THE PRE-SCHOOL CHILD WITH LEUKEMIA –

A PSYCHOLOGICAL EDUCATIONAL PERSPECTIVE

(A translation of the 1993 dissertation by the author)

"DIE KLEUTER MET LEUKEMIE –

'n SIELKUNDIG-OPVOEDKUNDIGE PERSPEKTIEF"

by

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Submitted as partial fulfilment of the requirements for the degree

MASTER OF EDUCATION

WITH SPECIALIZATION IN GUIDANCE AND COUNSELLING

in the Department

PSYCHOLOGICAL EDUCATION

of the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR. S.J. KOKOT

JUNE 1993

I hereby declare that:

"THE PRE-SCHOOL CHILD WITH LEUKEMIA – A PSYCHOLOGICAL EDUCATIONAL PERSPECTIVE" is my own work and that I have, by means of comprehensive references, recognised all the sources I have made use of.

J.E. MAREE

STATEMENT OF GRATITUDE

WITH THE COMPLETION OF THIS DISSERTATION I WOULD LIKE TO SHARE MY SINCERIST GRATITUDE WITH:

- My Heavenly Father whose presence and mercy were experienced throughout this study.
- My supervisor, dr. S.J. Kokot, for her enthusiasm, knowledge and guidance without whom this dissertation would not have seen the light.
- My wife, Dot, for her unrelenting encouragement, motivation and support. Also for her devoted skills as typist which often went on until very late at night.
- My sons, Wayne and Hanro, whom regularly had to sacrifice attention from their parents and often were left to fend for themselves.
- My mother for her support and understanding of my situation throughout this study.
- Deirdré Krüger for her outstanding support and interest in this study but most of all for her friendship through difficult times.
- My colleagues at the educational support centres where I am involved, for their support and encouragement.
- My family and friends, for their interest in my endeavours.
- The medical staff involved with the treatment of my son, for their commitment and selfless acts under difficult circumstances.
- The staff of the Department Psychological Education at UNISA.

JUNE 1993 THE AUTHOR

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DEGREE : Master of Education with Specialization in Guidance and Counselling

DEPARTMENT : Psychological Education

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SUMMARY

The duration of the pre-school phase ranges approximately from the age of three to six years, with a vast broadening of the child's cognitive, physical and psychological abilities. The pre-school child's involvement in, meaning attribution and experience of his world, determines his relationship-, identity and self-concept formation, his self-talk as well as his eventual self-actualization.

Pre-school children with leukemia are in a unique situation because their entire pre-school phase could be dominated by regular periods of hospitalization and/or visits to the oncology clinic. During this important phase of life these pre schoolers are confronted with regular painful medical procedures with accompanying side effects.

The educational categories Involvement, Meaning Attribution and Experience and the accompanying ways of actualization namely, relationship-, identity- and self-concept formation as well as self-talk and self-actualization, of the physically

health pre-school child and that of the pre-school child with leukemia, have been examined in this ideographic descriptive study.

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deur

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GRAAD : Magister Educationis met spesialisering in Voorligting

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OPSOMMING

Die kleuterfase duur vanaf ongeveer drie jarige- tot ses jarige ouderdom, waartydens 'n snelle verbreding van die kind se kognitiewe-, fisiese- en psigiese vermoëns plaasvind. Die kleuter se betrokkenheid, betekenisgewing en belewenis van sy leefwêreld bepaal sy relasievorming, identiteitsvorming, selfgesprek, selfkonsepvorming en uiteindelike selfaktualisering.

Die kleuter met leukemie bevind homself egter in 'n unieke situasie deurdat, bykans sy hele kleuterfase, deur tydperke van gereelde hospitalisasie en/of besoeke aan die dagkliniek vir kanker pasiënte, in beslag geneem kan word. In hierdie belangrike lewensfase met betrekking tot die kind se volwassewording, word die kleuter met leukemie gekonfronteer met gereelde en pynlike mediese prosedures, met gepaardgaande newe-effekte.

Die Opvoedkundige Kategorieë te wete Betrokkenheid, Betekenisgewing en Belewenis, met die gepaardgaande aktualiseringswyses naamlik, relasievorming, identiteitsvorming, selfgesprek, selfkonsepvorming en selfaktualisering van die fisies-gesonde kleuter, asook dié van die kleuter met leukemie, is in hierdie ideografies-beskrywende studie aan die lig gebring.

Table of Contents

CHAPTER 1. THE PRE-SCHOOL CHILD WITH LEUKEMIA.

1.1 Introduction.

The pre-school child's need for safety and tranquillity is reflected in a longing for a strict daily routine and the insistence on the precise repetition of rhymes and stories (Garbers 1981: 7). The treatment of a child diagnosed with leukemia, depending on the type of leukemia, can last from eighteen months to approximately three years. Thus, if a child is diagnosed with leukemia at the beginning of his/her pre-school phase, the chances are good that a large part of the pre-school phase will be spent under treatment.

Leukemia is considered a chronic disease because the treatment thereof, during diagnosis and/or thereafter will require hospitalization of one month or longer. Furthermore the leukemia sufferer's daily functioning becomes affected for more than three months over a period of one year. It was also found that hospitalized children, depending whether it is a small set up or a major training facility, could be exposed on a daily basis to approximately ten to thirty strange people. (Van Rensburg in Basson 1985 : 20). It is clear from the factors already mentioned that the world that the pre-school child with leukemia lives in differs to that of the physically healthy pre-school child. It must further be taken into account that, the treatment and medical procedures to which leukemia sufferers are being subjected to are painful which goes along with discomfort and inevitable side-effects, associated with the induced medication. Hospitalization of the pre-school child implies that he/she is removed from the familiar and safe surroundings of the parent's home and placed in a strange "unsafe" situation, for the child. This "involuntary removal" from the known to the unknown is

sometimes and especially in the case of a diagnosis of acute leukemia, very sudden and unexpected. This sudden change of environment and the necessary adaptation associated with it is further complicated by the fact that the child is ill. What makes the situation worse though, is that often, according to Piek (1981:1), anxiety arises. The obvious question to the researcher is whether the anxiety the child is experiencing is justified or not and what is its effect of this on the pre-school children maturation?

Therefore, it would appear that, taking into account the factors already mentioned, the pre-school child with leukemia may encounter obstacles, during his/her journey to adulthood, usually not found on the path of the physically healthy pre-school child.

1.2 Problem Analysis.

The researchers' own son was diagnosed with leukemia in February 1991. Initially, the treatment, chemotherapy, terminologies and circumstances with which the patient and his parents were confronted, were strange and traumatic. Over time, the circumstances became more and more familiar which enabled them to start observing the surroundings as well as the other cancer patients, receiving treatment in the same paediatric oncology clinic.

1.2.1 Initial awareness of the problem.

The children who were hospitalized at that time were between the ages of two years to twelve years. It was further noted that the pre-school children among this group of patients, reacted in the same way to factors that included, amongst others: temporarily being left alone, the presence of medical personnel, end of

visiting hours when one parent returns home, the need for normal activities, visits from loved ones, satisfactory answers to questions and most importantly a need for empathy.

The training of the medical staff, at the clinic where the researcher's son was treated, is medically as well as in terms of parent and child guidance of high quality. Emotional and wherever possible, material assistance, is continually provided by a multi-disciplinary team, consisting of medical doctors, senior- and junior nurses, a social worker, volunteer workers and a hospital chaplain. It is obvious that such a multi-disciplinary team, due to the workload and number of patients to be cared for, cannot dedicate all their attention to one patient and his family until the patient and his family accept and process their situation. The many questions raised by the parents have to be patiently fended and answered as satisfactory as possible and as the treatment progresses, the questions just get more and more.

During and after the initial diagnosis, the patient is hospitalized for a minimum period of about three weeks, depending on how the patient responds to treatment, with no set maximum period that can be laid down. During this period of hospitalization the patient is put in isolation because the blood counts of his/her normal cells, due to the excess leukemic cells in his/her blood, is much lower than the norm and the patient is therefore very susceptible to infections. Although the facilities are not equipped to accommodate a second person one of the parents and in extreme cases both, are allowed to literally stay with the patient in isolation. The nursing staff further recommended that the ward be so arranged and decorated, to make the patient feel at home as much as possible.

His/her toys may be brought to him/her, even a little table is allowed on which eats, trinkets and his/her favourite books and/or audiocassette tapes can be laid out.

The physically healthy pre-school child's self-actualization through involvement in, meaning attribution and experience of things, situations, relationships and reality have already been thoroughly studied and reported on, in readily available literature. However, pre-school children with leukemia find themselves in unique circumstances in that their pre-school phase is partly influenced by a period of hospitalization and many follow-up visits to the clinic thereafter. The treatment they receive is painful and dangerous, with associated side effects causing nausea, becoming listless as well as outward physical changes, such as loss of hair, swollen appearance (due to medication), sore limbs, bruises all over the body and a pale complexion. Small sores, minor skin abrasions and mosquito bites become large, unsightly sores that take longer than usual to heal and often leave permanent scars. Therefor the question may rightly be asked what these children's involvement in, meaning attribution to and experience of their situation looks like?

1.2.2 Reflecting on awareness of the problem.

Symptoms that lead to the diagnosis of leukemia are, amongst others, the usual cold and flu symptoms, with the difference that the child’s body does not respond to medication as expected. In some cases the medication seems to be effective, but only for a short period of time. Colds and/or influenza often progresses to pneumonia with associated prolonged high fever, which in turn causes the danger of possible hepatitis. Other symptoms that could lead to

diagnosis are bruises all over the body which sometimes presents as small blue blisters that appear all over the body, small wounds (nicks and scratches) of which the bleeding is difficult to stop, enlarged liver and spleen and bladder as well as other infections. These symptoms occur because of the child's blood counts, white blood cells (help fight infections), red blood cells (haemoglobin which transports oxygen) and blood platelets (which helps with blood clotting), by now are very low due to the leukemia cells (immature white blood cells), which prevents the normal cells from performing its respective functions. The leukemia cells are immature cells that multiply so rapidly that the other mature cells are displaced and even destroyed (Cancer in Children 1986: 101; Konrad & Ertl 1978: 13).

From the above it is thus clear that the child does not get sick, with associated symptoms, and then at first glance be diagnosed with leukemia. It sometimes takes a relatively long time before the realization sets in that there is something underlying causing the aforementioned symptoms. There are also children who at no stage was ill before they were diagnosed, for example those in which leukemia presents itself through bruises or a mild flu attack.

In other words, the child is, like any other pre-school child, one day involved in, giving meaning to and experiencing his world as normal and the next day he/she is admitted to a hospital, undergoes a series of blood and other tests, which includes a bone marrow aspiration and being submitted to a lumbar puncture, all of which is painful and confusing due to the nature of the circumstances. Everyone working with the patient at this stage, especially the medical staff's attitude and methodology, is objective and urgent. Depending on the

circumstances, they will be performing procedures with great urgency to be able to start with the necessary treatment as soon as possible.

One can only imagine what the pre-school child's perceptions of his/her situation must be at this stage. It is expected of the patient to be fully cooperative, irrespective of his/her meaning attribution to and experience of the situation at hand. The researcher hereby does not criticize the medical personnel involved in the initial diagnosis and treatment of a patient with leukemia. On the contrary, the effective and timely actions of such personnel are, in many cases, precisely the reason why there is such a big improvement in the statistics of patients, nowadays, who survive leukemia and are able to live a full life afterwards.

However, the following questions remain unanswered:

- How involved is the pre-school child with leukemia in his situation?
- How does the pre-school child with leukemia give meaning to his situation?
- How does the pre-school child with leukemia experience of his situation?
- How does the situation affect the pre-school child with leukemia's relationship formation with him/herself, others, objects and ideas?
- What does the pre-school child with leukemia's identity formation look like?
- What does the pre-school child with leukemia's self-communication look like?
- How does the situation affect the pre-school child with leukemia's self-concept formation?

1.3 **Problem definition**.

The question can thus be rightly asked whether the pre-school child with

leukemia does not find himself in such a situation, as multifaceted becoming person, where he is in danger of not being able to reach full self-actualization.

1.4 The purpose of this study.

1.4.1 General objective.

The purpose of this study is to determine how the pre-school child with leukemia is involved in and gives meaning to his situation as well as how he experiences his situation, to ascertain whether full self-actualization can be achieved.

1.4.2 Specific objectives.

During this study, taking the general aim into account, the aim will be to analyse the following ways of becoming:

What does the pre-school child with leukemia's relationships look like with others, himself and objects and ideas?

- What does the pre-school child with leukemia's identity formation look like?
- What does the pre-school child with leukemia's self-talk look like?
- What does the pre-school child with leukemia's self-concept formation look like?
- Can the pre-school child with leukemia come to full self-actualization?

1.5 Perimeters of the study.

The human being is a multi-faceted being and therefore it would appear to be impossible, in a dissertation with limited and set boundaries, to analyse the essentials as mentioned in para. 1.4.2, taking all children with leukemia into account, notwithstanding age, from diagnoses up until the end of treatment.

The reason is that one protocol, or program of treatment, if successful, could last from 18 months to three years.

Self-actualization during the pre-school child phase (three- to six years of age) is of the utmost importance because the of the following milestones they during this phase:

-Rapid widening of language and cognitive abilities;

- Gender role identification;

- Identification with norms and values of parents;

- Development of the conscience (superego);

- Initial establishment of defence mechanisms against situations causing anxiety. (Mussen, Conger & Kagan 1969 : 281; Basson 1985 : 21-22; Seyfert & Hoffnung 1991 : 353-357).

This study will therefore look at the pre-school child (three- to six years of age) with leukemia, from diagnosis until termination of the initial protocol, successful or unsuccessful.

1.6 Terminology.

The title of this study is: The pre-school child with leukemia – A Psychological-Educational perspective. For the purpose of this study it is necessary to explain the following concepts:

1.6.1 The pre-school child.

In the literature a child at the age of approximately three to six years of age is referred to as a pre-school- or pre-primary child. (Mussen et al. 1969 : 281; Sonnekus & Ferreira 1979 : 142). This period is characterized by the child's

need to express his/her thoughts and feelings immediately into words and actions. (Basson 1985 : 20).

1.6.2 Chronic illness.

When a person's daily functioning is affected for more than three months in a year, including hospitalization, during diagnosis or at a later stage, for more than one month in that year, it can be defined as a chronic illness (Ashcroft 1984 : 11; Jessop & Stein 1985 : 993).

1.6.3 The physically healthy pre-school child.

For the purposes of this study, a child not suffering from a chronic illness will be to referred to as the physically healthy pre-school child. Pre-school children who have child and other illnesses, which are not defined as chronic, will therefore for the purposes of this study, by implication, be considered to be physically healthy.

1.6.4 Leukemia.

This is a condition where there is an abnormally large amount of white blood cells are present in the blood and blood forming tissue. Leukemia is a type of cancer affecting the bone marrow and other blood forming tissue. Leukemia cells present as primitive or immature white blood cells that are the normal white and red blood cells as well as the platelets crowding and hindering their functions (Issues in the care of children with chronic diseases 1985 : 324).

1.6.5 Becoming.

Becoming does not necessarily imply change, although in general it actually is regarded as change. In the educational reality becoming is not something

arbitrary. It involves a process during which the immature child is guided towards maturity by an adult, to what the child should become. This process of becoming of the child, which starts at birth, is of utmost importance to the educator. The child's dialogue and relationships with others starts presenting itself as a way of becoming where the child moves from not-being-here-anymore to not-being-there-yet. Via pedagogical support the child's life is being fulfilled which implies that his/her becoming is characterized by increasing self realization. Becoming further implies the upliftment of the child to full maturity, a maturity reflecting what adulthood should be (Van Rensburg, Kilian & Landman 1975 : 178).

1.7 **Program of the study.**

Chapter 1. The pre-school child with leukemia.

An explanation is given in this chapter of how the researcher initially became aware of the problem resulting in an in depth reflection of the problem. The problem is presented followed by a few general as well as some specific objectives, which led the researcher in his investigation. The field of inquiry is delineated after which the concepts, Pre-school child, Chronic Disease, Physically -healthy pre-school child, Leukemia and Becoming, are considered more closely.

Chapter 2. Modes of becoming of the physically healthy pre-school child.

A thorough description of the Educational categories, namely, Involvement, Meaning attribution and Experience is presented. To coincide with defining the mentioned categories, the researcher in this chapter will aim to highlight the modes of becoming namely, Relationship formation. Identity formation, Self-talk, Self-concept formation and Self-actualization, of the physically healthy

pre-school child.

Chapter 3. Modes of becoming of the pre-school child with leukemia.

In this chapter the pre-school child with leukemia's involvement in-, meaning attribution and experience of his situation, will be explored. Further, by means of the features of the actualization process namely, relationship formation, identity formation, self-talk and self-concept formation, the self-actualization of the pre-school child with leukemia will be investigated.

Chapter 4. Method of investigation.

An exposition of the Idiographic method of investigation is presented. It will further be explained how a descriptive and exploratory method of approach will be followed by the researcher, using case studies, structured- and unstructured interviews and observations, during the investigation.

Chapter 5. Empirical research.

Three pre-schoolers will be involved in the investigation. The case studies done on these pre-schoolers as well as versions of structured- and unstructured interviews with them and/or with their parents, appear in this chapter. The researcher will, together with the methods already mentioned, also include his observations made over a period of approximately eighteen months.

The pre-schooler's involvement in-, meaning attribution and experience of their situation will be explained according to their relationship formation, identity formation, self-talk and self-concept formation to determine whether self actualization has been achieved.

Chapter 6. Findings, conclusions and recommendations.

The findings and conclusions reached by the researcher will be revealed in this chapter. A number of recommendations are also made and possible implications to be taken into account, with a view to assisting to the pre-school child with leukemia, to achieve full self-actualization, are put forward. Finally some aspects that, according to the researcher, justifies further investigation are mentioned. Following is a closer look at the modes of becoming of the physically healthy pre-school child.

CHAPTER 2. MODES OF BECOMING OF THE PHYSICALLY HEALTHY PRE-SCHOOL CHILD.

2.1 Preface.

Man is a multi-faceted being that can be compared to a diamond. Just as many facets of the self can be distinguished as there are identities, for example gender role identity, learner identity, sportsman or -woman identity and many more (Jacobs & Vrey 1982 : 19). It is therefore evident from this multiplicity of man, with the concomitant identity formation, that involvement, meaning attribution and experience play an important role in human relationship formation, identity formation, self-talk, self-concept formation and eventual self-actualization.

Self-actualization of the pre-school child therefore implies that in his involvement in, giving meaning to and experiencing a situation, his relationship formation, identity formation, self-talk and self-concept formation must happen in such a way that he will behave like a pre-school child. According to Piaget (in Smith & Cowie 1991 : 326-331), the pre-school child is in the pre-operational phase of development. While playing the child discovers his world and establishes relationships with everything and everyone that may cross his path. In this "journey of discovery" he measures himself against everything and everyone who crosses his path of life, to assert himself and to determine, for himself , who he is. According to Jacobs & Vrey (1982 : 14) and Smith & Cowie (1991 : 115), the pre-school child's evaluation of himself then leads to a realistic self-concept, with the accompanying self-knowledge to, for himself and others, according to the accepted norms, be known as a pre-school child.

The categories, involvement, meaning attribution and experience as well as the modes of becoming, namely relationship formation, identity formation, self-talk, self-concept formation and eventual self-actualization form an inseparable part of each other. One may distinguish between the concepts, but they cannot be separated. The human being as a physical, psychological and spiritual being is at all times a unit, which cannot be separated into autonomous entities. The human being is constantly involved in its totality in all its actions, physically as well as psychologically (Jacobs & Vrey 1982 : 22-23).

During the pre-school child phase the categories involvement, meaning attribution and experience thus forms an integral part of every mode of becoming, namely relationship formation, identity formation, self-talk and self concept formation to achieve self-actualization. The parent-child relationship is, according to Sullivan (1953 : 290) and Erikson (in Kokot 1988 : 58-61), the main determining factor which could determine the pre-school child' socialization and personality development. Other relationships that Smith & Cowie (1991 : 72-75) and Seyfert & Hoffnung (1991 : 357-360) also consider to be of cardinal importance, are those with his siblings and according to Smith & Cowie (1991 : 95-96) and Ausubel, Sullivan & Ives (1980 : 224-226), his relationship with his friends.

The pre-school child who later distinguishes himself as a boy, in his relationships with others, himself, objects and ideas starts to identify more and more with the activities of boys, so that he gradually develops a boy-identity (Jacobs & Vrey 1982 : 23). The child thus becomes involved in, gives meaning to and experiences his world of life in such a way that in his relationship formation with

others, himself, objects and ideas he develops the urge to assert himself as a boy. At the same time while establishing his identity, in his self-talk and self-concept formation he wants to see himself as and become a boy through his behaviour and to be known as such.

By distinguishing between the categories, involvement, meaning attribution and Experience, the uniqueness of the human being is being highlighted and more so that of the pre-school child.

2.1.1 Involvement and the physically healthy pre-school child.

A person is involved in a situation when he feels the urged to take action. There is thus a yearning towards development, an inner power, an urge, a need, deployment and self-actualization. To be involved a person needs to be fully "there", in other words to form a total part of it. Knowledge, which is a Pre-condition for engaging in something leads to a need for a person to want to be involved. To gain knowledge of a situation one must take clear and actual action before a person can be deemed to be involved in the said situation (Oosthuizen & Jacobs 1985 : 199; Van Rensburg et al. 1979 : 20).

By being involved while playing, the pre-school child explores and emancipates and get to know his world. The child usually creates an artificial situation in which one or both parents, a significant other or even an animal is imitated (Seyfert & Hoffnung 1991 : 60). For example, a pre-school child sees a dog running to his water bowl to greedily slurp up some water. In a jiffy, the child is running on all fours, like the dog, on his way to get his little water too and then, above all, from the same bowl! It therefore appears that the pre-school child by

means of his play and more specifically, fantasy play and artificial situations, gets involved in his world of life and thus establish relationships with those he imitates and/or the objects and ideas he deals with. By identifying with something or someone as well as the associated exploration and emancipation, he not only gets involved but, as mentioned above, he also gets to know his world.

This is significant because, whatever it may be the pre-school child becomes involved in, the knowledge gained is given meaning to.

2.1.2 Meaning attribution and the physically healthy pre-school child.

Meaning attribution is unique and specific to each person (Van Rensburg et al. 1979 : 19). It mainly determines a person's behaviour and therefore meaning can only exist in the mind of a person that is able to interpret something cognitively and give meaning to it. Giving meaning to himself can be interpreted as idiosyncratic meaning attribution, with a logical dimension associated with it. Ausubel calls it the connotative meaning attribution dimension that embrace emotional- and value aspects during self-evaluation (Oosthuizen & Jacobs 1985 : 189-190; Vrey 1979 : 33-35).

Meaning based on illogical reasoning and deduction, can be regarded as irrational meaning attribution, thus loosing track of reality. Furthermore a person’s differentiation of meaning attribution, usually is emotional when a particular meaning is assigned to an object or concept or relationship, which does not make logical sense. Dominant feelings of affection overshadow logical meaning which leads to illogical meaning attribution. Meaning attribution, as

depicted by a person's self-concept can only be seen in his behaviour or, for example, from what a person reveals about himself in a self-report (Oosthuizen & Jacobs 1985 : 195; Very 1979 : 33)

However, the pre-school child does give meaning to his world of life by fantasizing and creating artificial situations. It is referred to as a an indispensable part of his becoming and in doing so, getting to know reality and to, as one of the fantasy characters ,venture into new areas and new situations (Seyfert & Hope 1991 : 60; Salkind & Ambron 1987 : 325; Ausubel et. al. 1980 : 226). (Also compare the example of the dog drinking water in para. 2.1.1).

Not being able to assign- or a lack of meaning attribution is responsible for the onset of anxiety, which in turn has an influence on a person's behaviour. According to Frankl (in Jacobs & Oosthuizen 1985 : 189), man's search for meaning is a primary motivational force in his life. Meaning attribution, however, requires total involvement by the perceiver, so that a relationship can develop between the self and the object or events that are given meaning to (Oosthuizen & Jacobs 1985 : 191; Vrey 1979 : 34). Sullivan (1953 : 290) and Erikson (in Kokot 1988 : 58-61) consider the relationship between the pre-school child and his parents as a cardinal aspect in the modes of becoming of the pre-school child, to learn social skills. They go further by stating that the neglect of this parent- child relationship, can cause anxiety, isolation, boredom and a lack of feeling wanted/belonging in the pre-school child.

The pre-school child's meaning attribution to his world of life is thus directed by the relationship with his parents and the associated involvement of the parents

in their child's modes of becoming. Oosthuizen and Jacobs (1985 : 204) underlines this by stating that a person's, or the pre-school child's, involvement in totality, by expressing his meaning attribution comes to fruition as an experience of success, failure or frustration, which again determines the quality of meaning attribution.

2.1.3 Experience and the physically healthy pre-school child.

Sonnekus (in Oosthuizen and Jacobs 1985 : 201) describes experience as an intentionally determined, subjective personal statement by the child as totality-in-function, in his communication with reality. Pretorius (in Oosthuizen and Jacobs 1985 : 201), takes it further, when he says that experience is inherently a human way of giving meaning to the world. Van Rensburg et al. (1979 : 18) agrees with this, stating every person experiences reality in his own unique way. Experience can be seen to come to fruition on different niveaus (levels), ranging from an emotional experience, to a cognitive experience. The human physicality is therefore according to Pretorius, the centre of experience, while on the one hand there is an intentional character (a means of direction) and on the other hand, a deed- or action character (an action being performed) (Oosthuizen & Jacobs 1985 : 201).

As already mentioned, a person's total involvement through his meaning attribution could be experienced as success, failure or frustration, which in turn determines the quality of his meaning attribution. Experience thus indicates how a person evaluates the situation he is presently in. This evaluation can be categorized broadly as pleasant and unpleasant (Oosthuizen & Jacobs 1985 : 204). According to Vrey (1979 : 45-46), the following essential components of

experience can be distinguished:

- Experience determines the quality of relationships,
- is emotional by nature,
- emphasizes the unique nature of meaning attribution,
- inhibits or is incentive to involvement in meaning attribution (Very 1979 : 45-46).

It is inherent to the child, during the self-actualization process, to want to understand, to want to be involved in life and to want to enjoy pleasant experiences and therefore it is precisely poor understanding, sluggish or unwilling involvement and unpleasant experiences, which identifies the child with difficulties, determining the level of his disadvantage (Oosthuizen & Jacobs 1985 : 204-206; Vrey 1979 : 45-46). Simply put, the child thus wants to understand and therefore wants to become involved. This involvement with the associated meaning attribution and experiences, pleasant or unpleasant, implies a relationship, positive or negative, which is established, with the child on the one hand and a another person or object/situation/event on the other hand. The child's involvement in, meaning attribution to and his experiences of a situation/event, places him in a relationship with the situation/event. A relationship is thus established with others and/or the objects and ideas involved, which are considered to be pleasant or unpleasant and positive or negative. While forming relationships the child is involved in, gives meaning to and experiences the other and/or the situation, object or event.

2.2 <u>Relationship formation by the physically healthy pre-school child</u>.

A relationship implies a certain bond or association (Jacobs 1980 : 12). Vrey

describes relationships as a two-pole bond/association between the child as the one pole and another human and/or an object, as the other pole. The child thus establishes a world of living consisting of his psychic space and the reality, according to which he orientates himself. The bipolarity consists of the one pole indicating the nature of the relationship, which involves the cognitive realm. In other words the child gets to know the other person, subject, object or event. Jacobs further explains the polarization stating that at the other pole, the child experiences the other person, subject, object or event, implying experiencing affection being pleasant or unpleasant because of acceptance or rejection. At the same time the other person gets to know the child (cognitively) while experiencing the child (affectively) as sweet or naughty, which can lead to acceptance or alienation (Jacobs 1980 : 14; Vrey 1979 : 22).

A positive affective relationship is characterized by an experience of mutual trust, respect, understanding and unconditional acceptance of one another. Such a relationship stabilizes emotional life and promotes mutual trust.

Meaning attribution to such a relationship has the effect that security and safety are experienced because sympathetic and consistent actions are characteristics of such a relationship. Where a negative affective relationship exists, inconsistent aspects are anticipated and the stabilizing effects disappears to make room for emotional lability (Oosthuizen & Jacobs 1985 : 194).

This relationship formation is responsible for the development of the child to become an independent person. The child's thoughts, language, method of expression, actions, in short his self-actualization is dependent on this

relationship formation (Jacobs 1980 : 23).

Due to the limited nature of this study and because the physically healthy pre-school child does not normally, like the pre-school child with leukemia, come into contact with medical staff and the hospital situation, pre-school child's relationship formation will now be examined.

2.2.1 The physically healthy pre-school child's relationships with significant others.

It should be borne in mind that this study is all about the pre-school child with leukemia with its determining conditions. Apart from the hospital staff, the parents and in certain circumstances, the siblings of the pre-school child with leukemia, are the only people he may have contact with during initial treatment. All contact with friends during this period must be avoided. A day mother, pre-school teacher and so on, who may also be regarded as significant others in the life of the physically healthy pre-school child, may not necessarily be considered to be protagonists in his life. The parents of the pre-school child, his/her siblings, and friends, among others, are the people, according to the researcher, that could be regarded as significant others in the physically healthy pre-school child's life.

2.2.1.1 <u>The physically healthy pre-school child's relationships with his parents</u>.

According to Sullivan's (1953 : 290) classification of key relationships and associated needs in these relationships, the pre-school child falls into the "childhood" phase that extends from approximately two- to six years of age. It is during this phase that the pre-school child develops the need for parental

participation in what he does, above and beyond the need for tenderness in the previous pre-school child phase (Sullivan 1953 : 290). The interest shown and participation by an important adult in the child's activities, according to Kokot (1988 : 55), becomes a lifelong need for companionship in the child's life, with the parents as key figures. Erikson's theory of psychosocial development (in Kokot 1988 : 58-61), emphasizes Sullivan's theory that the parent-child relationship is considered to be the most important determining factor, with a number of variables, of the child's socialization and personality development.

Attributes that the pre-school child expects from his parents in these relationships are, amongst others, unconditional acceptance, consistency, continuity, safety, discipline, interest shown and participation in their activities (Sullivan 1953 : 290; Erikson in Kokot 1988 : 55-61; Ausubel, et al. 1980 : 200-214; Seyfert & Hope 1991 : 353-357).

Robeck (1978 : 214-216) agrees with this but also warns against overprotection by the parents. As in Ausubel et al. (1980 : 213-214) and Seyfert & Hoffnung (1991 : 353-357), Robeck (1975 : 214-216) also warns of the dangers associated with this. The pre-school child is deprived of self-confidence and risk taking which, especially during this phase of development, is indispensable.

2.2.1.2 The physically healthy pre-school child's relationship with his siblings. As a firstborn, the pre-school child generally shows some degree of affection and a protective attitude towards their younger brothers and sisters. However, envy, jealousy and bullying also presents itself quite regularly. The reason seems to be that the pre-school child feels threatened by the arrival

of a newcomer in the family and that he therefore feels the need to emphasize his position in the family hierarchy. If there is are older siblings in the family, the pre-school child tends to identify with the same-sex sibling with a constant longing for acceptance. Acceptance makes him feel welcome and that he is part of the family, as well as being allowed to maintain himself in the family hierarchy (Smith & Cowie 1991 : 72-75; Seyfert & Hope 1991 : 357-358).

In this relationship between the pre-school child and his siblings, being the older child, he is sometimes expected to take the lead and to set the so-called "example". It is often expected of him to execute minor tasks requiring some responsibility like fetching the younger brother's and/or sister's bottle, wipe his face and hands and clean up his toys himself. As the younger child in the family hierarchy the older brother and/or sister, of the same sex, will be imitated by the pre-school child, suggesting that he wants to be accepted by them. All of this contributes to the child's becoming so that he, as pre-school child, can come to self-actualization (Smith & Cowie 1991 : 72-75; Seyfert & Hope 1991 : 357-358).

2.2.1.3 The physically healthy pre-school child's relationships with his friends. According to Smith & Cowie (1991 : 331), the pre-school child finds himself in the pre-operational phase of development as depicted in Piaget's classification but it is widely known that concrete operational thinking begins to develop during the pre-school child phase. The child now starts to take into account the views of others, resulting in one or more friends becoming involved in his playing activities. In his relationships with his mates he is still accepted, even though he might only be a spectator during playing activities, or when performing the same activity, while not being part of the group. Group activities

however, is becoming increasingly important and the groups are expanding as the pre-school child grows older. Acceptance by his friends makes him feel that he is wanted, starts to develop leadership qualities and establish his place in the hierarchy in his peer group (Smith & Cowie 1991 : 95-96; Ausubel et al. 1980 : 224-22).

The implication of the above is that the pre-school child's egocentric attitude slowly but surely fades into the background as he gets older in this phase of development. The need to dominate decreases and is replaced by an attitude of communicability and tolerance (Ausubel et al. 1980 : 225; Seyfert & Hope 1891 : 359-360).

2.2.1.4 Synthesis.

The pre-school child must actualize himself in its entirety. It seems that the affective and emotional aspects of his becoming are mainly addressed in his relationships with his parents and siblings. His sociability and physicality seem to play a more important role in his relationships with his friends but also, in a way, with his parents and siblings. It is by identifying with them and by impersonating them that the pre-school child acquire the skills to be accepted by others. However and pre-conditionally, the pre-school child must first accept himself, which implies that he must establish a relationship with himself.

2.2.2 The physically-healthy pre-school child's relationship with himself.

A distinctive characteristic of the pre-school child is that he repeats behaviour that culminates in approval, affection and attention more and more. On the other hand behaviour that leads to disapproval and even rejection, by his mates and

parents, is less repeated. At the same time, the pre-school child starts to understand what it is that makes him who he is, as well as being different to others (Robeck 1978 : 207; Ausubel et al. 1980 : 226–227; Salkind & Ambron 1987 : 409).

The pre-school child gets to know himself through his relationships with others because the self, according to Jacobs & Vrey (1982 : 18), is the centre of experience and meaning attribution. His personality thus becomes an expression of the self. The child now becomes aware of the types of behaviour that are accepted, gaining popularity and causing him to develop personality traits provoking acceptance from others. This just indicates, once again, that the pre-school child is egocentric and that this egocentrism, subconsciously, sometimes might lead to acceptable or unacceptable behaviour. By identifying with especially his parents and siblings, the pre-school child is taught aspects of values-, norms and feelings, which is acceptable to him and others (Sullivan 1953 : 290; Robeck 1978 : 207; Ausubel et al. 1980 : 226-227; Salkind & Ambron 1987 : 409).

Objects, thoughts and ideas that the pre-school child has to deal with on his path of life, may pose a threat to him as it may be new content that he has not been confronted with before. His relationships with the important others in his life, as well as with himself, therefore is essential to equip the child with the necessary skills in his relationships with objects and ideas on his way to becoming an adult.

2.2.3 The physical healthy pre-school child's relationships with objects and ideas.

Man, and so the pre-school child, is constantly in conversation with his world of

life. To articulate his contact with these objects and ideas with which he constantly confronted, it is necessary that the pre-school child's language skills are developed accordingly (Petrick 1985 : 71-73). To achieve self-actualization requires that the child wants to be involved in his/her world of life accompanied by meaning attribution and the necessary experience. The pre-school child's language development, during this phase of life, therefore, is a reliable barometer related to his becoming as a pre-school child as well as his cognitive development. However, his egocentric attitude causes the communicative skills acquired, as well as his involvement, meaning attribution and experience in his world of life, to revolve mainly around himself.

The pre-school child's language development expands very quickly from approximately three years of age, especially in the field of syntax as well semantics and communicative skills. There is now clearly a movement away from the so-called two-word combinations ("duos") to more sophisticated sentence combinations (McElroy 1972 : 59; Seyfert & Hope 1991 : 323-325). Egocentrism is the main contributing factor that leads to pre-school children talking to themselves. This egocentric conversation usually is interspersed with fantasy characters and -events, that is not reality based whatsoever. (Seyfert & Hoffnung 1991 : 60).

However, fantasy play is considered to be an indispensable part of the pre-school child's development. This is the vehicle through which the child is communicating with himself. Play during the pre-school phase can be seen as the pre-school child's "work" and usually takes on the form of an artificial situation in which one or both parents or a significant other person is imitated. Through

his play, the pre-school child explores and emancipates and so gets to know his/her world (Seyfert & Hoffnung 1991 : 60; Salkind & Ambron 1987 : 325; Ausubel et al. 1980 : 225).

Egocentrism in the pre-school child indicates the inability to distinguish between his/her own view and that of another. This does not mean that the pre-school child is necessarily selfish, but rather the tendency to focus only on one aspect of an object or situation, while other aspects are ignored. This egocentrism in the pre-school child usually is the factor that leads to so many misunderstandings and apparently inappropriate aggression, in that he/she doesn't think it is necessary to describe a matter, situation or idea in detail (Seyfert & Hope 1991 : 311-313; Smith & Cowie 1991 : 326–331).

Aggressive behaviour towards others but also objects is common behaviour during the pre-school phase. The reason seems to be that the pre-school child cannot yet distinguish between aggression and self-assertion. Physical aggression is replaced over time by verbal aggression and as the pre-school child gets older, the aggressive behaviour diminishes to a great extent (Seyfert & Hoffnung 1991 : 365-370; Smith & Cowie 1991 : 176).

According to Piaget (in Smith & Cowie 1991 : 326-331), the pre-school child is in the pre-operational phase of development. He further divides this phase into the pre-conceptual and intuitive periods. During the pre-conceptual period (two to four years of age) the child's cognitive development takes place in that his language skills are formed through his thought processes. His symbolic thought processes are expressed during fantasy play and is possibly a good indication as

to the pre-school child's relationships with the objects and ideas in his world of life. Egocentrism and animism (attribution of human qualities to lifeless objects) are, according to Piaget, limitations in the child's thought processes. These limitations can then only be overcome with the necessary parental involvement and learning experiences. Parental involvement thus indicates a healthy relationship between the parents and the pre-school child to overcome the possible limitations that may arise.

The intuitive period (four to seven years of age) is characterized by the development of the child's mental abilities to rank, to classify and to quantify, in a more systematic way. However, these capabilities are still very limited at this stage and parental involvement is once again indispensable to provide stimulation and support to the pre-school child, during this phase (Smith & Cowie 1991 : 326-331).

2.2.4 Synthesis.

The pre-school child is, as becoming a human being in totality, involved in his own self-actualization, that is, affectively, emotionally, physically, socially, cognitively and cognitively. It is thus evident from the relationship formation of the physically healthy pre-school child, that these aspects of his becoming can thrive through his relationship with the significant others in his life, himself and objects and ideas. In his relations with his parents, siblings and friends the affective, emotional, physically and socially, strongly comes to the fore. With regards to the conative and the cognitive, it seems that the relations with himself and objects and ideas, plays an important role in the becoming of the child. Sullivan (1953 : 290) and Erikson (in Kokot 1988 : 55-61)) however states that,

it is clear that the pre-school child, as a becoming human being in totality, is dependent on the parents in all his relationships, to come to self-actualization. During the pre-school phase, the parents are the ones most frequently being imitated by the child (Robeck 1978 : 208). The child uses impersonation or role-play to adopt the characteristics, personality traits and values of other people, especially his parents. According to Basson (1985 : 20) the pre-school child is still very much dependent on the security of the family environment and the approval of the adult. His concentration levels also are being maximized when his parents are in the immediate vicinity.

It would therefor seem that the pre-school child, in his inter action with the significant others and objects and ideas in his life, not only establish relationships but also identifies with them. The identity formation, of the physically healthy pre-school child, will now be considered more closely.

2.3 Identity formation of the physically healthy pre-school child.

As the child gets to know himself, like the baby, for example gradually discovers his hands, feet, fingers, and so forth, and as he grows older, he begins to distinguish between himself and his surroundings. It is at this stage that the child becomes aware of his own identity and so begins the formation of a self-identity (Jacobs & Vrey 1982 : 18; Jordan & Jordan 1992 : 696-697).

Developing a self-identity requires of the child to be involved in and give meaning to his physical- and psychological self as well as his existences, such as objects, organizations and ideas which taps into the phenomenal self. To the question, “who am I”, a person has to cognitively present an image of his self-identity (Jacobs & Vrey 1982 : 18-19; Jordan & Jordan 1992 : 697).

During the pre-school phase, the child's identity formation occurs by means of imitation or role play and making other people's character traits, personality traits and values, his own (Robeck 1978 : 208; Jordan & Jordan 1992 : 551). The parents are, during the pre-school child phase, those most imitated and idealized by the child (Robeck 1978 : 208). Imagine the little girl, all by herself, with her legs neatly crossed, sit down "having tea with the housewives from the neighbourhood". There usually is no tea or even cups but the little finger is in the air and the conversation taking place, contains a lot of things that mom or a significant other mentioned recently. Comments like, "oh, the kids are driving me crazy" simultaneously wiping the back of the hand over the forehead and "…so and-so told me the other day…" or "please excuse me, I quickly have to go and change the baby's nappy", usually is the order of the day.

The concept of identity further is multi-facetted because just as many facets can be distinguished of the self as there are identities, for example, gender role identity, etc. Identification is therefore not a once-off activity but indicates a constant deployment of a particular identity (Jacobs and Vrey 1982 : 19).

Identification is subconscious by nature, an active identification with something, as well as a dedicated action that can be described as the activity during which the person strives to eliminate the difference between his self-image and his ideal image (Freud, Gordon and Le Roux in Jacobs & Vrey 1982 : 19).
The cognitive component of self-identity contributes to the forming of the self image. The plurality of the self could cause a person to have multiple self-images in accordance with his different identities. The self-image thus displays exceptional facets of the self. A person's self-image can be described as a

representation of his identities, in other words a facet of one of his identities (Le Roux in Jacobs & Vrey 1982 : 19; Robeck 1978 : 256; Smith & Cowie 1991 : 149-150).

Just as the self-image is a facet of a person's identity, identity formation, according to Jacobs & Vrey (1982 : 45), can be considered, among others, to be a mainstay of self-talk.

2.4 Self-talk of the physically healthy pre-school child.

The person is in conversation with himself and thus as a thinking subject engaged in consultation with himself. The self-talk or intra-psychic conversation takes place against the person's framework of knowledge of himself, in other words his identity, his self-concept, norms, values, anticipations and ideals, as well as his relationships with the significant others in his life. Self-talk therefore entails self-maintenance (survival) and self-deployment or self-actualization. The self-concept is the moderator of the intra-psychic conversation, by allowing the person to use defence mechanisms to uphold himself, while striving to sustain himself in all its facets being deployed. The self-concept, self-esteem and identities that can be considered to be the supporting pillars of the self-talk, can support or restrain the realization of a person's ideals, in becoming himself (Jacobs & Vrey 1982 : 44-45).

Language development indicates not only cognitive abilities but also sensor-motor development and can later even lead to symbolic thought. According to Vygotsky, pre-school children’s actions are led by their self-talk to, if necessary, come to possible problem solving. It is this coordination between the child's

verbal abilities and his thought processes, which often leads to their quirkiness. That is why they can say exactly what they think and why, what they say sometimes means more than what they truly realize (Seyfert & Hoffnung 1991 : 337; Smith & Cowie 1991 : 358-360).

The pre-school child's self-talk is guided by his actions and in this consultation with himself, in order to come to possible problem solving, he might come to the realization, within its capabilities, what he is capable of. It would seem then, that this evaluation of his own abilities, through his intra-psychic conversation, can contribute, integrally and reciprocally, to the pre-school child's self-concept formation.

2.5 <u>Self-concept formation of the physically healthy pre-school child</u>.

The self-concept seems to be an organized configuration of perceptions and conceptions of the self. The elements of the configuration consists of the perceptions of one's characteristics and abilities, an evaluation of one's own abilities compared to those of others and the experience thereof as positive or negative (Jacobs & Vrey 1982 : 21). Erikson (in Basson 1985 : 21) agrees with this in that a person's self-concept is positive when evaluating his attributes as good and acceptable but, on the other hand, negatively in so far as he is dissatisfied with his attributes and circumstances. Smith and Cowie (1991 : 115) concur when they say that the self-concept is evaluative in nature in that the human being constantly compares himself to others, while forming a self concept. This is when one comes to the realization that one is capable of certain things, within one's abilities.

Attitude plays a major role in the shaping or forming of the self-concept and it seems to be the essence of the self-concept by evaluating the self, according to one's own subjective norms and that all incentives one is confronted with, that is, all self-involved experiences, meaning is attributed to, in relation to the evaluation of the self (Jacobs & Vrey 1982 : 21-22)

It seems then that a negative experience can lead to the realistic or unrealistic perception of a situation. One's experience of such a situation depends on the person's involvement in- and meaning attribution to it. A child who fails a test with the resulting negative emotions that usually occur in such a situation, can be considered to be a realistic experience. However, if the negative emotions persist and later on, for example, develops into depression, the experience would seem to be unrealistic, with the associated effects on the child's self-concept formation. Realistic self-concept formation in a pre-school child would then be that kid who, for example, when he hurts himself, starts crying uncontrollably and carries on playing again within minutes thereafter as if nothing had happened. Unrealistic self-concept formation would seem to be the child who, in a similar situation, however throws a tantrum and then isolate himself to sulk with the expectation to be comforted and pampered, for him to renounce his unacceptable behaviour. Self-concept formation in children rests, according to Lewis and Brooks-Gunn (in Smith & Cowie 1991 : 131), on three principles namely, any knowledge of somebody must first be acquired by the self, visible proof of self-knowledge indicates similar knowledge of the other and a description of the self as well as the other, depends on the extent to which socialization is achieved.

The pre-school child's assessment of himself and his self-concept, realistic or unrealistic, largely depends on an experience of acceptance by the significant others in their lives. Coopersmith came to the conclusion that pre-school children with a realistic self-concept, associated easier with others, engaged in external activities and were less pre-occupied with themselves. Pre-school children with an unrealistic self-concept, on the other hand, showed signs of withdrawal, passivity and doubt in their own judgments and abilities. It was further found that the parents of children with an unrealistic self-concept, were guilty of inconsistency and capriciousness in their actions towards the child. These parents have also showed signs of an unrealistic self-concept (Salkind & Ambron 1987 : 409-410). A realistic self-concept implies, according to Jacobs & Very (1982 : 14), a distancing and evaluation of one's own identity incorporated in one's self-knowledge, to come to self-actualization.

2.6 Self-actualization of the physically healthy pre-school child.

Self-actualization implies a person's deliberate efforts to realize latent possibilities of his self-image. It means the fulfilment of physical skills, mental abilities, emotional and moral consciousness, in other words the human being as a whole. The self-actualizer accepts himself and therefore does not waste his strength and energy on all kinds of defence mechanisms, while becoming involved in tasks outside himself (Jacobs & Vrey 1982 : 13).

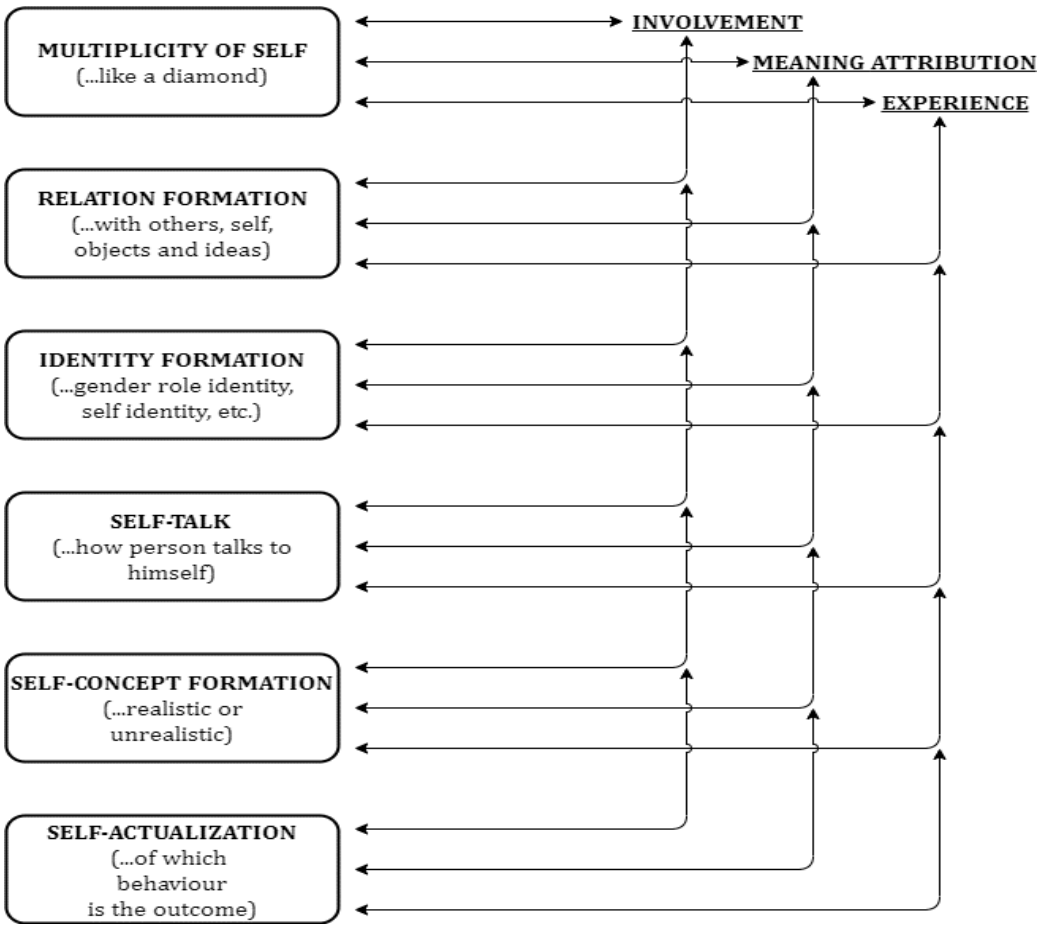
Transcendence occurs when the person rises above his physical and psychological abilities and immediate limits of space and time. However, transcendence can only occur if the person have a realistic self-concept which involves a distancing and evaluation of one's own identity which is incorporated

in one's self-knowledge (Jacobs & Vrey 1982 : 14). It thus seems that the pre-school child with a realistic self-concept is involved in-, attributes meaning to- and is experiencing his phase of being a pre-school child, in such a way that he can come to transcendence in his relationship formation, identity formation and self-talk. The pre-school child's evaluation of himself must therefore lead to a realistic self-concept, with the accompanying self-knowledge, to be known, according to the accepted norms, as a pre-school child.

2.7 Synthesis.

To demonstrate the interrelation and mutual interaction of the categories and essentials mentioned it can now be summarized as follows:

2.7.1 Figure 1.



2.7.1.1 Definition of Figure 1.

(This definition of Figure 1 is done exclusively according to Jacobs & Vrey's (1982 : 22-24) exposition of the above categories and essentials.)

As mentioned earlier in the chapter, there can be distinguished between the concepts involvement, meaning attribution, experience, the self, relationships, identity, self-concept and self-actualization, but they cannot not be separated. The human being is at all times physically, psychologically and spiritually a unit and in totality involved in his actions. The self as subject entails the affective dimension of the human being while the self as object refers to the existentialism of the self. As the different facets of the self unfold, the person develops similar identities. The pre-school child who thus distinguishes himself as a boy become engaged in boy-activities, gives meaning to it and then experience himself as a boy. In this experience of himself as a boy, he constantly evaluates himself in relation to the other boys in his environment. A person's identities are inextricably linked to the self and it can therefore be said that it is the self that is being evaluated. This evaluation of the self against the person's own subjective norms causes the commencement of the self-concept, in other words, the concept he has of a specific facet or identity of himself. The pre-school child as a boy, compared to other boys of his age, is, for example, satisfied or dissatisfied with himself. So it follows that the person establishes relationships with himself, others and objects and ideas, to assist him to evaluate himself.

The result of this self-concept formation is an eventual action where, for example, a person has a lot of self-confidence, so that he will try things and dare a lot. The way in which the child develops these identities and ultimately self

concept formation, are through involvement (the conative or will motives), meaning attribution (the cognitive or intellectual aspect) and experience (the affective or emotional aspect). Involvement, meaning attribution, experience and self-actualization along with relationship formation, the world of life and the education of the child, forms the foundation on which the self, identity and self concept are built. The interaction between these categories and essentials are responsible for a person's eventual behaviour, leading to self-actualization. However, it is clear from the preceding chapter that there are criteria that can serve as incentives or restraints for the pre-school child, to come to self-actualization.

2.7.2 Criteria that can serve as an incentive to self-actualization.

It is clear from the literature that the following criteria can serve as intensive for the pre-school child to come to self-actualization during:

2.7.2.1 Involvement.

- Involvement of the pre-school child is displayed mainly through play-activities (para. 2.1.1).
- Total involvement is condition for meaning attribution so that a relationship may arise between the self and the object or events to which meaning is given (para. 2.1.2).
- Total involvement in meaning attribution can be expressed as an experience of success, which in turn determine the quality of meaning attribution (para. 2.1.3).

2.7.2.2 Meaning attribution.

- Total involvement is a condition for giving meaning so that a relationship

may arise between the self and the object or events to which meaning is given (para. 2.1.2).

- Total involvement in meaning attribution can be expressed as an experience of success, which in turn determine the quality of meaning attribution (para. 2.1.3).

2.7.2.3 Experience.

- Experience is a human attribute and thus a way of giving meaning to the world (para. 2.1.3).
- Total involvement in meaning attribution can be expressed as an experience of success, which in turn determine the quality of meaning attribution (para. 2.1.3).
- Experiencing a situation varies from the emotional to the cognitive (para. 2.1.3).
- Experience thus indicates how the pre-school child evaluates the situation he is in. This evaluation may be pleasant or unpleasant. (The pre-school child has the ability to say exactly what he is thinking) (para. 2.1.3).
- Human physicality is the centre of experience. (The pre-school child always wants to be the biggest, strongest, fastest, etc). (para. 2.1.3).

2.7.2.4 Relationship formation.

- A positive affective relationship is characterized by mutual trust, respect, mutual understanding, unconditional acceptance, safety, security, sympathetic and consistent actions and stability (para. 2.2).
- Emphasis is placed on the position in the family hierarchy (para. 2.2.1.2).
- Begin to consider the views of others and engage one or more friends in

play-activities. Group activities becomes increasingly important (para. 2.2.1.3).

- The pre-school child's egocentric attitude moves to the background, the need to dominate decreases and over time, is replaced by an attitude of sharing and tolerance (para. 2.2.1.3).
- Behaviour that leads to approval, affection and attention is being repeated (para. 2.2.2).
- He begins to understand what makes him who he is, as well as being different from others (para. 2.2.2).
- Fantasy play is part of the pre-school child's development. His ego-centric conversations are interspersed with fantasy characters and -events (para. 2.2.3).
- Through his play, the pre-school child explores and emancipates and so gains knowledge of his world (para. 2.1.1 and 2.2.3).
- Language development and especially syntax and semantics are expanding rapidly, moving away from two-word combinations ("duos") (para. 2.2.3).
- Physical aggression, over time, is replaced by verbal aggression (para. 2.2.3).

2.7.2.5 Identity formation.

- The pre-school child must be involved in- and give meaning to his physical- and psychological self, to develop a self-identity (para. 2.3).
- Identity formation occurs by means of imitation and/or role play. One or both parents are imitated and idealized most by the pre-school child

(para. 2.3).

- The pre-school child's self-image is a representation of his identities (para. 2.3).

2.7.2.6 Self-talk.

- The self-concept is the moderator of the intra-psychic conversation in that defence mechanisms can be utilized to maintain the self (para. 2.4).
- The self-concept, self-image and identities are considered to be the pillars of self-talk and can support or restrain the realization of the pre-school child's ideals (para. 2.4).
- The pre-school child's actions are guided by his self-talk to achieve problem solving (para. 2.4).

2.7.2.7 Self-concept formation.

- Self-concept formation is based on an evaluation of the self, according to one's own subjective norms and abilities, in comparison to those of others (para. 2.5).
- The pre-school child's assessment of himself and his self-concept depends on the acceptance by the significant others in his life (para. 2.5).
- The pre-school child with a realistic self-concept, associates easier with others, engage and become involved in external activities and are less preoccupied himself (para. 2.5).

2.7.2.8 Self-actualization.

- Transcendence, which implies self-actualization, takes place in that the pre-school child becomes so involved in a situation, attributing meaning

to it and experiencing it in such a way that realistic self-concept formation is achieved (para. 2.6).

2.7.3 Criteria that can restrain self-actualization.

According to literature, the following criteria may restrain/impede the self-actualization of the pre-school child during:

2.7.3.1 Involvement.

- Total involvement in meaning attribution can be expressed as an experience of failure or frustration which, in turn, determines the quality of meaning attribution (para. 2.1.3).
- Defective understanding, sluggish or unwilling involvement and unpleasant experiences, exposes the child with problems and determines his degree of disadvantage, if any (para. 2.1.3).

2.7.3.2 Meaning attribution.

- A lack of meaning attribution is responsible for the onset of anxiety (para. 2.1.2).
- Total involvement in meaning attribution can lead to an experience of failure or frustration that could have an influence on the quality of meaning attribution (para. 2.1.3).
- Defective understanding, sluggish or unwilling involvement and unpleasant experiences, exposes the child with problems and determines his degree of disadvantage, if any (para. 2.1.3).

2.7.3.3 Experience.

- Total involvement in meaning attribution can be expressed as an

experience of success, failure or frustration that, once again, can determine the quality of meaning attribution (para. 2.1.3).

- Experiencing a situation varies from the emotional to the cognitive. The pre-school child is prone to overemphasizing the emotional and cannot yet distinguish between aggression and self-enforcement. The outcome of this usually is selfishness (para. 2.1.3 and 2.2.3).
- Experience thus indicates how the pre-school child evaluates the situation he is experiencing. This evaluation may be pleasant or unpleasant (para. 2.1.3).
- Defective understanding, sluggish or unwilling involvement and unpleasant experiences, exposes the child with problems and determines his degree of disability, if any (para. 2.1.3).

2.7.3.4 Relationship formation.

- A negative affective relationship results in inconsistency which makes the stabilizing effect disappear, to make room for lability (para. 2.2).
- Overprotection deprives the pre-school child of his self-confidence and resulting risk taking (para. 2.2.1.1).
- An egocentric attitude does not decrease over time. "Tantrums" and "sulking" occurs frequently (para. 2.2.1.3; 2.2.2; 2.2.3 and 2.5).
- Insufficient play in certain situations restrains the promotion of language development (para. 2.2.1.1 and 2.2.3).
- Physical aggression does not convert to verbal aggression over time (para. 2.2.3).

2.7.3.5 Identity formation.

- The self-concept, self-esteem and identities that can be considered to be the supporting pillars of the self-talk, can support or restrain the realization of a person's ideals, in becoming himself (para. 2.4 and 2.5).

2.7.3.6 Self-talk.

- The self-concept is the moderator of the intra-psychic discourse in that defence mechanisms can be used to promote self-maintenance (para. 2.4).
- The self-concept, self-esteem and identities that can be considered to be the supporting pillars of the self-talk, can support or restrain the realization of a person's ideals, in becoming himself (para. 2.4 and 2.5).

2.7.3.7 Self-concept formation.

- The self-concept is the moderator of the intra-psychic discourse in that defence mechanisms can be used to promote the self-maintenance (para. 2.4).
- The self-concept, self-esteem and identities that can be considered to be the supporting pillars of the self-talk, can support or restrain the realization of a person's ideals, in becoming himself (para. 2.4 and 2.5).
- The essence of the self-concept is the evaluation of the self, according to one's own subjective norms. Meaning is given to all incoming incentives, in other words, self-involved experiences, in relation to the evaluation of the self. If the incoming incentives are experienced as unpleasant or negative, it can lead to a negative evaluation of the self (para. 2.5).
- The pre-school child's assessment of himself depends on an experience of

acceptance by the significant others in his life (para. 2.5).

- An unrealistic self-concept leads to withdrawal, passivity and cast doubt on their own judgments and abilities. (Inconsistency and fickleness by the parents in their behaviour towards the child can be a causative factor) (para .5).

2.7.3.8 Self-actualization.

- Transcendence, which presupposes self-actualization, cannot occur if the pre-school child has an unrealistic self-concept (para. 2.6).

Finally, the researcher would like to point out that the modes of becoming of the physically healthy pre-school child, mentioned above, do not necessarily include all criteria in the modes of becoming and of the physically healthy pre-school child. For the purposes of the researcher's study, as well as the fact that it is a dissertation of limited proportions, the criteria as depicted above will be regarded to be sufficient.

The modes of becoming of the pre-school child with leukemia will now be looked at in more detail.

CHAPTER 3. MODES OF BECOMING OF THE PRE-SCHOOL CHILD WITH LEUKEMIA.

3.1 Introduction.

Garrison & McQuiston (1989 : 15) state that the psychological response of children with leukemia, correlates with the duration of the disease and the child's responses to treatment, sometimes various protocols, as it takes its course. In the short term, it seems like the initial shock and disappointment with the diagnosis of such a life-threatening disease, is handled quite well. It is only after the treatment and the illness have progressed somewhat that signs of psychological and family stress start to manifest. The relationship between the child's level of physical discomfort or pain caused by the leukemia as well as the relatively aggressive treatment and the way it is handled psychologically is closely related to each other. In other words, the more pain the more difficult it is to deal with the situation successfully (Garrison & McQuiston 1989 : 15).

The pre-school child with leukemia remains a pre-school child. As Fauvre (1988 : 72) puts it, despite the child's circumstances and/or situation he still remains a child. Depending on the type of leukemia and how the child responds to the treatment, a protocol lasts 18 months to three years, from diagnosis to the termination thereof, (Garrison & McQuiston 1989 : 52). This means that, for example, if a child is diagnosed with leukemia at the beginning of his or her pre primary phase, he could spend his entire pre-primary phase undergoing treatment. So it seems that the modes of becoming of the pre-school child with leukemia could develop just like that of the physically healthy pre-school child. However, the situation and circumstances of the pre-school child with leukemia appear to be a predisposing factor, which could have a restraining effect on his

modes of becoming (Van Dongen-Melman & Sanders-Woudstra 1986 : 154).

The rapid decline of health caused by the deterioration of vital physical functions, is accompanied by a sense of incompetence, aggression in general and a fear of the unknown (Garrison & McQuiston 1989 : 15). The toxic short and long term side effects of chemotherapy and radiation exposure have a dramatic effect on the child's health and day to day functioning. Post-surgical procedures, hair loss and severe nausea, due to chemotherapy and radiation, as well as the effect of regular hospitalization, culminate in unusual levels of stress in these children and their families (Garrison & McQuiston 1989 : 52).

The researcher just wants to point out that there is very little to be found in literature that refers to how the pre-school child with leukemia handles his situation (Van Dongen-Melman & Sanders-Woudstra 1986 : 152). The reason for this seems to be that research, in general, emphasizes and concentrates more on the older child with leukemia and the medical aspects involved. Relevant information will however and as far as possible, be extracted from the available literature. The diagnosis of leukemia in the researcher's son has forced him, over the past two years, to work closely with, collaborate and keep in touch with the medical staff, the other pre-school children diagnosed with leukemia and their families. Some of the information in this section will therefor partially be based on observations as well as structured and unstructured interviews with some of the pre-school children, their parents and the medical staff.

There will now be looked at the ways in which self-actualization of the pre-school child with leukemia takes place, according to current literature.

3.1.1 Involvement and the pre-school child with leukemia.

By its very nature, the pre-school child with leukemia is forced to be involved in his situation. Although there certainly is not a yearning to be involved, this child still has the need to achieve self-actualization. During diagnosis these kids have no idea what it is about and what is going on. However, as mentioned in the previous chapter, knowledge is a pre-requisite to become involved in a situation. It can thus be deduced that the pre-school child with leukemia, due to the initial strange conditions and events, will experience anxiety and frustration (Hubert, Jay, Saltoun x Hayes 1988 : 194-195; Kuttner 1987 : 44-46; Ashcroft 1984 :12).

Over time, an attempt is made to make the child aware of what is going on as well as what has already happened to him and also what is still awaiting him and why. The medical procedures and treatment already applied and what may still be waiting for him are explained by the nursing staff and the pre-primary teacher presenting it to the pre-school child by means of play situations. The role of the parents during these events is indispensable and of utmost importance to make the pre-school child with leukemia feel safe and secure (Hubert et al. 1988 : 194-195; Kuttner 1987 : 44-46; Basson 1985 : 20).

These pre-school children, just like the physically healthy pre-school child, become involved in their world of life through play, imitation and the creation of fantasy characters. The pre-school child with leukemia's world of life, however differs drastically from that of the physically healthy pre-school child, due to the regular periods of hospitalization and painful medical procedures that they must endure.

The parents and members of the multi-disciplinary team however, do their utmost to make the periods of hospitalization and all that to goes with it, as pleasant as possible for the child. If circumstances permit, the child is, as far as possible, introduced to activities to engage in normal pre-school activities, such as drawing, painting, learning rhymes and story reading. Something to bare in mind though is that conditions during periods of hospitalization, limit their ability to run around, climb trees, and so on. At home, the pre-school child with leukemia, just like the physically healthy pre-school child, becomes involved in normal pre-school activities. Group activities should however be restricted, especially while undergoing treatment, to avoid contact with children who might have some sort of ailment.

It is therefore clear that the pre-school child with leukemia, due to the pre-operational phase of cognitive development he find himself in, will find it difficult to understand his situation and to comprehend what it is all about. He does not yet understand why everything is happening to him. For the pre-school child to be able to give meaning to what is happening to him, it seems that the significant others in his life will be playing a major role.

3.1.2 Meaning attribution and the pre-school child with leukemia.

Meaning attribution is unique to each person and determines a person's behaviour, which indicates that a situation has been cognitively interpreted. As mentioned before, the pre-school child is in the pre-operational phase of cognitive development where the self is at the forefront and things are being interpreted in an egocentric way. Due to the fact that he does not yet fully understand his situation, the pre-school child with leukemia's, meaning

attribution to his situation can be problematic, with the accompanying unpleasant experiences he has to go through. To a large extent, logical meaning attribution therefor depends on the relationship between the pre-school child and the significant others in his life, especially his parents.

Illogical reasoning and deduction are a real danger to the pre-school child and can lead to irrational meaning attribution. The emotional nature of a meaningful distinction may cause the pre-school child with leukemia to, because of his circumstances, attribute illogical meaning to his situation and inter-relationships. As Oosthuizen & Jacobs (1985 : 195) and Vrey (1979 : 33) put it, the affective/emotional overtones overshadows logical meaning attribution which can lead to illogical meaning attribution.

Poor or a lack of meaning attribution is responsible for the onset of anxiety that affects a person's behaviour. However, total involvement is required between the precipitant, the self and objects or events, so that a relationship can originate to which meaning can be given (Oosthuizen & Jacobs 1985 : 191; Vrey 1979 : 34). Pre-school children with leukemia however, need some time before total involvement can be achieved. The pre-school child that, over time start to execute simple and routine chores is an example here. The pre-school child with leukemia sometimes is asked to help with the removal of adhesive plaster, applying pressure on needles during the application and removal of intravenous medication as well as being aware of any malfunction of the intravenous medication device. As the they become familiar with their circumstances, they become involved and show pride in what has- and are being achieved. One can therefore assume that meaning has been attributed to the situation. It should be

added here that these children, like typically healthy pre-school children, can become quite outspoken regarding their newly acquired skills making sure that everyone who wants to listen, knows about the "achievement".

As mentioned, the pre-school child with leukemia is forced to become involved in his situation by possibly attributing defective meaning to it. The circumstances are confusing and the medical procedure painful. The question can therefore rightly be asked how these children experience their situation?

3.1.3 The pre-school child with leukemia's experience of his situation.

Sonnekus and Pretorius (in Oosthuizen & Jacobs 1985 : 201) state that experience is a human way of being, since it is a way of giving meaning to- and communicating with reality. Experience furthermore is emotional and cognitive with the human physicality at the centre of an experience (Oosthuizen & Jacobs 1985 : 201). The hospitalization of a child necessarily implies a change in his total pattern of life. He is taken from a known and safe environment to an unknown situation. The further fact that he is ill, exacerbates this change and complicates the adjustment, so that unnecessary anxiety often arises (Basson 1985 : 20).

With the above in mind and because of the pre-school child with leukemia's. circumstances, it seems that anxiety and frustration can play a major role in his experience of the situation he finds himself in. Physically he experiences pain and discomfort while, still being a pre-school child, he cannot understand what is happening to him. The urgent and to the point procedures of the medical staff and the parents' response of sympathy and pity, contributes more and more to

the child's confusion. It should be kept in mind that many of these children are considered to be physically healthy the one day and literally being hospitalized the next. In other words, the reason that possibly led to being diagnosed with almost immediate hospitalization, amongst others, could be a common cold, bruises, swollen glands, high fever, fatigue or painful limbs. Furthermore, the pre-school child is expected to believe that the treatment, which, as a result of the side effects, makes him feel even worse, is supposed to heal him (Garrison & McQuiston 1989 : 51; Fritz, Williams & Amylon 1988 : 552; Hubert et al. 1988 : 194; Kuttner 1987 : 45; Cancer in Children 1986 : 101; Konrad & Ertl 1978 : 73). From the preceding it thus seems that these pre-school children's experience of their situation, because of their forced involvement in- and insufficient or flawed meaning attribution to the situation, in their communication with reality, emotionally and cognitively, can be inhibited.

The quality of meaning attribution is determined by the experience of a situation as successful, failure or frustration. Experience therefore implicates assessing the situation as pleasant or unpleasant and determining the quality of relationships established (Vrey 1979 : 45-46). The nature of the pre-school child with leukemia's situation and his experiences, as already mentioned in chapter one, is unpleasant, painful and associated with anxiety, fear and tension. Therefore, the possibility exists that the pre-school child with leukemia may not come to self-actualization. Oosthuizen & Jacobs 1985 : 204-206) and Vrey (1979 : 45-46) confirm this statement by saying that deficient understanding, sluggish or unwilling involvement and unpleasant experiences, defines the child with problems and so highlights his restraints.

The modes of becoming of the pre-school child with leukemia, namely relationship formation, identity formation, self-talk, self-concept formation and ultimate self-actualization will now be scrutinized.

3.2 Relationship formation of the pre-school child with leukemia.

The bipolarity of relations involves the cognitive on the one hand and the affective on the other (Jacobs 1980 : 14; Vrey 1979 : 22). A positive affective relationship includes trust, respect, mutual understanding and unconditional acceptance of one another. It has a stabilizing effect on the emotional life, promotes confidence and brings security and safety along with sympathetic and consistent action. In a negative affective relationship, inconsistent behaviour is anticipated and the stabilizing effect disappears to make room for lability (Oosthuizen & Jacobs 1985 : 194).

The conditions and situation in which the pre-school child with leukemia presents finds himself, (compare chapter one), seems to be the ideal breeding ground for the emergence of negative affective relationships, with the associated consequences. The uncertainty, pain, discomfort and outward changes that these children undergo as well as the fact that they do not really yet understand what is going on with and around them, emphasizes the crucial role of relationship formation. The reason being that the pre-school child, because of the phase he is in, is longing for stability, trust, security, consistent action, feeling wanted and above all acceptance, which, through the establishment of relationships with the significant others in his life, can be experienced (Ausubel et al. 1980 : 200-214; Seyfert & Hope 1991 : 353-357).

3.2.1 The pre-school child with leukemia's relationships with the significant others in his life.

The significant others in the world of life of the pre-school child with leukemia would seem to be his parents, siblings, friends, the medical staff and the nursery school teacher at the hospital school.

3.2.1.1 The pre-school child with leukemia's relationships with his parents.

During the diagnosis and hospitalization period and thereafter, the parents of the pre-school child with leukemia find themselves in a precarious position. They themselves are going through a period of severe emotional disruption due, among other things, to the world shattering diagnosis of their child's state of health. While breaking the news to the parents, the medical staff have to ensure that no false hope, as to the prognosis of their child with leukemia, is given. The reason for this is the life-threatening risk of leukemia and the fact that, even if the success of recent treatment increased dramatically, the cause of leukemia, to date, has not yet been determined (Garrison & McQuiston 1989 : 51-52; Ashcroft 1984 : 16-18; Issues in the Care of Children with Chronic Illness 1985: 334).

The initial traumatic situation in which the parents and the child find themselves requires, from the parents' point of view, rather an attitude of empathy than pity, however difficult. The pre-school child expects unconditional acceptance, consistency, continuity, discipline, security and safety from the parents (Ausubel et al. 1980: 200-214; Seyfert & Hoffnung 1991 : 353-357). It should be borne in mind that the pre-school child with leukemia still remains a child and therefore, despite his circumstances, constantly thinks, reasons and responds like a pre-school child. During hospitalization and while receiving treatment, he is

placed in solitary confinement during which time contact with others, especially children, must be avoided at all cost. This means that these pre-school children and at least one of the parents, during the aforementioned periods, spends almost every moment of the day in each other's presence. Keep in mind that the pre-school child gets to explore, emancipate and differentiate through play and accompanying activities. The parents may thus experience the situation as demanding, while, for the pre-school child, because of the limiting circumstances, it can be frustrating.

It seems to be, especially during the above periods of hospitalization, that the parents are prone to overprotection. The pre-school child with leukemia still, as already mentioned, expects consistent action and unconditional acceptance from the parents. If this does not happen, the possibility is there that these children 's modes of becoming could be inhibited. It is evident from the literature and observations by the researcher, that the parents' attitude of self-pity, anxiety, nervousness, stress, even suspicion, could have an effect on the child's self-actualization. It would seem that the children may start showing the same signs as the parents, which could possibly lead to lability, withdrawal, excessive- and inappropriate aggression, overly use of defence mechanisms and regression (Van Dongen-Melman & Sanders-Woudstra 1986 : 153). The effects of this on the pre-school child with leukemia's self-actualization is obvious. Children's ability to "pick up" on the emotional state of the parents, enables them to see through false excitement and dishonesty, in relation to their situation. Honesty, respect, support, patience and caring, results in a sense of safety and security, with these children (Ashcroft 1984 : 18; Fauvre 1988 : 1972; Sargent & Liebman 1985 :

296-297; Kaplan, Busner, Weinhold & Lenon 1987: 782; Issues in the Care of Children with Chronic Illness 1985 : 334-335; Landsdown & Goldman 1988 : 562-563).

3.2.1.2 The pre-school child with leukemia's relationships with his siblings.

The lives of the siblings living with a pre-school child with leukemia can be affected in various ways, due to the diagnosis of a chronic illness in the family. The frequent absence of one or both parents, due to hospitalization periods, require that additional accommodation must be arranged. A redistribution of chores/tasks in and around the house must be done. The stress and tension that comes with living with a brother or sister with leukemia, have to be processed and dealt with. The factors already mentioned and the fact that the pre-school child with leukemia's situation requires a lot of attention, puts a lot of pressure on the relationships between the pre-school child and his siblings (Issues in the Care of Children with Chronic Illness 1985 : 28-30; Van Dongen-Melman & Sanders-Woudstra 1986 : 160-161; Landsdown & Goldman 1988 : 560-561).

However, it should be mentioned here that the pre-school child with leukemia, just like the physically healthy pre-school child, longs for the acceptance by an older sibling. Identification with an older sibling, of the same gender is another factor to keep in mind. It is therefore important that the siblings are kept informed regarding the pre-school child's illness and progress. The reason for this is that an attitude of empathy and caring can be cultivated with them, which may, in a way, ease the burden on the parents. For example, one of the children can, during and even after hospitalization periods, take care of the pre-school child, so that the parents can slip away for a while (Landsdown & Goldman 1988

: 561).

3.2.1.3 The pre-school child with leukemia's relationship with his friends.

The pre-school child with leukemia, as already mentioned, spends a large part of this phase of his life being hospitalized and/or undergoing treatment. The fact that he may not come into contact with others during these periods, because of the danger of especially infectious childhood diseases, there is a clear lack of forming relationships with friends. The reason is that his blood counts are so low that he is very susceptible to infections and especially infectious childhood diseases. Chickenpox and measles should, according to the doctors at the hospital, be totally avoided, because it can have fatal consequences for children receiving chemotherapy. Other pre-school children, who may be receiving treatment at the same time, are only available as “friends” for short and irregular periods.

Once the periods of hospitalization begin to decrease and the accompanying treatment allows it, it is, according to the medical staff and social worker, desirable for the pre-school child to return to his normal routine as soon as possible. It may even be considered to enrol him/her in a pre-primary school. However, the necessary precautions and arrangements must first be made with the pre-primary school teacher and the parents of the other pre-school children (Fauvre 1988 : 71-77; Pullmeyer, Taylor, Treiber, Eason, Finch & Donald 1986 : 207). An observation made by the pre-primary school teacher where the researcher’s son was enrolled, was that he appeared to be tired and listless, whenever he arrived at the pre-primary school after treatment. Ashcroft (1984 : 43) mention that children, after receiving chemotherapy, may experience and

show signs of fatigue and lethargy for a period of time. However, it should not affect his relationships with his friends because, as Smith & Cowie (1991 : 95-96) and Ausubel et al. (1980 : 224-226) states, the pre-school child is still in his relationships with his friends even though he might only be a spectator during play-activities. A problem that may arise here is that girls, because of the inevitable loss of her hair, may find it more difficult to adjust and socialize. A wig usually is the answer. External appearance usually is not a problem with boys during the pre-school phase, which means that acceptance by his friends should also not be a problem. Otherwise relationship formation of the pre-school child with leukemia, further evolves just as that of the physically healthy pre-primary child.

3.2.1.4 The pre-school child with leukemia's relationship with the medical staff. During and just after diagnosis the attitude and actions of the medical staff are business-like and urgent. The child at the same time is subjected to several traumatic experiences, without being prepared for it. At this stage there is no positive affective relationship between the patient and the medical staff. This is also the reason for the occurrence of behavioural expressions such as, turning away of the head, closing the eyes, refusing to communicate with the medical personnel, verbal expressions of fear and muscle tension, when the medical personnel are in close proximity (Hubert et al. 1988 : 194-195; Landsdown & Goldman1988 : 556-557). However, it should be kept in mind that all children have their own unique needs. Strange and individual behaviour in any given situation, is also characteristic of children who do not suffer from a chronic illness (Fauvre 1988 : 72). Basson (1985: 20) states that education is primarily

the responsibility of the parents but when the child is hospitalized, this responsibility also becomes part of the nursing staff's duties during the child's daily care.

The training of the medical staff working with these children is of such a nature that they are prepared for any situation and to be able to handle any type of patient. One or more, of especially the nursing staff, becomes a favourite over time. The child accepts and trusts them to such an extent, that he even insists that only these members of staff should work with him.

3.2.1.5 The pre-school child with leukemia's relationship with the pre-primary school teacher at the hospital.

At those training hospitals where a hospital school does exist this person plays an indispensable role. Especially the pre-school children in isolation can't wait for the "teacher" to make her appearance. As a result of the one on one interaction and the interesting activities she introduces them to, she is readily accepted and trusted. It was observed that some of the pre-school children were prepared to allow the teacher to visit them without the ubiquitous parents in the proximity. According to Garbers (1981 : 7) the pre-school child's need for safety and tranquillity is expressed in a longing for a fixed daily routine and the insistence on the exact repetition of rhymes and stories.

Valuable information is also obtained, regarding how these children experience their situation, through simple projections that the teacher extracts by means of play and drawing activities. The tips and advice that she then relays to the parents helps them to approach the child in the same way the pre-primary

school teacher does (Landsdown & Goldman 1988: 562).

3.2.1.6 Synthesis.

As mentioned before, the pre-school child strives towards self-actualization as a human being in totality. The significant others in the life of the pre-school child with leukemia, plays a crucial role in his journey to maturity. The situation and circumstances in which these pre-school children find themselves, require that the significant others they are dealing with on a daily basis, will have an understanding of their situation. However, understanding alone is not enough because the pre-school child with leukemia is, more than the physically healthy pre-school child, dependent on unconditional acceptance and constant support to eventually be known as a pre-school child. The involvement of the significant others in his life, therefore implicates that they will help him to accept himself, despite his circumstances.

3.2.2 The pre-school child with leukemia's relationship with himself.

Just like the physically healthy pre-school child, the pre-school child with leukemia also repeats behaviour that leads to approval, affection and attention, more and more. He is also now beginning to understand what makes him who he is and that he is different from others. The pre-school child with leukemia's relationship with himself, positive or negative, depends to a large extent on the acceptance by his parents and the significant others in his life (Robeck 1978 : 207; Ausubel et al. 1980 : 226-227; Salkind & Ambron 1987 : 409). Because of their experiences and the specific situation they find themselves in, pre-school children with leukemia, constantly wants be assured that they are accepted unconditionally (Ashcroft 1984 : 18; Sargeant & Liebman 1985 : 296-297).

The pre-school child with leukemia should, depending on his circumstances, constantly be introduced to new things and activities in order to stimulate his relationships with objects and ideas on an on-going basis.

3.2.3 The pre-school child with leukemia's relationships with objects and ideas.

Egocentric thinking also occurs in pre-school children with leukemia. Their egocentric conversation is also infused with fantasy characters and events. These children's play-activities, however limited, is usually an artificial situation in which one or both parents or a significant other person, is being imitated (Seyfert & Hoffnung 1991 : 60; Salkind & Ambron 1987 : 325; Ausubel et al. 1980 : 226). As Fauvre (1988 : 72) puts it, "... a sick child is first and foremost a child, like all other children, the health problems are secondary. The needs and successes of children with chronic life threatening illnesses are similar to those of other children".

The sudden and constant changes that the pre-school child with leukemia is constantly subjected to, sometimes unexpectedly and at other times not, results in all long - term planning to be abandoned for a day-to-day way of life. The pre-school child with leukemia, in reality, is being denied the cardinal development goal, which begins at birth, namely, control over the self and autonomy. The dependence on others, restrictions on activities and mobility and the medical treatment and procedures, have a significant impact on the child's experience of controlling and mastering of his world (Van Dongen-Melman & Sanders-Woudstra 1986 : 152; Zimmerman 1983 : 23; Jessop & Stein 1985 : 997).

It thus seems that the pre-school child with leukemia may rightly ask, "... why am I not like other (... physically-healthy ...) pre-school children? " The identity formation of the pre-school child with leukemia will now be elucidated.

3.3 Identity formation of the pre-school child with leukemia.

Developing a self-identity requires the child to be involved in and give meaning to his physical and psychological self as well its existentialities. To answer the question, "…who am I?" implies that the person must be able to cognitively picture his self-identity (Jacobs & Vrey 1982 : 18).

The pre-school child with leukemia experiences himself, because of his circumstances, as "I am sick". Keeping in mind and with the modes of becoming of the pre-school child, cognitively, physically, emotionally, and on a social level, it would seem that his identity formation could play an intrinsic role in his self-actualization. According to Robeck (1978 : 208), the child acquires characteristics, personality traits and values of other people by means of imitation and/or role-play, while it is the parents who are mostly being imitated and idealized by the child. Identity formation of the pre-school child with leukemia takes place just as that of the physical-healthy pre-school child (Fauvre 1988: 72). His situation and circumstances however, create the possibility that the identity formation of the pre-school child with leukemia, may be distorted. Negativity, inconsistency, impatience, suspicion and a morbid attitude by the parents, can result in the same facets displayed in the child's identity formation (Ashcroft 1984 : 18). The reason is that identity formation is not a once off development but rather a constant deployment of particular identity traits and sub-conscious in nature (Jacobs & Vrey 1982 : 19).

Since a person's self-image can be described as a representation of his identities, it is important that the pre-school child with leukemia, notwithstanding his situation and as far as possible, should be treated and approached like any other pre-school child. It is his right, in addition to his illness, to still be respected as a pre-school child and above all, because of the way he thinks about himself in comparison to the other children around him, to be considered and described as a pre-school child.

3.4 Self-talk of the pre-school child with leukemia.

The pre-school child's actions are guided by his self-talk to achieve possible problem solving (Seyfert & Hoffnung 1991 : 337; Smith & Cowie 1991 : 360). However, Garbers (1981 : 3) and Erikson (1975 : 8) warn that the pre-school child may still manifest captivating, typically childish misinterpretations and mistakes. The self-concept, self-esteem and identities are regarded as the pillars of self-talk, which may support or restrain a person's ideals, while striving to realize himself as a whole. The self-concept is the moderator of the intra-psychological conversation in that the person can use defence mechanisms to maintain the self (Jacobs & Vrey 1982 : 44-45).

According to Garrison & McQuiston (1989 : 72-73) the pre-school child with leukemia realizes that he is ill, but because of his pre-operative cognitive development, still does not fully understand what is really wrong with him. Defence mechanisms play an important role in the self-enforcement of these children. The reason for this seems to be that it is difficult for them to understand that the medication, together with the accompanying side effects and painful application procedures are supposed to cure them (Kuttner 1987 : 45).

Erikson (1975 : 8) agrees with this, saying that pre-school children's' thoughts and feelings are expressed almost immediately in words and action. Behavioural and emotional problems such as anxiety, fear, depression, extreme dependence on the parents, sleep disorders, regression, aggression and withdrawal symptoms are some of the defence mechanisms that can occur (Van Dongen-Melman & Sanders-Woudstra 1986 : 153; Kuttner 1987 : 45).

The pre-school child with leukemia's evaluation of his own abilities compared to that of the physically healthy pre-school child, can therefore, because of his situation, have a substantial effect on the concept that he develops of himself.

3.5 Self-concept formation of the pre-school child with leukemia.

The self-concept is formed by perceptions of one's own characteristics and abilities, an evaluation of one's own abilities compared to those of others and encountering experiences as positive or negative. The core of the self-concept consists of evaluating the self, according to one's own subjective norms. All incoming incentives, that is, to all self-involved experiences, meaning is given in relation to the evaluation of the self (Jacobs & Vrey 1982 : 21-22).

The pre-school child with leukemia, just like the physically healthy pre-school child's assessment of himself and his self-concept, realistic or unrealistic, largely depends on an experience of acceptance, by the significant others in his life. It is important to get these children to realize that the pain and discomfort are inevitable and that the appearance changes that goes along with the medication and treatment, are essential side effects. However difficult this may seem to achieve, this aspect emphasizes the importance of a realistic self-concept, in a

negative situation. For example, the pre-school child with leukemia may, in other words, when he experiences pain, cry and even scream, show signs of fear and insist on parental support and closeness. However, if these pre-school children become preoccupied with the fact that there are differences between themselves and their situation and that of the physical healthy children, constant parental intervention is urgently needed to highlight the many fields where there are no differences between the pre-school child with leukemia and that of the physically healthy pre-school child (Garrison & McQuiston 1989 : 72-73; Kuttner 1987 : 45 49; Van Dongen-Melman & Sanders-Woudstra 1986 : 152-153; Sargent & Liebman 1985 : 297).

The pre-school child with leukemia with an unrealistic self-concept can, just like the physically healthy pre-school child, show signs of withdrawal, passivity, doubt in his own judgment and abilities, excessive dependence on the parents and even regression. The parents of the pre-school child with leukemia and the significant others in their lives, must themselves reveal a realistic self-concept and inconsistency and capriciousness should be avoided in their behaviour towards these children (Salkind & Ambron 1987 : 409-410; Sargent & Liebman 1985 : 297).

According to Jacobs & Very (1982 : 13-14), realistic self-concept formation is a pre-condition for coming to self-actualization. The possibility exists that the pre-school child with leukemia, despite his circumstances, can develop a realistic self-concept and therefore we will now look at the self-actualization of the pre-school child with leukemia.

3.6 Self-actualization of the pre-school child with leukemia.

The self-actualizer accepts himself and therefore does not waste his energy on all kinds of defence mechanisms, which enables one to become involved in tasks outside of oneself. However, transcendence can only occur if the person possesses a realistic self-concept (Jacobs & Vrey 1982 : 13-14). Piek (1981 : 14) states that the child is extremely afraid and experience anxiety when the foreign environment, during hospitalization, is associated with pain and unpleasantness. The pre-school child with leukemia is therefore, especially because of his circumstances, in danger that his self-concept formation could be quite challenging (Jessop & Stein 1985 : 997; Sargent & Liebman 1985 : 297).

However, the researcher feels it necessary, based on his observations, to mention that the possibility strongly exists that the pre-school child with leukemia may well come to self-actualization. This statement is made on the basis that, however far-fetched it may seem, the possibility exist that all the factors that can serve as incentive towards self-actualization, can be realized in these children's modes of becoming. The physical-healthy pre-school child's modes of becoming are, on the other hand, also not always without obstacles. However, the fact remains that the pre-school child with leukemia, due to his situation, is predisposed to factors that may restrain his self-actualization.

3.7 Synthesis.

It is therefore clear from this chapter and the criteria in chapter two that the pre-school child with leukemia, compared to the physically healthy pre-school child, in his modes of becoming, may be inhibited in certain areas.

3.7.1 The criteria that can serve as an incentive towards self-actualization, for the pre-school child with leukemia, because of his circumstances, namely, his involvement in, giving meaning to and experiencing his situation, may potentially be impeded.

3.7.1.1 Involvement.

The pre-school child becomes involved mainly by means of play-activities (para. 2.1.1). Normal play-activities of the pre-school child with leukemia can, due to regular periods of hospitalization and the side effects of the accompanying medical treatment, be severely impaired (para. 3.1.1).

3.7.1.2 Meaning attribution.

Giving meaning to something and/or a situation requires total involvement so that a relationship can be formed between the self and the object or events that are regarded as being meaningful (para. 2.1.2). The events and objects to which the pre-school child with leukemia is being exposed is so unpleasant that this relationship formation may be effected negatively (para. 3.1.2).

3.7.1.3 Experience.

Experience is a human trait and thus a way of giving meaning to the world (para. 2.1.3). The pre-school child with leukemia's experience of his situation can, as a result of feelings of anxiety, fear, frustration, suspicion, regression, pain, discomfort and tension, by the child himself as well as his parents, could have a negative effect on giving meaning to his world (para. 3.1.3, 3.2, 3.2.1.1, 3.2.3, 3.3, 3.4 and 3.5).

Experiences in and during situations vary from the emotional to the cognitive

(para. 2.1.3). It is clear from literature that the emotional in these children tend to dominate (para. 3.1.3).

Human physicality is the centre of experience (para. 2.1.3) while it should be taken into account that pre-school children with leukemia experience intense physical pain and discomfort (para. 3.1.3).

3.7.1.4 Relationship formation.

Positive affective relationships are characterized by mutual trust, respect, mutual understanding, acceptance, safety, security, sympathetic and consistent actions and stability (para. 2.2). During relationship formation with pre-school children with leukemia, one should, however difficult, guard against overprotection, (para. 3.2.1.1)

Group activities are becoming increasingly important (para. 2.2.1.3). These pre-school children may initially, due to the effect of the medical treatment, not participate in group activities because child diseases, in general, must be avoided at all costs (para. 3.2.3).

The pre-school child's egocentric attitude shifts to the back ground and the need to dominate decreases and is gradually replaced by an attitude of being prepared to share and tolerance (para. 2.2.1.3). The full-time and intensive attention and care provided by the medical staff, parents and family, may cause the egocentric attitude of the pre-school child with leukemia not to fade (para. 3.2.1.1).

He begins to understand what makes him who he is, as well as being different

from others (para. 2.2.2). The pre-school child with leukemia could possibly experience his being different, only as, "I am sick" (para. 3.3 and 3.5).

Through his play, the pre-school child explores and emancipates and so gets to know his world of life (para. 2.1.1 and 2.2.3). As mentioned before, the pre-school child is with leukemia's play is limited which may cause his exploration and emancipation to possibly be impeded (para. 3.2.3).

Language development, especially syntaxes and semantics is expanding rapidly. There is now a clear movement away from two-word combinations ("duos") (para. 2.2.3). Because of the aforementioned experiences of anxiety, tension, fear, and so on, regression may occur, amongst others, with regards to language development (para. 3.2.3).

3.7.1.5 Identity formation.

The pre-school child must be involved in and give meaning to his physical and psychological self, to develop a self-identity (para. 2.3). Pre-school children with leukemia are challenged, physically and psychologically, to such an extent that their identity formation could be influenced negatively (para. 3.4).
The pre-school child's self-image is a representation of his identities (para. 2.3). Thus, following the previous criteria, his self-image could also suffer damage (para. 3.4).

3.7.1.6 Self-talk.

The self-concept is the moderator of the intra-psychological conversation in that defence mechanisms can be utilized to maintain the self (para. 2.4). Because of their circumstances, pre-school children with leukemia, often make use of

defence mechanisms. Regression, among other things, may hamper the modes of actualization (para. 3.5 and 3.6).

3.7.1.7 Self-concept formation.

Self-concept formation is based on an evaluation of the self, according to ones own subjective norms and abilities, compared to those of others (para. 2.5). These pre-school children's evaluation of their own abilities compared to those of others can, due to their unique circumstances and experiences, be unrealistic (para. 3.5).

The pre-school child's assessment of himself depends on an experience of acceptance by the significant others in his life (para. 2.5). It would thus seem that the parent's- and significant other's attitude, behaviour and approach towards life, could play an important role in these children's self-concept formation (para. 3.5).

Pre-school children with a realistic self-concept, associates more readily with others, engages in external activities and are less preoccupied with themselves (para. 2.5). A real danger that pre-school children with leukemia face, because of their situation and the manner of engaging of the significant others in their lives, is the development of an unrealistic self-concept (para. 3.5).

3.7.1.8 Self-actualization.

The development of an unrealistic self-concept and according to the above criteria, transcendence, which implies self-actualization, may not be possible (para. 3.5 and 3.6).

3.8 In closing.

Chapters two and three entailed an overview of the literature investigated, regarding the modes of becoming of the physically healthy pre-school child as well as that of the pre-school child with leukemia.

The literature investigated in chapter three further points to the essentials of the possibility that the pre-school child with leukemia's involvement in, meaning attribution and experience of his situation, could develop in such a way that he, as a pre-school child, may not come to self-actualization.

Given this possibility, in chapter four, hypotheses will be put forward, based on the method of research that the researcher intend to follow as well as the reasons why this approach will be followed.

CHAPTER 4. METHOD OF INVESTIGATION.

4.1 Problem definition.

Leukemia is regarded as a chronic illness due to the fact that the treatment thereof entails hospitalization of a month or more. The treatment and medical procedures that the leukemia patient is subjected to are painful and is accompanied by uncomfortable and unavoidable side effects.

Due to the period(s) of hospitalisation the child is taken suddenly from the familiar and safe environment of the parental home to find himself in a strange, "unsafe" for him, environment. This change of environment is usually accompanied by feelings of anxiety and tension in the child as well as everyone else involved in his situation. The pre-school children's behaviour and how they react during this period of confusion, with the accompanying medical procedure, the actions and reactions of his parents as well as those of the medical staff, is what lead the researcher to decide on this study.

The general purpose of this investigation is to determine how the pre-school child with leukemia is involved in and gives meaning to his situation as well as how he experiences his situation, to determine whether he/she can finally come to full self-actualization.

4.1.1 Analysis of the general objective.

In chapter two an explanation is given of the physically healthy pre-school child's modes of becoming based on involvement, meaning attribution and experience, dealing with relationship formation, identity formation, self-talk and self-concept formation to eventually come to self-actualization. Criteria that can serve as an

incentive and/or impede the process to come to full self-actualization are further emphasized.

In chapter three an outline is given of the pre-school child with leukemia's involvement, meaning attribution and experience during relationship formation, identity formation, self-talk and self-concept formation to self-actualization. At the end of the chapter, a number of criteria are listed, which can serve as incentive to the physically healthy pre-school child to achieve self-actualization but for the pre-school child with leukemia, because of his circumstances, rather serve as impediments to come to self-actualization.

The question can thus be rightly asked whether the pre-school child with leukemia finds himself in such a situation, that he, as multifaceted human being, is in danger of being unable to fully come to self-actualization?

The aim during this investigation, according to the general objective, will be to analyse the following modes of becoming:
- What does the pre-school child with leukemia's relationships with others, himself and objects and ideas look like?
- What does the pre-school child with leukemia's identity formation look like?
- What does the pre-school child with leukemia's self-talk look like?
- What does the pre-school child with leukemia's self-concept formation look like?
- Can the pre-school child with leukemia come to full self-actualization?

In the literature, more is being concentrated on the medical aspects and side effects related to the disease leukemia and then more specifically that of the

adolescent with leukemia. The researcher therefore feels it necessary, with regard to the modes of becoming of the pre-school child with leukemia, to postulate the following:

4.1.2 Hypotheses.

The criteria that can serve as incentives or impediments to achieve self-actualization for the physically healthy pre-school child, applies equally to the pre-school child with leukemia and will therefore not be repeated here again. However, the researcher found that some of the criteria that should serve as an incentive to achieve self-actualization, for the pre-school child with leukemia, due to his circumstances, could rather be seen as impediments towards self-actualization. At end of each hypothesis, to avoid clumsiness, these criteria, if any, will be referred to as: "Criteria that may be considered to be an impediment to achieving self-actualization".

4.1.2.1 Hypothesis 1.

- **The pre-school child with leukemia's relationship formation with others, himself and objects and ideas will, due to his circumstances, go astray compared to that which is a prerequisite for establishing relationships in the pre-school phase.**

The conditions and situation in which the pre-school child with leukemia finds himself, seems to be the ideal circumstances for the formation of negative affective relationships, with the resulting consequences. The uncertainty, pain, discomfort and external changes that these children experience and undergo, as well as the fact that they do not really understand what is going on with- and

around them, establishing relationships plays a vital role. The reason is that the pre-school child, as a result of the phase of life in which he finds himself, yearns for stability, confidence, safety, consistent action, security and above all acceptance, which, by establishing relationships with the significant others in his life, can be experienced (Ausubel et al. 1980 : 200-214; Seyfert & Hope 1991 : 353-357).

In the pre-school child's relationship with himself, he gets to know himself in his relationship with others because the self is the centre of experience and meaning (Jacobs & Vrey 1982 : 18). Egocentrism in the pre-school child sometimes leads to acceptable or unacceptable behaviour. Through identification with especially the parents and siblings, the child develops values, norms and feelings, which for him and others, is acceptable (Sullivan 1953 : 290; Robeck 1978 : 207; Ausubel et al. 1980 : 226-227; Salkind & Ambron 1987 : 409). Children with leukemia, because of their experiences and situation, constantly need to be assured that they are accepted unconditionally (Ashcroft 1984 : 18; Sargent & Liebman 1985 : 296-297). The sudden and on-going changes that the pre-school child with leukemia is constantly undergoing, sometimes unexpectedly and at other times not, causes all long-term planning to be abandoned for a day-to-day lifestyle. In other words, the planned seaside vacation, when he will be able to go to school, or attending the next children’s party, outings arranged by the “Reach for a Dream” organization, etc., all depends on the pre-school child's protocol and how he responds to his treatment. The pre-school child with leukemia is in fact denied by the cardinal developmental goal, starting at birth, namely control over the self and autonomy. The dependence on others, restrictions on activities and

mobility and the medical treatment and -procedure, have a significant influence on the child's experience of control over and mastering his world (Van Dongen-Melman & Sanders-Woudstra 1986 : 152; Zimmerman 1983 : 23; Jessop & Stein 1985 : 997).

Criteria that may serve as an impediment to self-actualization:

- Normal play-activities in the pre-school child with leukemia may, as a result of regular periods of hospitalization and the side effects of the associated medical treatment be impaired (para. 3.1.1).
- The events and objects that the pre-school child with leukemia is being exposed to, is so unpleasant that his relationship formation may be impeded (para. 3.1.2).
- The pre-school child with leukemia's experience of his situation can, as a result of an experience of anxiety, fear, frustration, suspicion, regression, pain, discomfort and tension, by the pre-school child himself as well as his parents, could lead to an impaired meaning attribution to his world of life (para. 3.1.3, 3.2, 3.2.1.1, 3.2.3, 3.3, 3.4, and 3.5).
- It appears from the literature that the emotional could play a dominant role in these children (para. 3.1.3).
- Pre-school children with leukemia experience intense physical pain and discomfort (para. 3.1.3).
- During relationship formation by and with pre-school children with leukemia, there should, however difficult, especially be guarded against overprotection (para. 3.2.1.1).
- Due to the fact that child diseases must be avoided at all costs, these pre-school children may, due to the effect of the medical treatment, initially not participate

in group activities, (para. 3.2.1.3 and 3.2.3).

- The full-time and intensive attention and care provided to pre-school children with leukemia, by the medical staff, parents and family, may result in the egocentric attitude not fading (para. 3.2.1.1).
- The pre-school child with leukemia may only experience his otherness as "I am sick" (para. 3.3 and 3.5).
- As mentioned before, the pre-school child with leukemia's play-activities are limited which could cause their exploration and emancipation to suffer negatively (para. 3.2.3).
- Because of the already mentioned experiences of anxiety, stress, fear, etc., regression could occur, among other things, in their language development (para. 3.2.3).

4.1.2.2 Hypothesis 2.

- **Identity formation in the pre-school child with leukemia, will be impeded.**

Negativity, inconsistency, impatience, suspicion and a morbid attitude by the parents, can result in the same facets developing in the child's identity formation (Ashcroft 1984 : 18). The reason for this is that identity formation is not a once off occurrence but rather a constant deployment of a particular identity and subconscious by nature (Jacobs & Vrey 1982 : 19). The parents, according to Robeck (1978 : 208), are the ones most being impersonated and idealized by the child, during the pre-school child phase.

Criteria that may serve as an impediment to self-actualization:

- Pre-school children with leukemia are physically and psychologically subjected to severe challenges, to such an extent that their identity formation may be impeded (para. 3.4).
- Due to the criterion above and because the self-image is a representation of the identities, the pre-school child with leukemia's self-esteem development may also suffer negatively (para. 3.4).

4.1.2.3 Hypothesis 3.

- **The pre-school child with leukemia's self-talk, because of his meaning attribution to- and experiences in his situation, will be impeded.**

The pre-school child with leukemia is cognitively, just like the physically healthy pre-school child, still in the pre-operational phase of development. In their self-talk, defence mechanisms plays an important role in the self-maintenance and establishment of the self, in these pre-school children. The reason seems to be that it is difficult for them to understand that the medication, with the associated side effects and painful application procedures, is supposed to heal them (Kuttner 1987 : 45). Behavioural- and emotional problems such as anxiety, fear, depression, extreme dependence on the parents, sleep disorders, regression, aggression and withdrawal symptoms are some of the defence mechanisms what can occur (Van Dongen-Melman & Sanders-Woudstra 1986 : 153; Kuttner 1987 : 45).

Criteria that may serve as an impediment to self-actualization:

- Pre-school children with leukemia, because of their circumstances, often make

use of defence mechanisms. Regression, among others, may however, cause the modes of actualization to become impaired (para. 3.5 and 3.6).

4.1.2.4 Hypothesis 4.

- **The pre-school child with leukemia's situation will result in the formation of an unrealistic self-concept.**

The pre-school child with leukemia's, just like the physically healthy pre-school child, assessment of himself, realistic or unrealistic, depends largely on an experience of acceptance, by the significant others in his life (Salkind & Ambron 1987 : 409-410). The pain and discomfort as well the outward changes, caused by the medication and treatment which are regarded as essential side effects, make it so much more difficult to develop a realistic self-concept, in a negative situation, for these children (Garrison & McQuiston 1989 : 72-73; Kuttner 1987 : 45-49; Van Dongen-Melman & Sanders-Woudstra 1986 : 152-153; Sargent & Liebman 1985 : 297).

Criteria that may serve as an impediment to self-actualization:

- These pre-school children's evaluation of their own abilities compared to that of others can, because of their unique circumstances and experiences, be unrealistic (para. 3.5).
- The attitude, conduct, behaviour and approach by the parents and significant others in the pre-school child with leukemia's life, towards his situation, can play a significant role in these children's self-concept formation (para. 3.5).
- However, the pre-school child with leukemia, runs a serious risk, because of his situation and the manner of involvement of the significant others in it, to develop

an unrealistic self-concept (para. 3.5).

4.1.2.5 Hypothesis 5.

- **The pre-school child with leukemia, due to his involvement in, meaning attribution and experience of his situation, runs the risk of not achieving full self-actualization.**

A child, on his way to successful self-actualisation, accepts himself and therefore does not waste his energy on all kinds of defence mechanisms and thus develops the ability to become involved with tasks outside of himself. However, transcendence can only occur if the person has a realistic self-concept (Jacobs & Vrey 1982 : 13-14). However, the pre-school child with leukemia runs the danger, due to his circumstances, for his self-concept formation to be impeded (Jessop & Stein 1985 : 997; Sargent & Liebman 1984 : 297).

Criteria that can impede self-actualization:

- The pre-school child with leukemia runs the danger, due to his circumstances and how he handles it, for his self-concept formation to be impeded (para. 3.5 and 3.6).

The researcher will, due to the aspects mentioned above, have to intervene by means of observation, interviews and reporting, to describe the involvement, meaning attribution and experience of the pre-school child with leukemia, as it is at the time of this study.

4.2 The idiographic research method.

In idiographic research, the emphasis is on a single, unique event or

phenomenon and its structural coherence (Mouton & Marais 1985 : 490). The idiographic method of research is used in this study because it is about the person-in-totality and therefore only a few pre-school children will be involved in the investigation. The methods of investigation mainly involve interviewing, observation, projection media, standardized and unstandardized tests and report writing (Bester, De Meillon, Griesel, Jacobs, Schulze & Van Den Aardweg 1989 : 12). The eventual results of the research will therefore not necessarily, as in the case of nomothetic research, be formulated into general laws that applies to a class of objects (De Meillon 1992 : 122).

An idiographic study is a scientifically justified approach in which attempts are made in a scientifically empirical manner to:

- Provide direction to a particular investigation,
- evaluate the progress and
- clearly indicate any changes that may occur (Jacobs 1980 : 141).

4.2.1 Qualitative research.

Idiographic research is qualitative in nature since the focus is on contextually-bound descriptions. The emphasis is placed on the subjects' personal meaning attribution and resulting experience. An "insider concept" is thus achieved of the ways in which each person constructs his own world of life (Ferreira, Mouton Puth, Schurink & Schurink in De Meillon 1992 : 123).

Another feature of qualitative research is that the focus is on the understanding of meanings and symbolism in human action will, rather than focusing only on observable behaviour (Ferreira et al. in De Meillon 1992 : 123). It researcher as

observer therefore plays a particular role in qualitative research.

4.2.1.1 The researcher's role as observer.

Observation by the researcher takes place directly or indirectly and this will be briefly explained below.

a. Direct observation.

The term "direct observation" refers to the objective viewing of a matter and reaching objective conclusions. In this study however, the researcher will be a part of the environment of the subjects being investigated, with the result that subjective observation necessarily occur. This observation may in some sense be described as being "accidental" because the researcher makes no formal notes. This "accidental observation" is recommended, so that the researcher is not being identified as an observer as such and to prevent the deliberate inhibition of the subjects' involvement in, meaning attribution and experience of their situation (De Meillon 1992 : 123-124).

b. Indirect observation.

Indirect observation of the modes of becoming of the subjects being researched, is done through feedback from the parents as well as input by the medical staff, the welfare worker and the hospital's nursery school teacher.

According to Mouton & Marais (1985 : 121), idiographic research can be explanatory, descriptive and exploratory in nature. In this case the descriptive and exploratory methods, in particular, will be utilized.

4.2.2 Descriptive research.

Descriptive research is research during which the researcher that which is being observed, in some way, accurately and closely/minutely describe (Mouton & Marais 1985 : 44). In this study, the researcher will attempt to describe a number of pre-school children with leukemia's relationship formation, identity formation, self-talk and self-concept formation to determine whether self actualization has taken place.

As already mentioned in chapter one, in this investigation there will be looked at the pre-school child with leukemia, from diagnosis to termination of the initial protocol, successful or unsuccessful. A protocol can last from 18 months to three years. The first approximately nine months of treatment include an initial period of hospitalization which include a three to six weeks period in isolation. The researcher's investigation will be based on observations made and interviews conducted with the subjects and/or their parents which, if circumstances permit, during the first nine months will be done on a daily basis. (It must be borne in mind that the researcher's son must undergo the same treatment and therefore it is possible for him to observe the subjects on a daily basis). After the first nine months, the frequency of hospital visits are reduced to weekly and later monthly visits until the protocol is complete. The researcher will arrange it so that his own son’s hospital visitations coincides on the same days as that of the subjects involved in the study, so that observation can still take place and interviews can be conducted.

In other words, the research will take place exclusively at the clinic for oncology and haematology, where the researcher's son treatment is being conducted.

Structured interviews will, with the necessary consent, be recorded so that the researcher can listen to it objectively at a later stage. Where necessary, parts of these interviews will be transcribed to better describe a situation.

Case studies, surveys, developmental studies, documentary analysis, trend analysis and correlational studies are examples of the descriptive method of investigation. Information is collected by means of observation, questionnaires and interviews (Bester et al. 1989 : 11). In descriptive studies, the inductive strategy is usually used, in other words the researcher tackles the project with no explicit conceptual framework. The research is broadly supported by general hypotheses or conjectures. To be able to describe, it can be stated that researchers' assumptions, perceptions or hypotheses may influence their intentions with the research (description). The inductive strategy is mainly used in hypothesis-generating studies and studies with a more exploratory purpose (Van Leeuwen 1991 : 29-30).

4.2.3 Exploratory studies.

The purpose of exploratory studies is to explore and observe relative unknown terrain. The purpose may be to gain new insights of a phenomenon within a certain context. Hypotheses follow from such research, rather than leading the research. In this case, the research design follows an open and pliable strategy making use of literature reviews, interviews, case studies and informants leading to insight and understanding (Mouton & Marais 1985 : 121).

In the light of the above, the researcher decided on a case study involving three pre-school children with leukemia because only one phase in the life course of

these children will be researched. Methods of investigation will amount exclusively to observations, interviewing and report writing. There will thus be looked at all the information regarding the pre-school child with leukemia's situation, as well as how it may influence his behaviour in terms of cause and effect, during the period of treatment.

4.2.3.1 The case study.

The term "case study" can be defined as the description and analysis of an entity (Bromley 1986 : 7). He continues by saying that a psychological case study is a specified, scientific reconstruction and interpretation, based on the best available evidence, of an episode in a person's life. The life history of a person goes hand in hand with this, in that it is a scientific reconstruction and interpretation based on the best available evidence, of the most formative, critical and culminating episodes in a person's life. It is based on both subjective data ("life-story evidence") and objective data ("observation, independent factual records, the testimony of informants and so on ") (Bromley 1986 : 7-9).

Badenhorst (in Jacobs 1980 : 140) states that "... the purpose of the case study is to trace the most pertinent aspects of a case or a situation. The unit used for the study, could be an individual, a social institution or a cultural group. In the case study only a phase in the history and life course of the unit can be researched or the full course of life can be studied". Bromley (1986 : 42) states that, "Ideally, a case-study attempts to integrate theory and practice by applying general concepts and knowledge to a particular situation in the real world". Fox, (1969 : 427), agrees with this and goes on to say that the researcher, by means of the case study, seeks a deeper and gives a more complete description, to better

understand an individual. The rationale behind this statement is that there are processes and interactions such as aspects of the personality and social functioning, which can only be studied, as they interact and operate within an individual".

A case study essentially is a reconstruction and interpretation of an important and significant event in a person's life. It is a reconstruction in that the factual, though not always so recognized, is determined, in part, through the person's historicity. It is an interpretation in the quasi-judicial meaning of the word, in that a conclusion and / or recommendation is made, on the basis of a rational ruling in relation to the relevant findings (Bromley 1986 : 3).

It does not involve a lengthy and exhausting description and analysis of the person and / or situation, but is selective, in that certain aspects are highlighted and clarified while others are ignored. Although some structure exists, there is no standardized way of conducting a psychological case study. The reason for this is that there are so many different cases approached in so many different ways. "A psychological case study is an account of how and why a person behaved as he or she did in a given situation". It is common in case studies to include historical data even though it seems it is not always relevant. However, care must be taken to ensure that this data does not prejudice the researcher with regard to the causes of the individual's behaviour (Bromley 1986 : 3).

Bromley (1986 : 295) goes further by stating that a "case" does not necessarily imply a "person" but it is also about the "type of person". A case is therefore an example, or even a prototype, of a category of individuals. The researcher

therefore sets the limits of the case study to, according to Bromley (1986 : 4), stick to that which he wants to study. This makes the case study so much more complex in that, for example, the different facets of the subject's personality has to be considered, what does his environment or world of life look like and what is the context in which the case study is being performed. All these considerations indicate the need for multiple criteria, to test the progress in the case study. A plan of action with regard to the course and interpretation of the case study is facilitated by the creation of simple and coherent criteria (Bromley 1986 : 183).

4.2.3.2 The interview.

In the structured and unstructured interviews that are being planned a directive and non-directive approach will primarily be used.

a. Directive interviews.

The aim of directive interviews usually is to obtain specific information (Jacobs 1985 : 2). The medical staff in this study in particular, will be approached in this way, to provide information regarding leukemia as well as the associated medical procedures involved. The parents and also, to a lesser extent, the pre-school children will be approached directly to provide some necessary historical information.

b. Non-directive interviews.

With non-directive interviews, the interviewer purposefully aims to move with the client to get closer to the client (Jacobs 1985 : 3). The parents but especially the pre-school children, involved in the study, will be approached in this way to

obtain a better understanding of their involvement in, meaning attribution and experience of their situation.

If the interviewer wants the client/subject to “open up” towards him in order to obtain confidential information about the client/subject, it is necessary for an educational climate to be established and that the interview be conducted from an external frame of reference. The frame of reference can be internal or external.

c. Internal frame of reference.

An internal frame of reference refers to how a person describes himself and how he feels about a situation. An interviewer working from an internal frame reference, interprets the data as he thinks it should be and the interview is being conducted according to his personal needs, attitudes, etc. (Jacobs 1985 : 13-15).

d. External frame of reference.

An external frame of reference refers to and interviewer who allows the client to describe his involvement in his world of life, as well as how he experiences this involvement. The interviewer therefore literarily seeks to see the client’s/subject’s world of life, from the client’s/subject's point of view (Jacobs 1985 : 13-15).

In such interviews the following are important:

e. Educational climate.

Those elements that make education possible and create the atmosphere within which the child allows himself to be led to adulthood is characteristic of and

educational climate. The elements necessary for creating an educational climate are, Love, Knowledge, Care, Respect, Trust and Honesty (Jacobs 1985 : 3-13).

f. External listening.

The interviewer not only hears what the child is saying but also that which is not being said. The interviewer should listen from and external frame of reference so that the he will not hear what he would like to hear. Voice tone and intonation are important because the interviewer must also hear what the person says to himself (Jacobs 1985 : 16).

g. External observation.

The interviewer should really look at the child and notice if signs such as sadness, tension, anxiety, etc. are present. The child's non-verbal communication is just as important as his verbal communication (Jacobs 1985 : 16).

h. External empathizing.

Sensitivity on the part of the interviewer is essential so that he can understand and empathize with the prevailing state of mind and emotional experience of the child. The interviewer must empathize with the child's state of mind to such an extent, that he "feels" what the child is feeling. He therefore opens himself up to such an extent, that he is on the same "emotional wavelength" that the client presents (Jacobs 1985 : 16).

The correct way of listening, observing and empathizing will enable the interviewer to experience the client's problems as he, the client, experiences them. In an interview situation, the type of questions the interviewer asks largely determines how much information he will obtain about the client's situation.

i. Open inquiry.

The open inquiry usually elicits and extensive response rather than a single “yes” or "no” answer. This is important if the interviewer wants to determine how the client is involved in meaningful experiences. Keywords.in open inquiries are, what, how, can and why. The open-ended question encourages the client to express his thoughts and/or discuss problems in more detail (Jacobs 1985 : 17-19).

j. The reflecting of emotion.

In order to reflect a feeling, the interviewer needs to identify the emotion the customer is experiencing. The customer thus becomes aware of his own emotions and can then further investigate it for himself. It also helps to show the client that the interviewer understands how he experiences his world of life and attributes meaning to it. A healthy educational climate is thus established, in which the client will be willing to expose his feelings and experiences. A relationship of trust is therefore established between the client and the interviewer, without which the client would not be willing to expose his inner self (Jacobs 1985 : 19-21).

A brief explanation of the researcher’s planned method of investigation will now follow.

4.3 Outlay of method of investigation.

The researcher plans to exclusively make use of structured and unstructured interviews, observations, case studies and report writing, over a period of approximately 18 months, during the investigation. We will now look at how the

researcher plans to implement these methods of investigation.

4.3.1 Interviewing.

To conduct structured interviews, the researcher will arrange appointments with the significant others in the lives of the pre-school children with leukemia as well as with the pre-school children themselves. Unstructured interviews will take place in a random manner, as circumstances in the hospital situation allows it and when the opportunity presents itself for the researcher, to deal with the pre-school children themselves and/or to talk to the important others in their lives.

4.3.1.1 Structured interviews.

After an appointment has been arranged with the person concerned and the necessary permission was obtained to make a tape recording of the interview, some of the techniques in para. 4.2.3.2 will be used to conduct the interview. The directive method of interviewing will be the main source of obtaining historicity information. After that and during follow-up interviews, with, for example, the same person, the non-directive method of interviewing will exclusively be used. The interviews with the important others will be conducted in a suitable location/room, where as little disturbances as possible might occur. The venue that the researcher has in mind is the nursing staff's tearoom, which is rarely occupied making it the ideal venue to conduct interviews, without depriving the nursing staff of their well-deserved tea break.

The structured interviews with the pre-school children with leukemia will, during periods of hospitalization, take place in the isolation cubicle, since the children are mostly in isolation. The interview situation will hopefully also be

less threatening to the children because they at least will find themselves in an environment known to them. The use and purpose of the tape recorder will be explained to them, after which the tape recorder will be placed in an unobtrusive position so as not to serve as something that can cause a distraction. The researcher will intentionally be sensitive, especially with the pre-school children to listen carefully to determine when, during an interview, they become tired. This will be especially important in terms of establishing a climate with a view to the pre-school children's willingness to co-operate during follow-up interviews.

During these interviews, as already mentioned, the non-directive method of interviewing will exclusively be used. What, how, can and why questions will be asked to encourage the person to express his own views and/or to describe his problems in greater detail.

However, it often happens that one, co-incidentally, "bumps" into the parents of one of the pre-school children with leukemia, the pre-school child himself or one of the medical staff, in the corridor of the hospital. An informal chat is started and information is usually exchanged regarding how the children experience their situation and what their progress. looks like In such a situation, the researcher will then also be able to obtain information in an unstructured way that possibly could be used for the purpose of this study.

4.3.1.2 Unstructured Interviews.

This type of interview will not be planned and the researcher will, by the nature of the situation, not have a tape recorder with him to record interview. What, how, can and why questions will be asked and the researcher will have to be

mindful, especially during such situations, (listen, observe and empathize), of information and reactions that could possibly be omitted or disguised during a structured interview situation.

4.3.2 Observation.

Observation in this study will be done directly and indirectly over a period of approximately 18 months, while the researcher's own son is receiving treatment.

4.3.2.1 Direct observation.

Direct observation will take place mainly at and in the paediatric department of oncology and haematology, of the hospital where the researcher's own son is being treated. There will, in coherence with the planned interviews, be looked at the relevant pre-school children's relationships with the important others in their lives and more specifically, in the hospital situation. Furthermore, the pre school children's relationships with themselves and objects and ideas as well as their identity formation, self-talk, and self-concept formation will be observed. The pre-school child's reactions in and to certain circumstances and situations will be monitored, such as, during the administration of medication, what he expects from his parents and his parents from him in anxious and painful situations, how he and his parents behave at the end of visitation times, how he responds to temporary loneliness, and so on.

However, the researcher will have to be careful not to put the pre-school children and parents under pressure by letting them know that they are deliberately being observed. It would be unfair on the one hand, if due to the circumstances under which observation takes place and on the other hand, it may happen that the subjects and/or their parents, do not show their true

feelings and reactions, because they know that they are being observed. Observation will therefore be conducted “incidentally”.

4.3.2.2 Indirect observation.

Indirect observation will take place exclusively while the structured and unstructured interviews are being conducted. Here the researcher thinks especially of answers to questions such as, What made you so angry yesterday?, I could hear your child was very unhappy, how so?, Why is pre-school patient, so and so, not getting the same type of chemotherapy than for example patient so and so?, Can you tell me which doctor/nurse you like the most and why?, How do you feel about the treatment your child is receiving?, Do you know why your hair is falling out and how do you feel about it?, What do you enjoy most here in the hospital or when you come to hospital for your monthly check up?, etc.

4.3.3 Case studies.

In view of the above and following para. 4.2.3.1, the researcher decided on a case study with regard to three of the pre-school children with leukemia, who are receiving treatment at the same hospital where his son is being treated. The modes of becoming, in only one phase of these children's life course, will therefore be studied because the duration of the treatment/protocol, is of such a nature that it, in most cases, will occupy the pre-school child phase in totality.

The case studies will be set out under the following headings:

- “The pre-school child’s” relationships with the important others in his/her life, with him/herself and with objects and ideas.
- “The pre-school child’s” identity formation.
- "The pre-school child’s” self-talk.

- “The pre-school child’s” self-concept formation.
- "The pre-school child’s” self-actualization.

4.3.4 Report writing.

Report writing will take place throughout, as the investigation progresses. After thorough analysis and synthesis, the contents of the reports will be reflected in the case studies in chapter five and the findings and conclusions, to which the researcher has come to, in chapter six.

4.4 Selection and description of the subjects.

When this study was decided upon, there were six pre-school children with leukemia, between two and six years of age, receiving treatment at the clinic’s paediatric department of oncology and haematology, where the researcher's son was being treated. Four of the pre-school children were diagnosed with so-called childhood leukemia or ALL (acute lymphatic leukemia), the protocol of which lasts about three years. The other two children were diagnosed with AML (acute myeloma leukemia), of which the treatment lasts approximately 18 months. This the latter type of leukemia is, according to medical staff involved in the said clinic, very rare among children with leukemia and usually occurs in adults over 25 years of age. The reason why the treatment of AML takes place over a shorter period of time than that of ALL, is that because the AML type of leukemia, require much more aggressive doses of chemotherapy for any chance of success. The toxicity of the chemotherapy the reason why the treatment, normally, of ALL should not be longer than three years and that of AML should be no longer than 18 months.

The reason why the researcher decided to include only the pre-school child with leukemia and not all children with leukemia, regardless of age, is due to the fact that the treatment can last from 18 months to three years. To have included children in the other phases of life would have resulted in taking into account a multitude of facts and research, which would have broadened the boundaries of this study to such an extent that it would be an almost insurmountable task.

The three pre-school children referred to in the study were randomly chosen by writing all six pre-school children's names on separate pieces of paper and placed in an envelope. The researcher's spouse then drew three names out of the envelope with the following results:

- Shaun (fictional), a boy, five years three months old. He has a baby brother of ten months old and the family is complete with a middle socio economic background. Type of leukemia: AML diagnosed at age three years nine months.

- Leigh (fictional), a girl, five years seven months old. She has an older sister of eight years and nil months old and the family is complete with a higher socio-economic background. Type of leukemia: AML diagnosed at age four years and one month.

- Ricky (fictional), a boy, five years and nine months old. He is an only child and the family is complete with a higher socio-economic background. Type of leukemia: ALL diagnosed at age four years and three months.

Permission from the parents of the three mentioned pre-school children was

obtained to use them in research as case studies. The researcher, to obtain permission, also approached the head of the oncology department, of the paediatric clinic where the children were receiving treatment. After the scope of the empirical research that is intended was explained to him, his favourable consent was granted.

4.5 <u>In conclusion</u>.

An ideographically descriptive method of research therefore involves that, related to this study, the pre-school child with leukemia's involvement in, giving meaning to and experience of his situation, will be considered more closely.
By means of observation, case studies and interviews, there will be looked at the formation of the relationships, identity formation, self-talk, self-concept formation and self-actualization of the pre-school child with leukemia.

The researcher feels it necessary, as Bromley (1986 : 31) suggests, to mention that some of the information in the case studies may be changed and adapted, to protect the identity of the subjects. However, all information regarding the nature of the matter, that may have an impact, positive or negative, on the purpose of this study and/or the hypotheses, will be reflected the way it presents itself.

There will now be looked at the three case studies that the researcher has used in his empirical research.

CHAPTER 5. EMPIRICAL RESEARCH.

5.1 Introduction.

Over a period of about 18 months, the researcher observed his own son and the selected pre-school children being treated for leukemia and interviewed them and their parents while encouraging conversations whenever possible. The medical team, social worker and the nursery school teacher from the hospital school were also valuable sources of information.

There will then, by means of case studies, observations by the researcher and the transcription of portions of structured and unstructured interviews, attempted to enlighten the relationship formation, identity formation, self-talk, self-concept formation and self-actualization of the pre-school child with leukemia.

The names of the pre-school children involved in the case studies are Shaun, Leigh and Ricky. It should also be mentioned here that the researcher, in the case studies of the three pre-school children, did not attempt to compare their self actualization, successful or not, with each other. In cases where a comparison was made, it was exclusively to clarify and/or better define a certain aspect.

5.2 Shaun.

Biographical data.

Age	: Five years and three months.
Gender	: Male.
Birth	: Normal.
Developmental Milestones	: Normal.
Position in family	: First of two (only child at diagnosis).

Serious Diseases	: Acute Myeloma Leukemia (AML) at age three years and nine months.
Home language	: Afrikaans.
Family composition	: Complete.

5.2.1 Shaun's relationships during treatment.

The relationships that will be looked at during treatment, are those with the important others, objects and ideas and himself.

5.2.1.1 The important others in Shaun's life.

The important others in Shaun's life with whom relationship formation took place was that with his parents, siblings, the medical staff, the hospital school's nursery school teacher and his friends. The reason why only the above persons are considered as important others in Shaun's life is that after diagnosis, for approximately nine months he had to live in isolation to avoid contact with infectious diseases and infections. Gradual contact with others was permitted thereafter as his treatment was scaled down over time.

5.2.1.1.1 Shaun's relationships with his parents.

Shaun had no choice getting involved in the situation. His meaning attribution to and experience of the situation was accompanied with extreme anxiety. The reason for this was that he initially could not understand why he was being hospitalized, with the accompanying painful medical treatment,.

Shaun's parents had to be very patient just to get him to- and ensure his co operation. Vrey's (1979 : 22) description of relationships as being bipolar of nature, has emerged very clearly here. The cognitive nature of the relationship

between Shaun and his parents, is characterized by the fact that they constantly had to explain what was happening to him and why it was happening. According to his mother, she found out that he was very willing to cooperate if she could inform him in advance of what was waiting for him. They even, whatever it was that had to be done, practiced the procedure beforehand. On the question of how he then acted in situations, when he was not informed in advance of what was going to happen, the mother's answer was that he simply refused to co-operate. The affective or quality of the relationship, emerged with Shaun, especially during hospitalization, insisting that one or both parents must be present and/or accompany him. His mother, for example, had to derive a plan to take the intravenous device and everything accompanying it along, even if it was only to go and make a cup of tea.

Shaun was asked why he did not want his mother to leave him alone, even for a short period of time. His answer was simply that he was scared. When asked what he was afraid of, he closed his eyes and turned his head away. His mother replied that the medical staff often, by the nature of their tasks and routine, without warning, came to draw blood or had to perform some task. Her words were, "... I think Shaun is afraid that they arrive here while myself or his father is not here". However, it has been observed that Shaun, when he later became a regular day visitor to the clinic did, however, allow his parents to leave him alone. It should be mentioned here that he then received his chemotherapy in a ward with at least six other children who were on similar medication than him.

During bone marrow aspirations and lumbar punctures, which initially is performed on a monthly bases and later three monthly, Shaun insisted that both

parents should be present. As his father puts it, "…I think the theatre and the fact that he is anaesthetized must be very traumatic. I lift him onto my lap every time and even hold the mask over his nose and mouth. At first I could not believe how strong the gas smells, you know, I almost fell asleep a few times". Shaun's mother adds, "... I don't know what we are going to do, the day when they no longer anaesthetize him. Apparently, at some point they do it without anaesthesia but maybe we should not worry about it now and just take every day as it happens".

5.2.1.1.2 Shaun's relationship with his brother.

Shaun's brother was born six months after his diagnosis. His treatment at that time, required hospitalizing only for short periods of time. The baby was only one year old when his protocol was complete. According to his parents, Shaun could not wait for the baby to be born. After his brother was born, Shaun just wanted to be helpful where- and whenever he could and was at times, according to his mother, somewhat of a nuisance. According to his father, one could see that Shaun almost was proud of the fact that the baby was not permitted to accompany his parents during hospital visitations. The reason why the baby was not permitted to accompany the parents during hospital visitations, was due to the fact that the other patients, with low blood counts, had to be protected from attracting flu or something similar, that the baby could possibly transmit. Thus, Shaun thoroughly enjoyed the undivided attention he received from his parents during such visits to the hospital.

Among the other selected pre-school children, there were older siblings involved, whose relationships with each other, will be discussed later on.

5.2.1.1.3 Shaun's relationships with the medical staff.

The relationship established between Shaun and some of the medical staff, was evident in situations where only certain of the medical doctors and nurses, at his request, administered his intravenous medication. His mother, who constantly stayed with him, observed that the said staff, were the people who approached him in such a way that he even opened up and started chatting to them while performing the necessary tasks. The rotation system which the medical staff follows, resulted in that his requests for specific staff to treat him, could not always be met. It was then observed that, with staff approaching him with a more business like attitude, almost no co-operation came from his side. Shaun's usual response was to turn his head away, so that the staff member concerned was not in his field of vision. There was thus no question of a relationship and it was his way of conveying the message that he, because of his experience of the situation, did not want to establish a relationship.

The above observation was described to the two nurses in charge of the two floors in the hospital, where these children are being treated. When asked why they think some pre-school children tended to co-operate more readily, the answer was that they, in several ways, try to get the kids to co-operate.
For example, they will first try to get the child to help them help with the procedure. If that does not work, they will try to distract his attention with the figures and stories on the walls of the ward. They further try to sooth the child's ego by saying how brave he/she is with the promise of a gift, such as the syringe used or something similar attached to it, "... as a very last resort we will ask the parents to leave in order to hold the child down to administer whatever we have

to". The researcher further noted that some of the nursing staff and even some of the doctors, sometimes appeared to be so objective and matter-of-fact like and treated the children with the same attitude. To the question "…why?", the answer was: "We are only human. In our training it is emphasized that we must try to be consequent in our approach at all times, but you know the circumstances that we are working under. New patients are diagnosed almost daily and on the other hand we 'lose' some whom we have come to know very well, over a long period of time. It is not easy when something like that happens and a few minutes later you have to tend to one of the other patients as if nothing had happened".

However, it should be mentioned here that, as the protocol progressed, Shaun no longer requested that specific medical staff should administer his medication. The only requirement was that his parents, one or both, had to be present and even sometimes perform certain tasks, which, in reality should have been done by the nurse.

5.2.1.1.4 Shaun's relationship with the nursery school teacher of the hospital school.

The hospital's nursery school teacher soon convinced Shaun, for the nearly half an hour per day she spent with him, to forget about everything that was happening to him. According to his mother he became so involved in the new activities, to which he was introduced on an almost daily basis, that every morning was met with great anticipation, looking forward to the "teacher's" visit. She also gave the parents quite a few tips, regarding keeping their child busy and on how to divert his attention from his circumstances. Shaun himself could not wait for the "teacher" to arrive every day and a close relationship soon

developed between them. His mother was even able to leave the room for a short periods of time while the nursery school teacher was there. He was completely willing to talk to her, take initiative in some of the activities and proudly presented newly acquired skills as well as his drawings to others.

Shaun was therefore, as soon as his treatment protocol allowed it, at age four years and six months, enrolled at a nursery school.

5.2.1.1.5 Shaun's relationships with his peers.

During hospitalization, the pre-school child with leukemia may not come into contact with friends. The reason is that his blood counts are so low that he is very susceptible to infections and especially contagious childhood diseases. Chickenpox and measles are the two childhood diseases that, according to the medical staff at the hospital, should be totally avoided because it could have fatal consequences for children receiving chemotherapy. Once Shaun's treatment has been scaled down to such an extent that, after about nine months of daily treatment, he visited the clinic first on a weekly- and later on a monthly basis for chemotherapy, he was, on the recommendation of the medical staff, enrolled at a nursery school.

With the necessary precautions and arrangements, which included the nursery school teacher and parents, Shaun was enrolled at the nursery school. The fact that at that point he had no hair had not been a problem for his peers and even less for him. He was, according to his nursery school teacher, readily accepted and soon became part of a group that did everything together. After his treatment was scaled down and he visited the clinic on a weekly- and later on a

monthly basis for chemotherapy, it was observed that he, on days just after treatment, appeared tired and listless. However, according to his nursery school teacher, his peers never put him under pressure to participate in certain activities. As she put it, “... he sat to one side and watched what they were doing or just did his own thing".

Shaun's relationships with his peers, according to his parents, especially after the initial hospitalization period, evolved as is the case with any physical healthy pre-school child. Group activities were important to him, even if he was sometimes just a spectator during some play-activities, he further wanted to feel he is being accepted to justify his place in the hierarchy within his peer group. His egocentric attitude over time was replaced with an attitude of sharing and tolerance.

5.2.1.2 Shaun's relationship with himself.

Just after diagnosis, Shaun often asked what was wrong with him. His parents' answer was only that there was something wrong with his blood. The answer was mostly, according to the parents, the result of "instinct” more than anything else. As his mother put it: " What could we say to him otherwise, in any case, he did not understand what the word ‘leukemia’ meant nor what it really entailed".

The parents also went out of their way to see to it that Shaun returned, as soon as possible after hospitalization, to a normal routine. They took the view that he should not consider himself to be special and/or different. In this regard the welfare worker and medical staff assisted the parents some useful tips. Among

other things, as soon as he returned home, he had to get involved in his normal activities as soon as possible, until he could go to nursery school. Emphasis was placed on the fact that he should not be overprotected and that normal discipline should be applied.

It was also observed that Shaun, even during initial hospitalization, already showed "normal" pre-school child behaviour. His father put it this way: "Shaun soon found out when he was doing and/or saying something, that pleases us. He will then repeat it over and over to see if we will continue to respond in the same way". On the question what he does or say, the answer was that he would, out of the blue, say he loves someone, or he will sometimes fully co-operate during the administration of his medication. When the circumstances allowed it and he got involved in play- and drawing activities, fantasy characters were called up while his imagination just took over. The parents were "tested" to see if they would still discipline him by, as an example, asking for sweets, which was in abundance, just before mealtime for sweets. If his request was not granted, he was quick to sulk or he would, according to his mother, "…refuse to put his mouth to his food". He further incessantly made use why-questions, to gain more knowledge of his situation and things in general.

According to his parents, Shaun soon adapted to his circumstances because everyone involved with him, avoided to make him appear exceptional to himself. Following the question of whether they think Shaun accepted himself in his situation, both parents agreed that, to them, it seemed to be case.

5.2.1.3 Shaun's relationships with objects and ideas.

During hospitalization, in some situations, Shaun acted quite strange. For example, he turned his head away to avoid eye contact with some of the medical staff. Furthermore, before any medication could be administered, he firstly had to be fully informed about exactly what the procedure of administration would be, before the procedure could continue.

Shaun's protocol, after the initial hospitalization period of three weeks, required him to become a regular day visitor to the cancer clinic. Although, for him, it entailed a painful and anxious experience, when he was told he was going to the clinic again the next day, he eventually accepted it in a matter of fact way. According to his parents, he even looked past it later on and asked if he would then be allowed to play with the toys in the clinic's toy bank as well as whether he will be given some candy again.

His parents were asked how they think Shaun's language development compared with those of other pre-school children and whether they think that, at that point, everything he went through, might have had an effect on his language skills. His father replied that he felt Shaun's language development has so far been normal while his mother added that his vocabulary, "…because of his situation, has expanded tremendously. He is using a lot of the everyday medical terms and even some of the lesser known terms in his vocabulary and also while playing ". He also, as already mentioned, made use of a lot of why-questions to find out more about his situation. The reason for this, according to the parents, was that they and Shaun were so involved in everything that was happening to him, that it came down to him being stimulated in such a way that he was

experiencing and learning things in his circumstances, that he otherwise would not have.

5.2.2 Shaun's identity formation.

The medical staff and Shaun's parents were constantly trying to treat him like any other pre-school child. The reason was that they did not want to create the impression that, because he has leukemia, he was different compared to other pre-school children. Shaun's father recounts: "We (his parents) have agreed, despite the fact that he was enduring a lot of pain and discomfort and that the possibility existed that he might not be with us for long, to carry on to discipline him in the same way before he became ill". For instance, his parents went out of their way not to spoil him with candy and gifts, of which he received bags full, by systematically giving it to him and not all at once. Shaun was further taught to become involved in the administration of his medication as well as the operation of the intravenous medical device which was part of his protocol. For example, he had to learn how to de-activate the alarm of his intravenous medication device and on some occasions he had to explain to the nurse, the steps involved in how to clean his "Hickman line". (The "Hickman line" is an elastic tube that is implanted in a main vein, in the upper chest area, through which intravenous drugs can be administered.)

His parents felt that Shaun had become so involved in his own situation, that it turned out that his meaning attribution to- and experience of everything that happened to him, was less threatening. His mother put it this way: "Our continuous and sustained support and encouragement, was a major contributing factor in helping him experience the situation as being safe for him". (It must be

mentioned here that Shaun's parents made a point of going out of their way, where and whenever their working conditions allowed, that both of them constantly were present in all that Shaun had to go through). On the question with whom he, according to the parents, identifies during, for example, his play activities, his mother's unequivocal answer was that he is his father's child. He will, for instance, first unpack and arrange all his toys systematically before he starts playing. Furthermore, according to his mother, he shows perfectionistic tendencies, like his father, in that he will not continue with another activity, if what he is busy with, is not completed.

Furthermore, no fuss was made when he, due to the chemotherapy, started losing his hair. Shaun, at one point, even asked when all of it would be out because he wanted to look like his fellow patients in the hospital. According to his mother, he knew he was ill but because he did not really realize what was wrong with him and because he constantly had contact with other children, who were receiving the same medical treatment and experienced the same external physical changes than him, he did not regard himself to be different from the others.

The only real difference between him and his peer group at, for example, his nursery school, was that every now and then he had to visit the hospital for his medication. The nursery school teacher however, noticed that Shaun usually takes two to three days before participating wholeheartedly with dedication in any play-activities. This could possibly be attributed to the fact that the medication, mainly chemotherapy, had an exhausting effect on him and made him listless. She further noted that even when he was busy on his own, he would

still imitate others and create artificial situations.

5.2.3 Shaun's self-talk.

Shaun, as already mentioned, at times, turned his head away when medical procedures were performed on him. When asked why he does this he would not answer and sometimes just started crying spontaneously. The conclusion the parents came to was that he wanted to avoid having the medical staff, who had to administer the medication, in his field of vision, to avoid eye contact and thus not having to establish a relationship with them. This inference was supported by the fact that he requested, that only specific nurses and doctors should perform the necessary medical procedures on him. Of course, due to the circumstances, it was not possible to always comply with his request. When asked why he does not want to look at the nurses when they have to perform their duties, he simply replied that he was afraid. When asked what he was afraid of, his reply was: “They are hurting me”, after which he would turn his head away and place his arm over his eyes. Even if prompted, he would then bluntly refuse to respond to any further questions. After Shaun's parents were informed about his response to the above situation, his mother only said/asked: “I wonder what goes on in his mind, every time the nurses arrive there to do something”.

The parents further noticed that Shaun, during the administration of medication and for example when the device that is connected to its intravenous medication, had to be adjusted, he became frightened and showed quite a degree of anxiety. This was especially the case at the beginning, when he was initially hospitalized. Other situations in which he showed severe anxiety, were the frequent bone marrow aspirations and lumbar punctures he had to undergo. This procedure

was done on a monthly basis for the first six months and every three months thereafter, until its protocol was completed. He had to receive anaesthesia every time by means of gas administration or, when possible, intravenously. He requested that both parents should be present at all times and even for his father to pick him up onto his lap. Shaun's father felt that he (Shaun), experienced these situations as very traumatic and that he had to find way to make it less threatening. His father put it this way: “He did this by involving us to such an extent that we had to be willing to, through physical contact and being in the situation with him, experience and share his anxiety with him”. His mother added here that they allowed Shaun to make use of defence mechanisms, such as, turning his head away and placing his arm over his eyes. He was also not coerced or threatened if he did not respond to questions by the medical staff and he was “officially” given permission to cry when he got hurt and endured pain.

It was, however, remarkable for the parents how quickly Shaun were able to “forget” these experiences. He would usually, for a short period of time after the experience, seem a bit stubborn and quiet. According to his mother it did not last much longer than an hour. Once Shaun started participating in an activity, such as building blocks or watercolour painting, the whole traumatic experience was forgotten. Normal pre-school child behaviour like, talking to himself and flights of imagination, then came to the fore again.

5.2.4 Shaun's self-concept formation.

According to his parents, Shaun experienced some procedures as negative, such as, the regular finger pricks to determining his blood counts, the search for veins on his hands for the administration of intravenous medication, the

administration of anaesthesia during bone marrow aspirations and the administration of some medication by means of injections that is usually done in the thigh. The above procedures were painful and administered at regular intervals during the 18 months that his protocol lasted. The associated, afore mentioned, side effects, further had a negative impact on the way he experienced his situation. Shaun was, among other things, just after the administration of his medication, listless, showed signs of becoming tired quickly and due to the pain and discomfort, not as mobile as a pre-school child would like to be. His nursery school teacher confirmed this by saying that she, as already mentioned, noticed that he took a few days to fully recover before joining his class group again.

On the positive side, it turned out that the negative experiences were soon to be forgotten. As the nursery school teacher observed, Shaun started participating in activities again a short while later, as if nothing major has happened. His parents also noticed that he, even during periods of hospitalization, after experiencing, for example, a painful procedure, soon again, depending on the circumstances, started playing and occupying himself with other things. An activity that, according to Shaun's mother, seemed to have had some therapeutic value, was reading children's stories to him and by listening to his children's, educational music cassette tapes, especially at times when he was in pain and enduring discomfort.

According to Shaun's parents, with their support and constant support, he realistically experienced his circumstances and situation, in such a way that he viewed it as part of his life. Both parents made a point of it to be honest with him in every situation and not to create false expectations. Amongst others, he was

informed in advance that a procedure was going to be painful but was assured each time, that they would be at his side and that he may cry if he so wishes. It seemed as if Shaun's parents "instinctively" conveyed the message to him that he may , is allowed to, experience pain and discomfort as negative. Shaun's father put it this way: "We have always assured him of our love for him and also to realize that we are trying to understand what he is going through and also that we accept him no matter how he reacts, in whatever situation".

5.2.5 Shaun's self-actualization.

As already mentioned, especially just after diagnosis, Shaun acted strangely in some situations. He would, among other things, put his one arm over his eyes, turn his head away and at times refused to answer questions such as, how are you doing or are you in pain? He would simply stare ahead of him or look away. When asked why they think Shaun used such defence mechanisms his father felt that his defence mechanism, at that moment, was to avoid eye contact in order to prevent any possibility of relationship establishment. His mother added, "... I think it is, for him, a way to maintain himself and to 'cope'. He, in any case, as soon as the fuss was over, soon 'found himself' again, started chatting with me and engaged in colouring and play-activities".

According to his parents, Shaun decreasingly made use of this tactic, as his treatment progressed. He seemed to have orientated himself in this situation by establishing relationships and through his accompanying meaning attribution, involvement in- and experiences, he began to realize that the medical staff did not pose a threat to him. The parents also requested that the medical staff to always explain to him exactly what they were going to do and why. He was even

later allowed to do some of the procedure himself, such as controlling the flow of the intravenous device, removing the self-adhesive plasters, and so forth.

Shaun was therefore "forced" to get involved in his situation and more so, also with tasks outside of himself. It was further, according to both parents, noteworthy that at times, he even looked forward to visiting the hospital's day clinic. It turned out that he regarded it as an outing. He still experienced the treatment as unpleasant and made use of defence mechanisms, such as turning his head away and demanding to sit on the father or mother's lap. However, it seemed as if the other activities that accompanied such a visit, for him as a pre school child, helped him to develop a more positive attitude towards his situation. Such activities included both parents being present and being involved with him. There also was a toy room from which a variety of toys could be selected and at times volunteers were available who taught and assisted the children while drawing, colouring in and playing with clay.

A further aspect which, according to the parents, contributed to Shaun's involvement in, meaning attribution and experience of his situation, to be less traumatic, was that he experienced minimal of the expected side effects, associated with chemotherapy and radiation. He did lose all his hair at one point but the number of times he became nauseous, according to his parents, could be counted on one hand. There was almost never any talk of painful limbs and joints and he almost never complained of fatigue. From time to time, especially after treatment, when his blood counts were very low, bruise marks would suddenly appear all over his body which usually was accompanied by a pale appearance. After regular and thorough medical examinations it was established that his

organs such as his heart, liver and pancreas, due to the toxicity of the chemotherapy, have not been affected or damaged. When asked if they thought that Shaun, as a person-in-becoming, will in some way be affected after all he went through and may still have to, his parents just looked at each other and then answered in the negative. The researcher feels it is necessary at this point, following his own observations regarding Shaun, to agree with his parents. However, Shaun's mother added that she observed that not all the pre-school children with leukemia handled their situations the same as Shaun did, especially not during and shortly after the initial diagnosis.

The researcher will now attempt to, through observations as well as by highlighting parts of structured and unstructured interviews with the other parents and their pre-school children with leukemia, enlighten the similarities and/or dissimilarities, of their involvement in-, meaning attribution and experience of their situation.

5. 3 <u>Leigh</u>.

Biographical data.

Age	: Five years seven months.
Gender	: Female.
Birth	: Normal.
Development milestones	: Normal.
Position in family	: Second of Two.
Serious diseases	: Acute myeloid leukemia (AML) at age four years and one month.
Home language	: English.

Family composition : Complete.

5.3.1 Leigh's relationships during treatment.

Leigh's relationships during treatment that were looked at were those with the important others in her life, with herself and objects and ideas.

5.3.1.1 The important others in Leigh's life.

The important others in Leigh's life are her parents, her sister, the medical staff, the nursery school teacher of the hospital school and her peers.

5.3.1.1.1 Leigh's relationships with her parents.

One or both of Leigh's parents made a point of it, during periods of hospitalization, to be with her at all times. As her father put it: "Due to our business commitments we have to work in shifts. For instance, my wife will come in, in the mornings and at night while I visit in the afternoons and only leave after visiting hours in the evenings". Leigh's father added that their daily routines were quite exhausting especially considering that he and his wife, when being at Leigh's bedside, they almost never shut an eye. He further mentioned that during periods of hospitalization, she made superhuman demands on them. She would, for instance, at night, every time she woke up, requested her parents, or at least the one that was there, to read her a story, have food on hand, etc.

It also seemed as if her parents were very anxious and even suspicious of the medical procedures and the actions of the medical staff. As an example, after the medical staff administered medication to Leigh, during the day or at night, her parents would make a point of it to check whether everything was performed correctly and whether the intravenous apparatus was set correctly. The parents

were asked why they were questioning or doubting the actions and/or methodology of the medical staff to which they replied: "You just cannot trust them. You will not believe how many times we had to readjust her intravenous apparatus after they, supposedly, corrected the infusion to deactivate the alarm". It was further observed that Leigh made her parents aware of it, each time her intravenous medication device was adjusted while they were not present.

Leigh's parents seemed tense and frustrated and did not exactly go out of their way to try to hide it. They would, in Leigh's presence, for instance, question the nursing staff and sometimes even the doctors' actions and statements. Leigh was, on top of this, especially during periods of hospitalization, continually tearful and frequently made use of tantrums to get what she wanted. It was further observed that she was drinking from a baby bottle and sucking on a pacifier. To the question whether she has been drinking from her baby bottle and occasionally replacing it with the pacifier, ever since was a baby was, her parents' answered to the negative and added that they felt sorry for her and would do their utmost to keep her satisfied and happy. Her mother put it this way: "She asked for her dummy first when she was diagnosed and only later on did she start asking for her bottle. We thought it best not to try and convince her not to start with the habit again, since she was experiencing extreme pain and discomfort at that stage. It still helps her and us, by the way, to go to sleep at night. She most probably will drop the habit eventually".

5.3.1.1.2 Leigh's relationship with her sister.

Leigh has an older sister who was six years and seven months old at the time of her diagnosis. Her parents took the view that her sister, even though she was still

young and only recently enrolled in primary school, should know exactly what was wrong with Leigh. It was expected of her to become involved in Leigh's situation and sometimes, especially on Saturday- and Sunday afternoons, even "relieve" her parents by being at her sister's side and tend to her needs.

Leigh and her sister established a healthy relationship that, according to the parents, brought them very close to each other. It was noticeable to the researcher that on days that Leigh's sister stayed with her, she was not so demanding and also did not make use of "tantrums" to get her way. She and her sister were like friends, did things together, played and enjoyed each other's company. It was clear that Leigh was looking forward to her sister's visits and therefore became very sad every time she had to return home.

At one point when she was asked if she enjoyed visiting and being with Leigh and why she thought it necessary to visit Leigh, she replied: "Yes I really enjoy it. You know Leigh has leukemia and we have to love her lots to make her feel better".

5.3.1.1.3 Leigh's relationships with the medical staff.

Leigh, according to her parents, just like Shaun, insisted that only certain medical staff should administer her medication. To the question why they thought this was the case her parents replied: "We suspect that apart from the fact that we do not trust them, she does not either". Leigh's answer to the same question simply was that she was afraid.

During the interview with the two nurses in charge of the floors where Leigh and the other leukemia patients were being treated, it was stated that the parents of some of the patients sometimes co-operated less than the leukemia patients

themselves. “They will, for instance, question everything you do or check up on your work afterwards. Some are rude and will speak their mind to your face in front of the child, which makes it very difficult to get through to the child, the next time we come around to him or her".

5.3.1.1.4 Leigh's relationship with the nursery school teacher of the hospital school.

Leigh, like Shaun, could not wait for the nursery school teacher to make her appearance. According to Leigh's parents, they could not believe she was so relaxed and calm in a stranger's presence, without them as parents, not being present. The nursery school teacher remarked that she preferred the parents not to be present when she visited the children and that Leigh co-operated fully, right from the start.

5.3.1.1.5 Leigh's relationships with her peers.

According to Leigh's parents, the medical staff suggested that great care should be taken that she literally should not come into contact with other children. The reason for this was that her initial protocol was not successful and she therefore did not go into remission. Her blood counts were, for almost the full duration of her protocol, very low. Unbelievable as it may sound, as a result of that, her parents saw to it that she did not come into contact with other children. (The researcher has, due to the above reason and at Leigh's parents' request, avoided talking to her about her relationship with friends). The researcher observed that Leigh and her sister got along very well and that the approximately two-years age difference between them did not seem to be a problem. Leigh's mother added that they bought Leigh a puppy to alleviate her longing for being with

friends.

5.3.1.2 Leigh's relationship with herself.

The fact that Leigh showed signs of regression and often made use of tantrums to impose her will, caused the researcher to wonder if she has fully accepted herself in her situation. Asked if they thought Leigh accepted herself in her situation, her father replied: "You cannot expect a child of four years old to accept the situation, like the one Leigh is finding herself in. On the other hand, whether she accepts herself, well I don't know, at times she is very sweet and will co-operate perfectly but then again she will become moody and cry for days on end". Leigh's answer to the question how she feels about being in the hospital, was only: "Leigh sick ... want to go home".

According to her mother, Leigh was extremely traumatized during the period when she started losing her hair. As her mother put it, "... every now and then she wanted to dress up and put make up on, you know what girls of her age are like, but every time she wanted to admire her handwork in the mirror, she started crying". On inquiry, it turned out that the reason was that, she saw herself as being ugly because she did not have any hair. Although she was ensured every time that her hair would grow back, her parents later bought her a wig, which alleviated the situation.

5.3.1.3 Leigh's relationships with objects and ideas.

An interesting aspect in Leigh's case is that she, shortly after diagnosis, insisted that her parents give her a pacifier again and a baby bottle also had to be purchased. It therefore appears that she, in her thinking and experiences

regarding her situation, showed clear signs of regression. According to her parents she was not able to explain why she insisted on taking up drinking from a baby bottle and wanting a pacifier again. To the question whether she followed the same routine like when she was still a baby, the answer was negative. She did however, every time, after administration of medication, asked for either the bottle or the pacifier and would also go to sleep with the pacifier every night. Her parents accepted the situation reluctantly and did not make a fuss about it because they reasoned that it was Leigh's wish and that they would respect it.

What was worrying however was that she, at home, between periods of hospitalization, no longer, according to her parents, could get by without the bottle and the pacifier. However, her parents were not too worried about it and felt that over time she would give up the habit. Leigh herself, as a four year old child, did not seem to regard her behaviour as being extraordinary. She would, for example, openly moved around with either the pacifier or the bottle in her mouth, while she was engaged in other activities.

A further aspect that the researcher noticed with regard to Leigh was that she was still using baby language. She, for example, mainly made use of two-word combinations (also known as “duos”) and spoke in a “whiney” tone of voice. Furthermore, she also spoke in the third person by referring to herself as "Leigh". When this was pointed out to the parents, her mother said, "... but she is our baby. I honestly cannot remember that she has been talking any differently from how she is talking now”. However, Leigh's father came in here and said: "Wait a minute, her language development has progressed up to a point but since she has been diagnosed it seems as if she started “baby talking” again". Her

mother added that it was understandable, especially when one considered what she had to endure and has been through and, once again, added that she still looked at Leigh as being the baby in their family.

5.3.2 Leigh's identity formation.

From conversations with Leigh and her parents, it appeared that with her gender role identity formation, as such, seemed normal. She clearly behaved like and considered herself to be a little girl and was constantly involved with "girl activities" such as playing with her dolls, make-up activities and so on. According to both parents, Leigh adopted her mother as a role model and she even began to show the same interests as her mother.

Leigh experienced herself as a child that is ill and also adopted an identity of "I-am-sick", to such an extent that she would regularly point this out in most conversations. Her dolls and teddy bears were also all ill. When the question was put to the parents, why they thought Leigh emphasized it so much that she was ill, the answer was that they often reminded her of her condition, to make sure she would not do anything or become involved in things that may pose a danger to her and/or worsen her condition.

5.3.3 Leigh's self-talk.

It seems that in her self-talk and to maintain herself, Leigh also regressed to a certain extent. Her mother, when she spoke to Leigh, constantly referred to her as, "... my baby". From the researcher's observations it seemed as if Leigh saw herself to be “smaller" or "younger" than she really was. She started acting like a baby again in that she appeared to be helpless and expected that virtually

everything had to be done for her. Furthermore, when she spoke of herself, it would be in the third person. She would, as an example, say, "…Leigh hungry" or "…Leigh sick ". The defence mechanisms she put in place, as already mentioned, by asking for her bottle and pacifier again, also displayed signs of regression, in that she regarded herself to be "smaller" or "younger" than she actually was.

5.3.4 Leigh's self-concept formation.

The researcher could see from his observations that Leigh's parents accepted her unconditionally. To the question whether they accepted her situation as well as the fact that she had leukemia, her father replied: "How does one accept the fact that your daughter has a life-threatening disease. I suppose we'll have to get used to the idea. One thing I can promise you, we definitely do not wish it on anyone else. "

Leigh herself realized that she was ill and the fact that her parents emphasized it to protect her, as they put it, caused some damage in her evaluation of herself. From observations made, it was found that Leigh, most of the time, appeared to be tearful and "whiney". She could not do without her bottle and pacifier and the only other pre-school children whom she could compare herself with, were the children in the hospital ward who were receiving treatment with her. Her parents, on top of this, appeared almost constantly, to be tired, tense and irritated.

5.3.5 Leigh's self-actualization.

From the interviews conducted with her parents, as well as conversations with Leigh herself as well as observations made by the researcher the following

aspects related to Leigh's self-actualization were revealed:

- Leigh showed signs of regression by starting to drinking from a baby bottle again while her pacifier became indispensable.
- She talked about herself in the third person and also usually used two word combinations ("duos").
- Leigh experienced herself, with her parent's support and regular exhortations, as "I-am-sick", with the accompanying identity formation associated with it and also the obvious consequences with regard to her self-concept formation.
- Her parents were constantly overprotective since any form of behaviour by Leigh was accepted and justified. As a result, there were little or no talk of the necessary discipline that children, of Leigh's age, expected from their parents.

5.4 <u>Ricky</u>.

Biographical data.

Age	: Five years and nine months.
Gender	: Male.
Birth	: Caesarean section.
Development milestones	: Normal.
Position and family	: Only child.
Serious diseases	: Acute lymphatic leukemia (ALL) at age four years and three months.
Home language	: English.
Family composition	: Complete.

5.4.1 Ricky's relationships during treatment.

Ricky's relationships that were looked at during treatment, are those with the important other in his life, with himself and objects and ideas.

5.4.1.1 Ricky's relationships with the important others in life.

Since Ricky is an only child establishing relationships with siblings could not be investigated. The important others in his life, during treatment, thus were his parents, the medical staff, the hospital school's nursery school teacher and his friends.

5.4.1.1.1 Ricky's relationships with his parents.

Ricky's mother stayed with him full time while he was hospitalized. His mother also accompanied him alone, every time when he started visiting the day clinic. However, his father regularly "popped in" during the day for short quick visits. He later explained to the researcher that he, due to work obligations, could not be with Ricky and his mother more often or for longer periods of time. It should be added here that his father almost never arrived there empty-handed. On numerous occasions Ricky would for instance, "confront" his father with requests such as: "Where's my sweets?" or "Next time, I want to watch a video" and even, "…If you don't bring me a big slab (of chocolate) I'm not going to take my medicine, ever again". His requests were always adhered, to keep the peace and as his mother put it, "...to make it a little bit easier for me, especially when we need Ricky to co-operate and his dad can't be here".

Ricky was, especially during periods of hospitalization, just like the previous pre-school child, prone to manipulating his parents. He mainly made use of

“tantrums" and gloomy moods, to get his parents to fulfil his wishes. From observations by the researcher it turned out that his parents would just let him have his way, take a deep breath and accept the situation as well as his mood swings. It was clear that they accepted Ricky unconditionally and were prepared to do anything for him to alleviate his situation. However, the researcher also noted that their attitude of affection towards their son, bordered on overprotection and that he was being spoilt to the extreme. Ricky's parents are very wealthy people and it was evident from interviews and observations, that nothing was being withheld to keep him happy and to fulfil his every wish and request. It further appeared as if he had begun to realize this and therefore started playing on his parents' feelings, in order to get whatever his heart desired.

An interesting observation that the researcher made, was that Ricky was also drinking from a baby bottle and also was in possession of a pacifier. To the question whether, at any stage, he ceased the habit and then started again, his mother responded that he started the habit again, when he was diagnosed with the accompanying initial hospital admission. When they were asked how they felt about it, it was clear from both parents that they were not happy with the situation at all. It was quickly added that even Ricky was embarrassed to be seen by others with his bottle and pacifier. His mother added: "He only uses it to fall asleep at night, and to avoid any 'scenes' at this stage, we'll have to allow it to continue. Funny thing is that he hides under his blankets when he is drinking and at home he does not touch his bottle or the dummy, as if he's forgotten all about it".

5.4.1.1.2 Ricky's relationships with the medical staff.

Ricky, according to his parents, did not insist that only certain medical staff should work with him. As his mother put it, "... he would lift the roof no matter who it was that came near him. We often had to hold him down to get the job done but I. must say he never held it against the nurses or for that matter, me. I did make a point of explaining to him what had to be done and why, knowing that he would still kick, shout and cry but he would calm down relatively soon afterwards and just carry on as if nothing has happened". Ricky's parents made a point of conveying the message that they trusted the medical staff fully by, for instance, emphasizing that they, the medical staff, knew what was best for him and also that they loved him just as much as his parents did. When asked by if he had a favourite nurse, he replied in the affirmative and immediately mentioned one of the nurses by name. He then thought for a while and with a shaky smile added another four names. He added: "They hurt me but they also love me lots".

Ricky's mother went on to say: "He would get on to the stand of his intravenous apparatus and ask any nurse close by to push him around the ward". The researcher also observed that all the nurses on the floor knew who Ricky was and that he did not not hesitate to engage in a conversation with anyone who would lend him an ear.

5.4.1.1.3 Ricky's relationship with the nursery school teacher of the hospital school.

Ricky, like the other pre-school children, was looking forward to the nursery school teacher's visits. She noticed at one point that he sometimes displayed a tendency to "take over" slightly but according to her, he's an exuberant little

person with a healthy daring attitude.

5.4.1.1.4 Ricky's relationships with friends.

During hospitalization, Ricky befriended quite number of the other patients without much effort. He would, for example, stop by at the door of another patient's isolation room, strike up a conversation and then move on to the next one. He also would often take the initiative and arrange for a video to be put on for them all, which would then be shown on the closed channel network of the televisions, in each of the isolation rooms.

Ricky was not sent to a nursery school since his mother was at home full time. As already mentioned, financially his parents could be classified in the high income bracket. Ricky's mother puts it this way: "Whenever he asks to have a few friends over, I send the chauffeur to go and pick up his cousins or some of our friend's children that I know Ricky enjoys playing with". His mother further remarked and coming from Ricky himself, he usually took the lead during play-activities and constantly came up with suggestions to do this or to do that. His mother said: "His friends accept it and usually just tag along". Ricky put it this way: "Everybody is my friend and we play all day long". The researcher observed at the hospital that Ricky had a jovial type of personality, communicates very easily with others and that others get along with him just as well.

5.4.1.2 Ricky's relationship with himself.

As already mentioned, Ricky started drinking from his baby bottle again. He would "hide" under his blankets while the pacifier was only kept on standby in the evenings, to assist him to fall asleep. In other words, he did not want others

to see that he has started drinking from his baby bottle again and the same went for the pacifier.

The fact that he was embarrassed to be seen in front of others with his bottle, indicated that he realised that his behaviour did not reflect that of a five year old boy but, even so, he was not prepared to give up the habit. Although his parents accepted it, the extent of his regression, it would seem, was therefore not acceptable to himself. His parents put it this way: "We feel that it is just a habit of passing nature. The fact that he is shy and hides whenever he has his bottle or dummy, shows that he realizes that it is not the norm for children his age, which we think will help him to gradually break with the habit. It's just going to cause a major scene if we try to stop it now". It quite possibly made it easier for him to continue with the practice and according to his parents, they believed he would not have much trouble to break with the habit again.

5.4.1.3 Ricky's relationship with objects and ideas.

The researcher, through his observation of and conversations with Ricky, concluded that his language skills were at a high level of development. There was nothing wrong with him facing situations requiring a daring attitude and it was clear that he did not hesitate to take the initiative in most activities. He further, according to his mother, went on flights of imagination so much so that sometimes it left her dumb struck. "It's unbelievable how he can imagine things and fantasize over a simple object like a pen for instance. Where he gets the ideas from I really do not know, it must be all the videos he is watching".

The researcher further observed that Ricky liked to be the centre of interest. This

egocentric attitude has sometimes created problems for himself and his parents. If his friends did not want to participate in an activity that he wanted to, it usually ended in an argument the parents had to try to solve. When he requested one of his parents to put on a video, on the closed circuit network in the hospital ward, the other patients just had to accept it, whether they were watching something else or not. His parents then usually had to employ extreme diplomacy to try and convince the other patients, to watch the video with him or on the other hand, to explain to Ricky that he will only be able to watch it later.

5.4.2 Ricky's identity formation.

Ricky did not seem to have a problem with identity formation in his development. According to his parents and from observations, it has been established that he experiences himself as a boy and that he was interested only in "boy-activities".

When Ricky was asked who he idealizes and would like to impersonate one day and why, he replied: "My dad because he is strong and clever. He always helps me and sometimes plays games with me". It was thus clear that Ricky's father was his identification figure. The parents were asked if the baby bottle and pacifier may cause him to develop an identity of, "…I am still a baby", to which they replied: "Certainly not, he only uses it to comfort him when he goes to bed. The fact that he doesn't even ask for it at home and also, that he doesn't want to be seen with it by anyone else, shows that he draws some comfort from the habit like other kids that can't go to sleep without holding a teddy".

5.4.3 Ricky's self-talk.

By means of observations and interviews with Ricky and his parents it was established that the degree of regression, by drinking his baby bottle and having his pacifier close by, did not seem to be the same as in Leigh's case. The fact that his actions embarrassed him, was proof that he realized that boys of his age were not supposed to be drinking bottle and using a pacifier any more. Other defence mechanisms that Ricky deployed during treatment, was also to turn his head away, refused to co-operate and crying and screaming.

5.4.4 Ricky's self-concept formation.

Ricky's view of himself did not seem to be problematic. He appeared to be a pre-school child who was outspoken, full of self-confidence and has shown quite a daring attitude. He was, among others, one of the few children who, with his intravenous medication apparatus, would walk around the ward to pop in and have a quick chat with some of his fellow patients.

Since he did not want others to see him drinking bottle and using the pacifier, was an indication to the researcher that his evaluation of himself was realistic. The fact that he was embarrassed by his actions, he therefore realized that it was not the norm for children of his age. In other areas in his evaluation of himself in relation to his peers and in the imitation of the important others in his life he has, according to his parents, maintained himself so far. He, for example, without hesitation took the lead in play-activities and was prepared to take a stand, whenever he was opposed. He identified with and imitated his father as his role model since, according to his mother, he already shared the same interests from approximately four years of age.

5.4.5 Ricky's self-actualization.

Ricky's parents made it clear that they felt that he probably only would, as a pre school child, fully come to self-actualization when he decide to abandon his baby bottle and the pacifier. When asked how they were going to convince him to take the decision, they replied that they did not know because he tended to kick up a fuss when prompted about it, especially when the two objects were not available or close by.

Ricky also, as was the case with Shaun and Leigh, during the administration of medication, made use of defence mechanisms. He started drinking a baby bottle again and used a pacifier to fall asleep, insisted on the presence of one or both parents, turned his head away, kicked up a fuss and sometimes refused to co-operate. Nevertheless, he was accepted unconditionally by his parents and was more often than not, spoilt to the extent that he was given whatever he requested. Ricky experienced and maintained himself further as a boy, in that he often took the lead and initiative during play-activities.

When asked whether they thought Ricky, as a pre-school child, would come to full self-actualization, both parents replied in the affirmative while his mother added: "We can just hope and pray that Ricky will not suffer a relapse".

5.5 To conclude.

The involvement in, meaning attribution and experience of their situation, of the three pre-school children in the above case studies, in some circumstances matched remarkably. There was, on the other hand, also significant differences in the ways in which they, as pre-school children with leukemia, responded and

behaved in their relationship formation, identity formation, self-talk and self concept formation.

In the next chapter there will be looked at the findings that the researcher came to as well as his conclusions and recommendations, with respect to the research done. The criteria mentioned in para. 3.7.1, will serve as a guideline in the researcher findings and conclusions.

CHAPTER 6. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.

6.1 Introduction.

The question that the researcher asks at the beginning of this study is whether the pre-school child with leukemia, taking into account his particular situation and modes of becoming, as a multifaceted human being, can come to full self actualization?

6.2 The purpose of the investigation.

The purpose of the investigation overall was to, according to the modes of becoming, relationship formation, identity formation, self-talk and self-concept formation, determine how the pre-school child with leukemia is involved in-, gives meaning to- as well as how he experiences his situation and to determine whether full self-actualization can finally be achieved.

6.3 Findings from the literature.

The literature review in chapter two looked at the physically healthy pre-school child and then in chapter three to the pre-school child with leukemia.

6.3.1 Findings regarding the physically healthy pre-school child.

6.3.1.1 Involvement and the physically healthy pre-school child.

The pre-school child becomes involved in his living world through play-activities, more specifically fantasy-play and artificial situations. Relationships are established with those he imitates and/or the objects and ideas which he is dealing with. By identifying with something or someone as well the accompanying exploration and emancipation, he not only becomes involved but

also get to know his world in this way (para. 2.1.1).

6.3.1.2 Meaning attribution and the physically healthy pre-school child.

Meaning attribution is unique and specific with each person and plays a major role in determining behaviour. Meaning attribution further has a logical dimension which encompasses feelings and values during self-evaluation. Meaning based on illogical reasoning and inference can be considered to be irrational meaning attribution. A meaning distinction is usually emotional in nature when a person attributes a certain meaning to an assigned object or concept or relation, which goes beyond the logical meaning attributed to it. However, the pre-school child gives meaning to his living world by fantasizing, creating artificial scenarios and so venture into new areas (para. 2.1.2).

Meaninglessness is responsible for the onset of anxiety, which again, can influence a person's behaviour. Meaning attribution requires total involvement, so that a relationship can be established between the self and the object or events to which meaning is given. The pre-school child's meaning attribution to his world of life, is guided by his relationship with his parents and the accompanying involvement of the parents in their child's modes of becoming (para. 2.1.2).

6.3.1.3 Experience and the physically healthy pre-school child.

Experience is a human trait because it is a way of giving meaning to the world. The human physicality is considered the centre of experience and each person experiences reality in his own unique way. Experience indicates how a person evaluates the situation he is experiencing. This evaluation can be classified into

the broad categories of being pleasant and -unpleasant. Experience determines the quality of relationships, is emotional in nature, emphasizes the unique nature of meaning attribution and can impede or serve as incentive to involvement in meaning attribution (para. 2.1.3).

The pre-school child's nature, in his self-actualization, is such that he wants to understand, wants to be involved in life and to have pleasant experiences. These experiences, pleasant or unpleasant, imply a relationship, positive or negative, being established, with the child on one hand and another person, object, situation or event, on the other hand (para. 2.1.3).

6.3.1.4 The physically healthy pre-school child's relationship formation. Relationships are described as a bipolar relationship between the child as one pole and the other person and/or object, as the other pole. There further is a polarization effect at each pole, in that the child knows the other (cognitive) and experiences the other (affective) as, for example, pleasant or unpleasant, due to either acceptance or rejection. At the same time, the other knows the child (cognitive) and the other experiences the child (affective) as sweet or naughty, which may lead to approval or disapproval (para. 2.2).

6.3.1.4.1 The physically healthy pre-school child's relationships with the important others in his life.

a. The parents.

The need for attention and participation, by the parents, in the child's activities, becomes a vital need for companionship in the child's life, with the parents as key figures. The parent-child relationship is considered the most important

determining factor, which becomes a determinant of the child's socialization and personality development. Traits that the pre-school child expect from his parents are unconditional acceptance, consistency, continuity, security, discipline and interest- and participation in their activities. By being over-protective, the parents deprive the child of the necessary self-confidence and a daring attitude (para. 2.2.1.1).

b. Siblings.

As an older child, the pre-school child may feel threatened by the arrival of a newcomer to the family, which may lead to bullying, jealousy and envy to establish his position in the family hierarchy. Chores requiring some degree of responsibility, are sometimes assigned to him to assist with the newcomer's care, which in turn contributes to the pre-school child's eventual self actualization. They prefer to identify with an older brother or sister of the same gender longing for acceptance. Acceptance by the older siblings causes the pre school child to feel welcome and also that he is part of the family, which is essential for successful realization of the modes of becoming of the pre-school child (para..1.2).

c. Friends.

The pre-school child begins to consider the views of others since concrete operational thinking begins to develop during the pre-school child phase. One or more friends are now involved in play-activities. Group activities becomes increasingly important and the groups becomes bigger as the pre-school child gets older. Acceptance by his peers makes him feel wanted, while leadership qualities begin to develop and he takes his place in the peer group hierarchy

(para. 2.2.1.3).

6.3.1.4.2 The physically healthy pre-school child's relationship with himself.

The pre-school child gets to know himself by establishing relationships with others because the self is the centre of experience and meaning. His personality is thus an expression of the self. The child becomes aware of types behaviour that are acceptable to gain popularity, causing him to develop personality traits to evoke the acceptance of others. The pre-school child is thus egocentric minded which subconsciously, sometimes may lead to acceptable or unacceptable behaviour. By identifying with especially his older siblings, the pre-school child is taught aspects of values, norms and feelings, which are acceptable to him and others (para. 2.2.2).

6.3.1.4.3 The physically healthy pre-school child's relationships with objects and ideas.

To verbally describe and stay in contact with the objects and ideas with which he is constantly confronted, it is necessary for the pre-school child's language skills, to be developed accordingly. The pre-school child's language development, especially in the fields of syntaxes, semantics and communicative skills, rapidly starts expanding from about three years of age. However, his egocentric attitude causes the acquired communicative skills, to mainly revolve around himself. The pre-school child shows and inability to distinguish between his own views and that of others. This sometimes lead to numerous misunderstandings and apparent inappropriate aggression by the pre-school child. This again indicates to the pre-school child not being able to distinguish between aggression and self enforcement (para. 2.2.3).

Fantasy play is considered to be the pre-school child's "occupation" since, in this way he practices to communicate with himself and it usually presents itself in the form of an artificial situation, during which one or both parents are being imitated. The pre-school child is in the pre-operational phase of development, during which symbolic thinking is expressed being engaged in fantasy play. This is a good indication of the child's relationships with objects and ideas in his living world. Later on during the pre-school phase, the child develops the ability to arrange, classify and quantify in a more systematic way. Parental involvement is essential during this phase, to provide the necessary stimulation and support to the pre-school child and to help him/her to overcome constraints such as egocentrism and animism (para. 2.2.3).

6.3.1.5 The physically healthy pre-school child's identity formation.

Identity formation during the pre-school child phase takes place in that, child characteristics, personality traits and values of other people is acquired through imitation and/or role-play. The parents are mostly imitated and idealized by the pre-school child. The concept, identity, is multifaceted because as many facets of the self can be distinguished, as there are identities. Identity formation indicates a constant deployment of a particular identity, is not an activity that occurs only once, is subconscious by nature, an active identification with something and a dedicated action, during which the person strives to eliminate the difference between his self-image and his ideal image. The cognitive component of self identity contributes to the formation of the self-image (para. 2.3).

6.3.1.6 The physically healthy pre-school child's self-talk.

The person is in conversation with himself. This conversation takes place against

the framework of the person's knowledge of himself, in other words his identities, his self-concept, norms, values, anticipations and ideals as well as his relationships with the important others in his life. The self-concept is the moderator of the intra-psychic conversation enabling the person to use defence mechanisms to maintain the self. The pre-school child's actions are guided by his self-talk to, if necessary, come to problem solving (para. 2.4).

6.3.1.7 The physically healthy pre-school child's self-concept formation.

The self-concept appears to be an organized configuration of perceptions and conceptions of the self. The self-concept is further evaluative by nature in that man constantly compares himself with others, to form a self-image. The core of the self-concept consists of an evaluation of the self, according to one's own subjective norms and that meaning is attributed to all incoming stimuli, in relation to the evaluation of the self (para. 2.5).

The pre-school child's assessment of himself and his self-concept, realistic or unrealistic, depends largely on the acceptance by the important other in his life. Pre-school children with a realistic self-concept associates more readily with others, becomes involved in external activities and are less preoccupied with themselves. Pre-school children with an unrealistic self-concept may show signs of withdrawal, passivity and doubt in their own judgment and abilities (para. 2.5).

6.3.1.8 The physically healthy pre-school child's self-actualization.

Self-actualization implies a person's deliberate efforts to realize latent possibilities of his self-image. This means the realization of his self-image as a

whole. The self-actualizer accepts himself and become involved in tasks outside of himself. However, transcendence can only take place if the person has a realistic self-concept. The pre-school child's evaluation of himself must therefore lead to a realistic self-concept, with the accompanying self-knowledge, to be known, according to the accepted norms, as a pre-school child (para 2.6).

6.3.2 Findings regarding the pre-school child with leukemia.

6.3.2.1 The pre-school child with leukemia's involvement.

The pre-school child with leukemia, by the nature of his circumstances, is forced to become involved in his situation. However, knowledge is a pre-condition to become involved in a situation. During diagnosis, these children have no idea what it is about and therefore it can be deduced that they, due to the initial strange circumstances and events, experience severe anxiety and frustration. The role of parents during these events are indispensable to enhance feelings of safety and security in the pre-school child with leukemia. (para. 3.1.1).

The world of life of the pre-school child with leukemia differs drastically from that of the physically healthy pre-school child due to regular periods of hospitalization and painful medical procedures they have to undergo. Efforts should therefore be made, to address these periods of hospitalization and to make everything that goes with it, as enjoyable as possible. He must, if at all possible, be exposed to normal pre-school child activities and as soon as his circumstances and treatment permit it, the pre-school child with leukemia should be allowed to follow his normal routine, also at home (para. 3.1.1).

6.3.2.2 The pre-school child with leukemia's meaning attribution.

Meaning attribution is unique to each person and determines a person's behaviour which indicates that a situation was cognitively interpreted. Meaning attribution to his situation can, for the pre-school child with leukemia, be problematic due to the fact that he does not yet fully understand, with the accompanying unpleasant experiences he must go through. The emotional nature of a meaning distinction can cause, more so because of his circumstances, illogical meaning attribution to any given situation and relationships within it (para. 3.1.2).

Meaninglessness is responsible for the onset of anxiety which has an influence on a person's behaviour. However, total involvement is required between the precipitant, the self and the object or event, so that a relation is established, to which meaning can be given. It, however, takes some time before the pre-school child with leukemia, has orientated himself in a situation to such an extent that, total involvement can be achieved, followed by the formation of relationships, with the accompanying meaning attribution, attached to it (para. 3.1.2).

6.3.2.3 The pre-school child with leukemia's experience.

Experience is a human way of being since it is a way of meaning attribution to and communicating with, reality. Experience further is emotional and cognitive by nature, with the human body at the centre of experience. Anxiety, tension and frustration plays a major role in the pre-school child with leukemia's experience of his situation. The quality of meaning attribution is determined by the experience of a situation as being successful, having failed or feeling frustrated. Experience therefore implies an evaluation of a situation as being pleasant or

unpleasant and thus determines the quality of relationships being established. The pre-school child with leukemia's experiences in his situation are unpleasant, painful and accompanied by anxiety, fear and tension. Sluggish or reluctant involvement, deficient understanding and unpleasant experiences defines the child with problems and determines its restraints (para. 3.1.3).

6.3.2.4 The pre-school child with leukemia's relationship formation.

A positive affective relationship has a stabilizing effect on one's emotional life, promotes trust and brings security and safety with concomitant sympathetic and consistent action. In a negative affective relationship, inconsistent actions are anticipated, causing the stabilizing effect to disappear, to make way for lability. The circumstances and situation in which the pre-school child with leukemia finds himself, seems to be the ideal breeding ground for the emergence of negative affective relationships, with the concomitant consequences. Relationship formation, therefore plays a cardinal role in these pre-school children's lives because they, all the more, crave for stability, confidence, safety, consistent conduct, security and above all, acceptance (para. 3.2).

6.3.2.4.1 The pre-school child with leukemia's relationships with the important others in his life.

a. The parents.

The parents of the pre-school child with leukemia, should preferably have an attitude of showing empathy towards their child, rather than pity. The pre school child expects unconditional acceptance, consistency, continuity, discipline and security from his parents. The pre-school child with leukemia still remains a

child and thinks, reasons and reacts, regardless of his circumstances, constantly like a pre-school child. These pre-school children and their parents are, during periods of hospitalization and treatment, almost every moment of the day in each other's company. It is very demanding for the parents and frustrating for the pre-school child because he could experience the situation as being limiting. It is especially during the above periods that the parents tend to be overprotective, showing signs of self-pity, anxiousness, nervousness, tension and even suspicion. A child's ability to "feel" the mood of the parents can cause the pre-school child to start showing the same emotions as the parents, which could possibly lead to lability, withdrawal, extreme and inappropriate aggression, excessive use of defence mechanisms and even regression. Honesty, respect, support, patience and caring usually result in a sense of security and safety in the pre-school child with leukemia (para. 3.2.1.1).

b. Brothers and sisters.

The effect of the stress and tension, in a family, associated with the diagnosis of leukemia in a child, also have to be processed by the other children in the family. The frequent absence of one or both parents, during periods of hospitalization, result in additional accommodation to be arranged as well as a redistribution of tasks in and around the house. This puts a lot of pressure on the relationships between the pre-school child with leukemia and his siblings. However, it is important that the siblings should be kept informed regarding the pre-school child with leukemia's illness, so that they, when and if possible, can assist the parents and the affected child (para. 3.2.1.3).

c. Friends.

The pre-school child with leukemia spends much of his pre-school phase, being hospitalized and/or undergoing treatment. The fact that he may not come into contact with other children during these periods, due to the danger of childhood diseases and infections, results in that there is not much talk of forming relationships with friends. As soon as the periods of hospitalization begin to decrease and the treatment, if successful, allows it, it is, according to the medical staff and social worker, desirable for the pre-school child to, as soon as possible, get back into his normal routine. It may even be considered to enrol him in a nursery school (para. 3.2.1.3).

d. The medical staff.

The medical staff, due to the nature of the circumstances, during and just after diagnosis, by necessity, display a business-like and urgent attitude, so that the necessary treatment could commence as soon as possible. It also is during this period, that the pre-school children with leukemia, due to the fact that they do not understand what and why everything is happening, display strange behaviour towards the medical staff, such as turning the head away, refusing to speak, etc. One or more of the medical staff, however, usually become a favourite because the pre-school child with leukemia, eventually becomes familiar with his situation and begins to realize that the doctors and nurses actually mean it well (para. 3.2.1.4).

e. The hospital school's pre-school teacher.

Due to the one to one basis employed by her and the interesting activities to which she introduces them, they usually cannot wait for the “teacher” to make

her appearance. It was even found that some of the pre-school children with leukemia were prepared to, without the presence of the ubiquitous parents, be left alone with the pre-school teacher (para 3.2.1.5).

6.3.2.4.2 The pre-school child with leukemia's relationship with himself.

The pre-school child with leukemia also tends to repeat behaviour that lead to approval, affection and attention, more and more. His relationship with himself, positive or negative, depends to a large extent on the acceptance by his parents and the important others in his life (para. 3.2.2).

6.3.2.4.3 The pre-school child with leukemia's relationship with objects and ideas.

It must be borne in mind that a sick child still remains a child and that his health problems are secondary. The pre-school child with leukemia, in reality, is being denied the cardinal developmental goal that begins at birth, namely, control over the self and autonomy. All long-term planning must be given up for a day-to-day lifestyle. The dependency on others, restrictions of activities and -mobility and the medical treatment and procedure, has a significant impact on the child's experience of control over and mastery of his world (para. 3.2.3).

6.3.2.5 The pre-school child with leukemia's identity formation.

The child adopts characteristics, personality traits and values of other people by means of imitation or role play, while it is the parents that are mostly being imitated and idealized. Identification of the pre-school child with leukemia occurs just as in the physically healthy pre-school child. Negativity, inconsistency, impatience, suspicion and a morbid attitude in the parents, may

result in the same facets being displayed in the child's identity formation (para. 3.3).

6.3.2.6 The pre-school child with leukemia's self-talk.

The pre-school child's actions are guided by his self-talk and may lead to possible problem solving. The pre-school child with leukemia realizes that he is ill is, but due to its pre-operative cognitive development, he still does not understand what is really wrong with him. Defence mechanisms therefore plays an important role in maintaining their self-sufficiency. The reason for this seems to be that it is difficult for them to understand that the medication, with the associated side effects and painful application procedure, is supposed to heal them. Behavioural and emotional problems such as anxiety, fear, depression, extreme parental dependence, sleep disorders, regression, aggression and withdrawal, are some of the defence mechanisms that can occur (para.3.4).

6.3.2.7 The pre-school child with leukemia's self-concept formation.

The self-concept is formed by perceptions of one's own characteristics and abilities, an evaluation of one's own abilities in comparison with that of others and encountering experiences as being positive or negative. It is therefore important that the pre-school child with leukemia is accepted, unconditionally by the important others in his life. It must also be explained and emphasized that the pain, discomfort and the outward changes, accompanying the administration of the medication, are essential side effects. The reason for this is that it seems to be the only way, to establish a realistic self-concept in a negative situation. The parents of the pre-school child with leukemia and the important others in their lives, must themselves manifest a realistic self-concept, in their actions towards

these pre-school children (para. 3.5).

6.3.2.8 The pre-school child with leukemia's self-actualization.

The pre-school child with leukemia's circumstances and the situation in which he finds himself, appear to be pre-disposing factors, that may lead to him not being able achieve self-actualization. It can still, on the other hand, also be possible that all the factors necessary for self-actualization, may well be present for the pre-school child with leukemia to achieve self-actualization (para. 3.5 and 3.6).

6.4 Findings from the empirical investigation.

In chapter five there were looked at three cases of pre-school children with leukemia's modes of becoming namely, relationship formation, identity formation, self-talk, self-concept formation and self-actualization with the reciprocal interaction of involvement, meaning attribution and experience that has taken place throughout. The hypotheses set out in chapter four, para. 4.1.2, will now be related to the findings from the empirical investigation as well as the criteria set out in chapter three, para. 3.7.1, namely, those criteria that serve as an incentive for self-actualization which, for the pre-school child with leukemia, due to his circumstances, can rather be seen as a restraint.

6.4.1 Relationship formation.

Hypothesis 1.

- **The pre-school child with leukemia's relationship formation with others, himself and objects and ideas will, due to his circumstances, go astray compared to that which is a prerequisite for establishing**

relationships in the pre-school phase.

The physically healthy pre-school child rarely or almost never visits a hospital and medically-spoken he is not exposed, during the pre-school-phase, to painful and lengthy medical procedures. The side effects and consequences of such medical procedures are therefore not known to him and thus it cannot have an effect on his involvement in, meaning attribution and experiences, during his pre-school child-phase. The pre-school child with leukemia therefore finds himself in a unique situation.

The empirical study shows that pre-school children with leukemia initially appeared confused and uncertain (para. 5.2.1.1.1, 5.3.1.1.1 and 5.4.1.1.1). The reason for this turned out to be that they and the others around them, experienced themselves as physically healthy pre-school children the one moment and the next moment they were considered to be seriously ill. The concomitant urgent action of the medical staff (para. 5.2.1.1.3, 5.3.1.1.3 and 5.4.1.1.3), the sudden change in environment and in most cases, painful medical procedures have, so it seems, had a profound effect in their acceptance of themselves as human beings-in-totality (para. 5.2.1.2, 5.3.1.2 and 5.4.1.2). As a result, especially during and just after initial diagnosis, it was expected of the parents, to constantly be close by and available. Since the child, during the pre-school phase, displays ego-centric characteristics to a large extent, it is expected from the parents to provide the necessary security and safety.

An interesting observation during the investigation, was that the respective pre-school children became involved in their situation, attributed meaning to and

experienced it, in different ways. Shaun's parents have, regardless of their own emotions and feelings, constantly tried to apply consistent and fair discipline (para. 5.2.1.1.1). It should be added that the parents at times, found it difficult not to give in to some of Shaun's requests and the sometimes unreasonable "tantrums" he displayed. Leigh's parents, on the other hand, openly disclosed their anxiety and stress regarding her illness, (para. 5.3.1.1.1). She began to show signs of regression and started exploiting her parent's overprotective attitude towards her, in that her requests, which at times amounted to requirements, had to be complied with. It would thus seem as if Leigh took the anxiety and tension of her parents upon herself and wanted to show them, through her regression, that she again, as if still in her baby-phase, was totally dependent on them. Ricky's regression, by using a pacifier and bottle drinking, was limited to his periods of hospitalization. His parents also seemed to be overprotective towards him but more out of sympathy than anything else (para.5 .4.1.1.1).

All the pre-school children involved therefore leaned heavily, during their relationship formation, on everyone involved with them and to show that they understood their situation. Unique requests, in different situations, were put forward and there were, by considering the various circumstances, as far as possible tried to comply to it. However, this was not always possible, which meant that patience and insight into the situation of the stakeholders such as, the parents, medical staff and social workers were usually tested to the extreme (para. 5.2.1, 5.3.1 and 5.4.1).

6.4.2 Identity formation.

Hypothesis 2.

- **The pre-school child with leukemia's identity formation, will be impeded.**

Due to the pre-school children's necessary involvement in, giving meaning to and experience of their illness, they all developed an identity of "…I am ill". It seems though that, with the necessary help, security and support from the parents and others involved, identity formation, with one exception, of pre-school children of their age, was not impeded. With all of them, a gender role identity as well as self-identity were established, in that each of them knew who he or she was and also whether he/she is male or female (para. 5.2.2, 5.3.2 and 5.4.2).

However, it turned out that Leigh seemed to want to see herself as a baby again. Although the identity formation of the other two pre-school children was also formed by her, it turned out that she had the same "identity-experience ", however limited, of a pre-school child, but chose not to realize it. Her parents did not oppose her in this, which was, so it would seem, confirmation of her own conduct (para. 5.3.2).

6.4.3 Self-talk.

Hypothesis 3.

- **The pre-school child with leukemia's self-talk, because of his meaning attribution to- and experiences in his situation, will be impeded.**

All three of the pre-school children that participated in the investigation, at some point, made use of defence mechanisms. It would appear that, according to them,

it was the only way was to possibly relieve the pain slightly and to avoid and/or prolong the situation or circumstance for as long as possible. Once the necessity for, among others, the medication or medical procedure has been presented/explained to them, they usually agreed and eventually co-operated. It sometimes required diplomatic persuasion, which usually ended up in the making of promises by the parents. From the investigation, it therefore appeared that the pre-school children throughout, exploited these situations. They even started to exploit situations which were not that threatening, demanding more promises to be made or even fulfilled, before any further action could be taken (para. 5.2.3, 5.3.3 and 5.4.3).

An interesting observation was that none of the pre-school children involved, specifically asked why he or she contracted the disease. At some stage they all wanted to know what was wrong with them. The question why they specifically, contracted leukemia, was never asked though. The fact that they were ill, had to receive regular medication, with the pain and discomfort that went along with it, so it seemed, were reluctantly accepted. A question that in all probability will remain unanswered is, what actually goes on in the mind of the pre-school children that has to deal with leukemia, especially while they are subjected to the accompanying painful circumstances and procedures. With regards to their identity formation however, it seems that their involvement in, meaning attribution and experience of their situation, with a few exceptions, seemed to have been realistic (para. 5.2.3, 5.3.3 and 5.4.3).

6.4.4 Self-concept formation.

Hypothesis 4.

- **The pre-school child with leukemia's situation will result in the formation of an unrealistic self-concept.**

It seems that Shaun and Ricky's self-concept formation was not impeded. According to the parents, after periods of hospitalization and visits to the day clinic, both of them soon became involved in normal pre-school child activities. In some cases though, the consequences and side effects of the medication restricted their activity levels. However, it was not so obvious that they as a consequence thereof, had to avoid and/or be excluded from participation. Leigh's problem with the temporary hair loss, as a result of the chemotherapy and radiation was solved with a wig, while the boys did not experience it to be a problem (para. 5.9.4, 5.3.4 and 5.4.4).

It would seem as if Ricky's bottle drinking and making use of a pacifier could be looked at as a sign of regression. The reason why he turned to this behaviour also appears to be different than in the case of Leigh. It seems to the researcher as if Ricky did it because these two familiar objects offered him some safety and security. As already mentioned in the previous chapter, he only used the bottle and pacifier, during periods of hospitalization and then also mainly at night to fall asleep with. Furthermore, the fact that he was embarrassed to be seen by others with the bottle or pacifier, indicates that he experienced the situation realistically. In other words, he realized that it is not the norm for a pre-school child of his age to still engage in such behaviour. He thus attributed a negative meaning to his own behaviour and experienced it as such. In his negative meaning attribution to- and experience of his situation, he showed realistic behaviour by being embarrassed and shy, while hiding under his blankets when

he felt the need to partake in these activities (para. 5.3.4 and 5.4.4).

Leigh however, seemed to have turned to her baby bottle and pacifier for completely different reasons. It would appear that Leigh in her regression and also her language development, took the anxiety, tension and suspicion of her parents upon herself. The fact that her parents do not disguise their feelings and emotions in front of her, placed her, so it seems, as a pre-school child, under pressure. It thus seemed that she may have, as a result of this, decided to become a "baby" again, in order to gain the undivided attention of her parents. She experienced her situation as so threatening that she attributed negative meanings to it. Her negative meaning attribution although realistic in the situation, the outcome of her behaviour seemed to be irrational. It looks as if, in her regression, she had granted herself the right to manipulate her parents. The fact that she has succeeded in doing so, is evident from the fact that her parents accepted her behaviour and attributed it to the difficult times that Leigh and they, as a family, had to go through. Leigh's self-concept formation, if her perceptions of her own characteristics and abilities are compared to those of the other pre-school children, so it seems, was impeded, which will be difficult to correct (para. 5.3.4).

6.4.5 Self-actualization.

Hypothesis 5.

- **The pre-school child with leukemia, due to his involvement in, meaning attribution and experience of his situation, runs the risk of not achieving full self-actualization.**

In addition to Ricky and Leigh, the investigation revealed that Shaun could come

to full self-actualization. At times, all of them made use of defence mechanisms to, if possible, avoid or prolong the experiences they had to go through. However, apart from Leigh, these defence mechanisms did not play an overriding role. It would further appear that Shaun's involvement in, meaning attribution and experiencing of his situation realized in such a way that his relationship formation, identity formation, self-talk, self-concept formation and self actualization, that his eventual behaviour, correlated well with that of any physically healthy pre-school child (para. 5.2).

The meaning Ricky attributed to his baby bottle and pacifier was, to some extent, irrational. His experience with regards to his bottle drinking and making use of his pacifier, seems to have been realistic, with him showing signs of embarrassment. As for this behaviour, it seems as if there could be a good prognosis, when his parents were to start applying corrective action and activities. Here it must be taken into account taken that he showed no other signs of regression and that the said conduct, could be looked upon as being temporary, occurring only during periods of hospitalization. Otherwise, Ricky, like Shaun, has realized the necessary latent possibilities as a pre-school child, to achieve self-actualization (para. 5.4).

It seems as though Leigh did not want to accept herself and her circumstances. She, involuntarily, had to become involved in her situation, but the meaning that she attributed to it, affected her experience of her situation to such an extent that she started making use of various defence mechanisms. It therefore appeared as if these defence mechanisms became predominant, so much so, that she started showing behaviour associated with the baby-phase. She could, and indeed did,

get her parents to constantly and literally full-time, be ready to meet any need, just as a baby requires of the parents. Her parents were on top of that, reluctant to apply corrective action on their part. It would therefore appear, that Leigh would find it difficult to come to full self-actualization, especially considering the fact that her parents, persisted with their overprotective attitude towards her and also that her behaviour was condoned by her parents (para. 5.3).

Her parents' stressful, anxious and suspicious behaviour was a further cause for concern. Such behaviour on the part of the parents is understandable, due to the serious and extraordinary circumstances which is associated with a disease such as leukemia. However, Leigh's parents constantly and in no uncertain terms, emphasized the seriousness of her situation while verbally criticizing and viewing some of the medical staff with suspicion, in front of her (para. 5.3).

6.4.6 Synthesis.

Following the criteria set out in para., 3.7.1, relating to the formation of relationships, identity formation, self-talk, self-concept formation and self actualization of these three pre-school children, the following findings came to light:

- All three pre-school children were "forced" to become involved in their situation.
- With the unrelenting support, the consistent and consequent actions of his parents, it seems that Shaun's meaning attribution and experience of his situation, were realistic. His accompanying relationship formation with the important others, himself and objects and ideas, under the circumstances, compared favourably to those of a physically-healthy pre-

school child.

- It further appears that Shaun did come to self-actualization, in that, his identity formation, self-talk and self-concept formation did not seem to have been impeded, (compare para. 2.7.2). In Shaun's case, hypotheses one through to five, thus did not prove to be valid.
- On the other hand, Leigh's meaning attribution and experience of her situation, with her parents' overprotectiveness and accompanying tense and suspicious attitude, caused her relationship formation with the important others, herself and objects and ideas, to go astray. It also seemed that she regressed in her identity formation, which resulted in her self-talk and self-concept formation not to thrive, like that of a physically healthy pre-school child.
- This again resulted in Leigh not being able to come to full self-actualization (compare para. 2.7.3). Hypothesis one to five, therefore, in Leigh's case, proved to be valid.
- Ricky's meaning attribution and experience of his situation also to be irrational mainly because of his parents' overprotectiveness, with the accompanying consequences in his relationship formation with the important others in his life, himself and objects and ideas. However, it was clear that in his identity formation the degree of regression that he displayed, was experienced negatively and therefore he showed realistic behaviour. He did not want others to see him drinking from his baby bottle and using the pacifier. Ricky's self-talk, self-concept formation and ultimate self-actualization therefore also seemed to have been impeded to a degree.

- It appeared though as if the regression he showed would be easier to remedy than in Leigh's case (compare para. 2.7.3). Hypotheses one to five yet, in Ricky's case, proved to be valid.

6.5 Conclusions.

The conclusions that the researcher draws from his empirical investigation, for the sake of structure, will be set out under, Involvement, Meaning attribution, Experience, Relationship formation, Identity formation, Self-talk, Self-concept formation and Self-actualization. However, it should be emphasized here that each of the mentioned concepts are in mutual interaction with each other. It is therefore possible to distinguish between the concepts but they cannot be separated from each other. The reason for this, as it appears from the literature and also the investigation, is that any one concept is pre-condition for the actualization of the other concepts.

6.5.1 Involvement.

The pre-school children in the investigation involuntarily, had to become involved in the treatment and medical procedures administered to them. Due to the fact that leukemia is a chronic disease, they were forced to fully "be there" since leukemia became an integral part of their lives. However, total involvement is a pre-condition for meaning attribution, so that a relationship can be formed between the self and the object or events to which meaning is being attributed (para. 2.7.2.1).

The hospitalization of a child necessarily implies a change in his total life pattern. He is taken from a familiar and safe environment to an unknown situation. The

further fact that he is ill, aggravates this change and complicates the adjustment, which often results in unnecessary anxiety (para. 3.7.1.2). The pre-school child is still very much dependent on the security of the family environment and the approval of the adult. His concentration is therefore greatest when the parents are in the immediate vicinity (Basson 1985: 20).

6.5.2 Meaning attribution.

The investigation shows that two of the pre-school children, Leigh and Ricky, were prone to illogical reasoning and distraction in their situation. It could be considered to be irrational meaning attribution, that did not keep up while dealing with reality. Meaning attributed to any situation usually is emotional by nature, especially when it takes place outside of the logical meaning thereof (para. 2.1.2). Because of these affective overtones, the rational meaning attribution of the mentioned pre-school children, were overshadowed and have, so it would seem, resulted in irrational meaning attribution to their situation. It therefore appears to the researcher, from the investigation, that Ricky's irrational meaning attribution to his situation, will be easier to remedy than that of Leigh's.

Although the pre-school child still manifests, according to Garbers (1981 : 3), captivating, typical childish misinterpretations and mistakes, it is still relatively easy to communicate with him. He is therefore still living to a large extent in a world of his own. This is why it is so important for the parents, to be close to the pre-school child at all times, to answer any questions honestly and to help resolve and discuss any uncertainties with him.

It is clear from the foregoing that a person's experience of a situation, depends to a large extent on his meaning attribution to it. There is therefore a mutual interaction between meaning attribution and experience.

6.5.3 Experience.

All three the pre-school children in this study initially, whenever medication was administered, experienced anxiety and stress. The researcher however, is of the opinion that the meaning attributed by them during these situations and their experience of it was, although negative, nevertheless realistic. An aspect that underlines this statement, is the fact that the human physicality, according to Pretorius (in Oosthuizen & Jacobs 1985 : 201), is considered to be the centre of experience and that all children have their own and unique needs. According to Fauvre (1988 : 72), peculiar and individual behaviour and actions in a situation, are also characteristic of children who do not suffer from a chronic illness. However, it seemed as if Leigh's irrational meaning attribution to her situation, with the accompanying anxiety and tension that she herself experienced, as well as that of her parents, which she most probably sensed, resulted in her experiencing her situation as being negative. As it appears from the literature, experience serves as incentive or impediment of a person's involvement in every meaningful act (para. 2.1.3). The researcher therefore posts a question over Leigh and her parents' relationship with each other, amongst others, due to the fact that experience determines the quality of relationships (para. 3.7.1.3 and 3.7.1.4).

6.5.4 Relationship formation.

From his observations and the interviews conducted with the parents, the

researcher concluded that the parents accepted their pre-school children unconditionally. However, the multitude of factors that played a role during relationship formation, had a clear effect on these pre-school children's relationship formation as a whole. Factors such as the strange circumstances, the accompanying painful medical treatment and side effects, regular periods of hospitalization and/or visits to the day clinic, so it appeared, had an effect on these pre-school children's relationship formation with themselves, others and objects and ideas (para. 3.7.1.3). The pre-school child's need for safety and security, is expressed in a longing for a fixed daily routine and the insistence on the exact repetition of rhymes and stories (Garbers 1981 : 7).

It further appears that Ricky and Leigh's parents were prone to overprotection and that especially Leigh's parents accepted almost any behavioural expression she displayed. This may have led to her, in her relationship with her parents, to make use of regressive behaviour to emphasize her dependence on her parents (para. 3.7.1.4). This underlines the fact that in the case of a negative affective relationship, inconsistent aspects are anticipated and the stabilizing effect disappears to make way for lability (Oosthuizen & Jacobs 1985 : 194).

However, the mentioned data forces the researcher to conclude that the opposite also applies here, in that a positive affective relationship, has a stabilizing effect on the emotional life and that promotes mutual trust (Oosthuizen & Jacobs 1985 : 194). Security and safety is experienced because sympathetic and consequent actions are characteristics of such relationships. It seems that Shaun and his parents established a positive affective relationship because the security, the safety and consequent action, which the pre-school child expects from his

parents, were present. It turns out that he was guided to the extent where his involvement in, meaning attribution and experience of his situation that he, with the constant support of his parents and others, could come to full self-actualization (para. 2.7.2.4).

6.5.5 Identity formation.

Due to being forced to become involved in their situations, with the accompanying meaning attribution and experiences, the three pre-school children who were featured in this investigation formed an identity of "I-am sick". Due the drastic and immediate change in environment, from home to hospital, the identity they formed was realistic. Their daily routine has been overturned and everyone involved with these pre-school children, worked with urgency and above all revealed an attitude of concern. The continuous and sustained parental support, was a major contributing factor to help them to experience the situation as “safe-for-me”. Ashcroft (1984 : 18) and Fauvre (1988 : 72) agree with this.

The formation of other identities such as a gender role identity, self-identity, etc., were, as the investigation showed, well established with Shaun and Ricky. On the other hand, the degree of regression that Leigh showed, indicated that she experienced herself as being younger than what she really was. It also appeared that this situation, regarding Leigh, would be difficult to revoke without professional help (para. 3.7.1.5).

6.5.6 Self-talk.

Apart from Leigh, Ricky and Shaun showed signs of being on a "pre-school child

level" with regards to their self-talk. This was evident from the questions they asked as well as how they responded to circumstances such as, medical procedures, medication that had to be taken and the presence of certain medical staff.

The fact that Leigh and Ricky both started making use of baby bottles and pacifiers again, indicates that they were looking for safety and security (Piek 1981 : 1). They, in their self-talk, therefore experienced their situation as so threatening, that they sought some sort of compensation. Their parents' overprotective attitude may have contributed to exacerbated this situation, especially in Leigh's case, regressing also in her language skills (para. 3.7.1.6).

Corrective action regarding Ricky's regression does not appear to be too difficult but in Leigh's case, the parents should seriously consider professional help.

6.5.7 Self-concept formation.

Self-concept formation indicates self-preservation and a perception of the self (Jacobs Vrey 1982 : 21). The conclusion can therefore be made that in coherence with these pre-school children's relationship formation, identity formation and self-talk, taking into account their particular situation, the possibility exist, for them to develop a realistic self-concept. This seems to have been the case with Shaun (para. 2.7.2.7). Even Ricky's perception of himself seems to have been realistic, even though he, compared to Shaun, made use of other defence mechanisms to maintain himself. Shaun did not regress to baby bottle drinking and wanting a pacifier, but made use of other methods, to avoid or prolong a potentially painful and/or uncomfortable situation. He would, for example, turn

his head away to avoid eye contact, ignore medical and other personnel, refuse to co-operate, and so on.

Ricky was embarrassed by his own behaviour, suggesting that it possibly could have had a negative effect on his self-concept formation. On the other hand it also actually indicates to a realistic perception of his behaviour. Based on this, the researcher made the statement that Ricky's regression, would be easier to remedy than that of Leigh.

Leigh, on the other hand, began to experience herself as younger than she really was. It thus comes down to the fact that she could not maintain herself in her situation, which causes one to question her meaning attribution to her situation. Her parents' tense, anxious and suspicious attitude seemed to have been transferred onto her and because she, as a pre-school child, did not want to / could not, bear the responsibility, she regressed to being a small child again. It would appear to the researcher that she did this, to emphasize her dependence on her parents (para. 3.7.1.8).

It also appeared that she was trying to convey the message to them, that they were overbearing towards her, since they constantly emphasized the seriousness and possible dangers posed by her illness. By showing regressive behaviour, she may have been trying to tell them that, as a child she did not really understand what is wrong with her and that she, due to her perception of herself, could not handle her own situation. Leigh’s self-concept formation therefore seems to have been unrealistic to such an extent that she, so it seemed, began operating on an irrational level. This, according to the researcher, can be

mainly attributed to the irrational meaning she gave to her own situation, with the accompanying negative experience thereof.

6.5.8 Self-actualization.

The outcome or result of self-actualization is behaviour (Jacobs & Vrey 1982 : 13). If this behaviour conforms with the norms and value systems of the community, it could be said that a person has come to self-actualization.

The investigation therefore shows that Shaun could come to self-actualization. Ricky's behaviour shows that he also could come to full self-actualization since his degree of regression, according to the researcher, is indeed a reversible situation and it will not be difficult to relinquish his habits.

However, it appears that Leigh, at the time of the investigation, has already entered a level of the irrational, especially in view of the extent to which she has already regressed. It therefore does not appear as if Leigh would be able to come to full self-actualization, without the intervention of a professional person, such as an Educational Psychologist (para. 3.7.1.9).

6.6 Summary.

A clear reciprocal interaction can be seen between the categories, involvement, meaning attribution and experience with regard to the essential concepts relationship formation, identity formation, self-talk, self-concept formation and self-actualization (compare Figure 1 para 2.7.1). This reciprocal interaction therefore forces the researcher to conclude that the pre-school child with leukemia, taking into account his unique situation, can come to full self actualization. However, it is also true that the early recognition (external

observation, -listening and -empathizing) of any possible unrealistic involvement in-, meaning attribution and experience of his situation, by the pre-school child with leukemia, is of the utmost importance, for him to be able to come to full self-actualization.

6.7 Recommendations.

The researcher is of the opinion that according to and taking into account, the repeated traumatic experiences that the pre-school children with leukemia, experience during treatment, there is an undeniable danger that these children may not be able to come to full self-actualization. This is why the researcher by means of the following few recommendations aims to reduce the risk that, if possible, not one pre-school child with leukemia, would be impeded and/or restrained on his/her journey towards adulthood.

- The pre-school child with leukemia expects/requires consistent, empathetic actions of all who are involved with him/her in his/her situation.

- A tense, anxious and/or suspicious attitude by the parents, in front of the pre-school child with leukemia should preferably be avoided.

- It must be borne in mind that the child remains a child, regardless of his circumstances. Therefore, everyone involved with the pre-school child with leukemia, should guard against overprotection of these pre-school children.
- It should be considered to involve an Educational Psychologist during the initial diagnosis of leukemia, to provide the necessary expertise guidance

to the patient and his/her parents, to assist them to process the strange and sometimes confusing first few days.

- The parents, who spend most of their time with the child, must be informed and made aware of the danger signs, that may indicate that the pre-school child with leukemia, are possibly attributing illogical/irrational meaning to his/her situation.

- The parents and anyone else with whom the pre-school child with leukemia, during treatment, enter into a relationship, must be alert and/or be made aware, regarding how a child becomes involved in and gives meaning to his situation as well as how the situation may be experienced. Corrective action can then be taken by everyone involved with the pre-school child to prevent or resolve a possible problematic situation.

- It can only be to the advantage of the pre-school child if the multi disciplinary team which includes, medical specialists, senior and junior nurses, social workers, the hospital chaplain and volunteers, undergo a training session to address and explain the reciprocal interaction between involvement, meaning attribution and experience, regarding the pre-school child with leukemia's relationship formation, identity formation, self-talk, self-concept formation and eventual self-actualization.

- Following the above it is further recommended that retraining must take place at least twice a year and that, if possible, the parents must be involved. The reason for this, is the tremendous turnover of newly

diagnosed cases, as well as the rotation basis on which medical staff work, especially at training hospitals.

- The expertise of an Educational Psychologist is, according to the researcher, of essential importance in the recognition of possible problem situations. An Educational Psychologist's input can also be of great value during the recommended training sessions, to clarify the situation for the medical staff and others involved, from the pre-school child with leukemia's frame of reference.

- The social worker can possibly act as liaison officer between the medical staff, the parents of pre-school children with leukemia and an Educational Psychological, mainly to determine when the expertise of such a professional person should be relied upon.

- The parents of pre-school children with leukemia can be provided with the names and telephone numbers of local Educational Psychologists who have practices in the areas where they live.

- Any corrective steps to remedy a problem situation should preferably be verified by an Educational Psychologist.

6.8 Implications that this study may have.

Implications that the investigation may have are the following:

- The pre-school child with leukemia's involvement in, meaning attribution and experience of his situation will be better understood by himself and all others involved.

- The pre-school child with leukemia can in his relationship formation, identity formation, self-talk and self-concept formation, be helped and guided, by all involved, to come to full self-actualization.

- Early identification of illogical/irrational meaning attribution to- and negative experiences of his situation, by the pre-school child with leukemia, may lead to the necessary corrective actions to be taken, to prevent or even avoid a possible problem situation.

- Pre-school children with leukemia whose involvement in, meaning attribution to and experience of their situation, do not seem to be obviously problematic can, with the necessary support, motivation, empathy, safety and security be encouraged to come to full self-actualization.

- The presence and/or availability of an Educator Psychologist, would alleviate the tasks of the already overburdened medical staff, while performing their duties. The mental preparation of a patient for amongst others, a bone marrow aspiration and lumbar puncture, patient- and parent management during the initial diagnosis as well as and especially, during diagnosis of a possible setback, when after a period of remission, leukemia cells are found in the blood and/or bone marrow again, comes to mind.
- The possibility that some pre-school children with leukemia in their relationship formation, identity formation, self-talk and self-concept formation, attributes illogical meaning, which can lead to irrational

behaviour or experience of their situation, could be avoided or prevented.

6.9 Aspects that justify further research.

Since little attention is paid in the literature to the involvement in, meaning attribution and experience of the pre-school child with leukemia, in his situation, it also applies to the parents of the child who is diagnosed with leukemia. Information in the literature, referring to the impact and consequences on the family, of a diagnosis of leukemia in a member of a family, on the family, is plentiful. The emotional stress, financial implications, change of life pattern, the importance of support groups, the community's obligations to such a family, and so on, are discussed in detail.

The involvement in-, meaning attribution and the experience of their situation, of the parents whose child is diagnosed with leukemia, as well as their understanding of the child's situation however, requires further, in-depth research. Such research may possibly involve the following:

- The parents' involvement in, meaning attribution and experience of their own situation.

- The parents' involvement in, meaning attribution and experience of their child with leukemia's situation.

- The possible establishment of a program of therapy for parents to help process their situation.

- By establishing such a program of therapy, the parents can be trained and/or guided to lead their child with leukemia on his journey to

adulthood to assist the child to come to self-actualization.

- A practical, workable guide, to prepare and make the parents of a child with leukemia aware of moments, contingencies and possible reactions of the child, during treatment and how to handle it, can be compiled.

6.10 Aspects that still hinders the researcher.

It would appear to the researcher that a qualified Educational Psychologist must be a member of the multi-disciplinary team, especially during initial diagnosis and possibly also during the treatment of a child with leukemia. The usefulness and benefits associated with it, with regards to the specialized assistance which such a person would be able to provide to the child and his parents, seems to be obvious.

The researcher concludes, that the authorities, from government to hospital level, should consider the viability and feasibility of the above possibilities. In the end it should be taken into account that it is all about the child-in-education and an adult in progress whom, one day, will have to justify his place in the community.

6.11 Possible shortcomings in this study.

- One of the shortcomings of a case study is that it tends to give a one-sided account of the subject and his situation. Alternative versions are not considered and this happens especially when only one researcher conducts the investigation.

- An investigation team consisting of approximately three people would in

this study have been the ideal. The reason being that the opinions and conclusions from other perspectives, with regard to the subjects' modes of becoming, would then also been taken into account.

- Due to the fact that this is a **dissertation with limited scope**, the researcher feels that aspects such as involvement, meaning attribution and experience with the associated modes of becoming, which were enlightened in this investigation, could not be described expansively and were not given the emphasis it deserved.

- The hospital situation, where the researcher largely conducted his investigation was not the most suitable environment for such a study. As a result, some of the methods which were used in the investigation, at times had to be altered and adjusted according to the facilities and opportunities available. (With children crying in the background and medical staff walking up and down the hallways, at times, it was not possible to find a quiet and peaceful facility, in which to create an atmosphere to conduct an interview.)

- The nature of the investigation and the emotions associated with the life-threatening diagnosis of leukemia in their child, could have resulted in some of the information relayed by the parents to the researcher, to have been subjective and also subjectively reflected by the researcher, especially taking into account that the researcher's son was being treated for leukemia at the same time.

6.12 Finally.

To conclude this dissertation, the researcher feels the need to briefly explain what became of Shaun, Leigh and Ricky, since the investigation ended.

- The researcher regrettably was informed that Leigh passed away, approximately four months after this investigation. She experienced a setback that was associated with internal bleeding. She was six years and one month old.

- Shaun is now six years old and is still progressing without having experienced any setbacks. He has been in remission for two years now and it is being considered, due to the type of leukemia (AML) he was diagnosed with, for him to undergo a bone marrow transplant to prevent a possible setback.

- Ricky is six years and nine months old and already at primary school. He is at the end of his medication protocol and after almost three years of treatment, has not experienced any setbacks. He is still a favourite among the medical staff and regard almost everyone to be his friend.

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