

Demonstrating resilience in an HIV&AIDS context: An emotional intelligence perspective

Liesel Ebersöhn* and Jacobus G. Maree

Education Faculty, University of Pretoria, 0001 PRETORIA, SOUTH AFRICA

Abstract

In this article we contemplate resilience in vulnerable children as a form of emotional giftedness. By foregrounding relevant segments of six ongoing studies and focusing on ways in which vulnerable children in communities in South Africa cope with the impact of HIV&AIDS. The concepts of protective factors, processes and cumulative protection shape our understanding of vulnerable children's coping in terms of resilience as a signature form of (emotional) giftedness. In our studies we use a qualitative case study research design with groups of children in the six participating communities. We rely on dimensions of resilience to extract evidence of vulnerable children's resilient coping. The results of the study indicate that traces of resilient coping amongst the participating group of children do exist, and that these traces are closely related to the manifestation of emotional intelligence. Themes indicative of children's resilient coping include a sense of self-worth (based on added responsibility and related to education), the presence of hope and optimism, a sense of security, comfort and belonging (based on knowledge of future caregivers and remaining in a familiar community), as well as self-regulation capacity. We conclude by debating these resilient coping strategies as a form of emotional giftedness.

Introduction

Internationally, there is a growing realisation of the need to address the emotional, personal, social, and survival dimensions of intelligence, and to note that non-cognitive personality traits (more particularly emotional intelligence (EI)) are vitally important in daily functioning. EI as a less cognitive part of intelligence, for instance, is concerned with understanding oneself and others, relating to people, and adapting to and coping with our immediate surroundings. These factors increase our ability to be more successful in dealing with environmental demands.

During previous research projects, funded by the National Research Foundation (NRF), the authors encountered extreme poverty in research regions. Looking at the contents of the life orientation curriculum developed for South African schools, we wondered: How do children experience human dignity (*Ubuntu*) in their poverty stricken life world? How do boys and girls acquire healthy self-images, when living in squatter camps, with limited access to clothing, few caregivers, and when at the tender age of 14, they out of necessity become primary caretakers themselves? How does a child cope with extreme stress and the loss of primary caretakers? Working with learners, their teachers and parents over many years has shown the need to accentuate exemplars of children's resilience in educating teachers and learners to act emotionally and socially intelligently – thus to acquire resilience as a valued skill (Maree, Sibaya, & Mokhuane, in press).

In our experience stressors synonymous with HV&AIDS are particularly demanding for children. Yet, like others (Dawes, 2003; Giese, Meintjes, Croke & Chamberlain, 2003; Richter, 2003), in our encounters with children in various South African communities we have witnessed children rising to meet these challenges to cope and adapt, prompting us to view vulnerable children's coping and resilience in adverse HV&AIDS related situations as a form of emotional giftedness¹. Hence we want to focus on the next step in our intervention program, buoyed by the results of our previous projects, as a result of which individuals decided to make a success of their lives and despite the most adverse circumstances, and are currently completing their tertiary education at the University of Pretoria – and, by and large, achieving excellent results.

The need for the study

Little research on resilience in an HV&AIDS context has been carried out locally. Yet, clients' resilience may play an important role in their reaction to adverse circumstances. Furthermore, the link between emotional intelligence (EI) and resilience not been

¹ While we believe that *all* children living in adverse circumstances are valuable, regardless of their type of coping, in this article we wish to vanguard **resilient coping** in vulnerable children.

explored sufficiently in South Africa before. It therefore seems apt for South African researchers to direct greater attention to a possible connection.

In interaction with various clients, the researchers have come to appreciate the importance of a client's emotional understanding and skills in the therapeutic situation. The researchers therefore regard the impact of emotional intelligence on therapy as an important theme to investigate.

To start with we will attempt to define a number of terms that are central to the current article.

Who are the vulnerable children?

The concept "vulnerable child" has evolved over the last few years to delineate the particularities of children facing various risk factors. Using the concept "vulnerability" represents a move away from a reductionist way of labelling children as orphans, HIV&AIDS infected or affected, especially since such labeling has in the past excluded children made vulnerable from poverty, illiteracy and abandonment to access services (Richter, Manefold, & Pather, 2004). We concur with Levine (2001) who warns that a primary undertaking in dealing with HIV&AIDS stressors is a clear definition of who vulnerable children are.

Using Smart's (2003) outline of four countries' (Botswana, Rwanda, South Africa, Zambia) definitions of vulnerable children (which incorporates policy definitions with community definitions as well as classifications to access support), we are able to provide, in Table 1, an outline of descriptors with a high frequency in terms of prominence in the four countries' definitions.

Table 1 *Descriptors of vulnerability in children Botswana, Rwanda, South Africa, Zambia*

Descriptor of vulnerability in children	Presence in definition
Children who are orphaned, neglected, destitute, abandoned or displaced	Botswana, Rwanda, South Africa, Zambia
Children with disabilities	Botswana, Rwanda, South Africa, Zambia
Children who are abused or exploited	Botswana, Rwanda, South Africa, Zambia

Descriptor of vulnerability in children	Presence in definition
Children with one or more terminally ill parent(s)	Rwanda, South Africa, Zambia
Children with single mothers	Rwanda, South Africa, Zambia
Children in very poor households. Parents may lack income-generating opportunities.	Rwanda, South Africa, Zambia

Smart (2003) relates criteria used in Zambia that can signal the possibility of vulnerability and be applied to identify children in need of support. These include children who do not attend school, have below-standard housing, and families with insufficient food.

For the purpose of this article we view vulnerable children as children who have to adapt due to adversity on physical, psycho-social, socio-economic and educational levels.

What does the term "coping" entail?

While most authors agree that children' coping includes a myriad of variables (Ebersöhn, 2006, in press; Lazarus, 1991; Lazarus & Folkman, 1984; Masten & Reed, 2002; Saarni, 1999; Salovey & Sluyter, 1997; Strode & Barrett-Grant, 2001), in essence, coping refers to ways in which a person deals with and adapts to *risk*, which denotes a heightened likelihood of an unwanted outcome. A risk factor is an assessable trait in a group of individuals or their situation that predicts a negative outcome in the future on a specific outcome criterion. Stressful life events (stressors) represent one type of risk factor. Risk factors in South Africa include poverty, illiteracy, HIV & AIDS, unemployment, orphanhood, gender discrimination related to girl children and women. Risk can be viewed as cumulative (as in the context of HV&AIDS in developing countries) when one has to cope with the sum of the effects of multiple risk factors working in conjunction. An example would be vulnerable children in South Africa: among others a certain child may live in poverty, may be orphaned and living in a child-headed household, may be psychosocially distressed and physically stunted/undernourished and struggle to attend school due to added household responsibilities and to pay school fees.

Resources (also referred to as assets, denoting human, social or material capital) support adaptive processes and are the opposite of risk factors and designate assessable traits in a group of individuals (such as vulnerable children) or their situation that predicts encouraging outcomes in the future on a specific outcome criterion. Resources therefore include personal signature strengths, as well as environmental assets such as supportive caregivers and the presence of caring faith-based organizations. In the context of risk or adversity (such as is the case in an HIV&AIDS marked milieu), resources are referred to as *protective factors*. Protective factors thus constitute assets that are significant when risk or hardship is high. They function in terms of protective processes. In theory protective processes entail the way in which good outcomes are attained once coping is threatened. Cumulative protection signifies that an individual's life plays host to multiple protective factors.

Protective factors are resonated in Kumpfer's (1999) and Hauser's (1999) conceptualization of resilience in terms of the complex interaction between the resilient individual and the environment serving as moderator of vulnerabilities – even though protective factors do not lead to resilience per se. We agree with Gilligan (2001) who defines resilience as a set of qualities that helps an individual to withstand many negative effects of adversity, and designates required adaptation under expounding circumstances, consequently coping in the face of difficulties in order to function in, and enjoy life. Fraser, Richman and Galinsky (1999, in Gilligan, 2001) suggest the following three dimensions for determining resilience: overcoming the odds, being successful despite exposure to risk; sustaining competence under pressure, adapting to risk; and recovering from trauma, and adjusting successfully to a negative life event. We propose that these dimensions could also serve as indicators in our case studies of resilient behaviour.

Resilient coping therefore constitutes a combination of children's specific intrapersonal capacities (including health, personality, mental ability, emotional intelligence), as well as their environmental support systems (protective factors or buffers to cushion the impact of stressors). Personal or individual characteristics, which promote resilience in children, include communication and problem-solving skills; a positive self-concept and a feeling of self-worth; and a strong internal locus of control linked to a sense of hope and future-directed goals (Ebersöhn & Eloff, 2002; Lazarus, 1991; Lazarus & Folkman, 1984, Masten & Reed, 2002; Saarni, 1999; Salovey & Sluyter, 1997). The

characteristics of a family are crucial in terms of being protective or risk factors impacting on resilience, which is promoted in a family with the following features serving as protective factors: a caring, secure and supportive family, a relationship with (at least) one steady caregiver, adults that promote efficiency, as well as adults who share a coherent, consistent set of values. Other protective factors encouraging resiliency in children's coping are schools (Bellamy, 2003); and social support networks such as positive peer networks, role models beyond the family (especially educators), as well as extended family and community contacts.

It follows from the aforementioned that these theoretical assumptions underpin our article:

- Resilient coping is seen to include both positive internal regulation (psychosocial wellbeing vs. emotional anguish) and external adaptation.
- Children are vulnerable due to a variety of risk factors and life stressors.
- Vulnerable children in the context of HV&AIDS have to adapt to cumulative risk factors.
- HIV & AIDS, poverty and crime are some of the risk factors inhibiting vulnerable children's resilient coping.
- Vulnerable children can capitalise on various protective factors to buffer the effect of risk factors and support their coping.
- In the presence of cumulative protective factors, vulnerable children's adaptation will increase in quality – demonstrating resilience.

We will now focus on the following question: What are the challenges vulnerable children have to cope with?

Cumulative risk factors facing vulnerable children in the context of HV&AIDS

The presence of HV&AIDS impacts negatively on all of the previously discussed protective factors. HV&AIDS related stigma and discrimination mean that children feel unworthy and experience a loss of control and direction in their lives. Stigma and discrimination also lead to peeralienation with subsequent negative impacts on acceptance and belonging (Griessel-Roux, 2005). Poverty, characteristic of an HV&AIDS scenario in developing countries, also means that children are often undernourished and may struggle to function optimally on mental, physical and psychosocial levels. Furthermore Strode and Barret-Grant (2001) found that often

children infected and affected with HIV&AIDS are denied or discouraged to access health care, education and welfare services.

In the following section we will highlight specific domains featuring as challenges and resource gaps vulnerable children face due to HIV&AIDS (Bellamy, 2003; Bennell, 2003; Department of Social Development: 2004; Kelly, Ntlati, Oyosi, van der Riet, & Parker: 2002; Lucas, 2004; Nelson Mandela Foundation: 2005; Rosa & Lehnert: 2003; Smart: 2003; Strode & Barret-Grant: 2001;).

Survival challenges

Vulnerable children are confronted with a daily challenge to obtain meals, clothing, secure shelter, and maintain their health – thus subsistence as human beings. In the context of HIV&AIDS many breadwinners (in already impoverished communities) are rendered incapable of supplying food and clothing to household members, compelling countless children to struggle to obtain balanced, nutritious and regular meals – impacting negatively on their health, growth, ability to learn, as well as capacity to take care of themselves, their siblings and ill parents. While limited availability of clothing and shelter naturally has a detrimental effect on children's health, and impacts negatively on their already strained sense of self-worth due to HIV&AIDS stigma, the absence of school uniforms means that children often do not attend school.

Physical and emotional security challenges

HIV&AIDS frequently leads to loss of parental care and lack of suitable substitute care (or even substandard care), negatively impacting on children's resiliency efforts and compromising vulnerable children's protection from exploitation, abuse and neglect. Vulnerable children often lose their inheritance (housing, furniture, clothing, funds) because their caregivers die either without testaments having been documented or kept in safe, known places. Provision for children subsequent to caregivers' death is often not planned. Children are therefore unsure as to where they will stay and who will take care of them. Some children have to face exploitation by surrogate parents and/or extended family members. The absence of birth certificates, records (health and education) means that accessing valuable social grants for children is impeded. On the whole the presence of a caring, consistent, affectionate, considerate and available

caregiver is threatened in the HIV&AIDS milieu. As a result, children may experience a myriad of conflicting emotions, e.g. they may be worried and anxious about their caregivers, themselves, and their future, or they may be angry and sad about their circumstances.

Psychosocial challenges

From the probable shortage of physical and affective security, it follows that on a psychosocial level children's secure sense of self and belonging is encumbered. On one level children need to attain a unique and worthy sense of their own identity – compromised by being perceived as different in terms of HIV&AIDS stigma and discrimination, as well as the absence of positive, affirming feedback from caregivers. Here the likely absence of birth certificates, memories, personal articles and family stories again hinders adaptation, as children may struggle to maintain a sense of personal continuity. When children are not involved in plans regarding their future care, feelings of anxiety and fear could impinge on their identity formation. Children (especially those placed in residential care) frequently do not have space to keep their own possessions. This has a detrimental effect on the forming of their identity. Furthermore, children's cognitive ability to understand, have direction, insight and acquire knowledge is limited if they are unable to access schooling (due to, amongst others, insufficient funds, absence of school uniforms, increasing care-giving duties at home).

Challenges to flourish

Children with adult responsibilities, such as income generation and care giving, may experience limited time for recreation and leisure: play. They may struggle to thrive mentally, socially, educationally and physically.

Research questions

The general problem statement of this study can be formulated as follows:

To what extent does vulnerable children's coping in the context of HIV&AIDS demonstrate resilience?

Formulation of the research questions

In an attempt to gather more information about the research problem, the following research questions were formulated:

- What does the concept of "vulnerable children" entail?
- What are some of the challenges of HV&AIDS with which vulnerable children have to cope?
- What are vulnerable children's coping strategies in the context of HV&AIDS?
- In what way is resilience evident in vulnerable children's coping?

Research design

Constructivist and interpretive paradigms were implemented, and a qualitative, explorative, descriptive, subjective and contextual research design was used. An inductive approach was followed where information was obtained from the participants. The research was open and not directed by any preconceived ideas or hypotheses (Olivier, Myburgh & Poggenpoel, 2000: 214).

Methodology

Selection of cases and participants

First of all we would like to stress the fact that our current research represents work-in-progress. In ongoing qualitative case studies initiated in 2002, six South African communities participated as cases to explore children's coping in the context of HV&AIDS. The communities are located in four South African provinces (two rural communities in Limpopo, two urban communities in Gauteng and one rural community each in the Eastern Cape and Mpumalanga). These cases were selected purposefully primarily because they are characteristic of the impact of HV&AIDS and poverty in South Africa (Nelson Mandela Foundation: 2005). Due to the randomly changing number of community members in the context of HV&AIDS participants were selected by means of non-probability, judgmental sampling. Criteria for the selection of children as participants focused on whether or not they were affected by HV&AIDS (if they had lost a parent/caregiver, were infected themselves, were living in a sibling-headed

household). The number of participating children differed over time as children were placed in care, or moved to other communities to stay with family members.

Data collection

Data were collected by means of simple and participatory observations, as well as informal individual interviews with children, parents and caregivers, educators, as well as community leaders including faith-based leaders, clinic nurses and social workers. Other sources of data, such as visual data (obtained from photographs, digicam recordings), field notes and audio data, were collected and collated to enrich the database. Two-day field visits to each community occurred every five months since the inception of the research in 2002.

The numerous visits focused on various aspects of children in the context of HIV&AIDS. We observed children in schools, at play, at their houses and in community centres. During our field visits to these communities we also observed children going about their daily lives in an adaptive manner. Amongst other things we observed children taking care of their siblings, caring for their ill parents, attending school and doing their homework despite added responsibilities, and providing or supplementing household incomes. We were intrigued to determine whether or not we could exemplify a pattern between the various children's and communities' resilient coping strategies.

Data analysis

The data analysis consisted of thematic analysis incorporating data across the spectrum of data sources. The thematic analysis was done by firstly identifying traces of resilient coping in texts and visual data in terms of the three dimensions to determine resilience (Fraser, Richman & Galinsky in Gilligan, 2001) previously discussed. Thereafter extracted representations of resilient coping were grouped together in definitive themes.

Ensuring trustworthiness of the research

Trustworthiness in qualitative research, to a certain extent, excludes internal-causal inferences and external generalisability, as well as issues of objectivity and reliability,

including instead the degree to which the interpretations and concepts used have mutual significance for both the participant and the researcher. Both parties should therefore agree on the description and composition of events and, most especially, on their meanings (McMillan & Schumacher, 2001).

In qualitative research, validity is dependent on data collection and analysis techniques. Qualitative research requires the use of various strategies to enhance validity. These strategies are employed to maintain the least degree of interference while increasing the quality of the data. Strategies used to increase and enhance validity during the study are presented in Table 2.

Table 2: *Strategies to increase and enhance validity during data collection and analysis*

DATA COLLECTION	
STRATEGY	DESCRIPTION
Participant language: <i>verbatim</i> accounts	Obtained literal statements of participants such as verbatim accounts of conversations, transcripts as well as quotations from documents
Mechanically recorded data	Used digicam and tape recordings.
Low-inference descriptors	Recorded concrete, precise, and detailed descriptions of the participants and the situations in field notes.
Participant researcher	Used the participants' written documents.
Member checking	Rephrased and probed to obtain more complete and subtle meanings during interviews.
Participant review	Participants reviewed the researchers' synthesis of all interviews.
(Adapted from McMillan & Schumacher, 1997: 407-409)	
DATA ANALYSIS	
Participant validation	The participants were asked to validate the data analysis process. The participants were also required to state whether they agreed with the results of the data analysis, throughout the

	process.
Avoiding subjective interpretation	The researchers acted as objectively as possible while analysing the research data.
Avoiding poor coding of qualitative data	The research data were carefully coded by the researchers and verified by an external coder.
Avoiding making unsupported inferences	Generalisations were not made beyond the capability of the data to support such statements (particularly in the table of categories). The external coder assisted in this process.
Avoiding selective use of data	Data were not used selectively to falsely verify findings.
Avoiding the unfair aggregation of data	Data were only aggregated a value if it could be supported by the research data.
Avoiding researcher bias	The researchers guarded against their own expectations, misperceptions and need to find answers that would support their preconceived notions about the research.
(Adapted from Cohen, Manion & Morrison, 2000: 116, 121)	

Limitations of the study

The limitations of our study can be summarised as follows:

- The range/scope of the study was limited as only six districts were involved.
- The possibility of inference or generalisation was limited, since the six case studies are not representative of the full population of vulnerable children.
- The subjective interpretation of the researchers can be seen as limiting the study, since the results may well be interpreted differently by other researchers.

Ethical aspects

Ethical measures to ensure the research participant’s wellbeing were implemented throughout the study. Informed consent was obtained and confidentiality was maintained. The researchers provided feedback to the research participants on a regular basis, which allowed for no deception on the researchers' part. The research findings were released in an accurate and responsible manner.

Results and discussion

Although HV&AIDS significantly reduces key protective factors in the lives of vulnerable children, many children displayed a spirit of resilience in the face of HV&AIDS adversity, for example taking care of their siblings – cooking, cleaning, and encouraging school attendance and obtaining a sense of belonging, direction, self-worth and confidence from these added duties. We encountered many school children setting goals: to attend school, to care for their parents, to obtain food parcels for their siblings. In our regard children’s hope, optimism, independence and motivation were increased when they participated in these goal-directed activities. We observed children facing economic and social challenges in a solution-focused manner: providing gardening services for elder people in exchange for taking care of siblings in order to attend school.

This section is devoted to examples of vulnerable children’s resilient coping in the context of HV&AIDS. As mentioned we deployed the previously discussed delineation of resilience dimensions (Fraser, Richman & Galinsky (1999) in Gilligan, 2001) as indicators to detect resilient behaviour amongst some vulnerable children in the context of HV&AIDS. We present these signature forms of emotional giftedness in terms of emerged themes. Four central themes (some with subthemes) emerged and appear in Table 3.

Table 3 *Emerged themes signifying resilience of vulnerable children*

Theme	Subtheme
A sense of self-worth	A sense of self-worth related to added responsibility A sense of self-worth related to education
Self-regulation capacity	Independence Self-confidence

Theme	Subtheme
	Stress management Reality testing Adaptability Flexibility
A sense of security, comfort and belonging	A sense of comfort and belonging based on knowledge of future caregivers A sense of comfort and belonging based on remaining in a familiar community
The presence of hope	Optimism Happiness

(Bold: facet of EI (Bar-On, 2003))

A sense of self-worth

Many of the resilient vulnerable children demonstrated a sense of self-worth. A child with a sense of self-worth has positive self-regard and self-direction. In psychological terms it is generally accepted that self-worth exerts considerable influence on behaviour (Anderson, W.A., 1997; Edwards, 1999; Ross & Deverell, 2004), and specifically on the emotional health and wellbeing of children (Donald, 2002; Ebersöhn, in press; Saarni, 1997). In the subsequent explication of subthemes possible roots seemingly related to the vulnerable children's experience of their self-worth are expounded.

A sense of self-worth related to added responsibility

Often the vulnerable children had added responsibilities – sustaining their competence under pressure (Fraser, Richman and Galinsky in Gilligan, 2001). They were required to nurse their ill parents, cook and clean in the house, take care of their younger siblings. We noticed a sense of self-confidence and personal pride in the children remaining competent under these additional pressures. Not only were they confident that they could perform responsibly, but they also seemed to find happiness, self-actualisation and meaning in these additional roles.

In our opinion the presence of these positive psychology constructs (happiness, pride, confidence, meaning in life – Carver & Scheier, 2002; Diener, Lucas, Oishi, 2002) are indicative of – amongst others – positive self-worth in the resilient children. Their

positive self-worth probably facilitates their ability to cope with their parents' illness and impending deaths, as well as with their worries regarding their own future. To some extent it seemed that the children experienced themselves as valued if they were able to provide for their families in this capacity.

Thus, rather than experiencing these additional everyday jobs as extra stressors exacerbating their cumulative risk, these children seemed to have found strength in these chores. As such their self-worth seemed to be impacted positively. This positive self-regard also seemed to have a constructive influence on their wellbeing as a whole as manifested in their pride, enthusiasm, confidence and joy when executing these tasks.

A sense of self-worth related to education

Similarly some children sustained their academic competence under pressure of HIV&AIDS stressors by continuing their school attendance and doing their homework. The vulnerable children indicated that they were proud to attend school, determined to succeed academically and willing to persevere in order to attain these goals. The relationship between self-worth and self-direction is well established. The children's positive self-regard (may be due to experiencing meaningfulness within their households as previously discussed) seemed to drive and direct them mentally as well. In fact, their sense-making seemed to be supplemented by the child-familiar activity and habits of attending school. Possibly within the parameters of the school they could enjoy some reprieve from adult-like behaviour at home. In this regard the resilient children stated that they enjoyed being with their friends at school, as well as having the opportunity to work in classes.

The children's commitment to their schoolwork also seemed to relate to future expectations of themselves, as well as their sense of responsibility to provide for themselves as well as those dependent on them.

Self-regulation capacity

Those children who were significantly overcoming the odds, were successful despite exposure to risk and sustained their competence under pressure (stress management), demonstrated self-regulation and self-confidence on cognitive and affective levels. They

were able to adapt consistently, function independently and adjust the degree of their emotional arousal to facilitate their coping with environmental stressors.

They were able to persevere in their care taking and schooling activities. They were able to display flexibility, making decisions based on problems that arose: for example, how to manage with decreased household incomes. They epitomized reality testing, regulating their emotions of anxiety, fear and grief in order to function in their daily lives. They could be empathic with others and handle interpersonal situations fraught with worries.

Theoretically their ability to self-regulate implies high levels of emotional intelligence (BarOn, 2005; Salovey & Sluyter, 1997) as these attitudes, processes and abilities are indicative of higher psychologically integrated processes (reflective regulation of emotions to promote emotional and intellectual growth). A hopeful and optimistic stance would probably facilitate these self-regulatory capacities.

A sense of security, comfort and belonging

Adapting to risk and recovering from trauma seemed to be facilitated if the children had knowledge of their future residences, and particularly if their future homes were with extended family or at least in their known community. Theoretically links exist between self-worth and connectedness with the community (Saarni, 1999; Ross & Deverell, 2004), family and physical security.

A sense of security, comfort and belonging based on the knowledge of future caregivers

When the children knew with whom they would stay should their parents die, they demonstrated a sense of comfort in the knowledge that they would belong in a specific known context and family structure. This sense of security and comfort seemed to translate into knowledge that they would belong in future. In theory the sense of belonging also has an impact on their identities, since they can expect to know who they are in terms of their expected new core family unit. As such one can expect that knowledge of future homes would also enhance children's hopes and optimism for the future, as well as impact positively on their sense of joy, confidence and contentment. Our supposition is that the presence of these positive emotions would naturally benefit their ability to adapt – thereby promoting their resilience.

A sense of security, comfort and belonging based on remaining in a familiar community

The children who continued to stay, or were prepared to stay in their communities, seemed to be able to adapt better to HIV&AIDS related stressors. They seemed more at ease (less worried and anxious) regarding their future – bearing positively on their self-assurance and optimism regarding their future.

Numerous factors could affect this equation. Primarily children would continue to 'be someone' with a past, present and future linked to a well-known family and circle of friends. As such they would already belong to and be valued members of the community. Moreover they would have a sense of security in the knowledge of infused beliefs and practices. Whatever the origin of their contentment and augmented coping capacity, remaining in a familiar context seemed to serve as a protective factor in enhancing the children's resilient coping.

The presence of hope and optimism

The positive psychological constructs of hope and optimism (Carver & Scheier, 2002; Snyder, Rand & Sigmon, 2002) were significantly visible in the children successfully adjusting to the negative life event denoted by cumulative risk of HIV&AIDS. Suggestions of their hopeful and optimistic stance were evident in their belief of being successful in their endeavours (as a nurturer of their siblings, a friend on the playground, or a nurse for their ailing parents), expressions of future directedness and goals, and the presence of joy in the face of cumulative risk. This sense of hope and optimism seemed to enthuse the children to persist in their various activities, be they care giving or schooling.

We know that vulnerable children are confronted with cumulative risk related to HIV&AIDS. They can either adapt or succumb to the stressors. Our findings seem to indicate that some of the children find personal pride and meaning by taking on added duties/stressors. Therefore they feel valued. The meaning this gives to their lives culminates in a sense of hope for the future. This hope and optimism again has a cyclical influence on their willingness to take on the added responsibilities and stressors related to the risk factors of HIV&AIDS. Vulnerable children's level and quality of individual resilience also seem to be dependent on who they are, as well as on support

in their immediate environment. Protective factors such as continued residence and care in a stable, known core family and community unit, as well as familiar institutions such as schools, support personal traits (of hope, optimism, self-regulation and positive self-regard).

We surmise that these personal abilities present a form of emotional giftedness in terms of resilience. Consider the following thesis: Because of their optimism and hope resilient vulnerable children believe in their ability to take on other duties, have faith that they will be content in the future, and therefore are motivated to regulate their emotions, sense of self-worth, cognitions and behaviour to adapt effectively to HIV&AIDS stressors. As such we argue that emotional giftedness in terms of coping could be signified by some personal traits in a child and such giftedness could be supported by ensuring the presence of protective factors.

Conclusion

In this article we postulated vulnerable children's resilient coping as portraying emotional giftedness. Our findings subscribe to the notion that children's resilient coping is promoted by protective factors in conjunction with individual pragmatism and motivation. We found evidence of both children's resilience as well as children struggling to cope with the many hardships faced due to their vulnerability. At the conclusion of our article we are left with many exhilarating future research questions. We recommend quantitative research to extend the scope of our preliminary research thoughts. We propose that research be done to determine what the generic intrapersonal capacities are of vulnerable children coping in a resilient fashion. We would like to determine the range of positive psychology constructs and emotional intelligence dimensions present in vulnerable children's resilient coping. Furthermore we would be intrigued to compare resilient coping of vulnerable children across cultures. We would also like to encourage research to determine how to identify and support valuable children who may struggle to cope resiliently. We propose that such research and intervention endeavours could reduce the risk of vulnerable children to HIV&AIDS, poverty, exploitation and illiteracy.

In his foreword to *The State of the World's Children 2004* (Bellamy, 2003:vii), Kofi Annan eloquently reflects the need to sometimes focus on specific children in the world by deploying the following metaphor:

Within a family, there are invariably times when one child will need more attention than another. To respond to the needs of that child is not to say that the others are loved less. Rather, at that particular moment, the needs of one are more pressing, more critical. Every parent knows this to be true; every child realizes it at some intuitive level.

We agree with Crewe's (2005) observation that children not be scripted into victimhood by labelling them merely as vulnerable, but to rather underscore that these children are valuable - as well as vulnerable. She argues that "using the term valuable rather than vulnerable means looking at the needs of young children in quite a different way - as valuable they are assets we need to move to defend and support and as vulnerable they are at the mercy of a benign state, or welfare system and there is not the same urgency."

In conclusion we would like to state that our findings correlate positively with the views of Saarni (in press), who maintains that coping with distressing circumstances is closely linked to emotion regulation – i.e. making it clear that, in a sense, persons first have to regulate their emotional arousal in such a way that they can turn their attention to the situation at hand that requires a response. She states that being able to access their awareness of how they feel and verbalising the feeling can be helpful to children as a means of containing their emotional arousal, enabling them to consider how to cope with aversive circumstances. This inflection of emotional arousal allows the child to continue to attend to what is going on socially or what the challenges are that are facing them (Gottman, in Saarni, in press). In some situations they can avoid an increase in negative emotions by circumventing difficult situations (Eisenberg, in Saarni, in press). Saarni (in press) concludes that effective coping provides children with a sense of mastery and enhances their resilience on future occasions when they are again faced with similar aversive circumstances (Luthar, Doernberger, & Zigler, 1993, in Saarni, in press).

Lastly: Our findings support the case for introducing emotional intelligence training in our schools as a novel approach to deal with the problem areas in South Africa outlined above. On an advanced level, our ultimate goal for education is to incorporate

embedded knowledge in South Africa regarding caring, concern, compassion and commitment with the Sternbergian ideal (2001) of wisdom.

Bibliography

Anderson, W.A., 1997. *The future of the self. Exploring the post-identity society*. New York, NY: Tarcher/Putnam.

BarOn, R. (2003). How important is it to educate people to be emotionally and socially intelligent, and can it be done? *Perspectives in Education*, **21**(4), 3-16.

Bellamy, C. 2003. *The state of the world's children 2004. Girls, education and development*. New York: The United Nations Children's Fund (UNICEF).

Bennell, P. 2003. *The impact of the AIDS epidemic on schooling in Sub-Saharan Africa*. Paper for the Biennial Meeting of the Association for the Development of Education in Africa (December 2003).

Carver, C.S. & Scheier, M.F. 2002. Optimism. Chapter in: Snyder, C.R. & Lopez, S.J. 2002. *Handbook of Positive Psychology*. Buenos Aires: Oxford University Press.

Cohen, L., Manion, L. & Morrison, K. (2000). *Research methods in education (5th edition)*. London: Routledge.

Coombe, C. & Kelly, M. (2001). Education as a vehicle for combating HIV&AIDS, *Prospects*, XXXI(3), September.

Crewe, M. 2005. Personal communication via email (4 April 2005).

Dawes. A. 2003. *Improving school children's mental health in an era of HIV&AIDS*. Paper presented to the colloquium – Improving the health of school age children in an era of HIV&AIDS: Linking policies, programmes and strategies for the 21st century. Inkosi Albert Luthuli Hospital, Durban, March 16-19, 2003.

- Department of Social Development (South Africa). 2004. *National guidelines for social services to children infected and affected by HIV&AIDS*. A research report by Save the Children South Africa Programme. Pretoria: Department of Social Development.
- Diener, E, Lucas, R.E & Oishi, S. 2002. Subjective well-being. Chapter in: Snyder, C.R. & Lopez, S.J. 2002. *Handbook of Positive Psychology*. Buenos Aires: Oxford University Press.
- Donald, D. 2002. Lifeskills in the classroom: the process dimension. Chapter in: Maree, J.G. & Ebersöhn, L. 2002. *Lifeskills and career counselling*. Sandown, South Africa: Heinemann Publishers.
- Ebersöhn, L. & Eloff, I. (2002). The black, white and grey of rainbow children's coping with HIV&AIDS. *Perspectives in Education*, 20(2), 77-87.
- Ebersöhn, L. (In press). A theoretical framework for life skills facilitation. Chapter in: Ebersöhn, L., & Eloff, I. 2006. *Life skills and assets. 2nd Edition*. Pretoria: Van Schaik Publishers
- Ebersöhn, L. (In press). Life skills facilitation. Chapter in: Ebersöhn, L., & Eloff, I. 2006. *Life skills and assets. 2nd Edition*. Pretoria: Van Schaik Publishers.
- Ebersöhn, L. & Eloff, I. 2002. The black, white and grey of rainbow children's coping with HIV & AIDS. *Perspectives in Education*. 20(2).
- Edwards, D.C. 1999. *Motivation & emotion*. Thousand Oaks, CA: Sage Publications.
- Foxcroft, C. & Roodt, G. (Eds). (2001) *An introduction to psychological assessment in the South African context*. Oxford: Oxford University Press.
- Giese, S., Meintjes, H., Croke, R., & Chamberlain, R. 2003. *The role of schools in addressing the needs of vulnerable children in the context of HIV&AIDS*. Children's Institute, University of Cape Town.

- Gilligan, R. 2001. *Promoting resilience: A resource guide on working with children in the care system*. London: British Agencies for Adoption and Fostering.
- Griessel-Roux, E. 2005. *A case study exploring learners' experiences of HIV&AIDS programmes*. Unpublished doctoral thesis. University of Pretoria.
- Hauser, S.T. 1999. Understanding resilient outcomes: Adolescent lives across time and generations. *Journal of Research in Adolescence*, 9(1):1-24.
- Hepburn, A.E. (2001). *Primary education for Eastern and Southern Africa*. Report prepared for the United States Agency for International Development Displaced Children and Orphans Fund.
- Kelly, K., Ntlabati, P., Oyosi, S., van der Riet, M., & Parker, W. 2002. *Making HIV&AIDS our problem. Young people and the development challenge in South Africa*. Arcadia, South Africa: Save the children South Africa Programme.
- Kumpfer, K. 1999. Factors and processes contributing to resilience: The resilience framework. In Glantz, M.D. & Johnson, J. (Eds.). *Resilience and development: Positive life adaptations*. New York: Plenum Press.
- Lazarus, R.S. 1991. *Emotion and adaptation*. New York: Oxford University Press.
- Lazarus, R.S. and Folkman, S. 1984. *Stress, appraisal and coping*. New York: Springer.
- Levine, A. 2001. *Orphans and other vulnerable children: What role for social protection?* Presented at a World Bank/World Vision Conference, held on June 6-7, 2001, Washington DC: World Bank/World Vision.
- Lucas, S. 2004. *Community, care, change and hope. Local responses to HIV in Zambia*. Washington, D.C.: Social & Scientific Systems, Inc./The Synergy project.
- Luthar, S., Doernberger, C., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology*, 5, 703-717.

- Maree, J.G., Sibaya, P., & Mokhuane, Q. (In press). The South African challenge for educators: Educating children to be emotionally intelligent adults in a stressful multi-cultural and socio-economic environment. In BarOn, R., Maree, J.G. & Elias, M. (Eds.) (Forthcoming publication). *Educating People to Be Emotionally Intelligent*. Heinemann/Greenwood: New York.
- Masten, A.S & Reed, M.J. 2002. Resilience in development. (In: Handbook of Positive Psychology, New York: Oxford University Press).
- McMillan, J.H. & Schumacher, S. (1997). *Research in education: A conceptual introduction (4th edition)*. New York: Longman, Inc.
- McMillan, J.H. & Schumacher, S. (2001). *Research in education: A conceptual introduction (5th edition)*. New York: Longman, Inc.
- Nelson Mandela Foundation. 2005. *Emerging voices. A report on Education in South African Rural Communities*. A research report by the Human Sciences Research Council. Houghton, South Africa: Nelson Mandela Foundation.
- Olivier, M.A.J., Myburgh, C.P.H. & Poggenpoel, M. (2000). Adolescents' views on termination of pregnancy. *South African Journal of education*, 20: 213-222.
- Passow, A. H., & Schiff, J. H. (1989) Educating gifted persons who are caring and concerned. *Gifted Education International*, 6, 5-7.
- Richter, L. 2003. *The impact of HIV&AIDS on the development of children*. Paper presented at the Institute for Security Studies Seminar - HIV&AIDS, vulnerability and children: Dynamics and long-term implications for Southern Africa. Pretoria: 4 April 2003.
- Richter, L., Manefold, J., & Pather, R. 2004. *Family and community interventions for children affected by AIDS*. Cape Town: Human Sciences Research Council.

- Rosa, S., & Lehnert, W. 2003. *Children without adult caregivers and access to social assistance*. Workshop Report. Hosted by the Children's Institute, University of Cape Town and the Alliance for Children's Entitlement to Social Security. Rondebosch, South Africa: Children's Institute, University of Cape Town and the Alliance for Children's Entitlement to Social Security
- Ross, E., & Deverell, A. 2004. *Psychosocial approaches to health, illness and disability. A reader for health care professionals*. Pretoria, South Africa: Van Schaik Publishers.
- Saarni, C. (In press). Factors enhancing or inhibiting children's development of emotional competence? In BarOn, R., Maree, J.G. & Elias, M. (Eds.) (In press). *Educating People to Be Emotionally Intelligent*. Heinemann/Greenwood: New York.
- Saarni, C. 1997. *Emotional competence and self-regulation in childhood*. Chapter in: Salovey, P. & Sluyter, D.J. (Eds.). 1997. *Emotional development and emotional intelligence*. New York: Basic Books.
- Saarni, C. 1999. *The development of emotional competence*. New York: The Guilford Press.
- Salovey, P. and Sluyter, D.J. (Eds.). 1997. *Emotional development and emotional intelligence*. New York: Basic Books.
- Smart, R. 2003. *Children affected by HIV&AIDS in South Africa. A rapid appraisal of priorities, policies and practices*. Arcadia, Pretoria: Save the children South Africa Programme in collaboration with the Department of Social Development.
- Snyder, C.R., Rand, K.L., & Sigmon, D.R. 2002. Hope theory: A member of the positive psychology family. Chapter in: Snyder, C.R. & Lopez, S.J. 2002. *Handbook of Positive Psychology*. Buenos Aires: Oxford University Press.
- Sternberg, R. J. (2001) Wisdom and education. *Perspectives in Education*, 19(4), 1-16.

Strode, A. & Barrett-Grant, K. 2001. *The role of stigma and discrimination in increasing the vulnerability of children and youth infected with and affected by HIV&AIDS*. Arcadia, South Africa: Save the Children South Africa Programme.