Understanding family functioning in families affected by substance abuse

by

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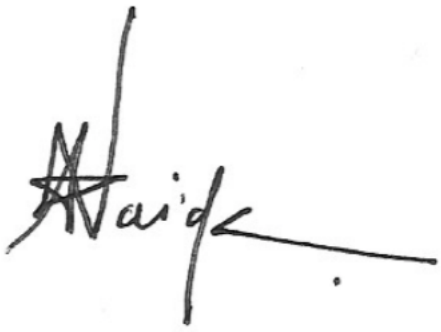
DECLARATION OF ORIGINALITY

I, AADIL NAIDOO (student number: 10211722), declare that this mini-dissertation, which I hereby submit for the degree Master's in Educational Psychology at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.



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"It is He who hath made you (His) successors, inheritors of the earth: He hath raised you in ranks, some above others: that He may try you in the gifts He hath given you: For thy Lord is quick in punishment: yet He is indeed Oft-forgiving, Most Merciful"

Surah An'am 6: Verse 165

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If He, Himself has breathed potential into us, who are we to deny it?

SUMMARY

UNDERSTANDING FAMILY FUNCTIONING IN FAMILIES AFFECTED BY SUBSTANCE ABUSE

by

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SUPERVISOR: PROF. SALOMÈ HUMAN-VOGEL

The purpose of this multiple-case study was to provide insight into the family functioning of families that are affected by substance abuse, specifically into the six dimensions of the McMaster Model of Family Functioning and to gain a greater understanding of the general family functioning of the participating families. Research has demonstrated that harmful and addictive substances are readily available, especially within the South African township context. Early exposure to illicit substances often results in family dysfunction, developmental and emotional issues.

A qualitative approach was applied, and this study was guided by an interpretivist methodology. This study was conducted in a South African township context with families from the Diepsloot community in Johannesburg, where many families face challenges related to financial and substance abuse issues on a daily basis. Four families that met the criteria for the study were selected through snowball sampling. The study made use of the McMaster Structured Interview of Family Functioning as well as qualitative drawings, to gather data. Transcriptions of the semi-structured interview and group reflection were analysed to deduce themes. Themes were organised into the six dimensions of the McMaster Model of Family Functioning and the present and future orientations of the participants were inferred.

The results of the study suggest that families were unable to carry out the problem-solving process completely. Even though they were extremely proficient in some of the stages in the problem-solving process, they did not achieve others. Regarding communication, families were found to have open and free communication in their families, with clear and direct

communication as their primary style of communication. The results indicated that roles in the family were allocated either collectively or most likely by elder family members who were also tasked with the role accountability functions. Majority of the roles were allocated to female members within a family such as the provision of resources and nurturing and support role as well as the maintenance and management of the family system. Male family members were primarily tasked with the household finance functions. The findings also indicated that the family members were able to respond with both welfare and emergency affect appropriately. The findings further indicated that family members over-responded with emergency emotions. With regard to affective involvement of the family members, female family members were mostly involved in the interests of their partners, their parents and their children. The findings also indicated a lack of involvement from the male members/partners in the family. Finally, regarding the behaviour control of the families, families adopted a range of behaviour control styles, due to the family's structure, transactional and organisational patterns. Behaviour control styles that are considered most effective such as flexible behaviour control was observed as well as less effective behaviour control styles such as laissez-faire behaviour control and rigid behaviour control.

LIST OF KEY TERMS

- Family
- Family Functioning
- Substance Abuse
- Problem-Solving
- Communication
- Roles
- Affective Responsiveness
- Affective Involvement
- Behaviour Control

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30 NOVEMBER 2018

TO WHOM IT MAY CONCERN (DECLARATION OF EDITING)

THIS SERVES TO CONFIRM THAT THE DISSERTATION, "UNDERSTANDING FAMILY FUNCTIONING IN FAMILIES AFFECTED BY SUBSTANCE ABUSE", SUBMITTED BY AADIL NAIDOO FOR THE MED (EDUCATIONAL PSYCHOLOGY) DEGREE IN THE FACULTY OF EDUCATION AT THE UNIVERSITY OF PRETORIA, WAS EDITED FOR LOGICAL STRUCTURE, LANGUAGE USE, SPELLING AND GRAMMAR BY A QUALIFIED LANGUAGE EDITOR.

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CHAPTER 1: OVERVIEW AND METHODOLOGY OF THE STUDY

1.1. INTRODUCTION AND RATIONALE

Since the Middle Ages people have used chemical substances to pursue divine insight, to seek pleasure, as a way to escape their circumstances, to increase strength and aggression, and in the prevention and treatment of illnesses (Meyer & Viljoen, 2007). Within the South African township context, the availability of a variety of harmful and addictive substances is high. Individuals are very often not aware of the extreme dangers, effects and consequences that these dangerous addictive substances have on their functioning and their relationships (Meyer & Viljoen, 2007). Furthermore, substance abuse is associated with a low level/sense of family attachment, a lack of family cohesion, juvenile delinquency, divorce, unemployment of parents/guardians, family violence, substance abuse and poverty (Rhodes & Jason, 1990). In the current study, I explore how family functioning is affected by substance abuse.

Research shows that early exposure to alcohol results in family dysfunction and detrimental developmental issues as well as emotional problems for the individuals (Tlhoaele, 2003). Peer pressure amongst adolescents was also found to be common in influencing individuals into alcohol abuse (Shumba & Makura, 2014). Poor family relationships, particularly with poor communication between parents and children, contribute towards adolescent drug behaviour (Mokoena, 2002). With the rate of substance abuse on an increase and an upward trend of primary school children experimenting with harmful substances such as Marijuana, Nyaope (heroin) and alcohol (Moodley, 2012), there is a need to explore its effect on the various aspects of family functioning. According to a study conducted in the South African township context based on the drug use amongst individuals, illicit drugs such as opiates, cocaine/crack, mandrax/sedatives, club drugs/amphetamine-type stimulants, and hallucinogens were found to be the most commonly used (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010). Parry (1998) found that a great number of substance abusers in South Africa can be considered “poly-substance users”, which refers to the use of various illicit substances in combination with alcohol as well as other combinations, such as cocaine and heroin. Changes in the social, economic and political structures over the years has made the country more vulnerable to substance abuse (Peltzer et al, 2010). Early detection of the individual’s substance addiction and education can intervene in the progression of the substance abuse (Meyer & Viljoen, 2007).

The family's structure or organisational patterns and support can provide leverage in helping family members suffering from their addictions to initiate and maintain sobriety (Stanton & Todd, 1982 cited in Rowe & Liddle, 2003). Fals-Stewart and Birchler (1998) report that poor coping strategies and poor communication patterns in the family members that make up the support system are associated with the frequency of substance abuse in the addicted member/s. Parental practices that include low monitoring, poor communication patterns and ineffective discipline are important factors in the initiation and maintenance of substance abuse in adolescence (Rowe & Liddle, 2003). Mokoena (2002) states that family and peers are amongst the greatest sources of influence in adolescent drug addiction.

1.2. STATEMENT OF PURPOSE

The purpose of my study was to explore and portray the effect that substance abuse of a family member or multiple family members have on the family's functioning. Working from a systemic perspective, I selected the McMaster Model of Family Functioning because (i) it is grounded in the family systems approach, (ii) it is time limited and focuses on what is happening currently in the family, (iii) the degree of transparency between the therapist/researcher and the client/participant, (iv) the transportability of the model and (v) the level of clarity in the method of treatment which differentiates the McMaster Model from other models (Epstein, Ryan, Keitner, Miller & Bishop, 2005).

I aimed to explore and assess the functioning of four families located in a typical South African township context that are affected by substance abuse currently or historically. The focus was not on the specific substance being abused, rather the focus of the study was the family's functioning, particularly with respect to the six dimensions of the McMaster Model of Family Functioning (MMFF), which includes: problem solving, communication, roles, affective responsiveness, affective involvement and behaviour control (Epstein et al, 2005).

1.3. RESEARCH QUESTIONS

This study was guided by the following primary research question:

How do families who are affected by substance abuse describe their functioning?

The following secondary questions guided the data collection:

- How do families describe their problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control patterns?
- How do families construct their present and future?

1.4. WORKING ASSUMPTIONS

The study was guided by the following working assumptions:

1. Families in Diepsloot face socio-economic challenges and share a history of social division and xenophobic attacks due to housing challenges and the lack of service delivery (Benit, 2002).
2. Parents who have attended positive parenting workshops at Shumbashaba Community Trust from 2013-2016 have frequently mentioned the problem of drug availability within the Diepsloot community.
3. Families hold various meanings and articulations to the causes of problems that they face, particularly with substance abuse as is the case in this study (Mokoena, 2002).
4. Families also have a variety of patterns or ways that they follow when they are faced with a crisis and these methods or patterns of coping differ according to the magnitude of the problem (Walsh, 2003).
5. Families with a high level of cohesion and attachment are more likely to to navigate and overcome their challenges (Lutya, 2012).

1.5. CONCEPT CLARIFICATION

1.5.1. Family

Family can be defined as, "a system consisting of two or more people related by blood,

marriage, adoption or assimilation" (Patterson, 2002). From an African perspective, family members are joined by mutual understanding of their function and responsibilities (Zwane, Venter, Temane & Chigeza, 2012). Families can take a variety of forms depending on various factors such as family members taking on varied gender roles and relationships, socio-economic disparity, single-parent households, divorce and remarriage, declining marriage and birth-rates, an increase in cohabitation and single living, adoptive families, kinship care, same-sex couples and parenting (Walsh, 2012). "Polygyny", which is defined as the practice of a man marrying multiple wives at the same time, has become a common family structure in many parts of Africa (Smith-Greenaway & Trinitapoli, 2014). Marriage is supported in African culture and tradition and is seen as an important part in family building and procreation (Zwane et al, 2012). Family members from African cultures are typically organised hierarchically, from the eldest to the youngest (Zwane et al, 2012).

1.5.2. Family Functioning

The capacity of the family system to meet the needs of its individual members through developmental shifts is described as family functioning (Epstein, Ryan, Keitner, Miller & Bishop, 2005). This research study will be making use of the McMaster Model of Family Functioning and will therefore cover some of the important aspects of family functioning, particularly problem-solving, communication, affective responsiveness, affective involvement, roles and behaviour control (Epstein et al, 2005). These dimensions are considered to have the most impact on the physical and emotional health or pathology of family members (Epstein et al, 2005). Within the African perspective, culture plays an important role in preserving healthy family functioning among black African families (Zwane et al, 2012). It is common for elders in a family to act as "indigenous therapists" and be tasked with resolving issues regarding family functioning in the African context (Zwane et al, 2012).

1.5.3. Substance Abuse

In the present study, substance abuse refers to the, "overindulgence in or dependence on an addictive substance, especially alcohol and drugs" (Oxford Dictionary, 2004). The Diagnostic and Statistical Manual of Mental Disorders-V describes substance use disorders as the repeated use of alcohol and/or drugs that causes "clinically and functionally significant impairment". Within the parameters of this study, the following substances are considered to be

addictive substances, namely alcohol, tobacco, opioids, prescription drugs, cocaine, cannabis, hallucinogens, inhalants, sedatives, hypnotics, anxiolytics, stimulants and amphetamines (DSM-IV-TR).

1.5.4. South African Township

Since the study was conducted in a specific context; the South African Township community of Diepsloot, it is crucial to describe the characteristics of the community in order to better conceptualise the participating families and the circumstances that they face on a daily basis. During the previous regime the community of Diepsloot was intended for temporary settlement and just like many of the other South African townships, it is marked by a number of internal social divisions which often result in a high rate of poverty, violence and crime, causing any community development processes to suffer (Benit, 2002). These social divisions (as is the case in most South African townships) are often due to a long history of public intervention, authoritarian urbanisation policies (from the previous regime), and provisional administration which has either revealed, deepened or created the social divisions that are experienced by the people within the community (Benit, 2002).

1.6. PARADIGMATIC PERSPECTIVE

In the present study I followed a qualitative approach, rooted in an interpretivist paradigm.

1.6.1. Methodological Paradigm

The methodological approach implemented in this research study is qualitative by nature. Qualitative research involves understanding the processes, the cultural and social contexts which cause various behavioural patterns and specifically focuses on the reasons for the behavioural patterns (Maree, 2007). Since this research study aimed at understanding the family functioning of families affected by substance abuse, it focused on how each of the family members construct meaning from their experiences, which correlates with the qualitative paradigm (Maree, 2007).

1.6.2. Meta-theoretical Paradigm

For my research study I made use of the interpretivist paradigm, which is heavily influenced by "hermeneutics" and "phenomenology" (Mack, 2010). The ontological assumptions of interpretivism are that social reality is constructed from multiple perspectives of an event (Mack, 2010). Within the interpretivist paradigm, an important implication is that we "do not assume that we must have a common meaning, rather we actively seek to understand the different perspectives" (Duffy & Cunningham, 1996). An interpretivist paradigm was well-suited to my research study because I attempted to understand how my research participants' *world* is constructed and how they interpret and experience their *world*, more specifically their family's functioning and its effect on the wider social systems in their particular context.

The role of the researcher in the interpretivist paradigm is to "understand, explain and demystify social reality through the eyes of the different participants"- researchers seek to understand rather than to explain (Mack, 2010). Some criticisms against the use of the interpretivist paradigm include the fact that an interpretivist approach discards scientific measures of validation and therefore the results deduced cannot be generalised (Mack, 2010). However, even though the results cannot be generalised, it can be transferred to other similar contexts (Mack, 2010). Mack (2010) also explains that the ontological assumption in interpretivism is subjective rather than objective. However, all research can be considered as being subjective as researchers prefer one way of conducting research over another (Mack, 2010). Duffy and Cunningham (1996) mention that the idiosyncrasies of constructs lead to a breakdown in communication. In response to this criticism of the interpretivist paradigm, Duffy and Cunningham (1996) advises the researcher to develop cultural understanding and sensitivity towards the research participants, their stories and their contexts, prior to communication.

1.7. QUALITATIVE RESEARCH METHODOLOGY

Given the descriptive nature of my research question, I decided on a qualitative methodological approach. Qualitative research can be described as a general term for approaches that seek to explore and explain human behaviour, specifically the reasons people have for behaving the way that they do (Clissett, 2008). It utilises speech, writing and/or drawings as data- this speech, writing and/or drawings may be used to disclose the understanding and motivations

that lead to certain actions (Porter & Carter, 2000 as cited in Clissett, 2008). Qualitative research concentrates on the experiences that construct meaning for individuals and groups (Maree, 2012). It makes use of observations and studies the interaction of individuals or systems in their natural environment (*in situ)* and focusing on their meanings and interpretations (Holloway & Wheeler, 1996 as cited in Maree, 2012).

1.8. RESEARCH DESIGN

For my research study, I decided on a case study design, and since I intended to study the family functioning of the families affected by substance abuse, I chose a multiple-case study design. The opinions, experiences, interviews and observations of each family member was taken into account, this in accordance to my chosen theoretical framework - McMaster Model of Family Functioning, thus well-suited to a case study design. The data and results from multiple-case studies are often regarded as being more resounding, therefore my study will potentially be regarded as being more vigorous (Herriott & Firestone, 1983 as cited in Yin, 2012). Selecting the multiple-cases or different families required me, as the researcher, to follow a "replication" design where the multiple cases are regarded as multiple experiments (Yin, 2012).

With regard to its features, a case study "copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis" (Yin, 2012). The voices and opinions of marginalised groups are heard through a case study design (Maree, 2012). It is imperative for researchers to gain a deeper understanding of the subtleties and dynamics of the situation being studied (Maree, 2012).

When using a multiple-case study design each case must be carefully selected so that similar results are predicted- "a literal replication" (Yin, 2012). This logic was applied to my research study as the families were affected by members who struggle with substance abuse and the effects of this was observed in their family functioning. The findings with respect to the family's functioning in the families can be predicted as the same. If the cases turned out to have the same findings with regard to their family functioning, it would provide convincing support for the initial set of proposals (Yin, 2012).

1.8.1. Defining the "case"

Since a multiple-case study design was used in my research study, I defined the case as the perspective of the participating families that were affected by the substance abuse of a family member or multiple family members formed my case. The individual family members who participated in the study are considered the primary unit of analysis as information/data in the form of semi-structured interviews and qualitative drawings were collected from each.

1.8.2. Selecting the case

Purposive sampling decisions involve the settings, incidents, events and activities to be included for data collection along with the selection of participants (Maree, 2012). Therefore, my research study made use of (i) snowball, and (ii) criterion sampling.

(i) Snowball sampling

Maree (2012) describes snowball sampling as "a method whereby participants with whom contact has already been made are used to penetrate their social networks to refer the researcher to other participants who could potentially take part in or contribute to the study. Snowball sampling is also known as chain referral sampling" (Maree, 2012). Snowball sampling was appropriate in my research study because of the potential difficulty in identifying research participants that will meet all the requirements to provide meaningful data and contribute to my study, namely families that are affected by substance abuse. Addiction is a taboo subject in many societies and religions, and often affected families tend to keep it a private Thus, snowball sampling assisted me to identify the participating families through the help of a community member with prior knowledge of the family.

(ii) Criterion sampling

With criterion sampling the typical characteristics of the research participants (criteria to be met) and what the ideal number of research participants is decided at the design stage of the research study (Maree, 2012). Criteria may include demographic information such as the age, place of residence, gender, socio-economic class, profession, marital status etc. (Maree, 2012). In the present study, the criteria for selection of the families was that the family had to be affected by substance abuse, meaning that at least one family member were struggling with, or have struggled in the past with an addiction to a substance. All the family members were

encouraged to participate in accordance with the McMaster Model of Family Functioning (provided that they can answer or respond to questions asked). There may be a possibility that the individual/s with the addiction may not participate in the data collection procedures altogether, in this event, the research study would continue, as the focus of the study is on the family functioning and not the addiction. Also, the research sample would comprise of four families that originate or are located in a typical South African township context- Diepsloot, Johannesburg. The selection of research participants was done with the help of a community member that is associated with Shumbashaba- Horses Helping People. Since this individual resides within the community, she was able to connect me, as the researcher with families that meet the criteria -snowball and criterion sampling.

1.8.3. Data Collection

Data collection was initiated with the assistance of two community representatives from a community trust, known to Diepsloot residents as Shumbashaba Horses Helping People. Shumbashaba provides equine assisted growth and learning workshops to local Diepsloot residents and were therefore in a good position to assist with the recruitment of families. The data collection instruments that were utilised in this study comprised of semi-structured interviews in the form of the *McMaster Structured Interview of Family Functioning (McSiff)* (Epstein et al, 2005), as well as qualitative drawings of the participant's present and future orientations.

1.8.3.1. Semi-Structured Interviews

Semi-structured interviews are targeted to address particular topics, meaning that they focus directly on the case study topic at hand (Yin, 2012). Some advantages of using semi-structured interviews are that participants are able to provide historical information (Creswell, 2014), which will definitely aid in painting a holistic picture of the family, their issues with substance abuse and their family functioning. Expected limitations to using semi-structured interviews included the fact that it "provides indirect information filtered through the views of the interviewees", as well as the fact that the researcher's presence may bias the responses of the research participants (Creswell, 2014). This limitation can be combated through the use of numerous

data collection methods soliciting various types of qualitative data. To conduct my semi-structured interviews, I used the McMaster Structured Interview of Family Functioning (McSiff) (Please see Appendix A) and included all family members as suggested in the literature on the McMaster Model of Family Functioning (Epstein et al, 2005). The McSiff is a semi-structured instrument comprising of questions that are posed to family members along six dimensions of family functioning (Epstein *et al*, 2005). The use of this assessment tool aims to solicit responses relating to the family's functioning, thus answering the research questions that seek to explore the family functioning of families that are affected with substance abuse. The interviews were scheduled collaboratively with the families (due to availability) and conducted on the same day.

1.8.3.2. Qualitative Drawings

Theron, Mitchell, Smith and Stuart (2011) state that drawings have long been used in research that include "arts-based" or "arts-informed research", participatory visual methodologies, textual approaches in visual studies in the social sciences as well as the use of drawings in the field of psychology. For a long time, drawings have been used in the field of psychology and research as a projective technique to explore both unconscious and conscious issues and experiences in both adults and children (Theron et al, 2011).

The use of drawings as a research method involves the research participants making the drawings and often entails the participants verbally explaining the meaning embedded in the drawing as was the case with this research study (Theron et al, 2011). When drawings are complemented by the verbal expressions and explanations of the research participants (who drew the pictures), collaborative meaning-making is encouraged, allowing the drawer to give a voice to what the drawing intended on conveying (Theron et al, 2011). The context, both past and present, the present and future orientations of the participants (and in some cases their families), what was drawn and how it was drawn as well as what the drawing represents were explained in a joint reflection during the data collection. Both qualitative drawings and reflections were analysed, and themes that express the research participant's present and future orientation were deduced (Please see Chapter 3 and Appendix B).

1.9. DATA DOCUMENTATION

During each of the semi-structured interviews conducted, a voice recorder recorded the interviews, which were subsequently transcribed for the purpose of thematic analysis. The transcriptions yielded 84 pages of transcribed data (Please see Appendix A). For the qualitative drawings, the research participants were asked to draw their past and future orientations. After drawing, each of the participants took turns reflecting on both their present and future orientation drawings. The drawings were collected, optically scanned, and are included in Chapter 3, along with the group reflection on the drawings (Appendix B).

1.10. DATA ANALYSIS

Through qualitative data analysis, I aimed to ascertain how the research participants made meaning of a specific phenomenon (in this case, substance abuse). This was done through the analysis of their attitudes, understanding, perceptions, knowledge, values, feelings and experiences in order to comprehend their formation of the phenomenon (Maree, 2012). I achieved this through inductive analysis of the qualitative data where the main purpose was to allow the research findings to arise from the frequent, prevailing themes from the raw data, as suggested by Maree (2012). The steps I followed in analysing the data, is summarised in Figure 1.1 below.

DATA ANALYSIS PROCEDURE

	DESCRIPTION	EXPLANATION
Step 1	*Organise raw data*	All the responses from the interviews from the McMaster Structured Interview of Family Functioning as well as the group discussion were transcribed. Wherever possible, emotions and observations were added to the transcriptions for each participant. Drawings were analysed and optically scanned and arranged.

Step 2	*Review all the data*	To get a general sense of the information and an opportunity for reflection and introspection, all the data was reviewed (Creswell, 2014). An impression of the overall depth, credibility and the use of the information could also be gained from reviewing the data (Creswell, 2014).
Step 3	*Coding of the Data*	With the use of a left and right margin on each of the transcripts, the general impressions, subjects and objects were identified and coded. In the left margin, responses were coded and labelled according to each of the six dimensions of the "McMaster Model of Family Functioning." The right margin contained summaries of what the person was trying to say (Forrester, 2010).
		Identifying key themes and marking them on the transcripts (Forrester, 2010). The aim of identifying the key themes was to summarise much of the data gathered and to focus on the patterns of talk that are relevant and aligned with the research question (Forrester,2010).
		Collecting instances to produce a series of extracts (Forrester, 2010). This step involved the researcher going through the data and marking any section in which one of the themes are discussed (Forrester, 2010).

		Identifying discourses: Organising the extracts for different ways of discussing the theme. Extracts that relate to a theme were cut and pasted into a Word Processing program and the reference (where the data comes from) was noted (Forrester, 2010). Due to my research study only involving four cases (families), I physically cut the document to separate each of the extracts. Each of these extracts was then sorted into groups/piles that represent a discourse.
Step 4	*Deciding on how the description and themes will be represented in the qualitative narrative*	For this step, a "narrative passage" was used to convey the findings of the analysis (Creswell, 2014). This took the form of discussions about the themes and the interconnecting themes. Descriptive information about each of the family members and their methods and experiences of functioning in each of the dimensions in the McMaster Model was conveyed.
Step 5	*Interpretation of the findings*	This step involved the researcher creating meaning of the research findings in the data collection phase. Lessons and deductions could be made from the patterns and themes found in the data with the understanding that the researcher also brought his personal culture, history, and experiences to the study (Creswell, 2014).

Figure 1.1: Data Analysis Procedure

1.11. QUALITY CRITERIA

Validity and reliability do not have the same meaning or implications in qualitative research as it has for quantitative research (Creswell, 2014). The process of the researcher checking the accuracy of the findings in a study through the use of specific procedures is known as *qualitative validity* whereas the indication that the researcher's approach is consistent across different researchers and different projects is known as *qualitative reliability* (Creswell, 2014). Validity is based on demonstrating whether the research findings are accurate from the perspective of the researcher, the research participants and the readers of an account and serves as one of the strengths of qualitative research (Creswell & Miller, 2000 as cited in Creswell, 2014).

Trustworthiness, authenticity and *credibility* are the terms used in qualitative literature that address validity (Creswell & Miller, 2000 as cited in Creswell, 2014). In an effort to create trustworthiness, authenticity and credibility in my research study, I made use of the following strategies: (i) *triangulation* where multiple sources of data gathered were thoroughly examined to build a coherent justification for the themes found, thus adding to the validity of the study, (ii) *member checking* where the themes found and the interpretations of the data were taken back to the research participants to view and determine whether they feel the data is accurate or not, (iii) *the use of rich descriptions, clarification of bias* through the recurring processes of self-reflection and introspection*; debriefing and* (iv) *the use of an external auditor* and *the presentation of negative or discrepant information* as suggested by Creswell (2014).

1.12. ETHICAL CONSIDERATIONS

Questions regarding the way in which people or research participants who provide the data should be treated by the researchers are always raised. These questions are always ethical in nature (Oliver, 2010). Following the ethical considerations maintains the good standard for an academic research study in accordance with the university and the rest of the academic world and validates my research findings. The following ethical considerations were implemented in my qualitative research study:

1.12.1. Informed Consent

Participants (family members) could only take part in the research study if and when they made an overt decision to participate (Forrester, 2010). This decision (informed consent) was to be based on the participants having adequate information about the research project. This information was made as clear as possible to the participants with respect to the researcher's expectations as well as the participant's expectations (Forrester, 2010). In the event that the research participants did not understand the information on the consent or assent form (please see Appendix C), a translator was on hand to explain the information or the form would have been translated in the language of preference. Written consent was obtained as soon as the participants arrived at the research setting, and before the commencement of any data gathering. At this initial stage of the research project, I carefully explained the objectives of the study, and expectations of each participants before they were expected to sign the consent forms.

1.12.2. Confidentiality

Confidentiality refers to access of the participants' personal or identifiable information disclosed in the course of the qualitative research study (Forrester, 2010). The standard rule for confidentiality is that personally identifiable information should be anonymised as early as possible during the research process, it should not be used in a manner that can reveal any of the research participants' identities. It should be maintained that only information pertaining to the research question should be collected. The identities of the participants may only be revealed if they are at risk of gravely harming themselves or others, the researcher is then responsible to maintain the safety of the participants or others. As my study dealt with the complex topic of substance abuse and its effects on family functioning, pseudonyms were used in the study for the participants to protect their identities. Comments and discussions were focused on the family and their family functioning within each of the six dimensions of the McMaster Model as well as the substance abuse issues that they were facing at the time.

1.12.3. Right to withdraw

From the very beginning of the research study, participants were informed of their right to withdraw from the research project at any point without any obligation to explain their decision

and without any ensuing consequences for them. Participants also reserve the right to withdraw any and all data that they provided to the research study (Forrester, 2010). This right was clearly stated in the consent form at the beginning of the study, thus allowing the participants to be aware of this right even before any data collection can commence.

1.12.4. Debriefing (of participants)

The research participants were given a full account of the purpose of the project and the way the data was to be utilised on a level that they were able to understand before and after participating in the data collection (Forrester, 2010). The debriefing sessions allowed the participants to process the data gathering procedures, express any concerns, ask questions and discuss the purpose of the research study.

1.12.5. Limitations of the researcher's role

As a student in psychology, there was a possibility for some participants to seek advice on their own psychological or mental health issues (Forrester, 2010). However, any attempt to help could have brought up the danger of confusing the professional role of the researcher and thus places both the participant and the researcher in a precarious position (Forrester, 2010). It is therefore imperative to stick to the role of a researcher and refer any participant that needs help with their mental health issues (Forrester, 2010).

1.12.6. Use of translators

In the event that there was a communication breakdown between any of the participants and me as the researcher, a translator was at hand to assist. The assigned translator would sign an agreement that outlines the terms and expectations of his/her position. The translator would have been selected outside of the research participants for fear of any bias and anything being left out or lost in translation. All conversations and translations may be recorded to confirm any details at a later stage or for the sake of the transcripts.

1.12.7. Honesty and integrity in the research process

Ethical responsibilities for researchers do not stop at the direct interaction with participants.

Researchers are required to behave with integrity and honesty throughout the research process (Forrester, 2010). It is important for researchers to declare potential conflicts of interest at the point where ethical approval is sought and provide details of how these can be avoided" (Forrester, 2010). Researchers should also do their best to avoid any fabrication or dishonest manipulation of data or presentation of findings and they (researchers) should completely acknowledge the contributions of all involved in the research project (Forrester, 2010).

1.13. SUMMARY

I commenced this chapter by explaining the rationale and purpose of my study. I stated the research questions that guided this study and expressed the working assumptions related to my study. I clarified the concepts that I considered pertinent and described my paradigmatic approach . I described and explained the research design and methods that was utilised for collecting, documenting and analysing data. I elaborated on the quality criteria I aimed to reach in my study and explained the ethical considerations was employed. In Chapter 2, I explore the relevant literature on the substances abused in the South African township context and the concept of family. I also explain the conceptual framework that was applied to my study.

CHAPTER 2: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1. INTRODUCTION

In this chapter I will first discuss the issue of substance abuse and its effect on family functioning. Thereafter, I will provide an overview of the theory of family functioning as it was conceptualised in the present study. Finally, I will present the conceptual framework for the study.

2.2. A BRIEF OVERVIEW OF SUBSTANCE ABUSE IN SOUTH AFRICA

The Diagnostic and Statistical Manual for Mental Disorders (DSM-V) describes substance use (or abuse) as a group of cognitive, physiological and behavioural symptoms (DSM-V, 2013). Substance users (or abusers) exhibit a pathological pattern of behaviours related to the use of the substance (DSM-V, 2013). These include *impaired control* where the user may consume the substance in larger quantities over a longer period than intended; *social impairment* where the intermittent substance use may result in the failure to fulfil major role obligations at home, work or school; *risky use* which entails the recurrent use of a substance in potentially hazardous situations and *pharmacological criteria* where tolerance is displayed by requiring an increased dose of the substance to achieve a desired effect (DSM-V, 2013).

Within the South African township context, the availability of different harmful and addictive substances is high. These addictive substances are often made affordable depending on the specific context and the socio-economic status of the community. In a typical South African township, Moodley et al (2012) found that alcoholic dependency amongst adolescents was related to the number of alcoholics among the individual's five closest friends and that there was a lifetime prevalence for the following commonly used substances, these include alcohol (51.4%), cigarettes (25.2%) and cannabis (13.2%), with males having higher prevalence rates than females. Research shows that early exposure to alcohol results in family dysfunction and the detrimental developmental issues as well as emotional problems for the individuals (Tlhoaele, 2003). Mokoena, in her 2002 study, found that the average age of adolescents experimenting with substances, was a mere 12 years old. The socio-economic status of the

community usually determines the types of substances available, for example substances such as *tik* and *nyaope* may easily be available in lower socio-economic communities and substances such as cocaine, hallucinogens and prescription drugs that may be easily available in higher socio-economic communities as research by Mokwena and Huma (2014) and Meade, Lion, Cordero, Watt, Joska, Gouse and Burnhams (2016) indicate. Historical and genetic factors also play a role in the type of substances available to the community (Mokoena, 2002).

Other factors that encourage substance abuse are a low sense/level of family attachment, a lack of family cohesion, juvenile delinquency, divorce, unemployment of parents/guardians, family violence, substance abuse and poverty. Psychological and social issues can also be encouraging and contributing factors. Mokoena (2002) states that family and peers are amongst the greatest sources of influence in adolescent drug addiction. Poor family relationships, particularly with poor communication between parents and children, contribute towards adolescent drug behaviour (Mokoena, 2002). According Tlhoaele (1996; 2003), alcoholism has been known profoundly to be passed on from one generation to the other, therefore this disease can also be hereditary. Apart from alcohol addiction, other addictive substances that are popular within the South African township context, include inhalants such as *tik* (Western Cape), *hoonga, sugars* (KwaZulu-Natal), and *Nyaope* (Gauteng). These substances are very often laced with other harmful substances that aid in its bulk and consistency that cause irreversible damage to the abuser's physiology.

The use of addictive substances amongst adolescents and teenagers often lead to violence, high-risk sexual behaviour, contracting STD's/STI's, road traffic accidents and suicide (Moodley et al, 2012). Addiction in adolescence can start with alcohol dependence, and then progress to other illicit substances and eventually criminal behaviour in adulthood (Moodley et al, 2012). Due to the fear of stigmatisation, most individuals do not acknowledge that they are affected by substance abuse and addiction (Stafford, 1994). In the township context, factors that could possibly lead to the abuse of illicit substances can include a lack of resources, a lack of education on addiction and the addictive substances, a general feeling of hopelessness and feeling overwhelmed, manipulation from those who are addicted and peer-pressure within the system (Mokoena, 2002). Family members are often left with negative feelings, for example, they lack good qualities about themselves, feelings of dissatisfaction and failure and a lack of

pride as well as loneliness as parents often do not have the expertise or resources to deal with their addictive behaviours (Mokoena, 2002).

2.3. TYPES OF SUBSTANCES

Considering the specific context in which my study was conducted i.e. the South African township, the following substances were considered, they include alcohol, opioids (Nyaope/Whoonga), amphetamines (tik/sugars), cannabis and inhalants. Even though the Diagnostic and Statistical Manual of Mental Disorders" (DSM-V) lists other substances such as cocaine, hallucinogens, prescription drugs, sedatives, anxiolytics, stimulants and tobacco along with the substances named above, I focussed primarily on the substances that are most problematic within the South African township context. In describing the substances listed above, I relied mostly on the DSM-V since it defines and describes the substances, the associated symptoms and pathology of their use/abuse from a psychological perspective, allowing me to better conceptualise the research participants and their family members as well as the substance abuse that they are dealing with.

2.3.1. Alcohol

South Africa has one of the highest rates of alcohol consumption in the world, and it appears to have increased dramatically in recent years (Davis, Rotheram-Boris, Weichle, Rezai Tomlinson, 2017). According to the World Health Organisation, South Africa has been rated as one of the countries with the riskiest drinking patterns (Lesch & Adams, 2016). Community social and physical environmental factors shape increased alcohol consumption in South Africa (Leslie, Ahern, Pettifor, Twine, Kahn, Gomez-Olive & Lippman, 2015). Alcohol abuse can be defined by a number of physical and behavioural symptoms such as withdrawal, tolerance as well as craving (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Withdrawal symptoms usually occur approximately 4-12 hours after the reduction of intake, particularly after heavy ingestion (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Since the withdrawal symptoms from alcohol intake can be considered unpleasant, users/abusers usually choose to continue the intake of alcohol, regardless of the negative effect that manifests in their physiology and behaviour (Diagnostic and Statistical Manual of Mental

Disorders [DSM-V], 2013). Alcohol may be used/abused to improve the unwanted effects of other substances abused or to substitute for them (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Some of the symptoms that frequently accompany alcohol addiction include conduct problems, anxiety, depression and insomnia (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Since alcohol can be considered a depressant, its use or abuse and major depressive disorders often coexist, dramatically increasing the morbidity and mortality (Davis et al, 2017). Individuals that are at a high risk of developing substance use disorders may have premorbid cognitive abnormalities such as deficits in visuospatial learning, verbal ability, executive function as well as attention (Thoma, Monning, Lysne, Ruhl, Pommy, Bogenshutz, Tomga & Yeo, 2011).

Alcohol abuse has a damaging effect on almost every organ in the individual's physiology, especially the central and peripheral nervous systems, the gastrointestinal tract and the cardiovascular system (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Amongst the internal dangers of alcohol abuse is cirrhosis of the liver as well as cardiovascular and cerebrovascular disease, including several cancers (Edwards, 2012). The abuse of alcohol can be a significant contributor to suicide risk, particularly during severe intoxication and is a major contributing factor to approximately 75% of homicides, 60% of motor accidents and 24% of vehicular injuries and deaths in South Africa (Davis et al, 2017).

2.3.2. Nyaope/Whoonga (Opioids)

Nyaope (also known as *Whoonga*) is a designer street drug that has been in circulation for more than 10 years (Mokwena & Huma, 2014). Nyaope is classified as an addictive psychoactive substance and contains heroin as the principal active ingredient (Mokwena & Huma, 2014). Nyaope is often smoked with cannabis and causes cravings that include extreme body pains which causes the user to increase the amount and frequency of use (Mokwena & Huma, 2014). Users of Nyaope are usually characterised by dazed looks and deteriorating body hygiene (Mokwena & Huma, 2014). Opioids are naturally-occurring or synthetic substances that have an effect on one of the three main opioid receptors (Essack & Stanfliet, 2016). Codeine and morphine can be considered the naturally-occurring alkaloids in opium poppy seeds (Essack & Stanfliet, 2016). Individuals addicted to the use of opioids manifest symptoms that mirror compulsive self-administration to opioid substances (that are not used for legitimate medical

purposes) (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Opioid addiction may occur at any age, and once developed, may occur over a period of many years (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). These individuals generally develop regular patterns of compulsive drug use that are planned and accommodated throughout the individual's daily routine (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Some of the negative physical consequences that are associated with opioid addiction include the slowing of gastrointestinal activity, a lack of mucous membrane secretions, an impaired visual acuity and in individuals who inject the opioids intravenously, sclerosed veins and puncture marks to name a few (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

Opioids such as Nyaope, Whoonga and even codeine are easily obtained on the black market and may also be obtained illegally from a medical practitioner or pharmacy through exaggerating or falsifying information to obtain the substance (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Individuals addicted to opioids have a significant tolerance level and will almost definitely experience withdrawal symptoms at the cessation of the substance (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). These individuals often develop conditioned responses to drug-related stimuli that cause intense psychological changes and often contributes to relapse (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Individuals struggling with an opioid addiction are usually associated with different forms of crime, marital difficulties, and unemployment (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Opioid addiction is associated with a heightened risk for suicide attempts and successful suicides as is similar to some of the other substance addictions (Parry, Rich, van Hout & Deluca, 2017). Intervention strategies for individuals addicted to opioids or products derived from opioids entail psychosocial interventions, detoxification and pharmacotherapy with the use of buprenorphine (Parry, Rich, van Hout & Deluca, 2017).

2.3.3. Tik (Amphetamines)

Amphetamines and amphetamine-type stimulants are usually taken orally or intravenously, although methamphetamines are also taken nasally resulting in the development of sinusitis, irritation, bleeding of the nasal mucosa as well as a perforated septum (Diagnostic and

Statistical Manual of Mental Disorders [DSM-V], 2013). Amphetamines are synthetically created through the use of amphetamine-type compounds and are also naturally occurring in plant-derived stimulants such as *khât* as is found in some of the north-eastern African countries such as Somalia (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). They may be obtained with the use of a prescription for the treatment of attention-deficit/hyperactivity disorder, narcolepsy and obesity as well as obtained on the illegal market. In South Africa, there appears to be a growing problem with individuals addicted to methamphetamines, commonly known as *tik*, especially in the Western Cape (Meade, Lion, Cordero, Watt, Joska, Gouse & Burnhams, 2016). Some of the effects that are experienced by individuals who abuse amphetamines and other stimulants include an instant feeling of well-being, euphoria and confidence, they may also experience chest pain, palpitations and arrhythmias as well as a possibility of sudden death resulting from respiratory or cardiac arrest or stroke as well as an increase in sexual desire, self-confidence, sustained energy and a decrease in inhibitions (Meade, Lion, Cordero, Watt, Joska, Gouse & Burnhams, 2016). The long-term use of these stimulants may also produce dramatic behavioural changes such as chaotic behaviour, aggressive behaviour, social isolation, oral health problems and sexual dysfunction. Acutely intoxicated individuals may experience ramping speech, headaches, tinnitus and transient ideas of reference. They may even experience auditory and tactile hallucinations, aggressive behaviour and threats, and paranoid ideation (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

Withdrawal symptoms from the cessation of amphetamines and related stimulants include depression, irritability, suicidal ideation, emotional lability, anhedonia and disturbances in concentration and attention (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Individuals may develop generalised anxiety, panic attacks and social anxiety disorder as well as some of the eating disorders as part of the withdrawal symptoms. In extreme cases stimulant-induced psychotic disorder that includes delusion and hallucinations could occur (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

Individuals abusing stimulants may become involved in gangs, crime, i.e. drug dealing, theft or prostitution in order to acquire drugs or the money to purchase them. These individuals also frequently visit hospitals, clinics or emergency centres for the treatment of stimulant related

mental-disorder symptoms, skin infections, dental pathology and injury (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

2.3.4. Cannabis

Cannabis is a substance that is derived from the cannabis plant and chemically similar synthetic compounds (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). The cannabis plant material is known by different names that include *weed, pot, grass, herb, mary jane, reefer, dagga, boom, dope* and *ganja* to mention a few (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). The concentrated extraction of the cannabis plant is known as *hashish*. The chemical delta-9-THC found in cannabis is also available in many prescription drugs that are used to treat nausea and vomiting, and for anorexia and weight loss (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Cannabis is more commonly found in the form of dried leaves and flowers of the plant and is consumed by a people of all ethnic groups in South Africa (Peltzer & Ramlagan, 2007). Cannabis is most commonly smoked through a variety of methods but may even be orally ingested (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). More recently, cannabis is administered in a vaporised form in electronic cigarette devices (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). The smoking or inhalation of the vaporized cannabis produces more intense experiences of the desired effects (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

In a recent Constitutional Court judgement (18 September 2018), the private use, possession, and private cultivation of cannabis is no longer considered illegal. Regardless of an individual's opinion of the illicitness of cannabis, the use of cannabis has a negative effect on behavioural and cognitive functioning and will therefore directly impact an individual's ability to perform at their optimal (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Many individuals choose to use or abuse cannabis to cope with mood, pain, sleep or other physiological or psychological problems (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). In some parts of the world, cannabis is used medically for a variety of uses. The acute use or abuse of cannabis causes conjunctival injection, where users present with red eyes, the yellowing of the fingertips, chronic cough, cannabis odour on clothing and the craving for specific foods (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

The abuse of cannabis often occurs in addition to the abuse of other substances. In these cases, the abuser may minimise the symptoms related to their cannabis use as the symptoms of cannabis may appear less severe compared to those of the other substances (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Many abusers of cannabis may use cannabis throughout the day for extended periods of time, causing them to spend most hours of the day under the influence (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Individuals who persistently abuse cannabis develop a pharmacological and behavioural tolerance to most of its effects (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). The abrupt cessation of cannabis use results in the onset of cannabis withdrawal syndrome (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Some of the symptoms of cannabis withdrawal include irritability, a depressed mood, anger, aggression, restlessness, anxiety, a decreased appetite and weight loss (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

2.3.5. Inhalants

In South Africa, commonly used substances include spray paint and deodorant in cans, thinners and glue, and benzine as it is cheap and easily available (Schutte, Naidoo, Kakaza, Pillay & Hiesgen, 2015). The use and abuse of inhalants is common amongst street kids in South Africa for different reasons that include suppressing of the appetite due to a lack of nutrition (Ramlagan, Peltzer & Matseke, 2010). Inhalant intoxication occurs after the inhalation of a volatile hydrocarbon substance that is not intended for inhalation (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Examples of the types of volatile hydrocarbons found, include toxic gases from paints, sprays, glues, fuels to name a few (Ramlagan, Peltzer & Matseke, 2010). Inhalant intoxication is characterised by evidence of possession, apparent intoxication, the lingering odours of the inhalant substance (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). These inhalants are either directly sniffed from the container or huffed from a cloth soaked in the inhalant (Schutte, Naidoo, Kakaza, Pillay & Hiesgen, 2015). When inhaled, intoxication usually clears within a few minutes to a few hours after the individual is exposed to the substance or combination of substances, thus causing the inhalant intoxication to occur in brief episodes (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). The use of inhalants, particularly in an enclosed container or an enclosed

space may lead to unconsciousness anoxia and even death (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Alternatively, the instance of *sudden sniffing death* may occur due to cardiac arrhythmia or cardiac arrest (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013). Certain volatile inhalants such as butane and propane may also result in death due to their enhanced toxicity (Diagnostic and Statistical Manual of Mental Disorders [DSM-V], 2013).

In the section above, I elaborated on the substances that were focussed on in the context of my study. Research has indicated that the abuse of illicit substances has a negative effect on family functioning (Bortolon, Signor, Moreira, Figueró, Benchaya, Machado, Ferigolo & Barros, 2016). Conversely, family functioning can predict substance abuse for individuals, particularly in the case of females (McCauley, Ohannessian, Flannery, Simpson & Russell, 2016). In the following section, I explore the concept of family and the conceptual framework that informed my study.

2.4. FAMILY

2.4.1. Defining the concept of 'family'

When defining the notion of family, it is imperative to note that the concept of family varies across different groups, societies and cultures (Tillman & Nam, 2008). Traditionally, a family can be defined as *"a group of two people or more related by birth, marriage or adoption and residing together*" (Glick, 1957; Casper & O'Connell, 2000 as cited in Fields & Casper, 2011). Popular research journals and articles consider the types of functions that individuals within groups are expected to do for each other and for the society at large when defining what constitutes a family (Tillman & Nam, 2008). Based on this consideration, a family unit could include a single parent and his/her children living together, a married couple and their children, siblings, a same-sex couple and their children, a married couple and their children and grandchildren living together, a divorced couple who have remarried and their children, an unmarried cohabiting couple, an extended kin network and many other social groups (Tillman & Nam, 2008). In our current times the traditional forms of nuclear families are increasingly transforming as heterosexual couples are choosing to postpone or altogether forgo marriage (Holtzman, 2011).

Within the multi-cultural South African context, South Africa retains varied forms of the family depending on the ethnic and racial groups (Sooryamoorthy & Makhoba, 2016). Rabe and Naidoo (2015), after an analysis of the 1996, 2001 and 2011 national censuses, note certain trends such as the absence of biological fathers, the *low nuptiality rate or advance age at first marriage* particularly amongst black South Africans as well as a low fertility rate. The structure of the family and household is also evolving due to changes occurring in the society and the effects of HIV/AIDS (Sooryamoorthy & Makhoba, 2016).

Walsh (2012) states that families have become progressively varied over time. Therefore, there is a need to examine our perceptions of family. The phrase, "*The new normal*" has become a fashionable description when describing families today, this is largely due to the fluid nature of families (Walsh, 2012). When considering the term "normal" with respect to family orientations, Hoffman (1990) states that definitions of normality are *socially constructed, influenced by a subjective worldview and by the larger culture* indicating that normality is different for everyone. Defining family normality can be a useless task since "normal" is different to different people. In my humble opinion, "normality" can be understood as whatever works for an individual or family in their specific contexts, therefore if a family is functional and healthy it can be considered, 'normal'. However, according to literature, there are four perspectives that can be used to distinguish normal families, *they are normal as problem-free (asymptomatic); normal as average; normal as healthy and normal in relation to basic transactional processes in family systems* (Walsh, 2012).

The diverse forms of families affect family functioning in different ways, for example the affective and instrumental roles of family members will be different depending on the family's form/orientation. Societal factors such as working mothers, migrant fathers, adoption, kinship, divorce and the HIV/AIDS pandemic have all had an effect on the traditional family orientation-causing changes to suit the family members' needs and create a good level of family functioning. A study conducted by Sekgoba, Mothiba and Malema (2013) indicated the socio-economic effect that the HIV/AIDS pandemic has on the family system as family members diagnosed with HIV/AIDS require continuous familial support to enable them to cope emotionally, socially and economically, especially as the disease progresses. Bennett, Hosegood, Newell and McGrath (2014) found that only a small amount (14%) of migrant

parents in South Africa include their children in their destination household, which has a direct impact on the orientation of the family. Some of the factors that influence the inclusion or exclusion of family members from living with their migrant parents or family members include the parent or family member's characteristics and the age of the children or family members, never the socio-economic status of the migrant family member (Bennett et al, 2014). The acceptance of different family orientations such as same-gendered families have been widely accepted in Western cultures as is evident in mass media such as television shows and popular culture (Lubbe, 2007). In South Africa, however, there is still evidence of bias in our media such as newspaper articles written for sensation, debates on family and religion, and how families are portrayed in texts etc.

2.4.2. Constructs of Family Functioning

Depending on the specific model of family functioning, it can be conceptualised differently. Other than the McMaster Model of Family Functioning (Epstein et al, 2005), there are a variety of models, such as the Structural Family Therapy Model (Minuchin, 1974), Strategic Family Therapy Model (Bobrow & Ray, 2004), Narrative Family Therapy Model (Walsh & Keenan, 1997), Multigenerational Family Therapy Model (Guerin & Guerin, 1976), Adlerian Family Therapy Model (Dinkmeyer & Dinkmeyer, 1991), and the systems theory (Tudge, Mokrova, Hatfield & Karnik, 2009), among others, that have their own unique ways of conceptualising family functioning.

2.4.2.1. Structural Family Therapy Model

According to the Structural Family Therapy" model, a family's structure is described as "the invisible set of functional demands or rules that organise the way family members relate to one another" (Minuchin, 1974). The structure that controls the family's transactions is understood by observing the family, first hand (Minuchin, 1974). Through the careful noting of the family process, the problematic transactions are detected (Minuchin, 1974). Repeated sequences that are noted indicate rigid structural patterns of a family (Minuchin, 1974). The hierarchical structure of the family is extremely important in this model (Minuchin, 1974). There are three structural aspects that families use to organise themselves, these include 'alignment', 'boundaries' and 'force' (Aponte, 1994). Families that may appear chaotic and lack consistency,

coherency and a flexible structure for coping are described as “under-organised” (Minuchin, 1974).

2.4.2.2. Strategic Family Therapy Model

In the strategic family therapy model, the therapist replicates family conversations and interactions in order to prompt and engage family members into asking questions and having discussions (Bobrow & Ray, 2004). The pathology or problems are presented during these interactions, which are then discussed, and solutions are collaboratively deduced (Bobrow et al, 2004). The family’s functioning is conceptualised from the examination of these interactions (Bobrow et al, 2004).

2.4.2.3. Narrative Family Therapy Model

In the narrative family therapy model, the therapist takes a non-expert stance (White, 2011). Instead the therapist is seen as a collaborator, and a master at asking questions relating to the narratives of the families that they work with (Walsh et al, 1997). Behaviour is seen as stories, rather than a pattern or a dynamic (Walsh et al, 1997). The therapist listens carefully to the narratives that support the problem, waits for openings and collaborates with the family members to re-author the narrative (White, 2011). Family functioning is conceptualised from the rich narratives of the family members (Walsh et al, 1997).

2.4.2.4. Multigenerational Family Therapy Model

In the multigenerational family therapy model, the therapist examines interactions between individuals in a family across multiple generations (Ballard, Fazio-Griffith & Marino, 2016). The therapist’s analysis of the family’s interactions and observations enable him/her to deduce the pathology/problem within the family and conceptualise family functioning (Ballard et al, 2016). With the multigenerational family therapy model, the therapist may pick up on future struggles or stressful situations (Ballard et al, 2016).

2.4.2.5. Adlerian Family Therapy Model

With regard to the Adlerian Family Therapy Model, parents are seen as the natural leaders in

the family as they are more experienced and hold authority for rearing the next generation (Sherman & Dinkmeyer, 2014). Children define (and redefine) the family system as they constantly strive for growth, meaning and significance (Sherman & Dinkmeyer, 2014). Family functioning is conceptualised through the explorations of factors such as birth order, lifestyle and parental education, thus gaining insight into the social context of each of the family members (Sherman & Dinkmeyer, 2014).

2.4.2.6. Systems Theory

The systems theory views different levels and groups of people as interactive systems where functioning of the whole is dependent on the interaction between all the parts of the system (Donald, Lazarus & Lolwana, 2010). In an effort to understand the whole system, an individual using a systemic perspective must examine the relationships between the different parts (Donald et al, 2010). Whole systems tend to interact with other systems around them and often contain subsystems or specific groups that interact with one another and importantly, have an effect on the entire system (Tudge et al, 2009). Because the interactions of the subsystems have an effect on the entire system, people within the system tend to interact with each other in characteristic ways or patterns of functioning (Donald et al, 2010). Due to the interrelationship among the subsystems, the actions that occur do not happen in a one-directional manner, rather cause and effect occurs (Tudge et al, 2009). These repeated patterns usually govern the system as a whole (Donald et al, 2010).

My approach to family functioning recognises the principles of systemic functioning and resilience as important factors that determine how we interact with families as professionals. For my research study I intended on using the six dimensions of the McMaster Model of Family Functioning to conceptualise the family functioning of families that are affected by substance abuse. These dimensions, i.e. problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control, may not be the only dimensions in conceptualising family functioning, however they can be considered the most important and are able to provide great insight into a family's functioning (Epstein et al, 2005). The six dimensions in the McMaster Model of Family Functioning may be named differently in other models, but essentially describe the same thing. Even though the McMaster Model of Family Functioning has Western origins, one of the theoretical assumptions of the model is that the ideas, concepts

and techniques are easily transported and may be applied in the South African context as it continues to be applied around the world (Miller, Ryan, Keitner, Bishop & Epstein, 2000).

2.4.3. Systemic and resilient families

Within the McMaster Model, family is viewed as an open system (Epstein et al, 2005). Epstein and his colleagues believed that the family as a system was considered more powerful than intrapsychic factors in determining the behaviour of individual family members (Epstein et al, 2005). Whether or not the pathology within the family was clinical or non-clinical, the prime function of the family is, "providing an environment for the psychosocial development and maintenance of its members" (Epstein et al, 2005). The family is looked at as the factor to be evaluated, it is the family that is centrally involved in the pathology and in the behaviour that is being examined (Epstein et al, 2005). In the McMaster Model, families are themselves challenged to deduce solutions to their pathology using their resilience, as the therapist or researcher acts as the catalyst, clarifier and facilitator (Epstein et al, 2005).

2.4.4. The McMaster Model as a conceptual framework for family functioning

Developed by under the direction of Nathan Epstein, the McMaster Model of Family Functioning is a model that is based on the family systems approach where families are viewed as systems within systems that relate to other systems (extended family, school, church, workplace) (Epstein, Bishop & Levin, 1978). With the McMaster Model (MMFF), the individual is the focus with emphasis on the subsystems, repeated transactional patterns, the family structure, or family processes that are removed from the immediate family or presenting problem (Bello, Irinoye & Akpor, 2018). It focuses on the "here-and-now" with the therapist or researcher focusing on what is happening currently and not on the past (Epstein et al, 2005). Research or therapy is directed towards creating change within the system and is not concerned with the pathology of the different members in the family (Epstein et al, 2005). With the therapist's help, the family is aided in exploring and differentiating their interactions and its effects (Zanganeh, Kaboudi, Ashtarian & Kaboudi, 2015).

The McMaster Model has a degree of openness with respect to the therapist-family relationship (Epstein, Baldwin & Bishop, 1983). It is a model that is based on clear and direct

communication between the researcher or therapist and family members as well as between family members themselves (Epstein, Baldwin & Bishop, 1983). The researcher or therapist acts as a catalyst, clarifier and facilitator in creating change (Epstein et al, 2005). Family members are responsible for their own change and are thus required to actively participate in the therapeutic process where all the members need to be present (the perspectives of all the different family members with respect to the level of family functioning is important in the MMFF) (Dai & Wang, 2015). Therefore, the ultimate goal in the McMaster Model of Family Functioning is for the therapist to help the family members identify and solve their problems themselves (Epstein et al, 2005). If the treatment concepts are consistently applied, the therapy will be reasonably effective (Dai & Wang, 2015).

Some of the theoretical assumptions that frame the McMaster Model of Family Functioning include having a theoretical base since the model is based on the family systems approach, the model is considered time-limited as the number of sessions for therapy is limited and the model focuses on the current state of the family, a degree of openness between the therapist and family members, the model does not emphasise the need to have insight into a problem as the concern is not for what produces pathology in the individual but with the process occurring within the family that produces the behaviour, the model is distinct due to the clarity in the method of treatment and finally, the model can easily be transported and used from one setting to another (Miller, Ryan, Keitner, Bishop & Epstein, 2000).

2.4.4.1. Dimensions in the McMaster Model of Family Functioning

The McMaster Model makes provision for six dimensions of family functioning that include:

2.4.4.1.1. Problem-Solving

This dimension has to do with the family's ability to resolve problems that maintain effective family functioning (Epstein et al, 2005). A family problem can be defined as an 'issue that threatens the integrity and functionality of the family, and the family has difficulty solving it' (Epstein et al, 2005). Some families have ongoing problems that have no effect on their family functioning and are thus able to function effectively. Problems can be divided into two categories i.e. instrumental problems and affective problems" (Epstein et al, 2005).

Instrumental problems involve everyday life problems like managing money, obtaining food, cooking and housing etc (Epstein et al, 2005). In the township context of my study, an example of an instrumental problem would be the effects of alcohol abuse of a family member (Herrick & Parnell, 2014). Affective problems involve emotions such as anger or depression (Epstein et al, 2005). An example of an affective problem in the context of my study would be the depression that an individual would experience after being diagnosed with HIV (Myer, Smit, Le Roux, Parker, Stein & Seedat, 2008).

Families that have instrumental problems will most likely have difficulty dealing with affective problems, however families that have and deal with affective problems can easily deal with instrumental problems (Epstein et al, 2005). Problem solving in the McMaster Model involves seven distinct stages, they are (Epstein et al, 2005):

1. Identifying the problem
2. Communicating with the appropriate person/people about the problem
3. Developing viable alternative solutions
4. Deciding on one of the alternatives
5. Acting on the decision
6. Monitoring the action
7. Evaluating the efficacy of the action and the problem-solving process

A family may have some minor unresolved problems; however, such problems should not be of a degree or duration that creates major disruption in the family (Epstein et al, 2005). A well-functioning family is able to solve problems using the steps or stages listed in the problem-solving process. The health-related issues due to the abuse of alcohol of a family member could be considered an example of a problem in the context of my study (Schneider, Norman, Parry, Bradshaw & Plüddermann, 2007). A well-functioning family would be able to identify the problem, that being the abuse of the illicit substance; communicate with the appropriate individuals, i.e. the specific member, elders, support groups or professionals; developing; deciding and acting on viable alternatives such as the decision to check into a rehabilitation

programme and attending family therapy; monitoring the action, i.e. keeping up with the progress of the individual and the evaluation of the process such as continuous reflections and meta-reflections (Epstein et al, 2005).

2.4.4.1.2. Communication

Communication can be defined as the verbal exchange of information within the family (Epstein et al, 2005). Although non-verbal communication is important, and a large amount of information can be gathered from it, the McMaster Model rather focuses on verbal communication due to the methodological difficulties involved in measuring non-verbal communication (Epstein et al, 2005). The model places emphasis on the family's communication patterns rather than a single family member, which benefits both the therapist and the family.

Communication can also be divided into two types that include instrumental communication and affective communication (Epstein et al, 2005). Instrumental communication involves the communication of everyday issues/things while affective communication concerns emotion. Families can have manifest difficulties with the affective component of communication but function very well in the instrumental area (Epstein et al, 2005). This is not the case for the reverse. Two other vectors characterise communication, they are the clear vs. masked continuum and the direct vs. indirect continuum (Epstein et al, 2005). The clear vs. masked continuum focuses on whether the content of the message is clearly stated or camouflaged, muddied or vague (Epstein et al, 2005). Direct vs. indirect focuses on whether messages go to the intended target or get deflected to someone else (Epstein et al, 2005). From the two continuums four distinct styles of communication can be identified, they are (Epstein et al, 2005):

1. Clear and direct; both the target and the message are clear.
2. Clear and indirect; the message conveyed is clear, but the intended target is not.
3. Masked and direct; the context is unclear, but it is directed at the intended person.
4. Masked and indirect; the content of the message and for whom it is intended are

both unclear.

Healthy families generally communicate in a clear and direct manner in both instrumental and affective areas (Epstein et al, 2005).

2.4.4.1.3. Roles

Roles are the repetitive patterns of behaviour by which family members fulfil family functions (Epstein et al, 2005). Roles within a family may differ according to ethnicity, lifestyle or religious background of the family members. Families need to deal with some functions repeatedly in order to maintain a healthy and effective system, these five family functions are each made up of a number of tasks and functions that comprise of instrumental, affective and mixed components (Epstein et al, 2005).

The five essential family functions include the *provision of resources* that involve tasks largely instrumental such as providing food, clothing money and shelter; *nurturing and support* which can be considered as affective that includes the provision of comfort, warmth, reassurance and support for the family members; *adult sexual gratification* that deals with affective issues as both partners must feel satisfied with their sexual relationship and must also feel that they satisfy their partners sexually; *personal development* that embodies both affective and instrumental components and associated tasks operate around the development of life skills; *maintenance and management of the family system* that involves several functions that include techniques and actions required to maintain standards (Epstein et al, 2005).

Two additional and integral issues of role functioning include role allocation and role accountability (Epstein et al, 2005). Role allocation incorporates the family's pattern in assigning roles; whether the assignment is appropriate, the allocation is done implicitly/explicitly and whether the assignment involves discussion or is arranged by dictum (Epstein et al, 2005). Role accountability focuses on the ways that the family functions are completed. Accountability ensures a sense of responsibility in family members and provides for monitoring and corrective measures (Epstein et al, 2005). When trying to determine if roles are appropriate and if they are being fulfilled, it is important to identify both necessary and 'other' functions. A healthy

family is characterised by adequately fulfilled functions, clear allocations and accountability, while an unhealthy family has one or more of the members are overburdened with family tasks and accountability and role functions are unclear (Epstein et al, 2005). According to Epstein et al (2005) normal families will generally not have difficulties with provisions of resources, except when circumstances are out of their control. Some families are able to function with the roles handled by one person, however in the most effective families, the roles will be shared according to the abilities of the family members-this allows the family to deal with changes from the norm (Epstein et al, 2005). Normal functioning families do not assign roles perfectly or take complete, perfect accountability, they compromise (Epstein et al, 2005).

2.4.4.1.4. Affective Responsiveness

In this dimension, the range of affective responses of family members are examined through looking at the experience of family responses to affective stimuli (Epstein et al, 2005). According to Epstein et al (2005), this dimension is concerned with two aspects of affective responsiveness, i.e. whether or not family members are able to respond with the full spectrum of feelings experienced in emotional life and whether or not the emotion experienced is consistent or appropriate with the stimulus or situational context (Epstein et al, 2005). We can distinguish between two categories of affect, i.e. welfare emotions and emergency emotions (Epstein et al, 2005). Welfare emotions consist to affection, warmth, tenderness, support. love, consolation, happiness and joy while emergency emotions encompass fear. anger, sadness disappointment and depression (Epstein et al, 2005).

Epstein et al (2005) states that the quality, quantity and appropriateness are at the core of this dimension. Emphasis is on the overall pattern of responses to affective stimuli, the emphasis is on the capacity of individual members to respond to emotional stimuli and not on their actual behaviours (Epstein et al, 2005). Effectively functioning families experience and express a range of emotions in response to emotional stimuli-their emotional responses are appropriate to the stimuli.

According to Epstein et al (2005) there are two considerations that should be kept in mind when assessing affective responsiveness, i.e. the manner in which family members convey their

feelings is more conceptualised as an aspect of affective communication and the therapist/researcher needs to be aware that the affective responsiveness may be particularly marked by cultural variability and should be aware of the cultural factors that may influence the family's responses (Epstein et al, 2005).

Even at a high level of affective responsiveness, one or more family members may have difficulty experiencing a particular emotion (Epstein et al, 2005). There may also be times when family members respond inappropriately or instances where there are episodes of over- or under-responding. These differences in the range of emotions are however are not necessarily indicative of disruptive family functioning (Epstein et al, 2005).

2.4.4.1.5. Affective Involvement

This dimension has to do with the extent to which family members show interest in and value for particular activities of individual family members (Epstein et al, 2005). The focus in this dimension is on the degree of interest in each other and the manner in which the interest is expressed (Epstein et al, 2005). Within this dimension, six types of involvement can be identified, they include (Epstein et al, 2005):

1. **Lack of involvement:** Family members demonstrate no investment or interest in each other. They share instrumental and physical contexts and functions, much like a group of lodgers.

2. **Involvement devoid of feelings**: There is some investment or interest in this type of Involvement but little investment of the self or feelings in the relationship. The investment is demonstrated only when required and even then, may be marginal; the interest is predominantly intellectual.

3. **Narcissistic involvement**: The investment in others that is primarily egocentric, meaning that there is no feeling of the importance that a particular situation may hold for others.

4. **Empathic involvement**: Family members exhibit a true affective concern for the interests of others in the family even though those concerns may be bordering their own interests.

5. **Over-involvement**: This type of involvement is characterised by over- invasive and over protective behaviours shown by family members towards each other.

6. **Symbiotic involvement**: This involvement is so intense that the limitations between two or more members are indistinct. Symbiotic involvement is seen only seriously disturbed relationships in which family members struggle to differentiate between one another one another.

In this dimension variations within the normal can still be in the healthy range. Family members take an active interest in what is important to one another without over-identifying or personalising (Epstein et al, 2005).

2.4.4.1.6. Behaviour Control

Epstein et al (2005) defines behaviour control as the pattern that the family adopts for handling behaviour in the following three specific areas:

1) Physically dangerous situations
2) Situations involving meeting and expressing psychobiological needs and drives.
3) Situations involving socialising behaviour both between family members and with people outside the family system.

The focus of this dimension is on the standards or rules that the family sets in these three areas and the amount of latitude they tolerate (Epstein et al, 2005). It includes both parental

discipline toward their children as well as standards and expectations of behaviour that adults set towards each other (Epstein et al, 2005). Epstein et al (2005) states that families develop standards of acceptable behaviour for each of these three areas. They also establish a degree of flexibility or tolerance in adhering to these standards. Both the standard and the latitude determine the style of behaviour control. (Epstein et al, 2005).

The McMaster Model differentiates between four styles of behaviour control based on variations of the standards and the latitude, they include the following:

1) **Rigid behaviour control**: The rules involved in this behavioural style involve a constrained and limited standard that allows little room for compromise or flexibility across situations.

2) **Flexible behaviour control**: Standards and rules seem rational to family members and there is opportunity for negotiation and change.

3) **Laissez-faire behaviour control**: This behaviour style is at the extreme, there are no direction or standards and total autonomy is allowed regardless of context.

4) **Chaotic behaviour control**: The family shifts in a random and unpredictable fashion between rigid, flexible and laissez-faire. Family members do not know which standards apply at any time and they do not know how much if any, negotiation is possible (Epstein et al, 2005).

The most effective form of behaviour control is flexible behaviour control while chaotic behaviour control is the least effective. In order to maintain their style of behaviour control, a family will develop a number of functions to enforce what they consider acceptable behaviour (Epstein et al, 2005).

2.5. CONCLUSION

Based on the theoretical insights that I obtained during my review of literature on the substances abused in the South African township context and family, I planned and conducted an empirical study to explore the family functioning of four families from a South African township context. In the following chapter, I describe the results obtained, arranged in themes and sub-themes.

CHAPTER 3: RESULTS OF THE STUDY

3.1. INTRODUCTION

I begin this chapter by providing a brief description of the research participants that participated in my study. I provide an account of the results of my study in terms of the themes and sub-themes that emerged and summarise the present and future orientation of each of the participants from their qualitative drawings and subsequent reflections.

3.2. DESCRIPTION OF THE RESEARCH PARTICIPANTS

My study made use of snowball and criteria sampling as is mentioned in Chapter 1. Five research participants, from four families, were identified according to the research criteria, by an individual who resides within the same community as the participants and is associated with Shumbashaba- Horses Helping People. The participants in this research study were female and ranged in ages from 23 to 45.

3.2.1 Participant 1: Phabi

The first research participant was Phabi[1], a daughter in a family of four, with two brothers and a mother. Her father passed away a few years ago. She has a child that she and her boyfriend cares for. At the time of the data collection, her younger brother, who is completing his master's degree in Geology, had a drug addiction problem (Appendix A, Family 1).

3.2.2 Participant 2: Ntuli

The second research participant was Ntuli[1], who is the sole breadwinner for her two young children. She hardly enjoys any familial support as her relatives are either estranged or reside in another province and the father of her two children was arrested and detained on an assault charge. The father of her children suffered from an alcohol addiction problem (Appendix A, Family 2).

[1] Pseudonyms are used to protect the identities of the research participants.

3.2.3 Participant 3: Jabulile

The third research participant, Jabulile[1], was the only participant with permanent employment and the sole breadwinner in her family. She also has her mother as a dependent. She has three children; Thabi[1], Bonnie[1] and Zwaai[1]. Jabulile's mother and her son Zwaai suffer from diabetes and due to her socio-economic status, she struggles to maintain their diets to control their diabetes. Jabulile's younger brother struggled with an opioid addiction problem at the time of the data collection (Appendix A, Family 3).

3.2.4 Participant 4 and 5: Chaka and Kanyi

Sisters, Chaka[1] and Kanyi[1] are the fourth and fifth research participants. Kanyi, the younger sibling of the two, lives with her sister Chaka, Chaka's husband and two children. Chaka's husband is the sole breadwinner in the family. Kanyi was suffering from drug addiction some time back, but at the time of the data collection was in sobriety. The sisters, however, have a brother that was struggling with an alcohol addiction at the time of the data collection (Appendix A, Family 4).

All of the participants in my research study resided in the Diepsloot community at the time of the data collection of my study. Three of the four participating families originate from South Africa, while one of the families originally hail from neighbouring Zimbabwe. All of the families relocated to the community of Diepsloot from their hometowns and are living in informal housing with either no running water or no electricity or both. Each of the four families have at least one of their family members addicted to a substance, as per the criteria of my research study.

3.3. OVERVIEW OF THE DATA SOURCES

The data collected for my research study took the form of the McMaster Structured Interview of Family Functioning (McSIFF), a semi-structured interview that contains questions that address specific components of each of the family dimensions of the McMaster Model of Family Functioning (Epstein et al, 2005), and qualitative drawings depicting each of the participants' present and future orientations. The data was collected on the 25th of August 2017 at Shumbashaba- Horses Helping People. Each of the interviews were transcribed and collectively

make up 84 pages (Appendix A). Both the present and future orientation drawings of each of the participants was optically scanned and included in Chapter 3, and the transcribed reflections on the drawings included in Appendix B.

The six dimensions of the McMaster Model of Family Functioning, i.e. problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control, made up the themes derived in the semi-structured interviews. The qualitative drawings were analysed and cross-checked with the group reflection on each of the drawings to determine the present and future orientations.

3.4. DATA ANALYSIS OUTCOMES

3.4.1 Interview data

INTERVIEW DATA		
Theme	**Inclusion criteria**	**Examples**
1. Problem Solving	Any instance where an interviewee could identify an instrumental or affective problem, communicate with the appropriate individual about the problem, develop, decide, or act on a viable alternative, monitor the action and evaluate the effectiveness of the action.	"*…The person that has got a problem with drugs is my younger brother."* (Appendix A: Family 1, Line 10) - **Identifying the problem** "*My solution for this is…I think I need to get a job, a better job so that I can get a better place."* (Appendix A: Family 2, Line 102) - **Developing an alternative** "*…So, to the rehab. First, we took him to Magaliesburg (rehabilitation centre)*

		and he ran away from Magaliesburg when they tried to help him with the drugs…" (Appendix A: Family 3, Line 30)- **Acting on alternative** "*Ja, it helped but immediately when he has a problem, he goes back."* (Appendix A: Family 1, Line 64)**- Evaluating the effectiveness of the action**
2. Communication	Any instance where an interviewee contained instrumental or affective verbal communication and instances where any of the four distinct styles of communication are described such as clear and direct communication, clear and indirect communication, masked and direct communication and masked and indirect communication. Instances of non-verbal communication were excluded from the data analysis.	"*Anything that you want to talk about, we talk. We ask if we need clarity."* (Appendix A: Family 1, Line 440)**- Open and free communication** "*Even if it's not my family, I know how to help people when they come crying on my shoulder with their problems. And I can help them when they come to my place. Then the person is feeling better…"* (Appendix A: Family 4, Line 254)**- Affective and instrumental communication** "*I tell a person straight, then I'm fine. I don't care who the person is. When I tell you something, I'm fine, I feel like it's out of me."* (Appendix A: Family 1,

		Line 346). **- Clear and direct communication**
3. Roles	Any instance where an interviewee contained repetitive patterns of behaviour whereby family members fulfil family functions. These functions include the provision of resources, nurturing and support, adult sexual gratification, personal development and the maintenance and management of the family system. Instances that indicated the role allocation and/or the role accountability were also included.	"*It's like if my mum is sick, I have to do the laundry and all the other jobs."* (Appendix A: Family 1, Line 168)**- Role allocation and accountability** "*It's also me because I have to do groceries, I have to do shopping and I have to do menu planning because I am the only girl. I have to do the cooking."* (Appendix A: Family 1, Line 78)**- Provision of resources** "*Like, sometimes, she is relieving me by telling me how to overcome this problem. Yes. And if she can't, then she tells me that she doesn't know how she can help me.*" (Appendix A: Family 2, Line 82**- Nurturing and support roles** "*Sometimes she is telling me, 'You must do this so that you can cope.' For example; I am now volunteering at SANCA. She's the one who took me there. I didn't know anything about SANCA, she took me there. She's the one that makes a big difference to me."* (Appendix A: Family 2, Line 56). **-**

		Personal development roles. "*I have to take him to the hospital. Last time I went to Coronation and I explained to the social worker that it's difficult to come there because sometimes I am struggling with transport money. I got a letter… [starts to sob]*" (Appendix A: Family 3, Line 232)**- Maintenance and management of the family system**
4. Affective Responsiveness	Any instance where an interviewee contained welfare emotions which include affection, warmth, support, tenderness, love, consolation, joy and happiness; and/or emergency emotions such as fear, anger, aggression, sadness, depression and disappointment.	"*Pleasure and happiness? When I'm happy is when I know for now everything I need is here. Then I get happy. And then pleasure is when someone is doing something I needed that time. I have that pleasure."* (Appendix A: Family 2, Line 136). **- Welfare emotion response to appropriate stimuli** "*…I felt scared a lot of times. I feel scared because I don't know what tomorrow is going to be like. You know when you living with your child and he's got sugar and you hear on the news and on the TV that sugar can kill you…"* (Appendix A: Family 3, Line 242)**- Emergency emotion response to appropriate stimuli**

		"Sometimes. It's like shouting. I feel like I'm over-reacting." (Appendix A: Family 1, Line 484)**- Over-responsiveness with emergency emotion** *"…Sometimes, like my boyfriend does something for me and he makes me upset and he's just doing this thing to please me and I'm not showing pleasure. But I know that I was supposed to show it. Yes, it happens there."* (Appendix A: Family 2, Line 142)**- Absence of effective response to particular stimuli**
5. Affective Involvement	Any instance where an interviewee contained any of the following types of involvement: Lack of involvement, Involvement devoid of feelings, Narcissistic involvement, Empathic involvement, Over-involvement or Symbiotic involvement.	*"I ask them about their interests and how they did it and everything."* (Appendix A: Family 1, Line 532)**- Research participants involved in their family's interests** *"My siblings and my mother."* (Appendix A: Family 2, Line 170)**- Family members primarily involved in research participant's interests** *"…I am too much in her business…"* (Appendix A: Family 4, Line 490)**-**

		Over-involvement of family members "*Yes, our men. Because they don't care."* (Appendix A: Family 4, Line 484)**- Lack of involvement**
6. Behaviour Control	Any instance where an interviewee contained that a family adopts for handling behaviour in three specific areas. These include (i) physically dangerous situations, (ii) situations involving the meeting and expressing of psycho-biological needs and drives, (iii) situations involving socialising behaviour.	"*Sometimes we just look at him. Sometimes you get tired of telling a person, 'What you did is wrong! What you did is wrong!"* (Appendix A: Family 1, Line 272)**- Styles of behaviour control (laissez-faire)** "*She eats every time, every minute, every time."* (Appendix A: Family 4, Line 245)**- Situations involving the meeting and expressing of psychobiological needs and drives** "*Me and my mum. We help each other. We try to discipline the kids but sometimes the kids don't do what you tell them. They don't take whatever we say to heart. But I'm lucky to have Thabi."* (Appendix A: Family 3, Line 64)**- Primary disciplinarians in the family system** *"Yoh! If you break a rule, yoh! Like we*

		will give you feedback immediately!" (Appendix A: Family 1, Line 256)**- Implemented rules in the family system** "*First I shout, and then when I see that it's not helping then I start to beat him."* (Appendix A: Family 4, Line 195)**- Consequences when rules are transgressed**

Figure 3.1. Data Analysis Outcomes

3.4.2 Qualitative Drawings

The drawings that participants made appear in Figures 3.2.1.- 3.2.10 below. In each case, a brief description of the drawing is given.

Participant 1: Phabi

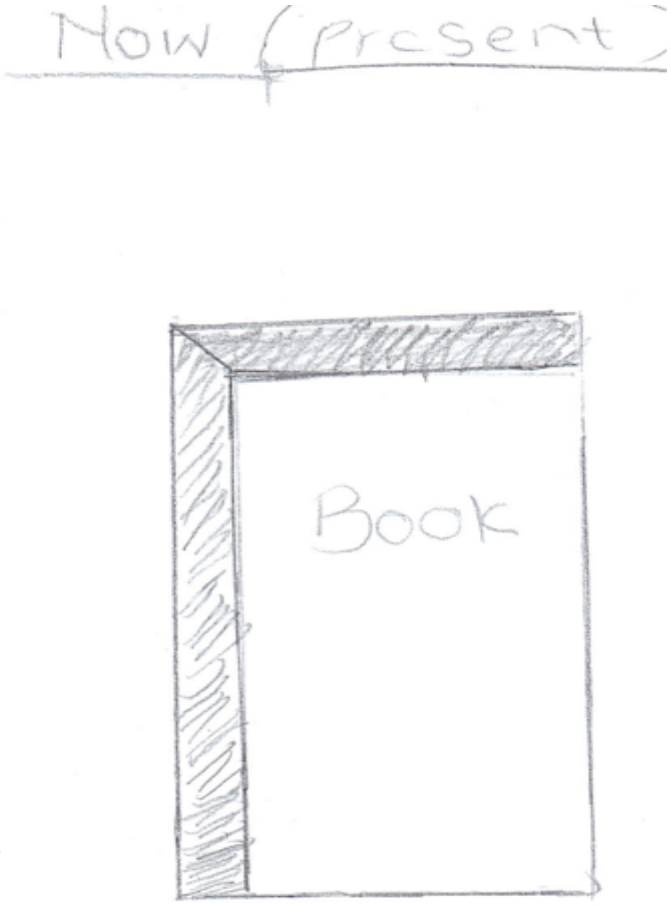

Figure 3.2.1: Phabi's present orientation[2]

[2] Wording included in qualitative drawing typed out for dissertation purposes: "Now (Present); Book"

Figure 3.2.2: Phabi's future orientation

Phabi (Family 1)

Phabi drew a book to represent her present orientation. She mentioned that the reason she drew a book was because reading distresses her (Appendix B: Line 8).

Owning her own home was the central theme for Phabi's future orientation as she drew "*a very, very big house".* (Appendix B: Line 28).

Participant 2: Ntuli

Figure 3.2.3: Ntuli's present orientation

Figure 3.2.4: Ntuli's future orientation[3]

[3] Wording included in qualitative drawing typed out for dissertation purposes: "HOSPITAL; I wanna [want to] see myself working in a hospital is a nurse and driving my dream car."

Ntuli (Family 2)

To represent her present orientation, Ntuli drew a bible. She mentioned that reading the bible gave her feelings of relief and that religion is very important to her (Appendix B: Line 4). It is also worth noting that her drawing, representing her present orientation, has a facial expression that correlates with her reflection, indicating relief.

Ntuli's future orientation is very career oriented as she drew herself as a nurse working in a hospital. She also drew her dream car as she described in her reflection on her drawings (Appendix B: Line 24).

Participant 3: Jabulile

Figure 3.2.5: Jabulile's present orientation

Figure 3.2.6: Jabulile's future orientation

Jabulile (Family 3)

To indicate her present orientation, Jabulile drew a house with electricity and some furniture. She also mentioned that she pictured herself with her family (Appendix B: Line 14).

For her future orientation, Jabulile drew a house again. It should be noted that the house drawn in her future orientation did not have as much detail as with her present orientation drawing. On reflection of her future orientation, Jabulile wishes for a house with a roof that does not leak, unlike the informal dwelling that she resided in at the time of the data collection (Appendix B: Line 30).

Participant 4: Chaka

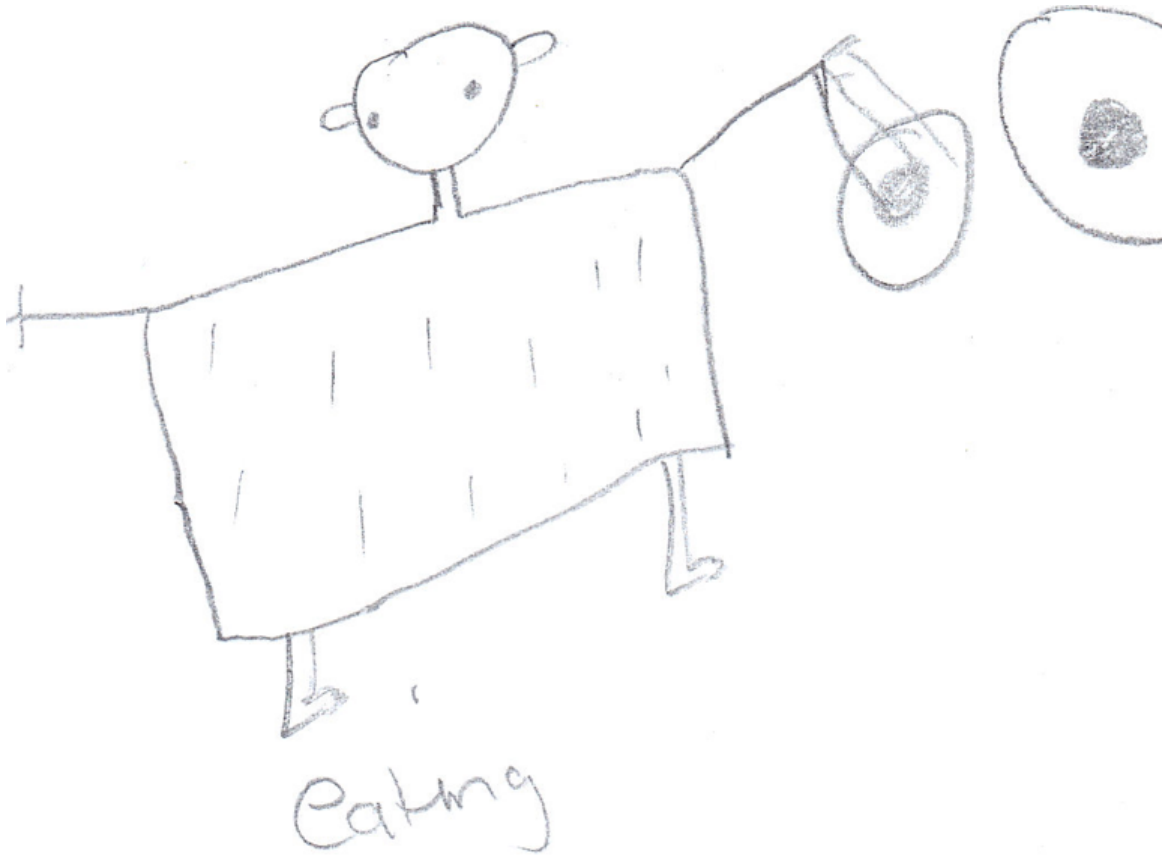

Figure 3.2.7: Chaka's present orientation[4]

[4] Wording included in qualitative drawing typed out for dissertation purposes: "Eating"

Figure 3.2.8: Chaka's future orientation[5]

Chaka (Family 4)

Chaka kept her drawing and her reflection on her present orientation short and simple. She drew a representation of herself eating food. She mentioned that she drew a lot of food as she enjoys eating in her reflection (Appendix B: Line 20).

For her future orientation, she drew a house, on a road with street lights. She explained that she drew a big house with a roof and electricity for her future orientation, as she lived in informal housing without electricity and running water at the time of the data collection (Appendix B: Line 34).

[5] Wording included in qualitative drawing typed out for dissertation purposes: "Road; Light"

Participant 5: Kanyi

Figure 3.2.9: Kanyi's present orientation[6]

[6] Wording included in qualitative drawing typed out for dissertation purposes: "Church"

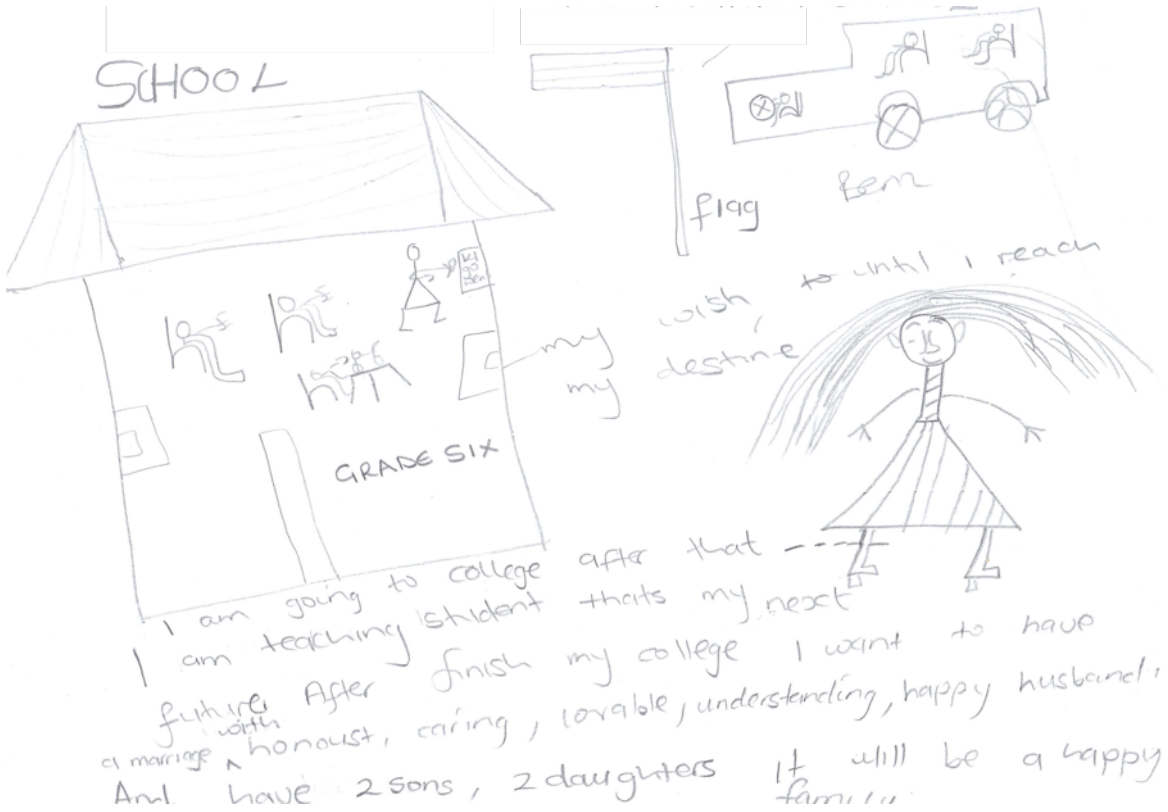

Figure 3.2.10: Kanyi's future orientation[7]

Kanyi (Family 4)

Kanyi drew herself in front of a church to represent her present orientation. In the subsequent reflection, Kanyi stated that whenever she felt stressed, she goes to the church to sing and pray (Appendix B: Line 16).

For her future orientation representation, Kanyi drew a school with herself as an educator as

[7] Wording included in qualitative drawing typed out for dissertation purposes: "SCHOOL ; GRADE 6"

"My wish (to) until I reach my destine [destiny]"

"I am going to college after that… I am teaching student, that's my next future. After [I] finish my college I want to have a marriage with [an] honest, caring, lovable, understanding, happy husband. And have 2 sons, 2 daughters, it will be a happy family."

well as a school bus and flagpole. In her drawing she noted that she planned on attending a tertiary institution to study teaching. She also noted other goals that included getting married, having children and having a happy family.

3.4.3 Summary

In the section above I considered the data analysis outcomes of my research data. I listed all of the themes deduced from the semi-structured interviews and determined an inclusion criterion for each. I also provided examples from the research transcriptions for each of the sub-themes deduced. The qualitative drawings from each of the participants were also included in the section above, together with a brief discussion of the present and future orientations.

In the following section, I list and explain in more detail the themes, i.e. problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control as well as the sub-themes deduced from the McMaster Structured Interview of Family Functioning and I will also discuss the literature related to the specific theme.

3.5. RESULTS OF THE SEMI-STRUCTURED INTERVIEWS

3.5.1. Theme 1: Problem-Solving

3.5.1.1. Sub-theme 1: Identification of the problem

The identification of the problem is the first stage in process of effective problem solving. This stage is interested in the individual/s who identifies the problem, whether or not there is a pattern in the problematic behaviour and the type of problem (Epstein et al, 2005). Above all the other stages in the problem-solving process, the research participants proved to be most competent in identifying their problems. In the first family, Phabi was able to identify a few problems, the first of which was her younger brother's drug addiction, "*…The person that has got a problem with drugs is my younger brother."* (Appendix A: Family 1, Line 10) and "*He takes dagga (cannabis), too much dagga. Because like nowadays we are no longer going to know whether it is like…whether it is organic dagga or if it has something inside it."* (Appendix A:

Family 1, Line 12). Phabi also identified other problems that stem from her brother's drug addiction that includes reckless and violent behaviour, "*Yes. He comes during the night and opens the door. You are not sure whether he opened, he closed after opening or he just left it like that. After that you cannot tell him anything because you are scared what if he's going to do something bad to you."* (Appendix A: Family 1, Line 50) and "*Like, he can drink and drive.*" (Appendix A: Family 1, Line 312). Phabi also identified the problem of both her brother's alcohol abuse (Appendix A: Family 1, Line 290). Another problem that Phabi elaborated on was that she was not employed on a full-time basis, "*No, I don't work full time."* (Appendix A: Family 1, Line 34) and "*Ja, it's finance, let me say finance*." (Appendix A: Family 1, Line 44).

In the second family, Ntuli was able to identify a few problems within her family. The first of which included her partner's problems with addiction to tobacco and alcohol, "*Yes, He had a problem with drinking. And he was working. Sometimes when he gets money he was using it, all of it on drinking. On payday sometimes, he was not coming home. Maybe he was coming home on Sunday, very late, since I last seen him on Friday when he was going to work. So, he was using his money too much on drinking and then he goes to jail."* (Appendix A: Family 2, Line 12) and "*A lot; a twenty [pack] of cigarettes is a half a day. Not even a day! A twenty!"* (Appendix A: Family 2, Line 100). Another major problem that Ntuli identified was the incarceration of her partner, "*Yes, assault. He went to jail because of an assault, yes. I'm staying alone with my children…"* (Appendix A: Family 2, Line 16). Ntuli also identified challenges with finances as she stated, "*Yes, yes, it's only me that is worrying about that. Remember I said that my child has to carry a lunch box every day, paraffin, candles, and clothing for them and me. You see. And I'm not working."* (Appendix A: Family 2, Line 116) also, "*…The things that are bothering me the most are paraffin and the lunch box for the child. When I'm volunteering, just volunteering, they don't pay us."* (Appendix A: Family 2, Line 128). Finally, Ntuli identified the problem of a lack of familial support as she explained, "*Yes, sometimes I am asking myself this question. Like other people; they have big families and if they problem situations, like my situation, they know that maybe, 'My mum is here for me', 'My brother is going to help me with groceries this month."* (Appendix A: Family 2, Line 32), "*No, she (Ntuli's mother) is away there at Eastern Cape and I'm here. And I don't want to go back to Eastern Cape because my mother is also not working…"* (Appendix A: Family 2, Line 34), and "*And then my father has another wife, and that wife was not treating us good. If we were going to see our father, she was treating us bad. That*

is why we are not close with our father and that is why I'm counting on my mother alone." (Appendix A: Family 2, Line 64).

Jabulile, from the third family, like the other participants identified multiple problems in her family. Beginning with her brother's issues of addiction and the issue of theft that often goes with addiction, Jabulile had the following to say, "*He's taking Nyaope, and he is stealing the stuff. And he doesn't like to bath, he doesn't like…all the time when he's taking the Nyaope his stomach is sore inside. So, we will try to talk to him. To take him to Soweto or rehab…*" (Appendix A: Family 3, Line 26) also "*…When you buy shoes, he can wear shoes for today. Tomorrow that shoes are not there. He takes that shoes and sells that shoes…"* (Appendix A: Family 3, Line 30) and "*My family is unhappy because of my brother, even now, two weeks ago, my brother was stealing when my mum went to a funeral at home and my brother was there. My mum put a safety for the door for my brother not to come to her room because of my brother stealing. So, he took those things of my mother and he took the dishes and he sold it. And he sold the groceries like the fish oil. The groceries were for my mum, for her to eat…"* (Appendix A: Family 3, Line 30). Jabulile also elaborated on the health issues of her son and her mother. She mentioned, "*…all the time my mother's high blood (pressure) wasn't going down because my brother was giving my mother a hard time.*" (Appendix A: Family 3, Line 30), "*…and my mother also, she is a diabetic. She needs a lot of time to go the hospital. When I sleep, and when my son sleeps, I just look at my son in the eyes and I say, 'One day you're gonna die.' If I can't give him the right food, it's killing me inside."* (Appendix A: Family 3, Line 224) and "*…when I think what is happening in this life, I say, 'Oh!' I live close to my mum. When I go to my mum she's not happy. My mum and my son have the same disease (diabetes). I say to myself, 'My son is too young to die of sugar."* (Appendix A: Family 3, Line 232). Jabulile was also able to identify the problem of a lack of financial resources as a direct effect of a lack of employment of her family members, "*Ja I have three kids and two granddaughters. So, it's six of us in the house. When you six in the house and I am a single parent to them, sometimes it's killing me inside when my kids want something and I can't afford to give it to them. It's like they born to suffer, to me. I feel like my kids are born to suffer. I try, but I can't because I'm working a domestic job."* (Appendix A: Family 3, Line 148). The last problem that Jabulile was able to identify was that of a lack of facilities in her context, the township of Diepsloot. She stated, "*When it's hot, it's hot and when it's cold, it's cold. When I live there, I need to use a candle and*

it's not fair for my kids. I'm scared to go because the candle can make a fire and my kids can be sleeping and they can burn. I'm not happy with the way I live because I can't give my kids a full life. Because I'm single and I'm struggling to feed my kids and I'm working, but to be a single parent is not easy. It's so hard…" (Appendix A: Family 3, Line 122).

In the fourth and final family, Chaka's main problem that she identified was the alcohol addiction of her brother, "*Ja, it's my brother. He is a drunkard."* (Appendix A: Family 4, Line 23). Due to her brother's alcohol addiction, Chaka complained that he often acted out, "*…This guy is such a stress. Sometimes he comes shouting all over."* (Appendix A: Family 4, Line 223). She also lamented on his domestic abuse as she states, "*…And now his wife is at home because every time he hits her."* (Appendix A: Family 4, Line 235). Chaka also identified the problem of a lack of financial resources due to a lack of employment, "*In this place [Dieplsoot], there's no jobs. But I'm trying."* (Appendix A: Family 4, Line 149). Finally, Chaka identified the problem of a lack of facilities in her context, "*Because we don't have electricity where we stay."* (Appendix A: Family 4, Line 265), "*We have a public tap."* (Appendix A: Family 4, Line 267) and "*They said that this place is for government, so we (were) going to have to move and move. It's now ten years, no change."* (Appendix A: Family 4, Line 273).

3.5.1.2. Sub-theme 2: Developing viable alternative solutions

When developing viable alternative solutions, different types of plans are developed and considered to create options to evaluate (Epstein et al, 2005). With regard to her brother's tendency of drinking and driving, Phabi developed the alternative solution of confining her brother to the house and further limiting his alcohol intake when he is too drunk to drive, "*Haah, if the older brother is drinking, he's drinking in the house so, it's just a matter of taking the beer and hiding it…"* (Appendix A: Family 1, Line 294). In response to the issue with a lack of finance and employment, Phabi decided and planned on starting her own business, "*Ja, for now we are trying to make different networking and businesses and all of those things."* (Appendix A: Family 1, Line 68). When her brother failed at university, the family advised him to re-register for the following semester, "*Ja, we tried to tell him that, 'No problem, you going to write again.' Then he went to go register again."* (Appendix A: Family 1, Line 370). With the smaller instrumental issue of her family finishing her soy milk, Phabi asked all of the family members to chip in and buy more (Appendix A: Family 1, Line 236).

Ntuli was able to develop viable alternative solutions to the problems of the lack of finances and the lack of employment. She planned and decided to further to earn money with domestic work and to further her tertiary education and become a nurse as she stated, "*Yes, I was studying here at Randburg. But I was sick for a long time, the whole year. After I got healed, there was no salary for me to go back to school until now. But I tried to do computers, and I tried to do peace jobs. Sometimes I'm working as a domestic worker…"* (Appendix A: Family 2, Line 50), "*My solution for this is…I think I need to get a job, a better job so that I can get a better place."* (Appendix A: Family 2, Line 102), "*My plan…I think I have to start classes, like maybe go to college. If I can get a job I will budget some money for starting classes so that I can get a better job*." (Appendix A: Family 2, Line 124) and "*Because I haven't done (completed) this dream of being in travel and tourism. Now, in future, I think I have to study for something like nursing. I have to do nursing now. I want to see me as a nurse."* (Appendix A: Family 2, Line 172).

In Jabulile's family, her daughter Thabi resolved to seek employment in order to alleviate the financial burden in her family, "*Thabi always says to me, 'Okay, if I find a job I will help you. So, let me find a job and the problem will be solved."* (Appendix A: Family 3, Line 152).

3.5.1.3. Sub-theme 3: Acting on a decision towards a solution

The action stage in the problem-solving process addresses the degree to which a family carries out the alternatives that they selected (Epstein et al, 2005). Regardless of a family deciding on a specific alternative, they may not act on it or carry it out completely (Epstein et al, 2005). In Phabi's family, familial support and showing love was their version of acting on a decision in the case of her brother's drug addiction, "*We tried to show him love. We tried to like…because he's working. We tried by all means to be there for him and everything but it's not working."* (Appendix A: Family 1, Line 60). With respect to both her younger and older brother's alcohol abuse, Phabi mentioned that the family would socialise in the confinements and safety of their home, so as to remove the risk of drinking and driving or harming themselves or others, "*Yes. We try by all means. We try to have a braai (barbecue) in the house so that all of us can be in the same place."* (Appendix A: Family 1, Line 296) and "*If he can come back home drunk, we just take the key and hide it.*" (Appendix A: Family 1, Line 314). Phabi also explained that her

usual modus of taking action towards a solution is confrontation, "*I tell a person straight, then I'm fine. I don't care who the person is. When I tell you something, I'm fine. I feel like it's out of me."* (Appendix A: Family 1, Line 346), "*…I'm that person that has anger sometimes."* (Appendix A: Family 1, Line 348) and "*So, you can do something little and I can beat you up just because of what you did. But if I take it out, I feel okay. Even if you can do it again, I know that it's out."* (Appendix A: Family 1, Line 350).

Ntuli also took action towards a solution of her problems with her previous partner. This action took the form of her going to get a maintenance order as she related, "*Eish, I was dealing with it…I remember that sometimes I went to the police station to do a maintenance [or restraining order]."* (Appendix A: Family 2, Line 104). Jabulile took action in the form of making arrangements and taking her brother to a rehabilitation centre for treatment for his drug abuse as she mentioned, "*…So, to the rehab. First, we took him to Magaliesburg (rehabilitation centre) and he ran away from Magaliesburg when they tried to help him with the drugs…"* (Appendix A: Family 3, Line 30). In Chaka's family, the community members took action against her brother by beating him as a response to his shouting and insults as she stated, "*Ja, it's last Wednesday, they beat up my brother."* (Appendix A: Family 4, Line 283), "*People. Because when he is drunk he shouts everyone. So, they beat him."* (Appendix A: Family 4, Line 285) and "*They called us and then when we were there we just…because there is nothing that we can do, we just left them and then they left him."* (Appendix A: Family 4, Line 289).

3.5.1.4. Sub-theme 4: Evaluating the effectiveness of the action

This stage of the problem-solving process addresses the family's ability to effectively evaluate the process and if they learned anything from the situation, if they can recognise successful mechanisms of action, and if they can discern inappropriate problem-solving behaviour (Epstein et al, 2005). Phabi was able to evaluate the effectiveness of the action of providing familial support. She reported that it was not effective as she mentioned, "*Ja, it helped but immediately when he has a problem, he goes back."* (Appendix A: Family 1, Line 64). Ntuli was also able to evaluate the effectiveness of her previous partner's incarceration as she stated, "*I think I'm free now. This time I'm staying alone I'm very free because I know that if I get this money I have to do this and this and this. For me, you know I'm not looking for another one. That time I was looking for him (partner) to do this and this, but I couldn't find him. Now I am*

free to try to satisfy my children as I can." (Appendix A: Family 2, Line 22).

3.5.2. Theme 2: Communication

3.5.2.1. Sub-theme 1: Open and Free Communication

Communication within the McMaster Model of Family Functioning is defined as the verbal exchange of information amongst family members (Epstein et al, 2005). The model does not focus on non-verbal communication due to the methodological difficulties involved in measuring it (Epstein et al, 2005). Looking at the communication patterns of the families of the research participants, I found that all the family members were able to communicate freely and openly, an example is a response of Phabi that states, "*Anything that you want to talk about, we talk. We ask if we need clarity."* (Appendix A: Family 1, Line 440), regarding any topic and that there are occasions where communication amongst the family members is at its peak, these occasions include celebrations, loss, and family interventions (Appendix A: Family 1, Line 396, 438 & 450; Family 3, Line 178; Family 4, Lines 365 & 367). I also found that in all the families some family members communicated more than others and some family members communicated less, for a variety of reasons, as related by Phabi, "*…because I talk too much*." (Appendix A: Family 1, Line 404). In Chaka and Kanyi's family, Kanyi recognises the importance of communication and is the family member that communicates the most, "*…Serious! Because I say, 'Let's talk, because talking is important."* (Appendix A: Family 4, Line 311).

3.5.2.2. Sub-theme 2: Affective and Instrumental Communication

Communication in the McMaster Model of Family Functioning is divided into instrumental communication, that deals with the communication of everyday problems or issues, and affective communication, that concerns emotion (Epstein et al, 2005). Families can have challenges with the affective component of communication but function well in the instrumental area, however they cannot have challenges with the instrumental component and function well in the affective area of communication (Epstein et al, 2005).

With regard to affective and instrumental communication, the research data indicated a higher amount of affective communication compared to instrumental communication amongst the

participating families. Looking at instrumental communication first, families reported instrumental communication in the form of complaints and advice (Appendix A: Family 3, Line 106 & 150; Family 4, Line 145). A specific example of instrumental communication includes Ntuli's response, "*With my children, I can say maybe eight hours. I speak to the one who is attending school. I just ask her, 'How was school? Did you play with your friends?' Because I have to know what they do."* (Appendix A: Family 2, Line 134). Examples of affective communication includes that of Chaka, "*Even if it's not my family, I know how to help people when they come crying on my shoulder with their problems. And I can help them when they come to my place. Then the person is feeling better…"* (Appendix A: Family 4, Line 254) and that of Kanyi, "*If she (Chaka) tells me something bad, then I will tell my 'swaar' (brother-in-law)."* (Appendix A: Family 4, Line 177). Family members often affectively communicate with other family members or friends that they share strong bonds with, as is evident with the example of Jabulile, "*…I was talking to my friend and my mum."* (Appendix A: Family 3, Line 160).

3.5.2.3. Sub-theme 3: Clear and Direct Communication

The communication dimension in the McMaster Model of Family Functioning contains two vectors that characterise the other aspects of communication, they include the clear versus masked continuum and the direct versus indirect continuum (Epstein et al, 2005). As mentioned, these vectors are measured on a continuum, with clear and direct communication considered most effective while masked and indirect communication considered least effective (Epstein et al, 2005).

All four families in my research study were found to have clear and direct communication, meaning that both the message and the target in the communication is clear. Some of the examples of this clear and direct pattern of communication include Phabi's family on the occasion of allocating roles, "*That's when we going to say, 'Tomorrow we have to what…what."* (Appendix A: Family 1, Line 128). She also describes her family's communication as, "*…straight forward."* (Appendix A: Family 1, Line 434). In another response, she again addresses the type of communication favoured by her and her family, "*I tell a person straight, then I'm fine. I don't care who the person is. When I tell you something, I'm fine. I feel like it's out of me."* (Appendix A: Family 1, Line 346).

In Chaka and Kanyi's family, even though they have clear and direct communication, the family tends to shun Kanyi for speaking the truth as she mentioned, "*They chase me out when I am good at communicating, when I'm telling them the truth."* (Appendix A: Family 4, Line 347). Another example of the family's clear and direct communication is a response by Chaka regarding her brother's alcohol addiction, "*…We told him to leave alcohol and he said, 'No, I can't.' I'm sure that his body is used to alcohol, so I'm sure it's a problem for him to stop it. Because when we say, "Leave this! he says, 'No, no, no, I can't.' I just said, 'It's your life!*" (Appendix A: Family 4, Line 291).

Jabulile also agreed in her responses that she prefers clear and direct communication (Appendix A: Family 3, Lines 194,196, 198, 200)

3.5.3. Theme 3: Roles

3.5.3.1. Sub-theme 1: Role Allocation and Accountability

Role allocation incorporates the family's pattern in assigning roles, whether or not the roles are assigned appropriately, the allocation is done implicitly or explicitly (Epstein et al, 2005). In Phabi's family, the family collectively allocates roles, depending on the need, "*That's when we going to say, 'Tomorrow we have to what…what."* (Appendix A: Family 1, Line 128). Ntuli would be tasked with the job of role allocation, even though most of these roles are fulfilled by Ntuli herself as she is alone, "*I worry about everything, everything, everything. Even me, I have to look after myself.*" (Appendix A: Family 2, Line 42). Jabulile claimed that her mother is in charge of allocating the roles in her family (Appendix A: Family 3, Line 74) and Chaka stated that the role allocation in her family depended on the task at hand, "*It depends on which type of job."* (Appendix A: Family 4, Line 4).

At times, a family would need to adjust or alter the role allocation due to the specific needs at a given time. Phabi explained, using an example, that her family was able to adjust their role allocation in order to fulfil the roles of the family, "*It's like if my mum is sick, I have to do the laundry and all the other jobs."* (Appendix A: Family 1, Line 168). These sentiments were

echoed in the responses of Jabulile, "*No, we change and help each other when we sick. If it's like the washing, I help until they better."* (Appendix A: Family 3, Line 102). Chaka, however, stated that there was never a need to alter or change the role allocation in her family yet (Appendix A: Family 4, Line 129).

In exploring the research participant's feelings and opinions regarding the role allocation within their families, there appears to be a mixture of responses that include family members who are satisfied with the role allocation and family members who are dissatisfied with the role allocation. Phabi expressed dissatisfaction with the role allocation in her family in several responses that include, "*Ja, like laundry and cleaning. I don't think my mum is fit to do that. She's doing it just because she has no choice."* (Appendix A: Family 1, Line 134) and "*Ahh, because like some, they don't do enough."* (Appendix A: Family 1, Line 178). She mentioned that she expresses her opinion to her family members (Appendix A: Family 1, Line 146). Phabi also complained that her younger brother does too little, "*The person that is doing too little is the last born."* (Appendix A: Family 1, Line 142) and "*He's old enough. So, if he doesn't want to, you cannot force a donkey to drink water. Unless it's going to have salt."* (Appendix A: Family 1, Line 164). She also stated that when she expresses her discontent regarding the role allocation, arguments erupt amongst the family members (Appendix A: Family 1, Line 158).

Jabulile expressed similar sentiments regarding the role allocation in her family. She mentioned that the roles are not handled well in her family, especially amongst some of her children, "*Because the reason is like, when you got two daughters, sometimes when you give one a job, they complain to me to do that."* (Appendix A: Family 3, Line 106) and "*It's like my other daughter. She does a little"* (Appendix A: Family 3, Line 82). Jabulile also complained that her son refuses some of the roles allocated to him (Appendix A: Family 3, Line 100).

Chaka and her sister Kanyi had contrasting views on the role allocation in their family. Both sisters affirmed that they were satisfied with the role allocation in their families (Appendix A: Family 4, Lines 103, 105, 107, 109 & 131). Chaka explained that she accepted and carried out her roles in the family and justified her response with the fact that she owns the house (where the roles are carried out), "*I just do it myself. Because I just told myself that I am the one that*

must do it because it's my house." (Appendix A: Family 4, Line 119). Chaka did, however, complain that her husband sometimes refuses to fulfil his roles (Appendix A: Family 4, Line 125), but stated that she does not express her discontent in this regard (Appendix A: Family 4, Line 115).

Role accountability focuses on the ways in which the family ensures that functions are completed (Epstein et al, 2005). Accountability ensures a sense of responsibility in family members and provides for monitoring and corrective measures. The task of role accountability in Phabi's family falls on her mother (Appendix A: Family 1, Lines 184 & 186). Jabulile is in charge of role accountability in her family (Appendix A: Family 3, Line 108). Role accountability in Chaka and Kanyi's family once again depended on the task or role at hand (Appendix A: Family 4, Line 137). Majority of the research participants themselves felt overburdened by the roles that they fulfilled in their families. Phabi spoke specifically about being overburdened with the provision of resources role in her family, "*Too much! And I must make sure that even if there is not that much food, you must compromise."* (Appendix A: Family 1, Line 132). She also felt that certain members in her family are doing too much, in terms of their role allocation, "*Ah, no I think we are doing too much."* (Appendix A: Family 1, Line 140). Jabulile specifically lamented on her daughter Bonnie, who felt over-burdened by her roles, "*Yes, it's my other daughter Bonnie. She feels like it's too much for her because my other daughter must go to school."* (Appendix A: Family 3, Line 78). In Chaka's family, she herself felt over-burdened by the roles allocated to her (Appendix A: Family 4, Line 113). Interestingly enough she mentioned that she never expresses her discontent regarding the role allocation to any of her family members as she says, "*I just keep quiet."* (Appendix A: Family 4, Lines 127).

3.5.3.2. Sub-theme 2: Provision of Resources

Tasks that encompass the provision of resources role are primarily instrumental which include the provision of food, clothing, money and shelter (Epstein et al, 2005). Phabi fulfils the provision of resources role in her family as she is responsible for the cooking, the grocery and clothing shopping, "*It's me because I am the one who cooks."* (Appendix A: Family 1, Line 74) and "*It's also me because I have to do groceries, I have to do shopping and I have to do menu planning because I am the only girl. I have to do the cooking."* (Appendix A: Family 1, Line 78). She also hinted to the fact that the provision of resource role in her family is not reciprocated,

"*Especially if I'm…If I cooked and they eat everything before I can eat. Maybe I cooked and went out when I come back I find there is no food."* (Appendix A: Family 1, Line 152).

Ntuli and her boyfriend fulfil the provision of resources role in her family as she states, "*And sometimes, I will say sometimes he is helping me. For example; if I say that the child wants this for school, he's paying for it."* (Appendix A: Family 2, Line 76) *and "Yes, especially things like money. He is the one who is helping me, he's the only one that is helping me. Yes. Because he's buying me like snacks for the children. Sometimes he is…this one (child) is still wearing Pampers (disposable diapers) sometimes he is giving me money to buy Pampers for the child and gives me some money to see what I need to buy around the house."* (Appendix A: Family 2, Line 80).

Jabulile and her mother are in charge of the provision of resources role in their family as she states, "*My mum and me, I help her."* (Appendix A: Family 3, Line 46). She also elaborated on the fact that she has to provide specific foods for her son and mother as they struggle with diabetes as well as the challenges with acquiring those specific foods, "*I have a paper to tell me about the food, what I need to feed my son. So, sometimes I am struggling to buy that food. I can buy it at the end of the month. But during the month, I can't buy that food. It's killing me because I know that food is healthy for him, but I have to try to control his sugar…"* (Appendix A: Family 3, Line 232) and "*…What will my son do because now my son needs me 24/7 to look at the food that he's eating, to follow the recipe from the clinic. So, if I'm not there, who's going to do it for him? And my mum also has that problem. I just say to God, 'Help me, I don't want to die because there are two people that I have to take care of."* (Appendix A: Family 3, Line 242).

All the adult members in Chaka's family are in charge of the provision of resources role as she mentioned, "*Ja, we go together with my husband and sometimes with my younger sister."* (Appendix A: Family 4, Line 57). Chaka also complained about the lack of employment in her context, "*In this place (Diepsloot), there's no jobs. But I'm trying."* (Appendix A: Family 4, Line 149). Chaka and her husband are able to fulfil the provision of resources role with their informal employment and their children's social grant, "*And I'm not working, I'm getting peace jobs (occasional domestic work) and I'm earning their grant. So, that's how I survive."* (Appendix A:

Family 4, Line 16) and "*Like sometimes he makes some peace jobs (informal work) and I tell him that there's no clothes, there's no what, then I tell him I need to buy it for them.*" (Appendix A: Family 4, Line 161).

3.5.3.3. Sub-theme 3: Nurturing and Support Roles

The provision of comfort, warmth, reassurance and support for family members all encompass the nurturing and support role (Epstein et al, 2005). In Phabi's family, the nurturing and support role is primarily fulfilled by the females in the family, i.e. Phabi and her mother, "*Ja, she's very good. She's fair. Sometimes I will even cry, "Why are you taking my younger brother's ideas, except mine?" She will tell me the truth, "No, look at it like this.*" (Appendix A: Family 1, Line 224) and "*Most of the time it's me and my mum."* (Appendix A: Family 1, Line 214). Occasionally this role is fulfilled by Phabi's fiancé, to her specifically, "*…Most of the time he just listens and then after that, we just discuss."* (Appendix A: Family 1, Line 248).

In the case of Ntuli's family, she would primarily fulfil the nurturing and support to her children as she is a single parent, "*Yes, yes, I'm looking after myself on my own, nobody is helping me."* (Appendix A: Family 2, Line 44). She did, however, mention that her close friend Thabi and her boyfriend fulfils the nurturing and support role in her life, "*I'm going to…I'm talking to him and Thabi, they are the ones who are close to me."* (Appendix A: Family 2, Line 78) and "*Like, sometimes, she is relieving me by telling me how to overcome this problem. Yes. And if she can't, then she tells me that she doesn't know how she can help me.*" (Appendix A: Family 2, Line 82).

In Jabulile's family, her elderly mother fulfils the nurturing and support role to her and her children (Appendix A: Family 3, Line 134), as well as her daughter Thabi, "*And Thabi, she is the one that I tell my problems that I'm facing now."* (Appendix A: Family 3, Line 80).

In Chaka's family, she fulfils the nurturing and support role to her children and mentioned that prayer also fulfils some type of nurturing and support role in her life, "*It depends. Sometimes I just pray, the Lord is the one that is going to help me…"* (Appendix A: Family 4, Line 175).

3.5.3.4. Sub-theme 4: Personal Development Roles

The personal development role includes both affective and instrumental components (Epstein et al, 2005). The tasks that are associated with this role encompass the development of life skills (Epstein et al, 2005). Phabi's boyfriend fulfils the personal development role in her life (Appendix A: Family 1, Line 188 & 192). However, Phabi feels that she needs more assistance with personal development in her life (Appendix A: Family 1, Line 194). Thabi, Ntuli's close friend fulfils the personal development role in her life as she explained, "*Sometimes she is telling me, 'You must do this so that you can cope.' For example; I am now volunteering at SANCA. She's the one who took me there. I didn't know anything about SANCA, she took me there. She's the one that makes a big difference to me."* (Appendix A: Family 2, Line 56). In Jabulile's family, the family members fulfil the personal development roles towards each other (Appendix A: Family 3, Line 112 & 114). Just like Phabi, Jabulile would like more help or assistance with the personal development in her family (Appendix A: Family 3, Line 116). In Chaka and Kanyi's family, Chaka fulfils the personal development role to her family members (Appendix A: Family 4, Line 145).

3.5.3.5. Sub-theme 5: Maintenance and Management of the Family System

The maintenance and management of the family system involves several functions that include decision-making functions, boundaries and membership functions, behaviour control functions, household finance functions and health related functions (Epstein et al, 2005). In Phabi's family, Phabi, her mother, older brother are ultimately in charge of the maintenance and management of the family system (Appendix A: Family 1, Lines 90, 92 & 100). Since Ntuli is the only adult in her family with small children, she is primarily tasked with the maintenance and management of her family's system (Appendix A: Family 2, Line 58). The maintenance and management roles in Jabulile's family fall on her, her mother and her older children and in Chaka's family, her husband is primarily in charge of this role.

Decision-making functions include leadership, major decision-making and final decisions where there is no consensus (Epstein et al, 2005). Within Phabi's family, her mother and sometimes older brother or she is in charge of the decision-making functions, "*Most of the time it's her (mother). Sometimes me or my older brother."* (Appendix A: Family 1, Line 220). Phabi also

mentioned that her younger brother had a say in the decision-making of the family, "*Even the younger one, sometimes he can say, 'No, that one I don't understand. We going to do it like this!*" (Appendix A: Family 1, Line 222). When expressing her opinion on her family's decision-making, she expressed that she was satisfied, "*Ja, she's very good. She's fair. Sometimes I will even cry, 'Why are you taking my younger brother's ideas, except mine?' She will tell me the truth, 'No, look at it like this."* (Appendix A: Family 1, Line 224). Ntuli holds the decision-making functions in her family, "*I am the one that has to decide what they are going to eat today…"* (Appendix A: Family 2, Line 58). Jabulile and her other brothers fulfil the decision-making roles in their family, "*It's me and my other brothers. My older brother."* (Appendix A: Family 3, Line 70), however, she has the final word in the decision-making functions (Appendix A: Family 3, Line 124). Chaka's husband is in charge with the decision-making functions in their family (Appendix A: Family 4, Line 87 & 165). Her husband also has the final word in the decision-making functions (Appendix A: Family 4, 165).

Household finance functions deal with managing the household's money, monthly bills, banking and income tax (Epstein et al, 2005). In Phabi's family, her older brother is tasked with the household family functions (Appendix A: Family 1, Line 96 & 104). Jabulile and her mother are in charge of the household finance functions in their family as they are able to provide an income (Appendix A: Family 3, Lines 50 & 58). Chaka's husband holds the household finance function in their family as he is the sole breadwinner in their family (Appendix A: Family 4, Line 77).

Health related functions include caregiving, making health care appointments, identifying health problems, and collecting and maintaining prescriptions (Epstein et al, 2005). With both a mother and a son suffering from diabetes, Jabulile herself is tasked with the health-related functions, "*I have to take him to the hospital. Last time I went to Coronation and I explained to the social worker that it's difficult to come there because sometimes I am struggling with transport money. I got a letter… [starts to sob]"* (Appendix A: Family 3, Line 232).

3.5.4. Theme 4: Affective Responsiveness

3.5.4.1. Sub-theme 1: Welfare emotion response to appropriate stimuli

Welfare emotions include affection, tenderness, warmth, love, support, consolation, joy and happiness (Epstein et al, 2005). The participants from all four families were found to be able to respond with welfare emotion to appropriate stimuli. Celebrations of achievements, loss and challenges were found to mostly solicit welfare emotions within the participants, examples include the responses of Jabulile and Phabi, "*…My mama's birthday I feel joy, and we doing something and we laughing. When we are celebrating, that makes me feel better."* (Appendix A: Family 3, Line 208) and *"Ja, it was after giving birth. I felt like people were not expecting me to give birth"* (Appendix A: Family 1, Line 452).

Participants were able to respond with tenderness and concern as mentioned in Phabi's response, "*…I feel so concerned especially when I see this person has so much potential and that person is not using that potential."* (Appendix A: Family 1, Line 466). The research participants also expressed feelings pleasure and happiness to the appropriate stimuli such as the responses of Kanyi and Ntuli that read, *"I feel pleasure when I have my boyfriend."* (Appendix A: Family 4, Line 382) and "*Pleasure and happiness? When I'm happy is when I know for now everything I need is here. Then I get happy. And then pleasure is when someone is doing something I needed that time. I have that pleasure."* (Appendix A: Family 2, Line 136).

3.5.4.2. Sub-theme 2: Emergency emotion response to appropriate stimuli

Emergency emotions include feelings that encompass anger, fear, sadness, depression and disappointment (Epstein et al, 2005). In contrast to the welfare emotion responses to the appropriate stimuli, the responses that indicated emergency emotion responses to the appropriate stimuli were far greater in number amongst the research participants.

Beginning with family 1, Phabi was able to exhibit emergency emotion responses to the appropriate stimuli that included talking and thinking about her father that passed on, "*Ja. Every time that I think of my father, I feel so stressed."* (Appendix A: Family 1, Line 492). The failure of her brother at university is another example of a stimulus that solicited the emergency response of pain as she mentioned, "*…it's when my older brother failed…he was writing another test and*

we wanted him to pass. It was painful to the whole family." (Appendix A: Family 1, Line 360). Phabi also mentioned that she was particularly fearful of failure, which also solicits emergency responses within her, "*Ja. Sometimes I just fear and say, 'Maybe I will fail."* (Appendix A: Family 1, Line 514). When asked about the emergency emotion of anger, she responded, "*It's when…especially when I set a goal, right, and when I'm reaching it and when you just come and interfere there. Yoh! I get so angry."* (Appendix A: Family 1, Line 478).

In family 2, Ntuli experiences emergency emotion reactions in the form of worry, "*Yes, because I worry so much…"* (Appendix A: Family 2, Line 154), anger that exhibits as bad language or insults, "*No, I'm not fighting but the way I answer people is not good. I notice that after…"* (Appendix A: Family 2, Line 152) and worry, "*…I'm feeling worried about this thing of living alone. Why is this happening to me? But at the same time, I'm just accepting it…"* (Appendix A: Family 2, Line 144).

With regard to Jabulile and her ability to exhibit emergency emotion responses to the appropriate stimuli, her brother's substance abuse and more importantly the fact that both her mother and son struggle with diabetes solicits emergency emotions of worry, fear and anger within her. In a response relating to the diabetes diagnoses of her mother and son, Jabulile states, "*…I felt scared a lot of times. I feel scared because I don't know what tomorrow is going to be like. You know when you living with your child and he's got sugar and you hear on the news and on the TV that sugar can kill you…"* (Appendix A: Family 3, Line 242) and "*…and my mother also, she is a diabetic. She needs a lot of time to go [to] the hospital. When I sleep, and when my son sleeps, I just look at my son in the eyes and I say, 'One day you're gonna die'. If I can't give him the right food, it's killing me inside."* (Appendix A: Family 3, Line 224). The socio-economic status and challenges of her family solicits the emergency emotion of anger in her, as stated, "*…The anger is…you know when your life is ups and downs it always makes you angry. I think in this life, the world is very unfair."* (Appendix A: Family 3, Line 228).

Chaka mentioned that she experiences the emergency emotion response of fear to the stimulus of her husband's physical abuse, "*Sometimes I get scared because I think that maybe he's going to beat me."* (Appendix A: Family 4, Line 445). Some of her husband's reactions or

responses, that include insults, cause Chaka to experience the emergency emotions of sadness, worry and depression.

3.5.4.3. Sub-theme 3: Over-responsiveness with emergency emotion

All the participants from all four families were able to recognise occasions when they over-responded with emergency emotion. Phabi mentioned that she could become violent when offended, however, after she confronted the individual she felt better, "*So, you can do something little and I can beat you up just because of what you did. But if I take it out, I feel okay. Even if you can do it again, I know it's out."* (Appendix A: Family 1, Line 350). She also mentioned occasions when she over-responds with emergency emotion, causing her to cry and shout, "*Yes, I cry easily."* (Appendix A: Family 1, Line 496) and *"Sometimes. It's like shouting. I feel like I'm over-reacting."* (Appendix A: Family 1, Line 484).

The ultimate arrest and incarceration of her children's father caused an over-response of emergency emotion in the form of incessant worry and crying for Ntuli as she mentioned, "*So, that was worrying me too much. I was crying and crying. When I was going to bed, I was crying because I didn't want them to see I was crying. I was waiting for them to sleep and started to worry too much and then my tears would start to come out."* (Appendix A: Family 2, Line 146).

Even though Jabulile did not outright mention occasions where she over-responded with emergency emotion, she does however report on her daughter, Bonnie's ability to over-respond, "*And she has got anger. She's got a lot of…in her past there is a lot of things that happened. That makes her angry."* (Appendix A: Family 3, Line 94).

3.5.4.4. Sub-theme 4: Absence of affective response to particular stimuli

Affective responsiveness is concerned primarily with the quantity, quality and the appropriateness of the affect (Epstein et al, 2005). The quantitative aspect of affective responsiveness ranges on a continuum, the absence of a response can be found at the one extreme of this continuum (Epstein et al, 2005). Looking at the responses from the research participants, the absence of an affective response to a particular stimulus was found in three of the four families.

In family 1, Phabi mentioned an example where she felt there was an absence of an affective response, "*…I remember when my sister-in-law was at my fiancé's place. She asked me a simple question like, 'When are you giving birth?' I laughed! And then they were so surprised as to why I was laughing. I was supposed to give them a straight answer, but I didn't. I just laughed."* (Appendix A: Family 1, Line 508). She also mentioned another example in which she fulfils the domestic roles at home, "*…Sometimes I ignore. Like with my mum, I know that she's not supposed to eat certain foods, but I cook that, and she eats it. I was not supposed to cook that. But because they want it, I have to make it for them."* (Appendix A: Family 1, Line 472).

Ntuli relayed two examples where she felt there was an absence of an affective response. The first example occurred in the interaction between her and her boyfriend, "*…Sometimes, like my boyfriend does something for me and he makes me upset and he's just doing this thing to please me and I'm not showing pleasure. But I know that I was supposed to show it. Yes, it happens there."* (Appendix A: Family 2, Line 142). The second example related to the absence of the emergency emotion of worry/concern when she is alone with her young children in her context as she mentioned, "*Maybe in the night, but no! Because I told myself that I don't have to put my problems on others. I have to deal with them myself."* (Appendix A: Family 2, Line 160).

Even though Jabulile did not elaborate on occasions when she felt there was an absence of affective response to a given stimulus, she did concede to it (Appendix A: Family 3, Line 212).

3.5.5. Theme 5: Affective Involvement

3.5.5.1. Sub-theme 1: Family members allowing space for interests

The ability of family members to take an active interest in what is important to each other without personalising or over-identifying makes for a healthy level of affective involvement (Epstein et al, 2005). Both family 1 and family 3 reported other family members and themselves providing enough space for the interests of each other (Appendix A, Family 1, Line 538 & Family 2, Lines 256, 258).

3.5.5.2. Sub-theme 2: Research participants involved in their family's interests

All of the research participants reported involvement in the interests of their family members in some way. Phabi's, Ntuli's and Chaka's (including sister Kanyi) families includes children who fall under the infant to toddler age range, thus requiring a high level of affective involvement. Phabi reported occasions when she inquires about the interests of her mother and her fiancé as she mentioned, "*I ask them about their interests and how they did it and everything.*" (Appendix A: Family 1, Line 532). Jabulile also reported on her involvement in her family's interests as she mentioned, "*I get involved because I am a good listener when they talking and I can listen to them and I can talk to them and give them advice.*" (Appendix A: Family 3, Line 254). In Chaka and Kanyi's family, the involvement primarily took place when the family is together (Appendix A: Family 4, Line 465).

3.5.5.3. Sub-theme 3: Family members primarily involved in research participant's interests

Participants reported one or two family members that they shared close bonds with as being the most involved in their interests. In Phabi's family, her mother and fiancé were primarily involved in her interests as she mentioned when asked about the involvement of family members in her interests, "*It's my mum and my fiancé.*" (Appendix A: Family 1, Line 530). In Jabulile's family, her mother and daughter Thabi were mostly involved in her interests (Appendix A: Family 3, Lines 246; 248). Ntuli reported that her siblings and her mother are involved in her interests, *"My siblings and my mother."* (Appendix A: Family 2, Line 170). With regard to the sisters Chaka and Kanyi, Chaka's husband was primarily involved in her interests (Appendix A: Family 4, Line 459; 476; 477) and her sister Kanyi mentioned that her sister Chaka is mostly involved in her interests (Appendix A: Family 4, Line 461).

3.5.5.4. Sub-theme 4: Over-involvement of family members

This style of involvement is characterised by overprotective and over-intrusive behaviour demonstrated by family members towards each other (Epstein et al, 2005). The theme of over-involvement was reported strongly in the family of Chaka and Kanyi. Chaka reported that her grandmother was over-involved in her interests as she shared a close bond with her, "*Ja, she's*

(grandmother) the one that I can tell something to." (Appendix A: Family 4, Line 471) and she described their relationship as, "*…too, too close"* (Appendix A: Family 4, Line 488). Kanyi admitted that she was over-involved in her sister's interests, "*…I am too much in her business…"* (Appendix A: Family 4, Line 490).

3.5.5.5. Sub-theme 5: Lack of involvement

When family members show no interest in each other and they share physical and instrumental surroundings and functions, it is considered a lack of involvement (Epstein et al, 2005). Within Chaka and Kanyi's family, the sister's report a lack of involvement in their interests by their partners, "*Yes, our men. Because they don't care."* (Appendix A: Family 4, Line 484). Chaka also describes her husband's lack of involvement in the interests of their children, "*I feel like I am the one that is very in charge with the children."* (Appendix A: Family 4, Line 155). Phabi mentioned that she felt that her family members sometimes did not care about her interests, "*…I feel like sometimes they don't care."* (Appendix A: Family 1, Line 536). Both Phabi and Chaka would like their family members to be more involved in their interests (Appendix A: Family 1, Line 534 & Family 4, Line 159; 481).

3.5.6. Theme 6: Behaviour Control

3.5.6.1. Sub-theme 1: Styles of Behaviour Control

The McMaster Model of Family Functioning makes provision for four styles of behaviour control based on variations of the standard and latitude (Epstein et al, 2005). From the responses of my research participants, I managed to identify three different types of behaviour control.

Beginning with Phabi's family, I identified a laissez-faire style of behaviour control as is evident from her responses, "*Sometimes we just look at him. Sometimes you get tired of telling a person, 'What you did is wrong! What you did is wrong!"* (Appendix A: Family 1, Line 272) and "*Ja, my older brother sometimes drinks too much and even my younger brother sometimes drinks too much."* (Appendix A: Family 1, Line 290). She also mentioned that her younger brother gets away with breaking the rules (Appendix A: Family 1, Line 286). From these

responses it can be seen that there are no standards or direction, as is aligned with the laissez-faire style of behaviour control. The brothers are allowed to do what they want to with total latitude and there are no real consequences for their actions.

Jabulile's family functions with what could be described as a flexible behaviour control where the standards and rules seem reasonable, the punishment is appropriate and there is an opportunity for negotiation (Appendix A, Family 3, Line 138).

In Chaka's family, her husband is extremely strict (Appendix A: Family 4, Line 197). Chaka also mentioned that there are times when she feels as if she is abused but would not elaborate on that, "*Not as much. Because sometimes I feel like I'm abused."* (Appendix A: Family 4, Line 219). From these responses it can be deduced that Chaka's family operates with a rigid style of behaviour control where the rules involve a contracted and narrow standard with little room for negotiation (Epstein et al, 2005).

3.5.6.2. Sub-theme 2: Situations involving the meeting and expressing of psychobiological needs and drives

Focusing on situations involving the meeting and expressing of psychobiological needs and drives, I found that families adopted patterns of controlling behaviour when meeting these needs, specifically around the topic of food and nutrition. In Phabi's family, she related a situation when her family finished all her soy milk, which caused arguments and confrontation, "*I'm vegan. So, we always fight, 'We don't want to eat this and that!' And even them, they don't understand."* (Appendix A: Family, 1, Line 278) and "*Yes, I do. Especially when it comes to diet or food."* (Appendix A: Family 1, Line 276). Phabi also mentioned that her family and her have disagreements about her eating habits, and the amount of food that she eats, "*Ja, they try and tell me, 'Haah! You are getting too fat!' After that I look at myself and say, 'Okay, I have to limit."* (Appendix A: Family 1, Line 306) and "*They feel I eat too much."* (Appendix A: Family 1, Line 300).

Ntuli felt that she was the one that was eating too much in her family, "*No, these ones are not eating. It's me who is eating too much."* (Appendix A: Family 2, Line 112). In Chaka's family, her

sister Kanyi also claimed that she eats too much, "*She doesn't want her mouth to be empty.*" (Appendix A: Family 4, Line 247) and "*She eats every time, every minute, every time.*" (Appendix A: Family 4, Line 245).

3.5.6.3. Sub-theme 3: Primary disciplinarians in the family system

When questioned about the primary disciplinarians in each of their families, it was found that this role was fulfilled by an elder in the family. In Phabi's family, she mentioned that her mother metered out punishment, in her own way, to the rest of the family members (Appendix A: Family 1, Line 262), therefore her mother can be considered to be the primary disciplinarian in their family. In Ntuli's family, regardless of her having a boyfriend in her and her children's life, she is the primary disciplinarian with her young children, "*No, I don't want him to be that much into her life because she knows her father. She knows her father a lot. I'm trying to respect her. Even when I'm with my boyfriend, I am just sitting like this because I respect her and her father.*" (Appendix A: Family 2, Line 92). Jabulile stated that she, herself and her elderly mother are the primary disciplinarians in their family, "*Me and my mum. We help each other. We try to discipline the kids but sometimes the kids don't do what you tell them. They don't take whatever we say to heart. But I'm lucky to have Thabi.*" (Appendix A: Family 3, Line 64). Although Chaka claimed that all the adults in the house are tasked with discipline in their family, "*Everyone in the house, the elder ones.*" (Appendix A: Family 4, Line 91), she later admits that she is the primary disciplinarian as her children spend most of their time with her when they are at home, "*I am, because these kids stay with me most of the time.*" (Appendix A: Family 4, Line 199).

3.5.6.4. Sub-theme 4: Implemented rules in the family system

Regarding the rules implemented in the family system, Phabi stated that if anyone in the family broke a rule, they would receive immediate critique from the family members, "*Yoh! If you break a rule, yoh! Like we will give you feedback immediately!*" (Appendix A: Family 1, Line 256) and "*Yes, we will give you feedback.*" (Appendix A: Family 1, Line 258). She mentioned that her younger brother usually got away with breaking the rules in the family system (Appendix A: Family 1, Line 268). Jabulile affirmed that her children follow the family rules (Appendix A: Family 3, Line 142). Chaka stated that she was satisfied with the rigid rules in her family and her sister affirmed her approval for the rules as well (Appendix A: Family 4, Lines 211, 213 & 215).

Whenever a rule is broken in their family, the family discusses it together, "*We just sit as a family and talk."* (Appendix A: Family 4, Line 203).

3.5.6.5. Sub-theme 5: Consequences when rules are transgressed

The punishment or consequences vary in families according to their style of behaviour control and a multitude of other factors. Within the families of my research participants, punishment or consequences ranging from stern looks to physical beatings were observed. Beginning with Phabi's family, their mother's negative reaction serves as punishment when rules are broken, "*Like, my mum, you can see from her face that she's giving you that hard look."* (Appendix A: Family 1, Line 262) and "*That is her punishment. If you want something she will just look at you."* (Appendix A: Family 1, Line 264). When asked about her opinion of the punishment, Phabi mentioned that it was appropriate (Appendix A: Family 1, Line 266). Another consequence of breaking the rules that occurred in Phabi's family was the occasion of her younger brother having his driver's license revoked by traffic officers for drunk driving (Appendix A: Family 1, Line 316).

In Jabulile's family, she prefers to confiscate privileges from her teenage son and older daughters as her method of punishment, "*There's punishment, but it's not that bad. Like the one that goes to school, Zwaai, I tell him when he is not listening that I'm going to cut this and this, like he can't go to his friends, or I cut his money. If he wants something, like a phone I say, 'You have to be good first, then I'll buy that phone that you want.' He has to do that, if he doesn't do that I say, 'No, I can't buy it."* (Appendix A: Family 3, Line 140).

Punishment was found to be metered out differently in the family of Chaka and Kanyi. Chaka explained that she first verbally reprimanded her children, and if that did not work, she proceeds to physically beat them, "*First I shout, and then when I see that it's not helping then I start to beat him."* (Appendix A: Family 4, Line 195). She also explained that when she was the one that transgressed, her husband would leave the family without money for food for the day, "*Sometimes, when it's me, my husband is going to say…maybe he is going to go to work without leaving money for bread. He'll just go."* (Appendix A: Family 4, Line 207).

3.6. DISCUSSION OF THE RESULTS

The research participants were able to identify a variety of problems as is indicated by the results, such as the substance abuse of family members, the dangerous behaviour displayed by family members addicted to illicit substances, the lack of employment within and around the Diepsloot community and the lack of basic facilities in the Diepsloot community. These problems identified in the results of my study correlate with literature on the Diepsloot community and other South African townships. According to Ololade and Mndzebele (2017), gender, family structure and the level of education of the parent or guardian can all be considered common factors influencing drug use amongst adolescents living in the South African township. The use of illicit substances, such as those listed in the results above (alcohol, opioids and cannabis) increases the risk of exposure to violence, crime and risky behaviour which correlates with the results above (Ololade & Mndzebele, 2017). Mncube and Harber's (2013) study tied in with the results found in this study and other literature regarding substance abuse being a major reason behind the physical and/or emotional abuse by the users. Results within the theme of problem-solving described the use of Nyaope (opioid) use and its negative effects within the Diepsloot community. Nyaope, a poly drug, which has varying compositions that range from heroin, methamphetamines, morphine, marijuana, rat poison and antiretroviral (ARV) medication is smoked mainly amongst young unemployed South African black individuals who mostly reside in low socio-economic communities, such as Diepsloot (Venter, 2014). Other factors that contribute to the high prevalence of drug use in the South African township includes community tolerance, poverty, unemployment, violence and residing in an area surrounded by substance users (van Zyl, 2013). The results within this theme also indicated that families were able to develop and act on alternative solutions to the problems that they identified. These viable alternative solutions included committing family members who are addicted to illicit substances to rehabilitation programmes. The South African Depression and Anxiety Group (SADAG) has undertaken a community-based intervention project within the community of Diepsloot and has seen great success (Shamos, 2011). Families that are affected by substance abuse have access to this free service (Shamos, 2011). The lack of sanitation, lack of proper housing and higher costs of living within the Diepsloot community lead to poor urban conditions that undermine socio-economic development in South African cities (Chiloane-Tsoka & Mmako, 2014). The solution deduced for this problem included participants starting their own informal businesses and deciding to further their education and training to improve their socio-economic

status.

Communication is considered a vital building block of strong parent-child, sibling and marital relationships (Peterson & Green, 2009). The results within the theme of communication indicate that all four families were able to communicate openly on any topic, describing their communication as clear and direct ; where both the message and the target of the message are clear (Peterson & Green, 2009). This form of communication is placed at the healthy end of the continuum as the family communicates in a clear and direct manner in both affective and instrumental areas (Peterson & Green, 2009). Open and free communication, as is reported by the participants in the study, creates an atmosphere where family members can express their love and admiration for each other as well as their differences (Peterson & Green, 2009). Families that are confronted with challenges and a harsh environment, such as the research participants in the Diepsloot community, but have effective communication skills have a good chance of avoiding downward mobility (Blechman, 1991). As the communication of a family improves, the permeability to change also improves (Blechman, 1991).

Results obtained in the roles theme indicate that the older female family members generally assign the roles in the family system and are tasked with holding their family members accountable for fulfilling their roles. The provision of resources role, nurturing and support role, personal development role as well as the maintenance and management of the family system were primarily allocated to the female members in the families of the research participants. The United Nations Development Programme of 1998 describes this type of household as “female maintained”, where women are the primary providers in the family (Leach, Forsynth & Scoones, 1998). Female family members who are tasked with the provision of resources, who are tasked with the maintenance and management of the family system on behalf of their absent male counterparts are considered “female heads” (Leach, Forsynth & Scoones, 1998). Female headed families have become a trend in the South African township life (Campbell, 1994). Majority of female headed households in the Diepsloot community suffer from gender inequality in most aspects of their lives (Ngwenya, 2015). Female headed households in Diepsloot generally fall under subgroups of the population that are at the poverty level (Ngwenya, 2015). Poverty in the Diepsloot community perpetuates mainly due to divorce, widowhood, migration, rejection, separation and abandonment (Ngwenya, 2015). Although female headed households may struggle with poverty, some of them are supported by social networks such as, social

grants, church groups, kin groups, burial societies, stokvels and rotating credit associations (Ngwenya, 2015). Female family members were found to support each other whenever roles could not be fulfilled. The results also indicated that the female family members felt over-burdened by their allocated roles.

Results contained in the theme of affective responsiveness indicate that all the participants and their families were able to respond with both welfare and emergency emotion to the appropriate stimuli. The research participants reported occasions of over-responsiveness to emergency emotion, however they did not report the same for welfare emotion. On occasion, research participants reported over-responding with fear and worry due to their socio-economic challenges, unemployment and other environmental factors such as the high level of crime, lack of formal housing and poor sanitation (Chiloane-Tsoka & Mmako, 2014). There have also been instances where the participants reported an absence of affective response to a stimulus as reported in the results.

Results within the theme of affective involvement reveals that the research participants allow space for their family member's interests. All the research participants reported involvement in their family member's interests. Female family members were found to be primarily involved in their family member's interests. Results also indicate instances of over-involvement in the family's interests, specifically from female family members. Instances of a lack of involvement in the family's interests, specifically by male family members, was also reported. Research on the involvement of males/fathers in the South African family explains that many men were positively involved in the interests of their families and their households in a variety of ways (Montgomery, Hosegood, Busza & Timæus, 2006). South African men residing in the township context were found to care for their children, are present at home and financially support their immediate and extended family members (Montgomery et al, 2006). However, the male family members in my study were found to be involved to a certain extent compared to the females in the family.

Results outlined in the behaviour control theme elaborated on the different behaviour control styles adopted by each of the families included in the study. These styles of behaviour control ranged from the one end of the spectrum (laissez-faire behaviour control) all the way to the

opposite end (rigid behaviour control). Research details laissez-faire behaviour control to be most unhealthy style of behaviour control as there are no standards or direction in terms of rules (Epstein et al, 2005). Flexible behaviour control, which was found to be adopted by one of the four families, is considered the healthiest as the parent behaves in a nonpunitive, acceptant and affirmative manner towards their child/children (Baumrind, 1966). Parents consult with their children regarding policy decisions and explain family rules (Baumrind, 1966). The rigid behaviour control involves the parent that attempts to shape, control and evaluate the attitudes and behaviour of their children according to a set standard of conduct, which is usually absolute (Baumrind, 1966). Results also found that most of the behaviour control occurred in instances involving the meeting and expressing of psychobiological needs and drives. Research participants reported that the older female family members were found to be the primary disciplinarians in the family. All four families implemented rules collaboratively and the consequences when any of the rules were transgressed varied from stern looks to physical beatings.

3.7. SUMMARY

In this chapter I provided a description of my research participants, an overview of the data sources of my research study, the data analysis outcomes, qualitative drawings and analysis and I presented the results of my study in terms of the themes and sub-themes that emerged. I relied on direct quotations from each of the participants in order to confirm the results that I presented.

In the following chapter I present my results as findings. I discuss my findings in terms of my secondary research questions, and deduce a number of conclusions, revisiting my primary question, as formulated in Chapter 1. I state the limitations of my study and explain the potential contribution that my study may make. I conclude the chapter with a few recommendations for future research, based on the findings of this study.

CHAPTER 4: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1. SUMMARY OF FINDINGS OF THE STUDY

In this section, I present the main findings of my study in terms of the secondary research questions formulated in Chapter 1.

4.1.1. Secondary Question 1: How do families affected by substance abuse describe their problem solving, communication, roles, affective responsiveness, affective involvement and behaviour control patterns?

4.1.1.1. Problem Solving

Problem solving involves the family's ability to resolve problems and maintain effective family functioning (Epstein et al, 2005). The McMaster Model of Family Functioning lists seven stages of effective problem solving which include, *identifying the problem, communicating with the appropriate people about the problem, developing viable alternative solutions, deciding on one of the alternatives, acting on a decision, monitoring the action* and *evaluating the effectiveness of the action and the problem-solving process* (Epstein et al, 2005). Families considered "most effective" with their problem solving are those that are able to carry out majority if not all of the steps in effective problem solving (Epstein et al, 2005). The family members that formed my research participants were only able to list or describe a few of the stages in effective problem solving, the first of which is their ability to identify a problem. An overall examination of the research data would prove that families were most proficient in identifying their problems. These problems included the drug or alcohol addiction of one or more of their family members. The research participants were also able to identify secondary problems that stem from their family member's substance abuse, these included reckless behaviour, the abuse (domestic and assault) of family members and others as well as the problem of theft on the part of their family members abusing substances. Another problem that all of the families were able to identify was that of a lack of finances and resources, this mostly due to the lack of employment in their context as well as the lack of skills for employment amongst family members.

Family members were able to develop viable alternative solutions. These viable solutions included deciding to confine family members who abused substances at home for their own safety and the safety of others, planning to network in their community for upcoming businesses, planning to enrol and complete tertiary education and deciding to seek employment. The family members were also able to act on a decision toward a solution. These actions included showing love and familial support to family members abusing substances, arranging and carrying out interventions and rehabilitation for the members abusing substances and incarceration of family members breaking the law. In one of the participating families, the community members reacted violently towards their family member that is abusing substances.

4.1.1.2. Communication

The McMaster Model of Family Functioning is primarily concerned with verbal expression due to the challenges in measuring non-verbal communication (Epstein et al, 2005). Specifically, it focuses on the family's pattern of communication as opposed to that of an individual (Epstein et al, 2005). The two important vectors that characterise aspects of communication are clear versus masked and direct versus indirect, with the most effective form of communication being clear and direct and the least effective being masked and indirect (Epstein et al, 2005).

All the research participants heralded open and free communication in their families where any of the family members were able to express their opinions on or discuss any topic. The research data also revealed that families engage more in instrumental communication over affective communication. All four families also described their communication as clear and direct where both the message and the target are clear. The research participants also reported challenges in understanding in their communication, this due to issues with turn-taking, family members constantly interrupting and some family members communicating more than others, causing certain family members to communicate less.

4.1.1.3. Roles

Roles are the repetitive patterns of behaviour whereby family members fulfil family functions in order to maintain a healthy and effective system (Epstein et al, 2005). Regarding the role

allocation that incorporates the family's pattern in assigning roles, the research participants responses varied. In one of the families, the roles were collectively decided, in the second and third family, the mother was tasked with allocating the roles and in the fourth family, the role allocation depended on the task at hand. The data also found that the research participants were able to adjust their role allocations to accommodate other family members, depending on illness or absence etc. Role accountability in all four of the families generally fell on the elder members in the family. All four families expressed dissatisfaction with regard to the role allocations in their families as they felt that some members do less than others. The research data also revealed that some of the family members did not express their dissatisfaction, while others did. All four family members also reported feelings of being overburdened by their roles.

The provision of resources roles includes the provision of food, clothing, money and shelter. The research data indicated that this role specifically, is mostly fulfilled by the elder female members. The nurturing and support roles that includes the provision of comfort, warmth and reassurance and support largely fell on the mother in the family system and in some cases on the research participant's partners. Regarding adult-sexual gratification, the research participants who could respond, expressed satisfaction with their partners and vice versa. The personal development roles were fulfilled amongst the family members and close friends. Examining the maintenance and management of the family system, the decision-making functions fell on the elder family members or elder siblings in the family. Household finance functions, that also fall under the maintenance and management of the family system, were primarily fulfilled by the family members that were employed or that have a form of income.

4.1.1.4. Affective Responsiveness

The McMaster Model of Family Functioning examines the range of affective responses of families by exploring the experiences of family responses to affective stimuli (Epstein et al, 2005). The model is especially concerned with whether or not family members are able to respond with the complete spectrum of affect experienced in emotional life and whether or not the affect that is experienced is consistent or appropriate to the given stimulus (Epstein et al, 2005). The research participants were able to respond with welfare emotions to the appropriate stimuli. The research participants from all four families were also able to respond with emergency emotion to the appropriate stimuli. Their ability to respond with emergency emotion

to the appropriate stimuli proved to be much greater compared to that of welfare emotions, according to the research data. It was also found that the research participants over-responded with emergency emotion to stimuli, these emergency emotion responses specifically were anger, aggression, worry and anxiety. Much of this over-responsiveness with emergency affect could be associated with the family members that abused substances as the data transcripts demonstrate. The research participants also reported occasions when there was an absence of an affective response.

4.1.1.5. Affective Involvement

According to the McMaster Model of Family Functioning, affective involvement is the extent to which the family shows interest in and value for the activities of family members (Epstein et al, 2005). The focus in this dimension is the degree of interest in each other and the manner in which the interest is expressed (Epstein et al, 2005). The research participants reported involvement in their family's interests. Interestingly, it should be noted that all of the research participants who reported their involvement in their family's interests were mothers in their families. Also, the same family members that fulfilled personal development and nurturing roles in the lives of the research participants were involved in their interests. Research participants also described a lack of involvement, where family members show no interest or investment in each other, from some of their family members. The research data also revealed what the research participants valued, i.e. respect, life, family and their livelihood.

4.1.1.6. Behaviour Control

The McMaster Model of Family Functioning describes behaviour control as the pattern that the family adopts for handling behaviour (Epstein et al, 2005). The McMaster Model makes provision for four styles of behaviour control based on variations of the standard and the latitude, they include rigid behaviour control, flexible behaviour control, laissez-faire behaviour control and chaotic behaviour control. The families of the research participants adopted different styles of behaviour control, specifically; laissez-faire behaviour control, flexible behaviour control and rigid behaviour control. The responses of the research participants also indicated that majority of the behaviour control occurs in situations involving the meeting and expressing of psychobiological need and drives. With regard to the rules and discipline in the

families, the primary disciplinarian in all of the research participant's families were the family elders, be they parents or a single parent. Families established rules within their systems, whether or not they were followed, the family discussed the rules or transgressions amongst each other. Consequences or punishment for breaking the rules or transgressions were considered appropriate by all of the research participants and ranged from stern looks, to the confiscating of privileges, all the way to verbal reprimands and physical beatings.

4.1.2. Secondary Question 2: How do these families construct their present and future?

In constructing their present orientations, families drew qualitative drawings that described a variety of issues or challenges that they are currently dealing with. The challenges mentioned in the group reflection on their drawings include the lack of basic facilities in their contexts, such as electricity and running water. All of the research participants have to contend with candles, paraffin or gas stoves and a communal tap. They also mentioned a lack of employment in their context, this due to a variety of reasons that include a lack of skills and training. The low socio-economic status that resonated amongst the research participant's responses is yet another challenge that they deal with and of course the issue of the substance abuse of their family member/s. With their challenges and issues listed, it is imperative to mention that families were also able to tap into their innate resilience as the data revealed themes of hope and faithfulness. Faith and religion proved to be a paramount positive force in dealing with the challenges that they face in the township of Diepsloot.

In the construction of their future orientations, most of the participants drew drawings and reflected on envisioning themselves in homes that they owned with the basic facilities of electricity and running water. Participants also mentioned envisioning themselves attending tertiary institutions to study towards their dream careers as well as seeing themselves in that career. It is noteworthy to mention that the careers they envision are all in the service of their community or fellow man.

4.2. FINAL CONCLUSIONS REGARDING THE PRIMARY RESEARCH QUESTION

My study was guided by the following primary research question, "**How do families who are affected by substance abuse describe their functioning?**" The purpose of this study was therefore to explore the family functioning of families that are affected by substance abuse. In an attempt to achieve the purpose of the study, I used the McMaster Structured Interview for Family Functioning as well as qualitative drawings.

Based on the results obtained, I acquired insight into the six dimensions of the McMaster Model of Family Functioning, i.e. problem solving, communication, roles, affective responsiveness, affective involvement and behaviour control. The results indicated that families were unable to carry out the problem-solving process completely. Even though they were extremely proficient in some of the stages in the problem-solving process, they did not achieve others, thus hampering their problem solving. Families were found to have open and free communication in their families, with clear and direct communication as their primary style of communication. Clear and direct style of communication is considered the most effective in the McMaster Model of Family Functioning. The results indicated that roles in the family were allocated either collectively or most likely by elder family members who were also tasked with the role accountability functions. Majority of the roles were allocated to female members within a family such as the provision of resources and nurturing and support role as well as the maintenance and management of the family system. Male family members were primarily tasked with the household finance functions.

The findings also indicated that the family members were able to respond with both welfare and emergency affect appropriately. The findings further indicated that family members over-responded with emergency emotions, i.e. worry, anxiety, anger and aggression, on occasion. With respect to the affective involvement of the family members, female family members were mostly involved in the interests of their partners, their parents and their children. The findings also indicated a lack of involvement from the male members/partners in the family. Finally, regarding the behaviour control of the families, families adopted a range of behaviour control styles, due to the family's structure, transactional and organisational patterns. Behaviour control styles that are considered most effective such as flexible behaviour control was observed as well as less effective behaviour control styles such as laissez-faire behaviour control and rigid

behaviour control.

4.3. LIMITATIONS OF THE STUDY

In completing my dissertation, I identified a number of limitations. The first of which was my role in my study as the observer, in which I relied on my own perceptions. I served as the single research source, and this was subject to my thought processes and my personality. I therefore experienced some difficulty in identifying and preventing research-induced bias in my research study. A close link was formed between my research participants and myself as the primary researcher which meant that I was susceptible to subjectivity, which often occurs in qualitative research studies. Regardless of this being considered a limitation, it was never my intention to strive for objectivity as is in line with my chosen paradigm of interpretivism. As I mentioned in the first chapter, my aim was to gain insight into the research participant's family functioning, their experiences and perceptions. Throughout my research study I tried to overcome this limitation through reflection and introspection of the responses and the relevant literature.

The second limitation identified was the fact that my research study relied on four cases or families only, which were limited to families affected by substance abuse from a South African township context, as per my criteria. In this regard, my research results will only be credible in terms of this select group. As mentioned, I aimed at providing insight into the family functioning of families affected by substance abuse in the South African township context. Further research would be needed if the results of my study were to be applied on a larger scale. I am of the opinion that I managed to provide good evidence that may be utilised by readers to transferability purposes.

The third limitation that I was able to identify was that the audio-recordings of the McMaster Structured Interview of Family Functioning and the group reflection on the drawings may have altered or restricted the normal interaction between the research participants and myself. In order to minimise this potential limitation, I carefully explained the purpose of the recording device and sought their permission, prior to it being used or commencing the interviews.

The fourth limitation that I identified was the inability to describe overall the family functioning on a continuum where superior family functioning lies at one extreme and very disturbed family functioning at the opposite extreme. This is due to the fact that there is no single dimension or group of dimensions of family functioning that can predict healthy or unhealthy family functioning. Also, family functioning is dynamic and may vary over time or by the development stage, a change in familial roles or illness. The aim of my study was to provide insight into the family functioning of families affected by substance abuse and not to categorise the families functioning according to a continuum.

The final limitation identified was the fact that I, myself was brought up in a family where multiple members have struggled, and some continue to struggle with substance abuse, which could have influenced my perceptions and understanding of the research participants and their responses. I constantly remained aware of this potential limitation throughout the research process and at times would reflect and introspect. I also constantly reminded myself of my role as the primary researcher in the process.

4.4. POTENTIAL CONTRIBUTIONS OF THE STUDY

This study holds potential value for a variety of reasons. The first of which is that the results of my study could contribute to the literature base on family functioning, particularly those families affected by substance abuse within the South African township context. This research study could also add value to emerging literature on family functioning in families affected by substance abuse. My study holds potential value for the Department of Social Development as policy makers could use the study and its results to fine tune community intervention with respect to family functioning and substance abuse. It also holds potential value for the Department of Education's policy makers and teachers who will be able to design more tailor-made intervention for learners. This study could also add to the understanding and conceptualisation of individuals and their family functioning for psychologists and organisations providing intervention and therapy to individuals affected by substance abuse.

4.5. RECOMMENDATIONS FOR FURTHER RESEARCH

Some of the recommendations for further research on this topic include:

1. Researching the effects of specific harmful addictive substances on family functioning.

2. Research to explore specific methods of creating family functioning that supports intervention or rehabilitation, inhibiting the reliance on harmful addictive substances.

3. Research that explores how family functioning can support or hinder the intervention or rehabilitation from substance addiction.

4. Research to identify patterns of family functioning that foster long-term sobriety.

5. Research that explores patterns of family functioning that deters or reduces the possibility of the experimentation with harmful addictive substances.

6. Research exploring different therapeutic interventions to enhance family functioning, particularly in families that are affected by substance abuse.

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APPENDIX A: TRANSCRIPTIONS OF THE McMASTER STRUCTURED INTERVIEW OF FAMILY FUNCTIONING

SEMI-STRUCTURED INTERVIEW TRANSCRIPTION

Family 1

R: Researcher

P: Phabi[8]

1.	R	Okay, so we are going to start now. The interview that I am going to be doing with you is called the McMaster Structured Interview for Family Functioning. So, basically it asks questions about your family. The information that I am going to get is about your family functioning. Okay?	1.
2.	P	Yes.	2.
3.	R	You were asked to be part of this research study because you meet the criteria that I am looking for. You live in Diepsloot, you also have a family where someone or it can even be more than one person is struggling with some kind of substance abuse. Am I correct in saying that?	3.
4.	P	Yes.	4.
5.	R	Okay. Can you maybe take a few minutes to tell me about your family, how many members, who is struggling with the substance abuse, what is it?	5.
6.	P	About my family?	6.
7.	R	Yes, first of all, your name is Phabi1 as I see it here.	7.
8.	P	Yes.	8.
9.	R	So, tell me about your family.	9.

[8] Pseudonyms are used to protect the identities of the research participants.

10. Problem Solving	P	In my family, we are…from my mum we are three. Two sons and me, the daughter. The person that has got a problem with drugs is my younger brother.	10. Identification of the problem: drug addiction
11.	R	So, the substance you mentioned is drugs?	11.
12. Problem Solving	P	He takes dagga, too much dagga. Because like nowadays we are no longer going to know whether it is like…whether it is organic dagga or if it has something inside it.	12. Identification and elaboration of the problem
13.	R	So, what I am understanding is that these days you don't know if it is only dagga that he's using or if he is adding something inside.	13.
14. Problem Solving	P	Yes, because the way it smells, it smells different.	14. Elaborating on the problem: drugs
15.	R	Okay. What does it smell like to you?	15.
16. Problem Solving	P	Sometimes it smells like…I don't know how…it smells different to dagga. You can smell the…	16. Elaborating on the problem: drugs
17.	R	Okay. What do you suspect it to be?	17.
18. Problem Solving	P	I suspect it to be maybe those Nigerian pills that they soak with dagga. Because I made some research and I found out that the Nigerians soak with the pills different types of drugs. Then they take this dagga and they dry it and then sell to people. And that person goes to the same person every time to look for that drug.	18. Elaborating on the problem: drugs. Demonstrating an understanding of the presenting problem
19.	R	Is it dangerous? Does it have a specific effect?	19.
20. Problem Solving	P	It's bad because they end up being addicted to it and they are no longer living their own lives.	20. Elaborating on the problem
21.	R	Does he live with you in the same house?	21.
22.	P	Sometimes.	22.
23.	R	Okay. And what is his behaviour like?	23.

24.	P	He really likes to sit alone.	24.
25.	R	Okay. So, he's very introverted as you say?	25.
26.	P	Yes.	26.
27.	R	Okay. And here in Diepsloot, what is it like living here for you?	27.
28. Problem Solving	P	Hey! It's not good.	28. Socio-economic problems
29.	R	Why do you say that?	29.
30. Problem Solving	P	The way people live is so different, it's like people are just living so that they can wake up tomorrow. They are no longer looking forward to what's going to happen tomorrow, they just live for the day.	30. Lack of hope for the future.
31.	R	Okay. So, you live for the day.	31.
32.	P	Yes, which is not good.	32.
33.	R	Do you work?	33.
34. Problem Solving	P	No, I don't work full time.	34. Identification of an instrumental problem: lack of employment
35.	R	Okay. Now I am going to go through the questions that we have here right. So, there we were just setting the context. I got information about who your family is. So, your younger brother is the one that is abusing substances?	35.
36. Problem Solving	P	Yes.	36. Identification of the problem: drug addiction
37.	R	Okay. Do you feel that there are any problems or issues or even difficulties in your family?	37.

38. Problem Solving	P	Yes.	38.
39.	R	Okay, what are they?	39.
40. Problem Solving	P	It's finances.	40. Identification of an instrumental problem: lack of finances
41.	R	Finances.	41.
42. Problem Solving	P	Ja.	42. Identification of an instrumental problem: lack of finances
43.	R	Okay. Anything else?	43.
44. Problem Solving	P	Ja, it's finance, let me say finance.	44. Identification of an instrumental problem: lack of finances
45.	R	Would you count this problem with your brother and the drug abuse as one of the issues?	45.
46. Problem Solving	P	Yes, I would. I count it as well. Because it's not easy to live with him.	46. Identification of the problem: drug addiction
47.	R	Why do you say that?	47.
48. Problem Solving	P	Because you are scared of what he will do tomorrow. You are not sure.	48. Unsure of brother's future due to his drug addiction.
49.	R	Has he done something in the past that has scared you?	49.
50. Problem Solving	P	Yes. He just comes during the night and opens the door. You are not sure whether when he opened he closed after opening or he just left it like that. After that you cannot tell him anything because you scared what if he's going to do something bad to you.	50. Identification of a problem: Reckless behaviour when intoxicated.
51.	R	Has he become violent before?	51.

52. Problem Solving	P	Ah, not really. To outside people, not really to people inside the house.	52. Violent behaviour when intoxicated.
53.	R	Alright. Have you discussed this problem with the other people in your family about finances and drug abuse?	53.
54. Problem Solving	P	Yes.	54. Communication of the problem with appropriate individuals.
55.	R	And did you take any action to deal with it?	55.
56. Problem Solving	P	Ja, we are taking.	56. Development of alternative viable solution: Familial love and support.
57.	R	What did you do?	57.
58.	P	For his drugs?	58.
59.	R	Yes.	59.
60. Problem Solving	P	We tried to show him love. We tried to like…because he's working. We tried by all means to be there for him and everything but it's not working.	60. Acting on a decision towards a solution.
61.	R	Has it worked? Or is it not?	61.
62.	P	What's working?	62.
63.	R	I mean what you guys tried, has it worked for him or nothing?	63.
64. Problem Solving	P	Ja, it's helps but immediately when he has a problem he goes back.	64. Evaluating the effectiveness of the action: unsuccessful/ineffective
65.	R	And this story of finances?	65.

66.	P	The story of finances is that…	66.
67.	R	Have you done anything to maybe make a plan or…?	67.
68. Problem Solving	P	Ja, for now we are trying to make different networking and businesses and all those things.	68. Development of viable alternative solutions: Networking and research.
69.	R	Okay. Now I'm going to ask you some questions about jobs around the house and how they get divided up and how things are done.	69.
70.	P	Okay.	70.
71.	R	But this is not like a job that you going to work and getting paid for. It's in the house.	71.
72.	P	In the house? Like cleaning?	72.
73.	R	Yes! So, in terms of day-to-day organization, I want to know first who is involved with the following family jobs and I also want to know how satisfactorily each job is performed. If I ask you, for example, groceries, who is in charge of groceries?	73.
74. Roles	P	It's me because I am the one who cooks.	74. Provision of resources: Cooking done (Phabi)
75.	R	Okay. And do you think that you do a good job at getting groceries?	75.
76. Roles	P	Ja.	76. Provision of resources: Buying of the groceries (Phabi)
77.	R	Okay. Shopping?	77.

78. Roles	P	It's also me because I have to do groceries, I have to do shopping and I have to do menu planning because I am the only girl. I have to do cooking.	78. Provision of resources: Buying of groceries and shopping (Phabi)
79.	R	Okay. So, it's you living with your three brothers?	79.
80.	P	Two. My two brothers and my mum.	80
81.	R	Okay. Clothes shopping and stuff? Is it you as well?	81.
82. Roles	P	Ja, for me and my kid.	82. Provision of resources: Buying of clothing (Phabi)
83.	R	Okay, is that your kid? [Pointing to toddler]	83.
84.	P	Ja.	84.
85.	R	Okay, I must write that also that you have a child. Are you married?	85.
86.	P	No, I'm not. I'm engaged.	86.
87.	R	Okay, I only asked that because there are some questions that are specifically for married couples and some questions that are for single parents.	87.
88.	P	Okay.	88.
89.	R	The laundry and cleaning?	89.
90. Roles	P	My mum.	90. Maintenance and management of family system (Mother)
91.	R	Your mum does that. And does she do a satisfactory job at it?	91.

92. Roles	P	Ja, she's good.	92. Mother maintains and manages family system well.
93.	R	Yard work?	93.
94. Roles	P	She's the one. No, my older brother.	94. Maintenance and management of the system.
95.	R	Your older brother does the yard work. Who is in charge of the monthly bills?	95.
96. Roles	P	My older brother.	96. Household finance functions (brother)
97.	R	Okay. Is he working?	97.
98. Roles	P	Yes.	98. Brother provides to fulfill household finance functions.
99.	R	What about repairs around the house?	99.
100. Roles	P	My older brother and me.	100. Maintenance and management of family system.
101.	R	Okay. Do you guys have a car?	101.
102.	P	Yes, my older brother has a car.	102.
103.	R	Okay, so he's also dealing with the car. What about large purchases, who would deal with that?	103.
104. Roles	P	My older brother.	104. Household finance functions (brother)
105.	R	Any decisions to see a doctor or a dentist, who makes them?	105.

106. Roles	P	It's my mum that will tell you that you have to go see the doctor.	106. Mother in charge of health -related functions.
107.	R	Okay.	107.
108.	P	Can I breastfeed? You don't mind?	108.
109.	R	No, go ahead. Who disciplines the children? Now, your child is too small, how old is your younger brother?	109.
110.	P	The younger one is 25. Ja, I think he's 25.	110.
111.	R	Okay, what does he do?	111.
112.	P	He's doing his geology masters now.	112.
113.	R	Geology masters. Is he the one that has the substance abuse problem?	113.
114. Problem Solving	P	With the drugs, yes.	114. Confirmation of the problem.
115.	R	Does your family pay room or board? Like rent?	115.
116.	P	No.	116.
117.	R	Okay. So, it's your mum's house? Your parent's house that you living in. Okay. Now I'm looking at the role allocation. Do you discuss who's going to do the various jobs in the house?	117.
118. Roles Communication	P	Ja, we talk most of the time.	118. Family collectively allocates roles. Regular communication with family members.
119.	R	Would you say that your communication is good?	119.

120. Communication	P	Ja, most of the time we talk.	120. Regular communication with family members.
121.	R	And other times?	121.
122.	P	Other times you know that…	122.
123.	R	What stops it?	123.
124. Roles	P	You know that when I wake up I have to sweep there.	124. Family members understand and undertake their roles.
125.	R	Okay.	125.
126.	P	Unless if we want to do spring cleaning.	126.
127.	R	I see.	127.
128. Roles Communication	P	That's when we going to say, "Tomorrow we have to what…what."	128. Family collectively allocates roles. Instrumental communication that is clear and direct.
129.	R	Do you feel overburdened by the jobs that you have to do because you already…when listing this you told me a lot of the jobs that you are responsible for, and that you the only girl. So, do you feel overburdened by it?	129.
130. Roles	P	Ja. Because I must make sure that everyone is getting food.	130. Phabi feels overburdened by her roles for provision of resources.
131.	R	Is it a big responsibility?	131.
132. Roles	P	Too much! And I must make sure that, even if there is not that much food, you must compromise.	132. Phabi feels overburdened by her roles for provision of resources.
133.	R	Yes, so that everybody gets some. Is anybody doing a job that they shouldn't be doing amongst the jobs I mentioned?	133.

134. Roles	P	Ja, like laundry and cleaning. I don't think my mum is fit to do that. She's doing it just because she has no choice.	134. Phabi not satisfied with roles allocated to her mother.
135.	R	If it was up to you, you wouldn't let her do those jobs?	135.
136. Roles	P	No.	136. Phabi not satisfied with roles allocated to her mother.
137.	R	Okay. Do you feel like anybody is doing too little?	137.
138.	P	In the house?	138.
139.	R	Yes.	139.
140. Roles	P	Ah, no I think we are doing too much.	140. Feels overburdened with her roles.
141.	R	Okay.	141.
142. Roles	P	The person that is doing too little is the last born.	142. Phabi not satisfied with roles allocated to her youngest sibling.
143.	R	The last born?	143.
144. Roles	P	Yes.	144.
145.	R	Do you accept all this duties that you mentioned without argument or complaining?	145.
146. Roles	P	Sometimes I complain.	146. Phabi complains to communicate her dissatisfaction with the roles allocated to her.
147.	R	Okay. To who do you complain?	147.

148. Roles Communication	P	To everyone.	148. Phabi not satisfied with the roles allocated to her. Instrumental communication: Complaints
149.	R	Okay.	149.
150. Communication	P	To all of them.	150. Instrumental communication (complaints) that is clear and direct.
151.	R	And what would you complain about?	151.
152. Roles	P	Especially if I'm…If I cooked and they eat everything before I can eat. Maybe I cooked and went out and when I come back I find there is no food.	152. Phabi feels like the provision of resources role is not reciprocated in her family.
153.	R	Okay.	153.
154. Roles	P	Or if a person comes with a friend and they didn't notify me. And I'm the one that has to cook.	154. Phabi feels like some of the provision of resources roles are unfair.
155.	R	I understand that can be difficult because you didn't make preparations for another person. Does that complaining cause any arguments?	155.
156. Communication	P	Yes. It causes arguments.	156. Instrumental communication may result in arguments.
157.	R	Does it. Does anybody refuse to do duties in the house?	157.
158. Roles	P	Ja, sometimes.	158. Unfair role allocation causes arguments.
159.	R	Who would it be?	159.
160. Roles	P	My younger brother.	160. Clashes with younger brother because of unfair role allocation.
161.	R	And then how do you deal with it?	161.

162. Roles	P	I just look at him and…	162.
163.	R	Why do you just look at him? Is it because he's big?	163.
164. Roles	P	He's old enough. So, if he doesn't want to, you cannot force a donkey to drink water. Unless it's going to have salt.	164. Feels that younger brother should understand and fulfill his role.
165.	R	Has anyone been ill or has there been occasions when the jobs around the house were not done?	165.
166. Roles	P	Yes.	166. Role allocation adjustment due to illness.
167.	R	Okay, and how did that work?	167.
168. Roles	P	It's like if my mum is sick, I have to do the laundry and all the other jobs.	168. Role allocation adjustment when mother takes ill.
169.	R	And your own jobs also.	169.
170. Roles	P	Yes.	170. Role allocation adjustment.
171.	R	That can be a lot.	171.
172. Roles	P	Yes.	172.
173.	R	As the children grow older or change, do you alter the jobs that you have? So, as he's growing older and even your brother, the jobs that they have, did it change?	173.
174. Roles	P	Ja, they change.	174. Roles change with time and experience.
175.	R	Do you feel that the jobs in the house are generally handled well by your family?	175.
176. Roles	P	No.	176. Phabi not satisfied with how roles/jobs are handled.

177.	R	Why not?	177.
178. Roles	P	Ahh, because like some, they don't do enough.	178. Phabi not satisfied with role allocation.
179.	R	You feel it's unfair?	179.
180. Roles	P	Yes.	180. Phabi not satisfied with role allocation.
181.	R	And who would you say doesn't have consistency in doing it? Who's not doing their part?	181.
182. Roles	P	My younger brother.	182. Younger brother not fulfilling his roles.
183.	R	Who checks that the jobs are done?	183.
184. Roles	P	Hey! It's my mum.	184. Mother fulfills role accountability duty/role.
185.	R	Okay, she's the boss.	185.
186. Roles	P	Yes, she's the boss.	186. Mother fulfills role accountability duty/role.
187.	R	Alright. Now I am going to talk a little bit about personal development. Do you discuss any major career issues or plans that you have with each other? Or do you discuss it with your family?	187.
188. Roles Communication	P	Ja, I discuss it. I discuss it especially with my older brother.	188. Discusses personal development with brother. Instrumental communication that is clear and direct.

189.	R	Okay. You said that you were engaged.	189.
190.	P	Ja.	190.
191.	R	Do you receive help from your partner with job related issues? So, maybe like his advice about careers and such?	191.
192. Roles	P	Yes, I do.	192. Partner assists with personal development.
193.	R	Alright. Do you wish that you had more help in that area?	193.
194. Roles	P	Ja.	194. Phabi requires more assistance with personal development.
195.	R	What would you like him to do?	195.
196.	P	Him?	196.
197.	R	Yes.	197.
198. Roles	P	Maybe instead of talking and giving advice, he must also stand up and do even for himself.	198. Phabi would like her partner to take more initiative.
199.	R	So, my understanding is that he's not working? Your partner?	199.
200.	P	He is working.	200.
201.	R	Okay.	201.
202. Roles	P	But he has to like…everything must go up.	202. Phabi would like her partner to take more initiative.
203.	R	Okay, you want more from him?	203.

204. Roles	P	Ja.	204. Phabi would like her partner to take more initiative.
205.	R	How do you think you and your partner are doing in terms of your friends, activities and your general outlook in life?	205.
206.	P	What?	206.
207.	R	You and your partner, how do you think you are doing?	207.
208. Roles	P	*Haai!* We are fine up to now.	208. Satisfied with her partner socially.
209.	R	You'll alright. Is your partner the father of this child?	209.
210.	P	Yes.	210.
211.	R	So, he is involved in bringing the child up?	211.
212. Roles	P	Yes.	212. Partner fulfills the role of provision of resources towards her child.
213.	R	Which would you say he is typically involved in? Like getting him (child) dressed, looking after him, bathing him, shampooing him, putting him to sleep. Who does all of that?	213.
214. Roles	P	Most of the time it's me and my mum.	214. Phabi and her mother mostly fulfills duties relating to child rearing.
215.	R	Okay. So, I can say that you are the one that gets involved mostly with caring for your child.	215.
216. Roles	P	Yes, I'm the one that is most involved. Because I really want to go everywhere with my child.	216. Mother mostly fulfills child rearing roles.

217.	R	Let's look at the management of the system. If a decision is made, and you don't agree with that decision, who would usually have the final word?	217.
218. Roles	P	It's my mum.	218. Mother in charge of decision-making functions.
219.	R	Your mum. Okay, and that's always the case?	219.
220. Roles	P	Most of the time it's her. Sometimes me or my older brother.	220. Mother and older brother in charge of decision-making functions.
221.	R	Never the younger one?	221.
222. Roles	P	Even the younger one, sometimes he can say, "No, that one I don't understand. We going to do it like this!"	222. Younger brother has a say in the decision-making functions.
223.	R	Are you happy with your mum being the last decision maker, the boss?	223.
224. Roles	P	Ja, she's very good. She's fair. Sometimes I will even cry, "Why are you taking my younger brother's ideas, except mine?" She will tell me the truth, "No, look at it like this."	224. Family satisfied with mother's decision-making functions. Mother fulfills nurturing and support roles.
225.	R	Oh, she's a straight forward person?	225.
226.	P	Yes.	226.
227.	R	Do you have any problems with your parents or extended family? Extended family is like those that live…	227.
228. Problem Solving	P	Too much with those people. Because they want to know everything! They want to control.	228. Identification of the problem with extended family.

229.	R	Okay. That was going to be my next question, "What are the problems?" Does it create problems in your family in the house?	229.
230.	P	Ja, it does.	230.
231.	R	Does it disrupt things?	231.
232. Problem Solving	P	Ja, too much.	232.
233.	R	Who deals with these problems?	233.
234. Problem Solving	P	*Haah*! Everybody will go to my mum.	234. Communication with appropriate individuals about the problem.
235.	R	So, she's really like at matriarch, right?	235.
236.	P	Ja, at home.	236.
237.	R	Do you have any problems with your partner's family?	237.
238. Problem Solving	P	Ja, it's normal.	238. Regards issues with partner's family as normal.
239.	R	What's normal?	239.
240. Communication	P	Like they cannot agree with me on everything.	240. Communication challenges; Masked and direct communication.
241.	R	Does this cause problems in your relationship with him?	241.
242.	P	Ja, sometimes.	242.

243.	R	How do you deal with it?	243.
244.	P	Both of us just deal with it.	244.
245.	R	Right now, let's move on to nurturing and support. When something gets to you, or you have a bad day, who do you go to?	245.
246.	P	Obvious.	246.
247. Roles	R	Okay, your fiancée. So, what would happen if you go to him?	247. Partner also fulfills nurturing and support roles.
248. Roles	P	It depends. Most of the time he just listens and then after that, we just discuss.	248. Partner listens and discusses when fulfilling nurturing and support role.
249.	R	Now I am going to ask you about adult sexual gratification. Do you feel comfortable with the amount of affection that you get from your partner? And affection does not only have to be sexual activity, affection can be a hug or kisses.	249.
250. Roles	P	Ja, I'm happy with him.	250. Adult sexual gratification- Satisfied
251.	R	Are you satisfied with your sexual life?	251.
252. Roles	P	Ja, I'm fine.	252. Adult sexual gratification- Satisfied
253.	R	Do you feel that you satisfy your partner?	253.
254. Roles	P	Ja.	254. Adult sexual gratification- Feels like she satisfies partner.
255.	R	Let's move on to behaviour control. If somebody breaks a rule in your house, what happens?	255.

256. Behaviour Control	P	Yoh! If you break a rule, yoh! Like we will give you feedback immediately!	256. Immediate feedback from family members when a rule is broken.
257.	R	Everybody?	257.
258. Behaviour Control	P	Yes, we will give you feedback.	258. Immediate feedback from family members when a rule is broken.
259.	R	Alright. So, you all communicate about what the problem is. Does anybody ever get punishment?	259.
260. Behaviour Control	P	Ja, we get punished differently.	260. Different repercussions/punishment: Flexible behaviour control
261.	R	What kind of punishment? Give me an example.	261.
262. Behaviour Control	P	Like, my mum, you can see from her face that she's giving you that hard look.	262. Punishment/repercussion: mother's reaction/interaction.
263.	R	Okay.	263.
264. Behaviour Control	P	That is her punishment. If you want something she will just look at you.	264. Punishment/repercussion: mother's reaction/interaction.
265.	R	Do you think that it is too strong or too soft or is it appropriate?	265.
266. Behaviour Control	P	It's appropriate.	266. Punishment/repercussion is appropriate.

267.	R	Okay. Is there anybody in your family that can get away with things or get away with breaking the rules?	267.
268. Behaviour Control	P	Yes, my younger brother.	268. Younger brother gets away with breaking the rules.
269.	R	And why would you say that?	269.
270.	P	*Haah* that one!	270.
271.	R	Why is it okay for him to get away with the rules?	271.
272. Behaviour Control	P	Sometimes we just look at him. Sometimes you get tired of telling a person, "What you did is wrong! What you did is wrong!"	272. Laissez-faire behaviour control with younger brother.
273.	R	Do you think that your mum is strict?	273.
274. Behaviour Control	P	Yes, she's so strict. She is so strict.	274. Rigid behaviour control with family members.
275.	R	Do you ever have disagreements in the following areas: A dangerous situation, eating or sleeping, toilet hygiene, parent or child interaction, sibling interaction or socialization? Do you ever have disagreements or arguments in any of these areas?	275.
276. Behaviour Control	P	Yes, I do. Especially when it comes to diet or food.	276. Disagreements in situations involving meeting/expressing psychobiological needs and drives.
277.	R	Okay, tell me about it.	277.

278. Behaviour Control	P	I'm vegan. So, we always fight, "We don't want to eat this and that!" And even them, they don't understand.	278. Disagreements in situations involving meeting/expressing psychobiological needs and drives.
279.	R	I remember you told me that you cook.	279.
280. Roles	P	Yes. They don't understand what I cook sometimes.	280. Provision of resources.
281.	R	Okay. Can I ask why you are vegan? Is it a personal choice or is it for health reasons?	281.
282.	P	It's a personal choice.	282.
283.	R	So, do you cook meat for them?	283.
284. Roles	P	Yes.	284. Provision of resources.
285.	R	Okay.	285.
286.	P	Even for you now, I can cook meat, I can do everything.	286.
287.	R	You just won't eat it. Do you agree with the rules that your parent set in the house?	287.
288. Behaviour Control	P	Yes, I agree.	288. Agrees with the rules in the family system.
289.	R	Okay. Now we are going to shift a little. I want to get an idea of your expectations in your family. And when there are problems, how you handle them. Do you feel that anybody in the family drinks too much?	289.

290. Problem Solving Behaviour Control	P	Ja, my older brother sometimes drinks too much and even my younger brother sometimes drinks too much.	290. Identification of the problem: Excessive alcohol use in both siblings. Laissez-faire behaviour control with brothers.
291.	R	How do you deal with it?	291.
292.	P	When they drinking?	292.
293.	R	Yes.	293.
294. Problem Solving	P	*Haah*, if the older brother is drinking, he's drinking in the house so, it's just a matter of taking the beer and hiding it. And then the younger brother is going to come back drunk.	294. Acting on an alternative: Containing/restraining family members to control their substance intake.
295.	R	Do you ever do something to prevent it?	295.
296. Problem Solving	P	Yes. We try by all means. We try to have a braai in the house so that all of us can be in the same place.	296. Development of viable alternative solutions and acting on decision: Restraining brother in the house for his own safety.
297.	R	And that would be safer as well, right?	297.
298.	P	It's safer, yes. Especially for the younger one.	298.
299.	R	I can understand what you are saying. Do you feel that anyone in the family eats too much?	299.
300. Problem Solving Behaviour Control	P	They feel I eat too much.	300. Identification of a problem: Over-eating
301.	R	They feel that you eat too much?	301.
302.	P	Yes.	302.
303.	R	Why do you think they say so?	303.
304. Behaviour Control	P	Because I love food and I'm big, so I have that appetite.	304. Situation involving meeting and expressing psychobiological needs and drives.

305.	R	Okay. Do they ever do something to make you eat less?	305.
306. Problem Solving Behaviour Control	P	Ja, they try and tell me, "*Haah!*You are getting too fat!" After that I look at myself and say, "Okay, I have to limit."	306. Deciding on an alternative: Limit food intake. Deciding on an alternative: Limit/reduce food intake.
307.	R	Do you think that anybody in your family takes inappropriate risks?	307.
308. Behaviour Control	P	Ja.	308.
309.	R	Who would you say?	309.
310. Behaviour Control	P	My younger brother.	310. Younger brother takes risks in situations involving socializing behaviour.
311.	R	What would these risks be?	311.
312. Behaviour Control Problem Solving	P	Like, he can drink and drive.	312. Younger brother takes risks in situations involving socializing behaviour. Identification of the problem: Risky behaviour due to alcohol intake.
313.	R	Okay. Yes, and that is dangerous. How do you deal with that?	313.
314. Behaviour Control Problem Solving	P	If he can come back home drunk, we just take the key and hide it.	314. Younger brother takes risks in situations involving socializing behaviour. Acting on a decision: Removing the risk.
315.	R	Has anybody in your family been in trouble with the law?	315.
316. Behaviour Control Problem Solving	P	Ja, like my younger brother. They once took his license.	316. Consequence of risky behaviour.

317.	R	Okay. And was he drinking and driving?	317.
318. Behaviour Control Problem Solving	P	Yes.	318. Younger brother takes risks in situations involving socializing behaviour.
319.	R	Okay. Let's look now at problem solving. Has there been any difficulties or issues that have come up or your family has dealt with in the past six weeks?	319.
320. Problem Solving	P	Ja, we were having a problem with my mum. She was sick, and she was admitted, but now she's okay.	320. Identification of the problem: Mother's deteriorating health.
321.	R	Thank goodness. With problems we have instrumental problems and we have affective problems. Instrumental problems are problems like not having enough food. It's tangible. While affective has to do with emotions. Alright, let's speak first about instrumental problems. All families have practical problems that are part of their lives. Can you think of a practical problem that occurred recently?	321.
322. Problem Solving	P	It's when they (family) finished their own milk and they took my soya milk and I ran out of money to buy milk.	322. Identification of instrumental problem.
323.	R	You were obviously the one who noticed the problem, right?	323.
324.	P	Yes.	324.
325.	R	How do you deal with it?	325.
326. Problem Solving	P	I was so angry. I made everybody contribute to buy the milk.	326. Development and acting on a viable solution.
327.	R	[Laughter] Is it more expensive than normal milk?	327.

328.	P	Ja, it's expensive.	328.
329.	R	And is it easy to get hold of?	329.
330. Problem Solving	P	Not, it's not easy. But most of the time I do it myself. I plant the beans.	330. Development of a viable alternative and acting on it.
331.	R	Oh! You make it yourself?	331.
332. Problem Solving	P	Sometimes, yes.	332. Acting on a decision towards a solution.
333.	R	Soya milk is made from beans, I didn't know this.	333.
334.	P	Soya beans, ja.	334.
335.	R	Okay. Do you usually follow through when you make a decision or find a solution to a problem? Do you see it to the end?	335.
336. Problem Solving	P	No. Practically it's very difficult.	336. Recognises difficulty in acting on a decision.
337.	R	How quickly was the problem solved? This one of the milk.	337.
338. Problem Solving	P	My older brother just gave me R20. And my younger brother, I told him also to contribute and he did.	338. Acting on the decision: Collection of money to replace item.
339.	R	So, it was immediately.	339.
340. Problem Solving	P	No, they gave me the money the following day.	340. Acting of the decision: Collection of money to replace item.
341.	R	Okay, which is relatively quick, isn't it?	341.
342. Problem Solving	P	Ja, it was quick. Because they know that I cannot have porridge in the morning.	342. Monitoring of the action.

343.	R	Without the milk, okay. Would you say that this typical with how you deal with problems with you going and confronting it straight away? Do you always do that?	343.
344. Problem Solving	P	I really love to do that.	344. Confrontation: usual method of dealing with problems.
345.	R	Okay.	345.
346. Problem Solving Communication	P	I tell a person straight, then I'm fine. I don't care who the person is. When I tell you something, I'm fine. I feel like it's out of me.	346. Confrontation: usual method of dealing with problems. Clear and direct communication.
347.	R	If you don't communicate it immediately, how do you feel?	347.
348. Problem Solving Communication	P	No, I'm that person that has anger sometimes.	348. Confrontation: usual method of dealing with problems. Affective communication.
349.	R	Okay.	349.
350. Problem Solving Affective Responsiveness	P	So, you can do something little and I can beat you up just because of what you did. But if I take it out, I feel okay. Even if you can do it again, I know that it's out.	350. May deal with problems physically. Over-response of emergency emotions (anger and aggression).
351.	R	Okay. Do you feel that you learned anything from this story of the milk?	351.
352.	P	Ja, because when I was fighting with them they were like…have you ever like…going high and then coming down.	352.
353.	R	Because of your reaction, there was immediate action. Am I right, am I understanding correctly?	353.

354.	P	Yes.	354.
355.	R	Will you have the same reaction if something similar happens in the future?	355.
356. Problem Solving	P	No, I think I have to ask nicely, "Can you please …"	356. Development of a viable alternative: Communicating.
357.	R	Now we going to affective problem solving. Affective has to do with emotions right.	357.
358.	P	Okay.	358.
359.	R	Can you think of a problem that occurred in your family that involved feelings? For example, someone has been angry or upset or surprised about something.	359.
360. Affective Responsiveness	P	Ja, it's when my older brother failed…he was writing another test and we wanted him to pass. It was painful to the whole family.	360. Emergency emotion to appropriate stimulus: Failure at university.
361.	R	When did you notice this? Or when did you realize when he failed?	361.
362.	P	He just came with the results and he put it on the table.	362.
363.	R	Okay. Was everybody there when he brought the results?	363.
364.	P	No, the younger brother was not there.	364.
365. Communication	R	Okay. Did you let anyone outside the house family know about this?	365. Communication with the appropriate family members; direct communication.
366.	P	No.	366.

367.	R	Okay. Is there usually a way that you or your family are told about a problem?	367.
368. Communication	P	Sometimes we speak out without knowing that you've spoken out.	368. Challenges with turn-taking.
369.	R	This problem with him failing, did you consider anything to make it better or solve the issue?	369.
370. Problem Solving	P	Ja, we tried to tell him that, "No problem, you going to write again." Then he went to go register again.	370. Development of viable alternative solution: Re-registration.
371.	R	When was this?	371.
372.	P	Last year, so he's going to write in November again.	372.
373.	R	Alright. It's safe for me to say that it was a decision that was discussed by everyone in the family?	373.
374. Communication	P	Ja.	374. Communication with the appropriate family member at the appropriate time.
375.	R	Okay. How quickly was it from the time that everybody found out that he failed to the time when the solution was, "Go register!"?	375.
376. Problem Solving	P	It was so fast. Immediately when he showed us the results we were like, "Everybody fails, but failing doesn't mean that you must give up. Go register again."	376. Communication with appropriate individuals about problem.
377.	R	Did you make sure that he was registered? Or do you check on him now and then?	377.
378.	P	About the registration?	378.
379.	R	Yes.	379.

380. Problem Solving	P	When he went to register, he came back with the paper of registration.	380. Monitoring the action: Re-registration.
381.	R	Alright. Do you think that was the best way in dealing with that problem?	381.
382. Problem Solving	P	Ja, I think it was best.	382. Evaluation of the effectiveness of the action.
383.	R	Did you learn anything from it?	383.
384. Problem Solving	P	Yes, I learned that a person must listen to the family.	384. Evaluation of the effectiveness of the action.
385.	R	Let's speak about communication. We are nearly done. How much time are you awake and together as a family? If you can give me the time in hours.	385.
386.	P	In week or what?	386.
387.	R	Per day.	387.
388. Communication	P	Maybe two hours or one hour. One hour actually, when we are eating.	388. Amount of time reserved for communicating daily: 1 or 2 hours.
389.	R	How much of this one hour is used to talk to family members about persona or family issues?	389.
390. Communication	P	No, it's like we want to eat now and when we are eating we just talk.	390. Usually communication occurs at dinner time when all the family members are present.
391.	R	For the whole hour?	391.
392. Communication	P	More or less the whole hour.	392. Amount of time communicating
393.	R	Are you satisfied with the amount of time that you have to communicate with your family?	393.

394. Communication	P	No, I'm not.	394. Not satisfied with the amount of time communicating.
395.	R	Do you want more?	395.
396. Communication	P	Yes. Because when you are happy or when you are celebrating something and all of us are together, it's better.	396. High level of communication during family celebrations.
397.	R	Okay. Does anybody do most of the talking in your family?	397.
398. Communication	P	Yes, it's me.	398. Phabi does most of the talking during family communication.
399.	R	Okay. Does it interfere or does it bother others?	399.
400. Communication	P	It bothers others, but they are learning to accept it.	400. Regardless of her dominating the family communication, Phabi continues to do so.
401.	R	Do you all talk to each other? Or does some not talk? Or does some talk a little?	401.
402. Communication	P	Some talk a little.	402. Some of the family members communicate less.
403.	R	Like who?	403.
404. Communication	P	My younger brother, because I talk too much.	404. Other family members communicate less to accommodate Phabi who communicates more.
405.	R	Who else talks a lot?	405.
406. Communication	P	Me and my older brother.	406. High level of communication between the siblings.

407.	R	Do you feel that you have trouble in the way that you talk to each other?	407.
408. Communication	P	Ja, sometimes I feel that I'm not giving enough respect to my younger brother. Because we end up telling him what to do, which I think is not good. We have to advise him.	408. Feels like she is disrespectful at times with instrumental communication.
409.	R	When you are talking about your everyday issues, do you feel like your family understands you?	409.
410. Communication	P	Ja, they understand.	410. Communication with understanding.
411.	R	Does your family talk about feelings or moods very much?	411.
412. Communication Affective Responsiveness	P	No, not really.	412. Hardly any affective communication.
413.	R	Okay, so you talk more about instrumental things not about feelings.	413.
414. Communication	P	Ja.	414. Hardly any affective communication.
415.	R	So, what stops you from talking about your feelings?	415.
416. Communication Affective Responsiveness	P	It's because most of the time when you bring up bad things, my mother…we end up crying. So, it's not good.	416. Hardly affective communication in fear of invoking affective responses. Emergency emotion response to appropriate stimulus
417.	R	When you talk about your feelings, do you talk straight forward?	417.
418. Communication	P	Ja. We talk…we just talk.	418. Clear affective communication.
419.	R	Do you sometimes have trouble understanding what your family has to say?	419.

420. Communication	P	Ja.	420. Challenges in understanding communication at times.
421.	R	What is the problem or difficulty?	421.
422. Communication	P	Sometimes someone will say something and you don't understand why they saying it. Then you end up understanding it after some time.	422. Challenges in understanding due to masked and direct communication.
423.	R	It makes sense to you later. Do you feel like you listen to each other?	423.
424.	P	Sometimes.	424.
425.	R	Sometimes only?	425.
426.	P	Yes.	426.
427.	R	Okay. When you are interacting and communicating, do you let others know that you understand and you are listening?	427.
428. Communication	P	Ja. I try to listen, but I'm not a good listener.	428. Phabi is not a good listener.
429.	R	Why do you say that?	429.
430. Communication	P	I talk too much.	430. Phabi speaks for than she listens.
431.	R	Okay, you talk more than you listen.	431.
432. Communication	P	Yes.	432.
433.	R	If you don't understand anything or something that one of your family members is saying, do you clarify it?	433.
434. Communication	P	*Hayi*, straight forward.	434. Clear and direct communication.

435.	R	Okay. So, your communication is direct.	435.
436. Communication	P	Very.	436. Clear and direct communication.
437.	R	Are there any topics that you don't allow the family to talk about?	437.
438. Communication	P	No, we just talk.	438. Open communication on various topics.
439.	R	So, any topic is allowed.	439.
440. Communication	P	Anything that you want to talk about, we talk. We ask if we need clarity.	440. Clear and direct communication.
441.	R	In your communication, do you ever find that your partner or family member answers for you?	441.
442. Communication	P	Yes.	442. Interruptions in communication.
443.	R	How does it make you feel?	443.
444. Communication	P	Sometimes I feel that this person is not answering the way I want to. I feel so annoyed sometimes.	444. Interruptions in communication causes communication challenges and frustration
445.	R	Do you ever interrupt when somebody is talking?	445.
446. Communication	P	Yes. That's why I'm saying I'm not a good listener.	446. Phabi interrupts other family members.
447.	R	Do you feel that your family talks about you in your presence?	447.
448. Communication	P	Ja, they do.	448. Family members discuss each other.
449.	R	Okay. How do they refer to you? What do they say? Is it good? Is it bad? Are they criticizing?	449.

450. Communication	P	Ja, they criticize. It's normal. You can hear when people are advising you to do something and all of them agree on one thing, they have already talked about it.	450. Family's communication includes critique, advice and intervention.
451.	R	Alright. Let's move on to affective responsiveness. I am interested in what you feeling on the inside, your emotions. Let's look at pleasure. Can you tell me about a time or occasion when you experienced pleasure?	451.
452. Affective Responsiveness	P	Ja, it was after giving birth. I felt like people were not expecting me to give birth.	452. Welfare emotion (pleasure) response to appropriate stimulus (birth of child).
453.	R	So, you would say the birth of your son?	453.
454. Affective Responsiveness	P	Ja.	454. Welfare emotion (pleasure) response to appropriate stimulus (birth of child).
455.	R	Do you ever feel that you experienced too much pleasure? Or that you over-react to a situation?	455.
456. Affective Responsiveness	P	Ja, sometimes.	456. Over-response with welfare emotions to stimulus.
457.	R	Do you ever not experience pleasure, but think you should?	457.
458. Affective Responsiveness	P	Yes.	458. Absence of response to stimulus.
459.	R	Do you want to tell me about it?	459.
460.	P	No, not really.	460.
461.	R	That's okay. Do you feel that you experience pleasure differently than others?	461.
462. Affective Responsiveness	P	I'm not sure.	462.

463.	R	Are you concerned or worried about the experience of pleasure in some situations?	463.
464. Affective Responsiveness	P	No.	464. Satisfied with welfare emotion response.
465.	R	Let's leave pleasure and let's move to tenderness and concern. Have you ever had a time when you felt tenderness or concern for someone else?	465.
466. Affective Responsiveness	P	Ja. I feel so concerned especially when I see this person has so much potential and that person is not using that potential.	466. Welfare emotion (tenderness & concern) to appropriate stimuli.
467.	R	So, that gives you a lot of concern?	467.
468. Affective Responsiveness	P	Yes.	468. Welfare emotion (tenderness & concern) to appropriate stimuli.
469.	R	Do you ever feel like you are overly concerned?	469.
470. Affective Responsiveness	P	Ja, like with my sister-in-law. She's so intelligent but she's still there on the teaching. She's always complaining about it and I always tell her, "Why can't you change your career?"	470. Emergency emotion response (concern) to appropriate stimulus.
471.	R	Do you feel that there is sometimes when you aren't as tender or concerned as you should be?	471.
472. Affective Responsiveness	P	Ja. Sometimes, yes. Sometimes I ignore. Like with my mum, I know that she's not supposed to eat certain foods, but I cook that, and she eats it. I was not supposed to cook that. But because they want it, I have to make it for them.	472. Absence of emergency emotion response at times.
473.	R	Do you think that you experience tenderness and concern differently to others?	473.
474. Affective Responsiveness	P	Ja, because most of the time I end up trying to put myself in someone's shoes too much.	474. Empathises with others.

475.	R	Are you ever concerned about how you experience tenderness or concern in some situations?	475.
476. Affective Responsiveness	P	Ja, sometimes.	476. Concern about emergency emotion responses at times.
477.	R	Alright. Let's look at anger. The first question that I asked was, "Do you ever lose your temper?" and you told me. What triggers your temper?	477.
478. Affective Responsiveness	P	It's when…especially when I set a goal right, and when I'm reaching it and when you just come and interfere there. *Yoh!* I get so angry.	478. Emergency emotion response to appropriate stimulus.
479.	R	Okay. How do you experience it, when you lose your temper or get angry?	479.
480. Affective Responsiveness	P	Sometimes. I just take a walk.	480. Walks to deal with emergency emotions.
481.	R	Do you ever feel hurt or angry when you get angry?	481.
482. Affective Responsiveness	P	Ja.	482. Spectrum of emergency emotions.
483.	R	Do you feel that you over-react with anger?	483.
484. Affective Responsiveness	P	Sometimes. It's like shouting. I feel like I'm over-reacting.	484. Over-response with emergency emotion.
485.	R	Do you feel like there are times when you are not angry, but you should be angry?	485.
486. Affective Responsiveness	P	Ja, it happens. Then I realise that I was supposed to be angry.	486. Over-response with incorrect emotion.
487.	R	Do you think that you experience anger differently from other people?	487.

488. Affective Responsiveness	P	Ja.	488.
489.	R	Are you concerned about how you experience your anger? Do you worry about it?	489.
490. Affective Responsiveness	P	Ja. I worry about it.	490. Anger causes worry/anxiety.
491.	R	Let's talk about sadness and depression. Are there any occasions that you feel sad or depressed?	491.
492. Affective Responsiveness	P	Ja. Every time that I think of my father, I feel so stressed.	492. Emergency emotion response (sadness & depression) to appropriate response.
493.	R	I didn't clarify. Did your father pass away?	493.
494.	P	Yes.	494.
495.	R	Do you feel like you cry too easily?	495.
496. Affective Responsiveness	P	Yes, I cry so easily.	496. Over-response with emergency emotion.
497.	R	Do you ever feel like you cry when you shouldn't be crying?	497.
498. Affective Responsiveness	P	Ja. But you just cry.	498. Over-response with emergency emotion.
499.	R	What do you do when you are feeling sad or depressed?	499.
500. Affective Responsiveness	P	I cry.	500. Emergency emotion manifests in crying.
501.	R	Okay. How do you experience the feeling?	501.

502. Affective Responsiveness	P	I just cry and go out. That's also when you will see me eating a lot.	502. Emergency emotion causes over-eating.
503.	R	Do you ever get angry before you get sad or depressed?	503.
504. Affective Responsiveness	P	Sometimes.	504. Anger occurs before sadness/depression at times.
505.	R	Do you feel that you over-react with sadness or depression?	505.
506. Affective Responsiveness	P	Sometimes. I remember when…but let's leave it.	506. Over-response with emergency emotions at times.
507.	R	It's fine. Do you feel that there are sometimes when you aren't sad or depressed but should be?	507.
508. Affective Responsiveness	P	Ja. I remember when my sister-in-law was at my fiancée's place. She asked me a simple question like, "When are you going to give birth?" I laughed! And then they were so surprised as to why I was laughing. I was supposed to give them a straight answer, but I didn't. I just laughed.	508. Absence of response of emergency emotion at times.
509.	R	Do you think that you handle sadness and depression differently compared to others in your family?	509.
510. Affective Responsiveness	P	Ja, it's different. We are all different.	510. Family members handle affect differently.
511.	R	Do you ever worry about how you experience sadness or depression?	511.
512. Affective Responsiveness	P	Sometimes I'm worried and tell myself, "*Eish!* I was not supposed to do that, I was supposed to do that."	512. Affect response causes worry/anxiety.
513.	R	Let's look at fear. Do you ever get really frightened?	513.

514. Affective Responsiveness	P	Ja. Sometimes I just fear and say, "Maybe I will fail."	514. Emergency emotion response to appropriate stimulus.
515.	R	So, are you scared of failure?	515.
516. Affective Responsiveness	P	Yes, I am.	516. Emergency emotion response to appropriate stimulus.
517.	R	What do you sense that tells you that you frightened?	517.
518. Affective Responsiveness	P	It's when I want to do everything perfectly.	518. Fear of failure/mistakes causes anxiety and fear.
519.	R	Okay. So, are you a perfectionist?	519.
520.	P	I really want to do things perfectly.	520.
521.	R	Do you over-react or get terrified when you shouldn't?	521.
522. Affective Responsiveness	P	Ja.	522. Over-response with emergency emotion.
523.	R	Do you feel that there are times when you aren't frightened but you should be?	523.
524. Affective Responsiveness	P	Ja.	524. Absence of emergency emotion response.
525.	R	Do you ever experience fear different to others?	525.
526. Affective Responsiveness	P	Ja.	526. Phabi experiences affect differently from other family members.
527.	R	Now, the last section that I have is affective involvement. So, what things are important to you in your life?	527.

528. Affective Involvement	P	To work on my business and my kid.	528. Phabi values her child and her budding business.
529.	R	Who pays attention to these things? Who takes interest in your child and your business?	529.
530. Affective Involvement	P	It's my mum and my fiancée.	530. Mother and partner involved in her interests.
531.	R	Do you take interest in the activities of others?	531.
532. Affective Involvement	P	Ja. I ask them about their interests and how they did it and everything.	532. Phabi involved in mother's and partner's interests.
533.	R	Do you ever wish that people showed more interest in what you do?	533.
534. Affective Involvement	P	Ja, I wish. I wish that they could help me because the more they are interested, the more they can help.	534. Phabi would like family members to be more involved in her interests.
535.	R	Do you ever feel that others don't care?	535.
536. Affective Involvement	P	Ja, I feel like sometimes they don't care.	536. Feels like other family members do not care.
537.	R	Does your family give you enough space to do what you want to do?	537.
538. Affective Involvement	P	Ja.	538. Family allows enough space for interests.
539.	R	Does anybody in the family feel like they are not as close to others as they would like to be?	539.

540. Affective Involvement	P	Ja, my younger brother, sometimes.	540. Younger brother would like to be more involved in interests.
541.	R	Do you think that I have a clear understanding of how your family functions?	541.
542.	P	Yes, I think so.	542.
543.	R	Is there anything else that you would like to tell me that was not covered?	543.
544.	P	No, everything is covered.	544.
545.	R	Thank you.	545.

Interview Terminated.

SEMI-STRUCTURED INTERVIEW TRANSCRIPTION

Family 2

R: Researcher

N: Ntuli[9]

1.	R	Alright, can you tell me your name?	1.
2.	N	Ntuli	2.
3.	R	How old are you Ntuli?	3.
4.	N	31	4.
5.	R	Okay, tell me about your family Ntuli.	5.
6.	N	Okay, I have got two children. The older one is six years and this one is 1 year 4 months now. Their father, and he is in jail.	6.
7.	R	Are you married to him?	7.
8.	N	No, we are not, but we were staying together.	8.
9.	R	Okay.	9.
10. Problem Solving	N	Okay, before he goes to jail, he was drinking.	10. Identification of the problem: Alcohol addiction.
11.	R	Alright, so he has a problem with addiction?	11.

[9] Pseudonyms are used to protect the identities of the research participants.

12. Problem Solving	N	Yes. He had a problem with drinking. And he was working. Sometimes when he gets money he was using it, all of it on drinking. On a payday sometimes, he was not coming home. Maybe he was coming home on a Sunday, very late, since I last seen him on Friday when he was going to work. So, he was using his money too much on drinking and then he goes to jail.	12. Identification of the problems: Alcohol addiction and a lack of financial support.
13.	R	What did he go to jail for?	13.
14. Problem Solving	N	For, what is this thing? What is this thing 'when you beating someone'?	14. Identification of the problem: Incarceration of partner.
15.	R	Assault?	15.
16. Problem Solving Roles	N	Yes, assault. He went to jail because of an assault, yes. I'm staying alone with my children. My older one is attending school now. He is attending school here at (inaudiable). And I'm not working, I'm getting peace jobs (domestic work) and I'm earning their grant. So, that's how I survive.	16. Identification of the problem: Incarceration of partner; violent partner. Provision of resources through social grant.
17.	R	So, I am just going to ask you some questions about the different parts of your family functioning. Then I get a… It's painting a bigger picture. Then I can get a better understanding of you. Right? So, when I ask, I want you to be as honestly as possible.	17.
18.	N	Okay.	18.
19.	R	And if you don't understand anything, tell me. So, do you feel like you have any problems or difficulties in your family?	19.
20.	N	Now?	20.
21.	R	Yes.	21.

22. Problem Solving	N	I think I'm very free now. This time I'm staying alone I'm very free because I know that if I get this money I have to do this and this and this. For me, you know I'm not looking for another one. That time I was looking for him (partner) to do this and this, but I couldn't find him. Now I am free to try to satisfy my children as I can.	22. Evaluating the effectiveness of the action.
23.	R	Okay. So, they are your concern… your main concern? Your children.	23.
24.	N	(Confused) How many?	24.
25.	R	No, I am saying, are they your main 'thing' that you have to worry about?	25.
26.	N	Yes. They are the only thing that I worry about. I worry about them a lot.	26.
27.	R	Okay.	27.
28.	N	Yes.	28.
29.	R	You are the only person looking after them?	29.
30. Roles	N	Yes.	30. Child rearing responsibilities on Ntuli alone.
31.	R	How do you feel about that?	31.
32. Problem Solving Roles	N	Yes, uhm, sometimes I am asking myself this question. Like other people; they have big families and if they have problem situations, like my situation, they know that maybe 'my mum is here for me', 'my brother is going to help me with groceries this month.' But me, I'm alone, I'm alone. Sometimes I'm getting worried about that. My mum, I know that my mum is here for me, but it doesn't help because she is not working.	32. Identification of the problem: Lack of familial support. Ntuli fulfills all of the roles in her family as she is the only adult with small children.

33.	R	Does she stay with you?	33.
34. Problem Solving Roles	N	No, she's away there at Eastern Cape and I'm here. And I don't want to go back to Eastern Cape because my mother is also not working. Yes, my brother [has], his wife and four children. He can't help me because he has four children you know. And my sister is younger than me [s]he can't help, she can't help me, and my mother is not working.	34. Identification of the problem: Lack of familial support. Ntuli is alone to fulfil all the roles for her family. Her other family members are unable to help.
35.	R	Just to clarify where you live, is it you and the two children only?	35.
36.	N	Yes.	36.
37.	R	Nobody else?	37.
38.	N	No.	38.
39.	R	Okay, so it means that you have to, because these children are small, you have to worry about everything?	39.
40. Roles	N	Yes.	40. Ntuli has to fulfil all the roles as the only adult with young children.
41.	R	Alone?	41.
42. Roles	N	I worry about everything, everything, everything. Even Me, I have to look after myself.	42. Ntuli is responsible for all the roles and takes pride in it.
43.	R	That was my next question that I wanted to ask you.	43.
44. Roles	N	Yes, yes, I'm looking after myself on my own, nobody is helping me.	44. Ntuli is alone without help from any family members.
45.	R	What would you like to do, for a job, for work?	45.

46.	N	For work? My dream work?	46.
47.	R	Yes.	47.
48. Problem Solving	N	Uhm, the time I finished my matric, I went to Boston College. I started Travel and Tourism, but I got sick. Then I went back home. I was sick for a long time.	48. Identification of the problem: Illness before completing tertiary education.
49.	R	Home is Eastern Cape?	49.
50. Problem Solving	N	Yes, I was studying here at Randburg. But I was sick for a long time, the whole year. After I got healed, there was no salary for me to go back to school until now. But I tried to do computer[s], and I tried to do peace jobs. Sometimes I'm working as a domestic worker. So, life is like that.	50. Development of viable alternative solutions and acting on the decision.
51.	R	Do you have anybody that is like…that you are able to speak to about careers or jobs?	51.
52.	N	Yes, Thabi[2], the one who is working here. She's my friend.	52.
53.	R	Okay.	53.
54.	N	She is the person that I'm being honest to. Yes.	54.
55.	R	Okay. And when you speak to her, how does it feel? Does she make you feel better?	55.
56. Roles	N	Sometimes she is telling me, 'You must do this so that you can cope.' For example; I am now volunteering at SANCA. She's the one who took me there. I didn't know anything about SANCA, she took me there. She's the one that makes a big difference to me.	56. Thabi, Ntuli's friend fulfils personal development and nurturing and support roles.
57.	R	Okay. So, in terms of your family, you alone? Are you making all the decisions?	57.

58. Roles	N	I am the one that has to decide what they are going to eat today. And the one that is attending school has to carry a lunch box, you know, every day.	58. Ntuli holds the decision-making functions in her family.
59.	R	Yes, I understand.	59.
60. Problem Solving	N	And some pocket money and a snack every day. Sometimes he is telling me that my friends have this and this on their lunchboxes. So, I'm getting worried because… And now is winter time hey, they didn't have jackets, so I was trying my best to get them warm, but I saw that was not enough for them. But there was no other way.	60. Identification of the problem: Lack of instrumental resources.
61.	R	I wanted to ask you, do you have any problems with your parents or extended family?	61.
62.	N	I don't have a problem with my parents but the only problem that they got themselves is that they are divorced.	62.
63.	R	Okay.	63.
64. Problem Solving	N	And then my father has another wife, and that wife was not treating us good. If we were going to see our father, [s]he was treating us bad. That is why we are not close with our father and that is why I'm counting my mother alone.	64. Identification of the problem: Familial problems/issues.
65.	R	I see.	65.

66.	N	Yes, when I count I only count my mother. I didn't say my father because he's not close to us. He's working for the government since the year I was born until now. He started the job in 1986 until now he's still working there. And I know that he is making money. We were suffering, I'm telling you. Sometimes we were not having shoes to go to school. Even though he's working. If we were going to him to ask him for something, the wife is answering. So, we were not able to get what we wanted. That's why I'm not mentioning him. He had no time for us.	66.
67.	R	Yes. Do you have any problems with your, children's fathers' family?	67.
68.	N	With his family?	68.
69.	R	Yes.	69.
70.	N	No, because I stayed with them for a long time. No, we didn't have a problem. It's just…for now I don't want to put my problems on them.	70.
71.	R	Okay. Do you have any like a boyfriend, or like special person?	71.
72.	N	Now?	72.
73.	R	Yes.	73.
74.	N	Yes, I do have a boyfriend.	74.
75.	R	Okay.	75.
76. Roles	N	And sometimes, I will say sometimes he is helping me. For example; if I say that this child wants this for school, he's paying for that.	76. Boyfriend occasionally fulfils the provision of resources role.

77.	R	Okay. If you having a bad day, and something is challenging to you, who do you go to?	77.
78. Affective Responsiveness	N	I'm going to…I'm talking to him and Thabi[2], they are the ones who are close to me.	78. Nurturing and support roles fulfilled by boyfriend and friend.
79.	R	And, are they helpful to you?	79.
80. Roles	N	Yes, especially things like money. He is the one who is helping me, he's the only one that is helping me. Yes. Because he's buying me like snacks for the children. Sometimes he is…this one (child) is still wearing Pampers (disposable nappy)…sometimes he is giving me money to buy Pampers for the child and gives me some money to see what I need to buy around the house. And Thabi, she is the one that I tell my problems that I'm facing now.	80. Boyfriend occasionally fulfils the provision of resources role. Thabi fulfils the nurturing and support role to Ntuli.
81.	R	So, she helps with the emotional support?	81.
82. Roles	N	Like, sometimes, she is relieving me by telling me how to overcome this problem. Yes. And if she can't then she tells me that she doesn't know how she can help me.	82. Nurturing and support role performed by Thabi.
83.	R	It's a little bit of a difficult question.	83.
84.	N	Okay.	84.
85.	R	Do you feel comfortable with the amount of affection, do you know what is affection, like the love that you receive from your boyfriend? Is it enough for you?	85.
86. Roles	N	No, because I can't say much. Our love is still new. I think we have only one month and a half. So, I can't tell. I don't know…you know new love is always good, so I don't know what is going to happen after.	86. Adult sexual gratification: Unable to comment as relationship is new.

87.	R	Okay. He doesn't live with you, right? Your boyfriend?	87.
88.	N	No.	88.
89.	R	The next thing that I want to ask you is about behaviour control. This child is still small, what about the one that is six years old. Who disciplines him, or helps you with discipline if he is doing something wrong?	89.
90. Behaviour Control	N	It's me.	90. Mother and Ntuli are the primary disciplinarians in the family.
91.	R	You alone? Never your boyfriend?	91.
92. Behaviour Control	N	No, I don't want him to be that much into her life because she knows her father. She knows her father a lot. I'm trying to respect her. Even when I'm with my boyfriend, I am just sitting like this because I respect her and her father.	92. Mother and Ntuli are the primary disciplinarians in the family.
93.	R	Okay. Do you take them to visit [him]?	93.
94.	N	Yes, especially by month ends, but not every month end.	94.
95.	R	Okay. I'm going to ask you the next question. Do you feel anyone in your family drinks too much?	95.
96. Problem Solving	N	In my family? My father, he's a drunkard. Yes. Another thing that I didn't mention about my boyfriend who is the father to my children is that he drinks and smokes. He doesn't just use those substances, he's abusing those substances.	96. Identification of the problem: Father's and boyfriend's alcoholism.

97.	R	When you say smoking, what exactly is he smoking?	97.
98.	N	Just cigarettes.	98.
99.	R	Okay, but it's a lot.	99.
100. Problem Solving	N	A lot; a twenty [pack] of cigarettes is a half a day. Not even a day! A twenty!	100. Identification of the problem: Tobacco addiction.
101.	R	That is a lot.	101.
102. Problem Solving	N	And the problem that he had is that he wasn't looking after the children. He was just giving me money sometimes to buy things for the children. That's why I say I'm feeling very free now because we were always fighting because that was affecting me. Abusing the substances was affecting me because I was always crying when he got his salary, for him even buying food for the children. That was affecting me.	102. Identification of the problem: Father not fulfilling his parental responsibilities. Evaluation of the effectiveness of the action.
103.	R	How did you deal with it?	103.
104. Problem Solving	N	*Eish*, I was dealing with it… I remember that sometimes I went to the police station to do a maintenance [order].	104. Acting on a decision: Police intervention.
105.	R	(Clarifies) For him to pay?	105.
106. Problem Solving	N	Yes, but he was not supportive to the children. It was very difficult for me.	106. Identification of the problem: Lack of support from children's father.
107.	R	Okay. Do you think that, within your family, there is somebody that eats too much?	107.
108.	N	That eats too much? Like food?	108.

109.	R	Yes.	109.
110. Problem Solving	N	In my family, the one who is eating too much is me. (Laughter)	110. Identification of the problem: Over-eating.
111.	R	Of course, because you are the only adult in the family. The others are still small.	111.
112. Behaviour Control	N	No, these ones are not eating. It's me who is eating too much.	112. Situation involving meeting and expressing psychobiological needs and drives.
113.	R	Okay, next question. Has anybody been in trouble with the law? But you have explained to me quite nicely about that Let's now talk about problem solving. Problems like not having enough money for this or that, for example, are you dealing with all of that?	113.
114. Problem Solving	N	Yes. Like there is not electricity where I'm staying. I'm buying paraffin. We are using paraffin and candles.	114. Identification of instrumental problem: Lack of electricity.
115.	R	But is it all on you to worry about?	115.
116. Problem Solving	N	Yes, yes, it's only me that is worrying about that. Remember I said that my child has to carry a lunch box every day, paraffin, candles and clothing for them and me. You see. And I'm not working.	116. Identification of instrumental problem: Lack of finances.
117.	R	Do you ever speak to anyone about that?	117.

118. Communication	N	No, it's only people who are coming to me place who can see the situation. I'm not going to people and saying, 'Hey I've got this problem and that problem." No!	118. Limited communication as Ntuli lives alone.
119.	R	Do you see a solution in the future about this?	119.
120. Problem Solving	N	My solution for this is…I think I need to get a job, a better job so that I can get a better place.	120. Development of viable alternative solution.
121.	R	How?...So, do you have a plan?	121.
122.	N	I have a plan to get a better job.	122.
123.	R	And what is that plan?	123.
124. Problem Solving	N	My plan…I think I have to start classes, like maybe go to college. If I can get a job I will budget some money for starting classes so that I can get a better job.	124. Development of viable alternative solutions.
125.	R	Okay. Now I want to know about emotional problems, - problem solving. You mentioned to me earlier that with this kind of problems you speak mostly to Thabi about.	125.
126.	N	When I'm emotional?	126.
127.	R	Yes.	127.
128. Problem Solving	N	Yes. The things that are bothering me the most are paraffin and the lunch box for the child. When I'm going for volunteering, just volunteering, they don't pay us.	128. Identification of instrumental problem: Lack of finance.

129.	R	Can you think of a problem that happened in your family, that has involved feelings or emotions? Like maybe something that you got angry or excited about.	129.
130. Affective Responsiveness	N	Yes, like especially this story of my father. When I'm thinking about it, it makes me emotional. Yes. That's what makes me emotional. I tell myself that 'maybe if he was close to us, I would have been a different person.' He had some money for me to take me to university. I'm sure about that. But he didn't do that for me.	130. Affective response to appropriate stimulus.
131.	R	Did you ever speak about this specific problem about your father to someone?	131.
132. Communication	N	No, I didn't.	132. No communication on the issue with family (affective communication).
133.	R	This is a tough one. (Laughter). Communication. How much of time to you spend communicating with them in a day?	133.
134. Communication	N	With my children, I can say maybe eight hours. I speak to the one who is attending school. I just ask her, 'How was school?' 'Did you play with your friends?' Because I have to know what they do.	134. 8 hours of communication of the day. Majority of the communication is instrumental.
135.	R	So, let me ask you more about emotions. Pleasure and happiness. Can you give me an example when you felt pleasure and happiness?	135.
136. Affective Responsiveness	N	Pleasure and happiness? When I'm happy is when I know for now everything I need is here. Then I get happy. And then pleasure is when someone is doing something I needed at that time. I have that pleasure.	136. Welfare emotion (pleasure and happiness) responses to appropriate stimuli.
137.	R	Do you feel sometimes that you have too much pleasure?	137.

138. Affective Responsiveness	N	Yes.	138. Over-response of welfare emotion.
139.	R	Do you feel sometimes that you don't experience pleasure, but you think you should?	139.
140. Affective Responsiveness	N	(Laughs and becomes shy) Ja, yes, it happens.	140. Absence of welfare emotion response.
141.	R	Do you want to tell me about it or not?	141.
142. Affective Responsiveness	N	Yes, I can tell you. Sometimes, like my boyfriend does something for me and he makes me upset and he's just doing this thing to please me and I'm not showing pleasure. But I know that I was supposed to show it. Yes, it happens there.	142. Absence of welfare emotion response (pleasure).
143.	R	Let's talk now about tenderness and concern. In other words, worry. Give me an example when you felt worry.	143.
144. Affective Responsiveness	N	For example, I'm feeling worried about this thing of living alone. Why is this happening to me? But at the same time, I'm just accepting it. I'm telling myself that God, 'Why is He putting me in this situation?' I'm asking myself all these questions.	144. Emergency emotion response (worry & concern) to appropriate stimulus.
145.	R	Do you feel sometimes…Was there a time when you were 'over-worried'? Was there a time when you were worrying too much?	145.

146. Affective Responsiveness	N	Yes, the time when their father was going to jail. I was crying a lot because I was telling myself that 'now I'm really, really alone.' and I have two children. I'm not working, it's only their grant and it's not enough for them. Especially that time when he was only four months inside [jail]. Now he's in for one year and four months. I was food and Pampers, and I'm just counting this one. Around the house there was food, paraffin, lunch for school, uhm, he had no tracksuit at that time for school was starting in winter. He had no tracksuit for school, but I tried and tried until I got a tracksuit, a warm tracksuit for school. So, that was worrying me too much. I was crying and crying. When I was going to bed, I was crying because I didn't want them to see I was crying. I was waiting for them to sleep and started to worry too much and then my tears would start to come out.	146. Over-response with emergency emotion (worry & sadness).
147.	R	Let's talk about anger. Do you ever get angry?	147.
148. Affective Responsiveness Communication	N	Yes, I've got a lot of anger. I've once told someone about this anger, a pastor at church. He was asking if there was someone that had problems. I told him that I had a lot of anger.	148. Wide spectrum of emergency affect. Affective communication.
149.	R	To whom?	149.
150. Affective Responsiveness	N	To people who are around me. I can laugh for a little time but most of the time it's anger. I trying to…I know that I have it but I'm trying to control it. And I know why, that's why I'm trying to control it. But it's not going away.	150. Wide spectrum of emergency affect (anger).
151.	R	Did you ever get violent?	151.

152. Affective Responsiveness	N	No, I'm not fighting but the way I answer people is not good. I notice that after. Yes.	152. Emergency emotion response manifests as insults/bad language.
153.	R	Sadness and depression. Have you ever experienced sadness and depression?	153.
154. Affective Responsiveness	N	Yes, because I worry so much. Because of thinking too much I experience this.	154. Emergency emotion response (sadness & depression) to appropriate response.
155.	R	Do you ever feel like you over-reacted with sadness or depression?	155.
156. Affective Responsiveness	N	No, I don't over-react, but when I'm sad I don't want to speak to people. I just want to…Sometimes…Even children, I don't want them around me. And I know that it's not good because this thing is going to affect them.	156. Reasonable emergency emotion response.
157.	R	Do you ever experience fear? Are you ever scared?	157.
158. Affective Responsiveness	N	No!	158. Absence of emergency response to appropriate stimulus.
159.	R	Even as a single mother with your children alone?	159.
160. Affective Responsiveness	N	Maybe in the night, but no! Because I told myself that I don't have to put my problems on others. I have to deal with them myself.	160. Absence of emergency response to appropriate stimulus.
161.	R	Wow, you are such a strong woman.	161.
162.	N	Yes, I know.	162.

163.	R	They are lucky to have you.	163.
164.	N	Who?	164.
165.	R	Your children.	165.
166. Problem Solving	N	Yes. In my life, I am telling myself that I want them to grow in a better way, so that they can't be like me. I want them to go to school whether I have money or not, I have to try. After finishing matric, they have to do what they want so that they can get a job.	166. Dreams for her children's future: Education and training.
167.	R	Our last question for the interview. It's about involvement. It's difficult for me to ask you this question because they (children) are all small and you have to be involved in everything. And they so small, they can't really be involved in your life according to the questions that I have. Do you understand what I am saying? So, maybe I can just ask you, what is important to you?	167.
168. Affective Involvement	N	To me? It's my children. My children are very important to me.	168. Values her children.
169.	R	Who else, besides you, takes interest in them?	169.
170. Affective Involvement	N	My siblings and my mother.	170. Siblings and mother involved in their interests.
171.	R	Okay. Let me ask you my last question. What is your vision for the future? Where do you see yourself in the future?	171.

172. Problem Solving	N	Because I haven't done [completed] this dream of being in travel and tourism. Now, in future, I think I have to study for something like nursing. I have to do nursing now. I want to see me as a nurse.	172. Development of a viable alternative solution.
173.	R	Okay. Do you think that from the answers that you gave me I have a clear picture of your family?	173.
174. Problem Solving	N	Yes, I think because you know when parents get divorced it affects all the children and I told you that we struggled though, my father was there and working. We didn't have that opportunity because he didn't pay our school fees for tertiary or university. So, I think you have a clear picture of my family.	174. Identification of the problem: -Familial problems -Lack of opportunities
175.	R	Is there anything else that you want me to know about your family?	175.
176.	N	Uhm, what else can I tell you now. No, there is nothing else.	176.
177.	R	If there is nothing else, I'm going to end this interview there. I enjoyed this interview so much and I feel that you are so incredibly strong and it's such difficult circumstances and you are doing well. I know it's difficult.	177.
178.	N	The other day Thabi asked me, 'Ntuli, are you not afraid being alone here…?" I'm staying in a one-room shack. I said, 'No, why should I?' I don't have fear, because I'm not waiting for someone to come here.	178.
179.	R	Fantastic! Thank you so much!	179.

Interview terminated.

SEMI-STRUCTURED INTERVIEW TRANSCRIPTION

Family 3

R: Researcher

J: Jabulile[10]

T: Thabi[11]

1.	R	So, Ma, what is your name again?	1.
2.	J	Jabulile.	2.
3.	R	For respect, I'm going to say Ma, is that fine?	3.
4.	J	Yes.	4.
5.	R	Okay. Ma, how old are you?	5.
6.	J	45.	6.
7.	R	Okay. Are you married?	7.
8.	J	Single.	8.
9.	R	Okay. And your children include Thabi?	9.
10.	J	Yes, I have Thabi, Busi and Zwaai2. I've got two daughters and one son.	10.
11.	R	So, two daughters and one son. And how old are they?	11.

[10] Pseudonyms are used to protect the identities of the research participants.

[11] Pseudonyms are used to protect the identities of the research participants.

12.	J	25 is Thabi, Busi is 18 and Zwaai is 15.	12.
13.	R	Okay. So, Ma do you understand what I am doing here? I am asking questions about your family's functioning so that I can get a better understanding of how your family functions, especially with this problem of substance abuse. So, who is the person that is struggling with the substance abuse?	13.
14. Problem Solving	J	It's my own brother.	14. Identification of the person with the addiction problem.
15.	R	Okay, it's your brother. Does your brother live with you?	15.
16.	J	He lives with my mother, the same extension in Diepsloot.	16.
17.	R	Okay.	17.
18.	J	Because me, I'm staying in extension 12.	18.
19.	R	How often do you see him?	19.
20.	J	Every day.	20.
21.	R	Every day?	21.
22.	J	Yes.	22.
23.	R	Alright that is perfect. So, how old is he Ma?	23.

24.	J	He's born in 1992. That means that he is 24 years old. Thabi is one year older than him.	24.
25.	R	Okay, he is 24. So, what is he doing?	25.
26. Problem Solving	J	He's taking Nyaope, and he is stealing the stuff. And he doesn't like to bath, he doesn't like…all the time when he's taking the Nyaope his stomach is sore inside. So, we will try to talk to him. To take him to Soweto for rehab. Me and Don.	26. Identification of the problems: -Drug addiction -Theft from home/family -Lack of hygiene due to addiction -Poor health -Development and acting on viable alternative solution: Rehabilitation
27.	R	Who is Don, Ma?	27.
28.	J	Don is my boss.	28.
29.	R	Okay.	29.

30. Problem Solving	J	…So, to the rehab. First, we took him to Magaliesburg (rehabilitation center) and he ran away from Magaliesburg when they tried to help him with the drugs. So, I spoke to my boss, Don. And they took him to Soweto for the rehab and he still not…He told [said] the rehab doesn't want to help. But they wanted to help because the drugs were controlling his blood.	30. Acting on a decision: Rehabilitation
			Refusal of help/intervention
		So, before he was taking the drugs it took a long time to notice that he was taking drugs. My brother was at school, then he started not wanting to go to school. And my mother has diabetes and high blood (pressure). So, all the time my mother's high blood wasn't going down because my brother was giving my mother a hard time.	Development of maladaptive/non-functional behaviour
			Identification of the problem: Mother's deteriorating health
		The family tried to talk to my brother about the drugs, but when you talk to my brother he sounds like he is listening but after five minutes he starts.	Communicating with the appropriate people about the problem: Family intervention
		He took the kettle, he took the kettle and sold it. He took the iron, the cups, whatever. And when you buy something…sometimes I can see my brother is struggling with shoes. When you buy shoes, he can wear shoes for today. Tomorrow that shoes are not there. He takes that shoes and sells that shoes. So, whatever…when we go to my mum to sleep…when you have got a phone, you have to take that phone and put it under the pillow and sleep because one mistake and your phone will be gone. He is stealing a lot of things. And you can see it's not him, the drugs is controlling him.	Elaborating on theft problem
			Development of viable alternative solution: Family must take precautions due to brother's addiction
		My family is unhappy because of my brother, even now, two weeks ago, my brother was stealing when my mum went to a funeral at home and my brother was there. My mum put a safety for the door for my brother not to come to her room because of my brother stealing. So, he took those things of my mother and he took the dishes and he sold it. And he sold the groceries like the fish oil. The groceries were for my mum, for her to eat. So, now when my mum came home and found that my brother did this, she found that he was gone with a friend that was taking Nyaope. He was gone for a week. My mother's high blood went up and even her sugar (diabetes) went up.	
		So, now, even when I speak, my mum is still in bed sick.	Mother's difficulty to regulate blood pressure due to her son's addiction.

31.	R	Because of your brother. (Confirming)	31.
32.	J	Because of my brother.	32.
33.	R	Does he ever feel sorry about what he does?	33.
34. Affective Responsiveness Problem Solving	J	Yes, he can be sorry and cry when he is in front of her, but after that… My brother is trying so hard to control that drug, but that Nyaope is all over the body. It's eating my brother every day. You can say that his skin is black, black, black. It wasn't that black but now its black. He doesn't like to bath. He is so dirty, very dirty. Even the nails is growing, inside the nails is dirty, its black of dirt. And it's so dirty to take a 24-year-old and put him in the bath. You can take him there and two minutes he goes back there.	34. Emergency emotion displayed to solicit affect. Unsuccessful attempts to solve drug addiction problems. Physiological manifestation of drug abuse: Skin pigmentation change due to drug use and lack of hygiene.
35.	R	Ja, because he is a grown man.	35.
36.	J	Yes.	36.
37.	R	I understand what you are saying.	37.
38.	J	It's so difficult.	38.
39.	R	Thank you for that. I understand now what the main problem is.	39.
40.	J	Yes, yes.	40.
41.	R	Now I'm going to ask you some other questions about the family functioning, okay ma?	41.
42.	J	Yes.	42.

43.	R	I'm going to ask you about how the jobs are done in the house. Okay, so every day, you must tell me who is in charge of it. 1. Groceries?	43.
44. Roles	J	My mother.	44. Mother fulfills the role of provision of resources.
45.	R	Okay, what about shopping?	45.
46. Roles	J	My mum and me, I help her.	46. Mother and Jabulile fulfill the role of provision of resources.
47.	R	Okay and cooking? When you want to cook?	47.
48. Roles	J	My brother knows how to cook. He can cook very nicely. He acts like a good person but after two hours he is a different person again.	48. Brother assists with domestic duties: Provision of resources
49.	R	Who is contributing money in the house?	49.
50. Roles	J	My mum.	50. Mother tasked with the role of household finance functions.
51.	R	Okay, and who is in charge of the washing and the cleaning?	51.
52. Roles	J	My mum.	52. Instrumental roles fulfilled by mother.
53.	R	Your mum as well?	53.
54. Roles	J	Mmm (Nods in agreement).	54.
55.	R	And who is in charge of the outside work in the yard?	55.

56. Roles	J	We do that because my brother has no time for that. He only has time for friends and Nyaope. He thinks that to do the garden is wasting time because he doesn't think.	56. Yard work/maintencance roles falls on sister and daughter due to her brother's addiction.
57.	R	With the bills, who is paying bills monthly?	57.
58. Roles	J	My mum.	58. Mother fulfills the household finance functions.
59.	R	Okay. Who is helping to fix things around the house? Let's say maybe something is broken?	59.
60. Roles	J	I've got another brother. He works as a security.	60.
61.	R	Okay. Do you have a car?	61.
62.	J	No.	62.
63.	R	Okay. Who deals with disciplining the children?	63.
64. Roles Behaviour Control	J	Me and my mum. We help each other. We try to discipline the kids but sometimes the kids don't do what you tell them. They don't take whatever we say to heart. But I'm lucky to have Thabi.	64. Jabulile and mother fulfill behaviour control functions. Jabulile is the primary disciplinarian; Flexible behaviour control.
65.	R	I see. Who makes the decisions to go see a doctor?	65.
66. Roles	J	It's me.	66. Jabulile tasked with the health-related functions.
67.	R	You?	67.

68.	J	Yes.	68.
69.	R	Okay. So, let's say the family wants to make a large purchase, like to buy a car. Who will decide in the family?	69.
70. Roles	J	It's me and my other brothers. My older brother.	70. Jabulile and her brother hold the decision-making functions in the family.
71.	R	Okay. Does Thabi live with you?	71.
72.	J	Yes.	72.
73.	R	Now let's talk a little about role allocation. Who decides on who has to do the different jobs, like I was saying the shopping, cooking, buying clothing, who is the person that says, 'you do this, you do this'?	73.
74. Roles	J	My mum.	74. Mother in charge of role allocation.
75.	R	So, she is the boss in the house.	75.
76.	J	Yes.	76.
77.	R	Okay. Does anyone in the family feel like they are overburdened? Like they have to do too much?	77.

78. Roles Problem Solving	J	Yes, it's my other daughter Busi. She feels like it's too much for her because my other daughter must go to school. And when she was going to school she dropped out because she was pregnant. But she went back to school. So, even her life is not a nice life because she is going up and down to the school dropping off and so, I told her that if she is not going to school she must do the job for the house (domestic work) and she said it's too much for her.	78. Bonnie feels overburdened with her roles. Identification of the problems: -Daughter dropping out of school and falling pregnant. -Lack of employment to care for her child & family.
79.	R	Is anybody doing a job that they shouldn't be doing in the house?	79.
80. Roles	J	Uhm, no.	80. Role allocations are accepted by the family members.
81.	R	Does anybody feel like they, or others are doing too little?	81.
82. Roles	J	Ja, it's like my other daughter. She does a little.	82. Other daughter does too little (roles).
83.	R	She does a little, or less?	83.
84.	J	Yes.	84.
85.	R	Does everybody in the family accept their jobs without arguing? Or do they have a problem?	85.
86. Roles	J	It's Thabi.	86.
87.	R	Thabi? So, she argues?	87.
88. Roles	J	No, I can ask her to do anything. She doesn't complain.	88. Thabi accepts her roles willingly.
89.	R	And your other daughter? She complains?	89.
90. Roles Communication	J	Yes, she complains a lot.	90. Communication in the form of complaints.

91.	R	What does she do in the house?	91.
92. Roles	J	She cleans the how and does the cooking sometimes.	92. Daughter has instrumental domestic roles.
93.	R	So, she does all these different jobs?	93.
94. Affective Responsiveness Problem Solving	J	And she has got [an] anger. She's got a lot of…in her past there is a lot of things that happened. That makes her angry. When she was eighteen, she fell pregnant. She was not ready to be an adult and that made her to be angry. You know, she wanted to do something, but she can't because of the child.	94. Over-response with emergency emotions. Identification of the problem: -Teenage pregnancy -Lack of opportunities
95.	R	Does this arguing and screaming cause problems in the family?	95.
96. Problem Solving Communication	J	Yes.	96.
97.	R	Okay. Does anybody refuse or say no to doing things in the house?	97.
98. Roles	J	Yes.	98.
99.	R	Who would that be?	99.
100. Roles	J	My son.	100. Son refuses roles allocated to him.
101.	R	Has anybody been sick, or has there been a reason to change the jobs in the house? For example, Ma is washing the washing, but you sick today, do they change the jobs or do they just leave it until you get better?	101.

102. Roles	J	No, we change and help each other when we sick. If it's like the washing, I help until they better.	102. Family able to adapt the roles that they are allocated.
103.	R	Alright. Do you feel that the jobs in the house are handled well by the family?	103.
104. Roles	J	No.	104.
105.	R	What's the problem?	105.
106. Roles Communication	J	Because the reason is like, when you got two daughters, sometimes when you give one a job, they complain to me to do that. It's not very well because my other daughter complains a lot to do things. I just accept that because she's got [a] stress and I just do it.	106. Roles allocated are not fulfilled by all members in the family. Instrumental communication in the form of complaints.
107.	R	Okay. Who is the person that checks that everything is done?	107.
108. Roles	J	It's me.	108. Jabulile tasked with role accountablility.
109.	R	Okay. And if it's not done, what do you do?	109.
110. Roles Communication	J	Sometimes me also, when I'm tired from the work I can shout and scream louder, but then I tell myself 'No, that was not nice, I have to speak nicely.' Then I sit down. But I can really shout but I apologize and tell them that it's not going to happen again.	110.
111.	R	Tell me about careers in your family. Does your family discuss careers together?	111.
112. Roles	J	Yes, yes.	112. Family fulfills personal development roles to each other.

113.	R	Okay. Do they help each other? When you talking about jobs and stuff?	113.
114. Roles	J	Yes, they help each other.	114. Family fulfils personal development roles to each other.
115.	R	Do you wish that you could have more help from your family?	115.
116. Roles	J	Yes, I wish that in my own heart.	116. Jabulile requires assistance with personal development.
117.	R	What would you like?	117.
118. Problem Solving	J	I need help with my brother to stop the drugs. The drugs, like Nyaope, because Nyaope is like a drug to me.	118. Communication to appropriate people about the problem.
119.	R	It is Ma.	119.
120. Problem Solving	J	When you can help my brother to stop the drugs it will be better because my family…My brother stops taking drugs my mum will be better. And the high blood of my mum will be able to be controlled. She's forever taking the pills for the high blood, because the pills can't work. My mum doesn't control it because of my brother. My mum is going to end up with a stroke or a heart attack and die. So, I still want my mum, so if my brother can stop taking the drugs, my family will be better.	120. Communication to appropriate people about the problem.
121.	R	Okay. You Ma, yourself, do you discuss your own career plans or plans that you have for the future with others?	121.

122. Problem Solving	J	For my dreams, I wish that I can find a house because I'm living in a shack with my kids. When it's hot it's hot and when it's cold it's cold. When I live there, I need to use a candle and it's not fair for my kids. I'm scared to go because the candle can make a fire and my kids can be sleeping and they can burn. I'm not happy with the way I live because I can't give my kids a full life. Because I'm single and I'm struggling to feed my kids and I'm working, but to be a single parent is not easy. It's so hard. Like I can get some help, especially the house or the electricity because we living in a shack. When its summer it starts to rain and when it rains we have to wake up and stand because the water goes inside the bed and the blankets will be wet. When I go to sleep it's early in the morning or late and I didn't sleep well and I have to come to work in the morning. In the winter it's cold, but it's good because it's not raining. I don't like the rain because I know that when it rains we not going to sleep, we going to stand up because the shack is leaking.	122. Identification of the instrumental problem: Lack of facilities, i.e. electricity, housing, water
123.	R	Ma, if a decision is made in your family, and you disagree with that decision, who has the final word? who makes the final decision?	123.
124. Roles	J	It' me.	124. Jabulile has the final word in decision-making functions.
125.	R	You?	125.
126.	J	Yes.	126.
127.	R	Always?	127.
128.	J	Always.	128.

129.	R	Okay. Do you have any problems with your parents or other family members besides those living with you?	129.
130.	J	No.	130.
131.	R	Okay. Does Ma have maybe, a close relationship with somebody special?	131.
132. Roles	J	I have bad luck with that. Whatever I hold on to falls apart.	132. No spouse/partner.
133.	R	Okay. I will carry on…When things get to you and you are having a bad day, or it's difficult, who do you go to?	133.
134. Roles	J	To my mum.	134. Mother fulfils nurturing and support role to Jabulile.
135.	R	Why to her?	135.
136. Roles Communication	J	When I talk to my mum, my mum tells me that it's not the end of the world. When I try to talk to her, I share my problem and I feels so much better. Even my boss, Shirley2, I can come and talk to her. She can help me, then I feel so much better.	136.
137.	R	Okay. In terms of your family now, Ma. With the children, are you a strict parent?	137.
138. Behaviour Control	J	No. I'm not that bad, I'm normal.	138. Flexible behaviour control.
139.	R	Alright. And if they break rules?	139.

140. Behaviour Control	J	There's punishment, but it's not that bad. Like the one that goes to school, Zwaai, I tell him when he is not listening that I'm going to cut this and this, like he can't go to his friends, or I cut his money. If he wants something, like a phone I say, "You have to be good first, then I'll buy that phone that you want." He has to do that, if he doesn't do that I say no, I can't buy it.	140. Consequences when rules are broken. Punishment includes confiscating priveleges.
141.	R	Okay, I understand. Do they follow your rules?	141.
142. Behaviour Control	J	Yes.	142. Children follow rules.
143.	R	Okay. Because Ma is a single parent, I will not be asking all of the questions like the others. Let's talk about problem solving. This big problem that Ma told me about in the beginning, with your brother, is there a plan? Did you ever think of a plan?	143.
144. Problem Solving	J	I need a plan because we took him to the rehab, but they didn't follow up at the rehab. I want a plan to see what we as a family are going to do now because we can't leave my brother with his life falling apart like that. It's killing us.	144. Communicating with the appropriate people about the problem.
145.	R	Okay. There is something called instrumental problems. Instrumental problems are for example; there is no electricity in your house. That's an instrumental problem. Right?	145.
146.	J	Yes.	146.
147.	R	Can you think of any other instrumental problems that you have in your family?	147.

148. Problem Solving	J	Ja, I have three kids and two granddaughters. So, it's six of us in the house. When you six in the house and I am a single parent to them, sometimes it's killing me inside when my kids want something and I can't afford to give it to them. It's like they born to suffer, to me. I feel like my kids are born to suffer. I try, but I can't because I'm working a domestic job and with domestic job the money is…You can't do what you want. That money is only to put bread on the table only.	148. Identification of the instrumental problem: Lack of finances.
149.	R	Do you ever speak to people in your family about this?	149.
150. Communication	J	Yes, all the time.	150. Regular instrumental communication.
151.	R	To whom?	151.
152. Communication Problem Solving	J	My mum and my brother and Thabi. Thabi always says to me, "Okay, if I find a job I will help you. So, let me find a job and the problem will be solved."	152. Regular communication with family members. Development of a viable alternative: Employment
153.	R	Now I'm going to ask about affective problems. Affective problems are about our emotions.	153.
154.	J	Yes.	154.
155.	R	Can Ma think of a problem that happened in the family that involved feelings? For example; someone was angry or excited or frustrated? Has there been a problem like that?	155.
156. Affective Responsiveness	J	The anger is like when I told you the first time with my brother making me angry.	156. Emergency emotion response to appropriate stimulus.
157.	R	From your brother?	157.

158. Affective Responsiveness Problem Solving	J	Yes, and me I was so angry, for the first time when I heard that my kid was pregnant and we were suffering. I was so very, very angry. And I asked her to make an abortion with the first child because she was so young. She was only fifteen years [old]. I took her to have an abortion and I paid R1000 for the abortion. When that abortions was…Maybe six months after doing that abortion to take that baby out, she fell pregnant again. So, I was very angry and I said to God, 'Why me?'	158. Emergency emotion response to appropriate stimulus. Development of viable alternative solutions and acting on the decision: Abortion
159.	R	Again, with this kind of problems with emotions, who do you speak to?	159.
160. Communication	J	I was…I was talking to my friend and my mum.	160. Affective communication with mother and friend.
161.	R	Was it ever solved, or do you think it was solved?	161.
162. Problem Solving	J	Yes, I feel like…that time…but when I sleep and I'm alone, I wake up and it comes back to me. Then I pray.	162. Prayer helps to deal with problems.
163.	R	Okay, so praying helps?	163.
164. Problem Solving	J	Yes.	164. Prayer helps to deal with problems.
165.	R	Okay, let's talk about communication Ma. How much time do you have with your family members during the day? If you can tell me, more or less, how many hours?	165.
166.	J	Say again?	166.
167.	R	How many hours do you get with your family, communicating, in a day? Like when you are altogether.	167.
168.	J	On a weekend?	168.

169.	R	Let's say per day, not per weekend.	169.
170.	J	Per day?	170.
171.	R	Yes.	171.
172. Communication	J	After my work, maybe two to three hours.	172. 2 to 3 hours of communication per day.
173.	R	Two to three hours.	173.
174. Communication	J	Ja, I get so tired, I want to go to bed as soon as possible. Yes.	174. Fatigue from work hinders communication.
175.	R	How much of this two-to-three hours do you spend talking?	175.
176. Communication	J	I always speak to my kids to go to school. They must not be like me. They must make their dreams come true.	176. Mostly instrumental communication during the 2 to 3 hours.
177.	R	I don't think Ma is understanding me so nicely. In this two-to-three hours, how much of that time do you talk to the children? The whole time? One hour? Half an hour?	177.
178. Communication	J	They speaking about respect and I'm speaking to my daughters. You know, you have to like yourself, you have to like your body and don't take your body and give it to the men. That kind of stuff.	178. Communicates values and rules to family members.
179.	R	Okay. Who talks the most in your family?	179.
180. Communication	J	It's me.	180. Mother (Jabulile) communicates the most.

181.	R	Okay. Is there somebody that talks very little or doesn't want to talk?	181.
182. Communication	J	It's Thabi2.	182. Thabi communicates less.
183.	R	Thabi, is she the quiet one?	183.
184. Communication	J	Yes.	184.
185.	R	Why?	185.
186.	J	I don't know why…Maybe I have to call her to talk for herself.	186.
187.	R	Do you ever feel like you have trouble or its difficult to talk to your family?	187.
188. Communication	J	I think that I'm born like that, and Thabi. She's just like that.	188.
189.	R	When you talk to your family about your issues or your problems and things like that, do they understand?	189.
190. Communication	J	Yes.	190. Communication with understanding.
191.	R	Okay. Do you talk about your feelings to them?	191.
192. Communication Affective Responsiveness	J	Yes, a lot.	192. Affective communication.

193.	R	Are you straight forward when you talk about your feelings?	193.
194. Communication Affective Responsiveness	J	Yes.	194. Clear and direct communication.
195.	R	Even the good and the bad?	195.
196. Communication Affective Responsiveness	J	All the way!	196. Clear and direct communication.
197.	R	Okay. Do you ever have trouble understanding them when they talk to you?	197.
198. Communication	J	No.	198. Clear communication.
199.	R	Okay. So, you listen to each other in the home?	199.
200. Communication	J	Yes.	200. Direct communication.
201.	R	Do you ever feel like when you trying to say something, somebody jumps or interrupts you?	201.
202. Communication	J	No.	202. Family members take turns during communication.
203.	R	Do you do it to your family when they are talking?	203.

204. Communication	J	No, I don't.	204. Family members take turns during communication.
205.	R	Alright. Now I want to talk about emotions. Let's look at the emotions of pleasure and happiness.	205.
206.	J	Okay.	206.
207.	R	Can Ma tell me a time when you were feeling very happy and had lots of pleasure and joy?	207.
208. Affective Responsiveness	J	Uhm…you know when I feel like…it's like… To be enjoying… It's when it's the birthday of one of my kids. My mama's birthday I feel joy, and we doing something and we laughing. When we celebrating, that makes me feel better.	208. Welfare emotion response to appropriate stimulus.
209.	R	Okay. Do you ever feel like you sometimes feel too much happiness or too much joy or too much pleasure?	209.
210. Affective Responsiveness	J	I'm scared to do that because I'll end up disappointed.	210. Jabulile does not respond with full spectrum of affect.
211.	R	Okay. I see. Do you feel sometimes that you don't experience joy or pleasure and you are supposed to?	211.
212. Affective Responsiveness	J	Ja, yes I do.	212. Absence of welfare emotion response.
213.	R	Tell me about it.	213.

214.	J	Like…like…are you talking about when I'm happy?	214.
215.	R	Yes.	215.
216. Affective Responsiveness	J	You know sometimes when I'm happy and I feel like I'm more than happy, I say, if I'm more than happy, I don't want to allow myself to be more than happy because something is going to hurt me. Maybe it's because I came from a place where many people hurt me in my life. So, that makes me think about Thabi's2 father, you know...he hurt me many times in my life. That is why I control my happiness. I want to be a little happy, not more than…because I have to leave this space for me in case something is going to disappoint me. Like in my relationships, when I go the men, I am not going with my two feet (figurative). I'm going with one foot because I end up hating them.	216. Does not respond with full spectrum of affect, particularly welfare emotion. Uses affect as a defense mechanism.
217.	R	Okay. It sounds like you scared?	217.
218. Affective Responsiveness	J	Yes.	218. Does not respond with full spectrum of emotion. Uses affect as a defence mechanism.
219.	R	Scared to get hurt?	219.
220. Affective Responsiveness	J	Yes.	220. Does not respond with full spectrum of emotion. Uses affect as a defence mechanism.
221.	R	The next emotion is tenderness or concern or like worry. Can Ma tell me a time or an example when you were feeling worried?	221.

222. Affective Responsiveness	J	Lots [of times]. I feel worried when my other son Zwaai2, he's fifteen years [old]. He is diabetic.	222. Emergency emotion response to appropriate stimulus.
223.	R	Okay, I see.	223.
224. Affective Responsiveness Problem Solving	J	…and my mother also, she is a diabetic. She needs a lot of time to go the hospital. When I sleep, and when my son sleeps, I just look at my son in the eyes and I say," One day you're gonna die." If I can't give him the right food, it's killing me inside.	224. Emergency emotion response to appropriate stimulus. Identification of the problems: -Diabetic mother -Inability to provide the appropriate food
225.	R	Does Ma ever feel over-worried?	225.
226. Affective Responsiveness	J	Ja, too much.	226. Over-response of emergency emotions.
227.	R	Alright. Let's talk about anger. Does Ma ever get angry?	227.
228. Affective Responsiveness	J	Yes, a lot. The anger is…you know when your life is ups and downs it always makes you angry. I think in this life, the world is very unfair.	228. Emergency emotion response to appropriate stimulus.
229.	R	Sadness and depression?	229.
230. Affective Responsiveness	J	Yes, I've got a lot of that.	230. Over-response of emergency affect.
231.	R	Alight.	231.

232. Problem Solving Roles	J	Because when I think…when I think what is happening in this life I say, "Oh!" I live close to my mum. When I go to my mum she's not happy. My mum and my son have the same disease (diabetes). I say to myself, "My son is too young to die of sugar." I have paper to tell me about the food, what I need to feed my son. So, sometimes I am struggling to buy that food. I can buy it at the end of the month. But during the month, I can't buy that food. It's killing me because I know that food is healthy for him, but I have to try to control his sugar. Every month I have to take him to the hospital. Last time I went to Coronation and I explained to the social worker that it's difficult to come there because sometimes I am struggling with transport money. I got a letter...[starts to sob]. I don't want to talk about that because it's so difficult.	232. Identification of the problem: Diabetes of mother and son. Provision of resources: food for specialized diets. Health-related functions: Assisting to control diabetes.
233.	R	It's okay Ma. Are you okay to carry on? We can change…we don't have to talk about that.	233.
234. Roles	J	They gave me a letter to go the clinic. So now I am not using the transport because I have a letter to go to the clinic and the clinic is next to me, next to my place. So, I can take my son and walk.	234. Jabulile is tasked with health-related functions.
235.	R	It's easier now.	235.
236. Roles	J	Yes. Because of that letter from the social worker I don't use the transport I just go to the clinic.	236. Jabulile is tasked with health-related functions.
237.	R	Okay. The last emotion that I have is fear.	237.
238.	J	Fear for?	238.
239.	R	Can Ma give me an example when you felt fear?	239.

240.	J	I don't understand.	240.
241.	R	Like when you felt scared.	241.
242. Affective Responsiveness Roles	J	Uhm, yes, I felt scared a lot of times. I feel scared because I don't know what tomorrow is going to be like. You know when you living with your child and he's got sugar and you hear on the news and on the TV that sugar can kill you. So, you don't know when…and he is still young and he's got no kids, he's got no girlfriends. So, if I'm not looking after that for now…or I can say if I die first and my mum is also sick. What will my son do because now my son needs me 24/7 to look at the food that he's eating, to follow the recipe from the clinic. So, if I'm not there, who's going to do it for him? And my mum also has that problem. I just say to God, "Help me, I don't want to die because there are two people that I have to take care of."	242. Emergency emotion response to appropriate stimulus: Future Provision of resources: Anxiety or fear for not being able to provide.
243.	R	Alright. Let's leave the emotions one side. I want to ask you now about involvement. How much do you get involved in your children's, your brother's and mother's activities and life? And how much are they involved in yours? So, let me start by asking you what is important to you, in your life?	243.
244. Affective Involvement	J	It is important to me to be happy in my life and to love my kids, the way I love my kids… My kids growing up with respect. And also getting a house so if I die tomorrow I know that my kids are in a house and not in a shack.	244. Values contentment, children and respect.
245.	R	Okay. So, who pays attention to your interests? Who is interested in what is important to you?	245.
246. Affective Involvement	J	It's Thabi2.	246. Thabi mostly involved in Jabulile's interests.

247.	R	Alright. Anybody else besides Thabi2?	247.
248. Affective Involvement	J	It's my mum.	248. Mother mostly involved in Jabulile's interests.
249.	R	Are you interested in any of their lives or their activities?	249.
250. Affective Involvement	J	Yes.	250. Jabulile involved in their interests.
251.	R	In who's lives are you interested in? In who's life do you get involved in?	251.
252.	J	I don't understand that question nicely. Say again.	252.
253.	R	Like with your children, and your mother and your brother, are you involved in their activities or their lives?	253.
254. Affective Involvement Communication	J	I get involved because I am a good listener when they talking and I can listen to them and I can to talk to them and give them advice. Even if it's not my family, I know how to help people when they come crying on my shoulder with their problems. And I can help them when they come to my place. Then that person is feeling better. I like to help the people, but who's helping me?	254. Jabulile involved in family's interests. Affective communication in the form of advice.
255.	R	Do you feel that they give you enough space to be you, your family?	255.
256. Affective Involvement	J	Yes.	256. Family allows space for interests.
257.	R	Do you give your family enough space?	257.

258. Affective Involvement	J	Yes.	258. Jabulile provides space for family's interests.
259.	R	Alright Ma, the last two questions that I'm going to ask… Do you feel like you told me what you needed to tell me?	259.
260.	J	I feel much better.	260.
261.	R	Okay. Do you have anything else that you want to add or tell me?	261.
262.	J	I want to tell you one thing. I wish that God can give you the strength and the energy to help to poor people like me and my family.	262.
263.	R	I feel very honored that Ma says that. Thank you.	263.
264.	J	Thank you.	264.

Interview Terminated.

SEMI-STRUCTURED INTERVIEW TRANSCRIPTION

Family 4

R: Researcher

C: Chaka[12]

K: Kanyi[13]

1.	R	Let us start off by you reminding me again what your name is and then you can tell me more about your family.	1.
2.	C	My name is Chaka. I am a girl aged 23. I live in Diepsloot. I am not married. I live with my sister.	2.
3.	R	So, you live with your sister?	3.
4.	C	Ja.	4.
5.	R	Anybody else?	5.
6.	C	I live with my sister and her husband and their two sons.	6.
7.	R	Sister, her husband…	7.
8.	C	And her two sons.	8.
9.	R	Where is her husband?	9.
10.	C	Her husband is at work. He's not here.	10.
11.	R	Maybe we can call your sister to join us because you live in one house right?	11.

[12] Pseudonyms are used to protect the identities of the research participants.

[13] Pseudonyms are used to protect the identities of the research participants.

12.	C	Yes.	12.
13.	R	Let us call her then we can do the interview together.	13.
14.	C	Ja, okay.	14.
15.	R	What is her name again?	15.
16.	C	Her name is Kanyi.	16.
17.	R	If it is okay with you [Kanyi], we can do the interview together because she [Cathy] says that you live together?	17.
18.	K	[Laughs] Okay.	18.
19.	R	Alright. So, like I said, I am interested in your family functioning. Please answer for me as truthfully as you can. If you feel that there is something that you don't want to answer now, since you are two sisters here, you can say no. If you want to answer me in private, it is also okay.	19.
20.	C	Okay.	20.
21.	K	Alright.	21.
22.	R	Okay, let us start. Do you feel that you have any problems?	22.
23. Problem Solving	C	Ja, it's my brother. He is a drunkard.	23. Identification of the problem: Brother's alcohol addiction
24.	R	Alright, your brother. Do you live with your brother?	24.

25.	C	No.	25.
26.	R	Does he come around to your house?	26.
27.	C	Yes.	27.
28.	R	So, he drinks?	28.
29. Problem Solving	C	Too much.	29. Description of the alcohol addiction.
30. Problem Solving	K	*Kakuloo* [A lot].	30. Description of the alcohol addiction.
31.	R	Anything else that is a problem for you that you consider?	31.
32. Problem Solving	C	It's about my younger sister. But now she's okay. She was involved with drugs, but not she's trying to cope.	32. Identification of the problem: Sister's drug addiction
33.	R	Okay. So, she's okay now. It was a previous drug addiction?	33.
34. Problem Solving	C	Ja, we still helping her. We just trying.	34. Acting on the decision.
35.	R	Okay. Have you discussed this problem with anyone at home?	35.
36. Communication Problem Solving	C	Yes.	36.
37.	R	These problems?	37.
38. Communication Problem Solving	C	Yes.	38.

39.	R	Was there any action? What did you do to solve these problems?	39.
40. Problem Solving	C	We took her to rehab.	40. Acting on the decision: Rehabilitation
41.	R	Alright, and what about your brother?	41.
42. Problem Solving	C	*Haai* there is no change.	42. Evaluating the effectiveness of the action (rehabilitation).
43.	R	Alright. Let's look at the roles. I am going to ask you questions about the jobs that you do at home. Not the jobs that you do for money. I am talking about at home, okay?	43.
44.	C	Okay.	44.
45.	K	Okay.	45.
46.	R	Every day in your house…Who gets involved in the following jobs… So, in buying or getting groceries?	46.
47. Roles	C	My husband.	47. Husband tasked with the provision of resources role.
48.	R	Okay. What about shopping?	48.
49. Roles	C	We go together.	49. Parents tasked with provision of resources role.
50.	R	Okay. So, Kanyi you are married right?	50.
51.	K	Yes.	51.

52.	R	How many children do you [Kanyi] have?	52.
53.	K	I have two children.	53.
54.	R	Cathy, you don't have any children right?	54.
55.	C	No.	55.
56.	R	Okay. So you said the shopping you do together?	56.
57. Roles	C	Ja, we go together with my husband and sometimes with my younger sister.	57. Adult family members fulfill provision of resources roles: shopping.
58.	R	What about the cooking and deciding what to cook.	58.
59. Roles	C	We are taking turns. So, today I cook and tomorrow she's going to cook because we are all staying together.	59. Sisters fulfill provision of resources role: Cooking
60.	R	Alright, what about buying clothing?	60.
61.	C	[Seems unsure]	61.
62.	R	Like for the children.	62.
63. Roles	C	I do it.	63. Chaka tasked with provision of resources role: Buying clothing.
64.	R	Are you the oldest sister.	64.
65.	C	Ja.	65.
66.	R	How old are you?	66.
67.	C	I am 28.	67.

68.	R	What about laundry, washing the clothing?	68.
69. Roles	C	It's me.	69. Chaka tasked with cleaning and maintenance roles.
70.	R	What about the cleaning?	70.
71. Roles	C	[Points to Kanyi] It's this one.	71. Kanyi tasked with cleaning and maintenance roles.
72.	R	And the yard work? Outside, who does that?	72.
73.	C	Outside the house?	73.
74.	R	Yes.	74.
75. Roles	C	It's me, I sweep.	75. Chaka tasked with cleaning and maintenance roles.
76.	R	And what about the monthly bills?	76.
77. Roles	C	My husband.	77. Husband tasked with household finance functions.
78.	R	So, you are not working. Is he working?	78.
79. Roles	C	Yes.	79. Husband provides for family.
80.	R	What about the repairs around the house?	80.
81.	C	What?	81.
82.	R	Like the repairs around the house, like fixing the things that break around the house, who does that?	82.

83. Roles	C	It's my husband.	83. Husband fulfills maintenance and repairs function.
84.	R	Okay, does the family have a car?	84.
85.	C	No.	85.
86.	R	Alright. When you have to buy something big, for example if you want to buy a car, who would be dealing with that?	86.
87. Roles	C	It's my husband.	87. Husband fulfills decision-making functions.
88.	R	Okay. Decisions to see a doctor or a dentist? Who decides if someone needs to see a doctor or a dentist?	88.
89. Roles Communication	C	We discuss the issue as a family.	89.
90.	R	Okay. What about disciplining the children?	90.
91. Behaviour Control	C	Everyone in the house, the elder ones.	91. Adults in the family discipline the children.
92.	R	Okay. And who deals with school? Does any of your children go to school yet?	92.
93.	C	Ja.	93.
94.	R	Okay. Who deals with that?	94.
95.	C	The what?…Sorry.	95.

96.	R	Like taking them to school, homework…	96.
97. Roles	C	Transport.	97.
98.	R	Okay.	98.
99. Roles	C	Then homework, I help with homework.	99. Instrumental roles are fulfilled by Chaka.
100.	R	You do. [Confirmation] Okay. Do you discuss who must do these jobs that we were talking about?	100.
101. Communication Roles	C	No.	101.
102.	R	Does anybody feel, or either one of you feel like it is too much? Like you doing too much?	102.
103. Roles	C	[Laughs] No.	103. Family members content with roles.
104.	R	So, you are happy to do what you doing?	104.
105. Roles	C	Ja.	105. Family members content with roles.
106.	R	And you. [Kanyi]	106.
107. Roles	K	Yes.	107. Family members content with roles.
108.	R	Okay. So, nobody feels overburdened. Do you feel that someone is doing a job that they shouldn't be doing?	108.

109. Roles	C	No.	109. Family members content with roles.
110.	R	Okay. Do you feel like someone is doing too little?	110.
111. Roles	C	Ja [laughs and points to her sister, Kanyi]	111. Chaka feels like her sister does too little (roles).
112.	R	[Laughs] Who is that? Explain.	112.
113. Roles	C	[Laughter] Ja, I feel like that because sometimes I feel like I'm doing everything. A lot of jobs in the house. [Laughter].	113. Chaka feels overburdened with her roles.
114.	R	Do you ever argue or complain about it?	114.
115. Roles	C	No. [Laughter]	115. Chaka does not communicate discontent.
116.	R	So, you just stay quiet.	116.
117. Roles	C	[Nods head in confirmation]	117. Chaka does not communicate discontent.
118.	R	Why not?	118.
119. Roles	C	I just do it myself. Because I just told myself that I am the one that must do it because it's my house.	119. Accepts and carries out her roles; justifies with the fact that she owns the house.
120.	R	Alright. Do you argue or complain a lot in your house?	120.
121. Communication	C	No.	121. Less arguments and confrontation in communication.

122.	R	Okay. Does anybody ever say no to one of those jobs? Maybe they are supposed to do something or you ask them to do something and they say no.	122.
123. Roles	C	Ja, they refuse.	123. Some members refuse allocated roles.
124.	R	Who would that be?	124.
125. Roles	C	Especially my husband.	125. Husband refuses some allocated roles.
126.	R	Okay. [Laughs] And then how do you deal with that?	126.
127. Roles	C	I just keep quiet.	127. Chaka does not communicate discontent to family members.
128.	R	Okay. Has anybody been ill, or has there been occasions where someone had to change their job? For example, you were sick and she [Kanyi] had to take over what you do. Has that happened before?	128.
129. Roles	C	No.	129. Never a need to adapt roles.
130.	R	Okay. Let's look at role accountability. Do you feel that the jobs in your house are generally handled well?	130.
131. Roles	C	[Nods head in confirmation]	131. Feels like roles are handled well.
132.	R	Is there anybody that consistently does not do their job? Like somebody not doing their job the whole time.	132.

133. Roles	C	No.	133. Contradiction
134.	R	So, everybody does their job?	134.
135. Roles	C	Ja.	135. Contradiciton
136.	R	Who checks and makes sure that the jobs are done?	136.
137. Roles	C	It depends on which type of job.	137. Role accountability depends on the role.
138.	R	Okay. Would you be one of them?	138.
139.	C	Ja.	139.
140.	R	What types of jobs would you check, for example?	140.
141.	C	Especially…	141.
142.	R	Do you have an example of the types of jobs that you would check?	142.
143. Roles	C	Maybe like washing and house stuff.	143.
144.	R	Okay. Let us look at personal development. Do you ever talk about jobs to each other?	144.
145. Roles Communication	C	Yes, we do.	145. Family fulfills personal development roles to each other. Instrumental communication.

146.	R	What would you like to do? Would you like to go work?	146.
147.	C	In the house?	147.
148.	R	No, I'm talking about out of the house. I am talking about a job for money.	148.
149. Roles Problem Solving	C	In this place [Dieplsoot], there's no jobs. But I'm trying.	149. Lack of employment has a direct effect on the provision of resources role. Identification of the problem: Lack of employment
150.	R	So, do you guys talk about it [jobs]?	150.
151. Roles Problem Solving	C	Yes.	151.
152.	R	Okay. Do you feel that you and your husband are equally involved with bringing up the children?	152.
153. Affective Involvement	C	No.	153. Lack of involvement as husband not involved enough.
154.	R	Why do you say so?	154.
155. Affective Involvement	C	I feel like I am the one that is very in charge with the children.	155. Lack of involvement as husband not involved enough.
156.	R	So, you doing a lot?	156.
157. Affective Involvement Roles	C	Yes.	157. Maintenance of household.

158.	R	Would you like him to get more involved?	158.
159. Affective Involvement	C	Ja.	159. Chaka would like husband to be more involved.
160.	R	Okay. In what way?	160.
161. Roles Problem Solving	C	Like, sometimes he makes some peace jobs [informal work] and I tell him that there's no clothes, there's no what, then I tell him I need to buy it for them. He has got his money, but he can't even realise that the children need some clothes.	161. Provision of resources: Would like husband to provide more. Identification of an instrumental problem: Lack of finances to buy clothing for the children
162.	R	Okay. Before I carry on, I just wanted to know the ages of your two children please.	162.
163.	C	Eight years and one and a half.	163.
164.	R	Let us now look at the management of the system. If a decision is made in your house and you have a disagreement, who has the final say?	164.
165. Roles	C	My husband.	165. Husband has the final say in decision-making functions.
166.	R	Your husband. Is it always like this?	166.
167. Roles	C	[Nods head in agreement]	167. Husband has the final say in decision-making functions.
168.	R	Okay. Do you have problems with your parents or extended family?	168.

169.	C	No.	169.
170.	R	Okay. Do you have problems with your husband's family?	170.
171. Problem Solving	C	[Laughs] It's obvious.	171. Identification of the problem: Familial problems
172.	R	Can you tell me about it, a little.	172.
173. Problem Solving	C	[Laughs] It's obvious. Sometimes there's somebody that loves you and there's others that don't love you. It goes like that. But it's life. There's nothing you can do.	173. Familial problems with spouse's family perceived as normal.
174.	R	When things get to you, or you having a bad day, who do you go to?	174.
175. Roles	C	It depends. Sometimes I just pray, the Lord is the one that is going to help me. And I tell my sister.	175. Nurturing and support: Prayer
176.	R	Okay, you go to your sister.	176.
177. Communication	K	If she [Chaka] tells me something bad, then I will tell my *swaar* [brother-in-law].	177. Affective communication occurs between some members and not others.
178.	R	Tell me, does prayer or you going to speak to her help? Does it help?	178.
179. Roles	C	Yes.	179. Nurturing and support role: Prayer
180.	R	Okay. Now this one is for you [Chaka], because you married and have a husband. Do you feel comfortable with the amount of affection that your husband gives you?	180.

181. Affective Responsiveness	C	[Silence]	181.
182.	R	Is it not enough? Or is it too much? I understand that this can be a hard question, but I promise that it's the hardest question.	182.
183. Affective Responsiveness	C	Yes, he does.	183. Satisfied with amount of affective received.
184.	R	Are you satisfied with your sexual life?	184.
185. Roles	C	[Laughter] Yes.	185. Adult sexual gratification: Satisfied.
186.	R	Alright. I'm not going to ask more on that one. I think that was the hardest one.	186.
187.	C	Ja.	187.
188.	R	Okay. Now we look at behavior control. So, my questions are going to be a lot about your eight-year-old, because the other child is too small. So, please think about this eight-year-old when you answering alright.	188.
189.	C	Ja.	189.
190.	R	I want to find out who is the person that disciplines the children? You told me that everybody does, but mostly who does it?	190.
191. Behaviour Control	C	It's me.	191. Chaka is the primary disciplinarian in the family.
192.	R	How do you discipline them?	192.
193. Behaviour Control	C	[Silence]	193.

194.	R	Do you hit? Do you shout?	194.
195. Behaviour Control	C	First, I shout, and then when I see that it's not helping then I start to beat him.	195. Punishment includes reprimanding and beatings: Rigid behaviour control
196.	R	Who is more strict? You or your husband?	196.
197. Behaviour Control	C	It's me.	197. Husband more strict: Rigid behaviour control
198.	R	You are more strict. Okay. Why?	198.
199. Behaviour Control	C	I am, because these kids stay with me most of the time.	199. Chaka is the primary disciplinarian as she spends most of her time with the children.
200.	R	If somebody breaks a rule in the house, and this doesn't have to be the children, what happens?	200.
201.	C	When it's me or?	201.
202.	R	It can be anybody who breaks a rule in your house. Does something happen? Or nothing happens?	202.
203. Behaviour Control Communication	C	We just sit as a family and talk.	203. Famil communicates about rule breaking.
204.	R	Okay. Do you ever punish?	204.
205. Behaviour Control	C	Ja.	205. Punishment metered when rules are broken.
206.	R	How do you punish?	206.

207. Behaviour Control	C	Sometimes, when it's me, my husband is going to say…maybe he is going to go to work without leaving money for bread. He'll just go.	207. Punishment: Husband leaves home without money for family's provision.
208.	R	Okay. Is it your house if I understand properly?	208.
209.	C	[Nods in agreement]	209.
210.	R	Do you agree with the rules in the house?	210.
211. Behaviour Control	C	[Nods in agreement]	211. Chaka satisfied with the rules set in the family.
212.	R	And you (Kanyi)? Do you agree with the rules of your sister's house?	212.
213. Behaviour Control	K	Ja.	213. Kanyi agrees with the rules set in the family.
214.	R	Do you follow it?	214.
215. Behaviour Control	K	[Nods in agreement]	215. Rules are followed.
216.	R	Do you feel supported by your husband?	216.
217.	C	Like…?	217.
218.	R	In terms of like, implementing the rules?	218.
219. Behaviour Control	C	Not as much. Because sometimes I feel like I'm abused. [Laughs]	219. Possible chaotic behaviour control.
220.	R	When you say that, what do you mean?	220.

221. Problem Solving	C	[Laughs] Because sometimes he's going to force me to do things that I don't want.	221. Identifying the problem.
222.	R	Okay. Right, and so you don't want to say more on that?	222.
223.	C	No.	223.
224.	R	Okay. Do you feel like anyone is favoured or gets special treatment in your house?	224.
225. Behaviour Control	C	Ja.	225.
226.	R	Who is that?	226.
227.	C	[Points to the smallest child] [Laughs]	227.
228.	R	Oh this smallie! Alright, but he's small. He's one and a half only, he's small. Now an important question. Do you feel anybody in your house or in your family drinks too much?	228.
229.	C	Ja.	229.
230.	R	Who would that be?	230.
231. Problem Solving	C	My brother.	231. Identification of the problem: Brother's alcohol abuse
232.	R	Your brother of course. And you mentioned that you took him to the rehab.	232.
233. Problem Solving	C	I took that young one. Ja. This guy is such a stress. Sometimes he comes shouting all over.	233. Brother's problematic behaviour when intoxicated.

234.	R	Does he ever get violent?	234.
235. Problem Solving	C	Ja. And now his wife is at home because every time he hits her.	235. Brother's domestic abuse.
236.	R	Are you talking about your brother?	236.
237. Problem Solving	C	Yes.	237.
238.	R	Do you feel like anyone eats too much in the house?	238.
239. Behaviour Control	K	Ja!	239. Situation involving meeting and expressing psychobiological needs and drives.
240.	R	Who?	240.
241.	K	[Points to Chaka]	241.
242.	R	So, you saying that your sister eats too much?	242.
243. Behaviour Control	K	Yes!	243. Situation involving meeting and expressing psychobiological needs and drives.
244.	R	Why do you say that?	244.
245. Behaviour Control	K	She eats every time, every minute, every time.	245. Situation involving meeting and expressing psychobiological needs and drives.
246.	R	So, how do you deal with that?	246.
247. Behaviour Control	K	She doesn't want her mouth to be empty. [Laughs]	247. Situation involving meeting and expressing psychobiological needs and drives.

248.	R	Do you feel like anybody takes inappropriate risks? Like, do you feel anyone risks too much for nothing?	248.
249. Behaviour Control	C	Yes.	249.
250.	R	Who would that be?	250.
251. Behaviour Control	C	My husband because he likes to walk at night.	251. Husband takes inappropriate risks.
252.	R	And it's not necessary?	252.
253. Behaviour Control	C	No. Because it's very dangerous in Diepsloot.	253.
254.	R	Okay. Has anybody been in trouble with the law?	254.
255. Behaviour Control	C	No.	255.
256.	R	Okay. Did your partner or husband ever embarrass you in public?	256.
257. Behaviour Control	C	No.	257.
258.	R	Never. Do you feel comfortable with the way that everyone in your family treats each other in public?	258.
259. Behaviour Control	C	Yes.	259.
260.	R	Okay. Let's now look at problem solving. Are there any difficulties or problems that have come up that your family has dealt with in the last six weeks?	260.

261. Problem Solving	C	Yes, it's about that one. [Referring to her brother's alcoholism]	261. Identification of the problem: brother's alcoholism
262.	R	This alcohol problem. Okay. Now let us look at instrumental problems. Instrumental problems are the problems in the household. It has nothing to do with emotions. So, all families have practical problems that are part of life. Can you think of one that occurred recently?	262.
263.	C	Mmm…	263.
264.	R	I can give you an example. An instrumental problem can be for example, the geyser breaking in the house. Or maybe there is no electricity. These are examples of instrumental problems. Do you have one recently?	264.
265. Problem Solving	C	Because we don't have electricity where we stay.	265. Identification of instrumental problem: Lack of electricity
266.	R	Alright. Which is a problem on its own. Do you have water?	266.
267. Problem Solving	C	We have a public tap.	267. Identification of instrumental problem: Convenient access to water
268.	R	Okay. So, obviously this problem with the electricity is from the time that you moved in?	268.
269. Problem Solving	C	Yes.	269. Problem occurring over a period of years.
270.	R	When did you move to Diepsloot?	270.
271.	C	I'm sure it's now ten years.	271.

272.	R	And still no improvement?	272.
273. Problem Solving	C	They said that this place is for government, so we (were) going to have to move and move. It's now ten years, no change.	273. Problem occurring over a period of 10 years.
274.	R	Are you planning to move out some day? Or are you happy there?	274.
275. Problem Solving	C	No, we are not happy here.	275. Dissatisfaction/unhappiness residing in Diepsloot.
276.	R	Alright. Did you discuss this with your husband?	276.
277. Problem Solving Communication	C	Yes.	277. Instrumental communication
278.	R	And no solution?	278.
279. Problem Solving	C	No, there is no solution because where we stay, it's a big *loxion* (slang term for township). They said that they will build a house for us and then they will move us but there's no change since 2007 to this day.	279. Family experiences no change/improvement.
280.	R	Okay. So, it's the same, no improvement.	280.
281. Problem Solving	C	No.	281.
282.	R	Now I'm going to talk about affective problem solving. It's all about your emotions. Can you think of a problem that occurred in your family that involves feelings or emotions? For example, somebody became angry or upset or excited about something recently?	282.

283. Problem Solving	C	Ja, it's last Wednesday, they beat up my brother.	283. Problematic behaviour and consequences.
284.	R	Who beat him?	284.
285. Problem Solving	C	People. Because when he is drunk he shouts everyone. So, they beat him.	285. Problematic behaviour and consequences.
286.	R	Was it bad?	286.
287.	C	He had some scratches on his face.	287.
288.	R	So, who noticed it first?	288.
289. Problem Solving Roles	C	They called us and then when we were there we just…because there is nothing that we can do, we just left them and then they left him. Then we took him to the hospital.	289. Difficulty in assisting brother due to problematic behaviour. Health related roles fulfilled by family members.
290.	R	Did you discuss this as a family when this happened? Did you communicate with each other?	290.
291. Communication	C	Yes! We told him to leave alcohol and he said, "No I can't". I'm sure that his body is used to alcohol, so I'm sure it's a problem for him to stop it. Because when we say, "Leave this!", he says, "No, no, no, I can't". I just said, "It's your life!"	291. Clear and direct communication. Communication includes advice and intervention.
292.	R	So, what was the solution?	292.
293. Problem Solving	C	Nothing, we just leave him.	293. No solution.
294.	R	Because he doesn't want to listen?	294.

295. Problem Solving	C	Ja.	295. Brother refuses to take heed of intervention.
296.	R	I understand that this problem is ongoing, it hasn't been solved?	296.
297. Problem Solving	C	Ja.	297. No solution.
298.	R	But with your sister it has been solved?	298.
299. Problem Solving	C	Yes.	299.
300.	R	Okay. Let's look at communication now. How much time, in hours, do you communicate as a family?	300.
301. Communication	C	I'm sure that the most time is at night.	301. Majority of communication takes place at night.
302.	R	Okay.	302.
303. Communication	C	Ja, because during the day my husband will be at work.	303. Spouse home at night to communicate.
304.	R	Alright. But if you can count the amount of hours, even if it is an estimate, how much would you say?	304.
305. Communication	C	He comes at about 6pm. So, maybe about four hours.	305. Approximately 4 hours available for communication per day.
306.	R	Okay. How much of this four hours do you spend talking to each other?	306.
307. Communication	C	For about one hour or forty-five minutes.	307. Family spends about 45 mins per day communicating.

308.	R	Are you happy with that amount of time?	308.
309. Communication	C	Yes.	309. Family is happy with the amount of communication.
310.	R	Okay. Who does most of the talking in the family?	310.
311. Communication	K	It's me. Serious! Because I say, "Let's talk because talking is important".	311. Kanyi speaks the most and recognises the importance of communication.
312.	R	But you are so quiet here in the interview.	312.
313.	K	English is difficult, so…	313.
314.	R	No, but you are speaking so well.	314.
315.	K	Yes, I can speak. Now I'm speaking because it's me.	315.
316.	R	Do you feel like some people in your family talks a little or less?	316.
317. Communication	K	Ja.	317.
318.	R	Who?	318.
319. Communication	K	This one. [Points to Chaka]	319. Chaka speaks the least in the family.
320.	R	Alright. Do you feel like you have trouble with talking? Do you ever feel like it is difficult to talk?	320.
321. Communication	C	Ja, because my husband…sometimes he brings (uses) bad words.	321. Spouse at times causes a hindrance in communication with the use of "bad words"/insults.

322.	R	Some what words?	322.
323. Communication	C	Bad words.	323.
324.	R	Okay.	324.
325. Communication	K	Tough words!	325. Husband uses words/speech to upset or insult family members.
326.	R	Alright. When talking about everyday issues, do you think that your husband understands you?	326.
327. Communication	C	Sometimes. Not always.	327. Occasional understanding in communication.
328.	R	Do you talk about your feelings to each other?	328.
329. Communication	C	Yes.	329. Affective communication.
330.	R	And your moods and stuff?	330.
331. Communication	K	After some minutes.	331. Affective communication.
332.	R	Okay. Do you feel that your communication is straight forward?	332.
333. Communication	C	Ja.	333. Clear and direct communication.
334.	R	And what about you (Kanyi)?	334.
335. Communication	K	Yes.	335. Clear and direct communication.

336.	R	With good and bad feelings?	336.
337.	C	Sorry…?	337.
338.	R	Do you feel like you are straight forward with good and bad feelings? Or only with good?	338.
339. Communication	K	Only good.	339. Clear and direct affective communication.
340.	R	Not with the bad? So, maybe if I am angry with you, will you still be straight-forward with me? Will you tell me straight forward?	340.
341. Communication	C	Ja, I will tell you.	341. Clear and direct communication.
342. Communication	K	Me, I will tell you after some hours.	342. Clear and direct communication.
343.	R	Do you ever have trouble understanding someone in your family?	343.
344. Communication	C	No.	344. Communication with understanding.
345. Communication	K	Me, I have.	345.
346.	R	You do? Tell me about it.	346.
347. Communication	K	They chase me out when I am good at communicating, when I'm telling them the truth.	347. Clear and direct, honest communication may cause arguments and fights.
348.	R	Are you talking about when they are having an argument? Do they chase you away then?	348.

349. Problem Solving	K	Yes. Then I will live in the street for five days, just doing…	349. Identification of the problem: Familial and communication problems
350.	R	You (Kanyi)?	350.
351. Problem Solving	K	Yes, because they chase me away.	351. Identification of the problem: Familial and communication problems
352.	R	So, are you the person that we were speaking about earlier?	352.
353.	K	Ja.	353.
354.	R	Is this you?	354.
355.	K	Yes.	355.
356.	R	Okay. Now I understand better. Alright, let's carry on, we are nearly finished. Do you let each other know that you understood the other person? Let's say that I am talking to you, do you let me know that you understand me?	356.
357. Communication	C	Ja.	357. Communication with understanding.
358.	R	Do you (Kanyi)?	358.
359. Communication	K	Ja.	359. Communication with understanding.
360.	R	If you don't understand what someone is saying, do you go to that person to clarify what they are saying?	360.

361. Communication	C	Yes.	361. Family members clarify communication when they do not understand.
362.	R	And you Kanyi?	362.
363. Communication	K	Yes.	363. Family members clarify communication when they do not understand.
364.	R	Are there any topics in the house that you don't speak about? Or you don't allow the others in the house to talk about?	364.
365. Communication	C	No. There's nothing.	365. Open and free communication.
366.	R	Can you speak about anything?	366.
367. Communication	C	Yes.	367. Open and free communication.
368.	R	Does your husband ever answer for you? Or jump in or interrupt you when you are trying to talk?	368.
369. Communication	C	Ja.	369. Husband interrupts communication.
370.	R	How does do you feel about that?	370.
371. Communication	C	Bad.	371. Chaka unhappy when husband interrupts communication.
372.	R	And you (Kanyi), do you ever experience it in the house? Maybe someone just interrupts you when you are speaking?	372.

373. Communication	K	Ja.	373. Kanyi experiences interruption from family members when communicating.
374.	R	Do you ever interrupt somebody?	374.
375. Communication	K	*Hayi* no. I never, but those people interrupt me.	375.
376.	R	Let's talk now about affective responsiveness. I want to hear about how you respond in a number of ways. I am interested in what you experience inside. So, your feelings and emotions. So, let us look at pleasure first. Can you tell me about a time or experience where you experienced a great sense of pleasure?	376.
377.	K	[Addresses Chaka] Talk first.	377.
378. Affective Responsiveness	C	Me, I can't answer this one because my time for pleasure is already gone, you must answer.	378. Feels like she is not entitled to experience pleasure anymore.
379. Affective Responsiveness	K	You can answer when you have your husband, hey!	379.
380. Affective Responsiveness	C	Yes!	380.
381.	R	Alright, and you Kanyi.	381.
382. Affective Responsiveness	K	I feel pleasure when I have my boyfriend.	382. Welfare emotion response to appropriate stimulus.
383.	R	Do you feel that sometimes you experience too much pleasure? And pleasure doesn't have to only be sexual, pleasure can also be being happy.	383.
384. Affective Responsiveness	K	Ja.	384. Over-response of welfare emotion (pleasure).

385.	R	Do you feel like you experience too much pleasure sometimes?	385.
386. Affective Responsiveness	C	Ja. I do.	386. Over-response of welfare emotion (pleasure).
387.	R	And you Kanyi.	387.
388. Affective Responsiveness	K	Ja.	388. Over-response of welfare emotion (pleasure).
389.	R	Do you feel that sometimes you don't experience pleasure, but you are supposed to or you should?	389.
390. Affective Responsiveness	K	As for me, it's a no because I always do.	390. Appropriate affect at appropriate time.
391.	R	And you?	391.
392. Affective Responsiveness	C	*Aikona*! Sometimes…Like me, I like praying too much, so I want to go sleep at the church, but my husband says no, I can't go there because he doesn't go to church.	392.
393.	R	Alright. Let's look now at tenderness and concern. Have you ever felt tenderness or concern or worry about something?	393.
394. Affective Responsiveness	C	Sometimes, maybe I want to talk to my husband and he says, "I'm coming". Then he goes for two or three hours without coming back, then I feel so bad because I think that this one is doing this to me.	394. Emergency emotion response to appropriate stimulus.
395.	R	What makes you feel bad? Are you worried about his wellbeing or…?	395.

396. Affective Responsiveness	C	Sometimes I say, "Let's talk about something". Then he just leaves and goes.	396.
397.	R	Okay. Do you ever feel like there was a time when you were feeling overly concerned or overly worried?	397.
398. Affective Responsiveness	C	Yes, sometimes. Not every time, sometimes.	398. Over-response of emergency emotion at times.
399.	R	Can you give me just one example, please?	399.
400. Affective Responsiveness	C	Like I said earlier, sometimes he talks bad words. When he's like that I feel like I don't want to talk to anybody, I just want to be alone.	400. Husband's "bad words" solicits emergency affect.
401.	R	Okay. Do you ever feel like there are times when you aren't as tender or as concerned as you should be? So, you should be really worried, but you just don't care.	401.
402. Affective Responsiveness	C	Sometimes I just keep quiet and sometimes I tell him that I don't like this and this and this.	402. Appropriate affect at appropriate time.
403. Affective Responsiveness	K	No.	403. Appropriate affect at appropriate time.
404.	R	Who do you worry about the most, in your family?	404.
405. Affective Responsiveness	C	It's my husband.	405. Anxiety and worry around husband solicits emergency emotion response.
406.	R	And you (Kanyi)?	406.

407. Affective Responsiveness	K	Nobody.	407. Emergency emotion response.
408.	R	Alright. Let's move on to anger. Do you ever feel angry?	408.
409. Affective Responsiveness	K	Ja!	409.
410.	R	And you (Chaka)?	410.
411. Affective Responsiveness	C	Obvious!	411. Emergency emotion response.
412.	R	What triggers it?	412.
413. Affective Responsiveness	C	Sometimes when he (spouse) talks to me like I'm not a human, I feel it's better to leave him alone.	413. Husband triggers emotional response at times.
414.	R	So, is that your usual response? You ignore a person that makes you angry?	414.
415. Affective Responsiveness	C	No, I don't ignore. Me, I'm okay, because when you make me angry I just tell you the truth, straight and forward.	415. Communicates clearly and directly with emergency emotion responses.
416.	R	Alright. And you (Kanyi)?	416.
417. Affective Responsiveness	K	I'm going to fight!	417. Kanyi could become physically violent/aggressive with emergency emotion response.
418.	R	A physical fight?	418.
419. Affective Responsiveness	K	Ja.	419. Kanyi could become physically violent/aggressive with emergency emotion response.

420.	R	You don't waste time. [Laughter]	420.
421. Affective Responsiveness	K	I just do it.	421. Kanyi could become physically violent/aggressive with emergency emotion response.
422.	R	Do you ever feel frightened before you get angry?	422.
423.	K	*Mina* (me)?	423.
424.	R	Yes.	424.
425. Affective Responsiveness	K	Yes.	425. Experiences emergency emotions of fear and anger.
426.	R	And you (Chaka)?	426.
427. Affective Responsiveness	C	Me, I'm a conqueror, I just tell you straight forward. It's better for you to hurt me… or what. Take it or leave it.	427. Communicates clear and directly with emergency emotion responses.
428.	R	Do you ever over-react with anger?	428.
429. Affective Responsiveness	C	Ja.	429. Over-response with emergency emotion (anger).
430.	R	You as well (Kanyi)?	430.
431. Affective Responsiveness	K	Ja.	431. Over-response with emergency emotion (anger).
432.	R	Can you give me an example?	432.
433. Affective Responsiveness	C	In 2014 or 2015. I was so angry, I just packed my bags and said, "I'm going".	433.
434.	R	Do you feel like that was over-reacting?	434.

435. Affective Responsiveness	C	Yes.	435. Over-response with emergency emotion (anger).
436.	R	Do you (Kanyi) have an example?	436.
437.	K	No.	437.
438.	R	Okay. Let us move on to sadness and depression. Have you ever experienced sadness and depression?	438.
439. Affective Responsiveness	C	No, me, I don't want depression. That's why I say things straight and forward.	439. Does not demonstrate the full spectrum of affect.
440.	R	And you (Kanyi)? Have you ever experienced sadness or depression?	440.
441. Affective Responsiveness	K	*Haai* (No), I just fight.	441. Does not demonstrate the full spectrum of affect.
442.	R	What about fear. Do you ever get scared?	442.
443. Affective Responsiveness	K	When I get angry I never get scared.	443. Does not demonstrate the full spectrum of affect.
444.	R	And you (Chaka)?	444.
445. Affective Responsiveness	C	Sometimes I get scared because I think that maybe he's going to beat me.	445. Emergency emotion response (fear).
446.	R	Do you ever feel like you over-reacted with fear?	446.
447. Affective Responsiveness	C	No.	447.

448.	R	And you (Kanyi)?	448.
449. Affective Responsiveness	K	No.	449.
450.	R	Do you sometimes feel that you aren't as frightened as you should be? Like, if it's a serious thing, you not worried.	450.
451. Affective Responsiveness	C	No.	451.
452.	R	Alright. Let's look at affective involvement. This is the last part of the interview and is all about how much the family is involved with each other and their activities. So, what are the things that are important to you in your life?	452.
453. Affective Involvement	C	To take care of my kids.	453. Values caring for her children.
454.	R	Okay. Is that it?	454.
455. Affective Involvement	C	And my family.	455. Values caring for her family.
456.	R	And you (Kanyi)?	456.
457. Affective Involvement	K	To take care of my life.	457. Values her life.
458.	R	So, your life is important to you. Who takes interest in the things that are important to you?	458.
459. Affective Involvement	C	It's my husband sometimes.	459. Husband involved in her interest sometimes.
460.	R	Okay. And you (Kanyi)?	460.

461. Affective Involvement	K	My sister.	461. Sister primarily involved in sister's interest.
462.	R	So, there are people that take interest in what is important to you. Are you interested in what your other family members do?	462.
463. Affective Involvement	C	Yes.	463. Chaka involved in her family's interests.
464.	R	Do you show it to them or do you tell them?	464.
465. Affective Involvement	C	Yes, sometimes when we are together as a family.	465. Takes interest when family is gathered.
466.	R	Alright. Do either one of you feel that another family member is too close or too involved?	466.
467. Affective Involvement	C	Ja.	467. Over-involvement.
468.	R	Who would you say?	468.
469. Affective Involvement	C	It's my grandmother.	469. Over-involvement by grandmother.
470.	R	Okay. Is she too involved in your life?	470.
471. Affective Involvement	C	Ja, she's the one that I can tell something to.	471. Over-involvement by grandmother.
472.	R	And you (Kanyi)?	472.
473. Affective Involvement	K	My grandmother and my sister.	473. Over-involvement by grandmother and sister.

474.	R	Do you ever feel that your husband becomes a nag, or doesn't agree with what is important to you?	474.
475. Affective Involvement	C	No.	475.
476.	R	Do you think he is genuinely interested in what you interested in?	476.
477. Affective Involvement	C	Ja.	477. Husband involved in her interests.
478.	R	Okay. Do you ever wish that someone in your family showed more interest in what you interested in?	478.
479. Affective Involvement	C	Ja.	479.
480.	R	Okay. Who would you want to show more interest?	480.
481. Affective Involvement	C	My husband.	481. Would like her husband to be more involved in her interests.
482.	R	Do you feel like anyone really doesn't care?	482.
483. Affective Involvement	C	Ja, sometimes.	483.
484. Affective Involvement	K	Yes, our men. Because they don't care.	484. Feels like partners lack involvement sometimes.
485.	R	Do you feel that you have close relationships with your family members like your children and your sister?	485.

486. Affective Involvement	C	Ja.	486. Close relationships between family members.
487.	R	Is it too close or just close enough?	487.
488. Affective Involvement	K	It's too, too close.	488. Over-involvement by the mother and children.
489.	R	Do you (Kanyi) feel like she (Chaka) is too much in your business?	489.
490. Affective Involvement	K	No, I am too much in her business, she is not too much in my business.	490. Over-involvement between sisters.
491.	R	I see. Do you feel like your relationship with your husband is close enough?	491.
492. Affective Involvement	C	[Laughter] Ja.	492. Shares close relationship with husband.
493.	R	Do you feel like he genuinely cares for you?	493.
494. Affective Involvement	C	Not such.	494. Does not feel like husband genuinely cares.
495.	R	You don't. Why do you say that?	495.
496. Affective Involvement	K	He thinks about his relatives too much, than his family. That's the problem.	496. Feels like husband is more involved with the interests of his relatives over his nuclear family.
497.	R	My last two questions that I have for this interview. Do you think that I got a clear understanding of how your family works?	497.

498.	C	I am sure.	498.
499.	R	Is there anything else that you want to tell me about your family?	499.
500.	K	We are a happy family. Sometimes, although I fight.	500.
501.Problem Solving	C	The problem is my brother. That is the only problem.	501. Identification of the problem: Brother's alcohol addiction
502.	R	Thank you, we will stop there.	502.

Interview Terminated.

APPENDIX B: GROUP REFLECTION ON DRAWINGS

R: Researcher

C: Chaka

J: Jabulile

K: Kanyi

N: Ntuli

P: Phabi

T: Thabi

1.	R	Does everybody have it? Is everybody's name on it?	1.
2.		Yes. [Group collectively affirming that they understand]	2.
3.	R	Okay. Just for a few minutes, I just want each of you to speak about what you drew. But before you do yours, I must mention that this is a group recording. Just say your name so that when I type it up, I know who is talking.	3.
4.	N	Okay, my name is Ntuli. What I drew on my picture is myself with a bible. The reason why I'm drawing a bible is because when I'm reading a bible, it helps me feel relieved. Yes. So, that is the reason that I drew up this picture.	4.
5.	R	Okay. So, religion is important to you?	5.
6.	N	Yes. It's very important to me.	6.

7.	R	Okay. The next person.	7.
8.	P	Okay, I'm Phabi. I've drawn a book. The reason being: When I am stressed I like to read.	8.
9.	R	So, you like to read?	9.
10.	P	Yes.	10.
11.	R	So, that helps you to overcome challenges?	11.
12.	P	Yes.	12.
13.	R	Okay. Ma…	13.
14.	J	My name is Jabulile. I drew a house. I wish one day I can live in this house. With the electricity, table and chair. When I'm eating with my family, we sit on the chair and not on the crate.	14.
15.	R	Thank you, Jabulile. Next person please.	15.
16.	K	I'm Kanyi. I drew a church. When I am stressed I go to the church to sing and pray.	16.
17.	R	Okay. So, that helps you?	17.
18.	K	Ja.	18.
19.	R	Next person.	19.

20.	C	I'm drawing a lot of food because I like eating.	20.
21.	R	Okay. Now let's look at the future drawings.	21.
22.	N	Ntuli again. I drew a hospital, a car and myself.	22.
23.	R	As a nurse?	23.
24.	N	Yes. Here I drew myself as a nurse and my dream car and a hospital because one day I want to see myself working at the hospital, driving my own dream car.	24.
25.	R	What car is this?	25.
26.	N	X5.	26.
27.	R	Okay, wonderful. Next person.	27.
28.	P	My name is Phabi. I drew a very big house. You can see the structure. I drew a very, very big house. I want to see myself owning a house like this.	28.
29.	R	Okay, wonderful. Jabulile…	29.
30.	J	My name is Jabulile, again. For my future, I drew again a house. In my drawing I wish I had a house that has a roof, not like a shack. When it's raining, I can sleep, there's no leak inside.	30.
31.	R	Okay.	31.

32.	K	Kanyi, again. I drew a school because one day I will be teaching children.	32.
33.	R	Okay, thank you.	33.
34.	C	I drew a big house with a roof and lights because one day I wish to stay in a house with electricity because now I'm staying in a shack with no electricity.	34.
35.	R	Thank you.	35.

Reflection Terminated.

APPENDIX C: CONSENT/ASSENT FORM

George Storrar Drive & Leyds Street
Groenkloof
Pretoria
0027

Department of Educational Psychology

25 August 2017

CONSENT LETTER

TITLE: UNDERSTANDING FAMILY FUNCTIONING IN FAMILIES AFFECTED BY SUBSTANCE ABUSE

Dear Research Participant ……..

My name is Aadil Naidoo and I am a second year Masters student from the University of Pretoria. I am involved in a research study supervised by Prof. Salomé Human-Vogel.

The purpose of my study is to gain insight into your family's functioning. I will explore and describe in the research study the different dimensions of family functioning in families that are affected by substance abuse.

You have been selected to be part of this study as you meet the requirements of the research study. In the process of collecting data, I will have the opportunity to interact with you in administering a structured interview as well as in a drawing activity.

The sessions will be conducted in English, however an interpreter will be present in order to explain information to you that you may not understand in English. The interpreter will join in during the administration of the structured interview and the drawing activity in order to ensure that clear communication is occurring between myself and you. Therefore, the interpreter's role is to translate anything that I am communicating in English, that you do not understand, into a language that you do understand. The interpreter will then translate from the language that you are fluent in, into English, so clear communication occurs. This process will occur when you do not understand what I am saying or when you are not comfortable to express yourself in English.

Your participation is entirely voluntary and refusal to participate will not be held against you in any way. Voluntary participation means that you will not receive any financial benefits from participating in the research study. Additionally, I cannot promise any type of reward for participating

in the research study. It is completely of a voluntary nature. You may withdraw from the study at any time. In such case, please notify me of your decision to withdraw.

You will not be exposed to any risk or harm in the study. Your identity will be kept confidential where your names will not be included in the final report. You will not be subjected to any acts of deception or betrayal in the research process or its published outcomes. The discussions held and responses will be recorded in order to assist me in compiling the necessary research report. Your information will be kept confidential and no one other than the research supervisor and I will have access to the information that you contribute to the study. Your information will be stored in a secure place where your information will be deleted after a considerable amount of time. I will tell you about any changes in the study that may affect you in any way.

The study is not of such nature that you may experience any physical injuries. If you feel psychologically vulnerable from the semi-structured interview or drawing activity in any way, please inform me in order that I can arrange counselling services for you.

Once the study is completed, a summary of the results will be emailed to you on request.

Please feel free to ask me or my supervisor about any concerns or questions that you may have regarding the study.

AADIL NAIDOO
RESEARCHER
aadilnaidoo01@gmail.com
0721298627

PROF. SALOMÈ HUMAN-VOGEL
SUPERVISOR
salome.humanvogel@up.ac.za

Declaration and Signature

Consent

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

_____

Printed Name of the Research Participant

_____

Signature of Research Participant

_____

Date and Time