

Same-sex families' resilience processes associated with family identity

Lemmer Rootman

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by

Lemmer Rootman

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Department of Educational Psychology

Faculty of Education

University of Pretoria

Supervisor:

Prof. Carien Lubbe-de Beer

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ABSTRACT

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Supervisor: Carien Lubbe-de Beer

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The purpose of the study was to identify the risk- and protective factors to the family identity experienced by same sex family systems, as well as the resilience processes implemented by these family systems. It forms part of a broader study, and aimed to provide additional information in order to support researchers, health care practitioners, and family therapists in working with same sex family systems.

Secondary data analysis was conducted on 21 transcribed interviews, which included 14 lesbian, 4 gay, 1 bisexual, and 12 child participants living in the Western Cape and Gauteng provinces.

Risk and protective factors were found within the individual, family, and community contexts. Resilience processes identified from the family resilience framework were clarity in communication, open emotional expression, positive outlook, meaning making through adversity, flexibility and connectedness.

Key Concepts

Same sex family	Risk factors
Family resilience	Protective factors/resources
Family resilience processes	Shared family identity

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- Annexure A: Colour risk and protective factors
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CHAPTER 1

INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION AND RATIONALE

In 1996 South Africa became the first country in the world to include non-discrimination in terms of sexual orientation in its constitution (Cock, 2003). Since then laws have been revised to ensure gay and lesbian individuals have marriage and family rights (Cock, 2003).

The gains in liberation, however, did not change society's views, and discrimination is still evident within various South African contexts such as the work context (Tebele, & Oduko, 2014; ILO's Pride Project, 2012), school context (Butler, & Astbury, 2003) and religious context (Nath, 2011). The Department of Social Development's White Paper on the Family (South Africa, 2013) emphasised the need for mechanisms addressing discriminatory attitudes towards lesbian and gay people.

The social challenges for these family systems are further emphasised by the slow increase in same-sex marriages or civil unions in South Africa. Between 2007 and 2010 merely 2453 civil unions were registered in South Africa (Statistics South Africa, 2011). This may be indicative of unwillingness or fear due to various social factors, including discrimination, stigmatisation and being ostracised by the community, that are preventing more lesbian and gay individuals from entering into civil unions. Despite these social challenges, there are still same-sex family systems that thrive and manage to cope. It is through these statistics that we can see that some individuals display individual and family resources and resilience to overcome these risk factors.

Furthermore, the changing structure of the nuclear as well as extended family system has made redefinition of the family concept inevitable (Oswald, 2002). According to Statistics South Africa (2011), only 36 percent of children between the ages of zero and four live with both biological parents. These statistics emphasise the need for reviewing the definition of the normal family system. In addition it calls for increased focus on how family identity is created and viewed in these diverse households.

The purpose of the present study was to add to a broader research project by exploring the existing data obtained from the primary study by Breshears and Lubbe-De Beer (2012–2014) through directed secondary content analysis. The aims of the study focused on identifying the risk and protective factors to the family identity that same-sex family systems experience, as well as the resilience processes these family systems implement.

Risk factors and protective factors in the individual, family, and community contexts were explored, as well as the resilience processes as outline by Walsh's Family Resilience Framework (2003). In addition, the study strived to support change in research trends within the South African context to promote acceptance and attitudinal change towards these family systems, as well as to find possible avenues for future research and practice within the field of health care in South Africa. In addition it may support the increasing awareness and acceptance of the changing family system and challenge the conservative nature of South African government representatives, which still emphasise heteronormative policy formation as stated by Charles (2013) in her analysis of South Africa's White Paper on Families.

1.2 RESEARCH QUESTIONS

The study focused on three main research questions. The three questions directly affect each other. The risk and protective factors are main elements to consider in determining the resilience processes displayed by same-sex families. The questions are as follows:

- What risk factors (individual, family and community) to family identity formation do same-sex family members experience?
- What protective factors or resources (individual, family and community) to family identity formation do same-sex family members experience?
- Which resilience processes, if any, are employed in order to minimise the challenges to family identity that same-sex family members experience?

1.3 BRIEF OVERVIEW OF RESEARCH METHODOLOGY AND DESIGN

1.3.1 Paradigm

The meta-theoretical paradigm used in the study is social constructionist in nature. This perspective allows the researcher to take the role of society into consideration in understanding the perceptions expressed within the documentation.

The methodological paradigm that will be implemented is qualitative in nature. This will allow the researcher to use certain methods of data analysis and include elements that are central to the qualitative research approach. The paradigmatic perspectives are explained in more detail in Chapter 3.

1.3.2 Research design

Secondary data analysis will be used to examine existing data sets. The researcher will explore the existing data in order to give alternative interpretations and conclusions and to examine different aspects not addressed in the primary analysis process (Hsieh, & Shannon, 2005). These aspects are risk and protective factors as well as family resilience processes.

1.3.3 Data analysis

Directed content analysis will be implemented to analyse the existing data. The theoretical framework the researcher uses to understand the data is central in this approach to analysis (Hsieh, & Shannon; 2005). It will guide the process of theme identification and discussion (Ayala, & Elder, 2011). Deductive coding will be used to analyse and interpret the data.

The process of analysis will start with **familiarisation** of the content. This will be followed by the **identification of key concepts and development of coding schemes**. The next step will focus on **organising and inducing themes** from the data. **Categorisation and elaboration** will follow this process before the final step, which involves **interpretations and checking**. Details of the various steps are provided in the third chapter.

1.4 DEFINITION OF TERMS

1.4.1 Same-sex family

The Oxford English Dictionary (1989) defines same-sex marriage as the marriage between two partners from the same sex. Same-sex families can be defined as family systems that are constructed of two same-sex partners with one or more children. The term 'same-sex families' is sometimes used instead of the terms 'gay families' and 'lesbian families', which are also defined as same-sex couples living together with children (Thomson, 2008).

A broader definition is social networks that include lesbian or gay individuals and/or couples, of which some or all of the members define themselves as a family (Heaphney in Ritzer, 2007).

1.4.2 Family resilience

Family resilience can be defined as a concept that involves the way families adapt to stress and 'bounce back' from adversity. The family's lifespan and different family perspectives also play a role in how family resilience arises (Hawley, & DeHaan, 1996).

Family resilience is "the ability of a family to respond positively to an adverse event and emerge strengthened, more resourceful and more confident" (Simon, Murphy, & Smith, 2005, p. 427).

1.4.3 Family resilience processes

Walsh (1996, 2003 and 2013) describes belief systems, organisational patterns, and communication or problem-solving as key processes in family resilience. Belief systems are subcategorised into meaning-making, positive outlooks, and transcendence and spirituality. Organisational patterns are reliant on flexibility, connectedness, and social and economic resources. Communication and problem-solving processes include clarity in communication, open emotional expressions, and collaborative problem-solving (Walsh, 2003).

1.4.4 Risk factors

Durlak (1998) defines risk factors as influences that may increase the probability of negative outcomes in a person's future. The following individual risk factors were identified, which may intensify the negative experiences towards same-sex families' identity formation.

1.4.5 Protective factors / resources

The Center for the Study of Social Policy (2014, p. 6) defines protective factors as "conditions or attributes of individuals, families, communities or the larger society that mitigate or eliminate risk". The following themes have been identified as individual protective factors for children from same-sex families. These factors may benefit the elimination of risks to same-sex families' identity perceptions.

1.4.6 Shared family identity

Shared family identity entails commitment of resources (Tajfel, & Turner, 1986), establishment of boundaries (Shephard, Giles, & Le Poire, 2001), reciprocal self-disclosure of sensitive information (Derlega, & Grelak, 1979; Soliz, 2007), allocation of roles (Maurer, Pleck, & Rane, 2001), felt connectedness (Soliz, & Harwood, 2006), and social support (Soliz, 2007).

1.5 LAYOUT OF THE RESEARCH PROJECT

❖ Chapter 1: Introduction and overview

The introductory chapter includes the rationale, purpose statement, research questions, paradigm overview and definition of terms.

❖ Chapter 2: Literature study

In Chapter 2, all the relevant literature regarding same-sex families, family Identity and family resilience are discussed.

❖ Chapter 3: Research methodology

Chapter 3 focuses on the research design and methodological approach used in the study.

❖ Chapter 4: Findings

The findings of the data will be presented in Chapter 4. This will include maps of the raw data created during data analysis.

❖ Chapter 5: Conclusions and recommendations

Chapter 5 will include a summary of the main findings, final conclusions, and future directions for the study of same-sex families.

1.6 SUMMARY

This chapter provided an overview of what the reader can expect from the research study. The chapter contains the rationale and purpose of the study. It entails the research questions that guided the study, as well as a brief overview of the research paradigm, research design and data analysis strategies. The chapter concludes with the definitions of the key terms used and the layout of the study.

Chapter 2 will focus on the discussion of the relevant literature pertaining to the research study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter explores the main concepts of the research study through an evaluation of existing literature on same-sex families, family identity and family resilience. Firstly, the concept of family is discussed and how it has change in recent years. This is followed by an analysis of family identity, after which the same-sex family is discussed. The chapter concludes with the discussion of family resilience and the theoretical framework that will be implemented.

2.2 THE CHANGING FAMILY

The concept of family is changing visibly, invisibly, and irrevocably. When family identity is involved, language follows lived experience. This language, managed within and across boundaries, reflects and shapes family experience. Contemporary families living in a world of normative instability and definitional crises, depend increasingly on discourse to construct their identities (Galvin, 2006, p. 15).

Society's perceptions of marriage have an influence on the changing family system's acceptance and recognition (Becker, 2012). Ideological and religious value predispositions keep on affecting this acceptance and recognition of the changing family system (Becker, 2012). The non-traditional family system is in turn pressurised to conform or assimilate to these traditional family value systems in order to receive public support (Clarke, & Kitzinger, 2004). The "unusual families", as described by Golombok (2005), then adapt in order to fit in to society's expectations and tend to take up traditional value systems (Galvin, Brathwaite, Bylund, 2015). Furthermore as highlighted by Charles (2013), the South African's policies and laws are as a result of religious and cultural beliefs by the government and its representatives, becoming increasing more conservative in nature, thus not recognising sexual diversity and in turn promoting heteronormative value systems in its policies and programmes in spite

of the confrontation from the public. Gender based violence and sexual hate crimes still play a major role, especially within informal township areas (Charles, 2013).

Despite adjustment processes, societal attitudes have shown changes in recent times, and these attitudes directly affect same-sex attracted individuals' decisions to start same-sex family unions and families (Baunach, 2012).

Laird stated in Walsh (2003, p. 177) that the concepts of gay and lesbian families have till recently been exclusive concepts in the fields of social sciences and family research. Furthermore, an emphasis towards redefinition of the family and kinship has received increasing attention. The presence of non-hierarchical decision-making, innovative division of labour, and relative weight given to friendships as well as blood relatedness are all aspects that will lead to the re-evaluation of the "family" as we know it (Walsh, 2003, p. 177).

2.3 FAMILY IDENTITY

Before looking at the components of family identity, it is essential to define the term identity. According to Follins, Walker and Lewis (2014, p. 191) an "individual's core identity is composed of a variety of social statuses (ethnoracial identity, gender, sexual orientation, socioeconomic status, education level, religious identity and any other significant part of themselves) that frame their experiences in the world".

Shared social identity allows individuals to reduce negative stressful experiences by creating labels for themselves in order to fit into specific social roles they want to perform, providing guides for behaviour and reducing uncertainty (Thoits, 1991; Häusser, Kattenstroth, van Dick, Mojzisch, 2012). Goffman's (1963) three-part typology for identity includes the *objective social identity*, which is the characteristics we attribute to a person, the *felt or personal identity* involves the characteristics a person attributes to himself, and the third type of identity is the image of the person through others' views, based on the person's skills or strengths and their shared experiences or history with the person. Tajfel (2010) later stated that the subjective personal identity serves as a function of the objective identity and that minority groups may thus feel that they need to fit into social norms provided by the objective minority e.g. race, gender, religion, and sexual preference. *Family identity* is a phenomenon

experienced by a group, which has as premise a shared belief system, including specific views on roles, relationships and values that determine social interaction within the system and larger society.

Identity enables individuals to identify where they fit into the social world. The role that resilience plays in the identity formation of individuals and families is clear to see.

Family identity has been defined as the family's character as well as its subjective view that it will continue over time, while acknowledging its present situation. It is the recognition of the qualities and attributes it possesses to differentiate itself from other family systems (Bennet, Wolin, & McAvity, 1988 in Epp & Price, 2008).

Past research into family identity had been focused around management of family and work roles (Stryker, 1968; Bagger, Li, & Gutek, 2008; Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005, Aryee, & Luk, 1996); consumer research (Epp, & Price, 2008), family of origin perceptions (Soliz, 2007), multiracial and ethnic families (Soliz, Thorson, & Rittenour, 2009), relational intentions in family relationships (Ritternour, & Soliz, 2009), and adoptive families (Suter, 2008). In addition, ethnic identity (Phinney, 1990) and social identity (Fuligni, & Flook, 2005) were investigated. Breshears and Lubbe-De Beer (2016) examined the social identity formation of same-sex parented families in South Africa.

Few other research studies focused on the role of family identity within the same-sex family system. Breshears (2010) investigated the turning points that facilitated discourse about family identity of lesbian parents with their children.

The research review conducted by Allen and Demo (1995) found evidence that research into lesbian and gay families were quite limited, and that, where these families have been studied, they had been problematised and their diversity had been overlooked (Allen, & Demo, 1995). In order to grasp the diversity present in the same-sex family's identity, various aspects associated with family identity need to be considered.

Bennet et al. (1988) in Epp and Price (2008) identified the components essential to family identity, namely:

1. Incorporation of certain beliefs about family membership

2. Temperamental qualities of the day to day lives in the family system
 - a) Whether differences are tolerated
 - b) Intensity of the families attachments and intimacies
 - c) The breadth of family experiences, including dispersions, interactions and comprehension of the outside world
 - d) Self-reflection abilities
 - e) Rigidity and flexibility towards moral aspects of its experiences (sense of wrong and right)
3. Families beliefs and recollections of past history and its condition over time
4. Family rituals
 - I. Family celebrations
 - II. Family traditions
 - III. Patterned family routines
5. Family myths

Roles, relationship structures and values employed within family systems are closely linked to the above-mentioned identity components. A subsequent investigation into how these components are employed in the family system is required.

2.4 SAME-SEX PARENTED FAMILIES

According to Laird (in Walsh, 2003), earlier researchers explored the causes for same-sex families in order to find a “cure” for the phenomenon. It was only after the late 1960s that researchers started investigating the similarities between same-sex families and heterosexual families, and came to the realisation that same-sex families functioned as healthily and normally as other family systems (Laird in Walsh, 2003). Overall there is a movement away from the view of homosexuality as a pathology in marriage and family therapy literature and a movement toward exploration of relational interactions, family issues and AIDS-related concerns (Clark & Serovich, 1997).

In 1977, Morin (in Clark and Serovich, 1997) outlined the following topics for future research—namely, the dynamics between same-sex relationships (28,6%); attitudinal changes towards same-sex individuals and families (16,8%); the development of

positive identities (15,6%); child and adolescent issues (13%); the nature and meaning of homosexuality (13%); variables of coming out (10%); the degree of commitment and identity (2%); and aging (1%). Since then, each of these topics received relative attention in the preceding order (Clark & Serovich., 1997).

Clark and Serovich. (1997) examined 13 217 articles from 17 journals and found that only 77 (0.6%) of those articles focused on the topics of gay, lesbian and bisexual issues, or used sexual orientation as a variable. Furthermore, from the 77 articles published none focused on the resilience associated with gay, lesbian and bisexual individuals and families. It should in turn be noted that same gendered families maintained little attention within the South African context during Apartheid years, and only during the Post Apartheid era by Potgieter (1997), Harper, Jernewall and Zea (2004), Graziano (2004), Morgan & Wieringa (2005), Bonthuys (2008) and Lubbe (2007), with Graziano (2004) being the only one to address resiliency in individuals, and Lubbe (2007) in same-gendered families. Morgan and Reid (2003) examined the sexual identity of tradition healers in the African context.

Same-sex headed families are established through numerous paths and methods. Children can either be biologically related to one parent through a previous heterosexual relationship or marriage, by arrangement of a known or anonymous sperm donor, or by arrangement of a surrogate mother. Adoption is common, especially between two male partners (Meezan, & Rauch, 2005).

Variations in the structural compilation of same-sex families thus emphasise the differences in family dynamics experienced by these family systems. As Meezan and Rauch (2005) state, "The family dynamics of a female couple raising one partner's biological son from a previous marriage may be quite different from the dynamics of, say, a male couple raising a biologically unrelated son adopted from foster care".

In turn, siblings could be the offspring of different parents, thus having no biological connections to each other. In many cases of adoption in the South African context, the adopted child or children are not necessarily from the same race or cultural background as the adoptive parents (Finlay, 2006; Mokomane, & Rochat, 2012), thus leading to additional considerations of the family dynamics by same-sex parents.

Titlestad and Pooley (2014) found that children from same-sex families are more willing to accept diversity. In addition they are more inclined to adjust and learn to cope

with challenges when social support, strong parent-child relationships, and healthy family dynamics are present in the family system (Titlestad, & Pooley, 2014).

2.4.1 Roles within the same-sex parented family system

Identity is seen as the shared meaning we attribute to roles in society, to specific groups, and to individuals with unique characteristics (Stets, & Serpe, 2013).

The individual roles family members fulfil within the family system have a direct impact on family identity formation. The time invested in roles lead to pleasure in its fulfilment but, in turn, to displeasure in the non-fulfilment of other roles (Rothbard, & Edwards, 2003).

Gender analysis found that men devote more time to their work role, thus leaving less time for their family role (Rothbard, & Edwards, 2003). In a same-sex family system, where the household is either headed by two females or two males, the division of family and work roles will vary. It is for this reason that role establishment and role salience need to be investigated, in particular how it impacts on same-sex families' identities.

Identity theory states that members of a family who attach importance to family identity will be high in family identity salience and would set apart time for family activities, which may lead to strong family identity (Bagger et al., 2008). Furthermore, it will improve family members' self-concept (Leary, & Tangney, 2012), which may in turn lead to better interpersonal communication. According to Lane (2009, p. 70), "creating realistic goal statements designed to improve our self-concept can increase our motivation to communicate".

2.4.2 Relationships within the same-sex parented family system

Same-sex family systems may have various structures. Structural variations include single parent, divorced, partnered, stepfamily, mixed sibling, and adoptive family systems. Demo and Allen (1996) explored the diversity within lesbian and gay families and found various compositional components affecting the structure including number, gender, sexual orientation of adults, length of relationships, household size, number of children, and sibling structure. Furthermore family processes differed in terms of

involvement, support, nurturance, communication, conflict, tensions, and stressors among the family members (Demo, & Allen, 1996).

The relationships within same-sex families are diverse and have unique characteristics. These variations may in turn make the family identity process a challenging affair. Soliz (2007) investigated shared identity perceptions together with family of origin, and found strong associations between relationship satisfaction and a sense of shared family identity for grandparents. Personalised communication rather than lack of negative communication was found to be better indicators of shared family identity (Soliz, 2007).

2.4.3 Values within the same-sex parented family system

Changing family structures, rights, laws, economic situations, and political viewpoints have affected family value systems (Jagger, & Wright, 1999). For gay/lesbian individuals, traditional values may have a detrimental effect on family relationships and could lead to parental rejection (Waldner, & Magrader, 1999). Golombok (1998), as well as Galvin, Braitwaite, and Bylund (2015) however, found evidence that warm supportive relationships and positive family environments are better indicators of positive child psychological adjustment than genetic relatedness, number of parents, and sexual orientation of the parents. Furthermore, Golombok (1998, p. 5) stated that “new families, it seems, flourish on old values”.

2.5 ADVERSITY AND SAME-SEX FAMILIES

2.5.1 Legal

Even though the South African constitution is one of the most liberal and progressive constitutions in the world when referring to sexual orientation and gay and lesbian rights (Isaack, 2003), it still does not mean that legal access is possible to all gay and lesbian individuals. The poverty stricken and unemployed Black gay and lesbian communities struggle to obtain access to the rights laid down by the constitution (Gunkel, 2012). As outlined by Gates (2012), unique dynamics between race, ethnicity, socio-economic status, geography, gender and sexual orientation formalise the types of legal and economic resources the LGB (Lesbian/Gay/Bisexual) community will have access to when becoming parents.

Furthermore, same-sex attracted individuals may be less willing to recognise the positive aspects of policies when internalised stigma in terms of sexual orientation is experienced (Baiocco, Argalia, & Laghi, 2012). With this in mind, the next section discusses challenges that same-sex family systems experience as a result of the community systems to which they belong.

2.5.2 Community systems

The gay rights clause outlined in the South African constitution prohibits discrimination in terms of sexual orientation (Cock, 2003). Regardless of this equality clause, the South African community still maintains high rates of homophobia and violence towards this minority group (Cock, 2003; Dlamini, 2006).

The communities that same-sex families form part of produce more challenges to the same-sex families' identity processes. The internalisation of shame and homophobic beliefs (Balsam, 2003) may lead to additional individual and family stressors, which may further damage the experience of a shared family identity. Internalised homophobia may result from exposure to society's negative attitudes and perceptions (Barnes, & Meyer, 2012).

Titlestad and Pooley (2014) found that children from same-sex parented systems experienced stress due to heterocentrism and homonegativity. In addition Becker and Todd (2013) found that society still perceives children from same-sex parented systems to be faced with more challenges than children from other family systems. Lubbe and Kruger (2012) state that heteronormativity, as established through public perceptions and attitudes, leads to increased stress experienced by children of same-sex family systems. This stigma may lead to increased hyperactivity in boys, and lower self-esteem in girls (Bos, & Van Balen, 2008). This may in turn lead to increased challenges in other areas of the family system.

2.5.3 Structure-related challenges

As previously emphasised, same-sex families have diverse forms of development. Each of these paths to formation is plagued by its own challenges. A study by Anderson, Scheib, Chen, Connor and Rueter (2015) investigated parents' fears and motivations when deciding to disclose to their children that they were conceived through sperm donation. The study found that a prominent number of parents were uncertain about when and how the disclosure should take place. This uncertainty could lead to additional stressors to the communication processes between parents and children. Additionally, donor types could include open-identity donors, known donors and unknown donors, all with their own characteristics, fears, and challenges (Gartrell et al., 2015). Furthermore, sperm have at least 5–10 recessive genes that, when

combined with the same recessive gene, may lead to health care difficulties of the children (Cohlen, & Ombelet, 2014). Making contact with donors often lead to mixed feelings in parents and partners (Goldberg, & Scheib, 2015).

Golombok (2013) found no connection between a parent-child relationship and child adjustment difficulties due to an absence of genetic or gestation connection between parents and their children. There were, however, situations where difficulties were experienced due to secrecy of the biological origin of the child. Mohr, Selterman and Fassinger (2013) found that insecure relationship attachment between same-sex couples lead to difficulties in relationship functioning, including trust, commitment, satisfaction, communication and problem intensity.

Surrogacy poses its own challenges to the same-sex family. Surrogacy is a legally intensive process in South African (South Africa, 2005). Parents considering this form of family formation need to consider the ethical considerations and costs involved in this process (Slabbert, 2012).

Titlestad and Pooley (2014) found the termination of support from biological parents and the blending of two families to be two dominant stressors experienced by the same-sex family system (Titlestad, & Pooley, 2014). The role that extended families play while experiencing increasing adversity in the same-sex parented family system, will be discussed next.

2.5.4 Extended family

Same-sex attracted individuals may experience fears of, as well as real rejection and abuse from, family members when disclosing their sexual orientation (D'Augelli, Hershberger, & Pilkington, 1998). A lack of perception of social support may in turn lead to low levels of well-being (Pearson, & Wilkinson, 2013). Interestingly, LGBT (Lesbian/Gay/Bisexual/Transgender) individuals who disclose their sexual orientation to parents were found to be in better health than those that did not disclose their orientation (Rothman, Sullivan, Keyes, & Boehmer (2012). However, non-supportive reactions may lead to self-harming behaviour and depression in these individuals. (Rothman et al., 2012)

In many cases the family system becomes the main contributor of stress. Mustanski, Newcomb and Garofalo (2011) found a direct correlation between family support, or lack of it, and psychological distress in young lesbian and gay individuals.

Although studies have shown positive support for same-sex parenting (Golombok, Mellish, Jennings, Casey, Tasker, & Lamb, 2014; Farr, & Patterson, 2013; Crain, & Farr, 2014; Andersson, & Ytteroy, 2002), lack of social support, exposure to stress due to stigma and societal rejection, and the absence of adequate security for parental status in society still contribute to adversity experienced in these households (Regnerus, 2012; Goldberg, 2010). So what makes these families thrive and adapt to these adverse challenges? To answer this, the concept of resilience and how it plays a role in the same-sex family system will be discussed in the following section.

2.6 RESILIENCE

'Resilience' is a term first used in physical sciences and only later adopted by the ecological and psychological sciences (Community and Regional Resilience Institute, 2013). The term resilience is a complex concept to define (Haskett, Nears, Ward, & McPherson, 2006; Luthar, Cicchetti, & Becker, 2000; Kaplan, & Masten, 2007), which may cause significant differences in the recognition of potential risk and protective factors and the estimation of prevalence in a certain population (Windle, 2010). Therefore the concept of resilience will be clarified at the beginning. To this end, a number of definitions are listed below from various sources:

Resilience in individuals:

(Hegney, Buikstra, Baker, Rogers-Clark, Pearce, Ross, King, & Watson-Luke, 2007, p. 621)

“Resilience is a psychosocial concept that could usefully be applied to enhance both our understanding of, and capacity to, positively enhance psychological wellness in community members”.

(Windle, 2010, p. 12)

“Resilience is the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their

life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary”.

Rutter, 2006,

“Resilience is an interactive concept that refers to a relative resistance to environmental risk experiences, or the overcoming of stress or adversity”.

“A social-ecological understanding of resilience defines resilience as a quality of both individuals and their environments. Resilience is more likely to occur when individuals and groups are successful at navigating to resources that support them psychologically and physically and negotiating for these to be provided in ways that are culturally relevant”.

Resilience in communities:

(Community and
Regional Resilience
Institute, 2013, p. 10)

“Community resilience is the capability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution, and growth in the face of turbulent change”.

Holistic definition:

(The International
Federation of Red
Cross and Red
Crescent Societies,
2012, p. 3)

“The ability of individuals, communities, organisations, or countries exposed to disasters and crises and underlying vulnerabilities to anticipate, reduce the impact of, cope with, and recover from the effects of adversity without compromising their long-term prospects”.

It is clear from the above definitions that individuals, families and communities will experience resilience in different ways due to the perceptions each individual and system will denote to their experiences. This statement is substantiated by Rutter

(2006), who stated that the variations of individuals' responses to similar experiences differentiate the concept of resilience from the concepts of risk and protection.

Additionally, many intrapersonal and environmental characteristics may play a role in an individual's experience of resilience (Tusaie, & Dyer, 2004). The intrapersonal characteristics include cognitive and specific competencies, including optimism, intelligence, creativity, humour, and a meaningful belief system, appreciation of uniqueness, and a cohesive life narrative. Specific competencies may include appropriate coping strategies, social skills, educational abilities, and above average memory abilities. Environmental factors may include the perception of social support, the quantity and recency of bad life events, and the quantity of social resources to the individual and community's disposal (Tusaie, & Dyer, 2004). The interaction between the intra- and interpersonal factors related to resilience emphasises the need for a comprehensive model to identify the processes of resilience. Furthermore, the transformational aspect of resilience has to be considered. According to Rutter (2006), a lifespan trajectory approach should be followed in order to understand how an individual or system's perception of health and resilience may differ over time.

Ungar et al. (2013) approached resilience from a social-ecological point of view. This model focuses on equifinality or the notion that "the same final state may be reached from different initial conditions and in different ways" (Von Bertalanffy, 1968, p. 36). It in turn considers differential impact which emphasises the exposure to risk and how it may lead to resilience being experience differently through the display of different protective processes. Lastly it looks at contextual and cultural moderation. Protective processes are valued and made available differently in different contexts and cultures. In order to effectively reflect the complexity of the adversities or risks faced by individuals or systems and to explore how resilience processes are developed, the use of a multisystemic view is supported (Ungar et al., 2014).

Smith (2006) states that strengths are not fixed personality traits, but rather productions and expressions of our cultural context. Strengths are also contextually based, and it should thus be noted that whatever strengths might help in addressing problems in one context might be a liability in another context (Smith, 2006). Smith adds that a resilient child will be able to identify areas of support and positive attention that can be provided in the child's context.

Cultural values also impact the individual's development of resilience. According to Lee (2010), human beings adapt to their ecological environments and need to negotiate with their environments in order to obtain adequate human functioning. Ungar (2004) states that individuals negotiate with their environment, and that the outcome of resilience is established if they view themselves as being healthy. These resilient outcomes and processes ease the risk experienced by the individual and thus contribute to wellbeing only if the individual, relational, communal, cultural and contextual factors are taken into account (Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong, & Gilgun, 2007).

Ungar defined resilience as the capacity of individuals to navigate their ways to resources that can sustain well-being; the capacity of the physical and social ecology to provide resources; and the capacity of the individual, the family and the community to negotiate ways of sharing the resources in a culturally meaningful way (Shaikh, & Kauppi, 2010).

The family system has been shown to play a protective role in individuals' lives through buffering the impact of exposure to risks, promoting self-esteem, and accessing health resources (Ungar, 2010). The lack of family identity will most likely remove this buffer, which may in turn lead to family members' inability to cope with life challenges. The family members' perception of resilience will decrease.

The above studies all concur with the need to view resilience as a social construct and thereby highlight the importance of a family resilience approach, rather than individual resilience.

The resilience needed by same-sex parented family systems may differ from country to country due to its own history in terms of geographical, political, economic, and community philosophies (Anderson, 2014).

Oswald (2002) emphasises the importance that a resilience approach may offer to the changing views of the gay and lesbian family networks. By focusing on resourcefulness and family strengths, rather than the negative views on same-sex families, studies may contribute to establishment of practices that may further support the positive functioning of these family systems. Johnston, Moore and Judd (2010) support the notion that strengths and resilience exist in same-sex families. Furthermore, it was stated that these positive aspects of functioning can increase the

knowledge and insight of mental health care professionals in order to provide effective services to same-sex families (Johnston et al., 2010).

Negy and McKinney (2006) agree with this point of view by recommending that research and practice move away from deficit-comparison models towards the acknowledgement of diversity and strengths of the same-sex families.

The above-mentioned studies provide evidence to support the fact that research on resilience in same-sex families has received more attention in the last decade. In addition, the same studies have found evidence that same-sex families' resilience increases with the passing of time (Titlestad, & Pooley, 2014; Cohen, & Murray, 2006). In order to understand the resilience experience by same-sex family members from a social constructionist framework, the events and experiences within the families' life cycles have to be acknowledged.

Life cycle stage theories were central in family therapy research on the topics of gay and lesbian identity, the coming out process, and gay couples and lesbian families (Laird in Walsh, 2007, p. 184); but only a few researchers comment on the success and resilience of same-sex families despite continued discrimination and confrontation by individuals, institutions, and government systems throughout the different stages of their life cycles.

Herrick, Stall, Goldhammer, Egan and Mayer (2014) emphasise the need for researchers to start critiquing the deficit-based approaches to public health research and refocusing their efforts towards resilience-based investigations that may increase prevention efforts and lower health disparities in the LGBT communities. In turn, Oswald (2002) supports a framework focused on resilience that may focus both on behavioural approaches that lead to supportive relationships, but also a redefinition and a new construction of meaning of the family system as a whole.

Sung (2014) examined the stress and resilience experienced by Asian American lesbian and bisexual women, and found resilience processes to be paramount in dealing with life challenges. These included therapy, meditation, reading, writing, cultural pride, connection with culture of origin, sports and hobbies, vacation, and intimate relationships.

Same-sex family systems may experience unique challenges, but it may also serve as a product of resilience. Through the identification of the protective and risk factors same-sex families face in the South African context, it will possibly point the way for future research on prevention and intervention strategies.

Walsh (2003, p. 406) sets out the table shown below, stipulating the key processes in family resilience:

Belief systems	
Make meaning of adversity	View resilience as relationally-based, not rugged individual
	Normalise, contextualise adversity and distress
	Sense of coherence: crisis as meaningful, comprehensible, manageable challenge
	Causal/explanatory attributions: How could this happen? What can be done?
Positive outlook	Hope, optimistic bias, confidence in overcoming odds
	Courage and encouragement; affirm strengths and focus on potential
	Active initiative and perseverance (can-do spirit)
	Master the possible; accept what can't be changed
Transcendence and spirituality	Larger values; purpose
	Spirituality: faith, congregational support, healing rituals
	Inspiration: envision new possibilities; creative expression; social action
	Transformation: learning, change, and growth from adversity
Organisational patterns	
Flexibility	Open to change: rebound, reorganise, adapt to fit new challenges
	Stability through disruption: continuity, dependability, follow-through
	Strong authoritative leadership: nurturance, protection, guidance.
	Varied family forms: cooperative parenting / caregiving teams
	Couple/Co-parent relationships: equal partners
Connectedness	Mutual support, collaboration and commitment
	Respect individual needs, differences and boundaries
	Seek reconnection; reconciliation of wounded relationships
Social and economic resources	Mobilise kin; social and community networks; seek models and networks
	Build financial security; balance work/family strains
Communication / problem-solving	
Clarity	Clear, consistent messages (words and actions)
	Clarify ambiguous information; truth-seeking/truth speaking

Open Emotional Expression	Share range of feelings (joy and pain; hopes and fears)
	Mutual empathy; tolerance for differences
	Take responsibility for own feelings and behaviour; avoid blaming
	Pleasurable interactions; humour
Collaborative Problem-Solving	Creative brainstorming; resourcefulness
	Shared decision-making; conflict resolution: negotiation, fairness, reciprocity

Table 2.1 *Family Resilience Framework (Walsh, 2003)*

2.7 FAMILY RESILIENCE IN SAME-SEX HEADED SYSTEMS

Strong family relationships have demonstrated to lead to resilience and increased well-being in same-sex attracted youth (Pearson, & Wilkinson, 2013). Kwon (2013) found evidence not only for the role of social support in family resilience, but also the presence of adequate emotional regulation (acceptance and processing of emotions), hope and optimism.

Bos & van Balen (2008) investigated the protective factors that exist within planned lesbian families with children and found that a relationship with parents, social acceptance, and contact with children from other lesbian or gay households, had a positive effect on the psychological adjustment of children from same-sex headed households.

Adaptive coping mechanisms were used to cope with societal challenges, including fearing homophobic reactions; using parent modelling to gain family values; controlling disclosure of the sexual orientation of parents; relying on their social support networks; maintaining an outward perspective; and taking time to adjust to changes in family dynamics (Titlestad, & Pooley, 2014). Furthermore, the adult children from Titlestad and Pooley's (2014) study emphasised the importance of a family system based on security and loving relationships.

Research into Black lesbian, gay, bisexual and transgender (LGBT) individuals have uncovered support for the exploration of strengths and resilience factors due to the information it provides on how these populations manage to thrive in the face of adversity in the form of racism, sexism, transphobia, homophobia, racialised sexual orientation, and gender identity health disparities (Follins, Walker, & Lewis, 2014).

Ganong and Coleman (2002) state that “there is no magic bullet for helping families overcome the effects of major risks or minor risks but a better understanding of resilience can help”. This study’s aim coincides with this viewpoint. By focusing on the resilience processes used by same-sex families who experience the above-mentioned challenges, risks and adversities, supportive intervention programs can be implemented by health professionals to empower these individuals and make them aware of the resiliency they already possess.

Walsh (2013) also emphasised the use of a practice framework for family resilience in order to increase intervention and prevention practices to family systems that experience life challenges. “The way families respond to their stressful conditions can foster positive adaptation, with potential for personal and relational growth for all members” (Walsh, 2013, p. 65).

2.8 THEORETICAL FRAMEWORK

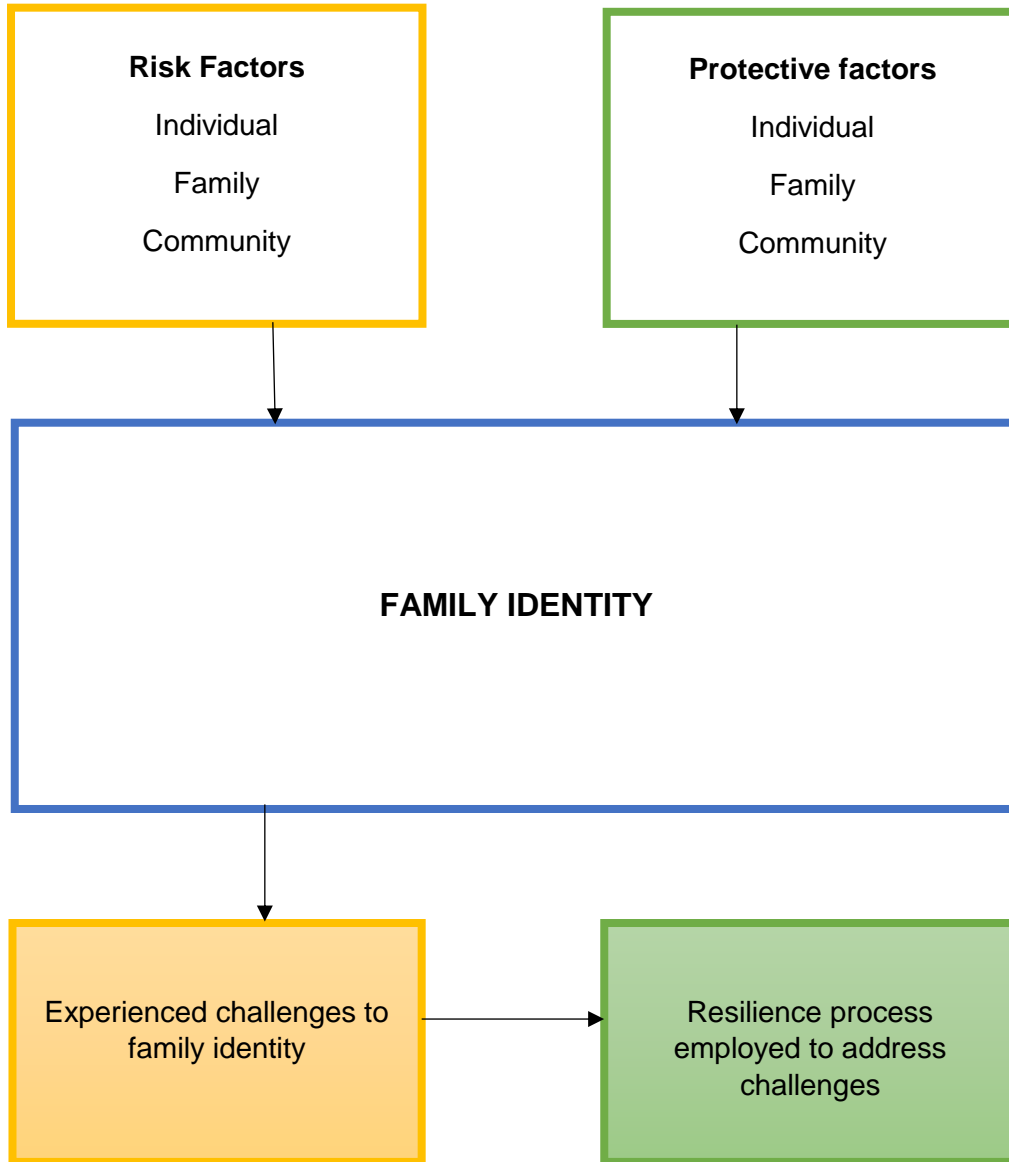


Figure 2.1 Visual representation of process employed

The family resilience approach aims to identify key interactional processes that enable a family to recover from disruptive challenges (Walsh, 1996; Walsh, 2012). In this approach the focus shifts from the individual to interaction between different ecological systems impacting the family system. It also moves away from viewing the family as a damaged entity, towards an interactive system with the potential to collaboratively deal with challenges or adversity (Walsh, 1996).

Furthermore, the approach identifies processes that can be utilised in intervention (Walsh, 1996). It offers an opportunity for the researcher to approach research from an interventional perspective, as has been done in prior studies (Walsh, 2012), and contribute to the knowledge base used by health professionals and practitioners that work with same-sex family systems.

The approach considers challenges associated with multiple risk factors including life cycle transitions, traumatic life events, and violence (Ganong, & Coleman, 2002; Walsh, 1996). It thus supports the implementation of a systems perspective that considers the various individual, family and community systems that influence the family system's identity formation.

The resilience processes used by families may involve organisational patterns, communication and problem-solving processes, community resources and affirming belief systems (Walsh, 1996), which from the literature review, have all proved to play a role in same-sex family identity formation. These resilience processes are divided into nine key processes as illustrated in table 2.1 in chapter two (Walsh, 2003). The resilience framework will support the researcher in identifying processes used by same-sex family systems and provide the terminology for the development of themes.

Walsh (1996) appeals for greater focus in identifying processes that families use in dealing with adversity in order to understand and support these families in the mental health care sector. The basic premise from which this model was developed was that families experience life challenges and require key processes in order to adapt to these life challenges (Walsh, 2013). It is thus crucial to identify the risks as well as the protective factors that will be paramount in the resilience displayed in times of adversity.

2.9 SUMMARY

This chapter contained relevant literature, started with the exploration of resilience. The same-sex family system with its past research and structure was explored. This was followed by a discussion of identity and family identity in particular. This included research trends, the changing family system, aspects of family identity, roles, relationships, and values. Furthermore, the adversity in family identity was discussed. The chapter concluded with family resilience and the theoretical framework that is employed by this research study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION

The research questions addressed by the current research study are as follows: (1) What risk factors to family identity formation are experienced by same-sex family members?; (2) what protective factors / resources to family identity formation are experienced by same-sex family members?; and (3) what resilience processes are used in order to minimise the challenges to family identity experienced by same-sex family members?

In this chapter the research methodology is discussed and the paradigmatic stance is described. The research design and the methodological strategies are defined and reviewed. Ethical considerations are explained in order to address issues in terms of validity and reliability. Quality criteria are described to ensure best practice within the qualitative research framework.

3.2 BACKGROUND OF EXISTING DATA

3.2.1. Data explored

The data consists of transcribed interviews of 31 participants that took part in the broader research project. The demographics of the 31 participants are: 14 lesbian individuals; four gay individuals; one bisexual individual; and 12 children of lesbian/gay parents or families.

The interviewed children were between the ages of 12 and 23, the lesbian parents between the ages of 27 and 48, and the gay parents between the ages of 40 and 56. The majority of participants were mainly homogeneous in nature with most being Caucasian (90%), followed by Coloured (6%) and Black (3%).

The adults education levels range between University degrees or diplomas (78%), and Matriculation (22%). No adult participants failed to complete matric. Only one adult was unemployed. The children's education levels ranged between being at university, college, or having already obtained a degree (33%), to those currently undergoing formal schooling (67%).

3.2.2. Data compatibility

According to Thorne (in Heaton, 1998), the compatibility and amenability of the data for the purpose of secondary analysis depend on the nature and quality of the original data. Data acquired from semi-structured interviews enhance the quality of the data for the purpose of secondary data analysis. The data from the original study, used in the present study, were acquired using semi-structured interviews, thus contributing to the potential for secondary data analysis.

3.3 RESEARCH DESIGN

The research design applied to the study is secondary data analysis. Secondary data analysis is a term used by researchers who analyse data they did not collect themselves (Hofferth, 2005). It involves the investigation and use of data previously collected by another researcher or researchers. The approach may either focus on the re-examination of the data in order to improve previous interpretations and conclusions, or examine other aspects that were not addressed in the initial study (Hsieh, & Shannon, 2005). This study used the data in order to gain insight and understanding of new aspects not addressed previously by the data, namely family resilience processes and risk and protective factors to family identity formation of same-sex families.

3.4 POSITION OF SECONDARY DATA ANALYST OR RESEARCHER

Heaton (1998) emphasises the importance of consultation between the secondary researcher and primary researcher in order for the secondary analyst to consider the

context of the data and to cross check the results of the secondary analysis. This will ensure the quality of the results of the secondary analysis, as well as ensure its validity.

In addition, it is necessary for the secondary researcher to ensure that the design, methods and issues involved in the secondary study are reported in full. This entails an outline of the original study including data collection procedures, descriptions of the data analysis processes, and how methodological and ethical issues were considered and addressed (Heaton, 1998).

The researcher of the present study consulted with the primary researcher in order to gain consent to use the data, as well as establish a context to adequately understand the data obtained in the original study.

The following questions were raised during the consultation with the researcher of the original study:

What were your initial feelings towards the participants’

- a. willingness to share information?
- b. honesty of answers to questions received?
- c. understanding of the questions asked during the interview?
- d. overall quality of answers?
- e. responses and feelings towards the research context?

Information obtained from the primary researcher was as follows:

According to the primary researcher, the participants were generally willing to participate in the research process and seemed to answer the questions truthfully. The children were less interested in participating or talking about the issues addressed in the interviews. The adolescent participants did not know how to answer the questions of a more political nature posed by the researcher, which she ascribed to perhaps being outside their current level of awareness. The researcher experienced all participants to be comfortable and at ease during the data collection process. The participants also seemed eager to have their stories heard and to contribute to the understanding of same-sex parented families. The researcher feels that she obtained

rich information from all of the parents and at least half of the children during the data collection process.

3.5 RESEARCH QUESTIONS

In order to ensure the validity of the research questions posed by the secondary research study, it was important to consider the aim of the primary research study. The primary study's aims were as follows:

- Gaining an understanding of how children in lesbian/gay parented families experience their familial identities in their daily lives;
- Understanding the challenges children in lesbian/gay-parented families face in the educational setting;
- Understanding the response strategies of children and parents in lesbian/gay-parented families, allowing for the formation and maintenance of a positive familial identity;
- Exploring the needs of children from lesbian/gay-parented families in the school context, and what parents and educators can do to meet these needs; and
- Developing resources (i.e., brochures, websites, workshops, and/or popular press articles) for parents and educational institutions wanting to create and maintain a positive sense of family identity for children from lesbian/gay-parented families.

The present study took these aims one step further and instead focused on identifying the challenges experienced and risk factors for increased challenges to family identity. The study will thus investigate the risk factors of the same-sex family systems' family identity formation. Furthermore, the primary study aimed to determine ways in which families could overcome the challenges to their family identity through understanding response strategies and facilitating positive family identities. The present study rephrased this aspect to include resilience processes used within the same-sex family system to address the risk factors experienced within the family system.

The research questions from the original study are as follows:

1. How do parents and children in same-sex parented families experience their familial identities in their daily lives?
2. What are the challenges parents and children in same-sex parented families face in the educational setting?

3. What are the response strategies of children and parents in same-sex parented families, allowing for the formation and maintenance of a positive familial identity?
4. What are the needs of children from lesbian/gay parented families in the school context, and what can parents and educators do to meet these needs?

The research questions of the current study are as follows:

1. What are the risk factors (individual, family and community) to family identity formation experienced by same-sex family members?
2. What are the protective factors (individual, family and community) to family identity formation experienced by same-sex family members?
3. Which resilience processes, if any, are employed in order to minimise the challenges to family identity experienced by same-sex family members?

3.6 ASSUMPTIONS

From the literature review in Chapter 2, the following assumptions could be deduced:

- ❖ There will be variations in the structural compositions of same-sex family systems.
- ❖ Aspects associated with shared family identity include shared family beliefs, role allocation, particular relationship structures, and shared values.
- ❖ Same-sex families experience various forms of adversity throughout the family's lifespan.
- ❖ Same-sex families have particular risk and protective factors / resources available in one or more of the individual, family or community systems.

3.7 RESEARCH PARADIGM

3.7.1 Meta-theoretical paradigm

According to Terre Blanche, Durrheim and Painter (2006), Social Constructionism as a research approach is focused on the representations of people and objects through

certain signs and images, and the way these representations influence how people or objects are viewed by others. It differs from Interpretivism because this approach rather focuses on how the understanding and experiences of others are obtained from larger discourses created by society (Terre Blanche et al., 2006).

The study took on a Social Constructionist stance in order to understand the influences that society has on the outcomes, experiences, challenges and resilience displayed by members of same-sex families. “Social Constructionism draws attention to the fact that human experience, including perception, is mediated historically, culturally and linguistically” (Willig, 2008, 7).

The Social Constructionist viewpoint emphasises the importance of language in understanding the phenomenon being studied. According to Terre Blanche et al. (2006, p. 278), it “holds that the human life-world is fundamentally constituted in language and that language itself should therefore be the object of study”. The discourses used by the family members in the study gives the researcher an understanding of their lived experiences and the resilience they use to deal with life’s adversities. It gives insight into how family systems and resilient behaviours are shaped and influenced by social interactions within different social contexts including the school, workplace, the family of origin, and the broader community. The research study considers the lived experiences of the individuals and families that participated in the study. The data were used to determine whether participants experienced risk factors as well as protective factors in themselves, their families, and their communities.

3.7.2 Methodological paradigm

The methodological paradigm guides the researcher in selecting specific tools, participants and methods in a research study. This involves the collection, analyses and interpretation of the research data within a specific way (Pontorotto, 2005). The methodological paradigm advises the researcher on the manner these processes are addressed. A qualitative research approach was implemented during this research study.

The qualitative research approach stems from the interpretive-idealist perspective that believes that the purpose of research is to establish an interpretive understanding of

the meaning others give to their situations through exploring their language, art, gestures and politics (Smith, 1983). More recent literature on qualitative research has stated that the approach allows for exploration and understanding of phenomena within context-specific settings, accepts the presence of complexity in the dynamic social world (Hoepfl, 1997), and consents to studying the perceptions of the participants through a social constructionist lens (De Vos, Strydom, Fouché, & Delpont, 2011).

The qualitative research approach allowed the researcher to use data analysis methods to firstly, better understand the phenomena of resilience within same-sex family systems; secondly, gain new perspectives on same-sex families' perceptions and experiences of family identity, as well as challenges to family identity; and thirdly, to identify and gain in-depth insight into same-sex family systems that function differently to other systems and the reasons therefore. Furthermore, the qualitative research approach enabled the identification of variables that could later be studied using large scale quantitative measures.

The research approach in turn allowed the research to use the following characteristics specific to qualitative inquiry as outlined in Hoepfl (1997), namely,

- a) Descriptive reports with incorporated expressive language;
- b) Discovery of the meaning events hold for individuals and providing interpretations of those meaning by the researcher;
- c) Seeking the uniqueness of cases by identifying and elaborating on idiosyncratic cases; and
- d) Applying strategies to ensure trustworthiness of the research results (further discussed in ethical considerations and quality criteria sections).

3.8 DATA ANALYSIS OF EXISTING DATA (TRANSCRIBED INTERVIEWS)

Data analysis, according to De Vos (2005, p. 334), is the process of bringing order, structure and meaning to the collected data. Terre Blanche et al. (2006, p. 321) add that the purpose of analysis is to provide a thorough description of the characteristics, processes, interactions and contexts that contribute to the phenomenon being studied.

The data analysis approach used was directed content analysis. According to Hsieh and Shannon (2005), the directed approach to content analysis is applied to research focused on validating or understanding the theoretical framework by which the researcher approaches and understands the phenomenon under study. It in turn enables the researcher to make predictions on likely outcomes and guides the development of codes and themes from the research data. The coded themes will be driven by the theoretical approach of resilience and will be carried through to the discussion of the themes and results (Ayala, & Elder, 2011). Hofferth (2005) supports the use of a deductive method of data analysis when secondary sources of data are used without any contact with participants or opportunity to collect additional data sets.

For the purpose of this study the researcher made use of deductive coding in order to analyse and interpret the data.

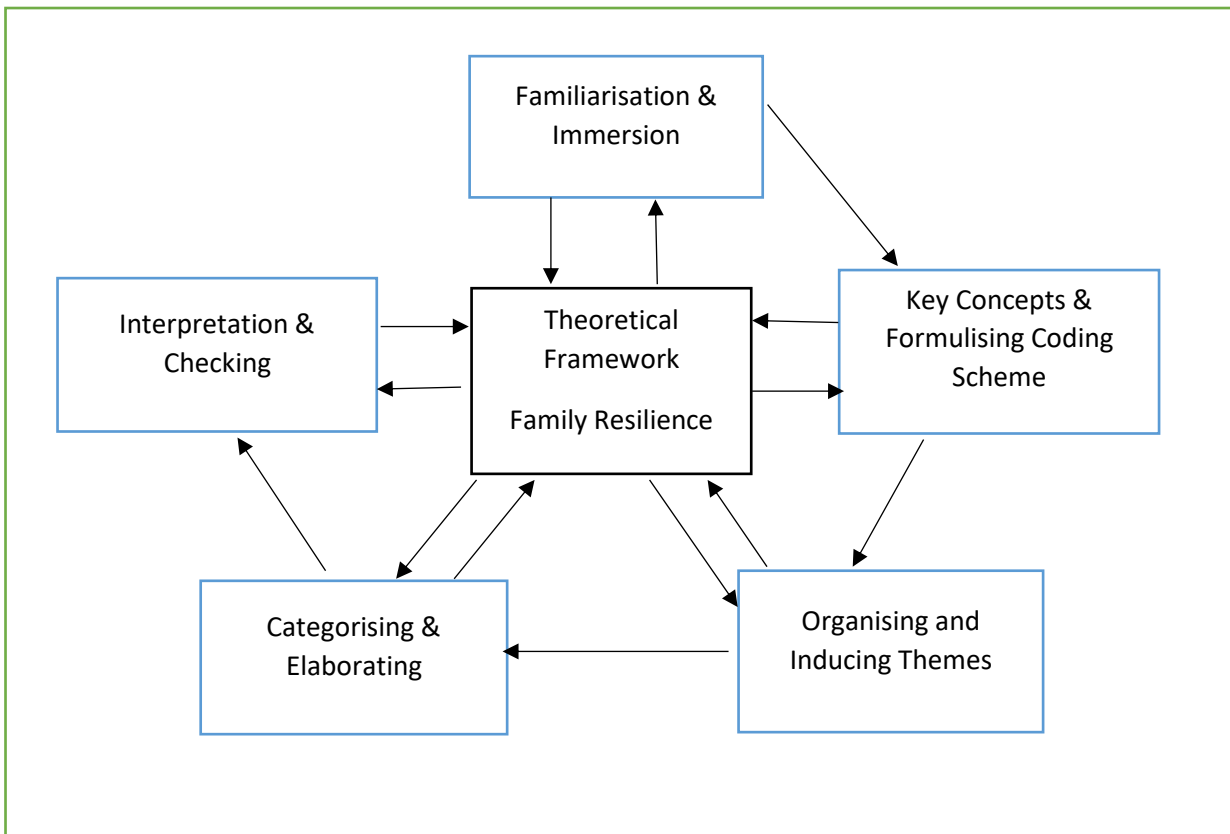


Figure 3.1 Visual representation of data analysis and interpretation process

Step 1: Familiarisation and immersion

This step focuses on taking the data material and working through it thoroughly in order to make sense of it and determine what it can identify and what interpretations can be made from it (Terre Blanche et al., 2006). The researcher read through the transcribed interviews and highlighted the potential risk factors in red, and the potential protective factors in green. See Appendix A for a visual representation.

Step 2: Identifying key concepts and formulating a generalised coding scheme

The researcher identified the key concepts to explore from the research data. These included potential risk and protective factors from the highlighted text. The concepts assisted the researcher to form categories using the key concepts from the theoretical underpinnings.

Step 3: Organising and inducing themes

In this step the researcher investigated the data and identified underlying principles or rules that were present. Themes were established in order to make sense of the information. Various processes, functions, tensions and contradictions were explored when creating the themes. The themes identified in each participant's interview were organised in the form of an asset map. It was continuously ensured that the themes were consistent with the research question and aims (Terre Blanche et al., 2006, p. 324). The themes were highlighted and colour-coordinated within the asset map. Themes from the interviews were compared with one another.

Step 4: Categorising and Elaboration

The data of the various events or remarks were brought together in order to gain new insight into the data (Terre Blanche et al., 2006). This step was conducted on a number of occasions, either by doing specific word searches, or by combining similar themes in order to create bold themes. The main themes were depicted in three tables, namely the individual (table 4.1), family (table 4.2) and community (table 4.3). Each graph consisted of risk and protective factors for both the child and the adult participants.

Step 5: Interpretation and Checking

The themes were interpreted constantly in order to ascertain whether the data being analysed were allocated to applicable categories or themes. The researcher created clear thematic categories from the analysis, and then stated it as subheadings. Interpretations were then reviewed carefully in order to identify weak constructions and to identify different ways of viewing the interpretations. (Terre Blanche et al., 2006). Comparisons between the child and adult themes were categorised and interpretations were made.

3.9 ETHICAL CONSIDERATIONS

According to Babbie (2008, p. 67), ethics can be defined as: “conforming to the standards of conduct of a given profession or group. With regard to the study the following aspects were applicable:

The researcher was ethically obliged to ensure that he was competent in conducting the particular study. This involved ensuring that all steps were taken to provide valid and reliable results and ensuring that the design and methodology of the study coincided. All possible measures were taken to gain more information about the attitudes of the participants.

Heaton (1998) highlights the importance of clear informed consent when secondary analysis is done using existing data. The initial agreement between the primary researcher and the participants need to include the re-use of data for further studies. Furthermore Heaton (1998) emphasises the need for a ‘fit’ between the original and secondary research questions. De Vos et al. (2011), in turn state that when a suitable dataset has been found, the researcher should ensure that the data can be linked with the specific goals and questions of the present study in order to verify the validity and reliability of the data. Through applying this step, the researcher could determine whether the secondary study’s research questions were still coincided with the aim and purpose of the primary study, and ensure that re-use of the data was possible.

According to Willig (2008), the researcher should ensure that all forms of information acquired during the research, that relates to the participant, be kept confidential.

Babbie (2008) adds that research can guarantee confidentiality when information from the person can be identified, but the researcher promises not to do so publicly.

The following precautions were taken in order to ensure that confidentiality was preserved. Firstly, the researcher ensured that the data obtained for analysis were adequately stored. A computer safeguarded by a password was used to store the data. This prevented unauthorised persons from having access to the data. Secondly, the researcher used adequate pseudonyms in order to ensure the protection of each participant’s identity, as stipulated by the data management and protection strategies followed in the primary research study.

3.10 QUALITY CRITERIA

Willig (2008) uses Henwood and Pidgeon's (1995) guidelines for good practice in order to identify good qualitative research. The researcher had to ensure that the categories created from the data analysis fit the data well. An example of how the initial themes were identified and how they were broken down into larger themes is provided in Appendix B. According to Willig (2008), explicit, clear and comprehensive accounts should be made of why phenomena have been labeled and categorised in a particular way. The researcher made sure that the data fit the categories it was created from through continual data analysis and comparisons.

In order to integrate the theory every concept was defined, as well as the role it played in previous research. The researcher ensured that the data analysis process was conducted systematically, starting with the individual factors and moving on to the community factors, after which the various resilience process as outlined by the theory, were identified. With the assistance of the research supervisor, the procedures and reasons were discussed and adapted throughout the analysis process.

3.11 TRUSTWORTHINESS CRITERIA

Guba and Lincoln established four quality criteria for trustworthiness, namely Credibility, Transferability, Dependability, and Conformability (Shenton, 2004):

Credibility	The researcher familiarised himself with the terms associated with gay, lesbian and bisexual individuals and families, as well as family resilience in these groups. The theories used to analyse the data were described. Descriptions of the phenomenon of resilience in same-sex families were provided. Previous findings were used in order to make sense of the findings and frame it according to the theoretical approach.
Transferability	In order to create a context in which to understand the phenomenon of resilience, comparisons were made with other research on the phenomenon.

Dependability	The researcher extensively described the methodology used in the study.
Conformability	The shortcomings of the methodology formed part of the discussion (as outlined in Chapter 5).

Table 3.1 Trustworthiness criteria

3.12 SUMMARY

In this chapter the meta-theoretical and methodological paradigms were described in terms of its suitability for the present study. The research design, existing data, and analysis process were described, as well as the ethical considerations these methodological strategies require. The next chapter presents the results of the study.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The following chapter discusses the results obtained from the research data. The chapter will be divided into three sections. Section one focuses on the risk and protective factors present at individual level for children, parents, and partners of same-sex families. Section two considers family level risk and protective factors of same-sex family members. Finally, section three emphasises the community level factors that affect same-sex families' functioning in the broader society.

4.2 PRESENTATION OF FINDINGS

In order to categorise the importance attributed to them, themes are divided into four subgroups, namely, Very Frequently, Frequently, Occasionally, and Rarely. The themes labelled 'Very Frequently' occur in ten or more of the 12 children's cases and 15 or more of the parent or partner cases. The 'Frequent' category is designated to occurrences of seven to nine of the 12 participant children and 11 to 14 of the adult cases. 'Occasionally' is indicated when 4 to 7, and 5 to 10 of the participants, respectively, expressed the specific subtheme. 'Rarely' is given to a theme that is reoccurring, but only in two to three child and two to four adult participants' dialogues. An individual occurrence is not displayed in the broad outline and will merely be discussed if it significantly contradicts other subthemes.

4.2.1 Section 1: Individual level factors

The following individual themes were identified within the risk and protective categories for the children, parents and partners from same-sex headed households:

Risk factors

- ❖ Fears and insecurities
- ❖ Negative perceptions

- ❖ Confusion and uncertainty

Protective factors

- ❖ Positive mental health
- ❖ Normalisation
- ❖ Coping skills
- ❖ Optimism

CHILDREN OF SAME-SEX FAMILIES	
Risk factors	Protective factors
<i>Individual</i>	<i>Individual</i>
Theme 1.1.1 Negative perceptions Perception of society as negative (1; 5; 11; 19; 22; 24)	Theme 1.2.1 Positive mental health Self-acceptance (1; 6; 9) Social acceptance (1; 3; 5; 6; 9; 12; 19; 22; 23; 24)
Theme 1.1.2 Fears and insecurities Fear of Isolation (3; 11; 24) Previous fear (5; 6)	Theme 1.2.2 Normalisation (1; 3; 5; 12; 13; 19; 22; 23; 24)
Theme 1.1.3 Confusion and uncertainty Uncertainty about feelings (9; 11; 24)	Theme 1.2.3 Coping skills Awareness - negative perceptions / realistic perceptions (12; 22; 23) - others feelings (5) Values honesty and active coping (3; 5; 9; 12)
	Theme 1.2.4 Optimism (1; 6; 9; 22)

PARENTS AND PARTNERS IN SAME-SEX FAMILIES	
Risk factors	Protective factors
Theme 1.1.1 Negative perceptions (2; 4; 7; 8; 10; 14; 15; 16; 17; 20; 21; 27; 28; 30)	Theme 1.2.1 Positive mental health Self-acceptance (2; 8; 15; 17; 18; 20; 26; 27; 28; 29; 30) Reflection (8; 20)



	<p>Positive identity (2; 15; 14; 16; 17; 18; 20; 25; 28; 29; 30)</p> <p>Sexual identity part of family identity Content with situation/choices</p> <p>- commitment (2; 4; 14; 17; 18; 20; 25; 30)</p> <p>Social acceptance (4; 17; 18; 20)</p>
<p>Theme 1.1.2 Fears and insecurities</p> <p>Insecurities and fears about being a parent / may cause children harm (15; 27; 8; 30)</p> <p>Pessimism (31)</p> <p>History of mental illness (16; 31)</p>	<p>Theme 1.2.2 Normalisation</p> <p>(14; 16; 18; 20; 26; 27; 29; 28; 30)</p>
<p>Theme 1.1.3 Confusion and uncertainty</p> <p>Sexual identity segregated from family identity (25; 27; 31)</p>	<p>Theme 1.2.3 Coping skills</p> <p>Use of values to cope (2; 7; 21; 14; 17; 18; 27; 28)</p> <p>Honesty; Active problem-solving; Externalise failures; Not negatively affected by negative perceptions (2; 14; 17; 18)</p>
	<p>Theme 1.2.4 Optimism</p> <p>Optimism and positive outlook (7; 14; 16; 17; 28; 30)</p>
<p>1: Individual occurrence; 2–3: Rarely; 4–5: Occasionally; 6–9: Frequently; 10–12: Very Frequently</p> <p>1: Individual occurrence; 2–4: Rarely; 5–10: Occasionally; 11–14: Frequently; 15–19: Very Frequently</p>	

Table 4.1 Individual factors

4.2.1.1 Individual risk factors

Durlak (1998) defines risk factors as influences that may increase the probability of negative outcomes in a person’s future. The following individual risk factors were identified, which may intensify any negative experiences towards same-sex families’ identity formation.

Theme 1.1.1 Negative perceptions by society

Risk perception is a “process of collecting, selecting, and interpreting signals about uncertain impacts of events, activities, or experiences” (Wachinger, Renn, Begg, & Kuhlicke, 2013, p. 1049). Risk perceptions are accentuated by the media, peer influences and other forms of communication. The perception of risk or harm from the society is affected by and affects our experiences of risk-like knowledge, experiences, values, attitudes and emotions. A person’s personality and social context also play a significant role in the creation of these negative perceptions (Wachinger et al., 2013).

When participant 1 was asked, after it was determined that he displayed resiliency against negative feedback from peers, whether he feels that his experience was an exception, stated:

“Yes, because I think you get other kids out there – it must be hard for them. Like, this is so confusing” (Document 1, page 10, line 11–12).

Through his answer it was evident that he felt that other children from same-sex parented families may find it difficult to fit into society, thus highlighting a presence of a perceived risk for children from same-sex headed households. This point was emphasised by participant 14, which stated:

“The only time that we don’t have that pressurised feeling that we are being scrutinised is when we are with our families or with our friends. The other times, definitely. A lot” (Document 10, page 14, line 22–24).

In addition, the perceived risk was found to not be necessarily towards direct, but also concealed experiences, activities, or events of discrimination. Participant 16, a lesbian mother, who got divorced and came out stated:

“Here or there you hear things, but people won’t directly say it to us, so I’m not really sure what the thought process was for everybody else. But the negative stand that you can get from people—I’m sure there was a lot said with a child in the relationship” (Document 11, page 15, line 23–26).

If a person experiences these risk perceptions, it may motivate the individual to act on these risks. This in turn may lead to further risk factors within the family identity process, if misperceptions were experienced. A frequent occurrence of negative perception was identified in the child participant group with six displaying this risk factor.

In turn, the adult sample also displayed a frequent occurrence of this risk factor. This was identified either through fear for discrimination against their children, not communicating their sexual identity to societal members, or even shifting jobs in order to not feel discriminated against. Extended family member perceptions also played a role in some of the negative perceptions experienced by the adult participants. Participant 7 stated:

“So the struggle for me, I guess, was how much of my family I would lose if I came out” (Document 6, page 3, line 30-31).

Theme 1.1.2 Fears and insecurities

Five of the child participants mentioned either current or past fears of isolation by friends and peers. According to Biordi (1995), a fear of social isolation may lead to low social engagement due to potential risk for stigmatisation from a particular group. The need to conform and stay anonymous serves as a defence mechanism to fit in. The low levels of social engagement can become a psychological isolator, which becomes a risk factor for social isolation (Biordi, 1995).

Participant 11, after being asked if he likes having friends visit him at home stated:

“Well not really, because I don’t like people coming over”, after which his mother participant 12 stated: “He’s very protective”.

Fear of social isolation by children from same-sex family households may thus be at risk for further social isolation, if approached from a stance of conforming to the group. Inadequate approaches may thus be used to conform thus leading to further isolation.

The adult participants mentioned fear and insecurities in terms of their parenting abilities. Five (occasional occurrence) adult participants stated that they were uncertain of their roles, responsibilities, or part in the same-sex family system. One participant displayed pessimistic thought when considering her age and how that may badly affect her child’s health. Two of the participants did not know how to reinforce discipline in the household, or whether they were allowed to. Another adult was worried about not being genetically linked to her child with her partner.

As stated by Participant 30:

“But it does scare me a little that it’s biologically not part of who I am. It does worry me” (Document 21, page 2, line 34–35).

These insecurities and fears may lead to role confusion and harm to the family system if not communicated to partners. It may in turn lead to relationship issues between adults or between adults and children in the same-sex family system.

Theme 1.1.3 Confusion and uncertainty

Uncertainty is a feeling that arises from an expected threat to one's well-being. This perceived threat in the future disrupts a person's ability to avoid negative impacts, which results in experienced anxiety (Grupe, & Nitschke, 2013). Three of the 12 child participants displayed uncertainty in their personal feelings towards the fact that their parents were gay, lesbian, or 'queer', or that they were part of a same-sex family system. This uncertainty may lead to anxiety, which may negatively impact these individuals' individual and family identity processes.

Participant 24 stated:

'Knowing that some people are negative, how do you feel about that?', answered, "It feels like I don't want to have gay parents" (Document 16, page 12, line 14–15).

Furthermore, participant 24 did not want to tell his girlfriend that his mom was a lesbian and stated:

"Um, I didn't want to tell my girlfriend cause she probably would think I'm weird or something". (Document 16, page 10, line 8-9)

As in the case of Participant 24, feelings of uncertainty may in turn affect the individual's other relationships and interaction in those relationships. Uncertainty and confusion came to the forefront in adult participants' perceptions that their identities could not be combined and were segregated from one another. Segregation is defined as "the act or practice of segregating; a setting apart or separation of people or things from others or from the main body or group" (Dictionary.com, 2016). This term is used to clarify the process that three (rare occurrence) adult participants applied to the uncertainty they experience when considering their personal gay/lesbian identities, and their family identities. These individuals experienced confusion as to how these identities will fit into one another, and thus still experience them as two different identities put together. Participant 27 stated:

"So that whole question was 'is my lesbianism worth it?', and quite honestly, it so was not. As a parent I would rather be sacrificed than to hurt my kids and when you get to that, that's how you feel. I'll do anything to not hurt my kids" (Document 19, page 18, line 10–13).

As stated, Participant 27 felt that she had to choose between her sexual identity and identity as a mother in order to protect her children from harm. She also added:

“And if it means to carry on living with your ex-husband, in the same room knowing that you are gay and him knowing that you are gay and him still trying his hardest to be affectionate, it’s like a nightmare you never want to have to go through” (Document 19, page 18, line 13–16).

Her perception of what society would think and how they would react towards her children affected her behaviour, which led to intense feelings of personal unhappiness, uncertainty and confusion of what to do.

4.2.1.2 Individual protective factors

The Center for the Study of Social Policy (2014, p. 6) defines protective factors as “conditions or attributes of individuals, families, communities or the larger society that mitigate or eliminate risk”. The following themes have been identified as individual protective factors for children from same-sex families. These factors may benefit the elimination of risks to same-sex families’ identity perceptions.

Theme 1.2.1 Positive mental health (flourishing) indicators

Flourishing or positive mental health and functioning has been divided into eleven symptoms (Keyes, 2005). One of these symptoms is self-acceptance. The importance of self-acceptance in mental health has been on the forefront in the psychotherapeutic community (Bernard, 2013). As stated by Ellis (in Bernard, 2013), a person’s estimation of value and worth is essential for positive functioning. Garcia, Nima and Kjell (2014) include the acceptance of one’s past life in their definition.

Although a rare occurrence, three of the children interviewed displayed self-acceptance discourses. This included acceptance of their strengths and weaknesses; acceptance of where they fit in the school system in terms of peer relationships and peer acceptance; and acceptance through striving for personal contentment. A frequent occurrence of self-acceptance was found in the adult participants, with 11 making specific reference to acceptance of themselves, as well as their family

systems. In addition two participants emphasised the importance of self-reflection in coping with adverse life situations. Participant 9 said:

“But you know, I’ve pursued my own life so I’m very happy the way I am. I don’t let external stuff get to me too much. I try and keep my own happiness important, you know. That’s important to me” (Document 7, page 3, line 9–11).

Neff and McGehee (2010) link self-acceptance with self-compassion. Their research links self-compassion with personal resilience through being able to experience warmth, connection and concern, when faced with suffering. The acceptance of one’s appearance and behaviour has in addition been connected to good self-esteem and experience of self-worth (Buckner, Mezzacappa, & Beardslee, 2003).

Another symptom of positive mental health is social acceptance (Keyes, 2005). This symptom can be defined as the experience of positive attitudes towards other people and accepting and tolerating their differences and complications (Keyes, 2005). The Cambridge English Dictionary (Procter, 1995) defines tolerance as the “willingness to accept behaviour and beliefs that are different from your own, although you might not agree with or approve of them”. In turn, Oxford Dictionaries (2016) defines it as “the ability or willingness to tolerate the existence of opinions or behaviour that one dislikes or disagrees with”.

Not one of these definitions clearly emphasised the protective theme as manifested through the analysed data. The definition provided by Dictionary.com (2016) gives a more accurate description of what is meant with tolerance. This definition states that tolerance is “a fair, objective, and permissive attitude towards those whose opinions, beliefs, practices, racial or ethnic origins, etc., differ from one’s own; freedom from bigotry”. Furthermore it defines tolerance as an “interest in, and concern for, ideas, opinions, practices, etc., foreign to one’s own; a liberal, undogmatic viewpoint”.

As a Psychological term, Tolerance needs to be defined by comparing it to acceptance and respect. According to Van Quaquebeke, Henrich & Eckloff (2007, 188) “Tolerance is a possible attitudinal reaction to an object’s presence in the subject’s environment”, whereas acceptance is “a possible attitudinal reaction to an object’s membership in the subject’s group, and appraisal respect is “a possible attitudinal reaction to an object’s influence on the subject”.

Tolerance and acceptance, as defined above, was a very frequent theme among the children of same-sex families. Ten of the 12 children identified with tolerant behaviour and acceptance of difference.

“We’re all unique, if that guy is Black and that guy’s White, why do you need to judge them? It’s like that’s a family and that’s a family. Why do you have to judge them just because of their skin colour? I would rather they accept us the way we are. Like people accept you having blonde hair, or curly hair” (Document 12, page 13, line 9–13).

As Participant 19 stated above, tolerance was presented either through acceptance of differences in terms of sexual orientation, values, beliefs and physical characteristics. Furthermore, four adult participants mentioned the importance of tolerance towards differences within their family household.

Keyes (2005) states that the criteria of hedonia form part of the diagnosis of positive mental health. Hedonia is presented as a positive affect for more than 30 days, or feeling satisfied with life overall or with certain domains of life (Keyes, 2005). Contentment with one’s situation and life choices will thus fall in to these hedonic feelings.

Contentment is “a state of happiness or satisfaction” (Oxford Dictionaries, 2016). This individual level protective factor occurred frequently among the adult participants. The adult participants frequently displayed contentment with the decisions they made and the situations those decisions placed them in. This factor emphasises the commitment these adults have towards their sexual identities, and that they will not change the way they handled situations. Participant 20 stated:

“I have to say that I haven’t regretted it for one single second. Not for one iota of a minute” (Document 13, page 3, line 10–11).

In addition, these adults will display resilient characteristics, because they are able to look for meaning through their experiences of adversity.

Theme 1.2.2. Normalisation

The term normalisation is traditionally used in disability research, but the principles can be applied to describe the protective processes used by children in same-sex

family systems. Normalisation can be defined as a method to maintain behaviours and characteristics in order to receive normative resources (QMRP, 2010). In other words, it gives marginalised groups the opportunity to receive the same amount of opportunities and advantages as the rest of society. Normalisation has been viewed as a strategy that benefits lesbian and gay parents (Clarke, 2002). This concept also forms part of the assimilationist framework, which focuses on minimising the sexual identity and focusing on maximising societal participation and equal treatment (Clarke, & Kitzinger, 2004).

Normalisation was a frequently identified theme with nine of the 12 children addressing the topic. This was expressed through the children either saying that their families are similar to heterosexual families, or that their family systems are normal in all aspects except their choice of sexual orientation.

According to the family resilience framework (Walsh, 2003), normalisation of difference, adversity or distress relates to the meaning-making processes needed by families to deal with hardship. It appears that the majority of the children from same-sex family systems display these resilience processes to deal with the challenges created by society's perceptions. In addition, seven of the adult participants emphasised the role of normalisation within their same-sex family systems. Participant 22 stated:

“So, I think to try and make it as normal as possible, because it is normal, why should it be a—as I say, heterosexual parents don't sit their kids down and say “we're heterosexual.” I think to just make it normal is the best way to do it” (Document 14, page 14, line 22–25).

Theme 1.2.3 Coping skills

Coping can be defined as “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus, & Folkman, 1984, p. 141). An active coping strategy will involve an awareness of the stressor, after which active (physical or cognitive) attempts will be made to reduce the negative outcomes associated with the stressor (UCLA, 2016).

Six of the 12 children (frequent occurrence) mentioned characteristics that are either direct examples of coping or pre-requisites to active coping.

As previously mentioned, active coping involves an awareness of a stressor. Two of the participants directly indicated an awareness of possible negative perceptions from others. A further participant emphasised the importance of honesty in direct communication. The other three participants gave examples of situations when active coping strategies were used in order to deal with stressful situations related to their same-sex family systems. Participant 12 said:

“From other students and other people at school. They want to comment and we just tell them, ‘shut it’. Then everything goes back to normal, then they start judging. And from people that don’t like me, they pass comments. Then those other people come to me and tell me and I sort it out myself” (Document 9, page 9, line 4–7).

Autonomy thus plays an important part in the ability displayed by these child participants. Autonomy forms part of the positive mental health criteria proposed by Keyes (2005).

Eight of the adult participants employ values associated with active coping to deal with adverse situations. Values of honesty, active problem-solving, externalisation of failures or issues, and the ability to not be negatively influenced by negative perceptions, were found to be important in coping with adverse situations. Eight of the 19 adult participants stated the importance of these values for coping with challenges posed during everyday family life.

As previously mentioned, an awareness of possible stressors is paramount in displaying appropriate coping skills. The awareness of societal perceptions may add to utilisation of adequate coping strategies. Oxford Dictionaries (2016) defines perception as “the way in which something is regarded, understood, or interpreted”. Three of the child participants (rare occurrence) and four of the adult participants (rare occurrence) were able to identify and become aware of the negative perception society may have towards same-sex families. This awareness was seen as a protective factor, because they used this to combat the effects the negative perceptions may have on their personal lives and their own perceptions.

The awareness that negative perceptions exist towards same-sex families and its members, prepares these individuals to react in a healthy and appropriate way when

the need arises and may lead to environmental mastery, which is a symptom for positive functioning (Keyes, 2005). This protective factor can subsequently lead to more resilient individuals.

Theme 1.2.4 Optimism

According to Snyder (2002), optimism is the expectations of an individual that regardless of one’s actions or situation, positive outcomes will result. Oxford Dictionaries (2016) defines optimism as “hopefulness and confidence about the future or the success of something”. Optimism is, therefore, an uncontrollable expectancy of positive outcomes. As Participant 1 stated:

“I think that being gay is a big struggle now, but I think eventually it will be okay to be gay” (Document 1, page 13, line 26–27).

This characteristic was found in three of the 12 interviewed child participants (rare occurrence), and six of the 19 adult participants (occasional occurrence). Optimism with regard to society’s changing attitudes and acceptance towards same-sex families / gay individuals was identified as a theme.

Optimism is a characteristic of the family resilience framework, and is a key process identified in the resilient family’s belief system (Walsh, 2003).

4.2.2 Section 2: Family level factors

The table below outlines the key themes of Section 2:

CHILDREN OF SAME-SEX FAMILIES	
Risk factors	Protective factors
<i>Family</i>	<i>Family</i>



<p>Theme 2.1.1. Structural and supportive factors</p> <p>Negative perceptions and reactions from other parent (3; 12; 13; 22; 24)</p> <p>Distant relationship with other parent (1; 6)</p> <p>Extended family stressors in terms of partner acceptance (6; 9)</p> <p>Logistical variables (5; 6; 22)</p> <p>Minimal time spent together (9)</p> <p>Divorce (1; 3; 5; 6;12; 13; 22)</p>	<p>Theme 2.2.1 Positive relationship experience</p> <p>Good relationship with mother's/father's partner (1; 6; 12; 13)</p> <p>Couple/co-parent relationship: equal partners</p>
<p>Theme 2.1.2 Communication factors</p> <p>Not communicating concerns or negative feelings (5; 9;) Not communicate sexual orientation (6; 9; 11) No communication in terms of societal role and possible perceptions (1; 24)</p> <p>Bad communication with other parent (24)</p>	<p>Theme 2.2.2 Communication factors</p> <p>Communicate society perceptions (12; 13).</p> <p>Clear consistent messages.</p> <p>Good open communication about sexuality, etc. (1; 3)</p> <p>Honesty and security: not scared to share negative feelings (3; 5)</p> <p>Pleasurable interactions: humour (1; 11; 13; 24)</p>
<p>Theme 2.1.3 Identity factors</p> <p>Difficulty defining family identity (1)</p> <p>Not feel that parents' identities affect / play role in own identity (1)</p> <p>Role confusion (12; 13; 22)</p> <p>Extended family stressors in terms of identity (3; 6)</p>	<p>Theme 2.2.3 Structural and supportive factors</p> <p>Supportive environment is key: support towards gay parent (1; 3; 5)</p> <p>Mutual support, collaboration, and commitment</p> <p>Acceptance of family structure (1; 3; 5; 6; 9; 13): positive about structure</p>

PARENTS AND PARTNERS IN SAME-SEX FAMILIES	
Risk factors	Protective factors
<p>Theme 2.1.1 Structural and supportive factors</p> <p>Family of origin not present / not supportive (14; 15; 18; 28; 30; 31)</p>	<p>Theme 2.2.1 Positive relationship experience</p> <p>Good relationship between parents</p> <p>Stability through adversity (1; 6)</p>



Non-acceptance of family structure: feels like intruder/outsider (17; 25; 26; 31)	
Theme 2.1.2 Communication factors Negative role model (18; 27; 31)	Theme 2.2.2 Communication factors Honesty (18; 27; 28) Sharing of feelings (14; 15; 17; 18; 26; 28) Humour (4; 7; 8; 15; 20; 21; 26)
Theme 2.1.3 Identity factors Identity segmentation: sexual identity vs. family identity (27; 30; 31)	Theme 2.2.3. Structural and supportive factors Support and commitment (14; 15; 17; 18; 20; 21; 25; 26; 28; 29; 30) – towards family and from extended family (includes extended time spent together) Stability through adversity (14; 15; 17; 18; 20; 21; 25; 26; 27) Clear roles
1: Individual occurrence; 2–3: Rarely; 4–7: Occasionally; 7–9: Frequently; 10–12: Very Frequently 1: Individual occurrence; 2–4: Rarely; 5–10: Occasionally; 11–14: Frequently; 15–19: Very Frequently	

Table 4.2 Family factors

4.2.2.1 *Family risk factors*

Theme 2.1.1. Family structural / family process factors

It is well documented that parental divorce can have serious negative effects on child and adolescent functioning (Wolchik, Schenck, & Sandler, 2009). Risk factors to socio-environmental and mental health for children from divorced families include inter-parental conflict, severe life changes, low acceptance and consistency of discipline, and decreased contact time with non-custodial parent (Wolchik, Schenck, & Sandler, 2009; Hopf, 2010).

Divorce was found to occasionally contribute to risk factors in family identity formation for children from same-sex families. It should, however, be noted that it was the most consistent factor present between the children in same-sex families, with a total of seven instances.

Participant 1, after being asked if he has ever experienced negative feelings about his family identity, replied:

*“Well, obviously it would have been quite nice to have her and me and my Dad”
(Document 1, page 7, line 1).*

The non-custodial biological parent’s reaction to the disclosure, as well as perception of the custodial parent’s behaviours and decisions, can be experienced with distress from the children involved (Figley, 2014). Participant 12 said:

*“But now, my dad’s still very anti-gay. In the beginning he wasn’t happy at all that my mom was gay. He actually wanted to take my sister and I away from my mom”
(Document 9, page 4, line 16–17).*

If the situation is handled with emotional clout it may cause significant distress to the child/children involved (Figley, 2014). Negative perceptions about the custodial or non-custodial parent’s new partner may lead to confusion and stress in children due to indirect expectations it places on them to choose allegiance with one system (Figley, 2014). This may in turn jeopardise the child’s experience of family identity. Five out of the seven children from previously heterosexual family systems experienced negative perceptions and feelings from the non-gay biological parent.

Furthermore, when the other biological parent does not form part of the current family identity system, it may lead to distancing from, or lack of, interpersonal closeness with this parent, which may also lead to confusion in the development of a family identity (Goldberg & Allen, 2013). Participant 1 stated:

“The thing is, I don’t speak to him much. I don’t have a good relationship with him. Let’s just say that” (Document 1, page 13, line 7–8).

Extended family stressors were also found to contribute to structural risk factors. Extended family is defined as the family members who do not form part of, and/or extend beyond the nuclear family, including grandparents and other relatives (Oxford dictionary of English, 2010). When family structural changes take place, extended family may not acknowledge non-biological members to the existing system (Millbank, 2003). Some lesbian and gay parents may not receive support from, or may in cases face hostility from, their extended family (Gunn, & Surtees, 2009). The extended family support is an important protective factor for families, and becomes a risk factor when not part of the support network (Power, Perlesz, Schofield, Pitts, Brown, McNair, Barrett, Bickerdike, 2010).

Four of the child participants mentioned that extended family perceptions and lack of support affected their family identity, or the identity of the partner to their parent. In addition, six adult participants stated that extended family members did not provide support in terms of their decisions to disclose their sexual identities. Participant 3 said:

“My mom’s mom—she didn’t like the idea of my mom being gay. She didn’t think it was appropriate for me and (brother). So she did not like the idea at all” (Document 3, page 13, line 10–11).

Logistical variables were found to increase the likelihood of structural risk factors in maintenance of family identity. Logistics can be defined as a discipline that “analyses and models division-of-labour economic systems as time-based and location-based flows of objects (above all goods and people) in networks, supplying recommendations for action on the design and implementation of these networks” (Delfmann, Dangelmaier, Günthner, Klaus, Overmeyer, Rothengatter, Weber, & Zentes, 2010, p. 3). Logistics in family systems may include family roles, flows/changes in the family system, and flows/changes in other aspects of life contexts.

As previously mentioned, severe changes after a divorce may negatively impact a child's socio-environmental and mental health (Wolchik, Schenck, & Sandler, 2009). Divorce and separation was found to be a direct source for logistical stressors.

Theme 2.1.2 Communication factors

Past research found that many fathers disclosed their same-sex attracted sexual orientation with their children (Bozett, 1980). Fathers that did not disclose their sexual orientation to their children would experience distress. The stress would depend on the intimacy of the man with his children, as well as the importance he assigns to his role and identity as father (Bozett, 1980). A study conducted by Murray and McClintock (2005), however, found evidence that children raised by non-disclosed lesbian mothers displayed higher levels of self-esteem than children from heterosexual headed households.

Lack of communication of sexual orientation was found to be a contributing factor to confusion in children in three of the 12 participants. Participant 9 reacted when told that her mother identifies as Lesbian:

“That’s it! My dad even says so, but I don’t think my mom’s ever really been—I don’t know, I really don’t know” (Document 7, page 2, line 14–15).

Lack of communication of concerns or negative perceptions others may have of the family system may put additional strain on family identity development. Open emotional expression is a key family resilience process (Walsh, 2003). Parents who fail to prepare their children for possible negative perceptions from society may add to the distress experienced by their children. It may also add to the negative feelings that the child may have towards the parent's disclosure and sexual identity (Guerrero, Andersen, & Afifi, 2014).

Same-sex family systems may come in various forms, as discussed in detail in the literature chapter. In same-sex family systems characterised by divorce or one biological parent, this parent becomes the primary source of communication of roles and expectations (Potter, 2012). In addition, the biological parent needs to integrate the stepparent or partner, which may be difficult due to differing perspectives on parenting styles, authority roles, and attachment with children (Potter, 2012). Falci

(1997) states that a child's wellbeing is affected by differing family processes and various variables across family structures.

Two child participants mentioned stressors related to the parent's partner, two child participants mentioned distant relationships with their other biological parent, and one mentioned bad communication with their other parent.

Theme 2.1.3. Role confusion and identity factors

An occasional occurrence of role and identity risks was identified within the child participants' data. Three of the adult participants (rare occurrence) mentioned experiencing identity segmentation between their sexual and family identities.

Family roles can be defined as the behavioural patterns individuals employ to fulfil family functions and needs (Epstein, Bishop, Ryan, Miller, & Keitner, 2003). Family roles are important for healthy family functioning and clear family roles predict success in dealing with life stressors (Walsh, 2004). A lack of clear roles and thus role confusion may increase stress.

Role confusion was a rare occurrence with three of the 12 child participants displaying this risk factor. This was displayed by children defending same-sex parents from their other parents, children taking more responsibility for siblings, and children becoming independent from family members. As Participant 12 described:

"If he says something really bad, then I tell him, 'It's her life. It's her choice. Just leave it. That's who they are'. Then my dad grumbles. He just sits there and he mumbles and he moans, and he gets very frustrated" (Document 9, page 4, line 20–22).

The distance between a child and their parent/s may be an additional stressor to identity formation and role confusion. Goldberg and Allen (2013) found that a geographic distance between parents and children lead to difficulties in establishing interpersonal closeness. The lack of geographical and interpersonal closeness as a risk factor was emphasised by Participant 9 who stated:

"There was always a lot of denial and stuff. But then I was in boarding school a lot of the time. I wasn't really home much and then when I was about 15 or 16 [mother's partner] moved. We haven't really seen eye to eye very much, [mother's partner] and I. I think, ja, I think often sometimes there's a bit of jealousy" (Document 7, page 1, line 10–14).

Continuous transitioning and change may be distressing for children, especially for same-sex families due to added difficulty pertaining to lack of acknowledgement from society (Potter, 2012). Participant 5 highlighted this risk factor by stating:

“It is hard of course with the whole moving and stuff on the weekends. So it’s like having to move around a lot, that’s hard” (Document 4, page 25, line 3–5).

4.2.2.2 Family protective factors

Theme 2.2.1. Positive relationship experiences

The quality of family relationships has proven to be a key factor in same-sex family systems (Power et al., 2010). Four of the child participants mentioned either experiencing good relationships with both parents, or stepparent or partner. In addition, two adult participants mentioned having a good relationship with a child’s other parent and that each parent has clear roles and responsibilities in the child-rearing process.

Theme 2.2.2. Communication factors

Clarity in communication was found to be a protective factor in same-sex family systems. According to Oxford Dictionaries, clarity can be defined as “the quality of being coherent and intelligible” (2016). Clarity indicates how clearly a message is transferred from one person to another. The family resilience framework (Walsh, 2003) splits this process into two components. The first component is the use of clear, consistent messages including both words and actions. The second component is the clarification of ambiguous information, as well as truth-seeking and speaking the truth (Walsh, 2003).

Five of the 12 child participants used clarity as a key process in communication through open communication about feelings or perceptions. Participant 5 stated:

“I think for me, if you want to be in a relationship with me, you should know that my mom is a lesbian. So I would tell them” (Document 4, page 30, line 8–9).

Humour and pleasurable interactions were also found to add to the protective communication factors in the same-sex family systems. According to the family resilience framework, humour and pleasurable interactions drive open emotional

expression (Walsh, 2003). Humour, according to Oxford Dictionaries (2016) is “a mood or state of mind” and a sense of humour is “a person’s ability to appreciate humour”.

Participant 1, when asked how long it took for the awkwardness to go away, stated:

“About a day” [followed by laughter] (Document 1, page 5, line 5).

A good sense of humour was displayed by at least four of the 12 child participants during the interviews. Humour has been studied as a method people use to cope with the world and provide resources, social relief and positive mental effect (Rieger, & McGrail, 2014). Rieger and McGrail (2014) emphasised the popularity of the study of humour and how it relates to aspects of family functioning.

Theme 2.2.3. Structural and supportive factors

Three of the 12 child participants displayed mutual support, collaboration and commitment. One participant (5) stated his/her support for his/her mother by saying:

“She’s strong enough to deal with it” (Document 4, page 31, line 3–4).

With regard to respecting individual’s needs and boundaries, one participant (1) stated:

“Well, then I suppose we would have to speak about it more or if she isn’t interested then obviously I’m not interested” (Document 1, page 12, line 10–11).

Acceptance of the family structure was found to contribute to the support given to each other by family members within the same-sex family systems. Walsh (2003) proposed the family resilience framework. According to this framework the acceptance of what cannot be changed and flexibility to adapt to fit new challenges form part of the organisational pattern that is a key process in family resilience.

Flexibility includes being open to change, finding stability through disruptions, and displaying strong authoritative leadership (Walsh, 2003). Two child participants said that they still have good relationships with both their parents. In addition, the parents had good contact with one another, which characterises flexibility and openness to change in the face of adversity or disruptions. Participant 6 described his parents’ relationship as follows:

“I’m not too sure, but they are quite good friends now. I was still small, so I couldn’t understand how she handled it. But yeah, they are quite good friends. To give you an example, while they were in the States, my mom visited for three weeks with me. They lived in the same house without killing each other, so that’s quite all right” (Document 5, page 5, line 20–23).

Four participants experienced good relationships with their parent’s same-sex partner. Participant 12 said:

“When my mom’s with [mother’s partner], she’s always playing and we’re always—we always talk with each other. We get along with [mother’s partner], and she asks us how we feel. No guy that my mom’s ever dated was like that. And everyone accepts [mother’s partner] and we all love her. It’s actually quite nice” (Document 9, page 2, line 27–30).

4.2.3 Section 3: Community level factors

The following table outlines the community level themes identified:

CHILDREN OF SAME-SEX FAMILIES	
Risk factors	Protective factors
<i>Community</i>	<i>Community</i>
<p>Theme 3.1.1. Societal views and expectations</p> <p>Traditional cultural (9; 22)</p>	<p>Social support networks</p> <p>Acceptance by community members (school, peers) (1, 3, 5, 9, 12, 13, 24, 22)</p> <p>Positive experience of change in community perceptions(1, 3, 5, 6, 12, 13, 22)</p>
<p>Theme 3.1.2. Community identity difficulties</p> <p>Uncertain about peer group role (11)</p> <p>Bullying (1; 12; 13)</p> <p>Seen as different (3; 23)</p>	

PARENTS AND PARTNERS IN SAME-SEX FAMILIES	
Risk factors	Protective factors
<i>Community</i>	<i>Community</i>

<p>Theme 3.1.1. Societal views and expectations</p> <p>Traditional culture expectations lead to discrimination (14; 17; 18; 20; 21) – church, adoption agencies, traditional family values, conservative areas, schools (26, 27; 28)</p> <p>Knowledge impairment of children’s peers (14; 15; 17; 28)</p>	<p>Theme 3.2.1. Support services</p> <p>Reformed church community participation (26)</p> <p>Tolerance of differences in school system (20, 21) – willingness to be flexible</p> <p>Same-sex parenting support group (20; 21)</p> <p>Therapeutic resources (16; 18; 26)</p>
<p>Theme 3.1.2 Community identity difficulties</p> <p>Difficulties identifying with lesbian/gay community (20; 21; 27)</p> <p>Friendship loss due to structural and identity changes (18; 20; 21; 27)</p> <p>Workplace challenges (14; 28)</p>	<p>Theme 3.2.2. Supportive material resources</p> <p>In education (17; 30; 20; 21)</p>
	<p>Theme 3.2.3 Social support networks</p> <p>(14; 15; 20; 21; 31)</p>
	<p>Theme 3.2.4 Community awareness and curiosity</p> <p>Community members displaying informational interest (17; 25; 26; 27)</p>
<p>1: Individual occurrence; 2–3: Rarely; 4–7: Occasionally; 7–9: Frequently; 10–12: Very Frequently (1: Individual occurrence; 2–4: Rarely; 5–10: Occasionally; 11–14: Frequently; 15–19: Very Frequently)</p>	

Table 4.3 Community factors

4.2.3.1 Community risk factors

Theme 3.1.1. Societal views and expectations

A tradition is a spread of specific customs and beliefs across generations (Oxford dictionary of English, 2010). It entails belief systems that are passed on from generation to generation and remain a dominant force in communities’ thought and behaviour patterns. Traditional cultural belief systems defend heterosexual marriage and family systems. Anything out of the norm will thus be targets for discrimination. Seven of the adult participants felt that traditional cultural norms lead to visible discrimination of their family systems and sexual orientation. Two of the adult

participants stated their opinions on how schools reinforce these traditional belief systems and thus reinforces discrimination. Participant 22 said:

“But I think a lot of the time people say horrible things because they don’t know. Because they’re ignorant and maybe they’ve grown up in an religious household or something and so it’s kind of ‘We don’t like it because the Bible says so,’ but not any reason behind it” (Document 14, page 12, line 26–30).

Four of the adult participants raised concerns about the lack of knowledge of Lesbian, Gay, and Bisexual individuals and same-sex families within the school system. These participants felt that youth awareness efforts were lacking and thereby leading to discrimination of children from same-sex families as well as same-sex attracted youth. Participant 26 stated:

“And then also with the kids as I said earlier on, kids are terrible. Um, you know, teach the kids that, you know, it’s not such a big deal, you know. I think that that would change the world’s, or South Africa’s, point of view as well when it starts from school age. And we’ve got so many poor little kids at school that already know they’re gay that just cannot come out because of society. I would suggest that that should be addressed from an early age; that if a child has got difficulties with his sexuality, that it gets addressed at school-level already, not just to wash it away, like in so much, especially Afrikaans schools, where it’s just, you know, ‘Go see a therapist, get over yourself,’ type of thing” (Document 18, page 9, line 26–34).

Theme 3.1.2. Community identity difficulties

Three of the adult participants felt discriminated against by the lesbian/gay communities within their areas, although it was not stipulated who they viewed as forming part of their gay communities. Two mentioned that gay men do not identify with the family system, and are not yet focused on starting families and becoming parents. The other participant mentioned the lack of identification in the lesbian community that is split between single relationships and over involved family relationships. As Participant 20 explained:

“I think that if the gay—by which I mean gay male adoption—it’s kinda like not part of gay culture. So I think that it is much more part of lesbian culture than it is gay male culture. And because—and I’m talking stereotypes here—but you’re talking Cape Town, the cabriole with the sunglasses on the head, and a young boy next to you and the house on the hill overlooking the bay, and all that stuff. So kids are just absolutely—they don’t feature in any way as part of that reality—and the clubs, etc.

So now all of a sudden, to put that as a paradigm, not only is it a positive thing, but it is a necessary thing for your own development” (Document 13, page 8, line 6–13).

A person’s peer group can be defined as people from approximately the same age, status and interests (Oxford dictionary of English, 2010). A child’s peer group normally consists of friends at school or elsewhere. An adult’s peer group usually consists of work colleagues and friends. A strong social network and connectedness to community members is seen as important protective factors for family members from same-sex family systems (Power et al., 2010).

Four child participants (occasional occurrence) experienced peer group stressors. One mentioned that he/she did not know what his/her peer group expects from him/her. The other three child participants experienced discrimination or bullying from their peer groups. Participant 28 stated:

“They’ll basically try and use that as a basis to attack them. Essentially, they would be teased anyway, but this is something they can use” (Document 9, page 9, line 10–11).

Four of the adult participants (rare occurrence) experienced either identity stressors or loss of friendships due to their sexual orientation disclosure. In addition, two of the adult participants mentioned experiencing workplace challenges associated with their sexual identities.

4.2.3.2. Community protective factors

Theme 3.2.1. Support services

Lesbian, gay, and bisexual specific services provide resources to same-sex family members to assist with integration into the Lesbian, gay, and bisexual community, receive support that are often lacking, or live out their values in a non-discriminatory way. Three adult participants mentioned a gay-friendly church and the support they provide. Two adult participants mentioned that same-sex parenting support groups helped and reassured them that they were providing adequate care for their children. In addition, it provided the same-sex parents with a group that they can identify with.

Three adult participants made use of therapeutic resources in order to support the development of their identity, or as a mediator between parents and children. As Participant 18 revealed:

“Then through therapy I realised that my feelings towards her were not just friendship, and then I started to deal with all the other stuff that happened to me when I was a child in school” (Document 12, page 1, line 18–20).

Theme 3.2.2. Supportive material resources (literature and technology)

Four of the adult participants said that they made use of material resources either in the shape of books and magazines, or television shows and programmes. The material resources help provide a catalyst for communication into children’s perceptions, as well as provide understanding in a concrete, visual, or fun way.

Theme 3.2.3. Social support networks

Five adult participants mentioned that they have a support network from the gay community. Moreover, the other gay members also had children that could interact with their children and provide support in discussing experiences and dealing with discriminatory actions. Social support plays a significant role in psychosocial adjustment for same-sex attracted individuals (Berger, & Mallon, 2015). Likewise, strong social networks were found to be an important community level protective factor for same-sex families (Power et al., 2010). Eight child participants felt that they were accepted by the community, and seven had a positive experience of change in their communities’ perceptions.

Child participants in turn displayed support for their peers through protecting them from harm and supporting their differences in terms of sexual orientation. As Participant 12 related:

“At the end of last year, my best friend came out. Since then, everyone bullied her, pushing her. It’s been very hard on her. She told me before, she’s really grateful that she’s got me to tell them to leave her alone. Cause I’m her voice because she doesn’t stand up for herself. And my other gay friends, they also get bullied in school” (Document 9, page 8, line 4–7).

Theme 3.2.4. Community awareness and curiosity

Four adult participants mentioned that community members started to become comfortable with them. Also, counsellors and community members approached them for more information in order to educate people about same-sex family systems. Feeling a sense of connection with the community was found to be a community level protective factor for same-sex family systems (Power et al., 2010). Participant 17 stated:

“There was a guy, he’s building a house just above us, and he came to us one day and he wanted information because he is a counsellor to kids, and he had a problem in the Coloured community with this one girl. He came to us for information, we did research and we gave all of these things to him. In that way, we want to be—we are trying now to start something” (Document 11, page 16, line 27–31).

Participant 27, when asked if she sees herself as ‘the voice speaking for gay people everywhere’, said:

“Well they have never asked me to come and speak. But I have actually been waiting for that because we went for a bit of counselling and it came out during counselling that one of the reasons we were having such family turmoil was because I had come out and the counsellor was really quite interested and she was very keen to see us more as a family” (Document 19, page 13, line 5–11).

As emphasised in the above-mentioned quotes, the curiosity and interest displayed by community members may lead to advocacy, which in turn may increase the experience of positive mental health for these family members (Keyes, 2005).

4.3 SUMMARY

The aforementioned chapter discussed the results from the research data. Then the data themes found within the individual, family, and community levels were discussed and divided into risk and protective factors. Subsequently, conclusions and recommendations for future research will be made in the next chapter.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 focused on the presentation of the research results in the form of themes and subthemes. The findings were interpreted using the relevant literature from Chapter 2.

Chapter 5 concentrates on making conclusions around the research questions. It will provide possible contributions of the research and will mention and discuss the limitations that were identified. It will furthermore suggest recommendations for future research, training, and practice.

5.2 CONCLUSIONS AROUND THE RESEARCH QUESTIONS

5.2.1 What are the risk factors (individual, family and community) to family identity formation experienced by same-sex family members?

One of the aims of the study, together with identifying resilience processes, was to explore the risk and protective factors same-sex families experience surrounding their family identity. Based on the literature study, as well as the data analysis, the following potential risk factors to family identity were identified on individual, family and community levels.

Structural risk factors were found to be the most prominent risk factor with all 12 child participants, and all 19 adult participants mentioning at least one structural component posing a challenge to family identity. Matjasko, Grunden and Ernst (2007) highlighted certain structural characteristics that have shown to affect families risk exposures. These included the parents' educational background, employment, minority status, and public assistance (Matjasko et al., 2007). These would include changes and transitions in the structural characteristics that define the family system including

changes in family member participation, changes in employment and financial situation, and changes in support and participation in the community.

The most noticeable structural risk factor for the child participants was **divorce** of their biological parents. Nine participants came from divorced backgrounds and all mentioned at least once that the divorce affected the family structure and relationships between the family members. **The lack of support and presence of members of family of origin** was the most significant risk factor for the adult participants, with 12 of the 19 affected.

There were more variations between risk factors experienced by the child participants (20), than by the parents or partners (16). The second most significant risk factor for the child participants was the perception that society has a negative view of their family system. Children from same-sex parented family systems are negatively affected by the experience of negative stigma from their community. This in turn may lead to a decrease in health and well-being (Crouch, Waters, McNair, & Power, 2015). The second most significant risk factor experienced by parents and partners was the experience of discrimination by community support services. These services included the contexts of church, school, adoption agencies, and the child-less homosexual members of their communities.

5.2.2. What are the protective factors (individual, family and community) to family identity formation experienced by same-sex family members?

All the child participants displayed tolerance towards differences, which concurs with Goldberg, Kashy and Smith's (2012) statement that children from same-sex families may exhibit less gender stereotyped attitudes than children from heterosexual-headed households. This may be due to value systems instilled by homosexual parents to educate their children in tolerance towards differences as noted in the study by Goldberg, Downing and Moyer (2012). Other values that were stated were honesty, optimism, open-mindedness, and the use of humour.

Self-acceptance and reflection was the protective factor most prominent in the adult participants. According to Weinstein, Ryan, DeHaan, Przybylski, Legate and Ryan (2012), an autonomy-supportive system may lead to increased self-acceptance

among same-sex family members. Self-acceptance of a person’s sexual orientation is increased with family acceptance and support (Shilo, & Savaya, 2011), which was communicated by 11 of the adult participants and five of the child participants.

It was clear that the majority of participants displayed positive mental health functioning concurrent with self-acceptance and social acceptance, as put forth in the diagnostic criteria for positive mental health by Keyes (2005).

5.2.3. Which resilience processes, if any, are employed in order to minimise the challenges to family identity experienced by same-sex family members?

Identifying the resilience processes used by same-sex families formed part of the initial purpose of the study. The protective factors obtained through the study form part of specific resilience process utilised by same-sex families to deal with adversity. The table below represent the six resilience processes, as well as the protective factors contributing to the development and maintenance thereof.

Experience	Resilience process
Speaking the truth; sharing negative feelings; clear messages about expectations; communicating societal perceptions	Clarity in communication See 4.2.2.2 (ii) in Chapter 4.
Using humour; enjoying each other’s communication	Open emotional expression Open emotional expression through sharing of feelings, the use of humour, or stating pleasurable interactions with members, were mentioned by four child participants, and 13 adult participants. According to Walsh (2003), this family resilience process includes empathy and tolerance for difference, which is related to social acceptance, taking responsibility for feelings, and behaviour related to contentment, as described in theme 1.2.1.
Saying that everything will be fine; being positive about the family’s structure.	Positive outlook An outlook can be defined as both an attitude and point of view. It can also be defined as a future expectation (The American Heritage Dictionary of the English Language, 2011). A positive outlook will thus be a positive attitude or point of view, with positive



	<p>expectations of the future. Six child and nine adult participants expressed a positive future outlook.</p>
<p>Normalising family's functioning</p>	<p>Making meaning through adversity</p> <p>According to Walsh (2003), making meaning from adversity is a family process focused around normalising adversity and distress, and denoting causal/explanatory attributions to situations. Another way of doing this is by dealing with changes and challenges through understanding the situation and applying coping skills. As found in the protective factors, normalisation of the family situation was found in nine of the child (frequent), and nine of the adult participants' (occasional) accounts.</p>
<p>Accepting new family structures; allowance of members to join family structure; staying stable even though structural stressors arise</p>	<p>Flexibility</p> <p>Flexibility, according to Walsh (2003), is a family resilience process focused around an openness to change and adjust to new challenges, maintaining stability through disruptions, and emphasising nurturance, protection and guidance. Co-parent relationships with clear roles are highlighted by this process (Walsh, 2003). Seven child participants and nine adult participants mentioned flexibility through either adequate adjustment in family relationships, family structures, or stability of clear roles through adversity and change.</p>
<p>Mutual support, collaboration, and commitment to each other; protecting each other; spending time together</p>	<p>Connectedness</p> <p>According to The American Heritage Dictionary of the English Language (2011), connectedness can simply be defined as people related by family. The Family Resilience Framework (Walsh, 2003), however, highlights three main components to explain connectedness between people. The first is mutual support, commitment and collaboration. The second is respect for individual needs, differences and boundaries. And the third is the pursuit of reconnection and reconciliation of damaged or wounded relationships (Walsh, 2003). Four child participants and 11 adult participants mentioned at least one of the above-mentioned components as a process in their family functioning.</p>

Table 5.1 Resilience processes and protective factors

Clarity in communication was found to be a resilience process employed within same-sex headed family systems. Honesty seemed to be valued by most of the participants in the study and came out regularly during the data review. The importance of telling the truth and being open about one's feelings were found to be the main forms of this resilience process displayed by these family systems. Family communication has proven to be one of the most significant predictors in family satisfaction for adolescents (Akhlaq, Malik, & Khan, 2013) and young adults (Givertz, & Segrin, 2012). Additionally, it has contributed in the way families deal with challenges together (Peterson, & Green, 2009). Parental modelling of honesty and openness was found to be a contributor in coping with challenges for adults with gay or lesbian parents (Tittlestad, & Pooley, 2014). Open and clear communication thus plays a functional role in the resilience processes displayed by same-sex headed families.

Open emotional expression was found to be an important communicative variable in same-sex families' ability to cope with adversity. More than half of the parents valued open emotional expression in the family system. In addition the use of humour was found to be a factor present within the interactions of parents, as well as children from same-sex headed households. Previously, humour was found to contribute to alleviation in the strain experienced by parents or caregivers in the family system (Vangelisti, 2012).

Another resilience process identified during the study was a positive future outlook. A positive outlook does not disregard negative experiences and behaviours, but rather emphasises identifying positive aspects from the situation (Black, & Lobo, 2008). This was found in the accounts of the participants that highlighted acceptance of the family system; a belief that the family will survive, and that they can deal with the challenges from the environment. Hope and optimism; shifting effort to family strengths and potential; focusing on initiative and perseverance; and considering what is possible, are all elements paramount to establishing a family system with a positive outlook (Walsh, 2016). Optimism, perseverance, and considering possibilities and potential were all found to contribute to a positive outlook in the same-sex family system.

Through the normalisation of the same-sex headed family system, participants displayed a willingness to make meaning from adversity. Parents were under the impression that the situation was good for their children because it made them more

accepting of difference. Through experiencing challenges, family members felt that they handled a situation either similarly to or better than heterosexual headed family systems. The repetition of success in dealing with life challenges similarly to heterosexual family systems makes the family system appear and feel more natural (Davies, & Robinson, 2013).

Same-sex families often experience structural stressors related to membership confusion, role confusion, time spent together, expectations, and acceptance. The family systems in the study mostly displayed a flexibility to adapt, to accept the family structure and new members, and staying committed to the roles denoted by the family system. Family structure was shown to play an important role in adolescents' peer acceptance (Tamm, Kasearu, & Tulviste, 2014), experiences of equality (McLanahan, & Percheski, 2008), and attachment (Bögels, & Brechman-Toussaint, 2006). According to the circumplex model, cohesion and adaptability are vital for positive family functioning (Olson, Russel, & Sprenkle, 1983).

Connectedness was the final resilience process identified during the study. Family connectedness can also be defined as the display of warmth, support, closeness, and responsiveness (Markham, Tortolero, Escobar-Chaves, Parcel, Harrist, & Addy, 2003). Families who displayed connectedness mentioned valuing commitment, mutual support, and collaboration. This included standing up for, and protecting one another, and enjoying time spent together in the denoted family roles. Connectedness and its effects on the family may however vary across cultures (Dwairy & Achoui, 2010). It will thus be important to consider the effect of connectedness on family resilience in same-sex families from a wider variety of cultural backgrounds.

5.3 SUMMARY OF FINDINGS

The variations in the families' structural compositions were found to be a main risk factor for family identity formation. Shared values, beliefs, and clear boundaries and roles were experienced as protective factors for same-sex families' identity formation. It was evident that same-sex families experienced a number of challenges throughout their lifespan. These challenges included discrimination in various community contexts including the church, school, adoption agencies, the workplace, and the homosexual

community. Lack of connection with an extended family network also created challenges in terms of family identity formation.

One of the key findings from the research was that the number of protective factors experienced by the participant outweigh the risk factors presented earlier. The participants thus displayed the abilities to cope in the face of adversity and adapt to negative life events. As outlined in Walsh (2003), the process of normalising adversity and distress forms part of the key process of making meaning from adversity. As stated by Walsh (2003, p. 407), “the tendency toward blame, shame and pathologising is reduced if the family is able to view their complicated feelings and dilemmas as “normal”, that is, common and expectable among families facing similar predicaments”. Normalisation of the family system was well represented in both adult and child participants perspectives.

Six of the nine key processes in family resilience (Walsh, 2003) were adequately represented in the study. These included meaning-making through adversity, positive outlook, flexibility, connectedness, clarity in communication, and open emotional expression. Further research need to be conducted in order to determine how social and economic resources, transcendence and spirituality, and collaborative problem-solving play a role in same-sex family systems.

5.4 LIMITATIONS OF THE RESEARCH

One limitation to this research project can be contributed to the homogeneity of the research participant. Of the 31 interviews analysed, 28 were Caucasian, two were Coloured, and one was Black. Furthermore, all the adults either had matric or higher education qualifications. All the child participants identified as straight. Of all homosexual participants only four were male and the other 15 were female. Twenty-three of the participants came from previous heterosexual family systems, whereas only four were adopted, and four were conceived through artificial insemination.

Furthermore risk factors such as gender based violence, HIV/AIDS, child headed households, grandparent as primary caregivers, poverty, violence, lack of access to healthcare, lack of access to education, and chronic unemployment among others did

not feature in the specific participant sample. The results will thus not be generalisable to the larger South African, low income and low educated population. Regardless, it still provides guidelines and a foundation from which to conduct further research.

A further limitation is focused around the design used by the research project. The fact that secondary data analysis was conducted emphasises the lack of contact the researcher had with the participants. It could have led to misunderstanding and misinterpretation of the research results. Nonetheless, every effort was made to retrieve information pertaining to certain aspects of the data collection process. The analysis and interpretations were confirmed by the supervisor of the research project.

The third limitation can be attributed to the fact that the primary study, for which the data was collected, did not have the same aims as the current project. It was thus impossible to gain further insight into the participants' experiences by adjusting questions or adding alternative questions to the interview process.

Furthermore, the data was not captured by the researcher and consequently only had access to transcripts. According to the second stage in the theory of inquiry (Littlejohn & Foss, 2010), observation is used in order to obtain answers for a specific phenomenon or behaviour displayed by a person. The researcher was, however, not part of the interview process and thereby has omitted the presence of this important stage in providing a detailed account and understanding of the participants' family processes.

The fourth limitation concerns the extensive number of variables that may have affected the study. Among these variables, the family structural variable may be of particular concern, seeing as the variations in family structures and compositions may have made the findings harder to assign to specific processes.

The fifth can be devoted to the recognised impact time played in the development and maintenance of same-sex families. Throughout the research analysis process it was found that the passing of time played a big part in various aspects associated with the risk and protective factors, as well as the resilience processes displayed by the same-sex family members. Aspects that were affected by time passing were changes in attitudes of extended family and community members, development of new relationships, and the practices of acceptance and disclosure that form part of the

individual as well as the families' identity formation processes. As the life stages of individuals change over time, new elements are created.

5.5 POSSIBLE CONTRIBUTIONS OF THE RESEARCH

The research study offers insight into the factors that play a role in same-sex families' family identity formation. It also identified the resilience processes used by same-sex family members. The family resilience framework proposed by Walsh (2003) provides clear guidelines on the key processes and characteristic needed to form a resilient family system. Existing literature was used to make sense of the risk and protective factors, as well as the resilience processes identified.

The study may further contribute to the existing knowledge of same-sex families in the South African context, as studies remain limited within this context. It may contribute to the field of family therapy and may add to the knowledge base professionals may use to better understand their clients and create clear and relevant outcomes for therapeutic services.

5.6 RECOMMENDATIONS FOR RESEARCH

The following areas could be considered for future research:

As indicated in the literature review, there is a need for more research focusing on same-sex families and resilience. There was a clear distinction between the number of studies and information-seeking of same-sex family systems found abroad and found within the South African context. Heteronormativity still seems to be central within South African communities, which has a direct effect on the number of risk and protective factors experienced by same-sex families, as well as the need to develop resilience processes to deal with this challenge. Therefore it will be important to look deeper into the experiences of same-sex families in the following areas:

- ❖ Longitudinal studies investigating the risk and protective factors that occur during different stages of family relationships.
- ❖ Studies focusing on the family resilience processes employed by same-sex families from poverty and poor educational backgrounds.

- ❖ Studies exploring the experiences and perceptions of the heterosexual parent of the children from same-sex parented households.
- ❖ Identifying the structural variables that are associated with the most risk and protective factors.
- ❖ Exploring how different structural variables lead to development of different resilience processes.
- ❖ A Participant Observational approach to investigate problem-solving behaviours employed by the same-sex family system.

5.6.1 Recommendations for practice

Practitioners from various areas providing support services should be aware of all the relevant information to assist same-sex families within the South African health care system. Knowledge of the positive and negative experiences of this family system should be a priority for psychologists, doctors and family counsellors. Lack of knowledge pertaining to same-sex family systems and its functioning may unintentionally prevent a health care professional from establishing trust and rapport with patients or clients and provide services according to best practice standards.

Health care providers need to be competent in supporting a variety of systems that do not necessarily fall into the traditional family category. This includes establishing a relationship of trust, providing adequate support and advice, and enhancing the functioning of the same-sex family system and its members. Health care practitioners need to have extensive knowledge of the challenges these family systems face, and which processes are needed to address it. Flexibility and open-mindedness are values that may support health care professionals in creating safe environments for families characterised by different components than their own.

5.6.2 Recommendation for training

Knowledge-based training programmes should be employed to equip health care providers with the skills to support families that differ from the traditional system. As an aspiring professional, this study enhanced my knowledge on same-sex family systems and has provided me with the tools to understand these systems and their needs better.

Research focused around non-traditional family systems are on the increase. It, however, does not provide health care providers with enough knowledge to address challenges within their specific fields of expertise.

LGBT studies should be included into undergraduate and postgraduate courses of psychology, medicine, nursing, education, and social work, in order to furnish future health service providers with necessary background knowledge to adequately support these family systems. Furthermore, continued professional development courses are needed to enhance the understanding and knowledge of practicing professionals and ensure that research trends and new approaches are constantly reinforced within the health care system.

5.7 SUMMARY

The research study has provided some insight into the functioning of the same-sex family system, but there is a recognised need for further studies into the functioning of these families in the South African context.

In order to understand the challenges same-sex families are faced with, a family systems approach was applied with specific focus on the family resilience framework. It was concluded from this study that same-sex family systems experience certain risk and protective factors that influence their family identity formation process. It was further determined that specific resilience processes are employed in order to address challenges to the family system.

The goal of the research project was to understand the challenges experienced by same-sex families, and to identify the resources as well as practices used to minimise the effects of these adversities through the employment of resilience processes.

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Annexure A: Colour risk and protective factors

P: All of them.

I: Have they ever said anything?

P: No – that’s the thing – it’s shh. You just can’t talk about it.

I: Ok. Would you ever withhold – is there any situation where you would just not let people know?

P: Never. It’s like there, then I’d be like, “yeah she’s gay.”

I: Are you ever concerned about getting negative reactions from people?

P: I don’t care what anyone thinks. I really don’t give a shit.

I: Good. Just in general what was it like to have a gay Mom at your school? Besides that one negative...

P: Well at school – it was actually quite interesting because they would be like, “Chris, she’s so pretty.” I would be like, “yeah, she’s already taken. She’s taken by a lady.” And they would be like, “oh, cool.”

I: Did you ever feel excluded?

P: No, never. Well I think at school – It was a bit crazy because I was a bit – I wouldn’t say I was strange or anything, but I was into my guitar and stuff. The only thing about school was sports and that’s the thing – I think I only ever did sports once in school. That was seen as odd. Like he wasn’t like me or anyone in school – he’s odd. But it wasn’t because of that – it was just me.

I: So you were just different?

P: Yeah – I was completely different to anyone else at that school.

I: I’m sure having a gay Mom just – was the icing on the cake.

P: Well, I don’t think anyone was really like, “oh wow, that’s odd,” you know. It really wasn’t like that at all.

I: That’s such a good experience. Considering you were at a Catholic school.

P: I was at a Catholic school, yes. That’s weird that it wasn’t a huge issue.

I: Did your teachers know?

Annexure B: Add potential themes to colour

actually is the ultimate incarceration. I don't get it. So I guess queer, not lesbian as clearly I don't speak lesbian. Identity difficulties

I: Are you partnered?

P: No

I: Have you been?

P: Yes

I: How recently?

P: I split up with my ex partner 6 years ago – 6 and a half years ago.

I: And you have 2 children – ages 9 and 15. Can you tell me a little bit about how you became a family?

P: I was involved with somebody at that stage and we were talking about having children, and she was a bit more serious I think about it than I was at the time. And then at some or other point we decided to adopt and we adopted Danica. And then, as time went on, we realised that we actually wanted another child and then we adopted Maya. It was a matter of timing—There's a 6 year gap between them—but it's kind of worked out quite well.

I: And how long were the 2 of you together?

P: 15 years.

I: Is she the one that you recently...

P: Yeah, she's the most recent partner that I have had. I've had not what I would term partners in the meantime. I wouldn't use the word partner now, because to have a partner when one as children is to bring a co-parent into the situation and I'm not interested in co-parenting. Honesty and clear about what wants

I: If I may ask what role does your ex have in the family now?

P: She sees the children – we are not on good terms. I can say it in front of them because they do know it. We are mostly at loggerheads, but she sees the kids theoretically every 2nd weekend, but often every 4th weekend. Role confusion

I: So you've become the primary parent.

P: Yes, I've become the primary parent; The resident parent and the primary parent.

I: But she was the one that really wanted to have a family?

Annexure C: Mapping of potential themes

	Risk Factors	Protective factors
Individual	<p>Do you ever have negative feelings about having a gay mom?</p> <p>P1: Not really.</p> <p>I: Or have you in the past?</p> <p>P1: Yeah, in the past, cause I was scared that people wouldn't understand why my mom is gay, so it was really hard for me at first to kind of grasp the concept of having a gay mom.</p>	<p>Uhm...well, I think I feel different that my parents are gay and that it's okay to be gay and that so, uhm... I have to think, sorry. More open minded</p> <p>Family values of honesty ingrained</p> <p>"listen it's not that bad having gay parents, you will actually start to like them." Yeah I will just tell him, whichever way it goes, how I feel.</p> <p>Yeah, just by seeing them and how they act and how their family can grow. Awareness that difference is not always bad</p>
Family	<p>Do you ever have negative feelings about having a gay mom?</p> <p>P1: Not really.</p> <p>I: Or have you in the past?</p> <p>P1: Yeah, in the past, cause I was scared that people wouldn't understand why my mom is gay, so it was really hard for me at first to kind of grasp the concept of having a gay mom.</p> <p>Dad's perceptions</p> <p>He doesn't really talk about her being gay and talk about Zachda. He just doesn't like the idea, I don't think</p> <p>Yeah, he finds it very strange and not right.</p>	<p>Uhm...I think she told me one day after school. She said: "Cath, I am not really normal." [laughing]</p> <p>So I was like okay that should be interesting. I don't mind having gay parents. It's actually very nice, so... I like it.</p> <p>No, no it's fine. Uhm...I was really scared with the idea because I didn't know what to do really and I and I didn't know Zachda, because I hadn't met her yet. I only met her after about five days or so, I think. I don't know, I can't remember. And then I was a bit scared and uhm...yeah, what my friends would think. So at first I wasn't-- I didn't like the idea. I don't know why. It was just not...yeah.</p>



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Johannes Casparus Lemmer Rootman

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Full name of student

JOHANNES CASPARUS LEMMER ROOTMAN

Student number

25298373

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