

DETERMINING HOW A GRANDPARENT- HEADED FAMILY EXPRESSES FAMILY RESILIENCE

KAREN MAY ALMA SCHNEIDER

2015

**DETERMINING HOW A GRANDPARENT-HEADED FAMILY
EXPRESSES FAMILY RESILIENCE**

by

KAREN MAY ALMA SCHNEIDER

Submitted in partial fulfilment of the requirements for the degree of

MAGISTER EDUCATIONIS
(EDUCATIONAL PSYCHOLOGY)

Department of Educational Psychology
Faculty of Education
University of Pretoria

SUPERVISOR:

Dr. M.R. Mampane

CO-SUPERVISOR:

Prof. S. Human-Vogel

PRETORIA
2015

ACKNOWLEDGEMENTS

My sincere thanks and gratitude to:

- ❖ Dr. Ruth Mampane, my supervisor, for her continual support, enthusiasm and motivation throughout these studies.
- ❖ Prof. Salomé Human-Vogel, my co-supervisor, for her support and input in assisting me in finishing my mini-dissertation.
- ❖ My parents, Frank and Patricia Schneider, for their unconditional love and belief in me.
- ❖ My fiancé, Pieter Wolmarans, who supported and motivated me.
- ❖ My friends, thank you all for your understanding and for always sticking by me.
- ❖ Annika Kaiser for her input in critically reading and editing my work.
- ❖ Dr Anna-Mart Bonthuys for language editing my work.
- ❖ Ms Adrie Van Dyk for textual editing.
- ❖ All the people at the Community Development Centre who were so willing to give me their time in order to support me in the data collection process.
- ❖ The participating family in my study. Thank you for allowing me into your world.

---oOo---

STATEMENT – LANGUAGE EDITOR

TRANSLATING • WRITING • EDITING • PROOFREADING

Anna-Mart Bonthuys (D Litt et Phil – SA)

Independent Contractor

TEL: 012 345 5058 / 082 214 5934

Email: annamart.bonthuys@gmail.com

Website: www.annamartbonthuys.co.za

Always in excellence mode

DECLARATION

TO WHOM IT MAY CONCERN

I hereby declare that I am a fully qualified and experienced language practitioner, and that during August and early September this year, I edited and proofread the dissertation by Ms Karen May Alma Schneider, Student number: 27187579, of the University of Pretoria, entitled “*Determining how a grandparent-headed family expresses family resilience*”, to the best of my ability. The editing was done electronically by means of Track Changes.


.....
Dr Anna-Mart Bonthuys
(D Litt et Phil – UNISA)

17 September 2015
.....
Date

ETHICAL CLEARANCE CERTIFICATE



RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

DEGREE AND PROJECT

INVESTIGATOR(S)

DEPARTMENT

DATE PROTOCOL APPROVED

DATE CLEARANCE ISSUED

CLEARANCE NUMBER : UP 12/09/01 MAMPANE 14-001

MEd

Determining how a grandparent-headed family expresses family resilience.

Karen May Alma Schneider

Educational Psychology

3 June 2014

16 September 2015

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

**CHAIRPERSON OF ETHICS
COMMITTEE**

Prof Liesel Ebersöhn

A handwritten signature in black ink, appearing to read 'Liesel Ebersöhn', is written over a horizontal line.

DATE

16 September 2015

CC

Jeannie Beukes
Liesel Ebersöhn
Prof S Human-Vogel
Dr MR Mampane

This ethical clearance certificate is issued subject to the following condition:

1. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.
2. The protocol you were granted approval on was implemented.
3. The Ethics Committee of the Faculty of Education does not accept any liability for research misconduct, of whatsoever nature, committed by the researcher(s) in the implementation of the approved protocol.

Please quote the clearance number in all enquiries.

PLAGIARISM STATEMENT

**UNIVERSITY OF PRETORIA
FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY**

The **Department of Educational Psychology** places specific emphasis on integrity and ethical behaviour with regard to the preparation of all written work to be submitted for academic evaluation.

Although academic personnel will provide you with information regarding reference techniques as well as ways to avoid plagiarism, you also have a responsibility to fulfil in this regard. Should you at any time feel unsure about the requirements, you must consult the lecturer concerned before you submit any written work.

You are guilty of plagiarism when you extract information from a book, article or web page without acknowledging the source and pretend that it is your own work. In truth, you are stealing someone else's property. This applies not only to cases where you quote verbatim, but also when you present someone else's work in a somewhat amended format (paraphrase), or even when you use someone else's deliberation without the necessary acknowledgement. You are not allowed to use another student's previous work. You are furthermore not allowed to let anyone copy or use your work with the intention of presenting it as his/her own.

Students who are guilty of plagiarism will forfeit all credit for the work concerned. In addition, the matter can also be referred to the Committee for Discipline (Students) for a ruling to be made. Plagiarism is considered a serious violation of the University's regulations and may lead to suspension from the University.

For the period that you are a student at the **Department of Educational Psychology**, the declaration below must accompany all written work to be submitted. No written work will be accepted unless the declaration has been completed and attached.

I (full names): **Karen May Alma Schneider**
Student number: **27187579**
Subject of the work: **Determining how a grandparent-headed family expresses family resilience**

Declaration

1. I understand what plagiarism entails and am aware of the University's policy in this regard.
2. **I declare that this dissertation is my own, original work.** Where someone else's work was used (whether from a printed source, the internet or any other source), due acknowledgement was given and reference was made according to departmental requirements.
3. I did not make use of another student's previous work and submitted it as my own.
4. I did not allow and will not allow anyone to copy my work with the intention of presenting it as his or her own work.

Signature _____

ABSTRACT

The purpose of this study was to investigate and understand how a HIV/AIDS-infected and affected grandparent-headed family in an urban-residential area, expresses and conceptualises family resilience. The study further aimed to provide insight into the protective (resilience process and strengths) and risk factors experienced by a family system.

The study assumed an interpretivist paradigm. A qualitative case study design was utilised and one grandparent-headed family was purposefully selected to take part in the research. The qualitative methodology was best suited for this study because it allowed for an in-depth investigation and understanding of the participating family and their context. Focus group interviews and the photovoice process was used to collect data. The data collection process involved having the following four sessions with the participating family members: the focus group interview and introducing the photovoice process, collecting the photographs, the photovoice exhibition, and a member checking and wrap-up session. Subsequently the transcripts and photographs were analysed and interpreted by means of an inductive thematic analysis.

The results indicated that resilience processes and protective factors of this grandparent-headed family included: family size and membership, connectedness and togetherness, family values, spirituality, flexible cultural aspects, open and direct communication, community resources and transgenerational influence. Furthermore, the identified risks and adversities identified emerged as the absence of the abovementioned resilience process and protective factors, including negative community engagement and influence, and lack of social and economic support. Family silences were noted, especially on HIV/AIDS.

Based on the findings of the study, I can therefore conclude that the grandparent-headed family exhibited resilience processes and protective factors which they employ in order to overcome risks, challenges and adversities. I also acknowledge that this study can provide further insight and knowledge on family resilience, specifically within the context of a South African urban residential area (township).

KEY CONCEPTS:

- HIV/AIDS pandemic
- Family resilience
- Grandparent-headed family
- Protective factors
- Photo-voice process
- Township (urban residential areas)
- Resilience
- Resilience process
- Risk factors
- Walsh family resilience framework

--oOo---

TABLE OF CONTENT

CHAPTER 1 SETTING THE STAGE

	Page
1.1 INTRODUCTION AND RATIONALE	1
1.2 STATEMENT OF PURPOSE	2
1.3 PROBLEM STATEMENT	2
1.4 RESEARCH QUESTIONS	3
1.4.1 PRIMARY RESEARCH QUESTION	3
1.4.2 SECONDARY RESEARCH QUESTIONS	3
1.5 WORKING ASSUMPTIONS	3
1.6 KEY CONCEPT CLARIFICATION	4
1.6.1 TOWNSHIPS (URBAN RESIDENTIAL AREAS)	4
1.6.2 THE HIV/AIDS PANDEMIC	4
1.6.3 GRANDPARENT-HEADED FAMILIES	5
1.6.4 RESILIENCE	5
1.6.5 FAMILY RESILIENCE	5
1.6.6 WALSH'S FAMILY RESILIENCE FRAMEWORK	6
1.7 RESEARCH PARADIGM	6
1.8 RESEARCH METHODOLOGY AND STRATEGIES	6
1.8.1 RESEARCH DESIGN	7
1.8.2 SELECTION OF CASE AND PARTICIPANTS	7
1.8.3 RESEARCH SITE	7
1.8.4 DATA COLLECTION AND DOCUMENTATION	8
1.8.4.1 The photovoice process	8
1.8.5 DATA ANALYSES AND INTERPRETATION	10
1.8.6 QUALITY CRITERIA	10
1.9 ETHICAL CONSIDERATION	11
1.10 CONTRIBUTIONS OF THE STUDY	11

	Page
1.11 LIMITATIONS AND CHALLENGES OF THE STUDY	11
1.12 CHAPTER OUTLINE	12
1.13 CONCLUSION	13

---oOo---

CHAPTER 2 EXPLORING EXISTING LITERATURE AS BACKGROUND TO THE STUDY

	Page
2.1 INTRODUCTION	14
2.2 THE CONTEXT OF DEVELOPMENT: THE TOWNSHIP (URBAN-RESIDENTIAL AREA)	14
2.2.1 BACKGROUND TO THE TOWNSHIP SETTING (MAMELODI)	14
2.3 THE FAMILY AFFECTED BY HIV/AIDS IN THE SOUTH AFRICAN CONTEXT	16
2.3.1 WHAT IS A FAMILY?	16
2.3.2 THE HIV/AIDS PANDEMIC IN SOUTH AFRICA	17
2.3.3 ORPHANS AND VULNERABLE CHILDREN	18
2.3.4 THE IMPACT OF HIV/AIDS ON THE FAMILY SYSTEM	18
2.3.5 THE GRANDPARENT-HEADED FAMILY	20
2.4 RESILIENCE	22
2.4.1 THE DEVELOPMENT AND CONCEPTUALISATION OF RESILIENCE	22
2.4.2 FAMILY RESILIENCE	23
2.5 CONCEPTUAL FRAMEWORK FOR THE STUDY	24
2.5.1 WALSH'S FAMILY RESILIENCE FRAMEWORK	25
2.6 CONCLUSION	26

---oOo---

CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

	Page
3.1 INTRODUCTION	28
3.2 PARADIGMATIC PERSPECTIVE	28
3.2.1 META-THEORETICAL PARADIGM	29
3.2.2 METHODOLOGICAL PARADIGM	30
3.3 RESEARCH DESIGN	31
3.3.1 A CASE STUDY	31
3.4 RESEARCH PROCESS AND METHODOLOGY	33
3.4.1 SELECTION OF CASE AND PARTICIPANTS	34
3.4.2 DATA COLLECTION AND DOCUMENTATION	35
3.4.2.1 Photovoice process	35
3.4.3 DATA ANALYSIS AND INTERPRETATION	39
3.5 QUALITY CRITERIA	41
3.5.1 CREDIBILITY	41
3.5.2 TRANSFERABILITY	42
3.5.3 DEPENDABILITY	42
3.5.4 CONFORMABILITY	43
3.6 ETHICAL CONSIDERATIONS	43
3.7 ROLE OF THE RESEARCHER	44
3.8 CONCLUSION	45

---oOo---

CHAPTER 4 RESEARCH RESULTS

	Page
4.1 INTRODUCTION	46
4.2 RESEARCH RESULTS	46
4.2.1 Theme 1: Family resilience processes and protective factors	49
4.2.1.1 Sub-theme 1.1: Family membership and size	50
4.2.1.2 Sub-theme 1.2: Connectedness and togetherness	52
4.2.1.3 Sub-theme 1.3: Family values	53
4.2.1.4 Sub-theme 1.4: Spirituality	55
4.2.1.5 Sub-theme 1.5: Flexible cultural aspects	56
4.2.1.6 Sub-theme 1.6: Family rules and discipline	57
4.2.1.7 Sub-theme 1.7: Communication	59
4.2.1.8 Sub-theme 1.8: Community resources and engagement	60
4.2.1.9 Sub-theme 1.9: Transgenerational influence	62
4.2.2 Theme 2: Family risk factors and adversities	62
4.2.2.1 Sub-theme 2.1: Absence of the resilience processes and protective factors (strengths)	63
4.2.2.2 Sub-theme 2.2: Community engagement and influence	63
4.2.2.3 Sub-theme 2.3: Lack of social and economic support	64
4.2.2.4 Sub-theme 2.4: Silences	65
4.3 CONCLUSION	65

CHAPTER 5

LITERATURE CONTROL, CONCLUSION AND RECOMMENDATIONS

	Page
5.1 INTRODUCTION	66
5.2 ANSWERING THE RESEARCH QUESTIONS IN ACCORDANCE WITH THE FINDINGS AND EXISTING LITERATURE	66
5.2.1 SECONDARY RESEARCH QUESTIONS	66
5.2.1.1 How does a grandparent-headed family conceptualise and express family resilience?	66
5.2.1.2 What risk factors does a grandparent-headed family experience?	72
5.2.2 PRIMARY RESEARCH QUESTION	75
5.2.2.1 How can insight into a grandparent-headed family contribute to the knowledge of family resilience in an urban residential area (township)?	75
5.3 STRENGTHS	78
5.3.1 DATA COLLECTION METHOD (PHOTOVOICE PROCESS)	78
5.3.2 INITIATE FURTHER RESEARCH	78
5.4 LIMITATIONS	78
5.4.1 LIMITED SCOPE AND GENERALISATION	78
5.4.2 RESEARCHER SUBJECTIVITY	79
5.4.3 LANGUAGE AND CULTURAL BARRIERS	79
5.4.4 SENSITIVITY AND SILENCES	79
5.5 RECOMMENDATIONS	80
5.5.1 RECOMMENDATIONS RELATING TO RESEARCH	80
5.5.2 RECOMMENDATIONS RELATING TO PRACTICE	80
5.5.3 RECOMMENDATIONS RELATING TO TRAINING	81
5.6 CONCLUSION	81
LIST OF REFERENCES	82
LIST OF APPENDICES	91
Appendix A: Focus group schedule	92
Appendix B: Informed consent	94
Appendix C: Photovoice schedule	99
Appendix D: Example of photograph interpretation	100
Appendix E: Example of transcript interpretation	101

---oOo---

LIST OF TABLES, FIGURES AND PHOTOGRAPHS

	Page
TABLES	
Table 3.1: Basic dimensions included in the definition of a paradigm.....	28
Table 3.2: Map of my case study design.....	32
Table 3.3: Description of participating family members.....	35
Table 3.4: Summary of photovoice data collection process.....	39
Table 4.1: Inclusion and exclusion criteria for theme 1.....	47
Table 4.2: Inclusion and exclusion criteria for theme 2.....	47
Table 4.3: Summary of the main themes, sub-themes and categories.....	48
Table 4.4: Participant key and participant description.....	49

FIGURES	
Figure 2.1: Integrative Family Resilience Framework.....	26
Figure 3.1: A visual representation of my research process.....	33
Figure 4.1: Grandparent-headed family genogram.....	51
Figure 5.1: Conceptualisation of family resilience in a grandparent headed family living in an urban residential areas.....	76

PHOTOGRAPHS	
Photograph 3.....	53, 56, 61
Photograph 12.....	57
Photograph 14.....	55
Photograph 20.....	54
Photograph 21.....	50, 53
Photograph 23.....	60
Photograph 29.....	61
Photograph 32.....	51, 55, 58
Photograph 33.....	52, 57
Photograph 35.....	52, 54, 57, 62
Photograph 38.....	54, 60
Photograph 44.....	50
Photograph 45.....	51
Photograph 48.....	53, 56, 61

---ooOoo---

CHAPTER 1

SETTING THE STAGE

1.1 INTRODUCTION AND RATIONALE

Townships, also known as urban residential areas, are home to millions of South Africans and have been described in a multitude of ways as: beautiful, sublime, colourful, chaotic, ugly, dangerous, underdeveloped, overcrowded etc. (Eloff, & Sevenhuysen, 2011; Steyn, 2007; Otter, 2007). Steven Otter (2007), author of the book *Khayelitsha: uMlungu in a township*, depicts his experiences as a white male living in a township. He explains in his book that, although townships are characterised by poverty, crime and violence, they are also lively and vibrant places, with their own rich culture, sense of community and brotherhood (Ubuntu). The aforementioned information is corroborated by other authors (Mampane, & Bouwer, 2011; Mampane, & Bouwer, 2006; Msila, 2005; Motseke, 2005; Otter, 2007).

Families living in townships are confronted with a number of adversities, like the effect of the HIV/AIDS pandemic, upon which this dissertation is specifically focused (Bhana, & Bachoo, 2011; Walsh, 2012c). The HIV/AIDS pandemic is among the most threatening contributors to the wellbeing of the family as it results in high levels of financial, emotional, psychological and social stress (Ebersöhn, & Eloff, 2002; Ebersöhn, Eloff, Finestone, Van Dullemen, Sikkema, & Forsyth, 2012; Lalthapersad-Pillay, 2008; Van Dullemen, 2009; Van der Heijden, & Swartz, 2010). It is marked by grandparent-headed and child-headed homes, as the productive age group passes away, leaving the 'vulnerable' age groups behind (Mudavanhu, Segalo, & Fourie, 2008).

My exposure to the families faced with the above-mentioned adversities, during my postgraduate studies in educational psychology, has often led me to wonder how families overcome such an aggregate of stressors. My motivation for wanting to research family resilience, therefore, stems from this phenomenon and the specific context that fosters it. The reason for focusing specifically on family resilience in a grandparent-headed family stems from the perception of the 'normal' family. Also it provides depth to the research as it adds an extra generational aspect (time factor) to the overall corpus of studies on family resilience.

Similar to Steve Otter's individual experience of township life, I expect that despite adversities, families living in townships can demonstrate resilience. Family resilience involves recognition of various risk factors, while identifying the resilience process and protective factors that allow the family to cope and 'bounce forward' despite the pile-up of adversity and traumatic experiences (Brown, & Robinson, 2012; Patterson, 2002).

This qualitative case study, within an interpretivist paradigm, aims to determine how a grandparent-headed family living in Mamelodi township conceptualises and expresses family resilience. This understanding will be reached by gaining in-depth knowledge of the individual family members' experiences of risks, as well as identifying and emphasising the resilience processes employed by the grandparent-headed family in order to cope with adversities.

In Chapter 1, I set the stage for the present study, by discussing the purpose statement, the research questions, the working assumptions, the key concepts, the research paradigm, the research methodology, the ethical consideration, and the contribution and limitations of the research.

1.2 STATEMENT OF PURPOSE

The purpose of this study is to investigate the manner in which a grandparent-headed family, affected and infected by the HIV/AIDS pandemic in an urban residential area, conceptualises and expresses family resilience. The study specifically focuses on a grandparent-headed family because it can provide a multigenerational perspective on family resilience. In addition to the adversities these families experience due to the HIV/AIDS pandemic and their living conditions in the township, there are many risk factors associated with a grandparent-headed family.

By using a grandparent-headed family as a case, the study will provide insight into each family member's experiences of adversity and risk across a spectrum of ages and lived experiences. Additionally, it will allow for an exploration of the resilience processes and protective factors that motivate healthy family development. Ultimately, the study will form part of a wider research project which aims at contributing to the existing literature on family resilience, specifically in a South African context.

The findings of the study will hopefully inspire further research and intervention in order to enhance and support family resilience and healthy family development in urban residential areas. Furthermore, I believe that my study may contribute to the field of educational psychology, as the knowledge obtained from this case study will provide insight and awareness to other professionals faced with grandparent-headed families with similar experiences.

1.3 PROBLEM STATEMENT

Families living in townships are faced with a number of adversities of which the HIV/AIDS pandemic is the most threatening as it affects the structure, development and wellbeing of the family system (Chapter 2 provides a more detailed description of the adversities faced by an HIV/AIDS infected and affected grandparent-headed family). This study aims to

investigate and understand how families overcome such an aggregate of stressors and continue to flourish. An understanding of a family's ability to overcome adversities will contribute to the knowledge system and provide insight into family resilience in a unique South African context.

1.4 RESEARCH QUESTIONS

1.4.1 PRIMARY RESEARCH QUESTION

This study will be guided by the following research question:

- *How can insight into a grandparent-headed family contribute to the knowledge of family resilience in an urban residential area (township)?*

1.4.2 SECONDARY RESEARCH QUESTIONS

In addition to the primary research question, the following secondary research questions were formulated to gain further information and clarity regarding the primary research question:

- *How does a grandparent-headed family conceptualise and express family resilience?*
- *What risk factors does a grandparent-headed family experience?*

1.5 WORKING ASSUMPTIONS

I will approach the study with the following assumptions:

- I believe that everyone is capable of being resilient and therefore I assume that I will identify resilience processes within a grandparent-headed family affected and infected by HIV/AIDS (Walsh, 2012c).
- I expect that my results will link to existing literature on the topic; however, I hope that my study will reflect a different perspective, due to the uniqueness of the family unit and the South African context in which the study is conducted (McGoldrick, & Ashton, 2012).
- I anticipate that the conceptualisation and expression of family and family resilience will be unique in the South African context in comparison to the Western literature, in particular regarding the HIV/AIDS pandemic and other factors which force grandparents to assume the role of primary caregivers in the absence of parents.

Though these are my personal working assumptions, I cannot deny the fact that my assumptions are based on existing theoretical references and readings.

1.6 KEY CONCEPT CLARIFICATION

In order to ensure a clear understanding, I henceforth provide the definitions of the key concepts within the context of the study. Further details will follow in Chapter 2 of this dissertation, as part of the literature review.

1.6.1 TOWNSHIPS (URBAN RESIDENTIAL AREAS)

Townships are formerly black-only urban residential areas in South Africa, which originated during the apartheid era. However, according to Giliomee and Mbenga (2007, p. 251), townships remain the neglected stepchildren of the apartheid urban administration and constitute symbols of South Africa's morally unjust past. With the discovery of gold and diamonds at the beginning of the 20th century, the white supremacist government ruling South Africa at the time recognised that the power and growth of the South African economy was dependent on the black population's labour (Van Wyk, 2013). This resulted in an influx of black workers into cities and urban areas. In order to control urbanisation, the apartheid government implemented the Native (Black) Urban Areas Act No. 21 in 1923, which resulted in the racial allocation of land and the creation of what then was called locations. These 'locations', later known as townships, became residences for black labourers who needed to live near their employment, yet needed to be segregated from the white man's land (Motseke, 2005; Van Wyk, 2013).

1.6.2 THE HIV/AIDS PANDEMIC

In his foreword to the book *AIDS and South Africa: The social expression of a pandemic*, Archbishop Desmond Tutu (2003, as cited in Kauffman, & Lindauer, 2004) refers to the HIV/AIDS pandemic as the new apartheid, as it is the latest threat to South African society and humanity. Statistics show that South Africa is the HIV/AIDS capital of the world, maintaining the highest number of HIV/AIDS-infected individuals (Hlabyago, & Ogunbanjo, 2009; Kauffman, & Lindauer, 2004; Lalthapersad-Pillay, 2008).

HIV/AIDS has devastating effects, not only for the infected individual but on society as a whole. Just like the virus spreads in the body, HIV/AIDS affects each interacting system in society, first affecting just one person in a family, then the entire family, then the community, and finally the nation (Sayson, & Meya, 2001, p. 546). As families are seen as the "*most proximal and fundamental social systems influencing human development*" (Bhana, & Bachoo, 2011, p. 131), the traumatic effects of HIV/AIDS on the family system is changing the very heart of our society.

1.6.3 GRANDPARENT-HEADED FAMILIES

For the purpose of this study, *family* will be defined as “a transactional system that functions in relation to its broader sociocultural context and evolves over the multigenerational family life cycle” (Walsh, 2012b, p. 29). This definition defines the concept *family* in terms of a systems-based perspective, and also recognises that a family develops and changes over time. Past definitions of family, based on what was then perceived as “normal”, are becoming outdated as new family systems are developing and becoming accepted in our current sociocultural context. An example of this, and the focus in this study, is grandparent-headed families. Though grandparents have always played an important role in the family systems, grandparent-headed families are distinctive as the grandparents are taking on the role as primary caretakers of their grandchildren.

Families can be very diverse, and therefore the individual definition of the term is dependent on personal understanding and attitudes. Definitions of *family* vary in terms of its form, structure, membership, relationships, attachment, function, responsibility, rights, and permanence (Barolsky, 2003; Okon, 2012; Walsh, 2012c).

As the study specifically focuses on a multigenerational family, the definition of *family* should include: structure, form, membership, roles, relationship and responsibility.

1.6.4 RESILIENCE

Resilience has attracted a growing interest in psychology and therefore has many definitions. Most definitions of *resilience* involve the common notion of overcoming adversity (Hegney, Buikstra, Baker, Rogers-Clark, Pearce, Ross, Ling, & Luke, 2007). As my understanding of the concept of *resilience* is based within the ecological perspective, which views resilience as embedded systematically, I will define resilience as an individual’s ability to use and access protective factors and resources within themselves and their environment, in order to adapt, cope and grow despite the adversities, challenges and risk factors they may experience at any given moment in time (Ebersöhn, Eloff, Finestone, Van Dullemen, Sikkema, & Forsyth, 2012; Mampane, & Bouwer, 2011; Mullin, & Acre, 2008; Ungar, 2004; Ungar, 2008).

1.6.5 FAMILY RESILIENCE

Family resilience is similar to individual resilience in that it defines successful or positive adaptations despite risk and adversity. Instead of placing emphasis on the individual system, however, it describes resilience within the most fundamental social system, which is the family (Bhana, & Bachoo, 2011; Mampane, & Bouwer, 2011; Walsh, 2012c).

According to McCubbin and McCubbin (as cited in Black, & Lobo, 2008, p. 34), family resilience is defined as a combination of “*characteristics, dimensions, and properties of*

families which help families to be resilient to disruption in the face of change and adaptive in the face of crisis situations". Research into family resilience also inspects risk and protective factors and the relationship between these factors in order to understand the dynamic process of family resilience (Bhana, & Bachoo, 2011).

1.6.6 WALSH'S FAMILY RESILIENCE FRAMEWORK

Walsh's Family Resilience Framework combines ecological, developmental and strength-based perspectives to view the family and its potential to recover, repair and grow despite being faced with adversity and life challenges (Walsh, 2012c). The Family Resilience Framework identifies three family resilience processes and nine protective factors, which reduce risk and result in resilience and healthy family functioning (Walsh, 2002; Walsh, 2012c). I believe that Walsh's Family Resilience Framework will be appropriate for this study as it takes into consideration the dimensions of culture, context and time, and how these factors influence what we perceive to be stressors, protective factors and resilience processes. Even though the framework is developed within a Western society, it can easily be utilised within the South African context. The framework also allows me to make my own interpretation and meaning of family resilience, while providing me with the necessary theory needed to make my study relevant. This framework is further discussed in Chapter 2.

1.7 RESEARCH PARADIGM

A research paradigm is the lens through which an individual views the world and therefore influences one's research methodological choices. My study will follow the interpretivist paradigm as I will interact with a grandparent-headed family in an attempt to understand and interpret their subjective conceptualisation and expression (meaning) of family resilience.

This paradigm is relevant to my study as it takes into account the fact that both the researcher and the participants construct knowledge and create their own meaning, based on their different experiences and interactions with the environment. People are so diverse, that as a researcher I cannot assume that there is only one absolute truth or way of experiencing family resilience. This paradigm allows me to recognise the influence of diversity and the way that all knowledge, even subjective knowledge, can be true knowledge. Further details on my research paradigm and interrelated dimensions are discussed in Chapter 3.

1.8 RESEARCH METHODOLOGY AND STRATEGIES

The selected research methodology and strategies will be guided by the interpretive paradigm and will enable me to obtain the in-depth information that I need in order to understand how a grandparent-headed family conceptualises and expresses family

resilience. In the following sub-sections I discuss the methodological layout of my study. A more detailed discussion is provided in Chapter 3.

1.8.1 RESEARCH DESIGN

I will conduct qualitative research, which is a non-statistical *“attempt to collect rich descriptive data in respect of a particular phenomenon or context, with the intention to develop an understanding”* (Nieuwenhuis, 2007b, p. 50). More specifically, I will make use of a case study design to assist me in studying my research problem. In this case the bounded system under study will be a grandparent-headed family in a township setting and their understanding and meaning of family resilience. Generalisation is not the purpose of this study, as I aim at getting an understanding of a grandparent-headed family’s experience of family resilience within a unique context and phenomenon (Crous, 2011; Nieuwenhuis, 2007c; Thomas, 2011).

1.8.2 SELECTION OF CASE AND PARTICIPANTS

In order to conduct my study, I will select the participants through the means of a non-probability, purposive sampling approach. This will allow me to deliberately choose a family depending on specific characteristics and experiences, in relation to the purpose of the research (Maree, & Pietersen, 2007; Morgan, & Sklar, 2012; Nieuwenhuis, 2007c; Rule, & John, 2011; Thomas, 2011). The selection criteria for my study will include: a grandparent-headed family where the grandparents are the primary caregivers of the grandchildren; grandchildren in their adolescence (aged 13-18) due to the complex research methodology; and the family residence being located in the Mamelodi township.

The Community Development Centre in Mamelodi will assist me in my sampling process, by providing me with a number of families who meet my selection criteria. From these families one family will be asked whether they would be willing to participate in the research. Eventually I will have a family consisting of two generations of family members, a grandmother and her grandchildren. As the participating family’s first language will not be English, I will work together with the family’s caregiver and a fellow researcher who can support me during my research process, due to the language barrier that might exist between the participants and myself.

1.8.3 RESEARCH SITE

The research will be conducted at the Community Development Centre in Mamelodi East. The centre is a multi-purpose centre which is known for proudly serving the Mamelodi community through a variety of programmes, for example providing meals, psychosocial support and assistance in receiving grants and other governmental services (T. Moshabela, personal communication, April 7, 2015). The site has access to 147 vulnerable families living

in Mamelodi and can easily be reached by the participants and the researcher. It is also a safe place within the family's natural setting, and will have all the necessary facilities to improve the research process.

1.8.4 DATA COLLECTION AND DOCUMENTATION

Once I have done my sampling, I will use a qualitative data collection method to obtain deep and detailed data regarding the phenomena under study (Merriam, 1988). In my present study, data will be primarily generated through the means of the photovoice process (see section 1.7.4.1), which will include focus group interviews and discussions on the photographs taken.

Throughout the data collection and analysis process, I will keep a reflective research journal, in which I can make notes about my research processes, choices and actions. My research journal will be an important tool, as it can also help me with the quality and trustworthiness of the research (Shaw, 2010). More details on the data collection process and documentation are provided in Chapter 3.

1.8.4.1 The photovoice process

As a mode of investigation, I will employ the photovoice process, which allows the participants to represent themselves, in relation to the phenomenon under study, through the lens of a camera. Photovoice increases the participant's ability to actively participate in the data collection process, as they capture their own truths and experiences related to family resilience (Koltz, Odegard, Provost, Smith, & Kleist, 2010; Rule, & John, 2011). Photovoice can be implemented individually or within a group, and will provide a creative way to tap into the voices of the family members, allowing them to be heard (Olivier, Wood, & De Lange, 2009).

In setting up the research, the following steps (as adapted from Olivier, Wood, & De Lange, 2009, p. 13-16) will be implemented to facilitate photovoice process:

➤ **Session 1: Focus group interview and introducing the photovoice process**

Focus group interviews involve bringing a group of people together (in this case the members of a grandparent-headed home), in order to discuss and collect data on the issue under study, namely family resilience (Schwandt, 2007). Focus group is a data collection method that can stand on its own, but in terms of this research it will form part of the photovoice process (Schwandt, 2007). By using semi-structured and open-ended questions the family members will be able to elaborate about their family, and this will guide me on resilience-related constructs that make them experience success and strength through their adversities. The discussion will result in introducing the photovoice data collection process to the family and the development of the prompt which will guide the family on how to take their

photographs on family resilience. An example of such a prompt will be: *“Together as a family, go take photographs of the resources and strengths that have an influence on your family’s wellbeing and development.”*

➤ **Session 2: Collecting the photographs**

The family will be given a week to take their photographs and to bring the cameras back to me at the Community Development Centre. I will then develop the photographs and number them.

➤ **Session 3: Photovoice exhibition**

The photographs were exhibited in a room during the third session. Each participating family member will be asked to select five photographs that best represented family resilience to him/her. The selected photographs will be further discussed by using the acronym SHOWeD developed by Caroline Wang (Wang, Cash, & Powers, 2000, p. 84).

S - *What do you see here?*

H - *What is really happening?*

O - *How does this relate to our life/ family resilience?*

W - *Why does this strength/risk exist?*

e - *(The lowercase e has no meaning in the acronym)*

D - *What can we do about it?*

Permission will be obtained to make an audio-recording during the sessions. The sessions will then be transcribed and later translated in preparation for data analysis. All the photographs will be collected and numbered. Faces on the photographs will be blurred, and permission to keep and share the photographs will be received as part of the consent process. The transcripts and photographs will be kept together in a data file.

➤ **Session 4: Member checking and wrap-up**

After the data analysis and interpretation, I will meet again with the families to thank them, to reflect with them on the process, and to check whether they agree with the identified themes which emerged from the data.

A similar data collection method is photo elicitation, which involves using visual images, for example photographs, videos, drawings etc., to support the interviewing process. In photo elicitation it is not necessarily stipulated who takes the photograph, i.e. the photographs can also be taken and provided by the researcher (Harper, 2002; Shalini, Jarus, & Suto, 2012). I decided however to rather use the photovoice process for two reasons: firstly because of its well-developed framework that can be used in qualitative research, and secondly, for the

purpose of this study it is important that the participants take on an active part in the research process; therefore they need to be able to express their own perspective of family resilience in a visual manner (Shalini, Jarus, & Suto, 2012).

1.8.5 Data analysis and interpretation

To analyse the data obtained from the photovoice process, I will make use of inductive thematic analysis. Inductive thematic analysis is a systemic approach that summarises and interprets the raw data (i.e. it is a data driven process), with the objective to better understand and identify common themes (Nieuwenhuis, 2007c; Shaw, 2010). In order to understand and obtain salient themes, the transcripts will be broken down into descriptive and interpretive summaries, and the photographs will be examined to determine content and intention (Joubert, 2012; Shaw, 2010). Codes will be assigned to the appropriately interpreted themes, in order to obtain meaningful analytical units or categories needed to report the findings related to the relative literature and Walsh's Family Resilience Framework (Nieuwenhuis, 2007c; Rule, & John, 2011). See Chapters 3 and 4 for an in-depth description of the ongoing and iterative process of data collection, data analysis, data interpretation and data reporting.

1.8.6 QUALITY CRITERIA

In qualitative research, the issues of quality and trustworthiness of the research can be addressed by researching at the following dimensions: credibility, transferability, dependability and conformability (Ferreira, 2012; Rule, & John, 2011).

Credibility is the degree to which the study conforms to the reality of the case, i.e. whether the participants' view of their life is the same as the researcher's view of their life (Rule, & John, 2011; Schwandt, 2007; Shenton, 2004). Member checking, debriefing sessions, peer inspection, triangulation and reflective diary-keeping were techniques used to ensure credibility in this study (Shenton, 2004; Fischer-Mueller, & Zeidler, 2002).

Transferability deals with generalisation in terms of case-to-case transference (Rule, & John, 2011; Schwandt, 2007). Though this dissertation deals with a small sample size and therefore offers limited research generalisation, it is by no means unscientific or without value to further research (Thomas, 2011). By providing as much information as I can on the specific case, I allow the reader to decide on the similarity of my case study to other related cases (Schwandt, 2007).

Dependability explores the methods and research processes used by the researcher to arrive at the results (Schwandt, 2007). Dependability was ensured by describing the methodology in depth, and providing proper documentation and an audit trail (Shenton, 2004).

Conformability has to do with the research being unbiased and objective in terms of the process of analysis and interpretation of the findings (Schwandt, 2007). To ensure a certain amount of objectivity in my research, I used an inductive approach to data analysis, stated the limitations of the research, and also stated my working assumptions and positioning (Shenton, 2004; Rule, & John, 2011).

1.9 ETHICAL CONSIDERATION

As this research forms part of an existing project, I applied and acquired ethical clearance as a fieldworker from the ethics committee of the University of Pretoria. Ethical clearance compels me as a researcher to behave morally throughout the research process (King, 2010). During my study I will take into account both research ethics and the ethical code of the Health Professions Council of South Africa (Marais, 2008). The overall ethical issues I will consider during my study are informed consent, confidentiality, anonymity and privacy, the right to withdraw, protecting participants from harm, and the limitations of the researcher's role (King, 2010). These ethical issues in relation to the study are discussed in more detail in Chapter 3.

1.10 CONTRIBUTIONS OF THE STUDY

The intention of the present study will be to investigate the manner in which a grandparent-headed family conceptualises and expresses family resilience. The findings may add to the existing literature on family resilience and provide an overview of family resilience as perceived by a grandparent-headed family within a unique South African context. Also, the methodology and data collection method provide a unique manner of exploring family resilience. The study will contribute toward empowering similar families in exploring their challenges in a more positive manner. It might also shed light on how educational psychologists can support families with similar experiences in therapy and intervention.

1.11 LIMITATIONS AND CHALLENGES OF THE STUDY

Due to the sensitive nature of the topic, a limitation in itself, building rapport with all the family members is important to ensure that they will be willing to share their experiences and knowledge. It is therefore crucial to allocate an appropriate amount of time, in itself a challenge, for rapport building. Additionally, the language barrier and cultural differences between the participants and researcher may cause some difficulties. This challenge will be overcome by having co-researchers and a caregiver who could function as translators. The use of the photovoice method also helps to mitigate these challenges, as it is often used in research where there is a possible language or cultural barrier.

Given that some participants, either the younger or older generation or both, might not be comfortable with the photovoice method, I will have to moderate this challenge. A solution for

this will be to explain the photovoice process in the beginning of the research and also to assure confidentiality, to ensure comfort before proceeding.

1.12 CHAPTER OUTLINE

➤ CHAPTER 1: Setting the stage

Chapter one is an introductory chapter as it sets the stage for the rest of the dissertation. It briefly provides the reader with general background information and an overview on the present study.

It states the research question which guides the research, discusses the purpose statement, the working assumptions, and defines the key concepts. A summary of the research design and methodology, ethical considerations, and the challenges and contributions of the research are also presented.

➤ CHAPTER 2: Exploring existing literature as background to the study

Chapter 2 is an in-depth discussion on the current existing literature relating to my study. It explores the key concepts such as townships, HIV/AIDS, the definition of *family*, *grandparent-headed households*, *resilience* and *family resilience*. Furthermore, it explores the conceptual framework on which the research is based, namely Walsh's Family Resilience Framework.

➤ CHAPTER 3: Research design and methodology

Chapter 3 contains a discussion of the research paradigm of interpretivism, on which the research process and methodology are based. Additionally, it covers a detailed description of the research design (case study), as well as the selection of participants, data collection (photovoice) and documentation, quality criteria (credibility, transferability, dependability and conformability), ethical considerations, role of the researchers, and challenges and strengths of the methodology.

➤ CHAPTER 4: Research results

Chapter 4 presents the results of the study in terms of analysed themes related to family resilience. Direct quotations from the transcripts and the photographs taken are added to this chapter to ensure an effective data-trail.

➤ CHAPTER 5: Literature control, conclusion and recommendations

In the final chapter the themes are then discussed and compared to existing literature in order to reach a conclusion and answer the research question. Therefore Chapter 5 is a conclusion and a summary of the research process, with the intent to relate the findings to the research question and purpose of the study, as mentioned in Chapter 1. After analysing

the strengths and weaknesses of the present study, I discuss possible recommendations for further researchers and educational psychologists working with family resilience.

1.13 CONCLUSION

This chapter attempted to provide the reader with a summary and a brief overview of the present research study. After introducing the study, I discussed the purpose statement, the research questions and my working assumptions. I clarified the key concepts and explained the research methodology, ethical considerations, and research limitations/challenges and contributions. In the following chapter, I will provide the reader with a literature review and my conceptual framework based on the focus of my study, as mentioned in Chapter 1.

---oOo---

CHAPTER 2

EXPLORING EXISTING LITERATURE AS BACKGROUND TO THE STUDY

2.1 INTRODUCTION

As mentioned in Chapter 1, the research study aims to investigate and understand how a grandparent-headed family conceptualises and expresses family resilience, when faced with adversity in a township setting (urban-residential area). This chapter therefore provides an overview on existing literature with regard to township, family, the HIV/AIDS pandemic, resilience and family resilience. The reviewed literature was selected based on the focus of the study, the research question and the rationale, as formulated in Chapter 1.

I begin the chapter with information on the contextual setting in which the study takes place. Then attention is directed to a specific adversity in a township setting, namely the HIV/AIDS pandemic, and how this influences the family system. Next, I define and provide clarity on the construct *resilience*, its origin and development, from an emphasis on individual traits to the current focus on interactive processes within the ecological perspective. The literature review also highlights the theory of family resilience, which is a crucial theme in this study. I conclude this chapter by presenting my conceptual framework, based on Walsh's Family Resilience Framework, which I regard as applicable to this study.

2.2 THE CONTEXT OF DEVELOPMENT: THE TOWNSHIP (URBAN-RESIDENTIAL AREA)

2.2.1 BACKGROUND TO THE TOWNSHIP SETTING (MAMELODI)

The term *townships* refers to urban residential areas in South Africa, which were formerly blacks-only. They originated with the Native (Black) Urban Areas Act in 1923, when former apartheid municipalities began to set aside land for black labourers who worked in the cities and needed a residence closer to their place of employment (Motseke, 2005). The Native (Black) Urban Areas Act was a way to control and restrict black urbanisation by implementing pass-laws and legalising urban racial segregation (Eloff, & Sevenhuysen, 2011; Swartz, 2009). Urbanisation control also resulted in the removal of education, infrastructure, resources and other opportunities from these areas, summarily turning townships into locations where the laws of apartheid could be more easily enforced (De Hart, & Venter, 2013; Swartz, 2009). Thus, the lack of resources turned townships into magnets for migrant labourers, where family units were absent and economic opportunities were not created. Even years after the dismantling of apartheid, these historically racially segregated, low-housing areas continue to remain disenfranchised, and are symbols of South Africa's

immoral past, which was dominated by discrimination, racial oppression and inequality (Msila, 2005; Swartz, 2009). Townships, by nature of their demography, remain overcrowded and segregated, and present as an adverse environment, as they are characterised by poverty, unemployment, overcrowding, violence, high crime rates, poor infrastructure, high rates of HIV/AIDS, and lack of facilities, resources and services (Mampane, & Bouwer, 2006; Mampane, & Bouwer, 2011; Motseke, 2005). Many individuals and families living in townships are from a low socioeconomic status and are faced with the above-mentioned risk factors on a daily basis. Nevertheless, though townships have been neglected and have inherited many significant problems from South Africa's history, individuals and families living in townships experience a strong sense of community and have developed their own vibrant culture, traditions and urban way of living (Maseko, 2001). Townships are also competent communities featuring a number of resilience-promoting factors, which enable individuals and families to flourish despite the high degree of adversity in their context of development (Mampane, & Bouwer, 2006; Mampane, & Bouwer, 2011; Theron, Cameron, Didkowsky, Lau, Liebenberg, & Ungar, 2011).

Mamelodi, a 'black' township located 20 kilometres east of Pretoria city centre, is where the present study took place. It was established in 1953 under the spatial planning of the apartheid era (Mampane, 2010; Marschall, 2008; Ralinala, 2002). The Native Urban Areas Consolidation Act No. 25 in 1945 initiated the development of Mamelodi: the Pretoria City Council bought land on the Vlakfontein 329JR farm with the aim to develop a blacks-only urban residential area (Marschall, 2008; Ralinala, 2002). Then known as the "Vlakke", it consisted of only 16 houses, but rapidly grew in size as people from Riverside, Eersterus, Lady Selborne, Marabastad and Bantule were forcefully relocated to Mamelodi (Mampane, 2010; Marschall, 2008; Ralinala, 2002). In 1962, Vlakfontein was renamed Mamelodi, a word which means "place of joy" or "mother of melodies" (Mampane, 2010; Marschall, 2008). As in other townships in South Africa during the 1980s, Mamelodi also took part in the liberation struggle against the apartheid regime, and due to these events there are a number of heritage sites in Mamelodi (e.g. Solomon Mahlangu Freedom Square and the Umkhonto Memorial) (Mampane, 2010; Marschall, 2008). The main road running through the eastern side of Mamelodi has, as recently as 2013, been renamed after Solomon Kahlusi Mahlangu, the young freedom fighter who was executed in 1979.

Today, Mamelodi is divided into East and West by the Moretele river (Mampane, 2010). The West side is the historical township as it developed under the apartheid regime, and the East side evolved in the mid- to late-1900s (Steyn, 2007). The East side, the location of the Community Development Centre where the study was conducted, consists of some RDP (reconstruction and development programme) housing, but the majority of it remains informal settlement (Mampane, 2010; Steyn, 2007).

Mamelodi is densely populated (7403.17 per km²) and the majority of the individuals and families living in this township are underprivileged, previously disadvantaged and impoverished (Mampane, 2010; Ruane, 2010). Nonetheless, it is a lively township which accommodates a number of ethnic groups, such as Sotho, Zulu, Tswana and others, allowing for a lot of diversity (Ruane, 2010).

In order to fully comprehend the family resilience of a family living in the Mamelodi township, it is important to understand the broader context of the environment in which they live. Therefore this section of this chapter focused on setting the scene of the research study. In the next section of the literature review, I will discuss the concept of *family*. In my discussion I will focus on how families in township communities experience adversities, especially those associated with the HIV/AIDS pandemic.

2.3 THE FAMILY AFFECTED BY HIV/AIDS IN THE SOUTH AFRICAN CONTEXT

2.3.1 WHAT IS A FAMILY?

For the purpose of my study, the term *family* refers to Walsh's definition (2012b, p. 29), which states that a family is “*a transactional system that functions in relation to its broader sociocultural context (macrosystem) and evolves over the multigenerational family life cycle (chronosystem)*”. This developmental and systems-based perspective views the family as a system consisting of a number of interconnected and interdependent subsystems, which continuously influence one another as they move through time (McCarthy, & Edwards, 2011). The subsystems include the individual family members – each of whom is a system in its own right – but also the family-based subsystems, such as the grandparent-subsystem, the parent-subsystem and the sibling-subsystem. As these subsystems interact with and influence one another, an alteration in one system often results in a ripple effect, which causes change in the total functioning of all systems (McCarthy, & Edwards, 2011). Though there is no universal definition of *family*, researchers and psychologists always investigate relationship, attachment, membership, function, form, rights, responsibility and permanence when attempting to define the concept (Barolsky, 2003; Okon, 2012). For example, Hanson (as cited in Black, & Lobo, 2008, p. 34) defines a family as “*two or more individuals who depend on one another for emotional, physical, and economical support*”. Hanson's definition of *family* is suitable for this study as it mentions a number of important factors related to understanding a family and family resilience. It investigates relationship and attachment (dependency), but also states membership (a family consists of at least two members, of which at least one member needs to be an adult) (Okon, 2012). Hanson's definition furthermore indicates aspects of family function. Family function can differ from family to family, but said function implies fulfilling basic human needs (for instance emotional, psychological, physical, material, economic and social support) (Okon, 2012).

Formerly, a nuclear (colloquially “normal”) family comprised an “*intact, two-parent family unit, headed by a male breadwinner and supported by a full-time homemaker wife, who devoted herself to household management, childrearing and elder care*” (Walsh, 2012a, p. 11). This outmoded and ethnocentric definition is no longer acceptable (McCarthy, & Edwards, 2011; Okon, 2012). A modern family can be constituted in a number of ways, also discussed by Walsh in the book *Normal family processes: Growing diversity and complexity* (Walsh 2012a). Examples of different family forms in our modern society are single-parent family, adoptive family, divorced family, same-sex parented family, child-headed family, etc. Defining a family is a complex process and depends on a number of diverse factors, such as culture, religion, social order, era and region (Okon, 2012). The changing landscape of family life has resulted in broadening the ‘normal’ family spectrum. Walsh (2012a) states that more suitable terms describing a family form and function are ‘functional’ and ‘healthy’, as ‘normal’ precludes the diversity currently in existence. Family therapy and research are currently focusing on and emphasising the importance of viewing the family through a more socio-historical and cultural lens in the 21st century (Walsh, 2012a). In a multicultural society such as South Africa, there is no single, correct definition of family. Ideally, each family is separately allowed to define what *family* means to them (Okon, 2012). Therefore and in relation to this study, a grandparent-headed family can be defined and seen as a healthy and functional family, even though in the past it would have been defined as neither ideal nor normal.

2.3.2 THE HIV/AIDS PANDEMIC IN SOUTH AFRICA

My review of HIV/AIDS literature made me realise that HIV/AIDS is much more than just a health problem – validating my focus on it for my study on family resilience. The HIV/AIDS pandemic is one of the greatest adversities facing sub-Saharan Africa. In reading the statistics, I was overwhelmed and alarmed by the high numbers of infection and mortality, especially in South Africa. Statistically speaking, South Africa has the highest number of HIV/AIDS-infected individuals in the world, with a marked annual rise. In 1998, 3.3 million South Africans were estimated to have contracted the HIV virus (though it was a largely silent and under-documented pandemic). The HIV/AIDS pandemic is now very evident, with the number of adults living with HIV in South Africa estimated at 6.19 million in 2015 – that is 16.6% of the population (Statistics South Africa, 2015).

A UNAIDS 2014 estimate places the number of children under 15 infected with HIV at 340 000, and the number of orphans due to HIV/AIDS-related causes at 2 300 000 (UNAIDS, n.d.). HIV/AIDS is one of the main causes of death in South Africa, estimated at 162 445 deaths per year, which is about 400 people daily (Hlabyago, & Ogunbanjo, 2009; Lalthapersad-Pillay, 2008; Statistics South Africa, 2015).

2.3.3 ORPHANS AND VULNERABLE CHILDREN

Orphans of AIDS, now classified as orphans and vulnerable children (OVC) due to the stigma associated with HIV/AIDS, are defined as children under the age of 18, who have lost one or both parents due to HIV/AIDS-related causes (Freeman, & Nkomo, 2006; Lalthapersad-Pillay, 2008). While the death of a parent is a 'normal' life transition which most individuals' experience, losing a parent during childhood or adolescence due to HIV/AIDS is often an immense stressor, which can place an individual's mental, physical and developmental wellbeing at risk. When HIV/AIDS leaves children as orphans, it can result in complicated grief, especially when psychological services are not provided. Often parental death means not only the loss of a caregiver, but also multiple other losses, such as family bonds, financial security, economic support, material provision, health care, basic needs, hope and education (Ebersöhn, & Eloff, 2002; Lalthapersad-Pillay, 2008; Van Dullemen, 2009; Van der Heijden, & Swartz, 2010).

It is due to these multiple losses and the resulting accumulation of risks that these children are classified as vulnerable. Though I cannot deny the vulnerability and risk experienced by orphaned children, I draw on the research of Eloff, Ebersöhn and Viljoen (2007), which emphasises the need to reconceptualise vulnerable children (coping with the impact of HIV/AIDS) by highlighting their assets, resources and capacities. Crewe (2005, as cited in Eloff, Ebersöhn, & Viljoen, 2007) suggests redefining these children as valuable rather than just vulnerable.

This reconceptualisation of vulnerable children and the knowledge on how orphans and families cope and overcome the multiple stressors due to the scourge of HIV/AIDS is important to this study. HIV/AIDS influences not only the individual child, but the whole family system, of which the child is an integral part.

Section 2.3.4 will look at how HIV/AIDS impacts the family unit as a whole. However, it is important to realise that families living in township settings are often faced with a number of other adversities that are similar to, but not necessarily related to, the adversities faced by families infected and affected by HIV/AIDS.

2.3.4 THE IMPACT OF HIV/AIDS ON THE FAMILY SYSTEM

The HIV/AIDS epidemic has far-reaching effects, *"as when a stone is dropped into a pool, ripples from AIDS move to the very edge of society, affecting first just one person in a family, then the entire family, then the community, and finally the nation"* (Sayson, & Meya, 2001, p. 546). The family is at the heart of society and its development. It is the system humans most rely on, given that it is a social, economic, emotional and care resource. This system is experiencing a great deal of strain and potential damage, as a result of the HIV/AIDS pandemic and other related adversities (Atekyereza, & Kirumira, 2004; Barolsky, 2003).

According to Atekyereza and Kirumira (2004), there are a number of direct and indirect consequences of HIV/AIDS on the family system. A direct impact is death and illness, which becomes incorporated into the fabric of the family's daily life. The indirect consequences, which are often secondary problems associated with death and illness, are social, emotional, psychological, and financial stressors. These consequences will be further discussed in the literature review below.

The HIV/AIDS pandemic puts particular pressure and stress on the family system when the mortality rate of the productive age group (20 to 40 years of age) is high (Lalthapersad-Pillay, 2008; Mudavanhu, Segalo, & Fourie, 2008). These mortality statistics leave behind a large number of persons in the vulnerable age groups, such as children and the elderly, altering the dependency ratio in a society (Barolsky, 2003; Hlabyago, & Ogunbanjo, 2009; Lalthapersad-Pillay, 2008; Mudavanhu, Segalo, & Fourie, 2008; Smit, 2007). Extended families are expected to become primary caregivers for thousands of children orphaned by HIV/AIDS (Barolsky, 2003; Lalthapersad-Pillay, 2008; Theron *et al.*, 2011).

According to Broodryk (cited in Tamasane, & Head, 2010), in traditional African cultures there is no such thing as an orphaned child, as all members in the collective African society share the responsibility of raising a child, and naturally take care of a child when needed (Lalthapersad-Pillay, 2008; Tamasane, & Head, 2010; Theron *et al.*, 2011). HIV/AIDS mortality rates are creating an untenable situation due to the large number of orphaned children, the stigma associated with the illness and the financial implications of taking on a child in an already impoverished family (Barolsky, 2003; Lalthapersad-Pillay, 2008).

On another level, psychosocial and emotional burdens are quite common in families directly impacted by HIV/AIDS. Often, family members suffer from depression and anxiety as they take on the responsibility of caring for the terminally ill. In addition, the family system suffers stigmatisation, and though education and awareness projects have resulted in the reduction in stigma and discrimination related to HIV/AIDS, many families and individual family members experience social rejection, exclusion and isolation (Barolsky, 2003; Ebersöhn, & Eloff, 2002; Smit, 2007).

The HIV/AIDS-affected and -infected family is often already impoverished, and financially greatly strained by the illness. Frequently, infected and ill members are in the productive age group, resulting in their unemployment (Smit, 2007). Accompanying the illness are nutritional and medical costs, driving the family further into poverty (Atekyereza, & Kirumira, 2004; Smit, 2007). Financial stress influences the family's general ability to care for and provide basic needs such as food, shelter, clothing, education etc. to all the family members involved (Ebersöhn, & Eloff, 2002; Smit, 2007). Children in these families frequently lose educational opportunities, as they either need to start working to support their families financially, or take on the caretaker responsibilities (Ebersöhn, & Eloff, 2002; Smit, 2007).

Barolsky (2003) claims that the manner in which HIV/AIDS is handled by the family system often depends on the prior state of the family. From the above literature, one can deduce that the tension and pressure of HIV/AIDS often add to already existing adversities, which can cause the family unit to break down. Although many of these families are challenged by a number of risk factors, their potential ability to overcome the stressors and adjust to the adversity, remains. The family system can be resilient due to a number of internal and external resilience factors and resources that act as safety nets. Internal strengths include factors such as open communication and strong relationships. External resilience factors include governmental organisations, non-governmental assistance and social grants (Barolsky, 2003; Atekyereza, & Kirumira, 2004). The section on family resilience (2.4.2) will further provide the reader with examples on family resilience factors and processes.

In conclusion, and essential to this study, it is important to note the risk factors of HIV/AIDS on a family system, as discussed in the literature above. Furthermore, it is also essential to understand a family's ability to be resilient, which allows them to cope and adapt, despite the negative impact of HIV/AIDS.

It is also important to mention here that despite the fact that the impact of HIV/AIDS is focused on in the above literature, families living in township settings are often already faced with a number of adversities similar to the ones discussed.

2.3.5 THE GRANDPARENT-HEADED FAMILY

HIV/AIDS is not the only reason why there are grandparent-headed families; however, it is a major contributor to the diversity of different family systems in South Africa.

The history and culture of South Africa will attest to the central role that the extended family has in nurturing the younger generation (Gasa, 2013; Tamasan, & Head, 2010). The role of the grandparent in African families has always been an important one, but due to death or absence of their own adult children, grandparents are being forced into caring for their grandchildren full-time. The bulk of the burden and responsibility often appears to fall on the grandmother, due to the traditional role of caregiving remaining entrenched in gender and sociocultural practices (Atobrah, 2004; Barolsky, 2003; Mudavanhu, Segalo, & Fourie, 2008). At times, the burden will even fall on the oldest child within the household, resulting in child-headed homes.

Grandparent-headed families, or rather grandmother-headed families (and even child-headed families), are quickly becoming the norm. The responsibility of caring for their orphaned grandchildren can be overwhelming to grandmothers and can take a toll emotionally, physically, financially and behaviourally (Hlabyago, & Ogunbanjo, 2009; Mudavanhu, Segalo, & Fourie, 2008). While the grandparents are taking care of their grandchildren, they are also grieving the loss of their own adult children, and suffering

emotional strain. Many grandparents struggle to follow a normal grieving process, or experience delayed grief, as a result of the added care, responsibility and economic burden (Barolsky, 2003; Mudavanhu, Segalo, & Fourie, 2008). In many cases, the loss they experience is not their first, as HIV/AIDS seems to run in families. This means that the grandparents have most likely already experienced HIV/AIDS-related deaths of other family members (Barolsky, 2003).

The stigma and discrimination that accompany losing a loved one result in emotional strain, as these families are often socially rejected and become isolated from their communities (Mudavanhu, Segalo, & Fourie, 2008). Grandparents, especially grandmothers, are often ostracised by the community. When there is social support, such as in the case of receiving social grants from the government, grandparents are often hindered by not having the necessary documents to apply, as their children did not acquire these before their deaths (Barolsky, 2003; Hlabyago, & Ogunbanjo, 2009).

Physically, many grandparents are ageing faster and experiencing deterioration in health because of the caretaker burden and their loss (Mudavanhu, Segalo, & Fourie, 2008). Additionally, their lack of knowledge and understanding on the transmission and care process of HIV/AIDS can put them at risk of becoming infected themselves (Atobrah, 2004; Barolsky, 2003).

In financial terms, already impoverished grandparents may struggle due to their own inability to work, and the difficulty of caring for dependants on government pensions. Children in these families are often neglected as grandparents cannot provide quality material care for their grandchildren (Lalthapersad-Pillay, 2008; Mudavanhu, Segalo, & Fourie, 2008; Tamasane, & Head, 2010).

Given all the above facts, one realises that grandparents experience many difficulties within such a family structure, and these challenges are also experienced by the orphaned and vulnerable grandchildren (Gasa, 2013). The children also face multiple adversities such as grief, lost homes, stigmatisation and lack of basic material needs. Sometimes, the children even become the caretakers when grandparents are too frail to care for them – another form of a child-headed home (Ebersöhn, & Eloff, 2002; Tamasane, & Head, 2010).

However, according to Smolak (as cited in Mudavanhu, Segalo, & Fourie, 2008), “*age is evidence of the resilience and persistence of people*”. Therefore, although grandparent-headed families are challenged by a number of risk factors, they often remain resilient and become positive resources. One cannot assume that just because grandparent-headed families do not conform to the traditional nuclear family that they are always ‘unhealthy’.

2.4 RESILIENCE

2.4.1 THE DEVELOPMENT AND CONCEPTUALISATION OF RESILIENCE

The concept of resilience was developed in the early 1970s when a number of researchers began to explore how individual children, despite growing up in high risk environments, develop into productive and successful adults (Bhana, & Bachoo, 2011; Black, & Lobo, 2008). The majority of early resilience research focused specifically on the individual and their ability to succeed and overcome adversity (Bhana, & Bachoo, 2011). This individualistic perspective viewed resilience in terms of intrinsic characteristics and personality traits, such as hardiness, which result in better coping, adaptation and problem solving (Ebersöhn, Eloff, Finestone, Van Dullemen, Sikkema, & Forsyth, 2012; Mampane, & Bouwer, 2006; Shaikh, & Kauppi, 2010).

However, more recent research on resilience views the concept in terms of an ecological perspective, and therefore sees resilience as being systemically embedded (Ebersöhn *et al.*, 2012; Mampane, & Bouwer, 2011). The ecological paradigm defines resilience as being healthy despite adversity, and examines the relationship between individual risk and protective factors, and how these factors result in healthy development (Ungar, 2004; Ungar 2008). Risk factors are those circumstances that put the individual at risk by increasing the likelihood of negative outcomes and experiences. Risk factors, and their negative impact, can result in the individual being less resilient and can be found within all the systems (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Mampane, & Bouwer, 2011). Protective factors play a role in the altering, protecting, and enhancing of the individual's reaction to risk. Protective factors act as buffers and assets in the resilience process, and can be internal or external to the individual (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Mampane, & Bouwer, 2011).

Postmodern and constructionist resilience research is moving away from the traditional linear, cause-and-effect outlook on resilience, and conceptualises it as a recursive, complex, dynamic, and person-context transactional process (Mullin, & Arce, 2008; Theron, 2012). Ungar (2004, p. 344) provides a postmodern and constructionist interpretation of resilience, defining it as a process of *“negotiations between the individual and their environment for the resources to define themselves as healthy amidst conditions collectively viewed as adversity”*. This more emic perspective on resilience is becoming increasingly crucial, as it allows for resilience to be viewed within a subjective cultural and contextual frame, instead of the etic perspective of the past, which was objective and neutral (Ebersöhn *et al.*, 2012). This perspective on resilience is particularly important to consider when researching resilience in a multicultural context, such as in townships, because it takes into account the *“cultural and contextual differences in how resilience is expressed by individuals, families and communities”* (Ungar, 2004, p. 341).

Resilience is a subjective concept and is difficult to define, as it often depends on the person, the time and the context (Dass-Brailsford, 2005). Despite the number of definitions for resilience, many writers agree on the basic nature of resilience and use common terms such as adversity, stressors, adaptation, coping, risk factor, and protective factor to define it (Mullin, & Arce, 2008). In general, resilience can be conceptualised as a process or phenomenon that allows an individual, family or community to positively adapt, adjust, thrive and flourish at higher levels of functioning, despite the presence of adversity, threat and risk, by drawing on their resilience factors within the various systems, in order to maintain health and wellbeing (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Cameron, Ungar, & Liebenberg, 2007; Ebersöhn *et al.*, 2012; Kotzé, & Niemann, 2012; Mampane, & Bouwer, 2011; Shaikh, & Kauppi, 2010; Ungar, 2004).

2.4.2 FAMILY RESILIENCE

The term *resilience* has broadened into the various fields of psychology, and as the family is seen as one of the “*most proximal and fundamental social systems influencing human development*” (Bhana, & Bachoo, 2011, p. 131), there has been a strong move towards research in family resilience. Family resilience is similar to individual resilience in the way that it considers the family’s characteristics that allow for adaptation and coping in the context of adversity (Black, & Lobo, 2008; Walsh, 2012c; Walsh, 2002). McCubbin and McCubbin (as cited in Black, & Lobo, 2008, p. 34) define family resilience as a combination of processes, “*characteristics, dimensions, and properties of families which help families to be resilient to disruption in the face of change and adaptive in the face of crisis situations*”. Family resilience, however, reaches beyond the family’s ability to cope and survive, and additionally emphasises the family’s ability to emerge stronger over time, experience growth and ‘bounce forward’ after a stressful and challenging condition (Brown, & Robinson, 2012). Three preconditions, both at an individual and family level, are necessary in order to consider resilience: (a) the conceptualisation of a competent and accomplished outcome, (b) the presence of risk and threat to the expected successful outcome, and (c) the need for understanding the protective factors preventing the poor outcomes (Patterson, 2002, p. 350). In other words, research on family resilience involves inspecting the risk and protective factors and the relationship between these factors in order to understand the dynamic process of family resilience (Bhana, & Bachoo, 2011).

The assumption that resilience exists in all families follows because life in general exposes individuals to a number of risk factors (Bhana, & Bachoo, 2011; Walsh, 2012b). Whether the family perceives an occurrence as a risk factor is subjective. According to research done by Walsh (2002), possible risk factors and stressors that families are faced with are transitional phases during the family life cycle, for instance poverty, unemployment, illness, death, divorce and trauma.

Family resilience is diverging from having a solely deficit-based perspective and is emphasising the strength-based approach that challenges the psychologist to stop focusing on the risk, and to move to highlighting the protective factors that reduce family crisis and support family development and health (Black, & Lobo, 2008; Brown, & Robinson, 2012). Protective factors help families with adjustment, functioning and developmental tasks, and recovery factors promote the family's ability to adapt to challenges (Black, & Lobo, 2008). There is no universal list of protective factors, but various researchers, such as Black and Lobo (2008), Walsh (2002) and Benzie and Mychasiuk (2009), have developed some factors that appear to be present in most resilient families. These protective factors include education, values, belief systems, spirituality, positive outlook, flexibility, routine and ritual, shared recreation, parenting style, family structure, family cohesion, family member accord, family communication, family time, safe neighbourhoods, community involvement, economic resources, financial management, and social support networks.

The two main systemic-orientated resilience frameworks used in identifying the key resilience processes in families are McCubbin, Thompson and McCubbin's *Resiliency Model of Family Stress, Adjustment and Adaptation* and Walsh's *Family Resilience Framework* (Simon, Murphy, & Smith, 2005). The *Resiliency Model of Family Stress, Adjustment and Adaptation* originated from the family stress theory and helps in understanding a family's behaviour when under stress, by distinguishing between adjustment, which involves the protective factors, and the adaptation process, which studies the recovery factors (Brown, & Robinson, 2012; Simon, Murphy, & Smith, 2005). The *Walsh Family Resilience Framework*, later discussed in more detail as part of the conceptual framework of this study, serves as a framework to identify family processes that act as buffers to reduce risk and foster healing, when faced with adversity (Simon, Murphy, & Smith, 2005).

Lastly, when working with families, it is important to consider culture and context, and how these aspects influence family matters and resilience (Black, & Lobo, 2008). There is an obligation in family resilience research "*to explore definitions and processes of resilience from Afrocentric, and non-Western, world views and within such diverse cultural context*" (Theron, 2012). Therefore, the aim of the study is to add to existing knowledge on family resilience by providing a conceptualisation of family resilience from within a unique township environment and culture in South Africa.

2.5 CONCEPTUAL FRAMEWORK FOR THE STUDY

The conceptual framework used in the study is *Walsh's Family Resilience Framework*. This conceptual framework connects my study on family resilience to existing literature and provides me with a sound theoretical foundation (Maree, 2004; Tudge, Mokrova, Hatfield, & Karnik, 2009).

2.5.1 WALSH'S FAMILY RESILIENCE FRAMEWORK

As my study specifically focuses on family resilience, I have added *Walsh's Family Resilience Framework* (2012) to my theoretical understanding. Family resilience can be defined as a family's ability to overcome, cope with and adapt to adversity and family stressors, with the result that they do not only survive adversity, but that they also develop, grow and transform in the process (Black, & Lobo, 2008; Walsh, 2012c).

Walsh's Family Resilience Framework, which is based on an ecological (biopsychosocial systems orientation and Bronfenbrenner's Process-Person-Context-Time model), developmental (dimension of time, cumulative stressors and family life cycle) and strength-based perspective (positive psychology perspective), is a conceptual map which identifies key family processes that reduce risk and result in resilience and healthy family functioning (Walsh, 2002; Walsh, 2012c). According to Walsh (2012c; 2002), the key processes are divided into three domains of family functioning and resilience, which include belief systems, organisational patterns and communication/problem solving.

The domain of the belief systems mentions (a) the family's making meaning of the adversity, which refers to their shared views, future expectations, sense of coherence and their ability to normalise and contextualise the stressor; (b) the family's positive outlook, which includes their courage, hope, optimism, perseverance and ability to accept the challenge; and lastly, (c) the family's transcendence and spirituality, which involves their values, purpose, faith, inspiration and their ability to learn and change (Cohen, Slonim, Frinzi, & Leichtertritt, 2002).

The family organisational pattern is based on the three elements of (a) their flexibility, which is considered to be the family's openness to change, stability, authoritative leadership roles, family form and relationships; (b) their connectedness, in that it contains mutual support, collaboration, commitment, respect and ability reconnect and reorganise; and (c) their social and economic resources, which explores the wider context in which the family is situated and considers aspects such as finances, networking and community (Cohen *et al.*, 2002).

Finally, the third domain of family resilience is communication/problem solving, which includes (a) clear, consistent messages; (b) open emotional expression, such as showing empathy, humour and tolerance; and (c) the ability to collaborate in solving problems, by means of creative brainstorming, shared decision-making, focused goals and proactive planning and prevention (Cohen *et al.*, 2002).

The advantage of Walsh's Family Resilience Framework is its focus on strength, rather than pathology. It also recognises that family functioning and wellbeing should be assessed in context, as what is defined as a resilient, healthy and normal family is subjective, and very much influenced by the diversity in the person, context, culture and time (Walsh, 2012c; Walsh, 2002).

This framework is well suited for my study, as it allows me to conceptualise family resilience within a grandparent-headed family, which in its own right is a unique unit that experiences its own unique challenges. However, I acknowledge that Walsh’s Family Resilience Framework is an American model which, based on current literature, has not yet been used with South African families. This research thus offers the opportunity to understand which key resilience processes exist in some grandparent-headed families from South African townships, such as Mamelodi.

I conclude this section with Figure 2.1, which visually summaries Walsh’s Family Resilience Framework as constructed by Mampane (2015).

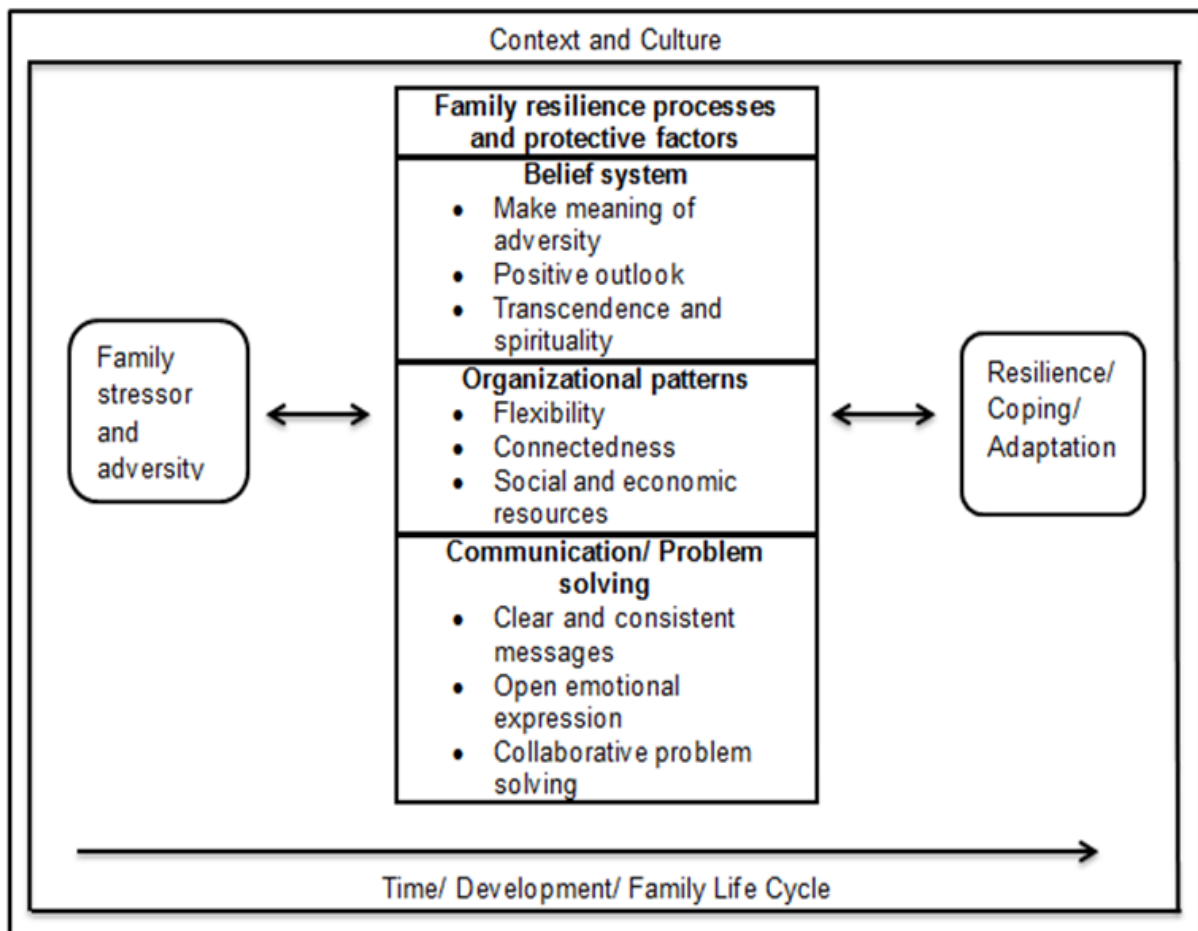


Figure 2.1: Integrative Family Resilience Framework (adapted from Walsh, 2012c, p. 406, and cited in Mampane, 2015)

2.6 CONCLUSION

In this chapter, I described the study within a framework from existing literature. I opened the chapter by evaluating the development and context of townships (urban-residential areas) and the adversities that the people living in townships experience. I then described the HIV/AIDS pandemic in the South African context and examined its impact on the family

system. I explained more closely the concept of family and the grandparent-headed family. Thereafter, I discussed the concepts and theory of *resilience* and *family resilience*, as these are central in understanding the study. I concluded with a visual representation of Walsh's Family Resilience Framework which forms part of the conceptual framework for this study.

In the next chapter, I will discuss the research procedures and methodology underpinning my study. I will highlight my research paradigm and its relevance to the study, and also discuss the research design, data collection and data analysis process, which all relate back to my research question and purpose of study, as stated in Chapter 1.

---oOo---

CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, I describe the research design and methodology that I adopted in order to answer the primary research question: *“How can insight into a grandparent-headed family contribute to the knowledge of family resilience in an urban-residential area?”*. The purpose of the study is to investigate and understand how a grandparent-headed family expresses and conceptualises family resilience, by means of exploring their experience of adversity and risk, as well as their resilience processes and protective factors which motivate resilience and healthy family development. Finally, the study aimed at contributing to the existing literature on family resilience, with regard to a South African context.

Throughout Chapter 3, the research design and methodological choices are related to the research question, the purpose of the study, the conceptual framework and the background literature outlined in Chapters 1 and 2. After recapturing the essential meta-theoretical and methodological paradigm (interpretivism and qualitative) from which this study was approached, I describe the selected research design (case study). This is followed by a detailed description of the research process, which includes the selection of participants, data collection (photovoice process) and documentation, as well as the data analysis and interpretation (inductive thematic analysis).

3.2 PARADIGMATIC PERSPECTIVE

A paradigm or meta-theory can be defined as the lens or theoretical framework through which a person views and thinks about the world (Nieuwenhuis, 2007b, p. 48). Interrelated dimensions covered in the definition of a paradigm (see Table 3.1), include epistemology, ontology, teleology and methodology (Khazanchi, & Munkvold, 2002; Lor, 2011; Morgan, & Sklar, 2012).

Table 3.1: Basic dimensions included in the definition of a paradigm (Khazanchi, & Munkvold, 2002; Lor, 2011; Morgan, & Sklar, 2012)

Paradigm/Meta-theory:			
Epistemology: How we know and the nature of knowledge	Ontology: What we know and the nature of being or reality	Teleology: Interest of practice and the purpose	Methodology: How research is conducted and the process of obtaining knowledge

For the purpose of this study, I depended on an interpretivist meta-theoretical paradigm, with a qualitative methodological approach. In the next section, I discuss my paradigmatic perspective in more detail.

3.2.1 META-THEORETICAL PARADIGM

Interpretivism is grounded in the study of hermeneutics and is concerned with the interpretation and understanding of the social world and human behaviour through the meaning that an individual assigns to it (Blaxter, Hughes, & Tight, 2010; Nieuwenhuis, 2007b; Shaw, 2010). The epistemology of interpretivism explains knowledge as being subjective, as it is culturally derived and historically or contextually situated (Blaxter, Hughes, & Tight, 2010). Knowledge cannot be generalised to a population, as it is specific to the interpretation and interaction of the unique individual within a certain phenomenon (Khazanchi, & Munkvold, 2002; Lor, 2011; Maree, & Van der Westhuizen, 2007; Nieuwenhuis, 2007b).

In terms of ontology, interpretivism takes on a nominalist and relativist stance to reality (Khazanchi, & Munkvold, 2002; Maree, & Van der Westhuizen, 2007). Reality is seen as a human product that is constructed inside (emic perspective), not outside (etic perspective) of the individual's mind (Hancock, & Algozzine, 2006; Nieuwenhuis, 2007b).

Teleology communicates purpose or aim, and because interpretivism is closely related to constructivism, the interest in interpretivist research is to obtain understanding and reconstruction (Lor, 2011; Morgan, & Sklar, 2012). According to Lor (2011), the focus in interpretivist research is not only on the researcher's own understanding, but also on the participant's perception. Therefore the interaction between the researcher (who takes on the role of a fellow participant, not an expert), and the participants is essential in order to achieve the research purpose and aim (Hancock, & Algozzine, 2006).

The interpretivist methodology is idiographic in nature, which means the focus is on a comprehensive understanding of the unique individual and their subjective experiences, and not on discovering general laws or universal knowledge (Khazanchi, & Munkvold, 2002; Lor, 2011; Maree, & Van der Westhuizen, 2007; Shaw, 2010). A qualitative methodology is often used within an interpretivist paradigm, because both are concerned with interpreting, understanding and constructing meaning (Morgan, & Sklar, 2012). Further detail on qualitative methodology will be provided in section 3.2.2.

The paradigm of interpretivism was suitable to my study as it was my aim to obtain an in-depth, subjective understanding of the individual family members' unique conceptualisation and expression (interpretation) of family resilience. This theoretical construct was also appropriate as it recognised that the family members' reality and experiences come from within, but are influenced by their context (semi-urban area) and position in time.

Interpretivism permitted me to enter the family's natural environment and interact with them, so that I could gain insight into their unique lives and experiences of family resilience (Ferreira, 2006). Throughout the research process, I had to recognise that I am a co-creator of meaning and that my interaction with the participants and my own subjective experiences influenced the research process (Ferreira, 2006). I overcame this potential challenge by staying aware of my own subjectivity and by using a reflective research diary and continuously conducting member checking.

The end product of my study was personal in nature, as my aim was not to be objective and to generalise, but to understand and present the individual experiences of a specific family (Ferreira, 2006).

3.2.2 METHODOLOGICAL PARADIGM

A methodology is concerned with the types of knowledge one seeks and the methods and strategies one uses in order to obtain such knowledge (Ivankova, Creswell, & Plano-Clark, 2007). As my study is based within an interpretivist paradigm, which emphasises subjective knowledge and understanding, my methodological paradigm is qualitative in nature (Morgan, & Sklar, 2012; Khazanchi, & Munkvold, 2002; Lor, 2011; Maree, & Van der Westhuizen, 2007; Nieuwenhuis, 2007b). A qualitative research paradigm is often linked to interpretivism, because both have similar characteristics and aims, and therefore complement each other (Lor, 2011; Nieuwenhuis, 2007b).

A qualitative methodology *“attempts to collect rich descriptive data in respect of a particular phenomenon or context with the intention to develop an understanding”* (Nieuwenhuis, 2007b, p. 50) and construct meaning. Therefore this approach was suitable for this study, because my aim was to collect in-depth descriptive and visual data from the individual family members, in order to understand how the individuals conceptualise and express the phenomenon of family resilience in the context of a semi-urban residential area.

Qualitative research demanded that I collect data from the natural environment of the participants (Ferreira, 2006; Nieuwenhuis, 2007c). A great deal of time was spent with the family in an everyday setting in which they felt they could share their thoughts, feelings, and understanding of their adversities and experiences of resilience (Ferreira, 2006). The qualitative research process is quite complex, because the type of knowledge received from the participants is subjective in nature. Both the data collection (photovoice process) and data analysis (inductive thematic analysis) processes were extremely labour intensive and time consuming, and due to this, it allowed me to work with only a small sample group (Morgan, & Sklar, 2012; Nieuwenhuis, 2007a, 2007b, 2007c). Part of the shortcoming when working within an interpretivist paradigm, is that the subjective knowledge I received from the participants cannot be generalised to other families who are experiencing a similar

phenomenon. However, the participating family can serve to exemplify family resilience within a unique South African context, and will hopefully trigger further research and interest.

3.3 RESEARCH DESIGN

Research design is influenced by the paradigmatic perspective and is the specific plan put into place to facilitate the course of the research (Ferreira, 2012; Nieuwenhuis 2007c). In my study, I employed a qualitative case study design to assist me in my research process.

3.3.1 A CASE STUDY

Case studies are often used in psychological research. They can be defined as a selective, in-depth and systematic investigation from multiple perspectives of a complex and particular instance or phenomenon in its real-life context, in order to generate knowledge and make meaning (Morgan, & Sklar, 2012; Nieuwenhuis, 2007c; Rule, & John, 2011; Thomas, 2011). The instance or phenomenon can be people, events, activities, institutions, programmes or even countries (Rule, & John, 2011; Thomas, 2011; Seabi, 2012). In order for the instance or phenomenon to be seen as a case, it needs to have a subject and an object element (Nieuwenhuis, 2007c; Rule, & John, 2011; Thomas, 2011). The subject is the specific unit under study (in this case, a grandparent-headed family), and the object is the analytical framework that makes it a unit of study, here family resilience (Rule, & John, 2011; Thomas, 2011).

According to Thomas (2011, p. 91), over the years a number of experts have come up with a number of different types of case study designs. The way case studies have been classified often depends on purpose, approach and process (Rule, & John, 2011; Thomas, 2011).

In terms of purpose, a case study can be intrinsic, instrumental, collective, evaluative, explanatory or exploratory (Thomas, 2011). The purpose of a case study aims at answering the question: “Why am I doing this case study?” My case study was intrinsic in nature, as I decided to do it purely because I was interested in the particular case (Rule, & John, 2011; Thomas, 2011). I did not want to generalise my study or prove a theory, and even though I hope that my study might lead to further research or intervention (which would make it more instrumental in nature), my primary purpose for doing the case study was to gain insight into family resilience in a certain grandparent-headed family.

Case studies have also been defined by how researchers conduct and approach their study, e.g. describing, interpreting, experimenting, illustrating, building theories and testing theories (Thomas, 2011). My case study, in terms of approach, aimed at first describing and then illustrating (expressing) family resilience, as I used photovoice, which included a focus group interview, to collect the data (Hancock, & Algozzine, 2006, p. 33; Thomas, 2011, p. 92, 118-119).

The concept process, when looking at the map of my case study design, evaluates and includes how the researcher conducts the study, and indicates whether it is a single-case or a multiple-case study design (Thomas, 2011). Though my case study consisted of a number of individual family members, the actual focus was on one family unit's resilience. Hence, I conducted a single-case study design.

Table 3.2: Map of my case study design (Thomas, 2011, p. 143)

Purpose	Approach	Process
Intrinsic	Descriptive	Single
Instrumental	Illustrative (pictures)	

My reason for choosing a case study was that it allows me to study one case in great detail and depth, and this provided me with a comprehensive and rich understanding/picture of the uniqueness and complexity of family resilience within a certain context (Blaxter, Hughes, & Tight, 2010; Nieuwenhuis, 2007c; Rule, & John, 2011; Thomas, 2011). Another advantage of choosing a case study design was the strength in reality, as data was collected directly from the individual family members (Blaxter, Hughes, & Tight, 2010). The disadvantage of a case study was its complexity, which makes the data collection and data analysis process rather difficult (Blaxter, Hughes, & Tight, 2010). Also, due to the small sample population, the subjectivity of the knowledge, and the singularity of the specific case and context, generalisation had to be kept to a minimum (Crous, 2011; Nieuwenhuis, 2007c; Thomas, 2011). In section 3.4 I discuss the process and methodology used to collect data from the case under study.

3.4 RESEARCH PROCESS AND METHODOLOGY

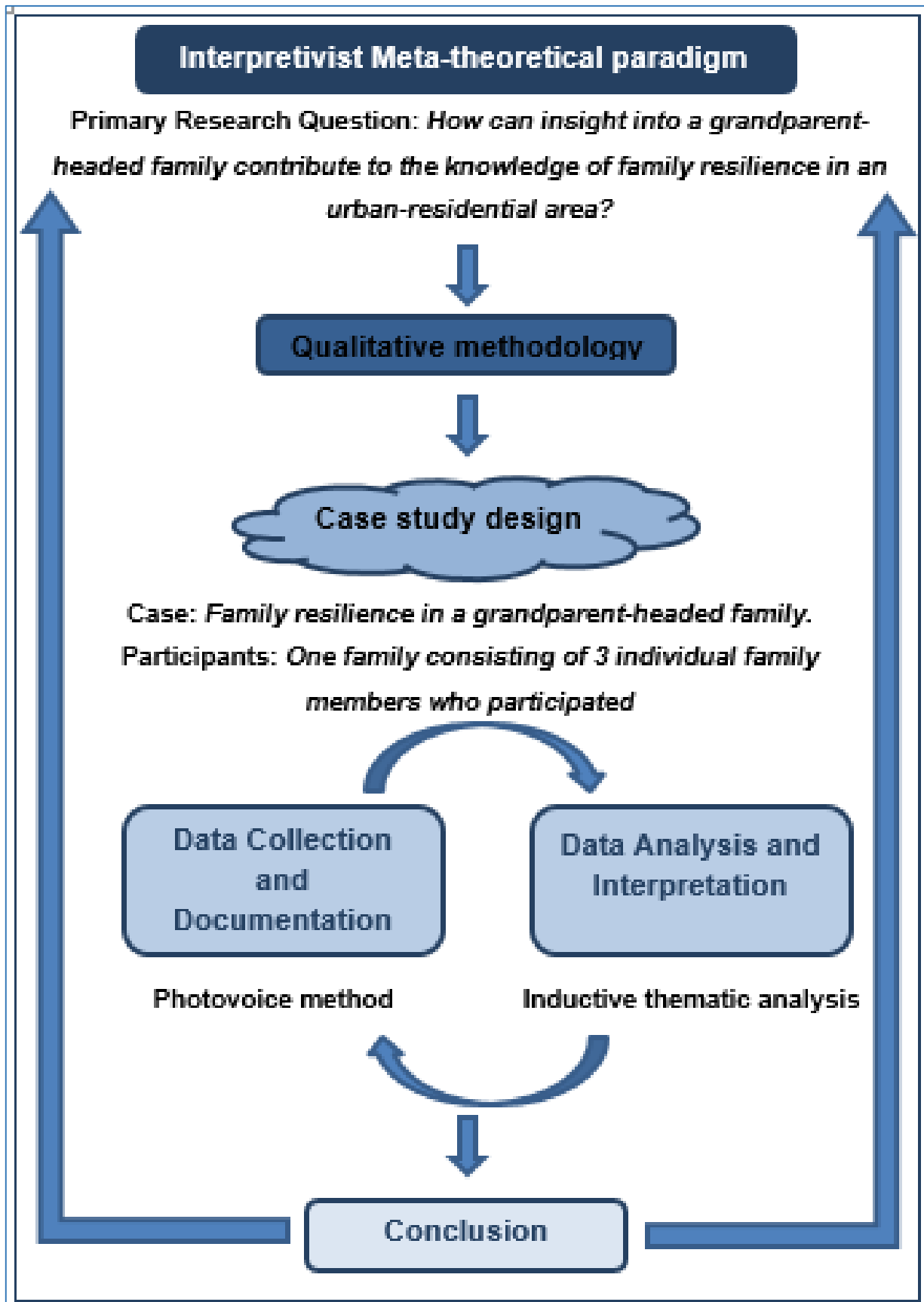


Figure 3.1: A visual representation of my research process

3.4.1 SELECTION OF CASE AND PARTICIPANTS

The participants were selected through a non-probability, purposeful sampling technique. In purposeful sampling the researcher selects participants who are typical or interesting for the case under study (Blaxter, Hughes, & Tight, 2010). The strength in this technique was that I could select a family, from many possible families, whom I knew would best suit the purpose of my study and who would provide me with the in-depth information and understanding that I needed in order to answer the research question (Rule, & John, 2011). This sampling technique has its flaws, as the number of participants could not be predetermined prior to the study, because it depended upon time and resources, but also on the setting and events in which the data was collected (Nieuwenhuis, 2007c). This could also result in data not being saturated enough, and additionally does not allow the researcher to extrapolate a generalised conclusion to a larger population (Maree, & Pietersen, 2007; Nieuwenhuis, 2007c).

Purposeful sampling involves selecting the participants with a certain purpose and characteristics in mind (Nieuwenhuis, 2007c). The cardinal criterion included for the selection of the participating family was that they were a grandparent-headed household living in the urban residential area of Mamelodi. The grandparent-headed family also needed to be affected by the HIV/AIDS pandemic, and to have experienced the loss of a parent, who left orphaned children under the care of grandparents. It was also important that the selected family could understand and communicate in English, as they needed to provide insight into their family's resilience in order to contribute to the study. However, most of the families that were available for sampling did not speak English fluently and therefore a fellow researcher acted as a translator during and after the data collection process. I also needed to select grandchildren who were old enough to actively participate and who could actively contribute to the discussion on family resilience. For this reason, a grandparent-headed family with adolescent children between the ages of 13 and 18 were selected. Ideally, I also wanted to select a grandparent-headed family where the grandmother and grandfather were both involved; however, in most cases the grandmother took on the position of primary caregiver.

The participants were selected from a database of available families at the Community Development Centre in Mamelodi. The centre and its helpful staff supported me throughout the screening and sampling process, and provided me access to four possible families to choose from. Table 3.3 provides a summary and further details on the selected participating family members.

Table 3.3: Description of participating family members

Participants	Age	Role in family	Gender	Ethnic group	Race
P1	72	Grandparent	Female	Sotho – African	Black
P2	14	Grandchild (orphaned)	Male	Sotho – African	Black
P3	11	Grandchild	Male	Sotho – African	Black

There were other members and an extended family, that formed part of this grandparent-headed family and household, who did not take part in the data collection process. However, these members were considered when trying to understand and interpret the participating family members' risk and protective factors (family resilience).

3.4.2 DATA COLLECTION AND DOCUMENTATION

The data collection process was lengthy and demanding, as it involved gathering a great deal of information from the participants and then recording and documenting the data in preparation for analysis. Even though the data collection and data analysis process has been explained in my study as two different steps, it is important to remember that in qualitative research they cannot be seen as separate, as both are ongoing and cyclical processes (Nieuwenhuis, 2007c). I kept a reflective research journal as a tool to keep record, and made notes of my thoughts and actions to assist the cyclical process.

The multiple-method data collection techniques used within this study occurred within the photovoice process, the focus group and photographs (Merriam, 1988; Nieuwenhuis, 2007c). In qualitative research, the researcher (and the co-researcher) can also be seen as a data collection tool, as the process depends on how the researcher (co-researcher) interacts with the participants (Ivankova, Creswell, & Plano Clark, 2007).

3.4.2.1 Photovoice process

As I aimed at gaining an in-depth understanding of family resilience in a grandparent-headed family, I chose photovoice, including focus group interviews, as my primary data collection method. I selected this technique because of its existing framework, but also because I recognised a number of strengths which supported my research paradigm, research question and purpose. It is also a creative form of collecting data, as the photographs form part of the data, which suited my preference for visual information.

Photovoice was developed by Caroline Wang and Marry Ann Burris as an action-oriented and visual data collection process that supports individuals in identifying, representing and enhancing their communities by means of a photographic technique (Joubert, 2012; Koltz, Odegard, Provost, Smith, & Kleist, 2010; Wang, Cash, & Powers, 2000). The photovoice

process involves giving participants a camera and a prompt, and then allowing them to photograph their world from their own individual viewpoint (Berg, 2004; Koltz et al., 2010; Wang, Yi, Tao, & Carovano, 1998). The generated photographs are used to help the participants in communicating their lived experiences and realities, providing them with a 'photovoice' (Berg, 2004; Harper, 2002; Joubert, 2012; Koltz *et al.*, 2010; Moss, Deppeler, Astley, & Pattison, 2007; Shalini, Jarus, & Suto, 2012; Wang *et al.*, 1998). In relation to my case, this technique allowed the participating family members to visually represent and express what family resilience meant to them, after having discussed aspects of resilience in a focus group interview. The photographs were then used as a tool to further prompt dialogue and discussion about family resilience.

This specific photographic technique is a valuable tool, especially in the context of my study, as it does not rely on literacy or language competency (Joubert, 2012; Moss *et al.*, 2007). Besides preferring the creativity of this technique, the primary reason for choosing photovoice was because I anticipated that it would dissolve the language barrier between the participants and myself. Another benefit was that this technique made the family active participants in the data collection process, and empowered them (Joubert, 2012). The technique assisted the family in identifying and reflecting on their own challenges and strengths (family resilience), which could possibly result in change or further growth of the family in the long term (Berg, 2004; Olivier, Wood, & De Lange, 2009; Wang, Cash, & Powers, 2000).

In setting up this data collection technique, I made some adjustments to the process compiled by Olivier, Wood and De Lange (2009). The following sessions were implemented to facilitate the photovoice process:

Session 1:

➤ Focus group interview

Focus group interviews occur when the researcher facilitates a discussion with a number of selected participants about the specific topic under study (Gibson, & Riley, 2010; Nieuwenhuis, 2007c; Rule, & John, 2011). The focus group interview in my study brought together people with pre-existing ties, i.e. three family members of a grandparent-headed family that were of interest to the research (Gibson, & Riley, 2010).

The aim of the focus group interviews was to facilitate a discussion on family and family resilience, in order to have a deeper understanding of how the grandparent-headed family conceptualises and constructs family resilience (Thomas, 2011). Here, the construct family resilience was not used directly, but behavioural statements that denote resilience were used, for example "What makes this family overcome everyday challenges?" or "What makes your family strong?" (Appendix A – Focus group). My focus group interview took on a 'funnel

structure', as I started with a few questions to ease the family into the discussion (Nieuwenhuis, 2007c).

I chose focus groups, rather than individual interviews, as my data collection tool because I was studying the family as a unit and therefore wanted to identify how they interact and communicate (Rule, & John, 2001; Thomas, 2011). The focus group interview supported me in building a relationship between the participants and myself, in which the participants remained the experts on their own life. This form of data collection requires the researcher to have a number of skills, such as questioning, listening, and being sensitive to the group dynamic, which I am familiar with due to my professional experience in educational psychology (Nieuwenhuis, 2007c; Rule, & John, 2011).

Similar to other qualitative data collection approaches, the disadvantage of a focus group interview is that the sample group is relatively small and the information collected is biased and specific to one family's perception of family resilience (Nieuwenhuis, 2007c). Giving equal attention and time to each individual and not allowing one family member to dominate the discussion presented a challenge, which was later overcome by the photovoice process, as this allowed each member equal opportunity to express themselves visually.

In terms of documentation, I tried to make notes during the focus group interview, but because I wanted to be able to interact with the family, I asked for permission to make an audio-recording. Permission was received as part of the informed consent done prior to the beginning of the data collection process (Appendix B – Informed consent). The audio-recording subsequently allowed me to transcribe the focus group interviews, which then made it easier to refer back to and use during the data analysis process. The audio-recording and transcripts were dated and then filed (Ferreira, 2012, Nieuwenhuis, 2007c).

➤ **Introducing the photovoice process**

Towards the end of the focus group interview, the photovoice process was introduced to the participating family, highlighting the fact that the reason for using the cameras as a data collection tool was for them to also be able to visually express what was discussed in the focus group interviews.

Basic training on how to use the cameras was provided to each family member. Then it was from the focus group interview that the family and I agreed on the prompts needed to provide the family with a clear and simple instruction that could guide them while taking their photographs of family resilience. Together we decided on the following prompt: *"Together as a family, go take photographs of things that make your family strong."*

This was done to ensure the quality of the photographs, along with the participant's safety and confidence while using the photovoice method. Time was given at the end of this session

to allow the family members to practise taking photographs. The family was given one week to take their photographs and to bring the cameras back to the Community Development Centre. No limitation was given regarding the number of photographs, but I did stress to the family that the photographs needed to reflect the chosen prompts.

Session 2:

➤ **Collecting the photographs**

A week later, the cameras were collected from the participating family's home and a brief discussion was conducted on how they experienced the process. I then got the photographs developed and numbered them accordingly. The photographs were numbered in order to help later in the identification of the photograph during the recordings and in the transcripts.

Session 3:

➤ **Photovoice exhibition**

For the third session of the data collection process, I exhibited all the photographs in the room, at the Community Development Centre, so that each family member could see them. I then asked each family member to select only five photographs that they thought best expressed their family's resilience (i.e. strengths). In a group discussion, the family members had the chance to discuss their chosen photographs. To facilitate the process, I explained the acronym SHOWeD, developed by Caroline Wang, to the family members (as cited in Wang, Cash, & Powers, 2000, p. 84):

S - *What do you see here?*

H - *What is really happening?*

O - *How does this relate to the family's (our family – participating family) strengths?*

W - *Why does this strength/risk exist?*

e - *The lowercase e has no meaning in the acronym*

D - *What can we do about it?*

Other questions asked were, "Why did you choose this image?" and "What is it that makes your family strong?" (Appendix C – Photovoice exhibition). Due to the volume of verbal information, the session was recorded and then later transcribed and translated. I also made notes in my research journal.

Permission was received from all the participants to use copies of the photographs as part of my study. Privacy, autonomy and confidentiality were guaranteed by blurring out faces or any aspects that might reveal the family's identity.

Session 4:

➤ **Member checking and wrap-up**

After the data analysis and coding process (see section 3.4.3), I arranged to meet the family again for a general reflection and conclusion session. In this session we reflected on the process, and discussed the identified themes in the data. This session formed part of the member checking process.

Table 3.4: Summary of photovoice data collection process

Session 1: Focus group interview and introducing the photovoice process	<ul style="list-style-type: none"> • Ensure consent has been given by all participants. • Focus group discussion on: <ul style="list-style-type: none"> - Family structure (genogram) - Definition of family - Constructs related to family resilience (strengths and risks) • Researcher provides the family with a prompt, which will guide the process of taking the photographs. Prompt: <i>“What makes your family strong?”</i> • Participants learn how to use cameras. • Timelines are set and agreed upon for completion of taking pictures. • Participants have one week to take photographs of family resilience.
Session 2 Collecting the photographs	<ul style="list-style-type: none"> • Cameras were collected from the family • A brief discussion was conducted on how they experienced the photo taking process • Photographs were developed and then numbered.
Session 3: Photovoice exhibition	<ul style="list-style-type: none"> • Photographs have been collected, developed and numbered. • Photographs are exhibited in room. • Each family member picks five photographs. • Each selected photograph is discussed in detail using the acronym SHOWeD. • Participants are provided with a copy of the photographs. • Timelines are set and agreed upon for member checking.
Session 4: Member checking and wrap-up	<ul style="list-style-type: none"> • Participants are thanked. • Member checking takes place. • General reflection on the research process.

3.4.3 DATA ANALYSIS AND INTERPRETATION

In order to identify and interpret themes of family resilience, I used qualitative data analysis. Qualitative data analysis aims at extracting important information from the saturated raw data, in order to make meaning of the participants’ perceptions, attitudes, understanding, knowledge, values, feelings and experiences, relative to the phenomena being studied (Merriam, 1988; Nieuwenhuis, 2007a). This form of data analysis was suitable for my study, because it did not aim at collecting statistics and measurement, but aimed at interpreting the process of resilience in families (Nieuwenhuis, 2007a).

More specifically, I used thematic analysis to analyse my raw data, obtained from the photographs and interviews. This approach involves working with the data and then identifying themes in it, providing insight and understanding on family resilience. As this is a form of inductive analysis, my interpretations were formed from the raw data rather than formulated in advance from already existing theories. The inductive approach ensured that the analysis was data-driven, instead of theory-driven, which means that my preconceptions and biases could not influence the analysis process (Nieuwenhuis, 2007a; Shaw, 2010). However, this did not mean that the theory on family resilience did not play an important role throughout the study. Theory was considered and will be referred to in Chapters 4 and 5 in order to identify whether the data correlated with or disproved the literature review in Chapter 2 (Nieuwenhuis, 2007a).

Qualitative data analysis is an ongoing and iterative process in which data collection, data analysis and data reporting are interactive, and often cannot be separated into distinct phases, as these activities occur simultaneously (Merriam, 1988; Nieuwenhuis, 2007a). Hence, I began the data analysis process while still collecting data from the participants. This also made it possible to make a decision in terms of when enough information had been collected, and whether more was needed.

The process consisted of a number of steps. Firstly, I ensured that the collected data was organised and prepared for analysis. This was done during the data collection phase by transcribing the focus group interviews, as well as organising and numbering the photographs. The second step was to familiarise myself with the data by thoroughly listening to focus group interviews, reading the transcripts and working with the relevant photograph (Nieuwenhuis, 2007a; Rule, & John, 2011). The actual analysis process only began when I started to break down the data into workable sections, which required more attention. Information retrieved from each photograph was arranged in tabular form (Appendix D – Example of photograph interpretations), which allowed for the consideration and analysis of the photograph in terms of context, content, intention, and interpretation (Joubert, 2012). The transcripts were analysed by making descriptive summaries of the data, on the left side of the transcripts. This process involved reviewing what the participants had said. On the right-hand side, I began with my initial interpretation of the data (Appendix E: Example of transcript interpretation). As I started to work with the data, certain constructs began to emerge, which were then coded, clustered and categorised accordingly (Shaw, 2010).

The coding process involved assigning a code or label to the appropriate construct, in order to make a meaningful analytical unit (Nieuwenhuis, 2007a; Rule, & John, 2011). An open coding technique was used, meaning that the codes emerged from the data and were documented and explained in a code book (Rule, & John, 2011). These identified codes were then clustered together (mapped) and categorised under certain headings, depending on their similarities and differences (Rule, & John, 2011). It is from these categories that

themes began to emerge, which captured the essence of the data. Suitable quotations and photographs were added to the themes, to reflect the theme in the participants' voice. Chapter 4 summarises the themes identified in the in-depth analysis of the data in more detail.

The main challenge that I faced during the qualitative data analysis process was trying to remain objective and not letting my prior knowledge on family resilience influence my interpretation of the data. Within qualitative research, the researcher is seen as a tool in the research process, and therefore it is difficult to completely rule out subjectivity and bias during the analysis of the data. To an extent this was overcome by keeping a reflective research diary and getting my data analysis and interpretation checked by a fellow researcher and the participants, i.e. peer and member checking (Nieuwenhuis, 2007a; Shaw, 2010). Qualitative data analysis is also extremely time consuming and at times caused me to feel overwhelmed with the amount of raw data that needed to be prepared, transcribed, analysed and interpreted (Merriam, 1988; Rule, & John, 2011). Recognising and planning the amount of time data collection and analysis would take was important, as my ultimate goal was to eventually complete my study in a reasonable amount of time.

There are a number of computer programs that can be used to help in the data analysis process. However, I decided to use an independent analysis process, instead of a program, in order to fully engage with the data and to be hands-on (Ferreira, 2006).

3.5 QUALITY CRITERIA

In qualitative research, the concept of trustworthiness, instead of reliability and validity, is used when looking at the quality of the research. The following section describes the measures of quality and trustworthiness used in the study, in terms of credibility, transferability, dependability and conformability, as well as giving practical examples of how these procedures were executed during the research process.

3.5.1 CREDIBILITY

Credibility is alternative to internal validity, and relates to the degree to which the study measures what it was intended to measure and whether it is compatible with the reality of the case (Rule, & John, 2011; Shenton, 2004). In other words, do the results truly reflect family resilience within a grandparent-headed family?

The following procedures were adopted in order to ensure the accurate recording of the case under study. Firstly, a reasonable amount of time was spent engaging with the participants, to ensure a good relationship and understanding of the family, before collecting the data (Fischer-Mueller, & Zeidler, 2002; Shenton, 2004). Member checking was achieved by revisiting the participating family members, during and after the data collection and analysis

process, to ensure that they agreed with the results (Rolfe, 2006). Peer inspection was done by my supervisors and other researchers, by re-analysing parts of my data analysis process to ensure it was done correctly and objectively (Shenton, 2004; Rolfe, 2006). My peers and supervisors also scrutinised my analysis, and provided me with positive criticism throughout the research process, to ensure that the conclusions were valid (Shenton, 2004; Rolfe, 2006). My supervisors and I also had many debriefing sessions which provided time to reflect and achieve an external perspective on the work done (Shenton, 2004). Furthermore, triangulation was ensured by using a variety of data collection strategies and collecting data from a number of participants (Fischer-Mueller, & Zeidler, 2002; Maree, & Van der Westhuizen, 2007; Shenton, 2004). This allowed for a range of different perspectives on family resilience and supported the research in ensuring credibility. Finally, a reflective research diary was kept throughout the research process, as a type of audit trail and evidence of the findings (Rule, & John, 2011).

3.5.2 TRANSFERABILITY

Transferability is a qualitative researcher's substitute for external validity, and inspects the extent to which the findings of the research can be generalised to similar contexts, populations or cases (Rule, & John, 2011; Shenton, 2004). Since this research consists only of a small sample group within a specific and unique context, one could argue that the research cannot be generalised. But this does not mean that my study is without value or quality, because it does reflect an example of a case, within broader phenomena (Shenton, 2004; Thomas, 2011). The limitation of non-generalisability has been mentioned throughout my study, to ensure that the reader is aware of it. Additionally, a detailed and specific description of the specific case under study and the methodology used were provided, allowing the reader to decide whether it is suitable for transfers to other similar cases (Shenton, 2004).

3.5.3 DEPENDABILITY

Dependability is similar to reliability and explores the repeatability of the research within the same context, using the same methods and the same participants (Rule, & John, 2011; Shenton, 2004). In qualitative research specifically, dependability focuses mainly on whether proper research practices and methodologies have been implemented and whether the research results can be accepted by the readers with confidence (Rule, & John, 2011; Shenton, 2004). In my study, dependability was ensured by describing the whole methodology and research process in great depth and detail, so that the reader could be assured of the rigour of the research (Shenton, 2004). The existing reflective diary could also provide the reader with an insight into the dependability of the research, as well as the rationality and thought processes of the researcher during the process.

3.5.4 CONFORMABILITY

Conformability concerns the objectivity of the research. The research findings should reflect the views of the participants and not those of the researcher (Rule, & John, 2011; Shenton, 2004). To ensure a certain amount of objectivity in my study, I used an inductive approach to the data analysis, allowing the themes to emerge from the data and represent the participants' understanding (Rule, & John, 2011; Shenton, 2004). The limitations and challenges of my study, as well as my working assumptions and positioning, were also stated clearly, so that readers are aware of my own subjectivity (Rule, & John, 2011; Shenton, 2004). Similar to the other quality criteria procedures, an audit trail was kept in my reflective research diary to show my process step-by-step and why certain decisions were made, which ensured conformability (Fischer-Mueller, & Zeidler, 2002; Rule, & John, 2011; Shenton, 2004).

Section 3.6 will explain the ethical considerations of this study, in order to ensure the moral principles implied by society. Ethical consideration is important to mention, as it too contributes to the trustworthiness and quality of the research (Rule, & John, 2011).

3.6 ETHICAL CONSIDERATIONS

Research ethics considers the important moral behaviour of the researcher throughout the research process (King, 2010; Rule, & John, 2011). There are many ethical considerations in qualitative research and the ones I adhered to included informed consent, confidentiality, anonymity, privacy, right to withdraw and protecting participants from harm (King, 2010). It was also important to consider the ethical code of conduct described by the HPCSA, as my study was conducted in the field of educational psychology.

Permission was requested and obtained from the participants (family members), and the ethics committee at the University of Pretoria, before proceeding with my study. The participants' approval to take part in the research study was obtained through the ongoing process of receiving informed consent (King, 2010). A variety of documents were developed, discussed and then signed by the participants throughout the research, to ensure that they were still comfortable and willing to participate in the study. The voluntary informal consent form was given to the participants (grandparents and grandchildren) at the beginning of the study, to inform them about what the research expected from them, what the purpose of the study was and what would be done with the data once it was collected (King, 2010). An overview of my study was given to the participants prior to the start of the research, so they could ask questions and take time to make an informed decision on whether to participate or not. The consent form also asked for permission to use photographs and other descriptive data in the study, as well as to make audio-recordings during the sessions together (King, 2010; Rule, & John, 2011).

Within the informal consent forms, confidentiality, anonymity and privacy were promised to the participants. Confidentiality involves the non-disclosure of any personal information provided to you by the participants during the research (King, 2010; Rule, & John, 2011). The identity of the participants was kept confidential and anonymity was ensured by using pseudonyms and removing aspects from the descriptive data and photographs that could reveal their identity (King, 2010). The limitation of confidentiality was explained to the participants: if I suspect they were capable of harming others or themselves, confidentiality would need to be breached to ensure their and others' safety (King, 2010).

Safety, protection from harm, and non-maleficence were a priority throughout my study (King, 2010; Rule, & John, 2011). This was safeguarded by continuous reflection and the renewed receipt of informed consent. Even though the topic of loss and HIV/AIDS is sensitive, and the psychological wellbeing of the participants needed to be monitored, the nature of the research was positive and aimed at empowering the family (Ferreira, 2006; King, 2010).

In addition, and especially because of the creative data collection method and the sensitive nature of the research, the participants were given the right to withdraw from my study should they no longer want to participate. The participants also had the opportunity to examine the results and data during feedback (Session 4: Member checking and wrap-up), allowing them to decide whether they felt at ease with what was said (King, 2010; Rule, & John, 2011).

Being an ethical researcher is one of the most important dogmas in qualitative research. Furthermore, ethical and best practice is crucial to me because of my profession and training in educational psychology. The next section will describe in more detail the other roles I needed to fulfil as a researcher; including the limitations between my role as a researcher and an educational psychology student.

3.7 ROLE OF THE RESEARCHER

The role of the researcher is often related to the functions, responsibilities and involvement of the researcher during the research process. My primary role as a researcher was to respectfully administer the data collection strategies and then to analyse and interpret the data (Maree, & Van der Westhuizen, 2007). However, even before doing any of my multiple duties related specifically to the researching process, I had to become a specialist in the field of family resilience. This was done by spending a number of hours with the literature and theories related to my research question and topic, and then writing a literature review (Chapter 2).

Secondly, I had to interact with my participants and form a good relationship with them prior to collecting the data, so that they would trust me and be willing to share their story with me (Maree, & Van der Westhuizen, 2007). Not only was building rapport crucial, due to the

sensitive nature of the topic, but without it data could have not been collected as effectively as it was.

During the time spent with the family, I constantly reminded myself of my role as a researcher. Even though being an educational psychologist helped in conducting my research successfully, due to having a number of helpful skills (listening skills, empathy, and communication skills), my role was to be a researcher and not an educational psychologist. I had to keep this in the back of my mind at all times, but I also had to make my participants aware of this role. I had to be careful throughout my research process not to let the discussions with my participants go into a direction where I would feel I needed to take on the role of an educational psychologist (King, 2010). This was challenging, as I am a psychologist at heart, but was also possible by being honest with myself and the participants. Honesty and integrity also formed part of my researcher roles. Not only did I need to be honest, respectful and truthful to the participants about my researcher role, but also needed to be honest in terms of my final results and reporting of my findings.

Another important aspect was to remain objective. Even though I recognise that I could never be truly objective due to my own lived experiences and perspectives, I aimed at showing my participants' voice and not my own. I had to keep my own subjectivity and biases in check, so that they would not negatively influence my interaction with the participants, or my conclusion (Ferreira, 2006). There are many other roles as researchers, which I have not even mentioned, yet the roles I found influenced me the most have been emphasised and explained.

3.8 CONCLUSION

In this chapter, I gave a detailed description of my methodological choice and research process, which included the selection of the case and participants, data collection and data analysis strategies, and the advantages and disadvantages of these choices. I also described the paradigmatic perspective I applied in this study, which influenced many of my decisions (such as creating a qualitative case study design). I concluded the chapter by providing the reader with a detailed explanation of my role during the research, as well as the ways in which I adhered to quality criteria, trustworthiness and ethical practice.

The following chapter reports on the results of the research by discussing the themes and sub-themes that emerged from the data and the data analysis process. Chapter 4 will then be followed by an interpretation of the results, which will relate back to the literature discussed in Chapter 2.

---oOo---

CHAPTER 4 RESEARCH RESULTS

4.1 INTRODUCTION

In Chapter 3, I discussed the research design and methodology that guided this study. I explained the interpretivist paradigm as a lens that focused the research, and presented the case study research design used. I went on to give a detailed description of the data collection process (focus group interviews and photovoice process), as well as the thematic data analysis and interpretation process. I then concluded the chapter with a discussion of the quality criteria, ethical considerations and role of the researcher.

In Chapter 4, I report on the results of my study by presenting the themes, sub-themes and categories that emerged from the thematic analysis of the data obtained in the various sessions of the data collection process. The discussion of the emerging themes, sub-themes and categories is supported and enriched both by direct quotations from the transcripts and by the 14 selected photographs taken. I conclude with a brief summary of the chapter.

4.2 RESEARCH RESULTS

In this section I provide an overview of the results obtained from the inductive analysis of the qualitative data sources. Two main themes emerged and a number of sub-themes and categories were ordered accordingly.

According to the literature, in order to fully understand family resilience, there are certain preconditions that need to be considered, including the presence of both protective and risk factors in the family. Therefore, as my study aimed at understanding and determining the dynamic process of family resilience, the two main themes were identified as: Theme 1 – Family resilience processes and protective factors, and Theme 2 – Family risk and adversity. Several sub-themes and categories were inductively analysed and ordered under these two main themes.

Provided below are the inclusion and exclusion criteria for each identified theme and sub-theme (Tables 4.1 and 4.2).

Table 4.1: Inclusion and exclusion criteria for theme 1

Theme 1: Family resilience processes and protective factors		
Sub-theme	Inclusion criteria	Exclusion criteria
Sub-theme 1.1: Family membership and size	Any reference to the strength the family associates with family membership and size.	Any reference to family strength not associated with family membership and size.
Sub-theme 1.2: Connectedness and togetherness	Any reference to the family being connected and together as a unit.	Reference to family connection or spending time with people outside of the family unit.
Sub-theme 1.3: Family values	Any reference to values (respect, responsibility, independence and autonomy) the family is currently implementing on a daily basis.	Reference to any other values, which the family is not observing.
Sub-theme 1.4: Spirituality	Any reference to the Bible, religion or God.	References to non-spirituality (no spiritual and religious affiliation).
Sub-theme 1.5: Flexible cultural aspects	Any reference to the family's present cultural beliefs and rituals.	References of any cultural beliefs and rituals not associated with the family.
Sub-theme 1.6: Family rules and discipline	Any reference to rules and discipline implemented within the family system and household.	References to any rules and discipline outside of the family system.
Sub-theme 1.7: Communication	Any reference to open and direct communication between family members, as well as reference to problem-solving skills.	Reference to communication and problem-solving skills outside of the family.
Sub-theme 1.8: Community resources	Any reference to people or resources outside of the family system (in the community).	Reference to resources within the family system.
Sub-theme 1.9 Transgenerational influence	Any reference to actions across multiple generations.	References to actions across single generation.

Table 4.2: Inclusion and exclusion criteria for theme 2

Theme 2: Family risk and adversity		
Sub-theme	Inclusion criteria	Exclusion criteria
Sub-theme 2.1: Absences of the resilience processes and protective factors (strengths)	Any reference to the absence of protective or strength factor.	Reference to presence of strengths and protective factors.
Sub-theme 2.2: Community engagement and influence	Any reference to direct community engagement with negative influence on the family.	Reference to community engagement without negative influence on family.
Sub-theme 2.3: Lack of social and economic support	Any reference to lack of social and economic support from outside of the family system (community or society).	Reference to lack of economic and social support from family members.

Sub-theme 2.4: Silences	Any reference to avoidance and lack of clear and elaborate explanations on family processes.	Reference to direct questions answered.
-----------------------------------	--	---

Table 4.3 provides an overview of the emerging themes, sub-themes and categories obtained in both sessions of the data collection processes (Sessions 1 and 2), as well as the member checking process (Session 3). Table 4.3 also indicates the photographs that relate to each theme, sub-theme and category, as well as the participants (see Table 4.4: Participant key) who contributed to the discussion under each of the themes, sub-themes and categories.

Table 4.3: Summary of the main themes, sub-themes and categories

Theme 1: Family resilience processes and protective factors			
Sub-themes	Session	Photographs	Participants
Sub-theme 1.1: Family membership and size <i>Category 1.1.1: Power in numbers</i>	1, 2, & 3	21, 32, 44, & 45	P1
Sub-theme 1.2: Connectedness and togetherness <i>Category 1.2.1: Helping and supporting each other</i> <i>Category 1.2.2: Quality time and sticking together</i>	1, 2, & 3	3, 21, 33, 35, & 48	P1, P2, & P3
Sub-theme 1.3: Family values <i>Category 1.3.1: Respect for self, others, and rules</i> <i>Category 1.3.2: Responsibility for family and self</i> <i>Category 1.3.3: Independence and autonomy</i>	1, 2, & 3	14, 20, 32, 35, 38, 44, & 45	P1, P2, P3
Sub-theme 1.4: Spirituality <i>Category 1.4.1: Religion and Christianity</i>	1, 2, & 3	3, & 48	P1, P3
Sub-theme 1.5: Flexible cultural aspects <i>Category 1.5.1: Open-minded family and cultural rituals</i> <i>Category 1.5.2: Flexible gender-roles</i>	1, 2, & 3	12, 14, 32, & 33	P1, P2, P3
Sub-theme 1.6: Family rules and discipline <i>Category 1.6.1: Family rules and chores</i> <i>Category 1.6.2: Discipline and Matriarchal family</i>	1, 2, & 3	12, 14, 29, 32, & 35	P1, P2, & P3
Sub-theme 1.7: Communication <i>Category 1.7.1: Open, direct, clear, respectful and honest communication</i> <i>Category 1.7.2: Problem-solving and conflict management</i>	1, 2, & 3	20, & 22	P1, P2, P3
Sub-theme 1.8: Community resources <i>Category 1.8.1: Community resources and social services (neighbours, police, schools, spaza shop, etc.)</i> <i>Category 1.8.2: Isolation and protection from community influence</i>	1, 2, & 3	3, 23, 29, 38, & 48	P1, P2

Sub-theme 1.9: Transgenerational influence <i>Category 1.9.1: Influence of family of origin</i>	1, 2, & 3	12, 14, 21, 29, 32, 35, 44, & 45	P1
Theme 2: Family risk factors and adversities			
Sub-themes	Session	Photographs	Participants
Sub-theme 2.1: Absences of the resilience processes and protective factors (strengths) <i>Category 2.1.1: Small family</i> <i>Category 2.1.2: Not sticking together</i> <i>Category 2..1.3: Disrespect (absence of values)</i>	1, 2, & 3	-	P1
Sub-theme 2.2: Community engagement and influence <i>Category 2.2.1: Danger and violence in streets</i>	1, 2	35, & 48	P1, P3
Sub-theme 2.3: Lack of social and economic support <i>Category 2.3.1: Poverty, unemployment and financial strain</i> <i>Category 2.3.2: HIV/AIDS pandemic</i>	1, 2	-	P1
Sub-theme 2.4: Silences <i>Category 2.4.1: Silences around being affected and infected by HIV/AIDS</i> <i>Category 2.4.2: Silences around certain family members</i>	1,2, & 3	3	P1, P2, & P3

Table 4.4: Participant key and participant description

Participants (Participant key)	Age	Role in family	Gender	Ethnics group	Race	No. of photographs taken
P1	72	Grandparent	Female	Sotho – African	Black	13
P2	14	Grandchild (orphaned)	Male	Sotho – African	Black	24
P3	11	Grandchild	Male	Sotho – African	Black	13

Each theme, sub-theme and category is discussed in detail below. Relevant quotations and photographs are added to the discussions to support the results and to ensure an effective data trail.

Though the results and findings of this study are divided into themes, sub-themes and categories, it is important to realise that the themes, sub-themes and categories are often closely connected and related to one another, and therefore cannot always be clearly divided into separate and single units (sub-themes).

4.2.1 THEME 1: FAMILY RESILIENCE PROCESSES AND PROTECTIVE FACTORS

Resilience processes and protective factors can be defined as the aspects that provide the family with the strength to survive and cope despite adversity.

As part of my data collection process, the family was asked to discuss and represent, by means of photographs, what makes their family strong (i.e. family strength and resilience). The prompt provided to the family as part of the photovoice process was: *“Together, as a family, go take photographs of things that make your family strong”* (Session 1, lines 761-762). The sub-themes mentioned below were identified as strengths, resilience processes and protective factors:

4.2.1.1 Sub-theme 1.1: Family membership and size

While discussing what family means to the participants, one could easily recognise that the concept and idea of family was very important to all participants, as captured by statements like: *“family is life”* (Session 1, P3, line 138).

However, what really stood out, especially in the grandmothers’ narratives, was the importance not only of family, but family membership and size, as a strength and protective factor. *“It is important to have a family; I appreciate this because I was an only child, just the three of us. Can you imagine just the three of us, my father keeps his wife company, and I would be alone ... I would always be reading books, thinking all sorts of things; at times one would think of doing the wrong things”* (Session 1, P1, lines 85-88, & 90-92). When clarifying this statement with the grandmother, it became obvious that for the grandmother there is power in numbers.

The grandmother believes that when there are many members in the family, one will be able to find at least one person within the family to whom one can relate and build a close relationship with. The *“orphan children will somehow choose someone to be close to; I think he (P2) chose the aunt”* (Session 2, P1, lines 369-371, photograph 21). On the other hand, having a big family also allows one to build relationships and focus within the family, rather than being distracted by the negative influences and people outside of the family, *“because my family does not watch the other families”* (Session 1, P3, lines 234-235).



Photograph 21



Photograph 44

Also, the more family members there are, the more help and support there is in terms of raising different family members. For example, the orphaned grandson (P2) assists in raising

his younger cousins. The grandmother says “he brought her up” (Session 2, P1, line 505, photograph 45), to which the grandson then responded later, “she loves me” (Session 2, P2, line 909, photograph 44).

Having many family members also means that they can share responsibility not only in taking care of each other, but also in running the household. Photographs 21, 32, 44 and 45 all show different family members taking responsibility for each other and the household. The grandmother’s comment on photograph 32 was, “This shows that if the mother can get sick or I get sick, he will be able to cook for me. There won’t be a need for me to fetch another family member to live with me whilst they are here” (Session 2, P1, lines 680-683, photograph 32).



Photograph 45



Photograph 32

Therefore having a big family is a strength and a protective factor, because each member has an important role to play in the functioning of the family; members can keep each other company; members can also provide support, take care of and protect each other.

Figure 4.1 represents this grandparent-headed family and household, and everyone or “all” (Session 1, P2, line 191) who were considered as part of the family.

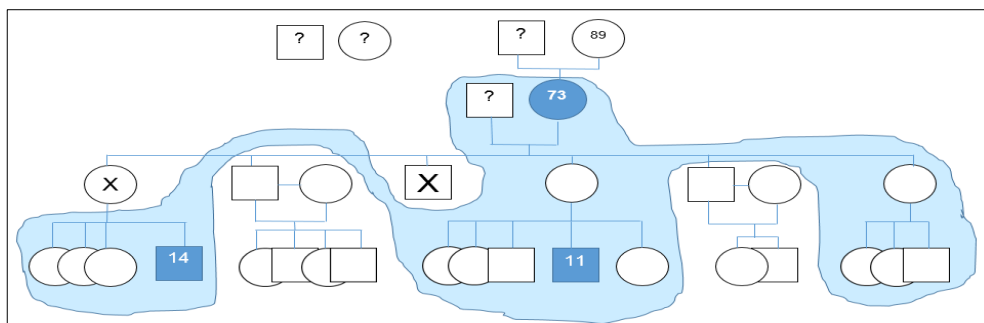


Figure 4.1: Grandparent-headed family genogram

4.2.1.2 Sub-theme 1.2: Connectedness and togetherness

A sub-theme that came up both in the focus group discussion and in the discussions related to the photographs, was the concept of finding strength in being connected and together as a family unit.

According to the grandmother, “you must be one as a family, so that even when an enemy can come into the family, they must not be able to come between you because you are one. If you are one, you should stick together because if one of you becomes weak, the enemy will be able to come in and destroy you” (Session 1, P1, lines 268-274). Hence sticking together and being connected and unified as a family is a protective factor.

The importance of family being together and being connected is also reinforced in the grandsons’ (P2 and P3) narratives when they state that a strength in their family is that “we stick together” (Session 1, P2, line 469), “we help each other” (Session 1, P2, line 506) and “we have fun with each other” (Session 2, P3, line 99).

Photographs that emphasise the importance of connectedness and togetherness as a sub-theme of resilience include photograph 33, which shows “eating supper together as a family” (Session 2, P3, line 605, photograph 33) and being “close” (Section 2, P3, line 636, photograph 33). Photograph 35 also shows connectedness and togetherness as the family children are playing together (Session 2, P3, lines 718-719, photograph 35).



Photograph 33



Photograph 35

Photograph 21 represents the strength of connectedness and togetherness “because they [are] help[ing] each other” (Session 2, P2, line 343, photograph 21), and photograph 3 shows the grandmother being supportive, as she came with her grandchildren to the community centre in order for them to be able to take part in the research project. “[I]t shows I supported them (grandchildren)” (Session 2, P1, line 288, photograph 3).

Photograph 48 also shows connectedness and togetherness, as it illustrates family time, as the whole family sits together in grandmother’s room, while one of the grandsons (P3) reads the Bible.



Photograph 21



Photograph 3



Photograph 48

In other words, connectedness and togetherness for this family mean staying together and doing things together. Connectedness and togetherness for this family also involve supporting, sharing and helping each other.

The sub-theme of connectedness and togetherness is also reflected in other sub-themes, such as Sub-theme 1.1: Family membership and size (as the family can find a connection with different members within a large family), Sub-theme 1.3: Family values (respect for each other and shared responsibility), and Sub-theme 1.4: Spirituality (as the Bible informs the family that they need to stay united and together in order to be strong).

4.2.1.3 Sub-theme 1.3: Family values

According to the grandmother “a family is determined by its values” (Session 2, P1, line 58). A value that was continuously mentioned by both the grandmother and the grandchildren was respect.

When talking about respect, the participants intended to explain the interactions that take place between the family members and their community. Statements reinforcing the importance of the value of respect as a protective factor included: “families respect other families” (Session 1, P3, line 141), “we don’t have to make fun of others” (Session 1, P3, line 459), “they must respect each other because they are brother and sister” (Session 2, P1,

lines 36-37), and “I will teach them to love each other, to respect each other, and that a young one must respect an older one and vice versa” (Session 2, P1, lines 68-70).

Photographs chosen to represent the value of respect as a strength included photographs 38, which shows a respectful friendship between one of the grandchildren (P2) and a friend in the community. Photograph 35 shows all the grandchildren (from the extended family) playing with each other and respecting each other: “we all respect each other” (Session 2, P2, line 734, photograph 35).

Photograph 20 also shows the value of respect, in terms of family interactions, as the grandson responded to this photograph by saying, “they are respecting each other and are not fighting” (Session 2, P2, line 981, photograph 20), and “no[t] swearing at each other” (Session 2, P2, line 993, photograph 20).



Photograph 38



Photograph 35



Photograph 20

Another interpretation of the use of respect involved not only the emphasis on the respectful interactions between the family members, but also respect for the house rules and discipline, in terms of doing what is expected of you. When asked what photograph 32 meant to them, the grandmother (P1) said that to her this photograph showed respect, because her grandson (P3) was cooking for the family. A similar theme of respect emerged in photograph 14, showing the grandson (P2) being respectful as he is cooking and “following house rules” (Session 2, P3, line 809, photograph 14).



Photograph 32



Photograph 14

The value of family responsibility was also mentioned a few times in the discussions. The grandchildren believe that their family is responsible for them, but also that they have a responsibility towards their family. When asked, “What does family mean to you?”, one of the grandsons responded by saying “a family is being responsible” (Session 2, P3, line 93).

The value of responsibility can also be closely related to another value which the family reflected, which was autonomy and independence. For the grandmother it was very important that her grandsons learned how to cook and clean, because not only did it teach them responsibility, but it would also prepare them for their future. “I always tell them that they need to be able to do things themselves and not say they are boys. What if they marry a lazy woman? If she can’t cook you will be able to cook for your children and let her be ... or when you go to boarding school” (Session 1, P1, lines 402-407). To the grandmother and also to the grandsons it was important that they could do things on their own, such as cooking and cleaning, so that one day when they go to university or have their own families they would know how to take care of themselves.

4.1.4.4 Sub-theme 1.4: Spirituality

During both field visits, spirituality, in terms of their religious beliefs, emerged as a sub-theme. Christianity was not just mentioned in our discussions on what makes a family strong, but it was also depicted in some of the photographs.

Christianity, as a foundation and a strength in this family, is obvious in statements such as “the strongness of a family is determined ... for instance, if you follow the Bible” (Session 1, P1, lines 268-269). Other statements reinforcing this family’s spiritual belief system includes “according to the Bible” (Session 2, P1, line 15) or “I leave you as you are and I leave you to God” (Session 1, P1, line 595).

Besides the direct statements related to the family’s spiritual beliefs, the grandmother, suggested that photograph 3 also illustrated spirituality, saying that the photograph showed that “the strength we (the family) have comes from God” (Session 2, P1, lines 268-269). Photograph 48 can also signify the resilience process and the factor of spirituality, as it

shows one of the grandsons reading the Bible to his grandmother and younger family members.



Photograph 3



Photograph 48

4.1.4.5 Sub-theme 1.5: Flexible cultural aspects

A few times the grandmother described how she was teaching her children and grandchildren about the various cultures in order to prepare them for their future. The importance of cultural diversity, flexibility and open-mindedness was discussed and reflected as a strength, while looking at photograph 33: “Generally we as black people, we do not teach our children that we must eat together as a family; in the olden days or in rural communities we will all sit down on a traditional carpet and eat together. In most cases we don’t teach our children; now if I visit a friend like Karen, the children are unable to eat using a fork and knife. So here, we teach them how to eat using fork and knife and we teach them table manners ... We teach them how it is done; not that we should neglect how we black people do things ... we must teach them how white people do things so that when they go to university or meet with other people, you are able to adapt because you know at home they taught you” (Session 2, P1, lines 608-615, & 628-633, photograph 33).

The above statement also shows that this family has future dreams and hopes for their younger generation, adding an element of future perspective (time dimension) to this family’s strengths and resilience processes.

The family did not seem to believe and follow what would be seen as typical gender roles, as both girls and boys in the family needed to know how to cook and clean. This is reflected in all the photographs (photograph 12, 14, 32, & 33) in which the boys are doing household chores, which one would expect to see the female family members doing. It was also directly stated by the grandmother, “boy or girl, you have to cook, even their uncles they cook, their uncles know how to cook; I taught them” (Session 1, P1, lines 362-364).



Photograph 33

In other words, a strength in this family seems to be that they, as a group, are aware about their own African cultural rituals and beliefs, and are open-minded and flexible in terms of their own traditions.

4.1.4.6 Sub-theme 1.6: Family rules and discipline

One of the recurring themes was the importance of family rules and discipline, in order for the family to function in a manner that makes them strong. When asked, “What makes your family successful?” the grandmother responded, “My house rules, for instance, general work at home ... we all do our bit ... I want my house kept very clean, it must be shiny” (Session 1, P1, lines 330-337). “I have allocated each one of them a week; there is another brother, so they swap. For instance, this week he is doing the dishes ... even in the house they share the chores ... she (another grandchild who was not a participant) cleans the stoep, sitting room and dining room and my bedroom ... then kitchen, bathroom and toilet are separate, and the passage is done by him (P2) ...” (Session 2, P1, lines 1019-1021, 1047-1049, 1053-1054, & 1056-1057, photograph 12).

Other strict rules in the family, which were mentioned and do not directly relate to household chores, were rules made to protect the individual family members, for example, “No, that is definite no, nine o’clock is too late, I lock the gate ... unless you are at work, no rondlopers nie” (Session 1, P1, lines 308-309, & 313-314) ... “out in the street, no ... no, and they know this” (Session 2, P1, lines 739, & 745, photograph 35).



Photograph 12



Photograph 35

The grandchildren have accepted and obey the rules which have been firmly applied by the grandmother and they too seem to view the rules as a family strength. Often the children would mention, when discussing the photographs, that the photograph showed their family strength because they were obeying the rules and doing their house chores. When asked why they like living with their grandmother, the grandsons even responded by saying, “they teach me how to do house chores” (Session 1, P2, line 172), “they teaching us for our sake” (Session 2, P3, line 693, photograph 32).



Photograph 32

In other words, an identified strength and resilience processes in this family, according to the grandmother and her grandchildren, are the strict family rules and the fact that the family obeys and respects these rules “every day, they do it every day” (Session 2, P1, lines 1077-1078, photograph 12).

In all the discussions, especially the ones relating to rules and discipline, it was evident that this is a matriarchal family. Even though the grandfather is alive and lives in the household – “I still have my husband” (Section 1, P1, line 50) – this family is run by the grandmother. Very little is ever said about the grandfather.

The grandmother says a few times that she is “a very strict person” (Session 1, P1, lines 200-201), giving the impression that she takes on an authoritarian disciplining style. However, at times she opposes her authoritarian manner of discipline with statements such as, “you know, in the olden days our parents were very strict. There was a lot of oppression, not only from white people; even our grandfathers, they were too strict. Our mothers were forced to be strict ... I want better things for my children, I will bring up my children differently, I will teach them to love each other, to respect each other and that a young one must respect an older one and vice versa (Session 2, P1, lines 61-70). “Remember, I told you that we were brought up with strict rules? I learned a lot from that and I decided that I will not treat my children in that way ... if their parents want to be too strict I tell them, that is not the way I brought you up” (Session 2, P1, line 871-875).

Another example of the grandmother’s conflicting discipline style became evident when we discussed photograph 35 in Session 2, where she said, “Yes you see in this picture, if one of

them cries, you don't hit one of them, you hit them both, they will both lie" (Session 2, P1, lines 785-787, photograph 35). However, in our first session she says, "You must have a reason before you slap, because when you keep slapping a child or beating him up you will make him stubborn and naughty" (Session 1, P1, lines 635-637).

In most of the raw data it is evident that this household is run like a well-oiled machine, by the grandmother having strict rules and discipline, which all members respect and obey.

4.2.1.7 Sub-theme 1.7: Communication

The participants identified the importance of open, honest, respectful and direct communication as a strength in their family.

In our very first session the grandmother reported, "I don't want you to lie to me; once you start lying to me I can see you and I will tell you straight in your face ... I am a straight talker" (Session 1, P1, lines 201-206). "We side with the truth" (Session 1, P1, line 230). "Even my sons they have wives, when they start shouting at the wives, I tell the true thing, I tell them the truth: 'Don't do this because it's your wife'" (Session 1, P1, lines 219-221). This shows the importance of honest, clear, open and direct communication between the family members.

In the second session, she confirms the importance of honest and open communication as a family strength by saying, "For my family to be strong is when we understand each other" (Session 2, P1, lines 9-11). When asked what she means with understanding she responded by mentioning the importance of open communicating, "with understanding – I mean if I don't like something I call them all, even those that are married already, I talk to all of them" (Session 2, P1, lines 19-21).

Talking to each other with respect – "they are respecting each other, they are not fighting ... not swearing at each other" (Session 2, P2, lines 981-982, & 993, photograph 20) – shows that not only open, honest and direct communication is important, but also respectful communication (Sub-theme 1.3: Family values).

Communication is also used within the family for problem solving and conflict management, which in itself is a family strength and protective factor. When asked what problems the family was faced with, the grandmother believed that there were no weaknesses in her family, because "when I have a problem I call my husband, my husband is a very quiet person ... when I ask him for an opinion he would ask me what do I think, so most things I share and talk with my laat-kommer (the grandmother's last-born) (Session 1, P1, line 526-529). This statement displays that when faced with a problem, the family tries to solve the problem by talking to each other and asking each other for advice.

When asked, “What makes your family happy?” the grandmother responded by saying, “Happiness in the family is caused by when there’s no complaints, we do not talk too much, we do talk but don’t hurt each other, we avoid hurting each other. If you are wrong you apologise or fix it, fix it and ask for clarity so that we help one another” (Session 1, P1, lines 484-488). In other words, by means of honest, open, respectful and direct communication the family aims to solve (fix) any problem or conflict that emerges, before it becomes a family weakness.

4.2.1.8 Sub-theme 1.8: Community resources and engagement

Although the family recognises that there are many resources in their community, such as good neighbours and social services (police and schooling), the true strength for this family, in relation to their community, seems to be their ability to protect, isolate and create barriers between themselves and their outside community, which at times is perceived as a threat. Therefore, for this family, the community is seen as a protective factor, but also a risk factor, which will be further discussed under sub-theme 2.3.



Photograph 23



Photograph 38

In terms of community resources, the family has good neighbours who are willing to help them. Photograph 23, according to the grandmother, illustrates that she and her neighbours get along. “We are the same, 10 houses, all ten of us we get along” (Session 2, P1, lines 416-417, photograph 23). The man in the photograph is known as the old man on the street and is described as “always willing to help the old women” (Session 2, P1, lines 437-438, photograph 23). In the focus group interview the grandmother also reported that when people cause problems in their street or in her yard, for example fight, then she can rely on the police for support, suggesting that there are available social services in the community which act as a resource.

Photograph 38 shows the spaza shop which is close to their home. The grandmother stated that the close proximity of this spaza shop helps because she can walk to or can send the children to go buy something if she needs it urgently (Session 2, lines 587-587).

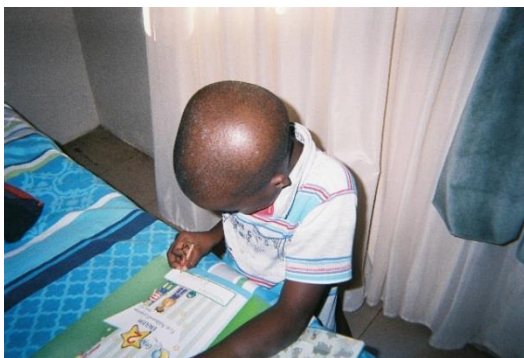
The community centre and the grandchildren's school are also seen as resources and protective factors, as they provide the grandchildren with an education and their basic needs (food). This became clear in our discussion concerning finances in Session 1: "I was going to buy him a jersey; the school donated a jersey for him" (Session 1, P1, lines 686-687), and in our discussion about photograph 3 (Section 2, lines 276-277, photograph 3).



Photograph 3

However, the family sees strength in their ability to not be wrongly influenced by their outside community and other families' problems. The grandmother's statements that support this include, "in my house I will kick you out; it is my house" (Session 1, P1, line 593) ... "even the neighbours, if they do not treat me well, I back off from them a bit, but I will continue to greet them" (Session 1, P1, lines 542-544) and "I am used to doing things on my own" (Session 1, P1, lines 525).

Even the grandchildren perceive their ability to not let their community influence and affect them as a strength and protective factor. According to one grandson, photograph 29 exhibits a strength because "I am able to focus on my own things and not let external forces just interrupt [me]" (Section 2, P3, lines 464-465, photograph 29) "because we always follow your things and leave the street because the streets doesn't have much pay" (Section 2, P3, lines 863-864, photograph 48).



Photograph 29



Photograph 48

When discussing photograph 35 the grandmother explained that she does not allow her grandchildren to play on the street or even let other people's children play in her yard, because this only causes problems, especially when it comes to having to discipline the children. "Even the children from next door they doesn't come into my yard... you know because we bring up our children differently; although we do get along as neighbours; if your child beats my child, we may exchange words... I decided that my children will not go out to the streets" (Session 2, P1, lines 753-754, & 756-761, photograph 35).



Photograph 35

4.2.1.9 Sub-theme 1.9: Transgenerational influence

Through many of the themes, there is an underlying theme of transgenerational influences. Many of the factors which the grandmother perceives as both protective and risk factors, come from the grandmother's family of origin, which the grandmother now seems to want to fix, repair and instil into her own family and grandchildren.

For example, the grandmother came from a small family, which she perceived to be a risk, and therefore she now has a big family (see Sub-theme 1.1: Family membership and size). In addition, the grandmother has learned from her family (parents, mother-in-law, and grandparents) to be strict, but at the same time does not want to be as strict as they were, as she believes that oppression is a thing of the past and she does not want to let her children and grandchildren experience it (see Sub-theme 1.6: Family rules and discipline).

4.2.2 THEME 2: FAMILY RISK FACTORS AND ADVERSITIES

Family resilience involves not just focusing on the strengths and protective factors within a family, but includes identifying and acknowledging the risk factors and adversities that the family is faced with on a daily basis.

Interestingly enough, when asked directly to mention risk factors and weaknesses in the family, the grandmother responded by saying, "something difficult or heavy, when I check on my side I don't have anything" (Session 1, P1, lines 522-523). There could be a number of reasons for this response; maybe the grandmother did not understand the question or she

did not want to disclose this information. I believe that what I perceive as being risks or threats to this family have become normal living circumstances to this family. In other words, normalisation of adversity has occurred. Nonetheless, I could identify a number of risk factors and adversities from my discussions with the family.

4.2.2.1 Sub-theme 2.1: Absence of the resilience processes and protective factors (strengths)

From our discussions it was evident that, to this family, if what they identified as a family strength is not present, then the absence of this strength and protective factor is viewed as a risk factor.

For example, having a big family is important and was identified as a strength for this family. For the grandmother, coming from a small family was a risk, because she felt like she was on her own (lonely) and this made her “think of all sorts of things, at times one would even think of doing the wrong things” (Session 1, P1, line 90-92). Therefore a small family who cannot share responsibilities, care for and protect each other is seen as a risk.

Being together and connected is important to this family. When they do not ‘stick together’ and spend family time together, it is perceived as a weakness. The grandmother explains this by saying, “If you are one, you should stick together because if one becomes weak, the enemy will be able to come in and destroy you” (Session 1, P1, lines 2691-274).

Similarly, the absence of what the family perceives as important family values can be seen as a risk factor to the family’s functioning and wellbeing. For example, the grandmother says, “For a family to be strong is when we understand each other, for a family to be weak is if there is no understanding, and disrespect” (Session 2, P1, lines 9-11). In other words, a strength in this family is respect, a risk is the absence of respect (disrespect).

It was quite clear from the data that the grandmother runs her family in a certain way (see Sub-theme 1.6: Family rules and discipline). Should anyone or anything not follow (be absent) what the grandmother would view as functional to the family’s development, then she would perceive and identify this as a risk factor to her family.

4.2.2.2 Sub-theme 2.2: Community engagement and influence

As mentioned under sub-theme 1.8: Community resources and engagement, this family does recognise their neighbours and aspects of their community as a strength and protective factors. However, throughout the discussions, it was clear that they are also very sceptical of their community; in a sense, community engagement and influence were perceived and identified as a risk factor to this family.

The grandmother perceives the streets as a dangerous place and has strict rules to protect her grandchildren from the streets. She does not let her grandchildren play on the streets, saying, “no, and they know ... they don’t play on the street, no” (Section 2, P1, lines 745, 750, photograph 35). At the same time, she also mentions that she does not let other people or other people’s children into her home or yard, saying, “Even the children from next door, he doesn’t come into my yard ... you know, because we bring up our children differently. Although we get along as neighbours, if your child beat my child, we may exchange words” (Session 2, P1, lines 753-754, 756-758, photograph 35).

Even the grandchildren mention a few times in our discussion that a strength in their family is not letting the outside community influence them. They too recognise the outside community and streets as a risk and an unsafe environment, saying things such as, “my family does not watch other families” (Session 1, P3, lines 234-235) and “you always follow your things and left the street because the street doesn’t have much pay” (Session 2, P3, lines 863-864, photograph 48).

The family also seems to experience violence in their community. The grandmother told a story about people who try and “fight in her yard ... ohhh” (Session 1, P1, line 577), and that she has had to phone the police to come and help a few times.

Hence the family has in some ways isolated themselves from the community, by limiting their engagement with and influence of the community, in order to protect themselves from the risk they perceive to be in their community.

4.2.2.3 Sub-theme 2.3: Lack of social and economic support

The family lives and comes from a culture and history of poverty, unemployment and oppression. “My husband was 21, he too was from a poor background, he had to care for his family” (Session 1, P1, lines 96-97). A contributing factor to their poverty is the fact that the majority of the adult children are unemployed and are not able to contribute financially towards the family. “This child’s mother (P3), she cooks alone because she does not work (cooking for family is her way of contributing), she gets child support for his illness, so I said to her she can cook in order for her not to be a burden. This one (P3) I am looking after with my pension fund ...” (Session 1, P1, lines 645-649).

The grandmother said she is struggling because “I only use my pension to support my family” (Session 1, P1, line 699). The grandmother further shared that she does not receive a foster grant or even child support for her orphaned grandchild, and therefore she experiences further financial strain, especially when she needs to pay for his schooling and school supplies. The grandfather’s pension goes toward paying the rent.

Lastly, it was disclosed to us by the family's caregivers that the family is also affected by the HIV/AIDS pandemic. Some family members are also HIV-positive. This is of course adding extra emotional and financial strain and risk.

4.2.2.4 Sub-theme 2.4: Silences

It was noticed that within the discussions with the family, there are many silences and things the family does not really want to talk about or elaborate on. For example, when the grandmother speaks about taking care of her orphaned grandson (P2), she only briefly mentions that he has an illness (i.e. HIV/AIDS). She is also very resistant to talk about how and why her oldest daughter passed away. It is only through the caregivers and the participant selection process that it becomes known to the researcher that the family is both affected and infected by HIV/AIDS.

The grandmother is also very quiet about certain family members. She speaks a lot about her last-born and her sons who do not live at home anymore, but very little is mentioned about her other grandchildren and her husband. Even the caregiver confirmed this, saying that the grandmother is very private and silent about some of the family members.

4.3 CONCLUSION

In this chapter I reported on the results obtained during my study. The results were discussed in terms of the two main themes, and the identified sub-themes that emerged during the thematic analysis of the raw data, which were ordered accordingly.

In Chapter 5, I interpret the results and present my findings. This is followed by answering the research question and presenting recommendations and limitations based on my study.

---oOo---

CHAPTER 5

LITERATURE CONTROL, CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

Chapter 4 presented my research results in terms of two main themes: Theme 1 – Family resilience processes and protective factors, and Theme 2 – Family risk factors and adversities. A number of sub-themes and categories were also identified and arranged accordingly.

In Chapter 5, I interpret the results of my study as related to relevant and existing literature. The aim of doing this is to answer the primary and secondary research questions, which guided the research process. Furthermore, I identify the possible limitations of the study and reflect on the challenges faced while conducting the research. I conclude this final chapter by discussing possible recommendations for future research, training and practice.

5.2 ANSWERING THE RESEARCH QUESTIONS IN ACCORDANCE WITH THE FINDINGS AND EXISTING LITERATURE

In this section, I address the research questions that guided this study. The research questions are answered in accordance with the findings and relevant existing literature on family resilience (literature control). In an attempt to understand and support the primary research question, I first answer the secondary research questions.

5.2.1 SECONDARY RESEARCH QUESTIONS

5.2.1.1 How does a grandparent-headed family conceptualise and express family resilience?

The primary aim of the study was to understand how a grandparent-headed family conceptualises and expresses family resilience. The participating grandparent-headed family conceptualised and expressed family resilience as the strengths (i.e. resilient processes and protective factors) within and outside of the family system, which allow for healthy and successful family functioning. These strengths were not only discussed and mentioned in the focus group interviews (identified as themes, sub-themes and categories), but they were also visually presented by means of photographs.

The above is in agreement with existing literature, which defines family resilience as the mobilisation of family strength in stressful situation (Oh, & Chang, 2014). Therefore, in order to fully understand family resilience, it is important to consider both the protective (strengths)

and the risk (stress) factors in a family. Patterson (2002, p. 350) confirms this by saying that in order to even start understanding resilience, whether it is individual or family resilience, there are three preconditions: (1) the conceptualisation and expression of accomplished outcomes, i.e. positive coping and adaptation, (2) the presence of risk, threat and adversity, and (3) resilience processes and protective factors which prevent poor outcomes.

In this study the above-mentioned preconditions were identified in order to fully understand how the participating family conceptualised family resilience. The third precondition, namely resilience processes and protective factors, is further discussed below, aiming to answer the first research question, in accordance with the literature, on how the family expresses and conceptualises resilience.

The results of the study indicate that the participating grandparent-headed family has a number of resilience processes and protective factors (strengths) which they employ in order to overcome their adversities and challenges. From the transcripts and photographs, more themes of resilience were identified and expressed as opposed to non-resilience themes. The themes of resilience were therefore identified and categorised under the main theme (Theme 1 – Family resilience processes and protective factors).

➤ **Family membership and size**

The results of this research show that the participating grandparent-headed family perceived their large family size as a strength and protective factor. The main reason for this was the support a larger family can provide to each family member and the family as a whole. This is in accordance with Hanson's (as cited in Black, & Lobo, 2008, p. 34) definition of family in which he emphasises that a healthy family is "two or more individuals who depend on one another for emotional, physical and economical support".

Benzies and Mychasiuk's (2009) study on 'Fostering family resiliency', also suggests that a family size and structure can be a protective factor. However, according to their literature review, smaller families have an advantage and tend to be more resilient in nature, because there is less financial strain on the family. In other words, this suggests that larger families are more of a risk factor than a protective factor, due to aspects such as finances, which may add to their experience of adversity. Nonetheless, though the participating family is struggling financially, they did not relate this to their family size, and even still perceived power in numbers, especially in terms of relational and emotional support and responsibility.

There seems to be very little research which specifically focuses on family structure and size, and relating these to family resilience. It would seem that it might depend on the unique case under study. Even so, family size could be perceived as both a strength and a risk factor.

➤ **Connectedness and togetherness**

Literature on family resilience supports the importance of connectedness and togetherness as a resilience process and family strength. According to the literature, family connectedness and togetherness involves collective and collaborative functioning, family commitment, family support, family quality time, and feelings of belonging (Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c).

Black and Lobo (2008) refer to family connectedness and togetherness as a measuring device to determine a family's ability to function as a whole (collaboration, & cohesion). Resilient families are able to pull together, stick together and support each other in times of crisis (Black, & Lobo, 2008; Oh, & Chang, 2014). Connectedness and togetherness are also used to describe a family's ability to make and spend time together. Quality time includes doing chores together, family meal time, joint play and family vacations (Black, & Lobo, 2008). Finally, connectedness and togetherness suggest an individual family member's sense of belonging (Oh, & Chang, 2014). Feelings of belonging often relate back to mutual support, collaboration, commitment and respect (Walsh, 2012c).

All of the above aspects related to family connectedness and togetherness were present in the findings of this study. Therefore, the literature confirms that connectedness and togetherness is a strength, a resilience process and a protective factor within resilient families.

➤ **Family values**

Within the review of the literature on family resilience, the concept of family values was always presented as a subheading within the resilience factors and processes, such as family organisational patterns and spirituality (belief system) (Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c).

However, if we look more at family values as a theme and strength on its own, according to the literature, transcendent values are what foster family functioning and resilience (Walsh, 2012d). Edgar-Smith and Wozniak (2010) state that family values form part of a family's ideology and therefore these values regulate and organise interpersonal relations, family functioning and family world-views, hence influencing how a family will perceive and cope with risks and challenges (Edgar-Smith, & Wozniak, 2010; Walsh, 2012d).

Despite cultural and spiritual diversity, Walsh (2012d, p. 354) states that most families seem to reflect certain resilient and transcending values, such as commitment and responsibility. The value of commitment and responsibility was evident in the research results of the present study. Another value which was expressed by the participating family was the value of respect. The importance of respect, as a value which fosters resilience, is also evident in Walsh's Family Resilience Framework (Walsh, 2012c. p. 406), in which the importance of

mutual respect and respect for each other's needs and differences is mentioned as a protective factor and resilience processes.

➤ **Spirituality**

Across the literature, spirituality and family belief systems are described as a fundamental factor in family resilience (Benzies, & Mychasiuk, 2009; Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c).

According to Oh and Chang (2014), spirituality, religious beliefs and shared family belief systems are antecedents or sources of family resilience, as they provide purpose and direction not only to the individual family members but also to the family as a whole. Furthermore, spirituality and belief systems, as resilience factors, are also seen as supporting the following aspects: meaning making, acceptance of adversity, fostering hope (positive outlook) and strengthening family bonds (Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c, p. 353). Often spirituality and religious beliefs go hand in hand with certain rituals, practices and ceremonies which not only provide the family with support and comfort, but also allow for growth (Walsh, 2012c). Spirituality and religious belief also connect the family to a larger community, which can then provide further community resources and social networking.

In this study, the participating family identifies as belonging to Christianity; therefore characteristics related to the Christian belief system were reflected in the participants' narratives, as well as in the photographs. Aspects related to spirituality and religious beliefs which were expected but not expressed by the participating family, were possibly uniquely influenced by African belief systems, such as traditional healing and ancestors.

➤ **Flexible cultural aspects**

According to Black and Lobo (2008, p. 41), "flexibility refers to a family's ability to rebound and reorganize in the event of challenges while maintaining a sense of continuity". This is done best when the family has a good sense of who they are, but also knows what is happening outside of the family context (Black, & lobo, 2008 p. 41). Flexibility, in its own right, according to family resilience literature, is seen as a resilience process and family strength.

The participating grandparent-headed family showed its ability to be flexible, especially in the areas specifically related to their culture. For example, though making the grandchildren aware of African traditions related to meal time, it was also important to this family to adapt and teach the younger generation Western traditions, such as eating at the table and using a knife and fork. The case study also showed flexibility in this family's ability to adjust, share and assign roles to each individual family member, as chores were not necessarily assigned according to tradition and stereotypical gender roles. According to the MacMaster Model

(Epstein, Ryan, Bishop, Miller, & Keitner, 2003), which is used to assess family functioning, healthy families have the ability to allocate roles in a reasonable and flexible manner, while simultaneously being accountable to and taking responsibility for the assigned role. This was being done within the participating family: in terms of the role dimension, the participating family was reflecting healthy family functioning.

In conclusion, according to literature (Black, & Lobo, 2008; Walsh, 2012c), a family's ability to be flexible (i.e. adjust and adapt), across a wide range of family functions and dimensions, is seen as a resilience process and protective factor.

➤ **Family rules and discipline**

Based on years of research, family rules (rituals and routines) and discipline have always been seen as important activities in family functioning and health (Black, & Lobo, 2008, p. 46). It comes as no surprise that family rules and discipline also play an important role in understanding family resilience processes and protective factors.

“Research has indicated that families who practice rules, routines and rituals are associated with better child outcomes and family stability, than families lacking rules, routines and rituals” (Black, & Lobo, 2008, p. 46). Well-functioning and resilient families have the ability to maintain rules, routines and rituals despite adversity, while at the same time, as mentioned above under point 5.2.1.5, displaying the ability to be flexible, adjust and adapt accordingly (Black, & Lobo, 2008). Furthermore, resilient families also have the ability to ensure that the implementation of rules, routines and rituals is fair, age-appropriate, acknowledged and predictable (Black, & Lobo, 2008). Hence, not only are family rules, rituals and routines important to family resilience, but the manner in which they are applied is also vital.

Another resilience and protective factor which can fall under the above-mentioned theme, according to literature, has to do with discipline and parenting style. Resilient families reflect authoritative and predictable discipline and parenting style (Benzies, & Mychasiuk, 2009; Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Walsh, 2012c). This involves mutual respect, nurture, protection and warmth, while still being clear and firm (Walsh, 2012c). Also authoritative parenting style can additionally be associated with resilience because it allows for flexibility, adaptation and adjustment (Bhana, & Bachoo, 2011; Walsh, 2012c).

An authoritative parenting and discipline style was expressed in the participating grandparent-headed family; however, there were also signs of an authoritarian discipline style and inflexibility, which according to the literature could be arduous and result in challenges, and could influence the family's ability to be resilient, at a later stage (Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Walsh, 2012c).

➤ **Communication**

Communication is the exchange of verbal information within the family (Epstein *et al.*, 2003). According to the MacMaster Model, in order for communication within a family to be seen as functional and healthy, the content of any message needs to be clear and must be directed towards the correct person (Epstein *et al.*, 2003). This means that communication in families need to be clear and direct, rather than masked and indirect (Epstein *et al.*, 2003), e.g. “I will tell you straight in your face” (Session 1, P1, line 203).

This corresponds with the literature, which discusses the importance of communication as a family resilience process and protective factor. According to Black and Lobo (2008, p. 42), “harmonious family communication is the essence of how families create a shared sense of meaning, develop coping strategies, and maintain agreement and balance”. Three important aspects related to resilient communication in families have been mentioned by Walsh (2012c). These include: clear information, open emotional expression, and collaborative problem solving (Walsh, 2012c, p. 406). Clear information suggests that the message is understood by all family members, and that there is no ambiguous communication. Open emotional expression involves allowing each family member to express their feelings, which then leads to a climate of mutual respect and trust. And lastly, communication as a tool to solve problems and achieve mutual goals, is also seen as an important resilience factor and strength, as the family is able to discuss their problems and come up with a solution and a mutual decision.

In conclusion, clear, direct, open and honest communication patterns are seen as strengths, as they allow for the expression of feelings and emotions, but also allow for the solving of problems (Oh, & Chang, 2014). All of the above were seen within the participating family, as well as between the family and their community.

➤ **Community resources and involvement**

Most of the above-mentioned resilience factors and processes were within the family, i.e. internal family factors and processes of resilience. However, families can also be resilient due to their ability to access and mobilise strengths outside of the family system.

Oh and Chang (2014, p. 983) refer to external family resilience factors as “resourcefulness”. This involves a family’s ability to identify and utilise social and community support (Oh, & Chang, 2014), which includes networking and the involvement of friends, neighbours, next of kin and/or extended family (relational support) (Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c). Social and community support includes the support and resources families receive from social services, such as health care, financial grants and counselling services (Walsh, 2012c).

The participating family did express resourcefulness, though they also displayed the ability to isolate themselves from their community and withdraw into privacy, in order to avoid being negatively influenced. Though the family members themselves perceived this as a strength, this trait is in conflict with the literature on family resilience, which states that isolation and privatisation is more of a risk factor than a protective factor (Black, & Lobo, 2008).

Family resilience literature identifies self-efficacy, self-determination and self-reliance as a protective factor; these are seen as strengths because such families show a strong internal locus of control (Benzies, & Mychasiuk, 2014; Bhana, & Bachoo, 2011). This results in the family feeling that they alone have control over their lives and are therefore the only ones that have the power and responsibility to change their future (Benzies, & Mychasiuk, 2014; Bhana, & Bachoo, 2011). Walsh (1998, p. 101, as cited in Black, & Lobo, 2008, p. 47), on the other hand, states that we need to “be aware of the myth of family self-reliance, that has grown out of society’s individualistic strain”, as it can lead to family isolation and privatisation from the community. The family is not opening themselves to possible positive resources and influences from their community. It can also result in a ridged and close-minded family system.

➤ **Transgenerational influence**

The theme of transgenerational influence adds a temporal dimension to our understanding of family resilience, as it looks at how past events in a family system influence present and future events within the family (Bitter, 2009).

According to the literature, one’s family of origin can be both a protective and a risk factor, as transgenerational transference does not only manifest in problems and symptoms, but also in strength and change (Benzies, & Mychasiuk, 2009; Bitter, 2009). Benzies and Mychasiuk (2009) suggest that just like negative factors can be passed down from generation to generation, so can positive factors. In this case study, the grandmother identified what she perceived as weaknesses in her family of origin – for example, oppression, strict parenting styles and family size – and changed it within her current family system.

In conclusion, despite a wide variation in family systems due to context, culture and ethics, there appear to be some common factors and processes characterising resilient families (Black, & Lobo, 2008, p. 37). Most of the resilience processes and protective factors identified and mentioned in this study, were also evident and present in existing family resilience research.

5.2.1.2 What risk factors does a grandparent-headed family experience?

The following themes were identified as risk factors and adversities (Theme 2 – Family risk factors and adversities) in the participating grandparent-headed family:

➤ **Absences of the resilience processes and protective factors**

It makes sense that if the factors mentioned above in section 5.2.1.1 are perceived as family strengths which support healthy family functioning and coping, the absence of these resilience processes and protection factors would then be expressed as risk. According to Black, & Lobo (2008, p. 36), resilient families are strengthened through the use of resilience factors, while problems, demands and loss (in this case the loss of a family strength) can weaken a family's functioning and relationships.

According to Oh and Chang (2014, p. 981), "a family may be resilient with certain stressors but may not be resilient with other levels or types of stressors". While the participating family was experiencing resilience due to the above-mentioned factors (see section 5.2.1.1) at the time of the present study, a different stressor or an elevated level of a present stressor (something or someone) could certainly threaten the reinforced resilience properties mentioned above and cause the family to become less resilient. The absence of a resilience factor can be seen as a stressor and a risk in its own right, as it affects both positive family outcomes and resilient family functioning. Intervention and prevention strategies targeted toward vulnerable families should therefore aim at developing and re-establishing resilience factors within a family (Oh, & Chang, 2014).

While conducting my literature control, I noticed that most of the research on family resilience focuses on describing the family protective and resilience factors only. Very little is mentioned about the absence of resilience factors, which constitutes a risk factor to a family (Benzies, & Mychasiuk, 2008; Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c). Researching in future how the absence of resilience factors weakens family cohesion and resilience, may provide very valuable answers for therapeutic interventions.

➤ **Community engagement and influence**

As evident in the above-mentioned theme, community resources and involvement, the community system can be perceived as both a protective and a risk factor in family resilience. The main reason why a community is often seen as a risk factor is because it is perceived as being unsafe (due to violence). According to the study done by Benzies and Mychasiuk (2009, p. 109), families who are living in unsafe neighbourhoods – characterised by high rates of crime, violence, and/or lack of infrastructure – are at a disadvantage. Unsafe neighbourhoods add to the pile of stressors and risks a family needs to deal with; this is also known as "social toxicity" (Snell-Johns *et al.*, 2004, as cited in Benzies, & Mychasiuk, 2009, p. 109).

One of the consequences of living in a neighbourhood which is perceived by the participating family to be dangerous and unsafe, is that the family in the present study no longer trusts their community. This is leading to what appears to be privatisation and isolation of the family

from their community (Benzies, & Mychasiuk, 2009; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c). This was already identified above as a possible risk factor.

➤ **Lack of social and economic support**

Almost all the literature on family resilience provides the reader with a brief summary of the risk and adversities the family is faced with, before describing in detail the identified resilience process and protective factors. In most of the literature, the main risk factors and adversities are identified as poverty (financial strain), unemployment, divorce (relationship issues), loss, trauma and illness (HIV/AIDS pandemic) (Benzies, & Mychasiuk, 2009; Bhana, & Bachoo, 2011; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c).

As the detailed description of what it means to live in an urban residential areas and the HIV/AIDS pandemic in Chapter 2 shows the reader, in this study the echoes discussed in the paragraph above can be heard. Participants were selected according to specifically these adversities, in order to examine whether resilience was present in this unique context. The risk factors and adversities experienced by the participating grandparent-headed family included unemployment, poverty, financial strain and illness (HIV/AIDS), just as in existing family resilience research.

According to Walsh (2012c, p. 412), “financial security is vital for family well-being” as it affects the relational and emotional lives of each family member (Black, & Lobo, 2008). Families faced with unemployment, poverty and financial strain can therefore be characterised as being vulnerable due to economic and financial hardship (Walsh, 2012c). In the article by Black and Lobo (2008), the authors go so far as to add financial management as a family resilience factor.

If a family experiences financial strain, and then is also affected and infected by “illness”, such as HIV/AIDS, this does not only result in emotional strain, but also social, economic and financial difficulties. Benzies and Mychasiuk (2009) identify stable and adequate income and family health as some of the most important family protective factors.

➤ **Silences**

Though silences are identified as a theme in my research, it is also discussed later in section 5.4 as a limitation. It was identified as a risk factor and an adversity, because it can be related back to the risk factors of family isolation and privatisation, as discussed a few times above. One would assume that if the family was more open about the stressors, risks and adversities they are experiencing, then more opportunities might open up for them in terms of community and social support. Community and social involvement and support can allow access to a larger social network, which could support them in terms of health care education and resources (Benzies, & Mychasiuk, 2009). A healthy family knows when to ask for help. However, this participating family has decided to keep to themselves, and to try to cope by

themselves. For example, if they were more open about their needs, the community centre would be willing to provide food not only to the participating grandsons, but also to the rest of the family.

Many of the above-mentioned risk factors were not directly mentioned by the participating family. The reason for this was that the participating family was silent and private about many of their hardships. The family seems to have normalised many of their risk factors, and therefore these were not explicitly mentioned (Walsh, 2012c). However, due to the selection criteria and being aware of the context in which the research took place, I knew about many risk factors, which the family did not necessarily have to mention overtly.

However, I would like to conclude with a different perspective on the above mentioned risk factor. Silences and privatisation could be seen as a platform the grandmother used to protect her grandchildren from the external world (community centre caregivers and researcher) and from the social stigma of poverty and deprivation (Benzies & Mychasiuk, 2009). The family has a positive outlook and internal locus of control and they did not place more emphasis on the existing risk factors in the microsystem, such as poverty and impact of HIV/AIDS in their lives (Benzies & Mychasiuk, 2009; Walsh, 2012c). Therefore based on the above statement, I can conclude that the element of silences and privatisation can be seen as a resilience process and protective factor in this family.

5.2.2 PRIMARY RESEARCH QUESTION

5.2.2.1 How can insight into a grandparent-headed family contribute to the knowledge of family resilience in an urban residential area (township)?

This case study aimed at providing an in-depth understanding of how a grandparent-headed family, living in an urban residential area (township), conceptualises and expresses family resilience. The aim of the study was achieved, as the research provides insight into a grandparent-headed family's experience of family resilience and their ability to flourish and function, despite risk and adversity. By means of focus group interviews and photographs, a number of resilience processes and risk factors (see Section 5.2.1) were identified and interpreted which can now contribute to the knowledge of family resilience in similar grandparent-headed families living in urban residential areas.

Figure 5.1 is a summary and a conceptual framework on family resilience which was developed out of my understanding of the results and findings of this case study. It represents the importance of recognising and identifying both the protective and the risk factors and the relationship between the two, before being able to fully understand, conceptualise and express family resilience (Benzies & Mychasiuk, 2009; Patterson, 2002). It also shows that the grandparent-headed family needs to be understood as a unique system,

within another systems, which develops and changes according to context and time (Tudge, Mokrova, Hatfield, & Karnik, 2009; Walsh, 2012 c).

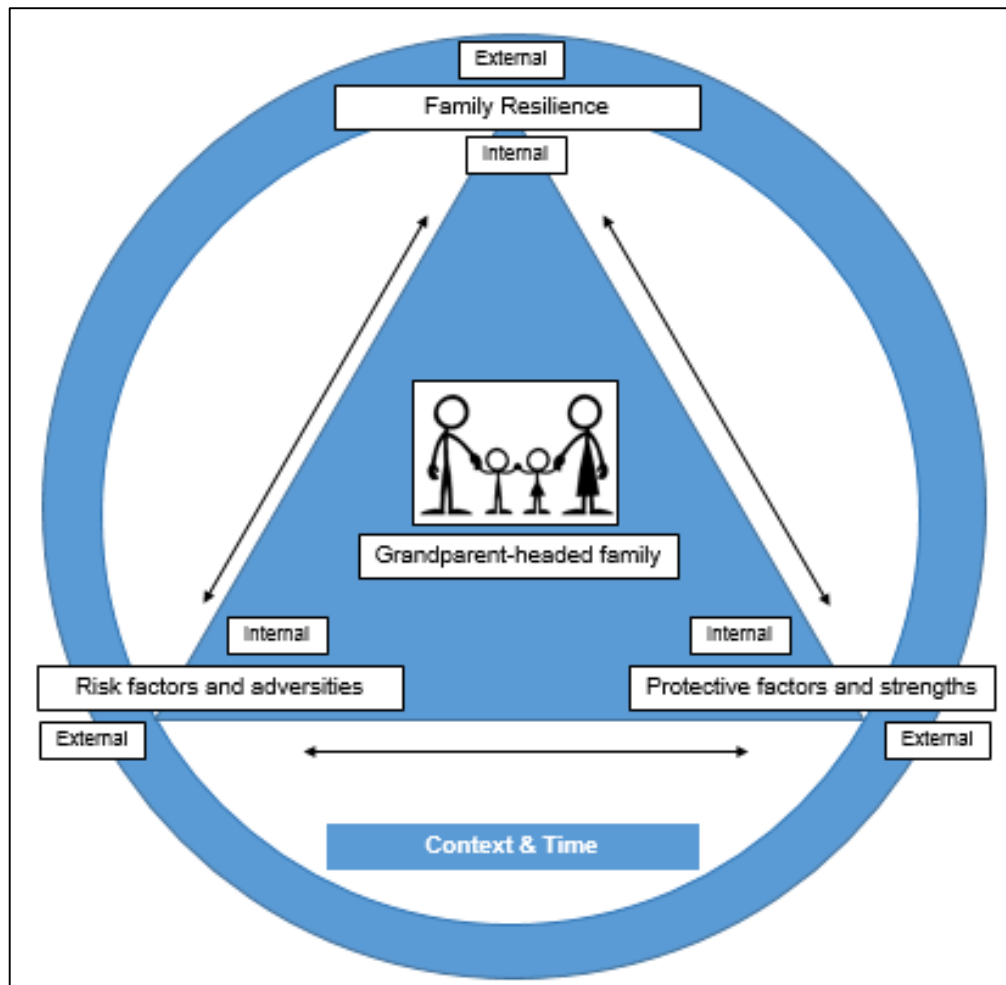


Figure 5.1: Conceptualisation of family resilience in a grandparent headed family living in an urban residential areas

Though many of the resilience processes and risk factors identified in this study were also present in the existing international literature, made this study unique and insightful is that these same and similar family resilience processes were reflected in a South African context. Not only is the context in which this research was conducted unique, therefore adding a new aspect to family resilience research, but the fact that the research was conducted with a grandparent-headed family (different family structure) affected and infected by the HIV/AIDS pandemic contributed to new and insightful knowledge and understanding on family resilience. The above (statement) corresponds with Walsh (2012c), who emphasised the need for further research on family resilience to help identify different strengths and resilience factors within different context and cultures. It also relates to the research conducted by Benzies and Mychasiuks (2009), Black and Lobo (2008) and Oh and Chang (2014) which emphasise that family resilience research should aim to understand family resilience processes within different dimensions - such as time and context.

Besides the correlation of the results of this study with existing family resilience literature and research, this study also adds some aspects which extend the corpus of knowledge, for example the influence and perception on how family structure and size could influence a family's potential to be resilient. According to a study by Benzie & Mychasiuk (2009) smaller families are seen as a protective factor and lead to more resilience. In this study, However, the inverse is true (a larger family was perceived as a protective factor and not a risk; see discussion section 5.2.1.1). This new information brings a new perspective and contributes to the existing knowledge on family size, structure and resilience. This study also provides some interesting information, which could lead to further research and questioning, such as how the absence of resilience factors is perceived as a risk factor, and how some aspects can be viewed as both a protective and a risk factor. A pertinent example is how silences and privatisation can be viewed as a risk factors, as they can lead to isolation from community resources. On the other hand, they can also be seen as a resilience process and protective factor, such as family self-efficacy and positive outlook (Benzies, & Mychasiuk, 2009; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c). Also, the effects of the family of origin on family resilience can be further explored, as it is evident from this research that family resilience can go back many generations (time dimension) (Benzies, & Mychasiuk, 2009; Bitter, 2009; Black & Lobo, 2008).

Walsh (2012c) mentions in her chapter 'Family resilience: Strengths forged through adversity', that it would be an advantage to family resilience research if new research methods were used to understand the key variables in family resilience. The study can also contribute knowledge to other educational psychologists doing similar research in a similar context, as the photovoice method proved to be an effective data collection tool and source, and provided great insight into the phenomenon under study. Furthermore, my research could contribute to future knowledge and research, which could result in the development of an assessment tool or intervention strategy that is related to family resilience in urban residential areas. A usable intervention and assessment tool, according to literature, is the ultimate aim and goal of most family resilience research (Benzies, & Mychasiuk, 2009; Black & Lobo, 2008; Walsh, 2012c)

Finally, the knowledge received from this study will hopefully contribute to an awareness, to a more positive approach and perspective, when looking at families who originate from urban residential areas. In other words, according to Walsh, (2012c; p. 414) "*rebalance from a focus on how families fail to how families, when challenged, can succeed*". The research showed that, despite the circumstances in which this family lives, and despite the risks that they are facing, they are still resilient and are doing better than just coping – they are flourishing (Walsh, 2012c).

5.3 STRENGTHS

During the research process, a number of factors were identified as possible strengths of the study.

5.3.1 DATA COLLECTION METHOD (PHOTOVOICE PROCESS)

Although the photovoice method is a fully developed data collection method, with an existing framework, it can easily be adapted and restructured in order to suit the case or study under investigation. The restructured photovoice method used in my study proved to be an effective data collection tool and is therefore viewed as a strength in this research.

Not only did the photovoice method allow for some creativity, it also provided the family with a visual 'voice', which facilitated the data collection process, especially when the verbal language became a barrier or could not express this family's conceptualisation of family resilience.

5.3.2 INITIATE FURTHER RESEARCH

Although many of the emerging themes in this study seem to already exist and to support existing literature (Benzies, & Mychasiuk, 2009; Black, & Lobo, 2008; Oh, & Chang, 2014; Walsh, 2012c), there are some themes which emerged which could be interesting to investigate further in relation to family resilience. For example, the influence of family size and structure, the influence of family of origin on resilience, and how the absence of certain protective factors could be seen as a risk factor in its own right. Therefore, a strength in this research is the fact that it could lead to further research, or can add a new dimension to already existing literature.

5.4 LIMITATIONS

During the research process, a number of factors were identified as possible limitations of the study.

5.4.1 LIMITED SCOPE AND GENERALISATION

One of the main limitations in this study is the limited number of participants. The research was conducted with only one grandparent-headed family, and even though this provided great depth and detailed insight into this specific case, the ability to generalise to how grandparent-headed families conceptualise and express family resilience in an urban residential area, is clearly limited.

5.4.2 RESEARCH SUBJECTIVITY

Although all the quality assurance criteria were followed, one needs to consider that the researcher's own subjectivity could have had an influence throughout the research processes, especially during the data collection and interpretation process.

In order to try and limit subjectivity, member checking was done to ensure that themes were identified and interpreted correctly without subjectivity. Also, peer inspection was done with the co-researcher, who acted as a translator, as well as with the research supervisor. Finally, my working assumptions and positioning were clearly stated in Chapter 1, which helped in terms of making myself and the reader aware of any possible subjectivity that could have arisen.

5.4.3 LANGUAGE AND CULTURAL BARRIERS

Though the photovoice process was expected and predicted to be a challenge, this was not the case. The family was willing, open and excited about taking photographs.

However, what did prove to be a limitation and a challenge was the language barrier that existed between the participants and the researchers. Although translators were used, being unable to communicate in the participants' language had a big influence, not only on the relationship building process, but also during the data collection and analysis process. I believe that a lot of data may have been lost in translation.

While reading the translated transcripts it came to my attention that questions asked to the family during the focus group interview were at times not translated correctly. Additionally, when the translator relayed the information back to the researcher, the translator would already begin to add their own interpretation to what the family had said. There were also a few incidences in which I missed the opportunities to probe deeper, due to not always getting the full translated message. At times, I also found that the grandmother, but especially the grandchildren, struggled to verbalise their thoughts and feelings, especially when asked to elaborate on certain statements.

5.4.4 SENSITIVITY AND SILENCES

There were two more aspects which I found could have influenced the data collection process. Firstly, the sensitive nature of some of the questions, especially relating to family risk and hardship, resulted in some silences in the data, as the family was very private and at times resisted elaborating on certain issues. Also, I believe that doing the focus group interviews with the grandmother and grandsons together could have resulted in some silences. The grandmother was the more dominant person in the discussions, and I wonder whether the grandsons might not have said more if she had not been present. Therefore,

silences in the data can be seen as a limitation in this research. However, under this point it is also important to mention the participating family's ethical right to privacy.

5.5 RECOMMENDATIONS

5.5.1 RECOMMENDATIONS RELATING TO RESEARCH

Based on the findings and my current insight into the topic, the following recommendations for future research are made:

- A comparative study on all the research done that focuses on similar family structures and context, in order to establish a comprehensive understanding of family resilience in a unique South African context (urban residential areas).
- A study on how family size and structure influences family resilience.
- Further research which will allow for the development of a family resilience framework unique to the South African context (urban residential areas). Such a framework could support educational psychologists and other professionals working with families, with the family assessment, intervention and prevention.
- A study or survey on how to become aware of your own family resilience processes and risk factors, by means of participating in research or intervention, and contributing to the future development, functioning and wellbeing of the family.

5.5.2 RECOMMENDATIONS RELATING TO PRACTICE

As a result of my research I have also identified possible recommendations for the practice of educational psychology. These include:

- Using the photovoice method, not only in research, but also in practice when working with families, as it proved to be a valuable tool to collect data and to also obtain insight into the family's life. It makes the participant and/or client feel empowered and in control, and provides them with a voice (which is not just verbal (see 5.4.4 – the family under study often experienced difficulties when trying to express complex topics)).
- I also recommend further urgent intervention with families living in urban residential areas and who are both infected and affected by the HIV/AIDS pandemic. This can be done by using a family resilience model as the foundation of an intervention and/or therapy approach, while also being aware of the slight cultural difference within each of the resilience processes and factors.

5.5.3 RECOMMENDATIONS RELATING TO TRAINING

The following recommendations are made with regard to training:

- It is recommended that family resilience should be introduced to all professionals who work with families, especially vulnerable families. Family resilience models can be used to identify strengths within the family, rather than focusing on its weaknesses. This will allow for more of a solution-focused rather than a problem-focused approach. Therefore, training in theory and practice related to family resilience models can be beneficial, especially to psychologists and the caregivers at a community centre such as the Community Centre, as it can add to their ability to assess and intervene when working with families.
- Another contribution of this research was the use of the photovoice method. Training and introducing researchers (postgraduates) to this approach might add a new dimension not only to research in general, but also to certain research topics.

5.6 CONCLUSION

This study aimed at investigating how a grandparent-headed family living in an urban residential area, affected and infected by the HIV/AIDS pandemic, experiences family resilience. While using the photovoice process, which proved to be a valuable data collection tool, a number of resilience processes and protective factors (strengths) were identified. These resilience processes and protective factors were used by the participating family in order to overcome adversity, but also to ensure healthy family functioning and development. Therefore, from the results one can conclude that the participating grandparent-headed family is resilient in nature.

As a researcher and educational psychologist in training, I express the hope that this case study contributes not only to a clearer perspective on family resilience in South Africa, but also that it causes a new ripple effect in an otherwise vulnerable society, as people use the knowledge obtained from this research study to make a difference.

---oOo---

LIST OF REFERENCES

- Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, 14(2), 269-281.
- Atekyereza, P. R., & Kirumira, E. K. (2004). The impact of the AIDS epidemic in families and family coping strategies in Uganda. *Research Review*, 15, 33-44.
- Atobrah, D. (2004). Children of dead mothers and 'unknown' fathers. *Research Review*, 16, 59-76.
- Barolsky, V. (2003). *(Over)extended: AIDS review 2003*. Pretoria: Centre of the Study of AIDS, University of Pretoria.
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child, & Family Social Work*, 14, 103-114.
- Berg, B. L. (2004). Action research. In B. L. Berg, *Qualitative research methods for social sciences* (5th ed., pp. 195-208). Boston: Pearson Education.
- Bhana, A., & Bachoo, S. (2011). The determinants of family resilience among families in low- and middle-income context: A systemic literature review. *South African Journal of Psychology*, 4(2), 131-139.
- Bitter, J. R. (2009). *Theory and practice of family therapy and counselling*. Belmont: Brooks/Cole Cengage Learning.
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing*, 14(1), 33-55.
- Blaxter, L., Hughes, C., & Tight, M. (2010). *Open UP study skills: How to research* (4th ed.). New York: Open University Press.
- Brown, O., & Robinson, J. (2012). Resilience in remarried families. *South African Journal of Psychology*, 42(1), 114-126.
- Cameron, C. A., Ungar, M., & Liebenberg, L. (2007). Cultural understanding of resilience: Roots for wings in the development of affective resources in resilience. *Child and Adolescent Psychiatric Clinics of North America*, 285-301.

- Cohen, O., Slonim, I., Frinzi, R., & Leichtertritt, R. D. (2002). Family resilience: Israeli mothers' perspectives. *The American Journal of Family Therapy*, 30, 173-187.
- Crous, S. (2011). *Possibility and limits of life design counselling with an abandoned adolescent*. Masters Dissertation, University of Pretoria, South Africa.
- Dass-Brailsford, P. (2005). Exploring resiliency: Academic achievement among disadvantaged black youth in South Africa. *South African Journal of Psychology*, 35(3), 574-591.
- De Hart, K. L., & Venter, J. M. (2013). Comparison of urban and rural drop out rates of distance students. *Perspectives in Education*, 31(1), 66-76.
- Donald, D., Lazarus, S., & Lolwane, P. (2019). *Educational psychology in social context: Ecosystemic applications in southern Africa* (4th ed.). Cape Town: Oxford University Press Southern Africa.
- Ebersöhn, L., & Eloff, I. (2002). The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in Education*, 20(2), 77-86.
- Ebersöhn, L., Eloff, I., Finestone, M., Van Dullemen, I., Sikkema, K., & Forsyth, B. (2012). Drawing on resilience: Piloting the utility of the Kinetic Family Drawing to measure resilience in children of HIV-positive mothers. *South African Journal of Education*, 32(4), 331-348.
- Edgar-Smith, S. E., & Wozniak, R. H. (2010). Family relational values in the parent-adolescent relationship. *Counselling and Values*, 54, 187-200.
- Eloff, I., Ebersöhn, L., & Viljoen, J. (2007). Reconceptualising vulnerable children by acknowledging their assets. *African Journal of AIDS Research*, 6(1), 79-86.
- Eloff, S., & Sevenhuysen, K. (2011). Urban black living and working conditions in Johannesburg, depicted by township art. *Suid-Afrikaanse Tydskrif vir Kultuur- en Kunstgeskiedenis*, 25(1), 1-12.
- Epstein, N. B., Ryan, C. E., Bishop, D. S., Miller, I. W., & Keitner, G. I. (2003). The McMaster Model: A view of healthy family functioning. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (3rd ed., pp. 581- 606). New York: The Guilford Press.
- Ferreira, R. (2006). *The relationship between coping with HIV, & AIDS and the asset-based approach*. Doctoral thesis, University of Pretoria, South Africa.

- Ferreira, R. (2012). Writing a research proposal. In K. Maree (Ed.), *Complete your thesis or dissertation successfully: Practical guidelines* (pp. 29-39). Cape Town: Juta.
- Fischer-Mueller, J., & Zeidler, D. L. (2002). A case study of teacher beliefs in contemporary science education goals and classroom practices. *Science Education*, 11(1), 46-57.
- Freeman, M., & Nkomo, N. (2006). Assistance needed for the integration of orphaned and vulnerable children – views of South African family and community members. *Journal of Social Aspects of HIV/AIDS*, 3(3), 503-509.
- Gasa, V. (2013). Resilience in the context of learners and youth raised in grandparent-headed families. *Commonwealth Youth and Development*, 11(1), 22-31.
- Gibson, S., & Riley, S. (2010). Approaches to data collection in qualitative research. In M. A. Forrester (Ed.), *Doing qualitative research in psychology* (pp. 59-76). London: SAGE.
- Giliomee, H., & Mbenga, B. (2007). *New history of South Africa*. Cape Town: Tafelberg Publishers.
- Hancock, D. R., & Algozzine, B. (2006). *A practical guide for beginning researchers: Doing case study research*. New York: Teachers College Press.
- Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies*, 17(1), 13-26.
- Hegney, D. G., Buikstra, E., Baker, P., Rogers-Clark, C., Pearce, S., Ross, H., & Watson-Luke, A. (2007). Individual resilience in rural people: A Queensland study, Australia. *Rural and Remote Health*, 7, 1-13.
- Hlabyago, K. E., & Ogunbanjo, G. A. (2009). The experiences of family caregivers concerning their care of HIV/AIDS orphans. *South African Family Practice*, 52(6), 506-511.
- Ivankova, N. V., Creswell, J. W., & Plano Clark, V. L. (2007). Foundations and approaches to mixed methods research. In K. Maree (Ed.), *First steps in research* (pp. 254-284). Pretoria: Van Schaik Publishers.
- Joubert, I. (2012). Children as photographers: Life experiences and the right to be listened to. *South African Journal of Education*, 32(4), 449-464.
- Kauffman, K. D., & Lindauer, D. L. (2004). *AIDS and South Africa: The social expression of a pandemic*. New York: Palgrave Macmillan.

- Khazanchi, D., & Munkvold, B. E. (2002). On the rhetoric and relevance of IS research paradigms: A conceptual framework and some propositions. *Proceedings of the 36th Hawaii International Conference on Systems Science*. Hawaii: IEEE Computer Society.
- King, N. (2010). Research ethics in qualitative research. In M. A. Forrester (Ed.), *Doing Qualitative research in psychology* (pp. 98-118). London: SAGE.
- Koltz, R. L., Odegard, M. A., Provost, K. B., Smith, T., & Kleist, D. (2010). Picture perfect: Using photo-voice to explore four doctoral students' comprehensive examination experiences. *Journal of Creativity in Mental Health*, 5(4), 389-411.
- Kotzé, M., & Niemann, R. (2012). Psychological resources as predictors of academic performance of first-year students. *Acta Academica*, 45(2), 85-121.
- Lalthapersad-Pillay, P. (2008). The orphan problem in selected African countries. *African Insight*, 37(4), 148-159.
- Lor, P. J. (2011). Preparing for research: Metatheoretical considerations. [Chapter 3 draft of the book *International, & comparative librarianship*]. Retrieved from <http://peterlor.com/the-book/>
- MacGoldrick, M., & Shibusawa, T. (2012). The family life cycle. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 375-398). New York: The Guilford Press.
- Mampane, M. R. (2010). The relationship between resilience and school: A case study of middle-adolescents in township schools. (Doctoral thesis, University of Pretoria, South Africa). Retrieved from <http://upetd.up.ac.za/UPeTD.htm>
- Mampane, M.R. (2015). Using genograms for the psychological assessment and support of vulnerable clients. In R. Ferreira (Ed.), *Thinking innovatively about psychological assessment in contexts of diversity*. (Unpublished book).
- Mampane, R., & Bouwer, C. (2006). Identifying resilient and non-resilient middle-adolescents in a formerly black-only urban school. *South African Journal of Education*, 26(3), 443-456.
- Mampane, R., & Bouwer, C. (2011). The influence of township schools on the resilience of their learners. *South African Journal of Education*, 31, 114-126.
- Marais, A. (2008). *The effects of a nuclear family's sudden loss on personality structures of individual family members*. Masters Dissertation, University of Pretoria, South Africa.

- Maree, K. (2004). Theoretical approaches in psychology. In I. Eloff, & L. Ebersohn (Eds.), *Keys to educational psychology* (pp. 387-411). Cape Town: UCT Press.
- Maree, K., & Pietersen, J. (2007). Surveys and the use of questionnaires. In K. Maree (Ed.), *First steps in research* (pp. 155-170). Pretoria: Van Schaik.
- Maree, K., & Van der Westhuizen, C. (2007). Planning a research proposal. In K. Maree (Ed.), *First steps in research* (pp. 24-46). Pretoria: Van Schaik.
- Marschall, S. (2008). Pointing to the Dead: Victims, Martyrs and Public Memory in South Africa. *South African Historical Journal*, 60, 103-123.
- Maseko, M. (2001). Observing a second born infant residing with an extended family in a township setting. *Psycho-analytic Psychotherapy in South Africa*, 9(2), 41-50.
- McCarthy, J. R., & Edwards, R. (2011). *Key concepts in family studies*. London: SAGE.
- McGoldrick, M., & Ashton, D. (2012). Culture: A challenge to concepts of normality. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 249-272). New York: The Guilford Press.
- Merriam, S. B. (1988). *Case study research in education: A qualitative approach*. San Francisco: Jossey-Bass.
- Morgan, B., & Sklar, R. H. (2012). Sampling and research paradigm. In K. Maree (Ed.), *Complete your thesis or dissertation successfully: Practical guidelines* (pp. 69-80). Cape Town: Juta.
- Moss, J., Deppeler, J., Astley, L., & Pattison, K. (2007). Student researchers in the middle: using visual images to make sense of inclusive education. *Journal of Research in Special Educational Needs*, 7(1), 46 -54.
- Motseke, M. J. (2005). OBE: Implementation problems in the black townships of South Africa. *Interim: Interdisciplinary Journal*, 4(2), 113-121.
- Msila, V. (2005). The education exodus: The flight from township schools. *African Education Review*, 2(2), 173-188.
- Mudavanhu, D., Segalo, P., & Fourie, E. (2008). Grandmothers caring for their grandchildren orphaned by HIV and AIDS. *New Voices in Psychology*, 4(1), 76-97.

- Mullin, W. J., & Arce, M. (2008). Resilience of families living in poverty. *Journal of Family Social Work, 11*(4), 424-440.
- Nieuwenhuis, J. (2007a). Analysing qualitative data. In K. Maree (Ed.), *First steps in research* (pp. 99-122). Pretoria: Van Schaik.
- Nieuwenhuis, J. (2007b). Introducing qualitative research. In K. Maree (Ed.), *First steps in research* (pp. 47-69). Pretoria: Van Schaik.
- Nieuwenhuis, J. (2007c). Qualitative research designs and data gathering techniques. In K. Maree (Ed.), *First steps in research* (pp. 70-98). Pretoria: Van Schaik.
- Oh, S., & Chang, S. J. (2014). Concept analysis: Family resilience. *Open Journal of Nursing, 4*, 980-990.
- Okon, E. (2012). Towards defining the 'right to a family' for the African child. *African Human Rights Law Journal, 12*, 373-393.
- Olivier, T., Wood, L., & De Lange, N. (2009). *Picturing hope in the face of poverty, as seen through the eyes of teachers*. Cape Town: Juta.
- Otter, S. (2007). *Khayelitsha: uMlungu in a township*. Johannesburg: Penguin Books.
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family, 64*, 349-360.
- Ralinala, R. M. (2002). Countering Municipal Monopoly in Mamelodi: An Economic Struggle, 1953-1961. *South African Historical Journal, 46*, 203-218.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal Compilation, 304-310*.
- Ruane, I. (2010). Obstacles to the utilisation of psychological resources in a South African township community. *South African Journal of Psychology, 40*(2), 214-225.
- Rule, P., & John, V. (2011). *Your guide to case study*. Pretoria: Van Schaik.
- Sayson, R., & Meya, A. F. (2001). Strengthening the roles of existing structures by breaking down barriers and building up bridges: Intensifying HIV/AIDS awareness, outreach, and intervention in Uganda. *Child Welfare League of America, 541-550*.
- Schwandt, T. A. (2007). *The SAGE Dictionary of Qualitative Inquiry* (3rd ed.). London: SAGE.

- Seabi, J. (2012). Research designs and data collection techniques. In K. Maree (Ed.), *Complete your thesis or dissertation successfully: Practical guidelines* (pp. 81-95). Claremont: Juta.
- Shaikh, A., & Kauppi, C. (2010). Deconstructing resilience: Myriad conceptualizations and interpretations. *International Journal of Arts and Science*, 3(15), 155-176.
- Shalini, L., Jarus, T., & Suto, M. J. (2012). A scoping review of the photovoice method: Implications for occupational therapy research. *Canadian Journal of Occupational Therapy*, 79(3), 181-190.
- Shaw, R. (2010). QM3: Interpretative phenomenological analysis. In M. A. Forrester (Ed.), *Doing qualitative research in psychology* (pp. 177-201). London: SAGE.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 64-75.
- Simon, J. B., Murphy, J. J., & Smith, S. M. (2005). Understanding and fostering family resilience. *The Family Journal*, 13, 427-436.
- Smit, E. (2007). The impact of HIV/AIDS on rural South African families. *Child Abuse Research in South Africa*, 8(1), 1-10.
- Statistics South Africa. (2015). Mid-year population estimate 2015 (Statistical release PO302). Pretoria: Statistics South Africa.
- Steyn, G. (2007). Are illegal squatters ruralising the urban edge? *South African Journal of Art History*, 22(3), 70-82.
- Stine, G. J. (2011). *AIDS update 2011*. New York: McGraw Hill.
- Swart, E., & Pettipher, R. (2011). A framework for understanding inclusion. In E. Landsberg, D. Kruger, & E. Swart (Eds.), *Addressing barriers to learning: A South African perspective* (2nd ed., pp. 3-26). Pretoria: Van Schaik.
- Swartz, S. (2009). *The moral ecology of South Africa's township youth*. New York: Palgrave Macmillan.
- Tamasane, T., & Head, J. (2010). The quality of material care provided by grandparents for their orphaned grandchildren in the context of HIV/AIDS and poverty: A study of Kopanong municipality, Free State. *Journal of Social Aspects of HIV/AIDS*, 7(2), 76-84.

- Theron, L. C. (2012). Resilience research with South African youth: caveats and ethical complexities. *South African Journal of Psychology*, 42(3), 333-345.
- Theron, L.C., Cameron, C. A., Didkowsky, Lau, C., N., Liebenberg, L., & Ungar, M. (2011). A "day in the lives" of four resilient youths: cultural roots of resilience. *Youth Society*, 43(3), 799-818.
- Thomas, G. (2011). *How to do your case study*. London: SAGE.
- Timm, V. M., & Eskell-Blokland, L. M. (2011). A construction of bullying in a primary school in an underprivileged community: an ecological case study. *South African Journal of Psychology*, 41(3), 339-350.
- Tudge, J. R., Mokra, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory, & Review*, 1, 198-210.
- UNAIDS. (n.d.). HIV and AIDS estimates 2014. Retrieved from <http://www.unaids.org/en/regionscountries/countries/southafrica>
- Ungar, M. (2004). A constructionist discourse on resilience: multiple contexts, multiple realities among at-risk children and youth. *Youth, & Society*, 3(3), 341-365.
- Ungar, M. (2008). Research notes: Resilience across cultures. *British Journal of Social Work*, 38, 218-235.
- Van der Heijden, I., & Swartz, S. (2010). Bereavement, silence and culture within a peer-led HIV/AIDS-prevention strategy for vulnerable children in South Africa. *African Journal of AIDS Research*, 9(1), 41-50.
- Van Dullemen, I. (2009). The resilience of children of HIV positive mothers with regard to the mother-child relationship dissertation. Masters Dissertation, University of Pretoria, South Africa. Retrieved from <http://upetd.up.ac.za/UPeTD.htm>
- Van Wyk, J. (2013). The legacy of the 1913 black land act for spatial planning. *South African Public Law*, 23, 91-105.
- Walsh, F. (2002). A family resilience framework: Innovative practice application. *Family Relations*, 51(2), 130-137.
- Walsh, F. (2012a). The new normal: Diversity and complexity in 21st-century families. In F. Walsh (Ed.), *Normal family process: Growing diversity and complexity* (4th ed., pp. 3-27). New York: The Guilford Press.

- Walsh, F. (2012b). Clinical views of normality of family normality, health, and dysfunction: from a deficits to a strengths perspective. In F. Walsh (Ed.), *Normal family process: Growing diversity and complexity* (4th ed., pp. 28- 54). New York: The Guilford Press.
- Walsh, F. (2012c). Family resilience: Strength forged through adversity. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 399-427). New York: The Guilford Press.
- Walsh, F. (2012d). The spiritual dimension of family life. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 347-372). New York: The Guilford Press.
- Wang, C. C., Cash, J. L., & Powers, L. S. (2000). Who knows the streets as well as the homeless? Promoting personal and community action through photovoice. *Health Promotion Practice*, 1(1), 81-89.
- Wang, C. C., Yi, W., Tao, Z. W., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International*, 13(1), 75-86.
- Whiteside, A., & Sunter, C. (2000). *AIDS: The challenges for South Africa*. Cape Town: Human, & Rousseau.

---oOo---

APPENDICES

Appendix A:
Focus group schedule

Appendix B:
Informed consent

Appendix C:
Photovoice schedule

Appendix D:
Example of photograph interpretation

Appendix E:
Example of transcript interpretation

---oOo---

Appendix A: Focus group schedule

The purpose of this schedule is to gather historical and contextual information regarding the multigenerational, grandparent-headed family. After exploring the family's history I will be exploring the concept of family resilience with the family, keeping in mind the various factors of family resilience. The discussions will be based on a systemic perspective and Walsh's Family resilience framework that will yield rich context-relevant data.

Below are possible questions which will guide and give direction to the focus group discussion. These questions will be probed and rephrased in such a way that it is understood by all members of the family:

1. History and context exploration
 - Tell me a bit about your family?
 - Who are you, as a family?
 - Who is part of your family?
 - In your own view, what is a family?
 - What does family mean to you?
 - What makes you a family?
 - Tell me about your household.
 - Who lives with you in the household, are they a part of your family?
 - What makes you different from other families that you know?

2. The strengths and protective factors in the family
 - What makes your family strong?
 - What has always worked in this family?
 - What things outside of the family make you experience success?
 - Which are the things that make this family experience success?
 - How do you celebrate as a family when you experience successes?
 - What are the things in the family that make you feel like you are okay and going to be okay?
 - What do you as a family do together to support the family's healthy development/ success?
 - What do you as an individual to contribute to the family's success?
 - What makes you as a family stay together?

3. The weaknesses and risk factors in the family
 - What makes you as a family weak?
 - What is the weakness in your family?
 - What things outside of the family is a weakness to the family?
 - What experiences have you as a family had, that makes you feel like you were not okay?
 - How do you as a family know that things are not okay?
 - Tell me about things that threatened your family's wellbeing?
 - What happens within you as a family when things are not okay?
 - How do you know when something is not okay within the family?
 - How often are things not okay?

4. Resilience
 - What does your family do to be the best it can be?
 - How would you explain to another family, how you stay the best you can be (healthy)?
 - When you are experiencing difficult times, how do you as a family deal with your problems?
 - What have you done previously to make sure that you are the best that you can be?
 - What do you do to make sure that things go back to being okay?
 - How are you going to ensure that you will be okay in the future?

5. Visual conceptualisation of family resilience (Photo-voice prompt)
 - Take a picture of things/experiences that occur within the family that may be a weakness?
 - Take a picture of things/experience outside of the family, which result in the family not being okay?
 - Take a picture of things/experiences that make the family, the best family you can be?
 - Take a picture of the things your family does, to restore and to become better, after experiencing weakness?
 - We are the best family that we can be, because we

Appendix B: Informed consent



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Educational Psychology

Informed consent/assent:
Request for your participation in a research project
To be read and explained to participants

Dear guardian of a child/ participant

My name is Karen Schneider and I am a full time Educational Psychology student at the University of Pretoria. I am busy with my masters and in order to finish my degree, I have to do research on a topic of my interest.

My research is part of a larger body of research by Dr Ruth Mampane, and aims at getting an understanding on how a grandparent-headed family continue to overcome difficulties that they face on a daily basis. The research aims at looking at family strengths and weaknesses.

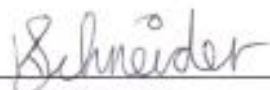
Your family has been identified as a possible participant for this research, because you are a grandparent-headed family that has experienced the loss of family members. Therefore, you and your family are invited to take part in a focus group discussion. A focus group discussion is like a group interview, and will involve asking you a number of questions about your family. There is no right or wrong answer to the questions. The discussion will involve talking about your family's history and also what has helped you to be a strong and successful family. The discussion will take about two hours and a translator will be there to make sure that the questions are understood and you have the opportunity to speak in your own language. After the discussion you and your family members will then be provided with cameras. You will then be asked to take photographs that show your family's strength, success and weaknesses. You will have two weeks to do this, before we arrange another group discussion to talk about your photographs.

As a researcher, I am required to follow an ethical code and to respect your rights. During the research I do not foresee that you will experience any harm or risk. The focus group interviews will take place in a secure and private location. Participation is voluntary and if you feel that you no longer want to take part in the research or feel uncomfortable, you have the right to end your participation.

Your name will remain confidential. This means that when I write the results of the study, I will not mention your name. Nobody will be able to trace the information back to you or your family. The focus group discussions will be audio recorded and copies of the photographs will be kept in order to help me with my research. All information gathered from the focus group discussions and photographs will be given to you at another discussion meeting. Our last meeting will be done so that you can read or listen to what I wrote and provide me with feedback, as well as to make sure that what I wrote is a true reflection of what we discussed.

If you are interested in participating in the research, please giving us your consent and sign at the space provided below.

Thank you very much for your interest and support in the study.



Karen Schneider
Researcher
082 8592 412



Dr R. Mampane
Supervisor
012 420 2339

.....
Hand in the below section to the researcher

I _____ have read and understood what the study is about and hereby agree to participate in the study.

Mark an X at the one you will like to participate in:

Focus group _____

Photographs _____

Participants signature

Date



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Educational Psychology

Informed consent/ assent:
Request for your participation in a research project
To be read and explained to children

Dear participant

Who am I?

My name is Karen Schneider and I am an Educational Psychology student at the University of Pretoria. I am busy with my masters degree and in order to finish my studies I have to do research on a topic of my interest.

I want to tell you about my research. Research is a special way to find out about something. In my research I am trying to find out more about you and your family. You are being asked to join my research because you form part of a grandparent-headed family.

What will happen?

The research will take the form of a focus group, which is a group discussion and interview, with you and your family. I am going to ask you questions about your family's strengths, especially after you have experienced difficulties. There are no right or wrong answers to my questions, as this is not a test. I just want to get an understanding of how you see your family. The focus group will be about 2 hours. Then you and your family will be given a camera and asked to take photographs of the things that we spoke about in the group discussion. We will then later have another group discussion in which we look and talk about the photographs that you took.

What are your rights?

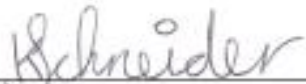
You are allowed to refuse to take part if you feel not comfortable or not happy. Even after you said you want to take part, you have the right to end your participation.

The research is planned in such a way that it cannot harm you. If during the discussions you can feel that you are not coping, then there will be a social worker available for you to talk about your feelings.

When we finish with the group discussions, I will write about the things we spoke about, but I will never use your name and I will write in such a way that the information cannot be traced back to you. This forms part of confidentiality and privacy. To ensure what I wrote is a true, I will bring the written work to you so that you can tell me whether what I have written is true.

Please sign or write your name below to show that you understand what I have just explained to you and that you want to participate.

Thank you very much for your interest in the study and the support that you are giving me.



Karen Schneider
Researcher
082 8592 412



Dr R. Mampane
Supervisor

.....
Hand in the below section to the researcher

I _____ have read and understood what the study is about and hereby agree to participate in the study.

Mark an X at the one you will like to participate in:

Focus group _____

Photographs _____

Participants signature

Date

.....
Hand in the below section to the researcher

I [redacted] have read and understood what the study is about and hereby agree to participate in the study.

Mark an X at the one you will like to participate in:

Focus group X

Photographs X

[redacted]
Participants signature

26-03-2015
Date

.....
Hand in the below section to the researcher

I [redacted] have read and understood what the study is about and hereby agree to participate in the study.

Mark an X at the one you will like to participate in:

Focus group X

Photographs X

[redacted]
Participants signature

26/03/2015
Date

.....
Hand in the below section to the researcher

I [redacted] have read and understood what the study is about and hereby agree to participate in the study.

Mark an X at the one you will like to participate in:

Focus group X

Photographs X

[redacted]
Participants signature

26/03/15
Date

Appendix C: Photovoice schedule

Possible further questioning that can be used in Session 2 – photo exhibition (Rule, & John, 2011, p. 83).

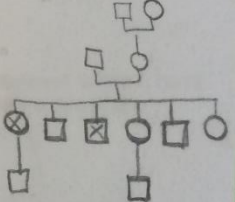
- What is happening in the image?
- What story does the photograph tell?
- Why do certain people, symbols or landmarks feature in the photograph?
- What is the significance of these features in the photographs?
- What are the relationships between the different parts represented in the photographs?
- What is placed in the foreground and background? Why is this so?
- What is missing from the photograph?
- What sense of history does the photograph convey?
- Has the photograph changed over the months/years?
- What are the trends and patterns in different photographs?
- What do these photographs say about the context and priorities of the people?
- What are the relationships between photographs and existing socially or culturally represented sensations?
- How is power/strength/risk represented in the photograph?
- Do the photographs vary across gender and age groups?
- Do the photographs vary in terms of employment status?

Appendix D: Example of photograph interpretation



Number of photo	48
Photographic context	Family system and context (Micro- and Mesosystem)
Photographic content	P3 is reading the Bible in grandmother's room. Grandmother and P3's little sister are also present.
Photograph transcript	Lines 832-892, page 29-31
Intention	"Because you always follow your things and leave the streets because the streets do not have much pay."
Interpretation	Family is spending quality time together, and the grandson is reading the Bible and is at home in a safe environment, because he has learnt that the streets is not a good place to be in. The grandmother has taught him this type of mentality, by being strict but also loving and caring.
Theme	1: Family resilience processes and protective factors 2: Family risk factors and adversities
Sub-theme	1.2 Connectedness and togetherness 1.4 Spirituality 1.6 Family rules and discipline 1.8 Community resources 2.2 Community engagement ad influence
Category	1.2.2 Quality time and sticking together 1.4.1 Religion and Christianity 1.6.2 Discipline and Matriarchal 2.2.1 Danger and violence in streets (streets don't pay)

Appendix E: Example of transcript interpretation

Description	Session 1: Focus group interviews	Interpretation
<p>Q: Tell me about your family?</p>	<ol style="list-style-type: none"> 1. Facilitator: Before we start I just want to say thank you 2. very much for coming today and saying that you're 3. willing to talk to me a bit about it. I really appreciate 4. your time and your effort. So thank you very very much. 5. I think let's start off and I'm gonna give the boys a 6. chance to also talk to me, so don't be shy, I don't bite. 7. Alright. Just for you to give me an idea of, tell me a little 8. bit about your family. So it's the gogo and these are 9. your <u>two grandsons</u>? 10. Gogo: <u>Yes</u> 11. Facilitator: And you will see as you talk I'm going to 12. <u>draw little pictures so that I understand</u>. So that's the 13. gogo. And then the <u>boys parents</u>, are you <u>brothers</u>? 14. Gogo responded: <u>No</u> 15. Facilitator: <u>Not brothers</u>. How do they fit? 16. Gogo: This one is from <u>my first born</u> and this one is from 17. <u>my fourth born</u>. 18. Facilitator: She's still alive? 19. Gogo: <u>She's still alive</u>. 20. Facilitator: ^(fourth born) And then the other two children, you have 21. four children? 22. Gogo: All my kids they are <u>six, 3 boys, 3 girls, but two</u> 23. <u>passed on</u>. 24. Facilitator: And then now you have four. 25. Gogo: And this one is a <u>man</u>, <u>they are out</u>, <u>two the girls</u> 26. <u>they are two</u>, <u>one is her mother</u>, the <u>other one still very</u> 27. <u>young</u>, this year she will be turning 30, the last one, in 28. Afrikaans they say "<u>hy's I laat komer</u>" .. 29. Facilitator: <u>'n laat lametjie?</u> 30. Gogo: Exactly. <u>(My father) always says he's a laat lametjie</u> 	<ul style="list-style-type: none"> ● <u>family structure</u> ● household ● grandparent-headed ● genogram  <ul style="list-style-type: none"> ● age
<ul style="list-style-type: none"> - gogo - two grandsons (not brothers) - B. from first born (passed away) - J. from fourth born (alive) - 6 children of gogo (3 boys & 3 girls) - 2 children have passed - her sons have moved out - one daughter passed, other one is J's mother, third daughter is laat komer. (30) 		

Description		Interpretation
- both living daughters live in house	31. Facilitator: And <u>both of them live with you</u> . Alright,	● household (live with gogo - responsible)
- Boitshupo 14 (Grade 7)	32. okay. Who, let me ask you it's Boitshupo, how old are you?	● boys have each other at <u>school</u> (social support outside home)
- Jonas 11 (Grade 6)	33. you?	● age
} same school	34. Boitshupo: <u>14</u> .	* Gran seems to have closer relationship with Jonas
	35. Facilitator: And you're still in <u>primary school</u> , what grade are you in now?	
	36. Boitshupo: <u>Grade 7</u> .	
	37. Facilitator: And <u>Jonas</u> how old are you?	
	38. Jonas: <u>11</u> .	
	39. Facilitator: 11 also you told me you're still in <u>primary school</u> , what grade are you now?	
	40. Jonas: <u>6</u> .	
	41. Facilitator: <u>Grade 6</u> , okay so he's a one grade higher, are you in the <u>same school</u> ?	
	42. Jonas: Yes.	
Q = How lives in the household	43. Facilitator: Okay, so you have <u>each other at school for support</u> . Who, I know we came and fetched you up there today, <u>who all lives in the house</u> ? Who lives with you, is it just you and the two boys, or there are people?	● Same school, have each other
	44. Gogo: <u>Alone, I still have my husband ...</u>	● household ● grandfather
- grandfather is also still there	45. Facilitator: Okay so there's a granddad as well ..	
- ? Ja. mother, with his little sister, laat kom mer - 3 children	46. Gogo: <u>And her mother, with her little sister, with her big sister's children, and then laat komer, with three kids..</u> ?	● age > confusing => check this in next section/sessions
	47. Facilitator: Oh she's <u>30 now</u> ?	● household together
	48. Gogo: Next month she's going to be 30 years.	<u>Home</u> -> build onto property (own a home)
	49. Facilitator: And you all live together?	● own & built property
	50. Gogo: <u>Together</u> .	
	51. Facilitator: Okay.	
	52. Gogo: I just made this <u>house shed outside with her mother</u> , with her kids there you know.	
- someone has 6 children but they don't all live in the house	53. Facilitator: Okay <u>his mother has three children</u> ?	
	54. Gogo: <u>No she's got 6, all 6</u> .	
	55. Facilitator: She has <u>six</u> ?	

Description	Interpretation
<p>People living in household.</p> <p>13 people in total living in house</p>	<p>↑ check this again.</p>
<p>Q ⇒ What is family ⇒ What is the importance of family</p> <ul style="list-style-type: none"> - family is important - gogo was only child (lonely) - gogo would read, and think (sometimes bad things) - went to school - was going to boarding school, but got married - married young gogo 18, husband 21 	<p>what is family?</p> <ul style="list-style-type: none"> ● Family is NB ● size of family ↓ ● Importance of having a big family (lonely / alone) ● NB family to keep you busy and on right track (positive role models) ● age
<p>64. Gogo: Ja but they are not staying with her, they are</p> <p>65. working.</p> <p>66. Facilitator: Okay, so that means all in all in the family</p> <p>67. you are how many? Is <u>Grand dad, Gogo and his</u> ^{Jonas}</p> <p>68. <u>mother and you</u>, then <u>Boitshepo</u>, and the <u>last born with</u></p> <p>69. <u>three kids</u></p> <p>70. Gogo: And then is <u>Nicky's sister</u>, <u>last born and her sister's</u></p> <p>71. <u>children, 2 of them.</u></p> <p>72. Facilitator: Okay and a sister again?</p> <p>73. Gogo: Ja.</p> <p>74. Facilitator: Okay that <u>means you are 13?</u></p> <p>75. Gogo: Yes.</p> <p>76. Facilitator: Okay so now I've got an idea who is all living</p> <p>77. by you and who's all in the family. The first questions</p> <p>78. that I want to ask you is about family. So last night when</p> <p>79. there was no power, I was drawing pictures of family.</p> <p>80. So the first few questions are going to be on the family</p> <p>81. and I want to ask ..., I'm going to give you each a turn</p> <p>82. to say. <u>For you what is a family?</u> If you had to explain</p> <p>83. to me what is a family? ↕ wrong translation</p> <p>84. Translator: What is the <u>importance of family.</u></p> <p>85. Gogo: It is <u>important to have a family</u>, I appreciate this</p> <p>86. because I was an <u>only child, just the three of us</u>. Can</p> <p>87. you imagine <u>just the three of us</u>, my father keeps his wife</p> <p>88. company, and <u>I would be alone</u>. The neighbours were</p> <p>89. very loud and rowdy, there were lots of children, and I</p> <p>90. was alone. <u>I would always be reading books, thinking</u></p> <p>91. <u>all sorts of things, at times one would think of doing the</u></p> <p>92. <u>wrong things</u>. Well I adjusted, <u>I went to school and</u></p> <p>93. studied. After completing my standards 6 which is now</p> <p>94. referred to as grade 7 ..., in those days standard 6 was</p> <p>95. matric. So I was about to go to boarding school, then I</p> <p>96. <u>was married at the age of 18</u>. My <u>husband was 21</u>, he</p>	<p>3</p>

Description		Interpretation
<ul style="list-style-type: none"> - poor background - grandfather cared for family - oma from Alexander, moved to Mamelodi - not lose gogo, gave her choice 	<p>97. was from a poor background, he had to care for his</p> <p>98. <u>family</u>. I am originally from Alexander, he is from</p> <p>99. Mamelodi. He would visit me and eventually married</p> <p>100. me. He didn't want me to go to boarding</p> <p>101. school, <u>he thought he would lose me</u>. So he</p> <p>102. gave me a choice and I chose <u>marrying him</u>.</p> <p>103. When I arrived in Mamelodi I was 18. My <u>first born</u></p> <p>104. was born at the <u>age of 21</u>. I was <u>very young</u> at</p> <p>105. the time ..., I did not <u>know Pretoria</u> very well.</p> <p>106. Translator: Let me pause and translate: Gogo</p> <p>107. was the only child, and had both parents. Most of the</p> <p>108. time she was bored and had no one to</p> <p>109. talk to, or play with and that is how she realised</p> <p>110. the importance of having a family. She got married at</p> <p>111. the age of 18. She is from Alexander, the husband from</p> <p>112. Mamelodi. Her first born was born at the age of 21. She</p> <p>113. was supposed to go to boarding school, her husband</p> <p>114. said no you are not going there I want to marry you, if</p> <p>115. you go to boarding school you will find other guys there,</p> <p>116. the teachers and otherwise I would lose you. So the</p> <p>117. best way to win you is to marry you. So to be the only</p> <p>118. child is what made her realise the importance of having</p> <p>119. a family.</p> <p>120. Facilitator: <u>Family is important?</u></p> <p>121. Gogo: <u>Exactly</u>.</p> <p>122. Facilitator: And would you say family is just small</p> <p>123. because you were a small family and now you have a</p> <p>124. very ...</p> <p>125. Gogo: <u>Big family ... because I've got a grand dad</u>.</p> <p>126. Facilitator: So family must be big for you, you like big</p> <p>127. family?</p> <p>128. Gogo: <u>And my mother is still alive, she lives in a home?</u></p> <p>129. Translator: How old is she now?</p>	<ul style="list-style-type: none"> - grandfather (child-headed family) - family cares for each other + still together - young - new environment • being from a small family, made gogo realise the importance of family • size/membership • connectness • big family (+) • age

Description	Session 2: Photovoice	Interpretation
<p>Grandmother explains when her family is strong</p> <ul style="list-style-type: none"> • understanding • respect • open/direct communication • bible 	<ol style="list-style-type: none"> 1. Facilitator: Okay the last time you guys were here we 2. spoke about strengths and risks that are in the family. 3. So what makes a family strong, what makes a family 4. weak and I just want you to maybe before we go to the 5. photos, just ask if you can remember what did you say 6. was the risks, the things in your family that made you 7. strong and what were the things that made the family 8. not so strong, risks, bad things, either inside or outside. 9. Gogo: For my family to be strong is when we 10. <u>understand each other, for my family to be weak is if</u> 11. <u>there's no understanding and disrespect. The other</u> 12. <u>thing which I do not like is talking behind each other's</u> 13. <u>backs, I don't like it. What happens here remains here.</u> 14. <u>When you leave you leave everything behind,</u> 15. <u>according to the bible. (forgiveness)</u> 16. Translator: If I understand you properly is understanding 17. each other. What do you mean you understand or get 18. along with each other? 19. Gogo: With <u>understanding I mean if I don't like</u> 20. <u>something I call them all, even those that are married</u> 21. <u>already. I talk to all of them.</u> 22. Translator: They get because they are able to 23. communicate with each other and say, Gogo is able to 24. say this is my house, this what I don't like, and she can 25. call her children as well who are, who have their own 26. houses to come so that they communicate. So that's 27. what she means when she <u>says they get along. And</u> 28. then the opposite of that she says it's <u>intimidation</u> 29. <u>(wrong word - lenyatso) (instead of intimidation</u> 30. <u>disrespect.</u> 31. By who Gogo? 	<ul style="list-style-type: none"> • interaction • value: understanding & respect • honest, direct communication • spirituality & bible • direct communication • value: respect • ⊕ interaction

Description	Interpretation
<p>respect all people in family regardless of age</p>	<ul style="list-style-type: none"> ●● respectful interactions between siblings
<ul style="list-style-type: none"> ● importance of respect as a family strength 	<ul style="list-style-type: none"> ● age
<p>32. Gogo: You know how girls can be like. 33. Translator: You mean your own children? 34. Gogo: Let me say girls or this one, this one should not 35. disrespect <u>this one because he/she is older, they must</u> 36. <u>respect each other. They must respect each other</u> 37. <u>because they are brothers/sisters.</u> 38. Translator: The whole respect issue as well. The whole 39. intimidation and not respecting each other, so what 40. she's saying is that maybe her children disrespecting 41. her or even between the grandchildren. She wants 42. Boitshepo to respect Jonas, irrespective of the age. 43. (no intimidation at all here). So she says there's a bit of 44. disrespect of each other in the house, that's breaking 45. down the family. 46. Facilitator: Boys maybe can you remember what did 47. you say was your strength, can you remember? 48. Boy: <u>Respect.</u> 49. Facilitator: Maybe we can talk a bit more about the 50. strengths when we get to the pictures, then we can 51. really talk. Just again, what is family, if I don't know 52. what family means and you have to tell me this is what 53. family is, what would you define family as? 54. Gogo: <u>Family for me, I have my partner/husband and</u> 55. <u>in a family if you have a partner even if you do not have</u> 56. <u>one but you come from a family of values, even when</u> 57. <u>you had children out of wedlock, you are still a family.</u> 58. <u>A family is determined by it's values. If you have a</u> 59. <u>family you must take advice from other people, look at</u> 60. <u>your own situation, this is how I grew up and I do not</u> 61. <u>want to my children to live this kind of life. As you know</u> 62. <u>in the olden days our parents were very strict, there was</u> 63. <u>a lot of oppression not only from white people, even our</u> 64. <u>grandfathers they were too strict. Our mothers were</u></p>	<ul style="list-style-type: none"> ●● respect
	<ul style="list-style-type: none"> ● structure
	<ul style="list-style-type: none"> ● value system
	<ul style="list-style-type: none"> ● transgenerational influences
	<ul style="list-style-type: none"> ● oppression
	<p>2</p>

65. forced to be very strict. You will make a decision that

66. because I grew up this way I want better things for my

67. children. I will bring up my children differently, I will

68. teach them to love each other, to respect each other

69. and that a young one must respect and older one and

70. vice versa. You will see your children will bond for ever

71. irrespective of their ages, they will continue respecting

72. each other for life. This can only happen if you

73. encourage love among your family.

74. Translator: Gogo is talking a lot about instilling values

75. within the family. She gave a background history about

76. back in the days, growing up, how we were oppressed

77. not only by the whites but also at home, you know how

78. the strict rules and you weren't really comfortable in

79. your own family setting. So what she's saying is that so

80. when you now become a parent, now you have to instil

81. rules and values that are going to be comfortable

82. enough for your children and for yourself not to oppress

83. them. So she's basically saying that love, respect and

84. knowing how to address an elder what she sees as a

85. family, what a family should consist and what a family

86. is. And she also mentioned that a family can be seen

87. as having a husband and a wife, a family can be seen

88. as single mother you know. It's a family but she really

89. emphasised on the respect, values, instilling values,

90. instilling respect.

91. Facilitator: Okay. And maybe the boys, what is family

92. to you?

93. Boy: Family is being responsible.

94. Facilitator: Yes.

95. Translator: Nice one, family is responsible for you.

96. Boy: Family is supportive.

97. Facilitator: Ah that's good. Boitshupo what's family for

3

◦ importance of instilling values of respect & love

◦ having rules, but comfortable ones

◦ not oppression or too strict.

Boys perspective of family

◦ responsibility

◦ support.

- discipline
- interaction
- value
- transgenerational
- responsibility and respect
- support

---oOo---