotiated for resilience-promoting resources within their given ecologies (Cf. 5.3.2 and Table 5.1) discourages researchers from seeing resilience-promoting resources as a general list and encourages research that will try to understand more precisely how individual choice shapes the reciprocal process of resilience.

#### 5.4 FINDINGS FROM THE RSCA

As mentioned in Chapter Four (Cf. 4.3.5), the vulnerability T scores had to be taken into consideration to determine if the participants in this study were resilient.

The Vulnerability T scores of the six participants are summarised in Table 5.2 below.

**Table 5.2: Summary of the Vulnerability Index T scores**

Participant	Vulnerability Index T scores	Score rankings
<b>Participant One</b>	36	Low
<b>Participant Two</b>	48	Average
<b>Participant Three</b>	51	Average
<b>Participant Four</b>	37	Low
<b>Participant Five</b>	35	Low
<b>Participant Six</b>	44	Below average

According to the RSCA manual (Prince-Embury, 2007:30), any vulnerability index T score that is average, below average or low is an indication of

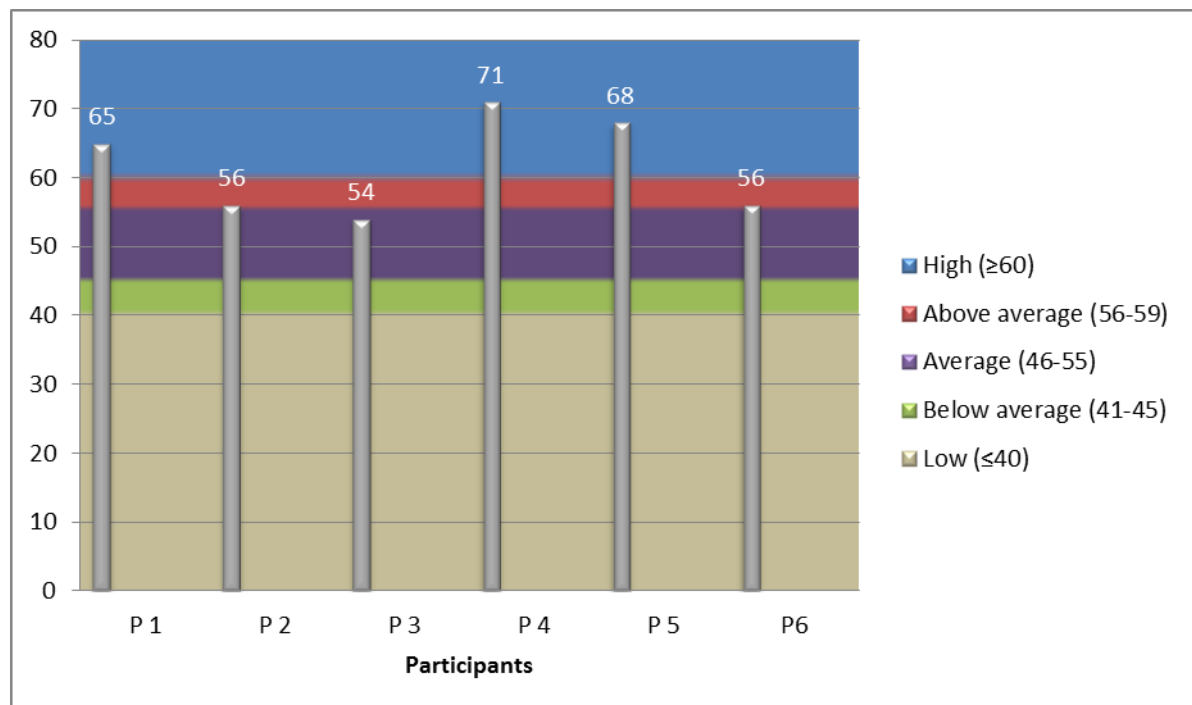
resilience (See Chapter Four (Cf. 4.3.5) for score values). From Table 5.1 above, which provides a summary of the Vulnerability Index T scores, the conclusion can be made that all six participants are resilient.

To determine what contributed to the participants in this study's resilience I turned to the Scales and their Subscales. As mentioned in Chapter Four (Cf. 4.3.2.1), the RSCA consists of three main scales with three to four subscales each. As mentioned in Chapter Four (Cf. 4.3.5), I used the RSCA manual to interpret the questionnaires (Prince-Embury, 2007). I will report on the results of the RSCA by discussing each scale separately.

### 5.4.1 Sense of Mastery Scale

The Sense of Mastery scale consists of scores ranging from 20-80 (Cf. 4.3.5). Graph 5.1 provides a visual summary of the composite Sense of Mastery scale scores, per participant.

**Graph 5.1: Participants profile for the Sense of Mastery scale**



As illustrated in Graph 5.1 above, it is clear that three participants (i.e. Participants One, Four and Five) have a T score in the high range and two participants (i.e. Participants Two and Six) have a T score that falls into the above average range and Participant Three falls into the average range.

According to the RSCA manual (Prince-Embury, 2007:26), these high, above average and average scores indicate that my participants have a strongly developed Sense of Mastery. To establish which specific area of strength (i.e. which resilience-promoting intrapersonal resource) contributes to these participants' Sense of Mastery, I will discuss the Sense of Mastery subscales.

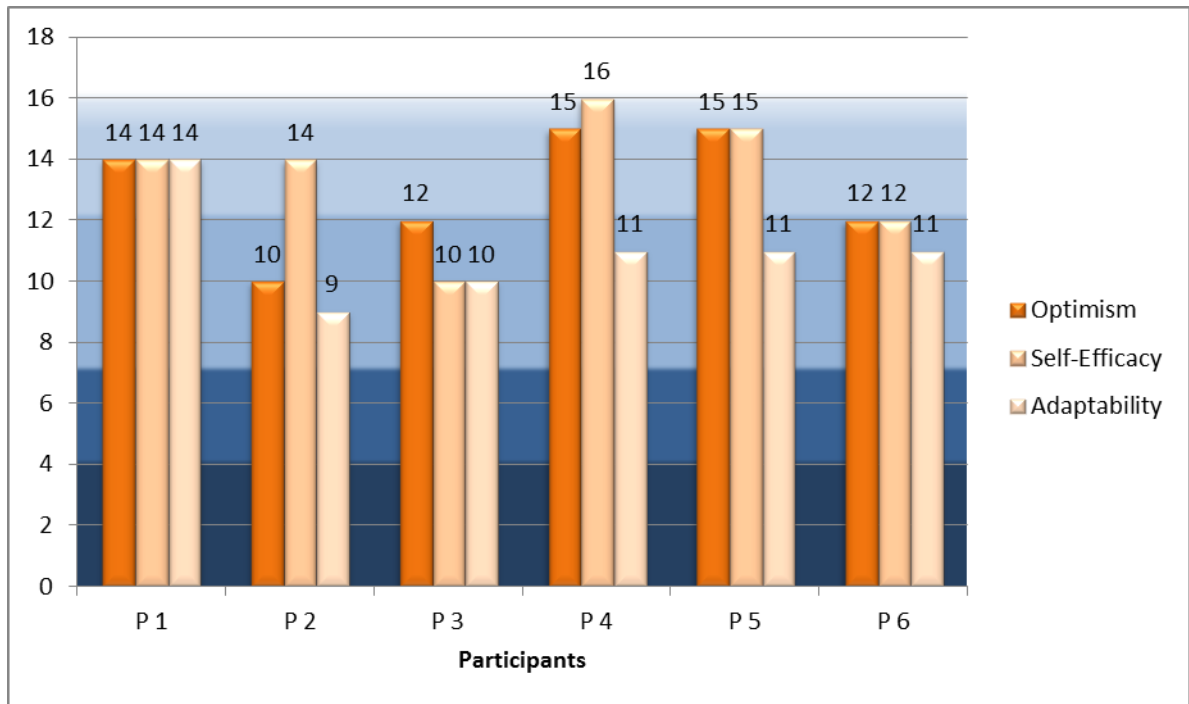
#### **5.4.1.1 Sense of Mastery subscales**

The Sense of Mastery has three subscales, namely Optimism, Self-efficacy and Adaptability (*Cf.* 4.3.2.1). As mentioned in Chapter Four (*Cf.* 4.3.5), the subscales are divided into low, below average, average, above average and high ranges. These ranges are illustrated in shades of blue in Graphs 5.2, 5.4 and 5.6 below. The key to these shades is as follows:

- High
- Above average
- Average
- Below average
- Low

In Graph 5.2, I provide a visual summary of the three subscales, per participant, of the Sense of Mastery scale. As noted in Chapter four (*Cf.* 4.3.5), average to high scores suggest that a subscale contributes positively to a participant's resilience.

**Graph 5.2: Participants' profiles for the Sense of Mastery subscales**



To facilitate clearer understanding of the above visual summary, I provide a description per participant in Table 5.3 below.

**Table 5.3: Summary of the profiles for the participants profiles on the Sense of Mastery Subscales**

😊 = Contributes to Resilience ☹️ = Does not contribute to Resilience			
SUBSCALES SCORES			
Participants	Optimism	Self-Efficacy	Adaptability
Participant One	Above average 😊	Above average 😊	Above average 😊
Participant Two	Average 😊	Above average 😊	Average 😊
Participant Three	Average 😊	Average 😊	Average 😊
Participant Four	Above Average 😊	High 😊	Average 😊

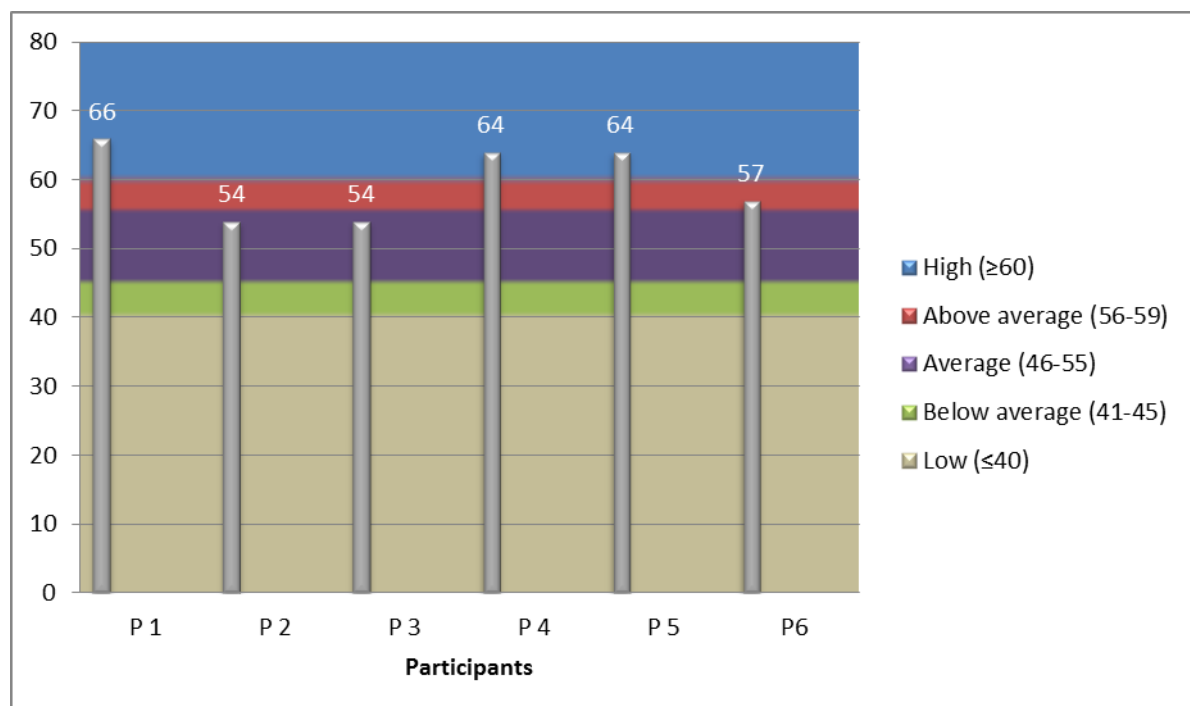
<b>Participant Five</b>	Above average 😊	Above average 😊	Average 😊
<b>Participant Six</b>	Average 😊	Average 😊	Average 😊

From Graph 5.2 and Table 5.3 it can be concluded that all three subscales, namely Self-Efficacy, Optimism and Adaptability, contributed to the participants in this study’s resilience, albeit to varying degrees.

#### 5.4.2 Sense of Relatedness Scale

The Sense of Relatedness scale consists of scores ranging from 20-80 (Cf. 4.3.5). Graph 5.3 provides a visual summary of the composite Sense of Relatedness scale scores, per participant:

**Graph 5.3: Participants’ profiles for the Sense of Relatedness Scale**

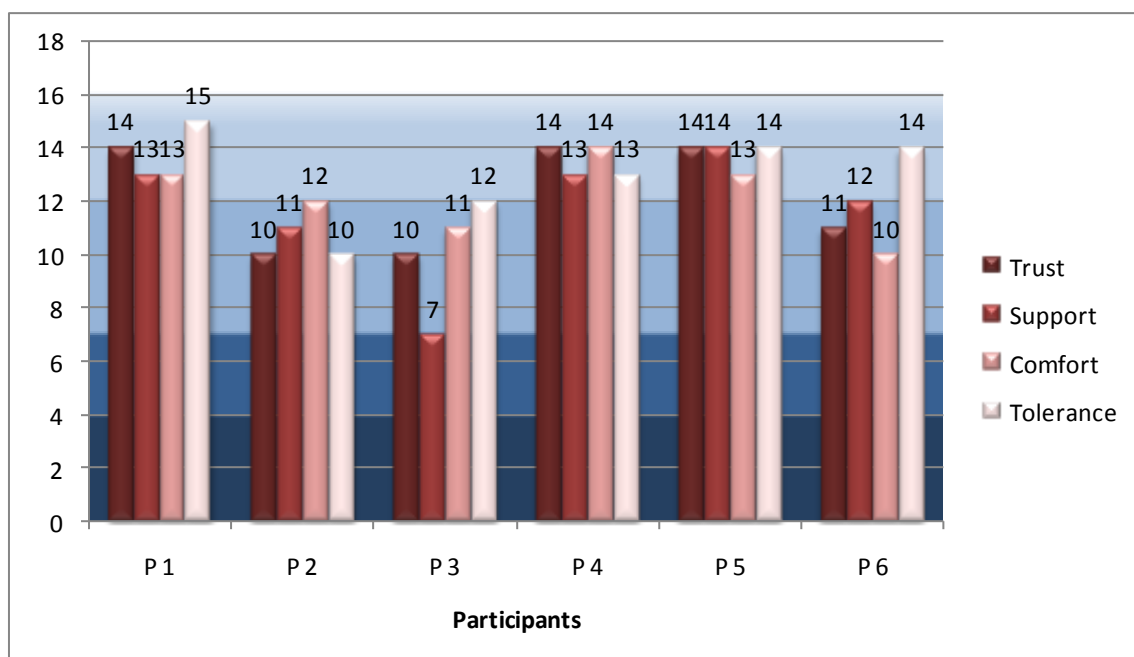


As illustrated in Graph 5.3 above, it is clear that three participants (i.e. Participants One, Four and Five) have a T score in the high range and one Participant (i.e. Participant Six) has a T score that falls into the above average range and two Participants (i.e. Participants Two and Three) have T scores that falls in the average range. According to the RSCA manual (Prince-

Embury, 2007:26), these high, above average and average scores indicate that my participants have a strongly developed Sense of Relatedness. To establish which specific area of strength (i.e. which resilience-promoting intrapersonal resource) contributes to these participants' Sense of Relatedness, I will discuss the Sense of Relatedness's subscales.

In Graph 5.4 below, I provide a visual summary of the four subscales, per participant, of the Sense of Relatedness scale.

**Graph 5.4: Participants' profiles for the Sense of Relatedness subscales**



To facilitate clearer understanding of the above visual summary, I provide a description per participant in Table 5.4. As noted in Chapter four (Cf. 4.3.5), average to high scores suggest that a subscale contributes positively to a participant's resilience.

**Table 5.4: A summary of the participants' profiles for the Sense of Relatedness subscales**

😊 = Contributes to Resilience

☹️ = Do not contribute to Resilience

SUBSCALES SCORES				
Participants	Trust	Support	Comfort	Tolerance
Participant One	Above average 😊	Above average 😊	Above average 😊	Above average 😊
Participant Two	Average 😊	Average 😊	Average 😊	Average 😊
Participant Three	Average 😊	Below average 😞	Average 😊	Average 😊
Participant Four	Above average 😊	Above average 😊	Above average 😊	Above average 😊
Participant Five	Above average 😊	Above average 😊	Above average 😊	Above average 😊
Participant Six	Average 😊	Average 😊	Average 😊	Above average 😊

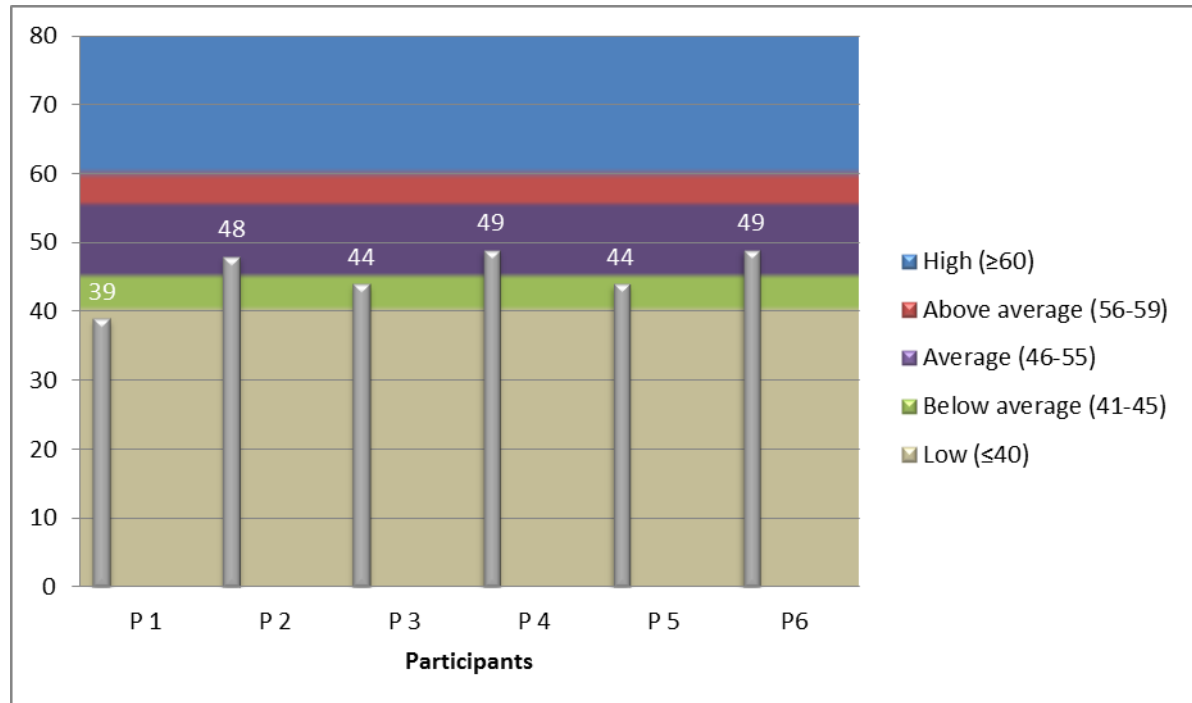
From Graph 5.4 and Table 5.4 it can be concluded that all four subscales, namely Trust, Support, Comfort and Tolerance, contribute to the participants' resilience in varying degrees with exception of Participant Three, who has a score of below average for Support.

#### 5.4.3 Sense of Emotional Reactivity Scale

For the Sense of Emotional Reactivity scale, reverse interpretations are made from that of the Sense of Mastery and Sense of Relatedness scales (Prince-Embury, 2007:26). In other words, where an average, above average and high score for the Sense of Mastery and Relatedness scales can be interpreted as a strength in either sense, the opposite is true for the Sense of Emotional Reactivity scale: a score of above average and high will indicate that the person has a potential for vulnerability (Prince-Embury, 2007:26).

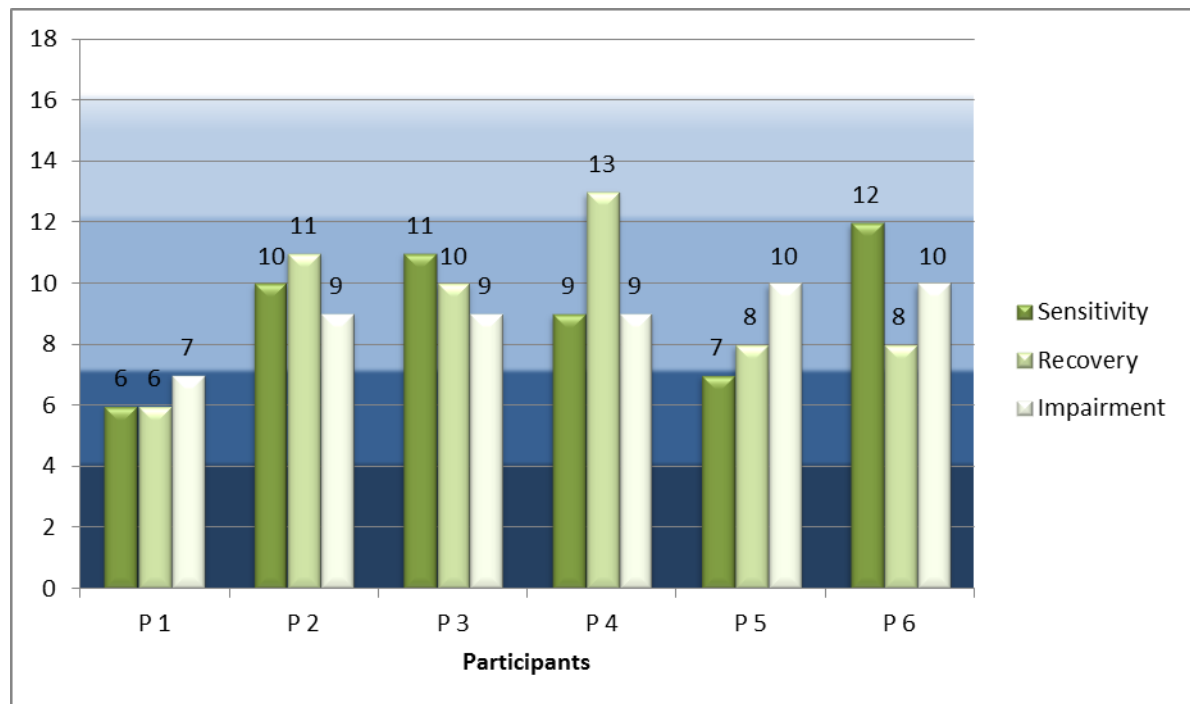
The results of the Sense of Emotional Reactivity for the participants are summarised in Graph 5.5.

**Graph 5.5: Participants' profiles for the Sense of Emotional Reactivity**



As illustrated in Graph 5.5 above, it is clear that one participant (i.e. Participant One) has a T score in the low range, two participants (i.e. Participants Three and Five) have T scores of below average and three participants (i.e. Participants Two, Four and Six) have T scores in the average range. According to the RSCA manual (Prince-Embury, 2007:26), these average scores indicate that Participants Two, Four and Six have strong emotional reactivity and Participants One, Three and Five with low and below average scores have a lesser degree of emotional reactivity. Below average to low emotional reactivity is associated with resilience (Prince-Embury, 2007:26). To establish which specific area of strength (i.e. which resilience-promoting intrapersonal resource) contributes to these participants' Emotional Reactivity, I will discuss the Emotional Reactivity subscales. In Graph 5.6, I provide a visual summary of the three subscales, per participant, of the Emotional Reactivity scale.

**Graph 5.6: Participants' profiles for the Emotional Reactivity subscales**



To facilitate clearer understanding of the above visual summary, I provide a description per participant in Table 5.5 below.

**Table 5.5: Summary of the participants' profiles for the Emotional Reactivity subscales**

SUBSCALES SCORES			
Participants	Sensitivity	Recovery	Impairment
Participant One	Below average ☹️	Below average ☹️	Below average ☹️
Participant Two	Average 😊	Average 😊	Average 😊
Participant Three	Average 😊	Average 😊	Average 😊

Participant Four	Average ☹️	Above average ☹️	Average ☹️
Participant Five	Below average ☹️	Average ☹️	Average ☹️
Participant Six	Average ☹️	Average ☹️	Average ☹️

From Graph 5.6 and Table 5.5 it can be concluded that low Sensitivity, low Recovery and low Impairment contribute to only Participant One's resilience, because this participant is not emotionally reactive. Low Sensitivity contributes to Participant Five's resilience, but the same cannot be said for this participant's Recovery and Impairment scores. The average and above average scores for the other participants can be interpreted to mean that Sensitivity, Recovery and Impairment do not contribute to their resilience. Although their global scores (see Table 5.2) indicate that they are resilient, this resilience is not related to low Sensitivity, Recovery, and Impairment. In other words, they are sensitive, recover slowly and are impaired when hurt.

## 5.5 CONCLUSIONS FROM PSYCHOMETRIC DATA

To summarise the results of the psychometric data: I found that the antecedents that contribute the most to the participants' resilience would be self-efficacy, optimism, adaptability, trust, support, comfort and tolerance. A tendency not to react emotionally was only reported for Participant One.

The resources found in the psychometric data that contribute to resilience in middle-born children are summarised in Figure 5.5.

**Figure 5.5: Summary of the resources found in the RSCA questionnaire**



These psychometric conclusions reflect what is currently known about resilience-promoting resources: Self-efficacy, achievement orientation, optimism and adaptability were shown to promote resilience in at-risk children, disadvantaged youth, children of divorced parents, and children in rural farming communities (Larson & Dearthmont, 2002:828; Masten *et al.*, 2008:81; Werner & Smith, 2001:57/151). Furthermore, trust, support, comfort and tolerance which children receive from supportive relationships were also attributes found to promote resilience in disadvantaged black youth, high risk children, children with HIV/AIDS and fostered young people (Dass-Brailsford, 2005:583, Masten *et al.*, 2008:79; Schoon & Bynner, 2003:2).

Some studies on middle-born children also reported adaptability, easy temperament and middle-born children being good mediators (Fulgham, 2000; Leman, 1998:157; Richardson & Richardson, 2000:139). However, although these resources have been linked to resilience of different cohorts of children, they have not previously been linked to resilient middle-born children. They were merely reported as more positive characteristics of middle-born children (Fulgham, 2000; Leman, 1998:157; Richardson & Richardson, 2000:139).

## 5.6 TRIANGULATION OF MY FINDINGS

After analysis of the interviews and the RSCA questionnaire the following interpretation can be made:

From the qualitative data I learned that there were intra-personal (i.e. energetic pastimes, good social skills, achievement oriented, determination, positive self-concept, adaptability) and inter-personal (i.e. supportive relationships, family harmony, religious beliefs, pets as companions) protective processes that contributed to my participants' resilience.

From the psychometric data I learned that my participants' resilience was also promoted by their strong Sense of Mastery and Relatedness, which includes high optimism, good self-efficacy, strong adaptability, a good sense of trust, support, comfort and tolerance. For two participants low sensitivity also contributed to their resilience and for one participant slow emotional recovery and low impairment helped her to be more resilient. Because this was not a dominant profile, I excluded Emotional Reactivity as a resilience-promoting resource.

As mentioned in Chapter Four (*Cf.* 4.3.1), I made use of a concurrent triangulation strategy. Through the triangulation process I found that self-efficacy, positive self-concept, optimism or determination, adaptability and supportive relationships were protective resources found in the qualitative data analysis as well as in the psychometric data analysis (i.e. I could find evidence for these resources in my qualitative and psychometric data).

From the psychometric data I concluded that the participants in this study's **self-efficacy** contributed to their resilience. **Self-efficacy** or a sense of capability is associated with a **positive self-concept** (Leagault *et al.*, 2006:1027), which was one of the themes that emerged from the interviews. As previously mentioned, in four of the six participants' interviews they revealed a **positive self-concept**.

From the psychometric data I learned that all six participants scored average and above average for optimism, which can be interpreted as being one of the resources that contributed to their resilience. This can be linked to the interview themes of **energy for pastimes** and **achievement orientation**, as

one cannot be **active** and **achievement-oriented** if one is not **optimistic** (Donald *et al.*, 2006:319). Participant One scored above average for **optimism** and she mentioned in her interview her strong determination to succeed and her **sense of achievement orientation**. She had lots of energy for positive activities too. Participant Three and Four scored an average for **optimism** and also mentioned their **achievement orientation in their interviews**. They both were actively involved in sport and hobbies.

All the participants showed their adaptability through the psychometric data, where one participant scored above average and the rest average. **Adaptability** as resource for the participants' resilience can be supported by their interviews, where four of the six participants illustrated **adaptability** as a coping resource for resilience. Again the triangulation process showed that my qualitative data and psychometric data supported each other.

**Trust, support, comfort and tolerance** are the subscales which helped to determine a better understanding of the participants' relational resources. For support five of the six participants scored average and above average, which indicate that **support** is one of the resources that strengthens their Sense of Relatedness and helps these participants to cope resiliently. **Trust, support and comfort** were also themes that emerged from the participants' interviews, where the participants indicated that they received **support, trust and comfort** from parents, grandparents, siblings, teachers, pets and friends and that these relationships contributed to their resilience. Their religion also comforted them and made some feel supported.

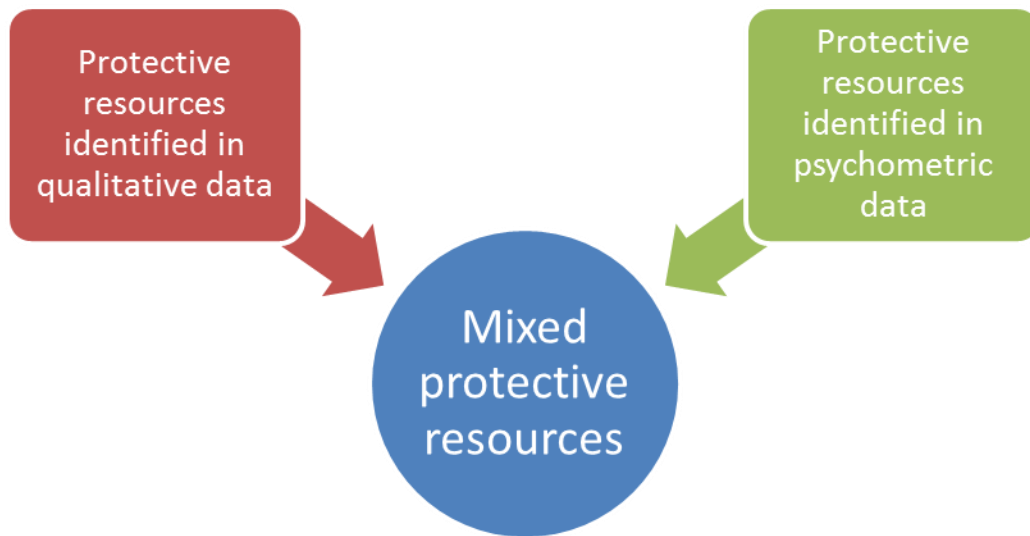
Interestingly, when I compared my psychometric and qualitative data, I noted that Participant Three scored below average for support in the RSCA questionnaire and when I compared and triangulated it with her interview I found that she did not mention **support** from any family members. Of all my participants, she reported the least relational resources in the interviews.

In general, the psychometric data suggested that my participants' resilience was not encouraged by low sensitivity, low recovery and low impairment. Interestingly, when I reread my qualitative data I could not find data to suggest high sensitivity, high recovery or high impairment. I did find data that

suggested good social skills (the ability to rationalise and reframe and to cope with conflict). This suggests some conflict between the psychometric and qualitative findings. The literature on middle-born children suggests that they can be aggressive, rebellious and easily frustrated (Leman, 1998:153). This means that middle-born children have high sensitivity, high recovery and high impairment. This finding raises questions that require further research in order to reach a conclusion.

To summarise my findings, it can be derived from the above evidence I concluded that all the participants in this specific study are resilient and that by triangulating the data from the interviews and the RSCA questionnaire I could provide richer evidence of what contributes to resilience in some middle-born children, as summarised in Figure 5.6.

**Figure 5.6: Triangulation process**



Protective resources identified in qualitative data	Protective resources identified in psychometric data	Mixed protective resources
<ul style="list-style-type: none"> <li>•energy for pastimes</li> <li>•good social skills</li> <li>•achievement orientated</li> <li>•positive self-concept</li> <li>•adaptability</li> <li>•supportive relationships</li> <li>•family harmony</li> <li>•religious beliefs</li> <li>•pets as companions</li> </ul>	<ul style="list-style-type: none"> <li>•optimism</li> <li>•self-efficacy</li> <li>•adaptability</li> <li>•trust</li> <li>•support</li> <li>•comfort</li> <li>•tolerance</li> </ul>	<ul style="list-style-type: none"> <li>•<b>self-efficacy</b> (good social skills+self-efficacy)</li> <li>•<b>positive self-concept</b> (positive self-concept + self-efficacy)</li> <li>•<b>adaptability</b> (adaptability + adaptability)</li> <li>•<b>achievement orientated</b> (achievement orientated + optimism + energy)</li> <li>•<b>support</b> (supportive relationships + support + pets)</li> <li>•<b>trust</b> (family harmony + trust + religious beliefs)</li> <li>•<b>comfort</b> (pets as companions + comfort + religious beliefs)</li> </ul>

From Figure 5.6, I draw the conclusion that the resilience of the middle-born children in my study was mostly supported by intrapersonal resources (self-efficacy, positive self-concept, adaptability and achievement orientation) and interpersonal resources (support, trust and comfort). The qualitative data shed more light on the intrapersonal resources and illustrated that support and trust were encouraged by people (parents, siblings, friends, grandparents and

teachers) and pets; and that comfort was encouraged by family harmony and religious practices.

## **5.7 CONCLUSION**

Through the interviews and questionnaire in this study I learned that there are many attributes that contributed to middle-born children's resilience. The most important ones that emerged from the triangulation process, which is an indication that the qualitative data and the psychometric data support each other, are: the participants' strong self-efficacy, positive self-concept, achievement orientation and their adaptability; the support, trust and comfort they receive from family and others also play a very important role in these middle-born children's lives. All of them mentioned some or other form of support or comfort that was available to them and which they could trust. All of these resources, both within themselves and their ecology, nurtured their resilience in the context of being a middle-born child who at times felt academically pressured and disregarded.

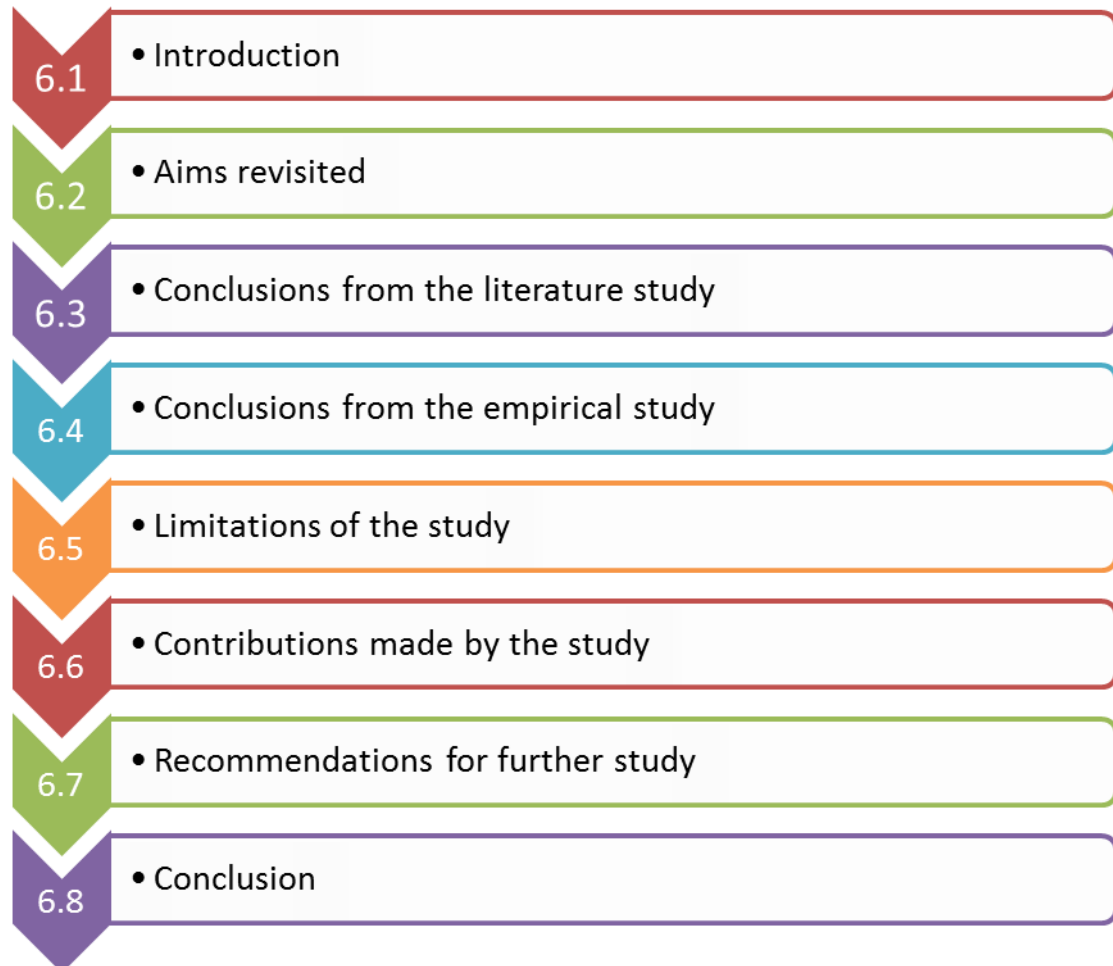
It was clear to me that if I had only used qualitative methodology, I may not have learned that my participants' resilience was generally not promoted by low emotional reactivity. At the same time if I had used only quantitative strategies, I would not have learned about their energetic commitment to positive pastimes or about their pets. In mixing the data I learned how useful it is to employ a mixed method research design.

Chapter Six will focus on the limitations of my study and the recommendations to parents of and teachers working with middle-born children.

# CHAPTER SIX

## CONCLUSIONS AND RECOMMENDATIONS

Figure 6.1: An overview of Chapter Six



### 6.1 INTRODUCTION

In this study I have explored what contributes to some middle-born children's resilience. The question answered was; what enables these middle-born children to cope resiliently? Existing literature portrays middle-born children as vulnerable because of their birth position. I wanted to know what antecedents contribute to middle-born children's resilience because I was not convinced that middle-born children are weak and I wanted to challenge this stereotype. Throughout the study I found a lot of evidence of resilience among children and adolescents, but little evidence of literature discussing resilience among middle-born children.

In this chapter I will summarise the literature and empirical study, relating to how some middle-born children in the Vaal Triangle cope resiliently. At the end of the chapter I note the limitations of my study and then give recommendations for further studies.

## 6.2 AIMS REVISITED

Table 6.1 below gives a summary of the aims of the study and shows that these aims were achieved.

**Table 6.1: Aims and achievements of the study**

AIMS	AIMS ACHIEVED
A literature study on middle-born children (and their attachment).	A thorough literature study was done to learn more about middle-born children and the effects their birth positions have on them. A brief literature study was conducted on the importance of attachment in children's lives and how attachment plays into the risks of being middle-born. This literature study was documented in Chapter Three.
A literature study on the nature of resilience.	A thorough literature study was done to gain a deeper understanding of the process of resilience among children. This literature study was documented in Chapter Two.
An empirical study to gain a deeper understanding of the protective resources found in the child's ecosystem that contribute to the phenomenon of resilience among	Six interviews were conducted with middle-born children who were identified by an Advisory Panel as resilient to determine what the protective processes were that contributed to their resilience. The interviews were coded using inductive analysis to identify the protective processes which contributed to the participants' resilience. The participants completed the RSCA questionnaire to determine to what extent sense of mastery, sense

middle-born children. of relatedness and emotional reactivity contributed to their resilience. These findings were documented in Chapter Five.

### 6.3 CONCLUSIONS FROM THE LITERATURE STUDY

The literature study was documented in Chapter Two and Chapter Three. Chapter Two overviewed the history and process of resilience. Chapter Three concentrated on attachment and the risks and strengths associated with middle-born children. Furthermore, Chapter Two and Three highlighted the protective processes which resilient youth accessed via the dynamic, interactive process where they navigated towards the ecology for protective resources and where the ecology reciprocated by making such resources available (Ungar, 2005:424; Ungar *et al.*, 2007:288; Ungar *et al.*, 2008:2; Ungar, 2010a:6).

#### 6.3.1 The Process of Resilience

Resilience is the process of adaptation to adverse circumstances where the individual navigates towards the ecology to provide resources which he needs to cope resiliently, coupled to the individual's capacity and inclination to make good use of these resources. In other words, resilience is a process where the individual and his environment interact dynamically to promote positive outcomes (Cameron *et al.*, 2007:285; Masten & Powell, 2003:4; Mash & Wolfe, 2005:15; Ungar *et al.*, 2008:2; Yates *et al.*, 2003:250).

Various protective resources which help children to cope resiliently despite their birth position were identified throughout the literature. I summarise each protective process individually below, but it should be kept in mind that these protective processes interact and rely on one another to enable resilience.

- **Individual protective processes**

There are a number of individual protective processes which contribute to children's resilience. These include a **positive self-concept, self-esteem, a positive outlook on life, self-efficacy, motivation for achievement, self/emotional regulation, persistence** and an **easy temperament** (Larson & Dearthmont, 2002:828; Leagault *et al.*, 2006:1027; Masten *et al.*, 2008:81;

Weiten, 2007:485; Werner & Smith, 2001:57/151). Some other protective individual processes which encourage resilience are **problem-solving skills, cognitive ability, achievement orientation, a high degree of internal locus of control and social perceptiveness** (Fergusson & Horwood, 2003:132; Hjemdal, 2007:306; Lee *et al.*, 2007:382; Mandlaco & Peery, 2000:103; Ungar *et al.*, 2008:2; Werner & Smith, 2001:51/151), a **sense of coherence** and a **feeling of competence** (Louw *et al.*, 2007:383; Vinson, 2002:151). All of these contribute to adaptive outcomes and help middle-born children to use their abilities to overcome adversity, which encourage resilience.

- **Family protective processes**

Throughout this study I found that family relationships contribute a lot to the children's ability to cope with adversity. Resilience promoting processes include **support, guidance, advice, open communication, secure attachment and coherence among family members** (Armstrong *et al.*, 2005:271; Atwool, 2006:321; Boyden & Mann, 2005:7; Larson & Dearthmont, 2002:825; Masten & Reed, 2005:82; Schoon & Bartley, 2008:26; Ungar *et al.*, 2008:7). Parents who are involved in their children's education and everyday lives who have authoritative parenting skills and communicate with their children were found to enhance resilience among children (Leagault *et al.*, 2006:1026; Schoon & Bynner, 2003:24).

- **Environmental protective processes**

**External support systems such as neighbours, teachers, coaches and friends** are very important in a child's life (Atwool, 2006:323; Christle *et al.*, 2001; Larson & Dearthmont, 2002:831; Louw *et al.*, 2007:381; Mandlaco & Peery, 2000:106; Masten *et al.*, 2008:79; Masten & Reed, 2005:83; Theron & Theron, 2010; Ungar, 2005:450). These external support systems contribute to children's resilience by being available to them and providing protective resources.

Children spend most of their days at school and therefore having someone outside the family to turn to for support and having a **supportive educational environment** may be crucial in adverse times. According to Johnson and

Lazarus (2008:19), schools are a significant factor in fostering resilience in children. Schools play a major role in a child's development, therefore if the school can be a safe haven for children facing adversity it manifests in resilience which is important for a child (Masten *et al.*, 2008:78).

- **Cultural protective processes**

There are numerous cultural protective processes that contribute to children's resilience. These include **faith, hope, spirituality** and **a belief that life has meaning** (Dass-Brailsford, 2005:583, Masten *et al.*, 2008:79). Children's faith and spirituality, including going to church, have been found to help them cope adaptively (Dass-Brailsford, 2005:583). Furthermore, **ethnic identity** gives an individual social and psychological meaning and a sense of belonging. A **belief that life has meaning** provides a sense of cohesion with others in the community and guides a person to seek access to important resources and enhances the resilience process (Cameron *et al.*, 2007:297).

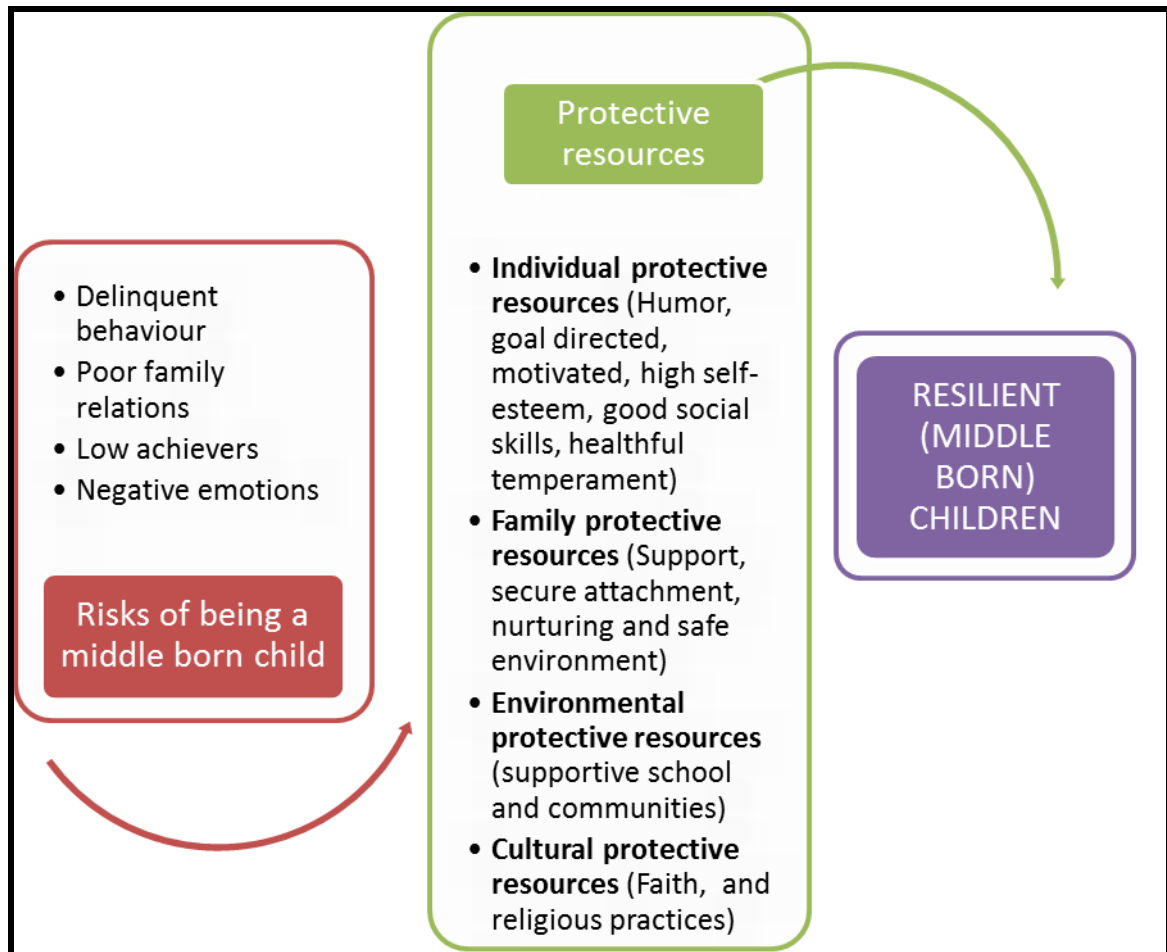
### **6.3.2 The risks connected to being a middle-born child**

The risk factors that are associated with middle-children include **poor family relations, delinquent behaviour, low achievement and negative emotions** (Begue & Roche, 2005; Fritz, 2006; Guastello & Guastello, 2002:3; Leman, 1998:165; Richardson & Richardson, 2000:139; Sutor & Pillemer, 2007). These risks increase the middle-born child's chances for maladaptive outcomes. Middle-born children often have **poor family relations** as parents tend to put all their energy into the first- and last-born children, because for a while the first-born was their only child and the last-born is the baby of the family. It was also found that middle-born children are not as close to parents and have lower feelings of family solidarity (Sutor & Pillemer, 2007). **Delinquent behaviour** is often found among middle-born children because of their rebellious nature. Middle-born children are more likely to be rebellious at times, because they don't feel they fit in (Fritz, 2006; Leman, 1998:165). Middle-born children tend to be **low achievers** because their parents do not expect much of them and they have a tendency to be afraid of failure, so they often fail to pursue a goal (Richardson & Richardson, 2000:139). Middle-born children's negative emotions come from their belief that they are being left out

and treated unfairly, accompanied by perceptions of being neglected (Leman, 1998:165; Richardson & Richardson, 2000:139).

From the above, it can be deduced that being a middle child places children at risk for non-resilient outcomes. As mentioned in Chapter Two, resilience cannot occur in the absence of risk (Masten, 2001:228). As noted in Chapter One (*Cf.* 1.2), I could not find literature that documented the phenomenon of resilience of middle-born children or what contributes to the resilience of middle-born children. I found a handful of studies that reported strengths of middle-born children or that associated positive characteristics with middle-born children (Leman, 1998:153; Fritz, 2006; Richardson & Richardson, 2000:141), but these were not resilience-focused studies. My empirical study was therefore aimed at identifying the factors and processes that help middle-born children to cope resiliently with the risks of being a middle-born child. Figure 6.2 gives a visual summary of the process of resilience in middle-born children, when being middle-born is the risk and when typical protective resources (noted in general resilience studies) mediate this risk.

**Figure 6.2: A visual summary of the process of resilience in middle-born children**



#### **6.4 CONCLUSIONS FROM THE EMPIRICAL STUDY**

In my study, data were collected using semi-structured interviews and psychometric questionnaires and then analysed to determine what contributes to middle-born children's ability to cope resiliently. Six resilient middle-born children were identified by an advisory panel (*Cf.* 1.5.1). The interviews focused on exploring what contributed to their resiliency. Through content analysis of the interviews the following themes emerged as explanation of what contributed to my participants' resilience:

- Energetic pastimes.
- Good social skills.
- Positive self-concept.

- Adaptability.
- Achievement orientation.
- Supportive relationships.
- Family harmony.
- Pets as companions.
- Religious practices.

The above themes suggested that the resilience of my participants was nurtured by qualities within themselves (energetic pastimes, good social skills, positive self-concept, adaptability and achievement oriented) and resources within their ecologies (supportive relationships, family harmony, pets as companions and religious practices).

The participants were asked to complete the RSCA questionnaire (*Cf.* 1.5.2.2.) to measure whether sense of mastery, sense of relatedness or emotional reactivity contributed to their resilience. The results indicated that my participants' resilience was also encouraged by:

- Sense of Mastery (Self-Efficacy, Optimism, Adaptability).
- Sense of Relatedness (Trust, Support, Comfort, Tolerance).

When I mixed the qualitative themes and psychometric results, I concluded that the resilience of my participants was fed by **self-efficacy** (good social skills + self-efficacy), **positive self-concept** (positive self-concept + self-efficacy), **adaptability**, **achievement orientation** (achievement orientation + optimism), **support** (supportive relationships + support), **trust** (family harmony + trust) and **comfort** (pets as companions + comfort), *Cf.* (Figure 5.6).

However, as noted in Chapter Five (*Cf.* 5.6), after mixing the qualitative data and the psychometric data I found some conflicting evidence. The psychometric data suggested that my participants' resilience was not encouraged by low sensitivity, low recovery or low impairment, but I did find evidence in the qualitative data that suggested my participants possessed good social skills, which included the ability to rationalise and to handle

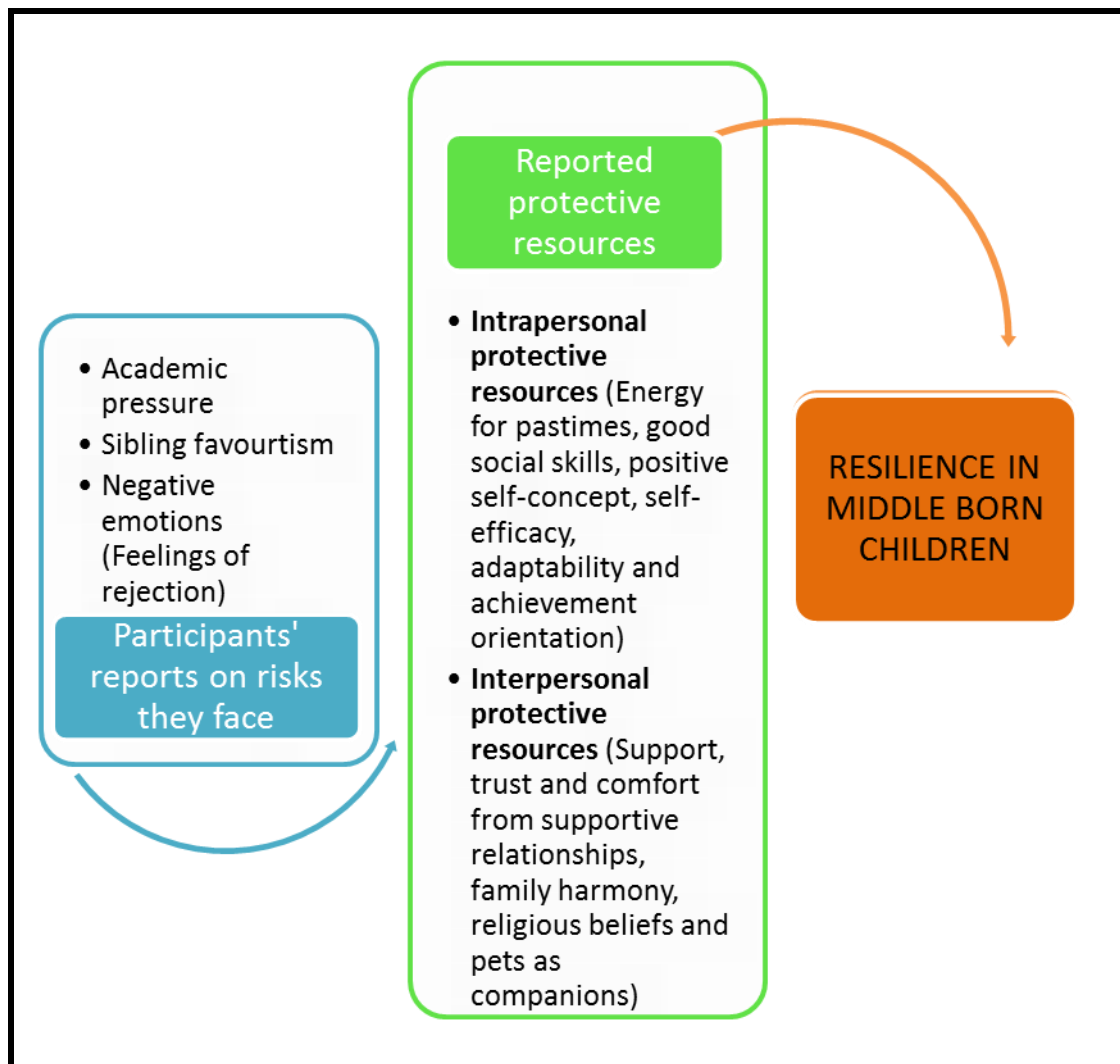
conflict in a positive way. The latter contradicted the profile of the participants as sensitive, easily impaired by negative experiences and/or taking long to recover when affected negatively. This apparent contradiction indicates some conflict between my qualitative and psychometric findings, and this should be taken into consideration in future research.

All the above-mentioned resources noted by the middle-born children as contributing to their resilience were identified in previous resilience studies (Christle *et al.*, 2001; Harvey & Delfabbro, 2004:4; Killian, 2004; Larson & Dearthmont, 2002:828; Leagault *et al.*, 2006:1027; Louw *et al.*, 2007:381; Mandlaco & Peery, 2000:100; Masten & Powell, 2003:13; Masten & Reed, 2005:83; Masten *et al.*, 2008:79; Theron & Theron, 2010; Van Breda, 2002:4; Vinson, 2002:151; Werner & Smith, 2001:57), but none of these studies linked these resources specifically to middle-born children's resilience. Some studies however mentioned strengths of middle-born children but again they did not link these strengths to resilience (Fritz, 2006; Fulgham, 2000; Leman, 1998:157; Richardson & Richardson, 2000:139). This suggests that my study contributes a new understanding of middle-born children as resilient and confirms that the resources that encourage resilience in other groups of at-risk youth do so for middle-born children as well.

In summary, my findings suggest that middle-born children function resiliently when they access their **individual protective resources**, namely energetic pastimes, good social skills, a positive self-concept, self-efficacy, optimism, adaptability, achievement orientation and navigate towards their ecology for **family-based protective processes**, namely supportive relationships that provide trust, support, comfort and tolerance, family harmony, **environmental-based protective processes**, namely their pets, for comfort and companionship and **cultural protective processes**, namely religious practices. As noted earlier, how my participants navigated their way towards resilience was not identical. So, my study both reinforces an understanding of resilience as a transaction between the child and his ecology (Ungar, 2010a:6) and reminds researchers not to assume that this transaction is generic. This implies that when teachers and helping professionals (like counsellors and psychologists) want to support middle-born children to cope

better with the difficulties of being a middle-born child, then they need to understand what protective resources are available to that middle-born child and which he prefers. Support towards resilience should in other words, be designed to suit the individual middle-born child. At the same time, my study provides insight into what these protective resources (both intra- and interpersonal) could be.

**Figure 6.3: A visual summary of my study’s findings of the individual process of resilience in middle born children.**



## 6.5 LIMITATIONS OF THE STUDY

The following limitations were identified in this study:

- My study was small. I only included six participants and although this allowed data saturation in the qualitative data collection, it meant that my

psychometric data was too limited to be analysed using descriptive statistics. As noted in Chapter Four, the advisory panel did identify two additional participants, but one withdrew (and I respected her right to do so) and the other did not demonstrate resilience on the RSCA or in the interview and so I excluded her data.

- For logistic reasons, all the middle-born children in this study were from one school in the Vaal Triangle and they were all of one cultural group. This suggests that the findings of my study may have been influenced by their specific context and cannot be generalised to other cultural groups.
- The middle-born children in this study were only white Afrikaans speaking children and of the age group 10-13 years. This implies that my findings cannot be generalised to middle-born children who are younger or older or of different cultures.
- The RSCA questionnaire is not standardised for South African children. Although it is standardised for large populations of children world-wide, this does not mean that it is valid for South African children. As explained in Chapter Four, I decided to use it in an exploratory manner because there are no resilience questionnaires that have been standardised for use with Afrikaans-speaking South African children.

## **6.6 CONTRIBUTIONS MADE BY THE STUDY**

Although I have previously suggested how my findings make a contribution (*Cf.* 5.3.2 and 5.5), I will use this section to summarise the contributions from my study:

- The antecedents that encourage some middle-born children to be resilient were identified (*Cf.* figure 5.6). This fills a gap in current literature as the process of resilience was not previously linked to middle-born children. Furthermore, although I found it difficult, these antecedents of resilience were produced by my mixing qualitative findings and psychometric results. This mixing makes my conclusions about what encourages resilience in middle-born children who participated more trustworthy.

- This study focused on understanding what the resilience-promoting resources of middle-born children are. In so doing, I recruited resilient middle-born children and explored what lay at the heart of their resilience. I consequently transformed (Mertens, 2009) the stereotype of middle-born children as being vulnerable only. Although I acknowledge that a study of six is too small to decisively transform the stereotypical image of middle-born children, my study contributes awareness that the stereotype could be challenged. Although this was not the goal of my study, by identifying the resilience-promoting processes among middle-born children, my study potentially contributes knowledge that will enable parents and teachers to better understand what resources middle-born children need to encourage them towards resilience.

## **6.7 RECOMMENDATIONS FOR FURTHER STUDY**

Taking the limitation of this study into consideration I recommend the following for future research:

- A larger study with a robust sample of middle-born individuals from all age groups and from different ecologies and cultures is strongly recommended. A larger study will allow generalisation of findings. A larger follow-up study will also allow exploration of the apparent contradiction in my qualitative findings and psychometric results (*Cf.* 5.6).
- It would be very useful if future studies could use the RSCA and generate enough data to allow the generation of norms which are standardised for South African participants. An alternative for future studies is to adapt The Resilience Scale (Mampone & Bower, 2006) or The Child and Youth Resilience Measure (IRP, 2006) for use with children.

## **6.8 CONCLUSION**

Being a teacher who worked with middle-born children for a number of years and being the daughter of a middle-born mom and sister to a middle-born brother intrigued me because I observed how different they were to non-middle-born children. I read through literature on middle-born individuals and wasn't convinced that it fitted the profile for the middle-born people I knew. I wanted to know what made them strive for excellence and why their

behaviours contradicted literature on middle-born children. Through my study I found that the antecedents for resilience in middle-born children were no different from those of other adverse groups of resilient people. However, the difference is that now we know what contributes specifically to middle-born children's resilience. Parents and teachers can now ensure that they help the middle child who tends to be what literature calls "vulnerable" by equipping him with skills to navigate and negotiate towards protective processes which encourage resilience. By doing this, maybe we will have less vulnerable middle-born children in this world, and more middle-born children who can identify with the dedication to middle-born children that I conclude my study with:

**Even though you're not the oldest,**

**or the youngest, you see,**

**being in the middle is a really neat place to be!**

**The middle of a sandwich is the most important part,  
and in the middle of your body you will find your heart.**

**The engine in the middle is what runs a good machine.**

**And our family wouldn't be the same**

**without you in between!**

**-Unknown-**

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**ADDENDUM A**  
**PERMISSION TO CONDUCT RESEARCH**



UMnyango WezeMfundo  
Department of Education

Lefapha la Thuto  
Departement van Onderwys

Enquiries: Nomvula Ubisi (011)3550488

Date:	03 July 2008
Name of Researcher:	Van Zyl Heleneze
Address of Researcher:	
Telephone Number:	
Fax Number:	N/A
Research Topic:	The phenomenon of resilience among middle born children
Number and type of schools:	1 Primary School
District/s/HO	Sedibeng West

### **Re: Approval in Respect of Request to Conduct Research**

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

- 1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
- 2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
- 3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*

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Office of the Chief Director: Information and Knowledge Management  
Room 501, 111 Commissioner Street, Johannesburg, 2000 P.O.Box 7710, Johannesburg, 2000  
Tel: (011) 355-0809 Fax: (011) 355-0734

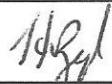
4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher must supply the Director: Knowledge Management & Research with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



CHIEF DIRECTOR: INFORMATION & KNOWLEDGE MANAGEMENT

<b>The contents of this letter has been read and understood by the researcher.</b>	
<b>Signature of Researcher:</b>	
<b>Date:</b>	5/9/2008

**ADDENDUM B**  
**LETTER OF INFORMATION TO PARENTS**



8/10/2008

Geagte ouer

Ek is besig met my meesters graad in Opvoedkundige Sielkunde aan die Noordwes Universiteit. My studie handel oor resiliensie onder middel kinders. Die algemene literatuur oor middel kinders wat beskikbaar is fokus baie op die negatiewe. Die literatuur beweer dat middel kinders gewoonlik onderpresteer, dat hulle meer geneig is om by ongewenste gedrag betrokke te wees, dat hulle meer geneig is om nie verder te studeer nie en vele meer. My doel met die studie is om die teen deel te bewys.

U kind is deur 'n paneel onderwysers en maats geïdentifiseer as kinders wat juis middel kinders is en nie die algemene middel kind gedrag toon nie. U kind toon juis resiliente gedrag wat beteken hy presteer bo gemiddeld op verskeie vlakke van die samelewing, het sosiaal aanvaarbare gedrag, hanteer die lewe baie goed en word deur sy maats aanvaar.

Wat ek van u kind verwag is om 'n vraelys in te vul wat ongeveer 45 minute gaan duur en dan op 'n ander geleentheid 'n onderhoud met my moet voer wat ongeveer 30 minute gaan duur. Die onderhoud word opgeneem sodat ek dit later in my studie kan terugspeel en gebruik. U kind se naam word glad nie gebruik in die studie nie, slegs die data.

Deelname aan die studie is vrywillig en as u nie wil hê u kind moet deelneem nie is dit heeltemal aanvaarbaar. Die invul van die vraelys en die onderhoud sal gereël word wanneer dit vir u kind gerieflik is.

Wat ek van u vra is indien u sou instem dat u kind mag deelneem aan my studie u die nodige vorms wat saam met die brief is deurlees en teken.

Indien daar enige vrae is kontak my gerus.

Byvoorbaat Dankie

H. van Zyl

## VOLUNTARY INFORMED CONSENT FORM

### How South African youth negotiate resilience study:



NORTH-WEST UNIVERSITY  
YUNIBESITI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

#### Vrywillige ingeligte toestemming

As jy saamstem, maak asseblief 'n kruisie in die 'JA' blokkie om te wys dat jy verstaan en saamstem met elke stelling:

1. Ek verstaan al die inligting wat aan my gegee is oor die studie en al my vrae is beantwoord.	<b>JA,</b> <b>Ek verstaan</b> <input type="checkbox"/>
2. Ek weet dat deelname aan die studie vrywillig is en dat ek enige tyd my deelname aan die studie kan stop. As ek ongemaklik is met 'n vraag kan ek weier om dit te antwoord.	<b>JA,</b> <b>Ek verstaan</b> <input type="checkbox"/>
3. Ek verstaan dat ek moet deelneem aan die invul van 'n vraelys en vrae beantwoord in 'n onderhoud. Ek verstaan dat geen persoonlike inligting soos my naam, adres of enige spesifieke inligting wat tydens die studie gegee word gedeel sal word nie.	<b>JA,</b> <b>Ek verstaan</b> <input type="checkbox"/>
4. Ek verstaan dat die inligting wat ek tydens die studie gee gebruik kan word in publikasies en voorlegging van die finale verslag, maar dat ek kan vra as	<b>JA,</b> <b>Ek verstaan</b> <input type="checkbox"/>

ek nie wil hê dit moet gebruik word nie	<input type="checkbox"/>
5. Ek verstaan dat al het my ouers toestemming gegee dat ek mag deelneem aan die studie dit nog steeds my keuse is of ek wil deelneem of nie. As ek besluit om nie voort te gaan met die studie nie sal my wense gerespekteer word sonder enige gevolge.	<b>JA,</b> <b>Ek verstaan</b> <input type="checkbox"/>
6. Ek verstaan dat die onderhoud waarin ek vrae moet beantwoord opgeneem gaan word vir latere gebruik, maar as ek nie wil hê dit moet gebruik word nie mag ek dit so versoek.	<b>JA,</b> <b>Ek verstaan</b> <input type="checkbox"/>

Ek stem in om deel te neem aan hierdie studie.

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*(Handtekening van deelnemer)*

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*(Datum)*

**ADDENDUM C**  
**INTERVIEW ONE**

## PARTICIPANT ONE

2 Goed, \* vertel bietjie vir my, hoe voel dit om 'n middel kind te wees?

3 **Ek dink dit is nogal lekker, tussen jou boetie en sussie het jy altyd iemand**  
4 **om mee te kuier, as een kwaad is kan jy altyd met die ander een kuier.**

5 Ok so dit is lekker, wat is sleg daarvan?

6 **Ag nie regtig nie**

7 Is daar niks sleg nie? Voel jy nie partykeer jy is nou in die middel, jy is nooit  
8 eerste nie en jy is nooit laaste nie. Voel jy nie partykeer so bietjie *gesqeeze* van  
9 albei kante. Niks sulke goed nie?

10 **Nee nie regtig nie**

11 O, so niks slegs nie. Ok se vir my hoe hanteer jou ma hulle julle drie kinders?  
12 Hanteer hulle julle baie dieselfde of verskillend?

13 **Hulle hanteer ons dieselfde**

14 Trek hulle niemand voor nie?

15 **Nee**

16 Jy het 'n ouer sussie nê?

17 **Ja**

18 Hoe voel dit as jy nou partykeer haar ou klere moet kry of haar ou goed wat jy  
19 moet gebruik?

20 **Partykeer gebeur dit dan maak ek het darem 'n keuse of ek dit wil hê of**  
21 **nie**

22 O ok, so as sy nou iets nuuts kry soos nuwe klere, kry jy dan ook?

23 **Ja**

24 Ok, so jou ma hulle is regverdig in daardie opsig

25 **Ja**

26 Goed, jou juffrouens en jou maats het gedink, dit is hoekom jy nou vandag hier  
27 is, hulle dink jy is een van daardie middel kinders wat goed met die lewe *cope*.

28 Jy doen goed **akademies**, jy het baie maats en jy doen jou sport. Hoekom dink  
29 jy doen jy so goed, hoekom *cope* jy so goed met die lewe, watter goed dra by of  
30 wie dra by?

31 **Sjoe, ek sal sê dit is my persoonlikheid want, sê nou maar ek sal net dinge**  
32 **anders hanteer as ander kinders wat ek ken.**

33 Ok, hoe bedoel jy, watter dinge? Gee bietjie vir my 'n voorbeeld

34 **Sê nou maar iets gebeur, ek kan nie lank kwaad bly nie ek sê nou maar**  
35 **iets het gebeur of iemand het iets gedoen dan sal ek hom al klaar vergewe**  
36 **het ek sal nie lank oor 'n ding tob nie.**

37 O so jy gaan vinnig aan dit pla jou nou nie die hele dag nie

38 **Ja**

39 O, ok

40 **En wanneer ek iets doen sal ek dit doen, soos as ek moet gaan leer sal ek**  
41 **gaan leer en later speel.**

42 Ja, so jy is in jouself gedrewe om iets te doen.

43 **Ja**

44 Watter mense in jou lewe speel 'n rol tot jou sukses?

45 **My ma en my pa en my oupa en my sussie**

46 In watter opsig, hoe help hulle wat doen hulle?

47 **Ag soos sê nou maar om my te troos of wanneer jy hulp nodig het soos as**  
48 **jy ongelukkig is oor iets kan jy na hulle toe gaan om jou te help**

49 So jy het die vrymoedigheid om na hulle toe te gaan?

50 **Ja**

51 En as jy nou die dag *down* is en jy kan nie na jou ma, pa of sussie toe gaan nie  
52 is daar 'n spesiale vriendin of iemand met wie jy kan praat?

53 **Ja, \*, my maatjie**

54 So jy het darem maats met wie jy ook kan praat?

55 **Ja**

56 Vertel vir my, het julle troeteldiere?

57 **Ja**

58 En hou jy van troeteldiere?

59 **Ja ek is mal oor my hondjies**

60 Goed, vertel my 'n bietjie meer van jou troeteldiere,

61 brei 'n bietjie meer uit asb?

62 **Ja, my hondjies is altyd happy, hulle is nooit in 'n slegte bui nie, ek kan**  
63 **amper sê hulle gee jou weer energie**

64 Ja hulle laat jou beter voel

65 **Ja**

66 As jy nou nie 'n lekker dag het nie, almal is net mislik met jou, wat doen jy om  
67 net beter te voel?

68 **Ek sal buite wees, in die tuin**

69 Sommer net daar buite wees

70 **Ja**

71 Het jy 'n spesifieke stokperdjie of iets?

72 **Ek hou baie van drama, ek doen drama**

73 Ok, en sport en dinge?

74 **Ek is nie baie sportief nie, maar ek hou baie van hokkie. Baie baie, dit is**  
75 **vir my 'n lekker sport**

76 Ok, so jy neem darem deel. Goed en akademie, jy doen nou so goed  
77 akademies. Hoe kry jy dit reg, is dit jou ma wat jou sit en leer is dit jy self, hoe  
78 kry jy dit reg?

79 **Ek leer net wanneer ek moet leer en vat dit en doen dit maar net.**

80 Ja, goed as jy nou die dag by die skool kom en jy besef o jy het nie geleer vir 'n  
81 toets of jy het nie jou goed hier vir 'n taak nie hoe hanteer jy dit?

82 **Ag as ek nou nie my goed gebring het vir 'n taak nie sal ek daarvoor dink en**  
83 **kyk wat ek daaraan kan doen en kyk of ek iets by iemand kan leen of dalk**  
84 **inligting kry uit skoolhandboeke of ietsie.**

85 Ok en as jy nie vir 'n toets geleer het nie, wat gaan jy doen?

86 **Sjoe, ek sal maar net die toets moet skryf, dit is maar net dinge wat**  
87 **gebeur en jy moet dit hanteer.**

88 Goed, dan vertel vir my jou sussie en boetie, baklei julle baie of is julle maats  
89 hoe werk dit in julle huis?

90 **Ek en my sussie is baie baie goeie maats ek kan vir haar sê wat ek wil wat**  
91 **ek nie vir my ma wil sê nie. Ek en my boetie kom ook goed oor die weg,**  
92 **partykeer dan sal ek en hy bietjie vassit.**

93 So julle baklei, omdat hy seker jonger is

94 **Ja**

95 Ok so jy en jou sussie het 'n goeie verhouding?

96 **Ja**

97 As julle nou die dag baklei, bly jy lank vir hulle kwaad of sorteer julle dit sommer  
98 gou weer uit?

99 **Nee glad nie, ek kan nie lank vir hulle kwaad bly nie. Regtig nie, ek kom so**  
100 **vinnig daaroor, want as jy lank kwaad bly maak jy sommer jou hele dag**  
101 **sleg so dit is beter om net vinnig daaroor te kom.**

102 Ja, dit is 'n goeie eienskap. En hoe werk verjaarsdae in julle huis? Is daar 'n  
103 lekker tradisie wat julle doen as daardie ou nou verjaar of hoe maak julle dit  
104 spesiaal?

105 **Ek en my sussie verjaar op dieselfde dag**

106 O, sjoe ok

107 **Ons sal mekaar wakker maak en sing met 'n klein koekie met 'n kersie op**  
108 **en dan gee ons persente.**

109 O lekker so hulle kom maak jou wakker.

110 **Ja**

111 En wat doen julle nog met verjaarsdae?

112 **Ons sal sê nou maar partytjie hou of gaan uiteet.**

113 Lekker, goed en hoe werk Kersfees, wat doen julle?

114 **Met Kersfees sal ons 'n kersboom hê met al die persente onder die boom.**  
115 **Dan sal my oupa gewoonlik die persente uitdeel. Al die familie kuier**  
116 **bymekaar.**

117 Lekker, jy het nou al oor jou oupa gepraat, lyk vir my julle kom goed oor die  
118 weg?

119 **Ja, ek hou baie van my oupa, hy gee my altyd raad as ek dit nodig het en**  
120 **hy is altyd daar vir my.**

121 Is dit, speel hy 'n belangrike rol in jou lewe?

122 **Ja**

123 Goed, geloof, watter rol speel geloof in jou lewe? Kerk en daardie tipe goed.

124 Het dit jou al gehelp in jou lewe?

125 **Ja, baie. Daar is baie dinge, die Bybel het soveel antwoorde. As jy sukkel met iets jy sal altyd 'n antwoord kry.**

127 Goed, is dit nie vir jou soms moeilik as 'n kind om die Bybel te verstaan nie, 128 waar leer jy dit, het julle Sondagskool?

129 **Ja, ons het Sondagskool**

130 So dit help ook baie

131 **Ja**

132 En hoe dra jou onderwysers of mense in jou lewe soos jou afrigters hoe dra 133 hulle by tot jou sukses?

134 **Jy kan altyd iets leer by iemand anders(onderwysers), so as jy net sal 135 luister na hulle(onderwysers) en dink wat hulle sê sal jy altyd iets kry wat 136 jou kan help in die lewe.**

137 So hulle speel ook 'n belangrike rol?

138 **Ja**

139 Goed, jy gaan nou amper hoërskool toe, sê vir my watse drome en ideale het 140 jy?

141 **Ek sien baie uit na die hoërskool, ek wil graag baie dinge bereik volgende 142 jaar, ek wil redenaars doen en dalk in \* se revue deel neem. Daar is baie 143 dinge waarna ek uitsien en wat anders gaan wees as die laerskool.**

144 Ja, is jy bietjie op jou senuwees vir die onbekende

145 **'n bietjie maar ek dink as jy dit met 'n goeie gesindheid aanpak sal dit reg 146 wees.**

147 So jy is nie so bang vir dit nie?

148 **Nee**

149 Hoe is jy as persoon vir nuwe omstandighede of 'n nuwe uitdaging? Vir 150 verandering in jou lewe, hanteer jy verandering goed, pas jy maklik aan of is jy 151 op jou senuwees vir 'n rukkie en dan is dit weer oraaait?

152 **Nee ek sal dit maar net aanpak**

153 So jy sal maklik aanpas?

154 **Ja**

155 Goed, wanneer dink jy *cope* jy nou op jou beste? As wat reg is of wat moet  
156 gebeur dan dink jy jy het nou 'n goeie dag of goeie jaar gehad?

157 **Wanneer jy goeie vriende het, wat jou lekker kan laat lag in die oggende**  
158 **sommer vroeg, wanneer jy juffrou in 'n goeie bui is die oggend of dit moet**  
159 **lekker by die huis wees, dit is darem gewoonlik.**

160 Goed ek het jou nou al gevra wat doen jy op 'n af dag en so. As jy nou gelukkig  
161 is wat doen jy wat jou nou *happy* maak?

162 **Ek sal sommer die hele dag deur sing, ek maak my boetie en sussie so**  
163 **mal, ek sing nie net in die stort nie ek sing orals sommer in die gange en**  
164 **op die trappe orals ek sal sommer voor my spieël staan.**

165 O dit is waar die drama streep vandaan kom?

166 **Ja**

167 Ok, nou wat sien jy jousef eendag doen, wat wil jy word na skool?

168 **Ek wil 'n aktrise word of as ek nie suksesvol is nie dan nog steeds drama**  
169 **studeer en sê nou maar 'n drama juffrou word en 'n dramaskool hê.**

170 Ok dit klink lekker. Goed nog 'n ding wat ek wil weet, jy was nou hierdie jaar  
171 hoofmeisie en jy het soveel kinders onder jou gehad wat jy moes in toom hou  
172 hoe het jy konflik hanteer? Dit is tog jou maats en nou doen jou maat iets  
173 verkeerd hoe het jy daardie situasies hanteer waar jy vir hulle moet sê hulle het  
174 nou nie hulle werk gedoen nie? Hoe het jy dit gedoen?

175 **Ek dink jy moet hulle anders benader as iemand wat nou nie jou vriend is**  
176 **nie. Jy moet hulle tog vasvat en partykeer moet jy maar die ongewilde**  
177 **besluit neem en net vir hulle sê hulle kan nou nie dit doen nie.**

178 Goed op 'n mooi manier maar met hulle praat nê? Was daar van jou maats wat  
179 baie verander het in hulle houding teenoor jou juis oor dit?

180 **Ja, ag maar as hulle nou so wil wees is dit maar hulle ding**

181 Ja het dit jou gepla in die begin was dit vir jou moeilik?

182 **Dit is tog want dit is jou vriende waarmee jy moes raas maar dit help nie**  
183 **ek het nou self geraas nie. Jy moet net met hulle raas en hulle dan uitlos.**  
184 **'n week of twee dan is hulle weer beter, dan is hulle weer reg met jou.**

185 Ja, is dit vir jou belangrik dat mense van jou moet hou of dat jy moet voel jy is  
186 gewild of pla dit jou nie?

187 **Ag dit is nie regtig belangrik nie, maar dit is lekker om vriende te hê**  
188 **waarnatoe jy kan gaan en om in 'n groep te wees waar jy jouself kan wees**  
189 **en net baie vriende hê wat om jou is.**

190 Ja dit is maar vir elke mens belangrik om te voel mense hou van jou.

191 **Ja**

192 Goed wat kan jy my nog vertel van 'n middel kind. Dit is tog so snaakse posisie  
193 om so in die middel te wees. Hoe voel dit partykeer anders?

194 **Dit is lekker**

195 Het jy nog nooit gewens jy was die oudste of die jongste nie?

196 **Nee wat, dit pla my nie, ek aanvaar dit net. Ek kan lekker saam met my**  
197 **boetie en my sussie werk en ons kan lekker kuier en al daardie goed.**

198 Dit is lekker nê, omdat jy met haar 'n goeie verhouding het en my klein boetie

199 **Ja**

200 Goed is daar niks nog wat jy my kan vertel nie?

201 **Nee.....**

202 **Debriefing took place.**

**ADDENDUM D**  
**EXCERPT FROM INTERVIEW ONE (CODED)**

## Participant One

	Theme	Category
<p>Goed, * vertel bietjie vir my, hoe voel dit om 'n middel kind te wees?</p> <p><b>Ek dink dit is nogal lekker, tussen jou boetie en sussie het jy altyd iemand om mee te kuier, as een kwaad is kan jy altyd met die ander een kuier.</b></p> <p>Geniet dit om 'n middel kind te wees (Enjoys being a middle child)</p>		
<p>Ok so dit is lekker, wat is sleg daarvan?</p> <p><b>Ag nie regtig nie</b></p> <p>Niks is sleg aan middel kind wees nie (Not bad being a middle child)</p>		
<p>Is daar niks sleg nie? Voel jy nie partykeer jy is nou in die middel, jy is nooit eerste nie en jy is nooit laaste nie. Voel jy nie partykeer so bietjie gesqueeze van albei kante. Niks sulke goed nie?</p> <p><b>Nee nie regtig nie</b></p> <p>Voel nie "gesqueeze" in die middel nie (Doesn't feel squeezed in the middle/able to adapt)</p>	adaptability	Intrapersonal

<p>O, so niks slegs nie. Ok se vir my hoe hanteer jou ma hulle julle drie kinders? Hanteer hulle julle baie dieselfde of verskillend?</p> <p><b>Hulle hanteer ons dieselfde</b></p> <p>Ouers regverdig, trek niemand voor nie (Parents are fair towards all siblings)</p>	supportive parents	Interpersonal
<p>Trek hulle niemand voor nie?</p> <p><b>Nee</b></p>		
<p>Jy het 'n ouer sussie nê?</p> <p><b>Ja</b></p>		
<p>Hoe voel dit as jy nou partykeer haar ou klere moet kry of haar ou goed wat jy moet gebruik?</p> <p><b>Partykeer gebeur dit dan maak ek het darem 'n keuse of ek dit wil hê of nie</b></p>		
<p>O Ok, so as sy nou iets nuuts kry soos nuwe klere, kry jy dan ook?</p> <p><b>Ja</b></p>		
<p>Ok, so jou ma hulle is regverdig in daardie opsig</p> <p><b>Ja</b></p>		

<p>Goed, jou juffrouens en jou maats het gedink, dit is hoekom jy nou vandag hier is, hulle dink jy is een van daardie middel kinders wat goed met die lewe cope. Jy doen goed akademies, jy het baie maats en jy doen jou sport. Hoekom dink jy doen jy so goed, hoekom cope jy so goed met die lewe, watter goed dra by of wie dra by?</p> <p><b>Sjoe, ek sal sê dit is my persoonlikheid want, se nou maar ek sal net dinge anders hanteer as ander kinders wat ek ken.</b></p> <p>Sy voel haar persoonlikheid dra by tot sukses, ander kinders hanteer dinge anders as sy (Good self-concept)</p>	<p>positive self-concept</p>	<p>Intrapersonal</p>
<p>Ok, hoe bedoel jy, watter dinge? Gee bietjie vir my 'n voorbeeld</p> <p><b>Sê nou maar iets gebeur, ek kan nie lank kwaad bly nie ek se nou maar iets het gebeur of iemand het iets gedoen dan sal ek hom al klaar vergewe het ek sal nie lank oor 'n ding tob nie.</b></p> <p>Bly nie lank kwaad nie, en koester nie wrokke nie (Low emotional reactivity)</p>	<p>Good social skills</p>	<p>Intrapersonal</p>
<p>O so jy gaan vinnig aan dit pla jou nou nie die hele dag nie</p> <p><b>Ja</b></p> <p>Vergewe vinnig en trek nie dinge aan nie (Low emotional reactivity)</p>	<p>Good social skills</p>	<p>Intrapersonal</p>

<p>O ok</p> <p><b>En wanneer ek iets doen sal ek dit doen, soos as ek moet gaan leer sal ek gaan leer en later speel.</b></p> <p>Intrinsiek gemotiveerd en selfgedrewe, baie gedissiplineerd (Achievement oriented, self-efficacy)</p>	<p>achievement oriented and self-efficacy</p>	<p>Intrapersonal</p>
<p>Ja, so jy is in jousef gedrewe om iets te doen.</p> <p><b>Ja</b></p>		
<p>Watter mense in jou lewe speel 'n rol tot jou sukses?</p> <p><b>My ma en my pa en my oupa en my sussie</b></p> <p>Familie dra by tot haar sukses (Supportive family)</p>	<p>supportive family</p>	<p>Interpersonal</p>
<p>In watter opsig, hoe help hulle wat doen hulle?</p> <p><b>Ag soos sê nou maar om my te troos of wanneer jy hulp nodig het soos as jy ongelukkig is oor iets kan jy na hulle toe gaan om jou te help</b></p> <p>Kan na familie toe draai vir hulp (Supportive family members)</p>	<p>supportive family</p>	<p>Interpersonal</p>
<p>So jy het die vrymoedigheid om na hulle toe te gaan?</p> <p><b>Ja</b></p>		

<p>En as jy nou die dag <i>down</i> is en jy kan nie na jou ma, pa of sussie toe gaan nie is daar 'n spesiale vriendin of iemand met wie jy kan praat?</p> <p><b>Ja, *, my maatjie</b></p> <p>Goeie vriendin, is belangrik vir haar, sy ondersteun haar baie (Supportive friend)</p>	supportive friends	Interpersonal
<p>So jy het darem maats met wie jy ook kan praat?</p> <p><b>Ja</b></p>		
<p>Vertel vir my, het julle troeteldiere?</p> <p><b>Ja</b></p>		
<p>En hou jy van troeteldiere?</p> <p><b>Ja ek is mal oor my hondjies</b></p> <p>Hou baie van haar honde (Pets as companions)</p>	pets as companions	Interpersonal
<p>Is dit, nou hoe help hulle partykeer as jy sommer 'n <i>down</i> dag het, sal jy sommer met hulle ook gaan praat of hulle vryf?</p> <p><b>Ja, my hondjies is altyd <i>happy</i>, hulle is nooit in 'n slegte bui nie, ek kan amper sê hulle gee jou weer energie</b></p> <p>Honde gee haar energie want hulle is altyd gelukkig (Pets make her happy)</p>	pets as companions	Interpersonal

Ja hulle laat jou beter voel <b>Ja</b>		
As jy nou nie 'n lekker dag het nie, almal is net mislik met jou, wat doen jy om net beter te voel? <b>Ek sal buite wees, in die tuin</b> Hou van buite wees (Likes to be outside, energy for pastimes)	energy for pastimes	Intrapersonal
Sommer net daar buite wees		

**ADDENDUM E**  
**CODING TABLE**

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6
<b>Intrapersonal themes</b>					
Energetic: Likes to play hockey (72-73) Enjoys to be outside (66)	Energetic: Active, likes sport and to be outside (62-63/66-67)	Energetic: Enjoys school activities/likes to play outside (41-42) Very active, sport helps her to cope (117-120)	Active, likes sport (90-91)	Active, likes to collect small cars (88)	Active, likes sport (88)
Knows how to access resources (386-387)			Knows how to access resources (209)	Knows how to access resources (45)	
Assertiveness (29-30)			Assertiveness (56)	Assertiveness (113)	
Good social cognition (165-167)	Good social skills (126-128/130-131/133/134)		Good social skills (250)		Good social skills, Ability to rationalise (33)
			Supports his younger brother (26)	Supports his younger sister (182)	Supports and protects his younger brother (194/204)
Adaptable (83-84/136/142/144)	Adaptable (62-63)		Adaptable (228-229)		Adaptable (121)
Future-oriented (132-134/158-159)					
Independent (142)					

Positive self-concept (29-30)	Positive self-concept (27/29/35)		Positive self-concept (56)	Positive self-concept (113)	
Achievement Oriented/Determination (38-39/132-134/158-159)		Achievement-oriented (117-120)	Achievement-oriented/determined to succeed (273-275/283-284)		
<b>Interpersonal themes</b>					
Supportive relationships <ul style="list-style-type: none"> <li>From teacher (127-128)</li> <li>From parents (45-46)</li> </ul>	Supportive relationships <ul style="list-style-type: none"> <li>From parents (31)</li> <li>From sister (33)</li> <li>From teachers (35)</li> </ul>	Supportive relationships <ul style="list-style-type: none"> <li>From parents(65/69)</li> <li>From siblings (71-72)</li> </ul>	Supportive relationships <ul style="list-style-type: none"> <li>From grandmother (69)</li> <li>From brother(26)</li> <li>From teachers (99-100/109-112)</li> </ul>	Supportive relationships <ul style="list-style-type: none"> <li>Mother (45/49)</li> <li>Brother (49)</li> </ul>	Supportive relationships <ul style="list-style-type: none"> <li>From teachers (180)</li> </ul>
Supportive parents (43)	Supportive parents (31/72/130-131)	Supportive parents (65-67)	Supportive parents (185)	Supportive parents (36/141)	Supportive parents (47/49)
Supportive sister(43/87-89)		Supportive sister (71-72)	Supportive brother (26/82-84)	Supportive brother (36)	Supportive brothers (5/9-10/51/183)
				Good relationship with dad / dad helps him with sport (36)	
Supportive grandfather (43)	Accessible mother (130-131)		Accessible and supportive grandmother (171/209)		
				Good discipline at	

				home/father's strictness helps him to succeed (115/117)	
Family harmony (110-111)	Family harmony (83-84/87-88/90-91/96-97/99-100)	Family harmony (84-86)		Family harmony (52-53/70)	
<b>Pets</b>					
Likes dogs, dogs gives her energy (60-61)	Likes her pets, likes talking to them (58-59)		Likes pets, and to have a bird (116-117)	Likes dogs/ his dog makes him feel better when he's down (78/83)	
<b>School</b>					
Supportive teachers (127-128)	Supportive teachers (35)	Supportive teachers (107-109)	Supportive teachers (99/109-112)		
<b>Peers</b>					
Supportive friends (51)	Supportive friends, encourage her (38/119-120)	Supportive friends (188-189)	Friend offers advice / give guidance (99-101)	Supportive friends (98/103)	
<b>Culture</b>					
Religious and faithful/(goes to church (118-119)	Religious and faithful (77-78/80)	Religious and faithful (137)	Religious / goes to church (175-176)	Religious/goes to church (52/76)	Religious (65)
Faith makes it possible to cope	Faith helps her cope (116-117)				

(124)					
<b>Risks</b>					
<b>Intrapersonal risks</b>					
Middleborn child	Middleborn child	Middleborn child	Middleborn child	Middleborn child	Middleborn child
<b>Familial risks</b>					
Academic pressure	Academic pressure	Inflexibleparents/ Academic pressure	Divorced parents		Academic pressure