A qualitative exploration of attachment among war-affected adolescents

Considering relationships in a broader context

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Master's thesis presented to achieve the degree of Master of Science in Educational Sciences, speciality Special Education

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"My parents provided us security by picking us away from the village and they brought us in town. ... For them, they were staying in the village, and for us we are here in town. So each time they could come and they bring for us food, they make sure that the house we're in is paid and they go back in the village. So they kept us by actually giving us security."

(Participant, 20 years)
FOREWORD

This master's thesis is a completion of wonderful, educational and unforgettable academic year. As it has always been an itch to live for a longer period of time in a foreign country, the final year of my study seemed to be the perfect opportunity. It has been an overwhelming experience to live and work for almost eight months in northern Uganda in the context of conducting research in the Gulu Mental Health Unit and performing my internship in the Centre for Children in Vulnerable Situations in Lira. For me, this combination of the theoretical and the practical resulted in a deepened learning experience and an immersion into the Ugandan context.

Unquestionably, there have been a lot of people who supported me during the process of completing this work. First of all, I would like to give my greatest acknowledgement to the participants whom I had the chance and privilege to interview. As I think back, I'm still astonished about how you opened up to me and gave me your trust. Further, I would like to thank my mentor Dr. James Okello for his ideas and support during my stay in Gulu. The discussions we had on my dissertation and life were very educative – and amusing. Thanks to Susan for being a magnificent interview-colleague and my Gulian mother. Thank you Prof. Dr. Ilse Derluyn for your critical reflections and questions which made me look at things in a different way, and also for your trust in me. Big thanks to my colleagues from CCVS Lira, Lieve, Patrick, Jenifer, Denis, Evelyne and Roscoe, for making my stay in northern Uganda a milestone in my professional and personal life. You really are the best team – ever seen! Thank you Julie for being my companion throughout this journey as a member of CCVS Lira's "second lot" and for supporting me during and after our Ugandan adventure. Also, thanks to my parents, Hannes, Pim, and Tijl for reading through my dissertation and, in the first place, for supporting me in my choice to go to Uganda.

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INTRODUCTION

The conflict in northern Uganda can be described as "one of the longest running, most complex and brutal conflicts on the African continent in recent history" (Spitzer & Twikirize, 2012, p. 69). Over a time span of twenty years, 300 000 persons deceased (Kisseka-Ntale, 2007) and approximately 1.5 up to 2 million people got displaced (Pham, Vinck & Stover, 2009). Hence, the context in which the current research was executed is different from the one in which Mary Ainsworth's first empirical study on attachment among Ganda infants in the early 1950s was embedded (Ainsworth, 1967). From this perspective, one can regard this dissertation as going back to the roots of early attachment research surrounded by similar and other contextual factors influencing the daily life of communities. This influence is also true for relationships, may they be social or attachment-related (Machel, 2000; Rieder & Choonara, 2011). Also cultural values and beliefs could be seen as one of these influencing factors (Chuang, 2009). Some decades have passed and lots of cross-cultural studies have been executed on attachment theory, often full of contradictory findings. Originally, this research centred around proving the (in)validity of the Strange Situation procedure, designed by Ainsworth and her colleagues to categorize children as being securely or insecurely attached to their caregiver(s) (Ainsworth & Bell, 1970). Nowadays, this focus has been replaced by the search for contextualized meanings of attachment behaviours (Harwood, Miller & Irizarry, 1995). The current study is an example of the latter trend as we wanted to explore attachment and supportive relationships from an emic perspective (Berry, 1989). Therefore, it was chosen to use qualitative research methods to deepen our understanding on this subject from the adolescent's point of view, which we see as inherently valuable (Armstrong, Hill & Secker, 2000).

In this dissertation, we will first present a brief overview of the history and current state of the conflict in northern Uganda, as it is also necessary to frame this research in a wider historical and political context. Then, after giving a glimpse of what is known on attachment theory, we will propose to contextualize attachment relationships through focusing on four potential influencing factors, namely parenting practices, social support, war or conflict, and cultural values and beliefs. These factors were chosen because, while analyzing the interviews, these seemed to be recurrent themes that were implicitly addressed by the adolescents. Hence, they could – and did – serve as a prolific base to guide the study. Afterwards, attachment development in adolescence will be reviewed briefly. Also, (attachment) research from the perspective of the child/adolescent will be discussed. In a second part, the methodological basis of this study will be elaborated by presenting the research statement and questions, the design, an overview of the procedure which was used (data collection and analysis), reflections on ethics, and quality criteria which were used to guide the study. Third, results following the data analysis will be presented. In the discussion section, results will be reviewed against the existing literature. Finally, some key conclusions will be drawn, and practical implications and limitations of the current study will be proposed.

Throughout this dissertation, APA norms were used.
LITERATURE REVIEW

1. HISTORICAL AND POLITICAL CONTEXT OF NORTHERN UGANDA

The history of Uganda is characterized by the institutionalization of multiple struggles for power and the use of violence in order to achieve this goal (Doom & Vlassenroot, 1999; Van Acker, 2004). These power struggles have their roots in the period when Uganda was a protectorate under the rule of Great Britain whereby the suzerain effectuated a division between the north and south, which persisted into the post-colonial era (International Crisis Group, 2004; Kisseka-Ntale, 2007; Lindemann, 2011). This created a context of ongoing instability long before the Lord's Resistance Army (LRA), led by Joseph Kony, came into the picture.

The LRA arised out of remnants of former rebel groups who fought the Ugandan army. From 1986 onwards, Kony claimed to overthrow the Museveni government and install a new Uganda based on the Biblical Ten Commandments (Doom & Vlassenroot, 1999). At the beginning of the 1990s, the LRA-conflict diminished in intensity and peace negotiations were initiated in 1994. However, these talks collapsed (Apuuli, 2005) and the LRA changed its conduct regarding the Acholi population. Next to attacks on civilian targets and major massacres, they also augmented the abduction of children (De Temmerman, 1999; Doom & Vlassenroot, 1999). In an attempt to escape life as a child soldier, thousands of children spent their nights in the cities, whereby they quickly became known as "night dwellers" (Apuuli, 2005). As a counter-strategy, the Uganda army forced the Acholi into Internally Displaced Persons Camp’s (IDP camps) where they experienced terrible living conditions (Brown, Metzler, Root, & Vinck, 2012; Kisseka-Ntale, 2007; Roberts, Ocaka, Browne, Oyok, & Sondorp, 2009; Spitzer & Twikirize, 2012). In 2005, after both a military operation against the LRA and peace talks failed (Apuuli, 2005; International Crisis Group, 2005), the International Criminal Court unsealed warrants of arrest against five top LRA commanders accusing them of war crimes and/or crimes against humanity (De Temmerman, 2007; International Criminal Court, 2005). Furthermore, in 2006, new peace talks began which resulted in the LRA retreating into Garamba National Park in DRC, and the end of its operation and terror in northern Uganda (Brown et al., 2012; Cakaj, 2010; Lane, 2007; Lindemann, 2011; Tumuteogyereize, 2012).

Anno 2013, it has been reported that the LRA is "about 200 guns strong with nearly 400 personnel compromising women and children" (URN, 2013), operating in DRC, South Sudan and the Central African Republic. As the Ugandan army captured Caesar Acellam, one of the top five commanders of the LRA, in May 2012 (Vidal, 2012) and killed Brigadier Vincent Binani Okumu in combat in January 2013 (Baguma, 2013; Invisible Children, 2013), only time will tell if this means a final blow to the LRA and leads to its decommissioning.

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1 The Acholi are an ethnic group of people, mostly living in the districts of Gulu, Pader and Kitgum.
2. **A CONTEXTUAL PERSPECTIVE ON ATTACHMENT RELATIONSHIPS**

2.1 **A brief overview of attachment theory**

The general frame of attachment theory stems from the work of the British psychiatrist John Bowlby during the mid-20th century. Drawing from ethology, developmental psychology, cognitive science and psychoanalysis he looked at attachment from an evolutionary perspective (Bretherton, 1992). That is, the formation of attachment bonds is conceptualized to yield a survival advantage whereby the child seeks proximity of a caregiver who can provide security, safety and comfort (Bowlby, 1969). Proximity is obtained through attachment behavior of the child, like crying, smiling and following the caregiver (Ainsworth, 1967). These behaviours are believed to be organized in an innate attachment behavioural system, which is activated in times of stress.

In the 1950s and 60s, Mary Ainsworth performed two naturalistic observation studies on mother-child interaction, in Kampala, Uganda, and Baltimore, USA, whereby Bowlby's conceptual ideas on attachment were empirically tested for the first time (Bretherton, 1992; Main, 2000). Later on, she developed the well-researched "Strange Situation", an assessment tool that "triggered the productive flowering of the empirical study of individual differences in attachment quality" (Cassidy, 2008, p. 4) and gave attachment theory an important place in developmental psychology (van IJzendoorn & Kroonenberg, 1990). These individual differences were theorized to be connected to the child's “internal working models” which consist of representations of the attachment figure(s) and, closely linked, representations of the self. These cognitive schemes are gradually internalized based on interactional experiences with the child's caregiver(s) (Mikulincer & Shaver, 2009). Furthermore, on the basis of the Strange Situation procedure, three attachment strategies were distinguished, namely secure, ambivalent, and avoidant (see for example Ainsworth, 1989). Later on, a fourth category, disorganized/disoriented, was added (Main, 2000).

Summarized, three aspects can be distinguished in attachment theory: (1) the child's tendency to seek proximity to specific individuals; (2) the infant’s propensity to use these selected individuals as a secure base to explore the environment; and (3) the refuge of the child to these individuals as a safe haven (Bretherton, 1992; Cassidy & Mohr, 2001). As Ainsworth emphasized that “attachment theory as originated by Bowlby is an open-ended theory – open to extension, revision, and refinement through research” (as cited in Grossman et al., 2002, p. 310), the current study sought to explore attachment from a broader, contextual perspective.

2.2 **Considering attachment from a broader, contextual perspective**

This study will be guided by a more contextual view on attachment as a result of two important claims in the literature. First, scholars have proposed that we should extend our view on attachment from a dyadic towards a network perspective (Rothbaum, Rosen, Ujiie & Uchida, 2002; van IJzendoorn & Sagi-Schwartz, 2008) whereby opportunities are created to include members of the
primary family\(^2\); extended family\(^3\) and other persons outside of the family, like friends, community members, etc. Second, research on attachment theory has shown that multiple interacting factors can have an influence on attachment relationships (Caldera & Lindsey, 2006; Coleman & Watson, 2000; Cowan, 1997; Lutz, Anderson, Pridham, Riesch & Becker, 2009). Although it would be beyond the scope of this dissertation to address all of these influences, four recurrent contextual factors were selected that could provide a feasible framework for the current study, namely (1) parenting practices; (2) social support; (3) cultural values and beliefs; and (4) war or conflict. In what follows, we will link these factors to the influence they can have on attachment relationships.

2.2.1 Influence of parenting practices on attachment relationships

Similar to attachment behaviour, Bowlby (1969) conceptualized parenting behaviour as innate in that caregivers feel the biological urge to protect and care for their child. Like attachment behaviour, parenting behaviour is believed to be organized into the caregiving system. Bowlby (1988) looked upon parenting as an "example of a limited class of biologically rooted types of behaviour" whereby "each of these types of behaviour contributes in its own specific way to the survival either of the individual or his offspring" (p. 6). Consequently, attachment and parenting behaviour can be seen as complementary and related to, respectively, the seeking and giving protection in times of stress (Collins & Feeney, 2000; McCarthy & Davies, 2003). Furthermore, in interactions with the child other parental systems can be activated, like feeding or teaching the child. This is also true for the child who can approach his caregiver just for playing without the expectation to receive comfort (Bowlby, 1969; Cassidy, 2008).

One of the assumptions of attachment theory is that the quality of the child-caregiver relationship largely depends on the quality of care a child receives from its caregiver (Bowlby, 1969). In this respect, parental sensitivity is a well-established precursor of secure attachment relationships (Allen et al., 2003; De Wolff & Van IJzendoorn, 1997; Lucassen et al., 2011). However, other variables in the child, the caregiver or the larger environment could also have a role in the shaping of attachment (Cowan, 1997; Coleman & Watson, 2000; Carlson & Harwood, 2003).

2.2.1.1 Role of the extended family

As "in most of sub-Saharan Africa, family depicts more than biological parents and their children" (Mathambo & Gibbs, 2009, p. 23), parenting practices often are imbedded in the extended family. In such a context, children can form many relationships with different family members, like grandparents, aunts, uncles, cousins, in-laws, etc. (Karimli, Ssewamala & Ismayilova, 2012). These different members can even carry their own responsibility for the care of the child (Bakermans-Kranenburg, van IJzendoorn & Kroonenberg, 2004; Dunsmore & Halberstadt, 2009; Howes &

\(^2\) The primary family, or the nuclear family, includes mother, father, and their children (Georgas et al., 2001).

\(^3\) The extended family is based on blood relationships. It can include grandparents, uncles, aunties, cousins, and in-laws (Karimli et al., 2012).
Spieker, 2009; Liljeström, 2004;). For instance, Kermoian and Leiderman (1986) studied the infant-mother and infant-caretaker interaction among the Gusii of southwestern Kenya. They observed that infant caregiving was shared by these two figures whereby the mother was responsible for meeting the child's physical needs (e.g. through bathing and breastfeeding) and the caretaker for stimulating its cognitive and social development (e.g. through playing).

Sometimes, when the biological parents are not capable or wanting to take care of the child, members of the extended family can become its primary caregivers. For instance, in the light of the HIV/AIDS pandemic, grandparents (Karimli et al., 2012) and older siblings (Yanagisawa, Poudel & Jimba, 2010) are increasingly becoming a safety net for orphaned children/adolescents. No doubt, this new parental role is a "life-altering experience with the potential for positive and negative physical and psychological consequences" (Doblin-MacNab, 2009, p. 210).

Whereas most of the literature indicates that the presence of an extended family can enhance the likelihood of positive outcomes in the child/adolescent (Koselny, 2006; Laible, Carlo & Raffaelli, 2000), some studies show that living in extended families can also have a negative impact on mothers (Zevalkink, Riksen-Walraven & Van Lieshout, 1999). For instance, in a study by Sonuga-Barke and Mistry (2000), in which 86 Asian Hindu and Muslim families participated, the researchers found that extended family living had a positive effect on children and grandmothers. In contrast, it placed mothers at risk for mental health problems, such as depression and anxiety.

2.2.1.2 Formation of multiple attachments when more caregivers are invested in the child

In the first empirical study on attachment in the early 1950s, Ainsworth (1967) had already observed that the Ganda infant could form attachments towards different caregivers. Also Bowlby (1969) acknowledged this occurrence of multiple attachments. This was strengthened by subsequent research which has shown that attachments can be developed towards several persons who have close relationships with the child/adolescent, ranging from the primary biological family to non-related persons. However, some implications resulting from attachment theory need to be addressed on this matter. First, this list of multiple attachments is not infinite as infants are very selective about who they choose as an attachment figure (Ainsworth, 1979; Cassidy, 2008). Second, not all social or affectional relationships can be defined as an attachment bond. That is, attachment only reflects one aspect of this relationship whereby the child seeks protection of the caregiver and the latter is seen as a source of comfort in times of stress and need (Allen, 2008; Scott, Briskman, Woolgar, Humayun & O'Connor, 2011). Third, Bowlby suggested that an attachment hierarchy is implied as not every attachment figure is equally important as the other. He stated that "there is abundant evidence that almost every child habitually prefers one person, usually his mother figure" (Bowlby, 1988, p. 31). This statement has been strengthened by subsequent research (Paterson, Field & Pryor, 1994; van Ijzendoorn & Sagi-Schwartz, 2008).
2.2.2 Influence of social support on attachment relationships

Social support\(^4\) can be seen as a second factor influencing attachment (Flaherty & Sadler, 2011). Resulting from attachment theory, it was conceptualized that human beings have basic needs, like the need to be cared for and to receive emotional support, which are naturally satisfied by social relationships (Hazan & Shaver, 1994). Research has found that available support and perceptions of attachment security are closely linked. Moreover, available support was seen as an important characteristic of a secure attachment relationship, in addition to, for example, acceptance and closeness (Asendorf & Wilpers, 2000). Indeed, attachment relationships have proved to fulfil many functions in post-war settings (Betancourt & Khan, 2008). In this respect, Ager (2006) provides us with a functional perspective on family:

"The family is whatever provides an economic foundation for meetings physical needs, fosters basic skills and competencies, fosters social access, and transmits core cultural knowledge and values. For the majority of the children these functions will be fulfilled by relatives in structures approximately established models of family. For many, however, and particularly in the context of the familial disruption associated with civil conflict, “family” will be provided by a wide range of social relationships" (p. 57).

Thus, it is acknowledged that support can come from many sources. Indeed, many providers have been studied with respect to their accommodation of different kinds of social support. It was even claimed that particular social relationships carry specific expectations concerning what kind(s) of social support(s) they should provide (Ainsworth, 1989; Lowe, 2004). In this respect, physical, material and/or financial support, like food, physical protection, basic care and money, can be provided by the biological family/parents (Triplehorn & Chen, 2006) and grandparents (Karimli et al., 2012). Further, biological parents also can provide knowledge and advice (Grossmann et al. 2002). Emotional support can be given by the biological parents (Laible et al., 2000; Merz, Schuengel & Schulze, 2008) and the extended family (Karimli et al., 2012). Also, while in adolescence parental support normally decreases (Seiffge-Krenke, Overbeek & Vermulst, 2010), peers\(^5\) can become alternative providers of emotional support (Pinkerton & Dolan, 2007). Also social support can be provided by the biological family (Herrman et al., 2011) and peers (Gorrese & Ruggieri, 2012). Finally, social and/or emotional support can come from various community members (Herrman et al., 2011; Kostelny, 2006; Triplehorn & Chen, 2006)\(^6\).

\(^4\) Wills (as cited in Taylor, 2004, p. 354-355) defined social support as "the perception or experience that one is loved and cared for, esteemed and valued, and part of a social network of mutual assistance and obligations". Furthermore, several subdivisions of social support have been suggested (see for example Taylor, 2004; and Pikerton and Dolan, 2007).

\(^5\) In the current study we regard peers as people of the same age.

\(^6\) One can notice the enormous overlap between this enumeration of these support sources and the possibility of the child/adolescent to develop multiple attachments with different caregivers, which could further support the claim that attachment and social support are closely linked (Asendorf and Wilpers, 2000; Betancourt & Khan, 2008).
When looking from the perspective of the caregiving system, the provision of support can be seen as a manifestation of this behavioural system. However, assistance to this caregiving system also seems to be important (Bowlby, 1988) in the indirect promotion of a secure attachment in the child (Spieker & Bensley, 1994; Tomlinson, Cooper & Murray, 2005) and the psychological support of the parent(s) (Bamurange, 2004; Feldman & Vengrober, 2011).

2.2.2.1 A fruitful framework on social support

Many frameworks on social support have been elaborated, for instance by Pinkerton and Dolan (2007). This framework could be prolific as it includes the entire social ecology in which the youngster and his immediate network are imbedded. Pinkerton and Dolan propose a nested social model on family support:

"The young person requires the support of immediate family. Family rests on the support of extended family, which in turn draws on a wider informal network of friends, neighbours and community. These various sources of informal support in turn need to be able to access a wide range of formal institutions within the statutory, community, voluntary and private sectors to meet young people’s educational, health and recreational needs and give expression to their rights in these areas. It has also to be recognized that the statutory, community, voluntary and private sectors require support from national policy and legislation" (p. 221).

This framework also leaves room to include multiple aspects of social support. Therefore, based on what could be interesting in the current research, we chose to include (1) physical; (2) financial; (3) material; (4) emotional; (5) social; (6) and spiritual support.

2.2.3 Impact of war on attachment relationships

As war encompasses a continual threatening environment and can result in family separation, abandonment and loss of an attachment figure, it can have detrimental consequences on the child/adolescent’s attachment and mental health (Albertyn, Bickler, van As, Millar & Rhode, 2003; Efevbera, 2009; Machel, 2000; Rieder & Choonara, 2011). For instance, research by Haskuka, Sunar and Alp (2008) among 222 students with different levels of exposure to the Kosovo war, has showed that war exposure was associated with a potential change in attachment representations from secure to insecure. Indeed, negative life experiences have been associated with discontinuities in attachment representations (Hamilton, 2000; Lewis, Feiring & Rosenthal, 2000; Waters, Hamilton & Weinfield, 2000).

2.2.3.1 Potential protective effects of attachment and social relationships

Although exposure to war and other potential traumatic experiences yield a risk for developing mental health problems, studies on resilience have showed that not everyone is affected (Haroz, Murray, Bolton, Betancourt & Bass, 2013). Research has indicated that a secure attachment can serve as a protective factor towards supporting positive outcomes in the face of adversity

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7 You can find a visual presentation of this model in the supplement section (part A).
Furthermore, nurturing, effective, and "good" parenting (Agaibi & Wilson, 2005; Blaustein & Kinniburgh, 2010; Herrman et al., 2011; Lieberman, 2011), and other supportive relationships can also play an important role in strengthening the child/adolescent's coping mechanisms (Annan, Blattman & Horton, 2006; Laible et al., 2000). However, the association between social support and the buffering against negative outcomes have not always been confirmed (Haroz et al., 2013; Klasen et al., 2010). One possible explanation could be that war also has the potential to cause negative consequences regarding the caregiving system (McCarthy & Davies, 2003). Indeed, studies have shown that "caregiver mental health may mediate the availability of social support and primary attachment relationships available to the child" (Betancourt & Khan, 2008, p. 322). Furthermore, the mental health status of the caregiver or attachment figure also seems to be an important predictor of the child's mental health (Feldman & Vengrover, 2011; Tomlinson, Cooper & Murray, 2005; Wilkinson, 2004).

2.2.4 Influence of cultural values and beliefs on attachment

As Ainsworth's Baltimore study was meant to replicate the findings of her study on attachment bonds among Ganda infants (Ainsworth, Blehar, Waters & Wall, 1978), she was delighted to see that many of the children in the USA expressed similar attachment behaviours. Although Ainsworth cautioned subsequent researchers that care methods differed from culture to culture, "she believed her attachment theory was tapping into a universal behavior" (Mooney, 2010, p. 30). This finding was supported by Bowlby's (1969) claim that the drive to form attachment bonds is innate in humans and even in some animals, making its universality a core element of attachment theory (Ainsworth, 1989; van IJzendoorn & Sagi-Schwartz, 2008). However, as attachment theory grew and more research was conducted, this claim of universality became the centre of growing controversy (Wang & Mallinckrodt, 2006). Especially the Strange Situation procedure was questioned as researchers claimed this procedure was not a valid measure in contexts outside of the USA, where it was originally developed (True, Pisani & Oumar, 2001). In particular, it was stated that the tool was designed to prove universality regarding attachment (Main, 2000) and assumed a similar experience of stress during separation from the attachment figure (Harwood, Miller & Irizarry, 1995; van IJzendoorn, 1990). Although research has shown that there are differences in the classical attachment strategies (secure, ambivalent, and avoidant), these categories were found to exist in every cross-cultural study so far with secure attachment being the most prevalent (for an overview, see van IJzendoorn & Sagi-Schwartz, 2008). These divergent distributions could indicate

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8 An important footnote to start this part with is that, although cross-cultural research on attachment will be described, it is important to take into account the dynamic nature of cultures which can lead to intra-cultural differences (Cassidy, 2008; Zevalkink et al., 1999). Therefore, one should be careful to assume that an individual sample of a particular (sub)culture is representative for this whole group. Moreover, van IJzendoorn & Kroonenberg (1988) have indicated that "intra-cultural differences [in attachment behaviour] are 1.5 times as large as cross-cultural differences" (p. 154).

9 Culture is defined by Chuang (2009) as "a set of shared values, beliefs, and practices, which include the dynamically structured relationships affecting the course of development" (p. 191).
that insecure attachment strategies possibly are more adaptive in some contexts or cultures (Kondo-Ikemura, 2001; van IJzendoorn & Sagi, 2001). Herewith, this finding also acknowledges contextual or cultural differences. Summarized, van IJzendoorn's (1990, p. 8) claim that "attachment theory ... constitutes a very fruitful and powerful heuristic without being empirically supported in every respect" could be a helpful perspective to avoid rejecting attachment theory as a whole, after careful consideration of the influence of cultural beliefs and values.

2.2.4.1 Influence of cultural values and beliefs on attachment and social relationships

The child-caregiver relationship is always embedded in a particular framework of cultural values, beliefs and practices (Reebye, Ross & Jamieson, 1999) and this claim is slowly getting recognized by multiple scholars (Chuang, 2009). For instance, perceptions of appropriate developmental goals (f.e. independence in individualistic societies or interdependence in collectivistic societies\(^\text{10}\)) can influence the conceptualisation of sensitive parenting (Carlson & Harwood, 2003; Rothbaum et al., 2002; Rothbaum, Weisz, Pott, Miyake & Morelli, 2000). Consistently, culture has been found to be associated with accepted parenting practices, for example the active involvement of extended family members in the upbringing of the child (see 2.2.1.1 in this review). Keller, Voelker and Yovso (2005) inclusively propose that "based on a universal parenting repertoire, the component model of parenting allows specifying parenting styles as responses to different contextual demands with different perspectives for developmental goals" (p. 174). Herewith, both universal and context-specific aspects of parenting are able to coexist.

2.2.4.2 Need for an emic approach to research on attachment

In cross-cultural research there has been a long-standing tension between an emic and etic approach. An emic perspective on research focuses on the indigenous, culture-specific meaning of phenomena by attempting to perceive this through the eyes of the members of a particular culture/context (Chueng, 2012; Chung, 1997; Helfrich, 1999). In contrast – but also complementary, "etically"-oriented researchers approach their studies from a metacultural point of view. The development of an equally valid descriptive system across all cultures and generalisation are of crucial importance (Helfrich, 1999). Following Berry (1989), both purposes are important as they can provide us with a different perspective on a similar phenomenon. However, it has been claimed that research on attachment theory has been dominated by an etic point of view (Gergen, 2001; Niblo, 2004; van IJzendoorn & Sagi-Schwartz, 2008), suppressing the value of an emic understanding. Consequently, a growing number of scholars are claiming that a more elaborated emic understanding of attachment could be a fruitful and much needed way forward (Harwood, 1992; Rothbaum et al., 2000). This indigenous approach could provide us with a complementary and enriching insight without rejecting

\(^\text{10}\) Many scholars have considered the discussion concerning differences between individualistic societies (also related to independence) and collectivistic societies (also related to interdependence or an ethic of relatedness) and their subsequent norms and values. See for example Chung, 1997; Liljestrom, 2004; Moscardino, Nwobu and Axia, 2006; Kostelny, 2006; Wang and Malinckrodt, 2006; and Haskuka, Sunar and Alp, 2008.
the chiefly Western theorization and methodology (Chao, 2001; Gergen, Gulerce, Lock & Misra, 1996). Moreover, the claim to study attachment in divergent contexts can be obtained in a similar way (van IJzendoorn & Sagi, 2001; Schneider, Atkinson & Tardif, 2001).

2.2.4.3 Need for qualitative research on attachment
Emic and etic approaches have been associated with specific theories and, consequently, research methods (Berry, 1989). Studies on attachment theory have primarily been executed using quantitative methods which fit the etic perspective, as can be concluded by the overwhelming amount of quantitative in comparison to qualitative research. However, this unilateral perspective fails to tell the "whole story on attachment" (Banyard & Miller, 1998; French, Reardon & Smith, 2003). Moreover, quantitative results can't provide a deeper understanding of the meaning of the obtained results (Paterson et al., 1994). Similar to the emic and etic approach, qualitative and quantitative research methods are complementary (Liegghio, Nelson, & Evans, 2010) in that they enrich each other without one being better than the other – however, unfortunately this is not yet reflected in the current body of research on attachment.

2.3 Attachment in adolescence
Adolescence has been conceptualized as a transformation from hierarchical or vertical attachment relationships, whereby the child/adolescents receives all the care, to peer or horizontal attachment relationships, in which care and support are shared (Allen & Land, 1999). Scholars have posited that from early adolescence onwards adolescents try hard to become independent from their initial attachment figures (Allen, 2008). Instead, peer relationships are developed which can entail a great deal of influence on the adolescent (Laible et al., 2000; Pearson & Child, 2007), and peers can even become important attachment figures (Ainsworth, 1989; Gorrese & Ruggieri, 2012; Nickerson & Nagle, 2005; Schneider et al., 2001; Wilkinson, 2010). This does not mean, however, that primary attachment relationships are easily abandoned (Bowlby, 1979). On the contrary, adolescents keep on relying on their parents for support, though in a much lesser extent than they did during their childhood (Laible et al., 2000; Merz et al., 2008).

2.4 Attachment research from the perspective of the adolescent
For a long time, attachment research has focused on the observation of the child-caregiver relationship. Moreover, most research on attachment in adolescence has been performed using quantitative methods, primarily self-report tools like the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987). However, little qualitative research concerning attachment in adolescence has been executed to this day, especially lacking studies from the perspective of the adolescents themselves. This can be associated with the construction of childhood, depicting children/adolescents as being completely different from adults in their experiences and knowledge. Hence, things said by the child were not perceived as being fully valid (Kirk, 2007). Furthermore,
minors are conceptualized to be a vulnerable research group which could put the door towards exploitation ajar (Mack, Woodsong, MacQueen, Guest & Namey, 2005). Although the claim to provide additional precautions is important, children are potentially depicted as incompetent and vulnerable. Currently, the need for qualitative research is (beginning to be) acknowledged which could mean a changing perspective on children, taking distance from the proposition that they proclaim invalid and unreliable information. Indeed, efforts are being made towards acknowledging children/adolescent's views as inherently valuable (Armstrong, Hill & Secker, 2000). Moreover, involving adolescents in attachment research can provide us with a "deeper understanding of the multidimensional nature of attachment" as it might be possible to "get closer to the issues that are important to adolescents themselves" (Paterson et al., 1994).

3. **CONCLUSION**

Research has indicated that attachment relationships can be influenced by interacting contextual factors, like *parenting practices* (Dunsmore & Halberstadt, 2009; Howes & Spieker, 2009; Karimli et al., 2012; Liljeström, 2004; Mathambo & Gibbs, 2009; Yanagisawa et al., 2010), *social support* (Ainsworth, 1989; Feldman & Vengrover, 2011; Flaherty & Sadler, 2011; Hazan & Shaver, 1994; Lowe, 2004), *war* (Haskuka, Sunar & Alp, 2008; Lieberman, 2004; Zevalkink et al., 1999), and *cultural values and beliefs* (Carlson & Harwood, 2003; Chuang, 2009; Keller et al., 2005; Rothbaum et al., 2002), there is a need for studying this concept in different contexts (Nickerson & Nagle, 2005; Rothbaum et al., 2000; van IJzendoorn & Sagi, 2001). Furthermore, research on attachment has generally been studied using an *etic* approach (Gergen, 2001; Niblo, 2004), suppressing the value of an *emic* understanding of the concept. However, this *emic* conceptualization could be a promising, fruitful approach as it provides us with an insider's perspective (Berry, 1989; Chueng, 2012; Chuang, 2006, 2009; Helfrich, 1999; Rothbaum et al., 2000) which is embedded in a specific context. Qualitative methodologies could be helpful here (Banyard & Miller, 1998; French et al., 2003) as they have been proven to be useful in exploring the meaning of a given concept (i.e. attachment) from the perspective of the participant (Howitt, 2010; Mack et al., 2005). Moreover, investigating the child's perspective is meaningful in providing us with a deeper understanding of attachment relationships (Paterson et al., 1994). Further, research has found that children get support from divergent sources which often fulfil different support functions (Asendorpf & Wilpers, 2000; Karimli et al., 2012).
METHODOLOGY

1. RESEARCH STATEMENT

Although attachment relationships have mostly been studied from an etic point of view (Harwood, 1992; Niblo, 2004), an emic conceptualization could signify a promising, fruitful approach as it provides us with an insider's perspective (Berry, 1989; Cheung, 2012; Chuang, 2006, 2009; Helfrich, 1999). Qualitative methodologies could be helpful here (Banyard & Miller, 1998; Moscardino, Nwobu & Axia, 2006; Scott et al., 2011), though they rarely have been used in studies on attachment (Minde, Minde & Vogel, 2006; Liegghio et al., 2010). Further, as war (i.e. northern Uganda as a post-war context) can have deleterious effects on attachment relationships, studies have focused generally on links between war and psychopathology (Haskuka et al., 2008). Also, investigating from the adolescent's perspective can be meaningful in learning more about what they understand by attachment relations and what it means to them (Armstrong, Hill & Secker, 2000; Walsh, 2009), however this approach has been perceived as less valid than research with adults for quite some time (Kirk, 2007). Lastly, as specific social relationships have proven to fulfil different kinds of support (Asendorpf & Wilpers, 2000; Karimli et al., 2012), there are no studies which deepen our understanding on this matter (Llabre & Hadi, 1997; Nickerson & Nagle, 2005).

As there is need for a qualitative, emic understanding of the concept of attachment, this study seeks to explore attachment and other social relationships from the perspective of adolescents who are attending the Gulu Mental Health Unit in northern Uganda.

2. RESEARCH QUESTIONS

1) Important people while growing up
   a. Who do the adolescents see as important persons when they were growing up, and why?
   b. How do the adolescents perceive the relationship with their most important caregiver?

2) Support resources
   a. How do the adolescents perceive the different kinds of support while they were growing up? Which groups of people are providing these different kinds of support?
   b. What do the adolescents see as the most important kind of support in their upbringing and now, and why?

3) Comparison between characteristics of ideal parent and treatment of own children
   What do the adolescents see as characteristics of the ideal parent? Can we compare this with how they would want to behave towards their children if they would become a parent?
3. **Design**

As stated before, qualitative methods are most suitable considering the nature of this study, namely to explore the meaning of attachment representations from the perspective of the adolescents (see for example Howitt, 2010 and Mack et al., 2005). Furthermore, it was decided to use a cross-sectional design, whereby the data collection is done at one specific point in time (Macnee & McCabe, 2008).

4. **Participants**

4.1 **Sampling strategy**

In the current study, we used a mixed purposeful sampling strategy, that is criterion sampling combined with maximum variation sampling. First, criterion sampling was used to include participants who met some predetermined criteria of interest (Patton, 2002; Morrow, 2005). We included adolescents who were receiving mental health services at the Gulu Mental Health Unit (GMHU) in northern Uganda. The combination with a maximum variance sampling strategy was made in order to collect as much variety among participants as possible, particularly regarding to sex and age. Patton (2002) argues that the heterogeneity of the sample can be perceived as a strength, namely to seek for common patterns that are the same for all of the cases. These sampling strategies were ensured through continuous feedback between the main interviewer, who oversaw the socio-demographic information on the participants, and the second interviewer (see further).

The participants were asked to join in the current study by the second interviewer, a psychiatric nurse, who worked with the participants in advance during therapy sessions in the GMHU. In total, 23 adolescents were approached of which 20 agreed to participate. Two of them said they had no time; one of them didn't want to talk about the subject.

4.2 **Participants’ characteristics**

The twenty participants who joined in this study were aged between 12 and 20 years (M = 16.5; SD = 2.33). Twelve females and eight males participated. Further, seventeen were Acholi and the other three Langi. Eight participants were Born Again, six protestant and another six catholic. Eighteen were in Primary School (N = 9) or Secondary School (N = 9), and the other two were staying at home doing chores. If we look at the living situation, half of the participants were staying with their biological parent(s), five in a boarding school and another five were living with a relative (three with their grandparent(s), one with his siblings and one with his brother's family). The households of the participants varied between two to eleven persons, including the participant (M = 6.6; SD = 2.26). Fifteen adolescents said they were only living with primary biological family members (mother, father, sister and/or brother). Three said their household included at least one extended family member, and five participants lived in the house of one of their extended family
figure(s). Further, eight of the participants’ parents were married or living together, six parents were separated or divorced, the father of four participants died, one father disappeared, and in one case both parents died. Lastly, all participants received services from the GMHU due to mental health problems.

5. **PROCEDURE**

5.1 **Data collection**

In order to address the research questions, an individual semi-structured in-depth interview was most appropriate as it has proven to be "optimal for collecting data on individuals’ personal histories, perspectives, and experiences, particularly when sensitive topics are being explored" (Mack et al., 2005, p. 2). In the current study, the interview was performed by a Belgian researcher, the main interviewer, and a Ugandan psychiatric nurse, the second interviewer and translator.

A main task of the interviewer is to establish a positive relationship between himself and the participant (Clarke, 2006; Mack et al., 2005). In order to talk about his or her experiences, the participant must feel safe and comfortable (DiCicco-Bloom & Crabtree, 2006). In the current study such an environment was created by the second interviewer who gave the adolescents the voluntary choice to participate. If they agreed and all questions were answered, an interview was planned and started with a short introduction by the interviewers. Moreover, the choice to carry out the interview in English, Luo or both was made clear at the beginning. This language choice reassured the adolescents who saw me for the first time and seemed a bit stressed if their English would be "good enough". Also, questions were translated if there was hesitancy in the adolescents' stories which were linked to misunderstanding. All translations occurred simultaneously and gaps were revised during data transcription.

5.1.1 **Interview guide**

As Howitt (2010) claims that “qualitative interviewing needs to be focused” (p. 66), the researcher should develop an interview guide. This flexible outline of the interview is made in advance and includes the topics of interest for the study (Mack et al., 2005; Baumbusch, 2010; Howitt, 2010). The interview guide which was used in this research\(^\text{11}\) included some open-ended questions with the possibility of asking additional ones while conducting the interview, as is generally done in semi-structured interviewing (Baumbusch, 2010; DiCicco-Bloom & Crabtree, 2006; Macnee & McCabe, 2008). The guide was reviewed five times by the second interviewer, and one Ugandan and Belgian researcher. The adjustments generally included the adding of sub-questions, reformulating questions so they would be more clear and providing additional explanations where necessary. During this

\(^{11}\) You can find the final version of the interview guide in the supplement section (part B).
process, the interview guide was piloted among three students in a Secondary School near Gulu town and their comments were also processed.

We can link the design of our interview guide to the phasing in qualitative interviewing as proposed by Rubin & Rubin (2011). In the first and introductory phase, the interviewers presented themselves, explained the purpose of the current study and gave an outline of the course of the interview. Then, the adolescent was asked again if he or she would like to join in the study. If the participant agreed, the informed consent or assent form was explained into detail. Following the idea that "children are capable of meaningful involvement in the decision to participate in research" (Rossi, Reynolds & Nelson, 2003, p. 142), we always asked the adolescent first if he or she wanted to join in the study before asking the parents or another adult (caregiver) for an informed permission. Furthermore, it was very important that the information was adapted to the age and understandable language of the participant. Included in the consents was also the question to audio tape the interview. Tape-recording an interview is considered to be the most common and practical way to produce qualitative transcriptions (DiCicco-Bloom & Crabtree, 2006; Howitt, 2010). After addressing the consents and all questions were answered, the parent/caregiver was asked to leave the room to ensure confidentiality. In the second phase, we started the interview with some questions on socio-demographical information, covering: sex, age, ethnic group, religion, everyday activities, next of kin, current living situation, how many people are living in the household, marital status of parents, and source and reason of referral to the GMHU. These questions had a more factual focus and formed a constructive step towards the core of the interview in the next phase (Rubin & Rubin, 2011). During the third phase, "the researcher moves into the stage of asking more difficult questions that may have emotional responses" (Baumbusch, 2010, p. 256). In the interview guide this stage consisted of three main parts including (1) the exercise "Circles of Trust"; (2) questions concerning different kinds of support and who is providing these; and (3) questions on the perception of the relationship with the most important caregiver. In the fourth stage, we reduced the emotional load by addressing two last questions concerning the characteristics of an ideal parent and how they would treat their own children if they would be a parent. Lastly, the interview was concluded by asking the adolescent if he or she wanted to add something that we hadn't discussed.

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12 You can find a copy of the informed consent and assent in the supplement section (part C–F). We used an informed consent when the adolescent was aged sixteen and above; an assent was used when the participants was younger. The difference between an informed consent and assent is that the latter provides less information than the first one but still gives a general, somewhat less detailed, overview of the meaning of the study (Macnee & McCabe, 2008). Notwithstanding this distinction, in both cases we went through the informed consent/assent together with the adolescent, answered his or her questions and translated where necessary.

13 You can find a copy of the informed permission in the supplement section. An informed permission was asked of a parent, adult caregiver or head teacher of those adolescents who hadn't reached the age of eighteen.

14 You can find the exercise in the supplement section (part G).
and would like to share. Afterwards, we had some small talk and a pen was given to the adolescents as a sign of gratitude towards their participation.

5.2 **Data transcription**

The interviews were transcribed word for word by the main interviewer. Subsequently, the transcripts were reviewed together with the second interviewer who complemented the parts that weren't understood by the main interviewer and translated the Luo fragments into English.

5.3 **Data analysis**

In this current study both quantification (in the form of tables and diagrams) and thematic analysis were used to analyze the research data\(^1\). Hereby, we follow Banyard & Miller (1998) in their claim that "whereas quantitative methods permit the identification of specific patterns of behavior, qualitative methods reveal the subjective meanings that underlie and give rise to these behaviors" (p. 501). Indeed, qualitative and quantitative methods can provide us with a different perspective on the same phenomenon under study.

First, quantification made it possible to place the countable data into tables. Subsequently, diagrams were made to present this information in a clear way. These quantifications were used to support the decision which thematic analyses were most interesting to be explored, following the research questions.

Second, thematic analyses were used to go deeper into the questions which resulted out of the quantifications. Furthermore, this analytical tool "might be a particularly useful method when you are investigating an under-researched area, or you are working with participants whose views on the topic are not known" (Braun & Clarke, 2006, p. 83). This rather descriptive approach to analysis includes searching for patterns (themes) across all interviews (Aronson, 1994; Howitt, 2010). Furthermore, it has proven to be a flexible research tool which can support the researcher in attaining a full, detailed and complex account of the data as it is not bound by a particular theory. In the current study we performed an inductive thematic analysis: a data-led approach whereby the identified themes are closely linked to the data and no pre-determined theoretical frameworks are used to guide the analysis (Howitt, 2010). Furthermore, as thematic analysis is a flexible method which can be used in several ways, "you also need to be clear and explicit about what you are doing, and what you say you are doing needs to match up with what you actually do" (Braun & Clarke, 2006, p. 96). Thus, transparency seems very important and can also be seen as a quality criteria of qualitative analysis *(see further)*. In this study we used the systematic approach to thematic analysis of Braun and Clarke (2006), including the phases of (1) data familiarization; (2) initial coding generation; (3) searching for themes; (4) reviewing themes; (5) defining and

\(^1\) In the supplement section you can find an overview of the analyses which were carried out, following the structure of the research questions (part H).
EXPLORATION OF ATTACHMENT AMONG WAR-AFFECTED ADOLESCENTS

naming themes; and (6) reporting. Summarized, the research data was coded line-by-line and assigned a coding. Then, patterns among these codings were abstracted, forming themes, and all the data under the codings were moved under these themes. After reviewing the content of the themes, against each other and the original data set, they were labelled and reported using excerpts. Although this process seems linear, thematic analysis includes moving back and forth between the phases in order to improve and deepen the final analysis (Howitt, 2010). The analysis was reviewed by a Ugandan and a Belgian researcher, and to support the data management during analysis, a software application for analyzing qualitative data, Nvivo, was used.

6. ETHICAL REFLECTIONS

The authority of the researcher to do research has the consequence that he or she has "a responsibility to guide, protect, and oversee the interests of the people he or she is studying" (Neuman, 2011, p. 58). Therefore, ethical issues and dilemmas must be considered before and during the research (Orb, Eisenhauer & Wynaden, 2001; American Psychiatric Association’s Task Force on Research Ethics, 2006). Because the current concept under research (i.e. attachment representations) is personal and sensitive, and in some cases brought up emotional responses, it is important to reflect on ethical issues (Donalek, 2005).

6.1 Using the framework of the core ethical principles

The classic Belmont Report (The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) summarizes the core ethical principles that (should) underlie all research including human beings. We will use this framework to guide us in meeting the inherent challenges in qualitative research.

Firstly, respect for persons (NCPHS, 1979) or autonomy (Hewitt, 2007; Orb et al., 2001) stands for the acknowledgment of the participants’ autonomy and to protect those with "diminished autonomy". In this study, the latter part is of great importance as we are asking minors and people with mental problems to participate. Thus, we "may need to make special efforts to ensure the rights of vulnerable populations are protected" (Sutton, Erlen, Glad & Siminoff, 2003, p. 107). In this respect, assent was combined with an informed permission (see above). Furthermore, the adolescents were approached by a psychiatric nurse who worked with them in therapy sessions, and the consent process was made understandable by answering the adolescent's questions and translating where necessary. Also, it was made clear that (non-)participation in the research wouldn't affect their treatment at the GMHU.

The second ethical principle, beneficence, includes the notion of doing good and preventing harm through securing the well-being of the participants (NCPHS, 1979). In this respect, Mack et

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16 For a detailed account of Braun & Clarke's approach to thematic analysis see their article "Using thematic analysis in psychology", pp. 87–93 (see reference list).
al. (2005) state that the participant's well-being should be our primary concern. The current study honours this principle by including a psychiatric nurse with clinical expertise into the interview team. Next to practical support through providing translations where necessary, she also guarded the interview process and, where needed, provided emotional support (American Psychiatric Association’s Task Force on Research Ethics, 2006). If a participant was not responding or absent, she could address this in the adolescent's native tongue to ascertain if he or she wanted to continue with the interview or not. Furthermore, it was very important to consider the possibility that the interviews could trigger emotional responses as the research topic is sensitive (Clarke, 2006; DiCicco-Bloom & Crabtree, 2006; Lowes & Gill, 2006; Orb et al., 2001). To state an example, we were interviewing a girl and when we got deeper into the relationship with her mother, she was becoming absent and thinking about other things. This was recognized by both interviewers and it was decided to stop the interview. Afterwards, we asked if she wanted to talk about it, but she decided she wanted to be alone. The next day, the second interviewer had a conversation with her and she suggested herself to continue with the interview. In this respect, the phasing of a qualitative interview as proposed by Rubin & Rubin (2011) can provide us with a possible mitigation of this challenge. In the fourth phase the interviewer returns to less emotional questions (i.e. questions B.4 and B.5 in the interview guide) and in the completion phase a "safety net" is provided for the participants (i.e. part C in the interview guide). Hereby, it is acknowledged that some interviewees have the need to continue the dialogue after the interview has been finished (Baumbusch, 2010).

Lastly, harm was prevented through administering a sequential code to the interviews in order to keep the identities of the interviewees confidential (Hewitt, 2007). Also, all names and schools the adolescents mentioned were censured.

Justice, the last principle, includes fairness and equal share, and avoiding abuse and exploitation of participants (NCPHS, 1979; Orb et al. 2001). The current study honours this principle by acknowledging the vulnerability of the interviewees. Further, we included "the least vulnerable individuals necessary to answer these scientific questions adequately" (American Psychiatric Association’s Task Force on Research Ethics, 2006, p. 554).

Mack et al. (2005) suggest that a fourth ethical principle should be added, namely respect for communities. This principle includes that the researcher should respect the interests and values of the community in the research and protect it from possible harm. However this study did not include all members of the community, I feel this principle was also important for me in terms of thinking broader than my own baseline. For example, the questions concerning "spiritual support" (questions B.2.f and B.2.f.i in the guide) were not included in the first two interviews. As both the second interviewer and a Ugandan researcher pointed out this was an important element in the Ugandan context, it was also included into the interview guide. However, it hadn't occurred to me to put it in there at first – as for me, thinking from my own framework, this support wouldn't be important.
7. **QUALITY CRITERIA**

When discussing quality in social science, one notices this is not a straightforward issue (Meulenberg-Buskens, 1997). Are we discussing the study's relevance? The degree of applicability in practice, enhancing values or empowering people? Or are we talking about the technical quality of a study? Especially the latter seems to be well-researched as many scholars are on a quest for providing qualitative researchers with quality criteria and guidelines (Carter, Ritchie & Sainsbury, 2009; Malterud, 2001; Sale, 2008) – resulting in a patchwork of different frameworks and checklists. This divided landscape is a consequence of the lack of consensus on what to do with the "original" quality criteria of validity, reliability and generalizability as used in quantitative research. Scholars handled – and are handling – this question in divergent ways going from adopting or adjusting to pertinently rejecting (Ali & Yusof, 2011; Hammersley, 2007). The latter reaction is based on the idea that qualitative and quantitative research are essentially rooted in different epistemologies, respectively interpretivism and positivism (Patton, 1999). Furthermore, qualitative research is often referred to as being “too subjective” and thus found unreliable and invalid by many quantitative researchers (Braun & Clarke, 2006; Parker, 2004). Nevertheless "all research is subject to researcher bias" (Morrow, 2005, p. 254) and the way of handling this issue is different in quantitative and qualitative approaches. In the latter, the researcher takes a special place in the research process and his or her subjectivity is seen as an asset (Meulenberg-Buskens, 1997). Therefore, it is important to reflect on one's background and position as this will affect what one "choose[s] to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (Malterud, 2001, p. 484).

As a result of the patchwork of different models to ensure quality, there is a lot of contradiction concerning which quality criteria should be used in qualitative research (Meyrick, 2006; Parker, 2004; Rolfe, 2006). Therefore, I will not be addressing the concepts of validity and reliability. Instead, following Macnee and McCabe (2008), I will further discuss the concept of rigor. Also, I will handle transparency as this is key in executing "good" thematic analyses.

7.1 **Rigor**

Macnee and McCabe (2008) state that rigor is "a strict process of data collection and analysis as well as a term that reflects the overall quality of that process in qualitative research" (p. 422–423) and is determined through the (1) trustworthiness of the collected data, the (2) confirmability of the data collection and analysis, and the (3) credibility and (4) transferability of the findings.

Firstly, **trustworthiness** or the honesty of the data collection was acknowledged by the use of an interview guide.
The second concept, namely confirmability or the “ability to consistently repeat decision-making about the data collection and analysis” (Macnee & McCabe, 2008, p. 170), was addressed by using computer software (Nvivo) for data management.

Credibility, the truth value of the research findings, was determined through using the method of triangulation. In order to elevate quality in one’s research, Patton (1999) suggests four types of triangulation: methods triangulation, triangulation of sources, theory or perspective triangulation and analyst triangulation. The latter was used in this current study, that is the reviewing of the analytical process by more than one person. In doing so, the study's design can be enriched (Malterud, 2001), and biases and selective perceptions that may come from one person doing all the data analysis can be reduced (Golafshani, 2003; Patton, 1999). In this matter, a cultural bias also needs to be addressed. The research team consisted of four members, namely two Ugandans (second interviewer and a researcher) and two Belgians (me and a researcher). A potential cultural bias was avoided as I performed the interview together with a psychiatric nurse (second interviewer) who was working at the GMHU, and the analytical process was reviewed by a Ugandan-Belgian team.

Finally, transferability or the extent to which findings of the research can be applied to other groups or settings was ensured by seeking for negative cases or cases which don't fit the found pattern (Patton, 1999).

7.2 Transparency
Patton (1999) argues that “the qualitative researcher has an obligation to be methodical in reporting sufficient details of data collection and the processes of analysis to permit others to judge the quality of the resulting product” (p. 1191). In this respect, thematic analyses often lack transparency in the process which was gone through in order to find patterns across the data set. As it is hard to evaluate research without knowing how the researcher went about analyzing the data, there is a need for a detailed account of the analytical process (Attride-Stirling, 2001; Braun & Clarke, 2006; Howitt, 2010). In the current study, I tried to address this issue by providing a detailed overview of all analytical steps and some excerpt-examples throughout the phasing of thematic analysis as proposed by Braun and Clarke (2006). You can find this overview in the supplement section (part I).
RESULTS

This result section is divided into three sections. In a first part, I will go from a broad discussion on who is important in the adolescents' upbringing and why, to focusing on the relationship with their most important caregiver. In a second part, the different kinds of social support (material, social, emotional and spiritual) will be reviewed through a brief description on what these supports include, who is providing it, and what is the most important kind of support during the adolescents' upbringing and now. In the third and last part, we will describe how the characteristics of an ideal parent as perceived by the adolescents relates to how they would treat their own children.

1. IMPORTANT PEOPLE WHILE GROWING UP

1.1 Who do the adolescents see as important persons in their upbringing?

In the exercise "Circles of Trust", the adolescents referred to 26 different persons who were, to a greater or lesser extent, important during their upbringing. After thematising these persons into nine figure categories, we can observe the following overview:

![Figure 1: Number of adolescents who made reference to a certain figure category in a certain circle. The first circle represents the people who are most important, then going towards the fifth circle the persons become less and less important. The adolescents were given the possibility to include more persons in one circle.](image)

If we look at the first circle, primary biological family was addressed by most of the adolescents. In this figure category, mostly mother and father are prominent. Secondly, most participants mentioned their auntie and grandmother as part of their extended family. One adolescent addressed his peers (friends), one members from the church, one a school figure (teacher), and one stepfamily (stepmother).

Considering the variety in the number of figure(s) (categories) which have been addressed by the adolescents, we can say that in this circle thirteen different figures in six figure categories were mentioned.
In the second circle, again most of the adolescents addressed their primary biological family, mostly by referring to their brother. Prominent in the references to the extended family were auntie and grandmother. Further, all references to peers were made to friends. One adolescent addressed a figure of his community (neighbour).

In this circle, the adolescents mentioned eleven figures in four figure categories.

Considering the third circle, members of the primary biological family were addressed by most of the adolescents whereby most references went to their father and brother. In the extended family, uncle and grandfather got the most references. Three adolescents addressed their peers (friends), two a school figure (teacher) and one her stepfamily (stepmother).

In this circle, the adolescents mentioned eleven figures in five figure categories.

In the fourth circle, extended family was addressed by the most adolescents, mostly referring to their uncle. Then, all references concerning peers included friends. In the primary biological family most references went to sister and brother. Service figures (maid and NGO) and community figures (neighbours) were addressed by two adolescents. Lastly, one participant addressed a school figure (school matron and teacher), a stepfamily member (stepfather), and people from another tribe.

In this circle, the adolescents mentioned thirteen figures in eight figure categories.

Considering the fifth circle, most of the adolescents addressed one of their peers (friends). Further, extended family members (uncle, grandmother, and grandfather) were also mentioned. Primary biological family members (brother and sister), a community figure (local leader) and a school figure (teacher) were addressed by two adolescents. Finally, one adolescent addressed a stepfamily member (stepmother) and a service figure (doctors and nurses).

In this circle, the adolescents mentioned eleven figures in seven figure categories.

Summarized, we can draw two overall conclusions. First, we can state that the primary biological family, extended family and peers are the categories that stand out the most. Primary biological family is by far the most important category in the first, second and third circle. Members of the extended family also seem to be important. After being second most important in circles one, two, three and five, extended family members seem most important in the fourth circle. The trend of importance considering this category can be seen as quite stable, except in the fifth circle where it goes considerably low. Further, the trend on peers is shifted from being low in the first, moderate in the third and fourth, and high in the second and fifth circle. It is in this fifth circle that peers are perceived as being the most important figures. If we look at the other figure categories, we can observe that, in general, they are all low in the first three circles and then augment in circle four and five, especially with respect to service, school and community figures. Second, we can observe that there is least variation concerning figure categories in the first three circles. In the fourth circle, most variation is found (eight out of nine categories) and also in the fifth circle seven categories can be distinguished.
1.1.1 Why do the adolescents perceive a certain figure category as being most important in a certain circle?

Based on the most important figure category in a certain circle, thematic analyses were carried out. As discussed above, this was the primary biological family in the first (N = 16), second (N = 11) and third (N = 13); the extended family in the fourth (N = 7); and peers in the fifth circle (N = 6).∗

1.1.1.1 Why did most of the adolescents place their primary biological family in the first, second, and third circle?

Because the thematic analyses concerning primary biological family produced the same themes, we will consider these results together.

In the first, second and third circle, all members of the primary biological family were mentioned, namely mother (N = 13; 4; 3), father (N = 10; 1; 4), brother (N = 6; 6; 4), and sister (N = 5; 3; 2).

Receiving care from the primary biological family seemed to be one of the most important themes, as nineteen participants addressed this issue. Overall, this was mostly mentioned in the first circle. Taking care is about keeping the adolescent well, doing things for him/her (f.e. cooking and washing clothes), taking responsibility, and following up on the adolescent. Also, reference was made to the ability of the primary biological family member(s) to mobilize help from others when they couldn't provide this.

“Right from that time she [mother] struggled with me to make sure that everything is right.” (Male, 17 years)

Further, seventeen adolescents talked about things the primary biological family either could or couldn't provide for them. When the member(s) were able, they could foresee the adolescent with (pocket) money, school fees, scholastic materials, food, clothes, medical care, and accommodation. This was addressed by fifteen participants, mostly in the first circle.

“Even up to now he's [older brother] paying my little brothers and sisters to school. At the moment there are three in Senior level and he's the one paying us.” (Male, 20 years)

On the other hand, five adolescents lacked the ability to give the adolescent school fees, money, and failed in foreseeing in his/her basic needs (f.e. medical care). More aspects of inability were mentioned going from the first to the third circle.

“The separations of my parents brought a lot of problems to us, children. First of all now, our education. We could not continue with our education because there is no one to pay us in school.” (Female, 18 years)

∗(N = ...)” refers to the number of adolescents who referred to a certain figure category in a certain circle.
Also aspects of togetherness seemed important, as this was also mentioned by nineteen participants. This could be divided into a positive (N = 17) and negative side (N = 7). First, positive aspects of togetherness include talking, sharing difficulties, being close to each other, staying/living together (in the same house), being available for the adolescent, working together, and doing fun things together (f.e. touring). This positive side was most prominent in the first circle, and declines when going to the third.

"The reason why I’ve chosen these people as my family members is that these are the people who is always around me. They're always around me and in case of any problems." (Female, 18 years)

In contrast, negative aspects of togetherness, with more references going to the third circle, include not staying close to each other, not sharing with each other, quarrelling, and not having trust or confidence in the adolescent.

"By the time she separated with my... my father she was already a quarrelsome woman and she could quarrel over us all the time and we didn't like that." (Female, 17 years)

Guidance was referred to by eighteen participants, either from the primary biological family figure(s) to the adolescent or vice versa. First, guidance towards the adolescent can be divided into a positive and negative side. Aspects of positive guidance, addressed by seventeen participants and declining towards the third circle, includes giving the adolescent advice, supporting him/her in finding solutions to problems, stating examples, and encouraging.

"And time and again he tells me that "please, don't have anger on our parents. Leave our parents alone and you do your things". Because I was having a lot of anger towards my parents, especially my mother for her drinking habits but ... my elder brother kept on saying "let us do something good for our future and we leave our mother". That is the things my brother influenced me and up to now." (Male, 18 years)

"So for quite a long time I’ve been... he had been giving me good advice. Like where we are staying, the environment is very toxic because we have so many boys and youth who takes... who abuse substance. And my brother take me always not to join them because that is something which is bad. And he tells me correct things always and when I follow it... his advice I find I succeed in whatever I do." (Male, 20 years)

On the other hand, two adolescents addressed aspects of negative guidance, one in the second and one in the third circle. They referred to negative advice that a primary biological family member has been giving to them, and missing teachings on eating habits.

"He [father] keeps telling me that I should drop out of school and get married, but that thing made me so annoyed." (Male, 18 years)

Further, guidance towards the primary biological family was mentioned by one adolescent in the second circle, referring to the advice that he tried to give to her mother.

"I big. I should also give advice to her. ... My mother doesn’t want any advice from anybody. ... That why if I want to give you advice and to see that something you are doing is wrong... something you do is wrong, but she doesn't want." (Male, 20 years)
Fourteen participants talked about love. Aspects of positive loving were mentioned by twelve adolescents and references declined towards the third circle. Being there for the adolescent (literally as in physically, and figuratively as in being available when needed), understanding, protecting, not segregating, and listening to him/her were included. Also, knowing about the adolescent's condition and not reminding him/her of the past were mentioned.

"They protected me, especially in the night. Many children move in the night but when it approaches night my parents don’t allow me to go outside the home and they tell me the bad things I will meet when I go outside the home." (Female, 16 years)

"With my sickness I get a lot of difficulties. When I fall down community fears me and my brothers and sisters if they’re around they come and help me. They actually... sometimes when I fall down all my clothes get off and I remain naked, they come and they cloth me, they remove me from danger. They sit there and wait until I gain, then they get me and we go with them home." (Female, 18 years)

In contrast, negative aspects of love were mentioned by six adolescents, in the second and third circle. Participants mentioned that they hated some of their primary biological family figure(s) or didn’t love them whole-heartedly. Further, they said that the primary biological family member(s) used violence or abusive words, left them behind, and fell short in providing security.

"When we were young... when I was young my mother and my father were staying together, but my father was a drunkard and definitely there was a lot of domestic violence and my mother and father separated. My mother remarried another man and she wanted all of us to join her in that home of the man. But I didn’t like it, so we decided to go to our mom... to our grandmother, so that is when we started staying with my grandmother. But what really bothered me a lot was she comes home she comes with nothing. She just comes bare hands without anything, without anything like sweets for a kid, and the moment she comes in she starts quarrelling. She quarrels over my grandmother that why is it that she's accepting me or all of us, I and my brother, to stay with her. So she's... she's trying to separate us from her. And for us we didn’t... we didn't... it is not our grandmother who went and picked us but for us we decided ourselves as children to... to get away from her and go to our grandmother. But our grandmother was taking care of us so well, and that is when I really didn't love my mother whole heartedly." (Female, 17 years)

Lastly, having a biological bond with the primary biological family member(s) was addressed by fourteen participants. This theme was mostly mentioned in the first circle.

"They say blood is thicker than water. ... I take water as important, but I take blood as more important. So like I compare this people like blood. My stepmother and my friends as what? water. And so I take my mother, my father and my sisters as blood." (Female, 18 years)

"My sister is more important than my friend because there's that relationship which is linked from my mother and my father. My parents gave birth of us and we come from the same womb of my mother. So my sister I consider her because I have that authority to tell her to give me help. But if you go to a friend it is limited ... But at least for a sister you know there's that link of the mother and the sister will also responding that you’re a brother. So a friends may be a bit reluctant because you’re not from the same womb." (Male, 20 years)
1.1.1.2 Why did most of the adolescents place their extended family in the fourth circle?

In the fourth circle some members of the extended family were mentioned, namely uncle (N = 4), aunt (N = 3), and a relative (N = 1).

Aspects of caretaking were addressed by six participants with reference to either receiving this care themselves or their caregiver. First, the adolescents described how the extended family member(s) met their needs through providing food, school fees, transport and medical care.

"My auntie by then she used not to visit us but when we started staying with our grandmother she started coming and she got concerned about our situation. So she started supporting us frequent, she started supporting us strongly."  
(Female, 17 years)

Second, the adolescent's caregivers also received care from the extended family through the provision of material support, so the caregiver could use this to support the adolescent.

"My relative are important in just a way that they can also sometime contribute. They also sometime contribute like when my mother asked for some piece of land to grow some vegetables. She can„ they can also surrender it to my mother."  
(Male, 16 years)

Aspects of love and being close were mentioned by four adolescents. Participants mentioned the love they received from their extended family figure(s), staying near (or far) to the adolescent, carrying responsibility for him/her and having a biological link.

"They always be there for me when I’m in the hospital."  
(Female, 14 years)

Lastly, guidance was addressed with regard to the adolescent and the adolescent's caregiver. First, the adolescent was guided by the extended family member(s) through support in finding solutions for problems and giving him/her advice.

"I find he's [uncle] really helpful and... he's helpful in a way that when I return from captivities, when I settled down and I was a bit settled, he came to me and he showed me how our land. When I was going I was very young, I didn't know those, but he showed me that "this is our land" where our father died and left to us, and he even gave me the go ahead to start using the land and he supported me a little bit by actually giving me trees and I've planted in that land. So he helped me a lot to resettle me home by showing me the land where I should be, and he comes in our live once also to check on us but not every time."  
(Male, 17 years)

The guidance towards the caregiver includes the lack of advice that is given to him/her by the extended family.

"According to my seeing the one who's less important to me is one of relative, because the reason is that the time when my mother became mental weakness and they failed to come and visit my mother, and at that time I've never seen any relatives who came to my mother and share with some of a piece of advice."  
(Male, 16 years)
1.1.3 Why did most of the adolescents place their peers in the fifth circle?

In the fifth and last circle, the adolescents only referred to friends as their peer figures.

**Guidance**, through advice and encouragement, provided by friends was addressed the most, namely by six adolescents.

| I:  | "And what kind of advice can they give to you?" |
| R:  | "Basically they used to get... to keep the advice concerning academic study and how to stay in the community." |
| I:  | "And the... how to stay in the community, like can you give an example maybe?" |
| R:  | "Like they can said in the community if you not quarrel with people, fight and you should not be a drunkard." |

(Male, 16 years)

Also the **provision** by friends towards the adolescents seemed to be important, as five adolescents made reference to this theme. This provision can be divided into the friends being able to support the adolescent or unable to do so. If they were able, friends could foresee bringing drinking and bathing water, water and food, washing clothes, and giving some requirements. In contrast, if they were unable to provide for the adolescent, they fell short in offering immediate help, taking responsibility and providing the adolescent like others can do.

Finally, three adolescents mentioned **sharing** through talking and the interaction they had with their friends. This interaction could be through disclosing problems to each other, trusting each other, and noticing difficulties of adolescent.

"Sometimes they notice the difficulties I'm in, and if they ask me what difficulties I'm in I always tell them especially our stay when I was in captivities." (Female, 14 years)

1.2 How do the adolescents perceive the relationship with their most important caregiver?

In this part, we will be focusing on the adolescent's relationship with his/her most important caregiver. Twelve adolescents said their mother was most important to them during their upbringing, four adolescents chose their grandmother, three their father and one his uncle.

A thematic analysis was designed in such a way that the themes represent aspects in the reciprocal relationship between the adolescents and his/her most important caregiver.

<table>
<thead>
<tr>
<th>THEMES</th>
<th>Adolescent to caregiver</th>
<th>Interaction</th>
<th>Caregiver to adolescent</th>
<th>Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Guiding adolescent</td>
<td>Supporting</td>
<td>Relationship</td>
<td>Taking care</td>
<td></td>
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<tr>
<td>(2) Providing for adolescent</td>
<td>Respect and trust</td>
<td>Togetherness</td>
<td>Love and respect</td>
<td></td>
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<tr>
<td></td>
<td>No negative feelings</td>
<td>Communication</td>
<td>Teaching and guidance</td>
<td></td>
</tr>
</tbody>
</table>
Aspects of the relationship from the adolescent to the caregiver includes all the (generally one-sided) aspects in the relationship concerning what the adolescents gives (in its broadest sense) to his/her caregiver. We can divide this theme into three main parts. First, all adolescent mentioned that they supported their caregiver, for example through doing things for the him/her (f.e. chores), making him/her happy, giving the caregiver love, thanking him/her, giving him/her things (f.e. clothes), and caring for him/her.

"And sometimes if she’s sick I carry her on the bicycle and take her to the hospital. And sometimes my grandmother could call me and asked me to... to actually massage her. ... And if I massaged later on she feels good and I communicate with her and she feels so happy and... fresh. Not only that, this women could not go to maybe in a community meetings and... in most cases what happened: I carried her on the back of the bicycle I take her to the community meeting and I bring her back. Sometimes I go there alone and listen to what the community has to discuss and I bring her and she gets the informations. And time and again I've been helping doing the physical work for her and I respected her a lot." (Female, 18 years)

"I always give him the grade that I should get in school, so he should be proud of me. I always get the grade. Like if... there is a kid, hé, a kid... they brought a kid to school. He also... he also have to what? show her... show his or her parents something what they brought in in this school. Your father has to pay for you the school fees, you also have to take a good grade at home. Also you should what? also you could be what? proud of himself." (Female, 14 years)

Second, respecting and trusting the caregiver was addressed by eight participants. They mentioned listening to the caregiver, and respecting and trusting them. Also, reference was made to not cheat on him/her.

"Probably I was actually following the instructions of my mom as a way of appreciating my mother." (Male, 20 years)

Third, five adolescents said they had no negative feelings about their caregiver. The participants talked about not fearing him/her while others did, not hating and not abusing him/her.

The interactive component of the relationship describes all the (generally two-sided) aspects in the relationship concerning the interaction or the exchange between adolescents and caregiver. This theme can also be divided into four subthemes. First, seventeen adolescents referred to particular characteristics of the relationship: as being good, normal, strong and special. Also, participants talked about how they perceived their caregiver, who was not always a biological parent, as a real parent.

"My uncle stayed with me as a part of its child. So, he... he also treated me good as I’m a child belonging to him and... and the good thing he did he did not show to others that I belong to somebody else. I'm a part of the family of him. That is it." (Male, 16 years)

Second, thirteen participants mentioned aspects of being together, namely being close to each other (literally and figuratively speaking), missing each other, being happy when together, befriending others, and doing fun things together (f.e. playing together).

"Somebody who’s too close... is too close, hé, close to me. The way I see my mother: somebody close to me. Every time she's with me. That is... so close to me than any other person." (Male, 20 years)
Communication was addressed by nine adolescents while referring to making conversations and knowing how to talk to one another.

"My grandmother communicated in a different way. Like for my case she can repeat something like four times. Like my brothers she can tell them like twice, maybe "you wash plates. I've told you to wash plates". Now, those are telling my brothers. But for my case she'll keep on repeating: "(NAME), I've said you should wash plates. (NAME), you have not yet washed it. Ah, (NAME) I think it is now time to wash...". So she keeps on telling me the same things in a politer way than those two children." (Female, 18 years)

Fourth, three adolescents mentioned that they were the same like their caregiver, either through being connected by blood or having the same way of doing things.

"We are the same. Okay, our manners, our ways are the same, what we do. It's the same thing I do. Because they say "like mother, like daughter", something like that. That saying, yeah, it's correct." (Female, 18 years)

The caregiver's contributions in the relationship includes all the (generally one-sided) aspects in the relationship regarding to what the caregiver gives to the adolescent. Also this theme could be divided into three subthemes. First, providing care to the adolescents seems most important, as all of the participants mentioned this. This care includes taking the adolescent to school, to the hospital, and to church. Further, providing the adolescent with his/her basic needs and other things, for example clothes, money, food and materials. Helping the adolescent with his/her problems, and nurturing him/her (f.e. through attending to wounds and bathing) was also addressed.

"I love my grandmother because she picked me from my mother when I was in the critical condition, I was very ill. I had skin rash and I almost lost my hands, both my hands and my legs. My mother was there but she couldn't take care of me and when my grandmother came in and picked me at that tender age, she cared for me because she treated that hands of mine, took me to the hospital. And my hands and legs got healed she continued taking care of me, she never returned me back to my mother. That is why I remember her and I love her up to now because without her I wouldn't have survived." (Male, 18 years)

Second, aspects of love and respect were mentioned by sixteen adolescents, through knowing and understanding the adolescent, protecting, respecting, loving and/or liking him/her, and being available for the adolescent. Also, some participants addressed not being rude or harsh on them.

"My mother went in captivities and she gave birth with me in captivities. ... She escaped with me but on the way when we were escaping ... we came across some soldiers and we got a women who had just given birth to a very small child and... a one day child. So that child was given to me to kill the child but I had the fear and my mother came up. She came up openly and told the rebels that "please, maybe you let me to kill this baby". So the baby was given to my mother so that my mother killed and that things had never happened in captivities. Even your own child you don't come up and say "let me do this instead of my child doing it", and they don't want you to mention that thing that "this is my child". But my mother didn’t see all those but she came up and said "please, you leave my child alone, let me kill this young baby instead of my child killing". ... If you to see that relationship, my mother was there, she had sacrificed herself because her coming out to tell the rebels that I'm going to kill this child was enough to actually do away with my mother's life. But she didn’t see that, she was only seeing me. So she really surrendered a very high protection over me and she killed the baby." (Female, 14 years)
Seventeen adolescents mentioned guiding, for example through teaching the adolescents on how to stay in the world and how to interact with others, by giving them advice or guidelines, by supervising and disciplining them, and by giving the adolescents activities to do.

“I see my mother as ... the most important person because has it been that she has been teaching us "hate your dad, hate your dad. Your dad has done this", but even if the bad things that our dad has been doing she still says "pray that God forgive him and you should also what? forgive him and take him as... as your... your dad and you should love him. Don't hate him and maybe he has been influenced, maybe the devil has been using him to do such things"." (Female, 18 years)

"Guidance, I also miss a lot, because my grandmother used to guide me a lot in many things. Like she could tell me "let's go to dig", we go, 'you're not supposed to do... to dig when the sun is so hot because of your condition. Let us go back home"." (Female, 18 years)

Finally, eleven adolescents referred to how they perceive their caregiver, namely as someone very special, important, loving, caring and good.

"Because when someone buys me something today I think that person is important, tomorrow my dad brings for me a biscuit I think he's the most important. But I think it is now growing more and more because I’ve realized that the things that people have been giving me... others have been giving it to make me think they love me, but the truth is that I’ve realized that my mom is the most important... to me." (Female, 18 years)

2. **DIFFERENT KINDS OF SUPPORT**

2.1 **How do the adolescents perceive the different kinds of support while they were growing up?**

In this section we will describe what the adolescents perceive as material, emotional, social and spiritual support in their upbringing. We will keep this part short, without illustrating excerpts, as this analysis only serves to provide a basis for the other analytical questions under this broader section.

2.1.1 **Material support**

*Education* seemed to be most important considering material support, as all the adolescents mentioned this theme. Several aspects were addressed: going to school, receiving what is needed to go to school (f.e. books, uniform, writing materials, school fees), the follow up of parents on the school process of the child, and using

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19 In the interview, three separate kinds of support concerning material support were asked: (1) physical support; (2) material support; and (3) financial support. However, this distinction was not clear for most of the adolescents as a lot of supporting questions had to be posed. Therefore, we integrated the analyses of these three into one, “material support”.

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prayers as a source of wisdom. Also basic needs were important, describing the primary needs the adolescents – and all humans for that matter – should get, like medical care, having a place to stay, food and water, clothes, and other essential materials (f.e. a walking stick). Basic needs were mentioned by nineteen participants. Further, money was referred to by sixteen adolescents. They addressed the ways in which money was obtained (f.e. money is provided by the caregiver, through own work, through selling things), and how it was spend (f.e. on material things, to finance the basic needs, and on rent). Material things, mentioned by nine adolescents, describes the touchable things the adolescent gets from others (f.e. phone, bicycle, digging tools and bed sheets). Four participants mentioned aspects of the interaction between the adolescent and others, mostly going from the other person to the adolescent. For instance, advising, taking to bed, encouraging, and being there for the adolescent were addressed. Lastly, leisure activities, referred to by two adolescents, included playing with other children, sports (f.e. football and volleyball), Music-Dance-Drama, and watching movies.

2.1.2 Emotional support
Sixteen adolescents mentioned aspects of disclosing, making this the most important in emotional support. This disclosure could be divided into three main parts: exchanging with others, receiving from others, and giving to others. Thirteen participants referred to the exchange with others through talking, sharing, counselling; and interacting (giving and receiving) with another person or a group of persons in order to find relief. Further, eight adolescents described how they received consolation, activities to do, advice, and materials. Hereby, the adolescent got something from someone else without giving something back (immediately). Two adolescents reported giving forgiveness to someone and reporting cases to the police. In this case, the adolescent gave something to someone else without getting something back (immediately). In contrast, five adolescents mentioned they sometimes or always kept their problems to themselves by not sharing them with others and keeping quiet.

2.1.3 Social support
The most important aspect of social support is being together, as it was addressed by seventeen adolescents. Overall, this included sharing, talking, going to places together (f.e. church or school), and being around others. More specifically, the participants mentioned doing things together, like activities (f.e. school work or playing). Also, several participants addressed that they can achieve more when working together. Less importantly, there were also some references whereby the participants stated that he received some material things from others, like clothes and school material. Further, nine adolescents referred to learning new things, for instance through interaction, and receiving advice and teachings from others.
2.1.4 **Spiritual support**

In considering the content of spiritual support, receiving guidance from spiritual figures and communicating to God seemed most important, as respectively thirteen and twelve participants mentioned these themes. **Communicating to God** happened through praying, preaching, and reading the Bible. **Guidance** was offered through teachings (e.g., advising and passing on wisdom) and encouragement (e.g., through helping, hoping, wishing, blessing and strengthening). Further, six adolescents mentioned aspects of **being together**, for instance in church and in a choir. **Surrendering to God**, or giving oneself to God, was addressed by three adolescents. Finally, another three participants mentioned that they felt the need to **abandon bad behaviour** as a result of fearing God and wanting to do good.

2.2 **Which groups of people are providing these different kinds of support?**

Overall, we can say that all figure categories provided, to a greater or lesser extent, all kinds of support. The distinction with regard to the different figure categories was most clear under social support, and least in spiritual support.

![Figure 2: Number of adolescents who referred to a certain kind of support as being provided by a certain figure category. The adolescents were given the possibility to include more than one figure as providing a particular kind of support.](image)

The primary biological family is most important in foreseeing **material support**, as seventeen of the adolescents mentioned this. Also, eleven adolescents have referred to members of the primary biological family to provide **emotional support**, which makes them again the leading figure category in this support. Further, social and spiritual support were stated to be provided by the primary biological family by, respectively, seven and six participants.

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20 A new figure clustering had to be formed, because some other figures were referred to in comparison with **STEP 1 under (1)**.
Ten adolescents addressed the extended family in providing material support, six in emotional support, three in social support and two in spiritual support. The extended family was not prominent in one of the kinds of support.

Peers are most prominent in providing social support, as fifteen adolescents referred to one or more members. Further, spiritual support is addressed by six adolescents; emotional support by four; and material by two.

The social support network (including community members, school, church, and service figures), foresees the most spiritual support to the adolescents. Nine participants associated this kind of support with this figure category. Also, emotional and social support was mentioned by five adolescents, and material by four.

2.3 What do the adolescents see as the most important kind of support in their upbringing and now?

When considering the most important kind of support during the adolescents' upbringing, it is clear that spiritual support stands out as it got thirteen references (see figure 3). This support is mostly provided by the social support networks of the participants. Second most important is material support, then emotional and social support.

With regard to the most important kind of support now, twelve adolescents mentioned material support. This support is generally provided by primary biological family. Further, spiritual support got seven references, emotional support three and social support one.

<table>
<thead>
<tr>
<th></th>
<th>In upbringing</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material support</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Emotional support</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Social support</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Spiritual support</td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

Figure 3: Number of adolescents who referred to a certain kind of support as being most important during their upbringing and now. The adolescents were given the possibility to choose more than one kind of support.

2.3.1 Why do the adolescents perceive spiritual support as most important during their upbringing?

Support was seen as most important, as six adolescents mentioned this. On the one hand, participants made reference to receiving support through praying alone: feeling helped when feeling down or having mental problems, being relieved, and accepting oneself.
Always I get a lot of support from spiritual way and with my condition I get a lot of challenges. When I move people look at me, sometimes they don't talk but you find people look at me. Some people talk and when I go to church I get a lot of bible reading and always in the bible they've said "we people are the image of God". Then it makes me sometimes happy and say "why did God created me in this way? Maybe I’m special", but if not, if I’m start thinking like a human being without God by now I would have even committed suicide because people look at me a lot when I’m moving. And I forget that... I’m not a human being just but I’m also special by God, it is God who created me. So I feel happy and I must use the things that God has created me to use, so it makes me to use other things in a happy way. (Female, 15 years)

On the other hand, being together or praying in group is about talking and sharing difficulties.

When you go to... for prayers and you talk out your difficulties to other people they'll really pray for you and they will encourage you with a lot and if you follow what they're telling you, in most cases you find you're succeeding. (Female, 16 years)

Five adolescents addressed guidance, referring to positive guidance, working hard to achieve, and being controlled by God.

Whatever people do is in this world, God knows. ... Anything I'm doing in this world God also knows because whatever I do may be good... may be negative or positive, so everything I stand up to God. That's why I said spiritually also guide me in some area. (Male, 16 years)

Five participants stated that spiritual support is important over the other kinds of support, meaning that other supports won't be much of use if spiritual support is not there.

Because if you to see all the emotional, socially, financially, material, physically... all those supports which she was given, if she didn't have the spiritual belief or a strong belief in her she would have missed this... all this support. (Female, 18 years)

2.3.2 Why do the adolescents perceive material support as most important now?

The need for education was addressed by eight adolescents. They mentioned the (lack) of school fees, scholastic material, and knowledge that was provided for them.

Study also inclusive, because these days in Uganda if you don't study I think you cannot go anywhere with your living. So you study you can reach somewhere. (Male, 16 years)

Also, three participants addressed their need for materials, like food, clothes and shoes, books, and make-up for looking smart.

3. Comparison between characteristics of the ideal parent and treatment of own children

Overall, we can observe that the naming of the themes of the thematic analyses on what the adolescents perceive as characteristics of the ideal parent (CIP) with how they would treat their own children (TOC) are the same. Although also their content is largely overlapping, there are some important differences.
First, when we look at the theme 'Taking care' we can see that this was the most important theme both under *CIP* and *TOC*, as respectively fourteen and nineteen adolescents referred to this theme. Similarities shape the core of the theme and included being responsible and caring for the child through providing basic necessities (e.g., food, shelter, clothes), and supporting the child in various ways (e.g., educationally by taking the child to school, physically by taking the child to the hospital and/or spiritually by taking the child to church).

"Yeah, like for her if she is the parent she would treat the child like... if the child comes and tell her that "I'm sick", she must respond immediately, take the child to the hospital. She should not delay until the sickness advances." (Female, 17 years – *TOC*)

The most important difference concerns the additional subtheme, 'Towards the parent', added under *TOC*. This subtheme is the counterpart of the subtheme 'Towards the child', described above, and includes the support a parent needs in order to be able to take care of its child. Such a reference was not found under *CIP*. Further, there were some differences in nuance, for example some adolescents referred to understanding the child as a characteristic of an ideal parent whereas this was not directly the case under *TOC*.

Second, we can observe a difference in the number of references made to the theme 'Loving'. Fourteen adolescents addressed this theme under *CIP* and eight adolescents under *TOC*. Consequently, this theme is supported by more adolescents under *CIP* and is also the second most important after 'Taking care'. In comparison, the theme is third most mentioned by the participants under *TOC*. Notwithstanding the references made to this theme are different, the content is very similar. Similarities include loving the child in various ways, protecting the child (e.g., not wanting the child to get hurt or experience something unpleasant) and thinking about or missing the child when it's not near.

"Should avoiding each of her child upon burning, getting some injury and some other activities which can lead the child to a bad condition." (Male, 16 years – *CIP*)

Also, similarities are found in the subtheme 'Equal loving' (*CIP*; focus on love) or 'Equal treatment' (*TOC*; wider focus than only love) which describes the (un)equal loving and/or treatment of children by the caregiver.

"And this thing has happened to her, like the parents, her real parents, especially the mother, the mother didn't like them. The mother was again liking their stepsisters and that one made them really to be so annoyed an now they... they themselves they don't like their stepsisters because of the problem that their mother has brought in." (Female, 18 years – *CIP*)
Differences were found in the lack of reference towards accepting and believing in the child, found in \textit{TOC} but not in \textit{CIP}. Furthermore, the subtheme 'Respecting' under \textit{CIP}, addressing respect to the child, others and yourself as a parent, is found under the theme 'Teaching and guiding' in \textit{TOC} referring to the parent teaching the child how to respect others. Also, the subtheme 'Letting the child experience a better life', the parent's wish for the child to have a better life, was not found under \textit{CIP}.

Third, when we look at the theme 'Teaching and guiding', we can observe that both under \textit{CIP} as \textit{TOC} thirteen adolescents made at least one reference to this theme. Similarities are found in both the content of the overall theme as its subtheme, 'Disciplining'. The overall theme describes giving advice to children, teaching the child different things (i.e. how to stay in the world, way of life) through various activities, being an example for the child and using a spiritual way of teaching.

\begin{quote}
"You can't teach your child that "don't smoke" and yet the child sees you... you're a chain smoker, you smoke and turn to the child and tell the child "don't smoke" meanwhile for you you're doing it." (Male, 20 years – \textit{CIP})
\end{quote}

\begin{quote}
"If I were a parent I would also consider that all my children... because I'm a Christian and sometimes problems become too much and you find controlling children becomes difficult, I would also submit my children to the church so that they know God." (Female, 18 years – \textit{TOC})
\end{quote}

The subtheme 'Disciplining' describes the ways of disciplining a child, whereby under \textit{CIP} these ways were referred to as installed through talking only. However, under \textit{TOC} beating was mentioned additionally.

\begin{quote}
"If I see it is beyond I have the right to beat this child a bit. I would beat her. But if I beat this child, I shouldn't beat this child the extent of hospital level. I should beat the child with the meaning of teaching the child and... the child should also know the reason why I'm beating him or her." (Female, 18 years – \textit{TOC})
\end{quote}

More differences are found in the overall theme 'Teaching and guiding', namely by the lack of reference concerning accepting and believing in the child under \textit{CIP}.

\begin{quote}
"So I take like every... every child ... is gifted differently. God gives the gift differently. He doesn't give... if everyone would to be engineers what of doctors, what of lawyers, what of accountants? ... So I see like whatever God has given my children I accept this... I'll accept it as it is and I'll never say any child of mine is stupid." (Female, 18 years – \textit{TOC})
\end{quote}

Fourth, the last theme 'Communicating', is both under \textit{CIP} and \textit{TOC} referred to by the least adolescents, respectively nine and five. However, we can say that the theme is more supported under \textit{CIP}. In its core, this theme describes the way of talking to a child. In both \textit{CIP} as \textit{TOC} this includes talking in a calm way and not being rude or using abusive words. Additionally, in \textit{TOC}, adolescents also include communicating in a respectful way and taking the age of the child into account.

\begin{quote}
"When I'm communicating to my children the first thing I have to know that "what kind of message am I giving my children?" and in my message I give to my children "is it a good message? Will the consequence be back on me? How will the... the children carry up this
message I am giving them?”. And the way of giving this message should I just go and give it in a careless way? Or I should also be careful in giving out this message. And if I’m careful in giving out this message how should I do it? How should I do it... maybe one: by making them sit down.” (Female, 18 years – TOC)

In CIP one adolescent mentions the need to greet other people if they are familiar. This was not found under TOC.
DISCUSSION

This study wanted to explore attachment and other social relationships from the perspective of the adolescents who are attending the Gulu Mental Health Unit in northern Uganda.

The results show many similarities with the existing literature, but also some important differences can be stated as will be presented following three main sections: (1) Important people in upbringing and the adolescents' perceived and received social support; (2) Perception of the relationship with the most important caregiver; and (3) Idealized and perceived parenting.

1. **IMPORTANT PEOPLE IN UPBRINGING AND ADOLESCENTS' PERCEIVED AND RECEIVED SOCIAL SUPPORT**

To structure this part of the discussion, I chose to focus on the main groups of people who seemed important in the upbringing of the adolescents. Therefore, we will subsequently address the (1) primary biological family; (2) extended family; (3) peers; and (4) social support network. However, links between these figure categories will also be discussed.

1.1 **Focus on the primary biological family**

Overall, we can say that all figure categories provided, to a greater or lesser extent, all kinds of social support. In the current study, the primary biological family or "nuclear family", including parents and children (Georgas et al., 2001), was proclaimed to be most important in the adolescents' upbringing. In this category, mother was most prominent both in the exercise "Circles of Trust" as in considering the most important figure while growing up\(^\text{21}\). This finding is supported by the literature as claims have been made towards the existence of a hierarchy in attachment relationships (Ainsworth, 1979; Cassidy, 2008). In this respect, Bowlby (1988) stated that the most important attachment figure is usually a mother-figure. Although fathers are more perceived to be a companion in the child's exploration through their "play sensitivity" (Grossmann et al., 2002), Kermoian and Leiderman (1986) demonstrated that interactions concerning physical caregiving or play and social activities could provide a basis for a secure and stable attachment. Indeed, fathers were considered to be the most important figure while growing up by three adolescents (Cassidy, 2008; van Ijzendoorn, 2001; Howes & Spieker, 2009). Further, some of the participant's older brother could take over (aspects of) the caregiving concerning the adolescent as their parents weren't able to do so. Indeed, siblings, who have mostly been studied in the context of the

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\(^{21}\) We assume that this most important person while growing up is also the most important attachment figure. Indeed, aspects of attachment are incorporated into this relationship (see section 2).
HIV/AIDS pandemic, seem to be an important safety net for orphaned children and adolescents\(^\text{22}\) (Nsamenang, 2008; Yanagisawa et al., 2010).

The primary biological family was most important to the adolescents because of the care they provided for them. This care included the provision of material support, which also was mostly provided by this nuclear family (Triplehorn & Chen, 2006). However, these members couldn’t always provide for the adolescents and to fill in this gap, extended family members could come in. Consequently, the extended family can also provide direct support to the adolescent without supporting the adolescent’s caregiver per se, a direct link which is somewhat missing in Pinkerton and Dolan's (2007) nested model on family support.

Participant's references towards aspects of togetherness seemed to overlap with perceived social and emotional support. This is in line with previous studies on social support indicating that the primary biological family, mostly referring to parents, can provide these supports (Herrman et al., 2011; Laible et al., 2000; Merz et al., 2008). Also, adolescents mentioned that their primary biological family provided them guidance, as has been found in earlier studies regarding giving knowledge and advice to youngsters (Grossmann et al. 2002). Further, participants referred to love, which can be linked to perceived emotional support. The nuclear family was also most important in providing this latter support.

1.2 Focus on the extended family

Many scholars have stated that the extended family can be an important component of the caregiving system in (sub-Saharan) Africa (Dunsmore & Halberstadt, 2009; Mathambo & Gibbs, 2009). Bowlby (1969) and Ainsworth (1989) both indicated that, as a consequence of the investment of various persons in the child’s upbringing, children and adolescents can form multiple attachments. In the current study, four adolescents addressed their grandmother (Liljeström, 2004; Sands, Goldberg-Glenn & Shih, 2009) and one his uncle (Cassidy, 2008) as being most important during their upbringing. Furthermore, participants made reference to various functions which were fulfilled by their extended family members. Care taking (i.e. material support) seemed to be most important (Karimli et al., 2012) in the relationships with members of the extended family. An interesting finding is that, next to support to the adolescent, the extended family also had a supportive role towards the adolescent's primary caregiver (Bowlby, 1988; Feldman & Vengrober, 2011). The provision of material support (i.e. money, piece of land) to this caregiver was perceived as indirect support to the adolescents themselves. This finding is also in line with Pinkerton and Dolan's (2007) nested model on family support, whereby the immediate family is receiving support from the extended family. Further, the participants also addressed aspects of love and being close in the relationships with their extended family figures, which overlaps with perceived emotional support.

\(^{22}\) The Ugandan Bureau of Statistics (2010) reported that the northern Ugandan region has the highest percentage of orphans (17\% vs. Ugandan average: 12.3\%).
support (Karimli et al., 2012). Also aspects of guidance are integrated in the participants’ perceived social support.

Although the extended family fulfils various supportive functions in the relationship with the adolescent, the primary biological family was most important in the first three circles of the exercise "Circles of Trust". Moreover, the extended family didn't seem to be prominent in any kind of social support. These two findings emphasize the central role of the nuclear family in contrast to the extended family, which questions the role of the latter as being an implicit part of parenting practices in (sub-Saharan) Africa. Several explanations could be plausible here. First, research on orphan support in the context of the HIV/AIDS epidemic has indicated that the extended family is under enormous stress to handle this additional care (Abebe & Aase, 2007; Dintwat, 2010; Nyamukapa & Gregson, 2005), causing non-traditional caregivers, like siblings (see above) or other people to take over. Indeed, Nyambedha, Wandibba and Aagaard-Hansen (2003) found that the extended family network lacked participation in the overall support of HIV/AIDS-orphans in western Kenya. This could be caused by the low socio-economic status of the extended family members, resulting in a lack of resources to support these children/adolescents. In the context of the current research, this would be a plausible, but somewhat controversial explanation, as the poverty rates in northern Uganda declined from 60.7% in 2005/2006 to 46.2% in 2009/2010 (Ugandan Bureau of Statistics, 2010). However, Nyambedha et al. also indicated a second possibility, namely the "changes in traditional values occasioned by forces of modernity which have delocalized the means of production and distribution" (p. 308), whereby a move to individualization can result in the extended family not feeling entitled anymore to provide support. This issue of modernity has also been addressed in other studies (Bigombe & Khadjagala, 2008). Second, war could also have an effect on the social ecology, or the whole of relationships and networks in communities (Strang & Ager, 2003). This was also suggested by Vindevogel, Wessells, De Schryver, Broekaert and Derluyn (2012), who found that there was a need for support of this social ecology among formerly abducted children in post-war northern Uganda. Third, as eight participants were living with at least one extended family member, of which five adolescents lived in the house owned by this member(s), the expectation could be raised that the extended family would undoubtedly take part in the caregiving system. Hence, it could be plausible that the presence of extended family members in the household is being confused with active involvement in the parenting of the child/adolescent.

1.3 Focus on peers

Peers seemed to be important to the adolescents after the primary and extended family. This is in line with some studies claiming that adolescents mainly access their nuclear and extended family as primary informal support sources, and to a lesser extent their peers (Pinkerton & Dolan, 2007). Though, peers were seen as prevalent in providing the adolescent with social support (Gorrese & Ruggieri, 2012; Herrman, 2011; Vindevogel et al., 2012). Indeed, guidance, through advice and encouragement, seemed to be the most important theme in the participants’ peer relationships. Peers
could also provide *material* support, although this was quite limited. Indeed, "many people feel that they can ask material help from kin that they would hesitate to seek from friends, however close and congenial" (Ainsworth, 1989, p. 715). Also, the adolescents mentioned aspects of sharing, which was included into perceived *emotional* support (Wilkinson, 2004).

The importance and closeness of the primary biological family in comparison with peers doesn't support the hypothesis in the literature that peers take over important aspects of support provision and even can become attachment figures during adolescence (Hazan & Shaver, 1994; Nickerson & Nagle, 2005; Wilkinson, 2010). This was further supported by the lack of peers, or any non-related person for that matter, as being the most important person in the participants' upbringing. Two explanations to this finding could be plausible here. First, the persistence of primary attachment or supportive relationships could have a more prolonged effect in the current research context. Studies have shown that these primary attachments are not easily abandoned and still can have an ongoing influence (Allen & Land, 2008; Bowlby, 1979; Laible et al., 2000). Indeed, all of the participants were still living at home, meanly surrounded by five other persons who were foreseeing in their caretaking and social support. Second, African countries and cultures have generally been described as collectivistic, with an ethic of interdependence or relatedness in its core (Keller et al., 2005; Liljestrom, 2004). On the contrary, the increasing importance of peer figures have been conceptualized as resulting from the adolescent's push to independence (Allen, 2008; Pearson & Child, 2007). Hence, a potential cultural difference could also be at the basis of this finding.

1.4 **Focus on the social support network**

The social support network, including various community figures, was most important in providing spiritual support. Important in spiritual support was the guidance from spiritual figures, which is in line with Wessells and Strang's (2006) observation that "[in church] children learn ... also important lessons about morals, social behaviour, and their own value as human beings" (p. 205). Also, participants mentioned they communicated to God through prayers, which could be seen as proximity seeking (Granqvist & Kirkpatrick, 2008). References towards being together can be linked to the potential formation of a social network of people in the local church (Wessells & Strang, 2006). Furthermore, spiritual support was proclaimed to be the most important kind of support during the adolescents' upbringing. Indeed, spirituality and religion are deeply rooted into the life of many northern Ugandans. This was further illustrated by the participant's perception that without *spiritual* support, other kinds of social support wouldn't be of much help.
2. **Perception of the Relationship with the Most Important Attachment Figure**

Interactions between parents and children may activate other systems next to the urge to respectively protect or seek protection from harm (Bowlby, 1969). This was also observed in the reciprocal relationship in the current study. First, considering the aspects of the relationship from the adolescent to the caregiver, it was found that the participants also supported this caregiver, which could indicate the transformation from a vertical (only the adolescent receives support) to a horizontal attachment relationship (support is shared) (Allen & Land, 1999). In the interaction between the participants and their most important caregiver we can find aspects of an attachment relationship, as they tend to stay close to each other (psychically and/or mentally) and miss each other when separated (Ainsworth, 1989). When looking at the aspects of the relationship from the caregiver to the adolescent, providing care seemed to be the most important (Collins & Feeney, 2000). Also, the participants indicated that their caregivers offered them protection, which Bowlby (1969, 1988) saw as being the central feature in the caregiving system. Further, sensitivity or the use of the caregiver as a safe haven was established in being available for the adolescent (Allen et al., 2003; Lucassen et al., 2011). However, other parental systems were also activated in the caregiver system, like guiding and respecting the adolescent.

Considering the recurrent themes, many similarities can be found between the relationship with primary biological family members (see 1.1), extended family members (see 1.2), and the most important caregiver. First, taking care of the adolescent seemed to be most important in all three interpersonal relationships. Also Ager (2006) sees this caregiving as a paramount function of the family. Second, receiving guidance and having a biological bond were also considered to be equally important. On the other hand, aspects of love were more prominent in the relationship with the extended family and the most important caregiver. Lastly, togetherness seemed to be more important in the relationship with the primary biological and extended family members.

3. **Idealized and Perceived Parenting**

In comparing the content of the adolescent's idealized and perceived parenting, we can conclude that there was a large overlap between the two. In other words, the participants would like to raise their future children based on what they perceive as being qualities of a good parent. These qualities included taking care (f.e. providing material support) of their children, loving them through treating them all equally, guiding them through advising and disciplining, and communicating in a calm, respectful way. These ideals can be seen as a particular "parental ethnotheory", which includes preferences "about the manner in which children ought to be raised, about what they [parents] feel

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23 Because this biological bond was included in the theme "loving and being close" in the relationship with the extended family, we didn't include this group into the comparison on "having a biological bond".
must be an essential part of their children's lives, [and] about the goals and values that they consider important about children and childhood" (Tuli, 2012, p. 81). The narration of the participants on these particular themes is influenced by their context (Mziray, 2004; Keller, Voelker & Yovsi, 2005; Lamm et al., 2008; Chuang, 2009) and can be transmitted from one generation to the next (Tuli, 2012). Indeed, large parts of the parental qualities as expressed by the adolescents seem to overlap with the relationship with their most important caregiver. Again, taking care was paramount. Aspects of receiving/giving love were slightly more important in the characteristics of an ideal parent. In contrast, guidance or teachings were more prominent in the relationship with the most important caregiver. Lastly, communicating also seemed to be equally important, both in the characteristics of the ideal parent and the adolescent–caregiver relationship.
CONCLUSION

The current study indicates that the primary biological family, especially the mother, is most important in the upbringing of the adolescents. Extended family and peers seemed to be important to a lesser extent, which questions previous research concerning the key role of these figures in the upbringing of (African) adolescents. Further, although all kinds of social support included in this research were provided by all groups of people, we can conclude that some supports are generally provided to a greater extent by different groups in comparison to others (Karimli et al., 2012; Llabre & Hadi, 1997; Lowe, 2004). In this respect, primary biological family was most prominent in foreseeing material and emotional support; peers in social support; and the social support network in spiritual support. Also, the relationship with the most important caregiver included some important aspects of attachment, like the caregiver's provision of protection, seeking proximity, and using the caregiver as a safe haven. However, as multiple systems and behaviours were activated in the interaction between adolescents and caregivers, it is clear that the attachment bond only covers one aspect of this relationship (Bowlby, 1969; Cassidy, 2008; Merz et al., 2008).

1. **Practical implications**

The findings of the current study give us a more deepened understanding on who is important in the life of adolescents who are attending the Gulu Mental Health Unit in northern Uganda. This study clearly indicated the benefits of using a network perspective on attachment and social relationships to consider and include who is important in the upbringing of these young people (Dunsmore & Halberstadt, 2009; Rothbaum et al., 2002; van IJzendoorn & Sagi-Schwartz, 2008). These relationships could signify potential unexplored support sources which can be used in finding suitable support for the child and its environment (Blaustein & Kinniburgh, 2010). Therefore, interventions could be more effective when they target multiple caregivers who are important for the adolescent (Lucassen et al., 2011). Furthermore, this research has shown that aspects of attachment and social support are interwoven in close relationships (Asendorf & Wilpers, 2000). In this respect, we have shed light on the perceived and received social support of the adolescent, whereby conclusions can be made on what the adolescents need and what is provided for them. At this moment, especially the need for education seemed to be paramount for most of the participants. Also, the importance of spiritual support in the adolescent's upbringing, and to a lesser extent also nowadays, can indicate a strong source of coping and psychosocial support with respect to aversive life experiences, including war trauma (Betancourt & Khan, 2008). In this way, many scholars have indicated that religiosity and spirituality are an important factor in the pathway to resilience (Wessells & Strang, 2006). Further, the diminishing support provided by the extended family can be an indication of its deterioration due to many potential factors, including the global trend towards modernisation (Bigombe & Khadjagala, 2008), poverty (Nyambedha, Wandibba & Aagaard-Hansen, 2003), war (Strang & Ager, 2003), and the HIV/AIDS epidemic (Nyamukapa & Gregson,
Therefore, it seems important to support this extended family through informal and formal support (Abebe & Aase, 2007). Overall, efforts to support children, adolescents and their wider social ecology should be "culturally sensitive and adapted to the local setting" (Nyambedha et al., 2003, p. 310). Indeed, as is also shown by this study, wider contextual factors need to be taken into account as they can influence attachment and other social relationships.

2. Research limitations
First, a cultural bias could have influenced the analysis and subsequent interpretations. Although, the involvement of two Ugandan and two Belgian researchers mitigated – but didn't erase – this potential bias (Golafshani, 2003; Patton, 1999). Also the interviews were performed by a mixed team, making on-the-spot explanation of culturally sensitive information possible. Second, information potentially got lost as a result of the simultaneous translation between Luo and English. The Luo parts which weren't translated during the interview, were reviewed in the stage of data transcription. Third, as data collection lasted for three weeks, potential "rich cases" (Patton, 1999) could have been missed. However, the last interviews didn't yield too much new information, whereby we can say that data saturation was (almost) reached after interviewing twenty participants. Fourth, because of the mental problems the adolescents were facing, they could have experienced difficulties as the interview asked about personal information. With three adolescents this led to an emotional confrontation, whereby the well-being of the participants was paramount. This also refers to the extent in which such an interview can be seen as being therapeutic. In this, I follow Lowes and Gill's (2006) proposal that although the interview is not intended to be therapeutic, it shouldn't be regarded as a problem if it turns out to be helpful for the participants. However, the line between therapy and research could have been blurred as the psychiatric nurse also saw these adolescents in counselling. In this, we tried our level best to make this distinction as clear as possible (Donalek, 2005). Lastly, although negative cases have been studied which may enhance the transferability of this research (Macnee & McCabe, 2008), the current study posits a particular research setting as it is influenced by many contextual factors (Gurrese & Ruggieri, 2012). For example, it might be a problem to transfer these findings towards a clinical population residing in Kampala, as they didn't experience the LRA-war which was mainly fought in the northern region.

3. Suggestions for further research
This study shows that an emic, qualitative research approach to studying attachment and close relationships can indeed be promising (Cheung, 2012; Chuang, 2006, 2009). Therefore, it could be interesting for subsequent studies to employ qualitative research methods to further our understanding on attachment and supportive relationships (Paterson et al., 1994; Scott et al., 2011; Wang & Mallinckrodt, 2006). Also research from the perspective of the adolescents has proved to be certainly meaningful (Armstrong et al., 2000; Paterson et al., 1994). Furthermore, benefits of
studying attachment from a broad perspective including all persons who are important to the adolescents while growing up is a fruitful approach (Dunsmore & Halberstadt, 2009; Rothbaum et al., 2002; van IJzendoorn & Sagi-Schwartz, 2008). It could also be feasible to examine these relationships separately to enrich our understanding on multiple attachment, which are an integral part of development (Nickerson & Nagle, 2005). Also, there is a need to study attachment in divergent contexts (i.e. cultures and countries) (Hatfield & Rapson, 2010; Pearson & Child, 2007; van IJzendoorn & Sagi, 2001). Such research could contribute to an awareness that different conceptualizations of attachment in various cultures "are not inferior but instead are adaptations to different circumstances" (Rothbaum et al., 2000, p. 1101).
END NOTES

I The government of a protectorate doesn’t consist of colonizers, but of local rulers who are under control of the suzerain (the owner of the protectorate). In Uganda's case these rulers were the Baganda from the south. Although this suggests more power of local people, in fact a protectorate is valued like a colony. Uganda was a protectorate of Great Britain from 1894 until 1962.

II Using the Cape Town Principles (1997), a child soldier is defined as “any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers and anyone accompanying such groups, other than family members. The definition includes girls recruited for sexual purposes and for forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms”. Estimations indicate there are about 250,000 to 300,000 child soldiers worldwide, whereof almost fifty percent in Africa (Bayer, Klasen, & Adam, 2007; Derluyn, Broekaert, Schuyten, & De Temmerman, 2004; Klasen et al., 2010; Rieder & Choonara, 2012).

III The ICC unsealed warrants of arrest against Joseph Kony, Vincent Otti, Okot Odhiambo, Dominic Ongwen and Raska Lukwija.

IV Multiple attachments have been observed to have developed towards a biological mother, biological father (Cassidy, 2008; Howes & Spieker, 2008; van IJzendoorn, 2001), older sibling (Ainsworth, 1989; Cassidy, 2008; van IJzendoorn & Sagi-Schwartz, 2008), other relatives (Ainsworth, 1989; Marotta, 2002; Howes & Spieker, 2008) like a grandparent (Ainsworth, 1989; Cassidy, 2008; Howes & Spieker, 2008; Sands, Goldberg-Glen & Shih, 2009), uncle, aunt (Cassidy, 2008) and/or step-parents (van IJzendoorn, 2001); adoptive or foster parents (Howes & Spieker, 2008); teacher (Ainsworth, 1989; Marotta, 2002; Mikulincer & Shaver, 2009), (athletic) coach (Ainsworth, 1989; Marotta, 2002), mentor (Ainsworth, 1989); therapist (Ainsworth, 1989; Mikulincer & Shaver, 2009); professional caregiver in a daycare centre (Howes & Spieker, 2008; van IJzendoorn, 2001); babysitter (van IJzendoorn, 2001); religious figure (Marotta, 2002) like priest/pastor (Ainsworth, 1989) and/or real or imagined spiritual figure (f.e. God, Buddha, Virgin Mary) (Granqvist & Kirkpatrick, 2008; Granqvist, Mikulincer, Gewirtz & Shaver, 2012; Mikulincer & Shaver, 2009; Wessells & Strang, 2006); and/or groups and institutions (f.e. school/college, religious group, political group) (Bowlbby, 1969; Mikulincer & Shaver, 2009).

V This exercise was based on the "Circles of Trust"-task designed by Blaustein & Kinniburgh (2010). One of the purposes of this exercise is to make the person aware of his/her relationship resources. The exercise contained five concentric circles organized around a centre circle, representing the participant ("ME"). The adolescents were asked to map out all the important caregivers in their lives while they were growing up. The distance from the centre circle indicated the importance or closeness of a figure; less distance being more important and vice versa. Afterwards, supporting questions were asked to inquire more about the figures in the circles (see interview guide in the supplement section).

VI As a lot of thematic analyses were performed in this research, it would be beyond the scope of this dissertation to give a detailed account of each of them. Instead, some excerpts will be considered regarding their "analytical process" from phase two to four as proposed by Braun and Clarke (2006).

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<th>Generating initial codings</th>
<th>Searching for themes</th>
<th>Reviewing themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;My brother was very important in my bringing up because at the age of 5 years my mother was alcoholic. She could drink and she...&quot;</td>
<td>Cooking for adolescent;</td>
<td>Taking care</td>
</tr>
</tbody>
</table>
could not even take care of us, she could not cook. And at that age my brother took us and he started keeping us, the wife could cook for us."

(See results section, 1.1.1.1)

"But now she's big, she goes and does her own things. There's very small area where the mother actually direct her. So she's not all that so close to the mother nowadays but most of the things she does... she does her own and the mother... now she gets contact maybe only for important things and bigger things, and other small things now she does by herself."

(See results section, 1.2)

"If you love your children, if you grow old the children are also going to take care of you; they'll bring you water, they will fetch for you firewood, you will send them. But if you don't love them, if you grow old, children will not listen to you, they will go their way and it will be really so bad for you a parent."

(See results section, 3 – TOC)

It is important to say that, however a lot of guidelines for addressing quality in qualitative research have been designed, they can provide us with a tool, a possible way of looking at this issue. Although, I follow Hammersley (2007) in his statement that "I ... suggested that guidelines can be desirable, so long as they are not seen as a substitute for the practical capacity to assess research" (p. 300). Following this idea, I used three models to guide and reflect on the quality of this current study (see supplement section). Like with ethical principles, checking off a list of quality criteria does not ensure that your research is rigorously executed (Kitto, Chesters & Grbich, 2008).
REFERENCE LIST


A. **Nested Framework on Family Support**

![Diagram of nested family support framework](image)

*Figure 1 Achieving rights and meeting needs through family support: a nested model of family support.*

(Pinkerton & Dolan, 2007, p. 221)
B. INTERVIEW GUIDE

The interviewer starts by:

1) **Introducing him/herself:** Name, profession and organization.

2) **Explaining the purpose of the research project.** In this research we would like to know more about the relationship you have with your parent(s)/caregiver(s) and/or other important persons in your life.

3) **Outlining the course of the interview.** In this interview we will first ask you some questions about your current living situation. Next, we will ask you some questions about your parent(s)/caregiver(s), who you feel are important persons to you, who influenced you, and so on. There are no right or wrong answers, you answer the questions freely.

4) **Addressing and explaining the informed consent.** Choose from the Informed Consent (+18), Assent (–18) and/or Informed Permission and go over the document together with the participant.

5) **Asking for eventual remaining questions on this information.**

A. SOCIODEMOGRAPHIC INFORMATION

1) **Sex:**
   - ☐ Male
   - ☐ Female

2) **Age:** .............. years

3) **Ethnic group:**
   - ☐ Acholi
   - ☐ Langi
   - ☐ Other (specify): ..................................................

4) **Religion:**
   - ☐ Catholic
   - ☐ Protestant
   - ☐ Moslem
   - ☐ Born again
   - ☐ None
   - ☐ Other (specify): ..................................................

5) **Everyday activities:**
   - ☐ Student (specify): ...........................................................
   - ☐ Work (specify): ..............................................................
   - ☐ Admitted at the Mental Health Unit
   - ☐ Other (specify): ............................................................

6) **Next of kin:**
   - ☐ Mother
   - ☐ Brother
   - ☐ Guardian
   - ☐ Father
   - ☐ Sister
   - ☐ Other (specify): ..........................................................

7) **Living situation:**
   - ☐ With biological parents
   - ☐ With relative (specify): ........................................................
   - ☐ Institution (specify): ..........................................................
   - ☐ Other (specify): ............................................................

8) **Marital status of parents:**
   - ☐ Married / living together
   - ☐ Separated / divorced
   - ☐ Other (specify): ..........................................................

9) **How many people are living in your household, including yourself?:** ............... persons
10) **Source of referral:**
- Accident and Emergency (OPD)
- Mental Health Unit OPD
- School
- Home
- Police
- Self
- Other (specify): ........................................................................................................

11) **Reason for referral:** ........................................................................................................

**B. ATTACHMENT**

1) **Think about all the important persons in your life when you were growing up. These people can be alive or passed away. Map out how close they are to you.**

⇒ *exercise "CIRCLES OF TRUST"*

- In the middle of the circle you can find yourself. The circle who is closest to you represent the people who are most important to you. The circles which stand further from yourself represent the people who are less important to you.
  - You can write more than one person in one circle.
  - You can write down the role which the person plays or played in your life.
  
⇒ *If needed, we can give examples of the roles a person can play (e.g., mother, father, sibling, teacher, ...).*

- (!) Ask the participant if the exercise is clear before he/she begins.

a. **How come did you place your [PERSON] in the [1ST/2ND/3RD/4TH/5TH] circle?**
  ⇒ *Repeat this question with the different persons in the circles.*
  i. **How come did you place your [PERSON WHO STAND CLOSER TO "ME"] closer to yourself than your [PERSON WHO STAND FURTHER FROM "ME"]?**
  ⇒ *Repeat this question with the different persons in the circles.*

b. **Whom do you consider as part of your family?**

c. **Whom would you go to if something was bothering you and you want to discuss it?**

d. **Did some persons became more or less important to you while you were growing up?**

e. **Who do you think were persons who really influenced you when you were growing up? Was this either in a positive or negative way? Or both?**
  i. **Did specific persons change considering their influence on you while you were growing up?**

2) **DIFFERENT KINDS OF SUPPORT**

a. **What is physical support for you?**
  i. **Who supported you psychically while you were growing up?**

b. **What is material support for you?**
  i. **Who supported you materially while you were growing up?**
c. What is financial support for you?
   i. Who supported you financially while you were growing up?

d. What is emotional support for you?
   i. Who supported you emotionally while you were growing up?

c. What is social support for you?
   i. Who supported you socially while you were growing up?

f. What is spiritual support for you?
   i. Who supported you spiritually while you were growing up?

g. What kind of support was most important for you when you were growing up?
   i. What kind of support is most important for you now?

3) I would like you to think about one parent or caregiver who was most important in bringing you up. You may be living with this parent or caregiver or not. You can answer the following questions regarding this parent or caregiver.
   a. Which person(s) did you choose?
   b. How could you describe the relationship that you have with your [REFERRED PERSON]?
      i. Do you think the relationship is still the same when you were younger and now?
      ii. What kind of support is most important for you in this relationship now?
   c. How did your [REFERRED PERSON] take care of you?
      i. What did you miss in the upbringing by your [REFERRED PERSON]?
      ii. What are things that you still remember this day in the upbringing by your [REFERRED PERSON]?
   d. What did your [REFERRED PERSON] mean to you when you were growing up?
   e. What did you give to your [REFERRED PERSON]?

4) Regardless of your parents or caregivers, what do you think are the qualities of a good parent?

5) If you were a parent, how would you treat or behave towards your children?

C. CONCLUSION
Is there something you want to add to this interview, something we didn’t talk about but that is important to you and you want to share?
C. INFORMED CONSENT

Dear sir/madam,

A master's student from the University of Ghent (Belgium) and a psychiatric nurse from the Gulu Mental Health Unit (Uganda) will conduct an interview with you. In this interview we will ask you some questions about your parent(s)/caregiver(s), who you feel are important persons to you, who influenced you, and so on. The interview will take about one hour. An interpreter will be available to translate between Luo/Acholi and English.

You can decide yourself if this interview will be audio taped or not. The tape will be saved and processed in a confidential way.

Your participation in this research is voluntary. You can decide on your own if you want to join in this research or not.

You can always stop your participation in this research at any moment without giving any reason. This won't have any influence on your treatment. No data will be processed from the moment you stop to participate in this study.

Everything you say during this interview will not be shared with any other person. The collected data will be saved, processed and reported in a confidential way. Your name will not be used on any papers.

If you would need additional psychological support after the interview, this can be provided.

You have the right to look at the collected research data about yourself. We will inform you of any data which could affect your willingness to proceed with this research.

You can ask any question at any time if something is not clear about this study.

Kind regards,

Dr. James Okello Psychiatrist at the Gulu Mental Health Unit
Susan Ayot Psychiatric nurse at the Gulu Mental Health Unit
Leen De Nutte Master's student at the University of Ghent
INFORMED CONSENT

I, .............................................................................................................................................................. (NAME) decide to participate in this research.

I declare that I

1. received information about the research both orally and in writing.
2. got the opportunity to ask for more information.
3. participate in this research voluntary.
4. give permission to the researcher to save, process and report the collected data in a confidential way.
5. was informed about the possibility to stop my participation in this research at any time. This won't have any effect on my treatment.
6. am aware that I can get a summary of the research results when requested.

☐ I agree that this interview will be audio taped. The tape will be saved and processed in a confidential way.

☐ I would like to have a summary of the research findings.

For agreement,

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<tr>
<th>PLACE</th>
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<th>NAME OF PARTICIPANT</th>
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<tr>
<th>PLACE</th>
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<th>NAME OF RESEARCHER</th>
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If you have any questions in the course of the research you can always contact Leen De Nutte on the following contacts:

- **Address:** Gulu Regional Referral Hospital, Mental Health Unit, P.O. Box 160 Gulu
- **Phone number:** +256 793 325 234
- **Email:** leen.denutte@ugent.be
D. ASSENT

University of Ghent
Faculty of Psychology and Education Sciences

Hello,

Your parents are aware that we are going to ask you some questions about your parent(s)/caregiver(s), who you feel are important persons to you, who influenced you, and so on.

Two people, a student from Belgium and a nurse from the Gulu Mental Health Unit, will be doing the interview. The interview will take about one hour and someone will be available to translate between Luo/Acholi and English.

You can choose yourself if this interview will be audio taped. The tape will be kept in a safe place.

You can decide on your own if you want to join in this research or not.

You can always stop your participation at any time without telling us why. This won't have any effect on your treatment.

Everything you say during the interview will not be shared with any other person. Your name will not be used on any papers.

If you would need additional psychological support, this can be provided after the interview.

You can ask any question at any time if something is not clear about this study.

We will also ask permission from your parent(s)/caregiver(s)/relative(s) if it is ok for them if you join in this study.

Kind regards,

Dr. James Okello Psychiatrist at the Gulu Mental Health Unit
Susan Ayot Psychiatric nurse at the Gulu Mental Health Unit
Leen De Nutte Master's student at the University of Ghent
ASSENT

I, ................................................................................................................................. (NAME) decide to join in this research.

I declare that I

1. received information about the research.
2. got the opportunity to ask for more information.
3. decide to participate in this research on my own.
4. give permission to the researcher to save, process and report the collected data without giving any information to other persons or using my name.
5. know that I can stop my participation in this research at any time without giving a reason. This won't have any effect on my treatment.
6. know that I can get a summary of the research results when I ask for it.

☐ I agree that this interview will be audio taped. The tape will be kept in a safe place.

☐ I would like to have a summary of the research findings.

For agreement,

PLACE DATE NAME OF PARTICIPANT SIGNATURE

____________________ / / ______________________________________________________________________________________

PLACE DATE NAME OF RESEARCHER SIGNATURE

____________________ / / ______________________________________________________________________________________

If you have any questions you can always contact Leen De Nutte on the following contacts:

• Address: Gulu Regional Referral Hospital, Mental Health Unit, P.O. Box 160 Gulu
• Phone number: +256 793 325 234
• Email: leen.denutte@ugent.be
Dear sir/madam,

A master's student from the University of Ghent (Belgium) and a psychiatric nurse from the Gulu Mental Health Unit (Uganda) will conduct an interview with your child/relative. In this interview we will ask him/her some questions about his/her parent(s)/caregiver(s), who he/she feels are important persons to him/her, who influenced him/her, and so on. The interview will take about one hour. An interpreter will be available to translate between Luo/Acholi and English.

You and your child/relative can decide yourself if this interview will be audio taped or not. The tape will be saved and processed in a confidential way.

Your child/relative's participation in this research is voluntary. He/she together with you, as parent(s)/caregiver(s), can decide if you want your child/relative to join in this research or not.

Your child/relative or one of the parents/caregivers can always stop his/her participation in this research at any moment without giving a reason. This won't have any influence on your child/relative's treatment. No data will be processed from the moment your child/relative stops to participate in this study.

Everything your child/relative says during this interview will not be shared with any other person. The collected data will be saved, processed and reported in a confidential way. No names will be used on any papers.

If your child/relative would need additional psychological support, this can be provided after the interview.

We will inform you of any data which could affect your willingness to proceed with this research.

You can ask any question at any time if something is not clear about this study.

Kind regards,

Dr. James Okello
Psychiatrist at the Gulu Mental Health Unit

Susan Ayot
Psychiatric nurse at the Gulu Mental Health Unit

Leen De Nutte
Master's student at the University of Ghent
INFORMED PERMISSION

I, ................................................................................................................. (NAME PARENT/CAREGIVER/RELATIVE) decide to let ............................................................................................................. (NAME CHILD/RELATIVE) participate in this research.

I declare that I
1. received information about the research both orally and in writing.
2. got the opportunity to ask for more information.
3. let my child/relative participate in this research voluntary.
4. give permission to the researcher to save, process and report the collected data in a confidential way.
5. was informed about the possibility to stop the participation of my child/relative in this research at any time. This won't have any effect on his/her treatment.
6. am aware that an assent will be obtained from my child/relative.
7. am aware that I can get a summary of the research results when requested.

☐ I agree that the interview with my child/relative will be audio taped. The tape will be saved and processed in a confidential way.

☐ I would like to have a summary of the research findings.

For agreement,

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<tr>
<th>PLACE</th>
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<th>NAME OF PARENT/CAREGIVER</th>
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If you have any questions in the course of the research you can always contact Leen De Nutte on the following contacts:

- **Address**: Gulu Regional Referral Hospital, Mental Health Unit, P.O. Box 160 Gulu
- **Phone number**: +256 793 325 234
- **Email**: leen.denutte@ugent.be
F. INFORMED PERMISSION – TEACHER

Dear sir/madam,

A master's student from the University of Ghent (Belgium) and a psychiatric nurse from the Gulu Mental Health Unit (Uganda) will conduct an interview with your student. In this interview we will ask him/her some questions about his/her parent(s)/caregiver(s), who he/she feels are important persons to him/her, who influenced him/her, and so on. The interview will take about one hour. An interpreter will be available to translate between Luo/Acholi and English.

You and your student can decide yourself if this interview will be audio taped or not. The tape will be saved and processed in a confidential way.

Your student's participation in this research is voluntary. He/she together with you, as the student's teacher/headmaster, can decide if you want your student to join in this research or not.

Your student or you, as the student's teacher/headmaster, can always stop his/her participation in this research at any moment without giving a reason. This won't have any influence on your student's treatment. No data will be processed from the moment your student stops to participate in this study.

Everything your student says during this interview will not be shared with any other person. The collected data will be saved, processed and reported in a confidential way. No names will be used on any papers.

If your student would need additional psychological support, this can be provided after the interview.

We will inform you of any data which could affect your willingness to proceed with this research.

You can ask any question at any time if something is not clear about this study.

Kind regards,

Dr. James Okello  Psychiatrist at the Gulu Mental Health Unit
Susan Ayot  Psychiatric nurse at the Gulu Mental Health Unit
Leen De Nutte  Master's student at the University of Ghent
INFORMED PERMISSION

I, ..................................................................................................................... (NAME TEACHER/HEADMASTER)
of ............................................................................................................................. (SCHOOL)
decide to let ........................................................................................................... (NAME STUDENT)
participate in this research.

I declare that I
1. received information about the research both orally and in writing.
2. got the opportunity to ask for more information.
3. let my student participate in this research voluntary.
4. give permission to the researcher to save, process and report the collected data in a confidential way.
5. was informed about the possibility to stop the participation of my student in this research at any time. This won't have any effect on his/her treatment.
6. am aware that an assent will be obtained from my student.
7. am aware that I can get a summary of the research results when requested.

☐ I agree that the interview with my student will be audio taped. The tape will be saved and processed in a confidential way.

☐ I would like to have a summary of the research findings.

For agreement,

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• Phone number: +256 793 325 234
• Email: leen.denutte@ugent.be
G. EXERCISE 'CIRCLES OF TRUST'
### H. ELABORATION OF DATA ANALYSIS

#### 1) Important people while growing up

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>METHOD OF ANALYZING</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERVIEW:</strong> Counting of figures in circles</td>
<td>To visualize which figures are represented in which circle(s).</td>
<td>Quantification: table and diagram (both numerically).</td>
</tr>
<tr>
<td><strong>STEP 1:</strong> Thematising figures into categories</td>
<td>To cluster the different figures into groups.</td>
<td>Looking for patterns among figures.</td>
</tr>
<tr>
<td><strong>STEP 2:</strong> Prominent figure categories in a particular circle</td>
<td>(1) To describe which (categories of) figures are most prominent in the 1st, 2nd, 3rd, 4th and 5th circle. (2) To describe the trend across the different circles. (3) To describe the variation in figure categories within the five circles.</td>
<td>Quantification: tables (numerically) and diagrams (numerically and in percentages).</td>
</tr>
<tr>
<td><strong>STEP 3:</strong> Reasons behind quantification</td>
<td>To describe why the majority of the adolescents place their [MOST PROMINENT FIGURE CATEGORY] in the [CIRCLE NUMBER] circle.</td>
<td>Thematic analysis [same remark].</td>
</tr>
<tr>
<td><strong>STEP 4:</strong> Zooming in on relationship with most important caregiver</td>
<td>(1) Most important caregiver: To describe who the adolescents see as their most important caregiver throughout their upbringing. (2) Relationship with caregiver: To describe how the adolescents see their most important caregiver.</td>
<td>(1) Quantification: table and diagram (both numerically). (2) Thematic analysis [same remark].</td>
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</table>

We started from the number of adolescents (sources) to guide the analytical process. Then, extra information is given on the number of references made (one adolescents could have placed two "members" of the same figure category into the same circle"; f.e. placing mother, father and brother in the first circle).

One participants first said his two parents were equally important, but later he chose his mother.

#### 2) Support resources

<table>
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<tr>
<th>OBJECTIVES</th>
<th>METHOD OF ANALYZING</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td><strong>OVERVIEW:</strong> Who is providing which support?</td>
<td>To visualize which figures are providing which support(s).</td>
<td>Quantification: table and diagram (both numerically).</td>
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</table>

EXPLORATION OF ATTACHMENT AMONG WAR-AFFECTED ADOLESCENTS
**EXPLORATION OF ATTACHMENT AMONG WAR-AFFECTED ADOLESCENTS**

**STEP 1: Perception of different kinds of support**
To describe what the adolescents perceive as material, emotional, social and spiritual support.

(1) Merging PS, FS and MS into “material support”.
(2) Thematic analysis [same remark].

The merger of material, financial and financial support was done because the distinction was not clear for most of the adolescents; a lot of supporting questions had to be posed.

**STEP 2: Linking supports to categories of figures**
(1) Thematising the different people into categories:
To cluster the different figures into groups.
(2) Most prominent figure categories:
To describe which categories of figures are most prominent in which kind of support.

A new clustering had to be formed, because some other figures were referred to in comparison with STEP 1 under (1).

**STEP 3: Linking most important kind of support to figure categories**
(1) Most important kind of support:
To describe which figure categories are most prominent in providing the most important kind of support in their upbringing and now.
(2) Reasons behind quantification:
To describe why the majority of the adolescents perceive [MOST IMPORTANT KIND OF SUPPORT NOW/IN UPBRINGING] as being the most important kind of support now/during their upbringing.

(1) Quantification: tables (numerically) and diagrams (numerically and in percentages).
(2) Thematic analysis [same remark].

The question concerning the most important kind of support during upbringing was not asked to one participants. Also, the question addressing the most important support now was not asked to two participants. This because these questions were not yet in the interview guide by then.

3) Comparison between characteristics of ideal parent and treatment of own children

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<th>METHOD OF ANALYZING</th>
<th>REMARKS</th>
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<tbody>
<tr>
<td><strong>STEP 1: Characteristics of ideal parent</strong></td>
<td>To describe what the adolescents see as characteristics of an ideal parent.</td>
<td>Thematic analysis [same remark].</td>
</tr>
<tr>
<td><strong>STEP 2: Treatment of own children</strong></td>
<td>To describe what the adolescents would treat their own children.</td>
<td>Thematic analysis [same remark].</td>
</tr>
<tr>
<td><strong>STEP 3: Combining previous steps</strong></td>
<td>To describe how the previous steps cohere.</td>
<td>Comparing the thematic analyses of STEP 1 and 2.</td>
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</table>
I. **MODELS FOR ADDRESSING QUALITY IN QUALITATIVE RESEARCH**

- Malterud (2001)

Panel 3: Guidelines for authors and reviewers of qualitative studies

- Aim
  - Is the research question a relevant issue?
  - Is the aim sufficiently focused, and stated clearly?
  - Does the title of the article give a clear account of the aim?

- Relevance
  - Are the researcher’s theories, background, perspectives, and preliminary hypotheses presented, and is the effect of these issues sufficiently dealt with?

- Method and design
  - Are qualitative research methods suitable for exploration of the research question?
  - Has the best method been chosen with respect to the research question?

- Data collection and sampling
  - Is the strategy for data collection clearly stated (usually purposeful or theoretical, usually not random or representative)?
  - Are the reasons for this choice stated?
  - Has the best approach been chosen, in view of the research question?
  - Are the consequences of the chosen strategy discussed and compared with other options?
  - Are the characteristics of the sample presented in enough detail to understand the study site and context?

- Theoretical framework
  - Are the perspectives and ideas used for data interpretation presented?
  - Is the framework adequate, in view of the aim of the study?
  - Does the author account for the role given to the theoretical framework during analysis?

- Analysis
  - Are the principles and procedures for data organization and analysis described, allowing the reader to understand what happened to the raw material to arrive at the results?
  - Were the various categories identified from theory or preconceptions in advance, or were they developed from the data?
  - Which principles were followed to organize the presentation of the findings?
  - Are strategies listed to various sets presented, such as cross-groups for noting comparisons, memo checks, or triangulation. If such strategies are not described in this section, they should appear as a variety discussions later in the report.

- Findings
  - Are the findings relevant with respect to the aim of the study?
  - Do they provide new insight?
  - Is the presentation of the findings well organized and best suited to ensure that findings are drawn from systematic analysis of material, rather than from preconceptions?
  - Are errors used adequately to support and enrich the researcher’s synthesis of the patterns identified by systematic analysis?

- Discussion
  - Are questions about internal validity (what the study is actually about), external validity (to what other settings the findings or notions can be applied), and reliability (the efforts of the researcher on processes, interpretations, findings, and conclusions) addressed?
  - Has the design been scrutinized?
  - Are the shortcomings accounted for and discussed, without denying the responsibility of choices taken?
  - Have the findings been compared with appropriate theoretical and empirical references?
  - Are a few clear consequences of the study proposed?

- Presentation
  - Is the report easy to understand and clearly contextualized?
  - Is it possible to distinguish between the voices of the interviewees and those of the researcher?

- References
  - Are important and specific sources in the field covered, and have they been appropriately presented and applied in the text?

- Meyrick (2006)

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*Figure 1. Quality framework for qualitative research.*
• Kitto, Chesters & Gbrich (2008)

Table 2. A 15-point checklist of criteria for good thematic analysis

<table>
<thead>
<tr>
<th>Process</th>
<th>No.</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcription</td>
<td>1</td>
<td>The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.</td>
</tr>
<tr>
<td>Coding</td>
<td>2</td>
<td>Each data item has been given equal attention in the coding process.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>All relevant extracts for all themes have been collated.</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Themes have been checked against each other and back to the original data set.</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Themes are internally coherent, consistent, and distinctive.</td>
</tr>
<tr>
<td>Analysis</td>
<td>7</td>
<td>Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Analysis and data match each other – the extracts illustrate the analytic claims.</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Analysis tells a convincing and well-organized story about the data and topic.</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>A good balance between analytic narrative and illustrative extracts is provided.</td>
</tr>
<tr>
<td>Overall</td>
<td>11</td>
<td>Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.</td>
</tr>
<tr>
<td>Written report</td>
<td>12</td>
<td>The assumptions about, and specific approach to, thematic analysis are clearly explicated.</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>There is a good fit between what you claim you do, and what you show you have done – i.e., described method and reported analysis are consistent.</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>The language and concepts used in the report are consistent with the epistemological position of the analysis.</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>The researcher is positioned as active in the research process; themes do not just 'emerge'.</td>
</tr>
</tbody>
</table>

• Braun & Clarke (2006)