



Exploring family functioning from a family resilience perspective

By

Marelise von Backström

Submitted in fulfilment of the requirements for the degree

Master of Educational Psychology

In the

**Faculty of Education
University of Pretoria
PRETORIA
Supervisors:
Prof. Salome Human Vogel
Dr Ruth Mampane**

2015

In loving memory of my Grandmothers:

Ouma Tjefie (1932 – 2007)

Ouma Christa (1929 – 2013)

For always believing in me and inspiring me to do far more than I could ever have imagine for myself.

ACKNOWLEDGEMENTS

“Never give up on something you really want. It is difficult to wait, but more difficult to regret – Anonymous”. **My dearest parents.** Every step of this journey came down to the love, support and faith you had in me. Thank you for allowing me to follow my dream and for being my oasis in the desert every time I wanted to give up. I love you dearly!



“Love is pure and true when you can support the one you love, no matter where it takes them or how crazy their dreams sound – K.Kostyla”. **My love, Dwain.** Words cannot express the gratitude I have in my heart for your continuous support and persevering love and faith in me and my dreams. Thank you Lord for blessing me with this man in the midst of the journey! You were my rock and my strength throughout!



“Family is not an important thing; it is everything – M.J Fox”. **My family.** Thank you for always being there and for always accepting my absence when I had deadlines to meet. Thank you, **Sandra, Johan, Anuschka, Dandr  & Pierre** for loving me even though I so many times had to say no. Your never-ending believe in me supported me although we were miles apart!



“If you change the way you look at things, the things you look at change – Anonymous.” **Prof Salom  & Dr Ruth.** Thank you for guiding and supporting me, especially when I felt I could not continue. Thank you, **Prof Salom ** for teaching me to look differently at life and how I view myself. You challenged me along the way to believe more and to seek excellence in my work!



“Man’s best support is a very dear friend – Cicero”. **My friends.** Thank you for your love and support during the past few years. Thank you for bringing me flowers, taking me for coffee, offering a shoulder when I just could not hold back my tears and celebrating with me when I accomplished many milestones in this journey. A special thank you to **Aletta Kotze, Geraldine Loubser, Louise Roos, Marie Venter, Nadia Sebecke & Rienie van Rooyen.**



“Faith is not hoping God can, it is knowing He will – Anonymous. **My In-Laws.** Thank you for accepting me into your family in 2014 by giving me my greatest gift, your son. Thank you for many phone calls of encouragement and prayers! You helped carry me through out.



“The Lord will fight for you, you need only be still – Ex.14:14”. **My Rock and my Shelter.** Throughout this journey I realised a few important truths 1) in Christ and through Christ anything is possible, 2) He kept me going when all I wanted to do was give up, 3) He’s blessed me with peace when the storms were raging in my soul, 4) He never left my side and 5) He has plans to give me hope and a future. I am deeply thankful...



ABSTRACT

South African families in semi-urban townships experience more significant stress than other families. Family resilience refers to the factors or processes within families that support them to be resilient before, during or after a stressful situation. The aim of this research was to identify the key processes contributing to the successful coping of family units, when faced with adverse conditions in Mamelodi. This study is based on the theoretical framework of family resilience proposed by Walsh (2003), namely the Family Resilience Framework (FRF). Three key processes relevant to family resilience have been identified in the FRF and include: family belief systems, organisational patterns and communication processes. These processes may reduce the stress and vulnerability of families in high-risk situations and they are therefore relevant to ascertain whether the identified processes remain applicable in semi-urban communities. Furthermore should richer family information be derived by means of the FRF, more appropriate community interventions could be developed. It is anticipated that this study will contribute to prevailing literature on family resilience as well as the limited research done in semi-urban contexts. The study population comprised 13 families that were part of an intervention programme (2012) for families living in adverse conditions in the township of Mamelodi. The client files of the 13 families were broadly analysed where after one family was interviewed (unstructured interviews) in order to retrieve more in-depth information. The family was chosen as a case study for this research. By exploring the family's own perspectives as well as their meaning-making processes related to their seeming familial strengths, more in-depth information was derived. Due to the qualitative nature of this study, the data sources (client files, interview transcriptions, photographs and photograph descriptions) were analysed by means of thematic content analysis. Themes were then discussed with the family in order to compare and confirm the suggested findings.

Results which emerged qualitatively allowed for the identification of family resilience processes in South African families in semi-urban communities as well as risk and protective factors evident in Mamelodi. As a result a better understanding of the family resilience processes in semi-urban communities could assist with better service delivery for families facing various adversities.

Key words:

Family; Resilience; family resilience; risk factors; protective factors; Mamelodi – a semi-urban township.

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CHAPTER ONE: OVERVIEW AND RATIONALE

1.1 INTRODUCTION

Family structures across the globe have evolved from “traditional” or nuclear families (comprising an intact, two-parent family unit raising one or more child) to post-modern varieties within which a number of family arrangements can make up a household (Walsh, 2003a). South African families are no exception to this phenomenon. Research indicates that unique circumstances affect South African family structures (Eddy & Holborn, 2011; Amoateng & Richter as cited in Amoateng & Heaton, 2007 and Anderson, 2003). In South Africa, factors such as violence, social inequality, poverty, discrimination and illnesses, including the human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) greatly impact the health and well-being of these families. The aforementioned circumstances often place an additional burden on children as they are time and again catapulted into being heads of households (Eddy & Holborn, 2011; Meintjies, Hall, Marera, & Boule, 2009). Despite knowing the reasons behind family restructuring and consequently moving away from the nuclear family as the typical family setup, there is relatively little that we know about how, and indeed whether it is possible for these families functioning under harsh conditions to thrive despite their circumstances.

The challenging circumstances that South African families are faced with (as stated by several authors including Eddy and Hollborn, 2011; Amoateng and Richter, 2007 and Anderson, 2003), have caused family structures to become more resilient in order to survive. Resilience refers to a sense of elasticity and flexibility when faced with challenges (Mullin & Arce, 2008). The term also refers to families adapting positively in the context of adversity or when they recover from an unknown stressor (Masten & Powell, 2003, as cited in Ungar, 2008a). Resilience in families may therefore allow the unit to thrive, causing high levels of cohesiveness that result in meaningful support among the self-defined members (Hill, Stafford, Seaman, Ross & Daniel, 2007; Kalil, 2003). Additionally an unspoken level of trust and commitment increases family resilience and challenges are seen as something that can be overcome through a sense of purpose and perseverance among the family members (Edwards, 2002).

To define the term *family* remains a complex task due to the variety of meanings attached to the word. A family can be described as a group of individuals connected by kinship, marriage, adoption or affiliation. The members of the self-defined unit share an emotional bond with one another that stretches beyond their physical residence. This bond refers to the intimacy experienced among the members as well as their interdependence on one other. There seem to be fixed boundaries within the family unit as well as performance and supportive tasks

related to the unit itself (HSRC Report, 2004). From a systems perspective the family would also engage in relationships with the community and broader society and these relationships seem to be interrelated with one another.

1.2 BACKGROUND OF THE STUDY

Families in South Africa face multiple hardships that impact the family unit as a whole. Locally, many children in semi-urban communities seem to be raised by their mothers in single-parent households and it is evident that the primary caregiver or a significant other within the household is often unemployed. The report *South Africa's young children: their family and home environment* was released in 2012 and it found that 42,5% of young children lived with their biological mother, 2,0% with their biological father, 36,4% with both their biological parents and 18,7% with neither of their biological parents. These family setups seem to have been greatly impacted by poverty and the former apartheid and migrant labour systems that were in place in South Africa from 1948 to 1994. More recently the impact of the HIV/AIDS pandemic is seen as an added burden placed on families as the children are forced to take on more responsibility as a result of the deteriorating health and well-being of their caregiving family members (Holborn & Eddy, 2011). Makiwane and Berry (2013) stated that by 2011 an estimated 16,6% of the adult population in South Africa were predicted as living with HIV/Aids. A quarter of South African households reported "other" family structures, which statisticians said included grandmothers living with their grandchildren, gay couples, and child-headed households (City Press, 2012). As a result of these challenges, it is all the more important that families are assisted not only to identify but also to develop the key familial processes that would enable them to function healthily.

Resilience research has been contributing to the understanding of individuals and more recently families in various fields. Initial studies found that personal psychological attributes constitute the basis of resilience. Resilience literature then shifted from solely focussing on individual traits to the inclusion of social contexts including family, schools, communities and social health systems (Stewart, 2011; Ali, Dwyer, Vanner & Lopez, 2010; Luthar, 2006 in Cicchetti & Cohen (2006); Masten & Obradović, 2006; Walsh, 2002). Research on family resilience dates back to the early 1900s and has been visible in the scientific literature since the early 1970s (Luthar, Cicchetti & Becker, 2000). Recent literature defines family resilience as the traits or factors within families that support them to be resilient when faced with a significant challenge (Black & Lobo, 2008). The related key factors are seen as a dynamic process that enables families to cope in a healthy way. These factors can change over time and contribute to the family's functioning in various ways (Ali et al., 2010). Family resilience is therefore seen

as the interaction and functioning of risk and protective factors on various levels (Benzi & Mychasiuk, 2009; Newman & Blackburn, 2002).

While conducting a literature review on the topic of family resilience, it was evident that little research has been conducted, thus far, solely focussing on the construct itself. Rather, much focus has been placed on the resilience traits of individual family members. Moreover, few resilience studies have been conducted within the township contexts of South Africa. This study will focus on family resilience in a township context, by attempting to identify the key processes related to family resilience within the families. Probable key processes will be guided by and compared to the key processes identified in Walsh's Family Resilience Framework including family belief systems, organisational patterns and communication patterns. The identification of these processes is beneficial in establishing active and adequate support systems for families within a South African township context.

1.3 STUDY RATIONALE

A substantial number of studies have been conducted on family resilience. Olson and Defrain (2000) and Stinnet and Defrain (1985) undertook multiple studies and identified qualities that contribute to the family's sense of personal worth (Silberberg, 2001). However few studies have placed an emphasis on the key processes that enable families to cope with their various challenges (Hill et al., 2007). The most relevant studies have rather focussed on particular aspects of family functioning (Mackay, 2003). In contrast many studies have focussed on the negative influence of adversities within family units or challenges that families face and how they are impacted by it.

Research conducted by Lee, Lee, Kim, Park, Song and Park (2004) supports this notion by finding that when families are faced with challenges, like an illness or economic hardships, cognitive, emotional, social or instrumental imbalances tend to occur. Therefore adversities in the broadest sense can be understood by the volume of literature available on the topic, but little research explains how protective and risk factors interact to assist the families in coping under stressful circumstances. The study intended to examine whether family resilience may be a relevant construct to describe the interplay between these risk and protective factors. By offering a more complete description of what family life in a semi-urban township might involve, one might attain a better comprehension of the key factors necessary for families to effectively deal with their challenges. Therefore the study does not only recognise the existence of adversities in a family unit, but it also works with the understanding that adversities can be overcome.

1.4 PURPOSE OF THE STUDY

The purpose of the present study is to identify the key familial factors that promote and encourage healthy family functioning in a semi-urban township context in South Africa in order to find possible ways that could improve service delivery to distressed families in semi-urban communities. Walsh's (2003a) Family Resilience Framework (FRF), which includes concepts such as belief systems, organisational patterns and communication processes, may be beneficial in identifying which processes contribute to a family's healthy functioning. Should families utilise similar processes related to the FRF or other key processes that increase their resiliency; these protective key processes could be utilised by professionals when providing family interventions and as a result better familial services could be developed.

1.5 WORKING ASSUMPTIONS

The present study was directed by the following literature-based assumptions:

- 1) South African townships are expected to be confronted with risk factors that are likely to impact family functioning. Holborn and Eddy (2011) stated that South Africa has distinctive circumstances that impact families. The country's apartheid history, together with the migrant labour system due to industrialisation affects family structures greatly. Violence, poverty and HIV/Aids furthermore affect the well-being of families across South Africa.
- 2) Families challenged by adverse circumstance may be able to thrive. Large volumes of research indicate that resilience can be increased by changing how we think about challenges and adversities (Schneider, 2001; Masten & Coatsworth, 1998). Literature furthermore indicates that when caring adults' role model resilient thinking in the face of daily challenges, lifelong resiliency can be nurtured in the family (Pearson & Hall, 2007). "Research has found that families can flourish and children thrive in a variety of kin arrangements; what matters most are effective family processes that contribute to resiliency" (Herman, Peterson & Schaaf, 2009, p.1).
- 3) Family processes contribute to positive family functioning. Key processes relevant to family resilience including belief systems, organisational processes and communication and problem-solving processes were found to increase family resilience (Walsh, 2003b). Patterson (2002) likewise emphasised the role family relationships play regarding family resilience and positive family functioning.

- 4) Resilient families are able to cope better with unforeseen crises, due to protective factors in the family and community. According to Kalil (2003) family resilience resides in the protective factors that foster a family's ability to cope effectively with on-going crises. Protective factors are therefore likely to influence the manner in which families are likely to respond when crises occur.

1.6 CONCEPTUAL FRAMEWORK

Family resilience theory acts as the conceptual framework guiding the present study. Primarily this theory focusses on a competence-based and strength-orientated family paradigm. This paradigm allows for a greater comprehension of how families successfully adjust to and respond in the midst of a crisis (Walsh, 1998). According to Walsh (2003) key processes relevant to family resilience include family belief systems, organisation patterns and communication processes. Based on the broad classification of the aforementioned processes, Walsh (1996) developed the Family Resilience Framework (FRF) to serve as a framework in identifying and targeting the key processes within family units that could increase their adaptability and responses to crises (Walsh, 2003). "The framework draws together findings from numerous studies, identifying and synthesizing key processes within three domains of family functioning" (Walsh, 2003, p. 405). Therefore the FRF places a focus on the three domains of family functioning (Hill et al., 2007). When families effectively tap into these key processes, the stress and vulnerability experienced by the families in high risk situations could potentially be reduced. Appendix A provides an in-depth look at Walsh's (1996) framework and the following paragraphs will guide one through the common concepts of the framework.

1.6.1 Key Processes in Family Resilience

1.6.1.1 *Family Belief Systems*

Family belief systems are divided into three subareas, i.e. 1) making meaning of adversity, 2) affirming strengths and possibilities and 3) transcendence and spirituality (Mackay, 2003, Walsh, 1998). A family's view of crises and sufferings as well as their choices of how to deal with these situations are greatly influenced by the belief systems they choose to adhere to. Reis (1981, as cited in Walsh, 2003, p. 407) found that belief systems support families in responding to crises. Families, who respond better when challenges arise, often have shared belief systems among all the family members (Daly, 1996, Lesar & Maldonado, 1996). Hence it can be argued that a family's beliefs may shape how they cope when faced with challenging times.

1.6.1.2 *Family Organisational Patterns*

In family organisation a flexible structure, cohesion or connectedness and social and economic resources often contribute to the resilience in the family. Flexibility is seen as one of the core processes of resilience (Walsh, 2003). Herman et al. (2009) found that a flexible structure allows families to fit and meet their needs to a certain situation, rather than holding a rigid style with little room to adapt when trying to overcome challenges. Families function more effectively when a degree of structure and flexibility are present (Olsen, 2000). In addition to Olsen (2000), Walsh (2003) also highlighted the importance of families to be able to identify when they are in need of support and accordingly recognise which network to turn to for support. Resilient families therefore tap into available networks for their required resources. Connectedness is essential for effective family functioning as challenging circumstances have the potential to shatter family cohesion (Walsh, 1996). Patterson (2002) argues the balance between closeness and distance remains important in order for cohesiveness to act as a protective factor.

1.6.1.3 *Family Communication and Problem-solving Processes*

Clear and direct communication plays a vital role in fostering resilience within the family. However cultural norms vary considerably in terms of sharing sensitive information and expressing feelings towards other family members (Lee et al., 2004). Boss (1999, as cited in Walsh, 2003) states that by sharing crucial information surrounding the crisis situation as well as future expectations regarding the impact of the crisis enables the various family members to facilitate meaning making, make informed decisions and relate to the process. Families characterised by shared decision-making negotiate differences with fairness and are more accommodating to one another when crises arise (Walsh, 2003).

As this study wishes to inform the literature on family resilience in semi-urban townships, the potential relationships between belief systems, organisational patterns and communication processes will be examined. Drawing upon the FRF (Walsh, 2003) predicts a relationship between family belief systems, organisational patterns and communication processes amongst family members in semi-urban contexts.

1.7 RESEARCH QUESTIONS

The main research question in this study is '*What relevance does a family resilience framework have in conceptualising township families' responses to adversity?*'

The following secondary research questions have been identified to guide the study:

- 1.7.1 What adversities and challenges do township families experience?
- 1.7.2 To what extent do families' belief systems support family resilience?
- 1.7.3 To what extent do families' organisational patterns support family resilience?
- 1.7.4 To what extent do families' communication styles and problem-solving strategies support family resilience?

1.8 STUDY OBJECTIVES

Within the present study the main objective would be to ascertain whether richer family information can be derived by means of a family resilience framework in order to find ways to improve service delivery to distressed families in semi-urban communities. Subsequently, should a clearer understanding of family resilience follow from utilising the FRF, more appropriate community interventions can be developed. Better service delivery would ensure better responses to families in need in semi-urban township communities.

1.9 CENTRAL CONSTRUCTS

1.9.1 Family

The term *family* tends to refer to two or more, normally self-defined (Hanson, 2001, as cited in Black & Lobo, 2008) individuals, who depend on one another for emotional, physical and economic support. Nevertheless Patterson (2002) states that family structures can vary considerably and that there is a diverse range of family structures visible in communities, including heterosexual or homosexual partners, couples who are married, remarried or live together, couples with or without children, separated or divorced couples and single adults with children. Together with the aforementioned diversity, cultural and ethnic variability also exists. The findings from Kalil's (2003) article suggest that family units change and develop in relation to their circumstances.

For the purpose of the present study, the researcher will move away from the concept of the nuclear family unit and refer to the family unit as either having parents, caregivers or extended family members acting in the caregiving role, with children (infants to young adolescents), who share a household, or who may be seen as part of the family by the participants.

1.9.2 Resilience

Resilience normally refers to characteristics or capabilities, either in the individual or in the system, that assist the individual/system against collapsing as a result of a crisis, but rather to withstand the significant risk it may be facing. Gilligan (2001) coined resilience as the qualities that enable an individual to endure the undesirable outcomes of adversity. In the present study, resilience will present the qualities or traits that individual members of the family have, which support them in coping in times of adversity.

1.9.3 Family Resilience

According to Walsh (1996, p. 265) “[f]amily resilience goes beyond a contextual view of individual resilience to a family-system of assessment and intervention, focussing on *relational resilience* in the family as a functional unit”. Therefore a more holistic view is needed of the family unit to understand the type of strengths each member brings. Patterson (2002) is of the opinion that family resilience therefore entails the product of family relationships and McCubbin and McCubbin (1988, p. 247, as cited in Black & Lobo, 2008) agree that the characteristics, dimensions and properties within the family unit enable families to be resilient and adapt to crises. In the present study the researcher will view family resilience from Black and Lobo’s (2008) perspective, where family dynamics, parental strengths, interrelationships and the shared environment are acknowledged as key factors. Walsh’s (2003) FRF emphasises three key processes of family resilience that will be explored throughout the study, namely family belief systems, organisational patterns and communication and problem-solving processes.

1.9.4 Risk Factors

Kaplan (1999, p. 36) defines risk as “an early predictor of later unfavourable outcomes and something that renders the person vulnerable to unfavourable” risk outcomes. Risk factors, accordingly, represent the processes and mechanisms that lead to challenging outcomes (Luthar, 1999). Evidence from Kalil’s (2003) research emphasises job loss, poverty, divorce, death and chronic illness as some of the main risk factors that can contribute to pressure experienced in families. It was found that 64.5% children in South Africa lived in households where the family had a per capita income of less than R765 per month (Statistics South Africa, 2012). Unemployment seems to further impact family functioning as nearly half (49,7%) of households headed by younger youth (15-24 years) had no employed members in their households. These risk factors can occur on several levels of human functioning, i.e. individually, within the family unit, on a community level or in the wider social context.

The present study will identify and acknowledge risk factors in the semi-urban community of Mamelodi, in South Africa. These risk factors will be any unfavourable outcomes that can cause individuals, families, communities or the wider social context to become vulnerable. The mere fact that families live in Mamelodi exposes them to risk and adversity.

1.9.5 Protective Factors

The literature highlights the importance of identifying protective factors for potentially overcoming adversity. When looking at individual resilience, the literature proposes a set of traits that act as protective factors, including dispositional attributes of the individual (including personality and intellect), family connectedness and friendliness as well as the accessibility parents and children have regarding external resources (Garmezy, 1991). The majority of researchers have adopted the perspective that these factors lessen the impact of the stressors (Kalil, 2003). Although most literature raises concerns about individual protective factors, Walsh (1996, 1998, 2006) argues that family resilience resides in the processes that foster coping in challenging circumstances and enable families to more effectively withstand the pressure.

Protective factors in the present study will therefore be defined as the buffering elements within the family unit that support the family to engage coherently and in a healthy manner with the crisis at hand.

1.9.6 Mamelodi: A semi-urban settlement

According to Statistics South Africa (2003), a semi-urban settlement refers to an area that is not part of a legally proclaimed urban area, but adjoins it. Mamelodi is an area in the north of South Africa that adjoins the City of Tshwane. Geographically, Mamelodi is situated in the eastern suburbs of Pretoria. The settlement was established in 1953 and has now grown to a vast population of over one million residents. Many people live in small brick houses, but there are also large informal settlements or squatter camps where people have built their own shacks made out of corrugated iron or plastic sheets. The township faces a myriad of problems, including lack of proper housing, lack of sanitation and fresh drinking water, lack of education and proper facilities to provide adequate education, family and community violence, illnesses and treatment of general health.

1.10 RESEARCH METHOD

1.10.1 Epistemological Paradigm

The present study relates to the personal and interpretive interpretations of risk and protective factors experienced by South African families in a semi-urban township context. These

interpretations will be derived from the families' personal constructs and often relate to the interpretation and meaning (Smith, 2008 as cited in Maree, 2012) families themselves attach to a phenomenon. Therefore an interpretivist epistemology will be utilised to assist the researcher in considering how family members experience risk and resilience in a township context. Accordingly the goal of the present study is to reflect on how the participants make meaning of their lives (crises, protective and risk factors) and to gain an understanding of how their meaning-making processes could be relevant in relation to the FRF. Within the interpretivist epistemology, facts about behaviour are always context bound and perspectives and findings of a particular study will not apply to the general population (Livesey, 2006). Reality is therefore socially constructed and is best grasped when attempting to understand it from the viewpoint of the people (Morgan & Sklar, as cited in Maree, 2012).

Within this paradigm, the role of the researcher may include the following: 1) to experience what is being studied, 2) to allow feelings and actions to govern her actions, 3) to partially create what is being studied, i.e. the meaning of the phenomenon and 4) to accept that the influence of both science and personal experience will play a role in the interpretation of family resilience in this study (Levy & Shuck, 2005).

1.10.2 Methodological Paradigm

A qualitative paradigm will guide the present study. Qualitative research methods are used to establish the socially constructed nature of reality and emphasise the value-laden nature of the inquiry (Strydom & Bezuidenhout, 2014; Welman, Kruger & Mitchell, 2005). Qualitative inquiries furthermore aim for an in-depth inquiry where it is intended to understand and explain what the chosen phenomenon is about (Henning, Van Rensburg & Smit, 2004). Consequently how participants give meaning to phenomena can be examined appropriately within a qualitative inquiry (Merriam, 2009; Denzin & Lincoln, 1994, as cited in Struwig & Stead, 2001; Struwig & Stead, 2001).

Qualitative research methods allow the researcher to gain access to the participants' actions in the research setting and furthermore allow the researcher to explore what the participants experience and how they create meaning. From a qualitative perspective, the data will not be quantified or measured (Strydom & Bezuidenhout, 2014) and observations will not be converted to a numerical form (Keyton, 2011). As a result, the qualitative paradigm in the present study leads the researcher to explore, understand and describe the experiences, perceptions and meanings attached to the particular phenomenon under scrutiny, namely family resilience.

1.10.3 Research Design: Embedded Case Study

An embedded case study containing multiple units of analysis will be used to examine vulnerable families in Mamelodi. Embedded case studies contain more than one subunit of analysis (Yin, 2003) and often complement more general data collection efforts (Newton, 2003). The identification of sub-units provides a more detailed level of enquiry (Yin, 2003) and contributes to more extensive analysis results. This design is chosen as it allows multiple families from the same context, Mamelodi, to be analysed according to their family's resilience and risk and protective factors. A range of information applicable to the research phenomenon namely family resilience can now be taken into consideration at the same time (Newton, 2003). The exploratory nature of the case study will allow the researcher to continue with the study, even when the research question or hypothesis have not been finalised (Tellis, 1997). By creating a framework for the present study ahead of time can assist the researcher in staying within the set boundaries. The context of the present study will be the semi-urban South African township, Mamelodi, with the main unit of analysis the 13 families who were referred for educational psychology intervention in 2012. Subsequently the subunits will include the individual families chosen from the initial 13 families.

1.10.4 Research Context

South African families in semi-urban township contexts experience significant stress relative to other families. In the present study, the population comprised 13 families that formed part of an intervention programme (2012) for families living in adverse conditions in the township of Mamelodi. Educational Psychology Masters Students were assigned to the 13 families and subsequently worked under supervision with a registered Educational Psychologist. The families, or in some cases individual members of the families participated in family orientated interventions in order to assist them in addressing their familial and/or emotional needs.

Client files with activity sheets, observations, field notes and weekly reports were kept at the Educational Psychology Department at the Groenkloof Campus, Pretoria. The families provided informed consent to participate in the intervention programme as well as consent that information derived from the programme may be used in future research projects similar to the present study.

1.10.4.1 *Sampling*

The client files will be qualitatively analysed to determine the demographic population of the sample group. Hereafter, convenience sampling will be employed in the first phase to select the family units based on their availability and their willingness to form part of the research.

Struwig and Stead (2001) define convenience sampling as a sample chosen purely on the basis of availability. The participants' willingness to participate strengthens the rationale for making use of convenience sampling. Due to certain constraints, including limited time, it is advisable to select only the family units available at the specific care centre. To obtain rich information, from the potential families, the researcher will furthermore rely on purposive sampling to select the families. Purposive sampling seeks to identify participants based on selected criteria (Mack, Woodsong, MacQueen, Guest & Namey, 2005) and remains one of the most common sampling strategies in the qualitative paradigm. As a result of the qualitative nature of the study, purposive sampling will increase the researcher's understanding of the experiences of the participants as information – rich cases will be selected.

The following criteria were specified for the selection of two participant families, namely:

- 1) The families should from part of the families receiving intervention at the Psychology Unit on the University on Pretoria's Mamelodi campus;
- 2) The families must have been, or are currently, facing challenging and adverse circumstances;
- 3) The families should have time for and show an interest in the proposed research.

1.10.4.2 Data Collection Procedures

Clients that participated in the family intervention programme during 2012 provided informed consent for information contained in the files to be used for future research purposes. As a result of the qualitative paradigm and case study design, in-depth unstructured interviews have been selected to be conducted with the selected participants after the files have been analysed and initial themes identified. Informed consent was gained again at a later stage.

In the first unstructured interview, participants will be introduced to the purpose of the study. They will be provided with an opportunity to ask questions or raise concerns concerning their involvement in the study. Informed consent, anonymity and other ethical considerations will also be discussed and informed consent documents will be signed. After an informal discussion has taken place regarding the families' current functioning, the families will receive a disposable camera. The rationale behind the disposable cameras and capturing photographs is grounded in a technique called 'photovoice'. Photovoice is seen as an innovative method that enables the participants to identify and represent their family or community through a photographic technique (Wang, 1999). Families will be requested to capture photographs of perceived risk and protective factors in their family and Mamelodi context. Cameras will be collected from the families and photographs will be developed. The families will then be requested to meet for

additional unstructured interviews where the photographs will be discussed in order to assign descriptions to the photos. Photo descriptions will therefore act as an additional source of data. It is suggested that during the second interview, the families' perceived strengths and processes will be discussed more thoroughly. This interview will additionally provide the platform to confirm or reject initial findings related to the presented themes as derived from the analysed client files.

Subsequently in the present study the interviews will provide in-depth information regarding the families' understanding of their family resilience processes and what they perceive to support them in challenging times. The interviews will be recorded and transcribed so that the essence of each interview can be captured.

1.10.4.3 Data Sources

As a result of the several phases in which data will be collected, the various data sources need to be discussed in order to provide a clearer understanding. During the first phase the clinical case files of the 13 families will be analysed and coded in an attempt to discover initial themes related to or differing from the family resilience processes in the FRF. Other familial or protective processes that seem to be occurring regularly in the analysed data sources will also be coded. During the second phase the unstructured interviews and photographs as well as the photograph descriptions will act as the data sources to be analysed.

1.10.4.4 Data Analysis

The qualitative data collected in the present study will be analysed through thematic analysis. This process refers to a descriptive presentation of qualitative data by identifying common themes in the documents used for analysis (Anderson, 2007; Attride-Stirling, 2001). Braun and Clarke (2006) furthermore define thematic analysis as a qualitative analytic method that identifies, analyses and reports themes within the data by organising and describing the data set in rich detail. Consequently, the role of the researcher will include recognising a limited number of themes that will satisfactorily reflect the textual data of the present study. To be effective the researcher would need to familiarise herself with the data should insightful findings be generated. To be more familiar with the data, the researcher in the present study will collect the data herself by conducting and transcribing the unstructured interviews. A predominantly deductive thematic analysis will take place. Deductive thematic analysis generates themes from theory or previous studies, and Berg (2001, as cited in Zhang & Wildemuth, 2009a) reasons that deductive reasoning could be valuable in the beginning of the analysis process. Evidence from Braun and Clark (2006) supports Berg's (2001) reasoning by defining deductive thematic

analysis as being driven by the researcher's theoretical interest that tends to provide a more detailed analysis of some aspect of the data. Since Walsh's FRF guides the present study, a deductive approach seems appropriate.

Bowen (2008) emphasises the urgency that either data saturation or theory saturation needs to be achieved within qualitative research. When no new insights are obtained or new themes cannot be identified, theoretical saturation is reached (Strauss and Corbin, 2005 as cited in Bowen, 2008). In the present study the researcher will therefore aim to reach theoretical saturation by engaging in a demanding process of data condensation and interpretation, as suggested by Hyde (2003). By employing purposive sampling in the present study and utilising multiple data-gathering techniques, the researcher anticipates that it could contribute to the process of achieving saturation.

1.11 ETHICAL CONSIDERATIONS

1.11.1 Right to Privacy and Voluntary Participation

Bless and Higson-Smith (2004, p. 100) state that research essentially invades a person's privacy and that a person's "right to privacy demands that direct consent for participation in research must be obtained." It is furthermore important that this consent must be informed. Therefore both the positive and the negative aspects or consequences of participating in the particular study need to be clearly stated to the potential participants. When participants are presented with the pros and cons of participating in the research, co-operation can often be discussed. Likewise, Struwig and Stead (2001, p. 67-68) state that participants need to be informed that they are free to decline to participate and that they have the opportunity of withdrawing from the study at any stage. When discussing this with potential participants, one needs to emphasise to the participants that there will be no negative consequences as a result of their withdrawal.

1.11.2 Anonymity and Confidentiality

Anonymity occurs when either the names of the participants are omitted or participants are allocated with a number to identify them. In this particular study, anonymity cannot be preserved as the researcher will have access to the data of all the participant's files and will be able to recognise them. Participants must be assured that the information given will be treated with confidentiality. "That is, they must be assured that data will only be used for the stated purpose of the research and that no other person will have access to interview data" (Bless, & Higson-Smith, 2004, p.101). In the present study anonymity will however be guaranteed to the participants in that no reader will be able to recognise the identity of the participants.

1.11.3 No Harm to Participants

Fouka and Mantzourou (2011, p. 5) state that as a researcher one needs to be aware of the possible discomfort one's research could elicit from the participants. According to Burns and Grove (2005, as cited in Fouka & Mantzourou, 2011) "discomfort and harm can be physiological, emotional, social and economic in nature." All the possible consequences of the present research have been considered and where possible eliminated by discussing the nature of the research question with the potential participants. Consequently, it was perceived that no foreseeable harm can arise from participating in this particular study.

Unique ways have been developed to achieve rigour in qualitative research including credibility, transferability, dependability and confirmability (Patton, 2002). Specific measures were taken to increase the rigour and scientific nature in the present study. The aforementioned measures are discussed in-depth in Chapter 3, section 3.6.

1.12 LIMITATIONS

A limitation of the present study may be that the fieldwork conducted will be restricted to families from the semi-urban township, Mamelodi. This research sample seems quite small in relation to the total population of families residing in semi-urban communities throughout South Africa. Another limitation may be that these families have been subjected to various familial stressors and due to the broadness of these stressors; the concepts related to family resilience may come across as vague. This limitation can be diminished by conducting further familial studies by focusing on more specific types of family stressors as well as broadening the field of participants to more semi-urban or rural communities. Another limitation may be that responses from the two families derived from the semi structured interviews may be complex to analyse. As time is a constraint in conducting comprehensive research on this topic, this study is limited to the resources available within the given time frame.

1.13 POSSIBLE CONTRIBUTIONS

The findings of this study would, firstly, contribute to the limited local research available on the relevance of a family resilience framework to explain family functioning in a South African township context. The results of this study could subsequently lead to the development of an instrument for measuring family resilience in semi-urban communities and also improve current service delivery programmes for families in distress. By comparing the key processes of the FRF to the key familial processes identified by the participants, relevant family resilience concepts can be recognised and measured. This study could then serve as a basis for follow-up studies where the dimensions of family resilience put forward in this study could be explored

further to increase our understanding of family resilience, advance our knowledge about how families cope with stress and increase the likelihood that professionals would be better equipped to support families in distress.

1.14 OUTLINE OF THE STUDY

Chapter 1: OVERVIEW AND RATIONALE

Chapter 2: LITERATURE REVIEW

Chapter 3: RESEARCH DESIGN AND METHODOLOGY

Chapter 4: QUALITATIVE RESULTS AND DISCUSSION

Chapter 5: RESPONDING TO THE RESEARCH QUESTIONS AND CONCLUSION

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Amoateng and Richter (2007) argue that the task of defining the family becomes intricate in multicultural, multiracial societies like South Africa. Findings from Lee, Lee, Kim, Park, Song and Park (2007) show that families experiencing stress often have cognitive, emotional, social or instrumental difficulties that may impair family functioning. Family life in South Africa can therefore be hard to understand as families face unique circumstances that not only affect the structure of the family but also the context that binds them. Families are confronted with multiple adversities at a time for example poverty, HIV/Aids and violence and as a result experience significant stress within the household. The National Network for Family Resilience (1996) states that challenges are expected and that adjustments will be necessary for families to cope. Should these challenges be handled effectively, families have the opportunity to grow. As Black and Lobo (2008) point out, most healthy families face challenges in their life cycle. The ability of the family to handle life's challenges while still continuing to fulfil their roles and succeed seems important for the family's survival (Mullin & Arce, 2008). Risk and protective factors encountered can either cause distress or adjustment in the family (Patterson, 2002b).

Less is known about protective factors as fewer studies have been conducted in this area (O'Neil, 2008, as cited in Kalil, 2003). Protective factors within families buffer the adverse effect families experience when facing challenges and predict better outcomes (NSW Department of Community Services, 2007). If families are able to tap successfully into their protective processes for example communication patterns, belief systems or organisational processes; they may be able to adapt and respond to their challenges. Often families rely on their closest interpersonal relationships, as these relationships impact family well-being as a whole (Robinson & Parker, 2008). Yet it remains unclear why some families seem to be more resilient than others and why families from the same context facing similar adversities, cope differently with the adversities they are confronted with.

In the literature review I seek to demonstrate an understanding of the unique circumstances that affect families in vulnerable communities. I will then focus on resilience theory, followed by an examination of the construct *family resilience* and close the review with a conceptual framework to be applied throughout this study.

2.2 INTERNATIONAL AND SOUTH AFRICAN PERSPECTIVES ON FAMILIES

2.2.1 Investigating families from an international perspective

At the turn of the twenty-first century we face some basic questions regarding families, cultural implications and role allocations within families across the globe such as: What constitutes a family in different cultures? How are paternal and maternal roles defined in different cultures? How do sociocultural and religious belief systems or ethnotheories influence family organisation patterns? And how are families and children affected by globalisation (Roopnarine & Gielen, 2005)? Families in America and Europe tend to prefer a nuclear family household, whereas families in most other countries worldwide are likely to take on a more extended family household (grandparents, aunts, uncles, cousins, and other kin) structure (Georgas, 2003). It is recognised that family arrangements are predetermined by their cultures (Georgas, 2003). The importance of understanding and recognising the impact the family's culture may have on its familial processes cannot be stressed enough. Cross cultural studies of families remain important to ensure better service delivery is provided to families facing uncertain circumstances. As Walsh (2003) noted families face a future that is complex and diverse with regard to its structure, life-cycle patterns, gender, class and culture. Families can therefore no longer be viewed as static units, but should rather be seen as “composed, disintegrated or recomposed with new members” (Roopnarinen & Gielen, 2005, p.6).

A few decades ago, definitions of “nuclear” family were widespread. During the 1950s the nuclear family comprised an intact, two-parent household with a male responsible for income and a female responsible for household chores and child-rearing (Walsh, 2003). Family arrangements seem more fluid today than in the past. More recently we have what Stacey (1990, as cited in Walsh, 2003) calls the ‘*postmodern family*’, broadly referring to family structures that include families with working mothers and two-earner households, divorced, single-parent, remarried and adoptive families, domestic partners (both homosexual and heterosexual). Patterson (2002) also highlights the variability in family structures particularly in the USA. For the purpose of the present study, I agree with Hanson's (2001b, as cited in Black & Lobo, 2008) definition of a family in which it is referred to as two or more individuals who are dependent on one another for emotional, physical and financial support.

2.2.2 Factors influencing South African families

2.2.2.1 *Historical factors*

a) Changes evident in South African families

Over the past few decades, South African families have changed profoundly with regard to composition, cultural practices and belief systems. Economic activities, migration, delayed marriage and cohabitation seem likely to continue to impact the structural and organisational patterns evident in families (Arnett, 2002). More and more families are impacted by the effect of urbanisation (economic development in urban areas), causing fewer families to stay together (Makiwane & Berry, 2013). The concept of ‘nuclear’ family may never successfully describe the structure of a typical South African family. The definition of a postmodern family can rather be applied to South African families as multigenerational and extended families appear to be the most common structures among lower socio-economic groups (Eddy & Holborn, 2011). Furthermore South African families can be better defined as households that are related by blood, marriage, adoption or affiliations who share an emotional bond that stretches over time or physical residency (Amoateng & Richter, 2007, p.14).

b) Apartheid and the labour migration system

The South African government’s (1948-94) aim to isolate and control African populations was found to be deeply entrenched in the country’s colonial history (1652-1948) as well as apartheid history (1948-1994) which affected family life significantly. African populations were seen as culturally different and hence their separation was required (King & McCusker, 2007). In 1959 the *Bantu Self-Government Act* was released that recognised eight ‘black national units’ which entailed that black residents had to relocate to their land of origin where they would gain citizenship (Evans, 2012).

Already in 1994 scholars recognised the influence of apartheid on South African families and that it could not be ignored (Niehaus, 1994). Racial policies and practices created segregation in South Africa for example the relocation of African populations into rural areas. Harvey (1994) explored the changes that occurred in families from the 1930s to late 1980s. The timeline below aims to clarify the relevant changes in South African families over the past decades.

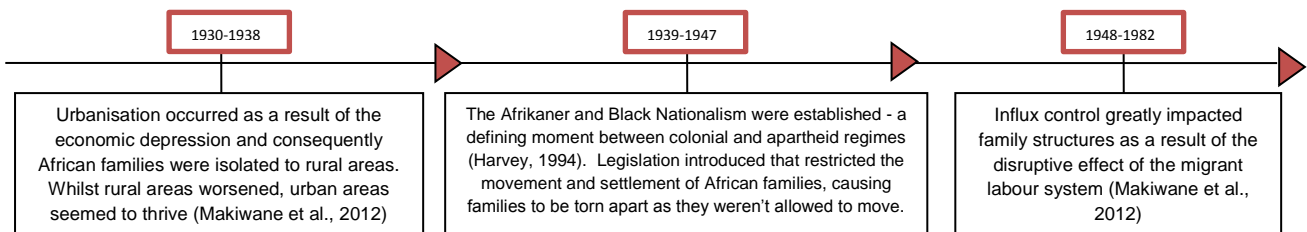


Figure 2.1: Changes in families: 1930 – 1982 (Harvey, 1994)

The labour migration system largely impacted family arrangements due to economic development that took place in urban areas (industrialisation). Already in 1998 it was

recognised that migratory patterns led to either one or both parents being absent for most of the year, resulting in mostly extended family members to act as the primary caregiver during this period of absence (Siqwana-Ndulo, 1998). Madhavan and Schatz (2007) emphasised the destructive impact of the migration system on families by stating that spousal separation, child fosterage and diverse family arrangements could be seen as direct outcomes of apartheid. Families influenced by migration and job-seeking behaviour tend to have fewer children who live with their biological parents. A study conducted by Hall and Wright (2010) indicated that although 29% of African children live with both parents, somewhat 25% of African children do not live with either of their biological parents. In the case white children it was found that 70% lived with both their parents. Several studies confirmed the unsettling effect migration had on families including the breakdown of the family household, dual lifestyles and families being spread across houses in rural and urban areas (Makiwane et al., 2012). Although the migrant system has since been withdrawn, migrancy still continues due to a shortage of employment opportunities in semi-urban and rural townships (Eddy & Holborn, 2011).

c) Poverty

Even though apartheid was discontinued during the 1990s, rural areas remain affected through poverty, employment opportunities and reduced access to health and welfare services. "Poverty is a serious problem in South African communities that affects all other psychosocial problems" (Visser, 2007, p. 218). Geographically poverty seems to be most prevalent in rural formal areas (55,1%) and urban informal areas (61,6%)(Statistics South Africa, 2012). The '*Living Conditions Survey*' (2008/2009) indicated that 21,2% adults are living below the food ¹poverty line, 32,3% below the lower band poverty line and 45,1% live below the upper bound poverty line. Poverty seems to affect some individuals and families more than others. Women seem to be affected more than men; Africans more than other racial groups and single-parent households more than other family structures (Visser, 2007). Trends reported from the Eddy and Holborn's study (2011) suggest that families exposed to poverty and unemployment is more likely to live and function in dysfunctional family environments. Thus poverty continues to demoralise the family as organisation by decreasing its value in society (Makiwane & Berry, 2013).

When families are impacted by poverty, multiple challenges become even harder to face. Families may not be able to engage in recreational activities that tend to strengthen family cohesion, nor are they able to fully provide in the basic needs sought after for self-actualisation. When basic needs are not met, families will probably be confronted with a number of

¹ **Poverty line** = R305 p/person p/month **Lower Band Poverty line** = R416 p/person p/month **Upper Band Poverty line** = R577 p/person p/month

challenges that will at the end of the day negatively impact family functioning. According to the Children's Act every child has the right to basic nutrition, shelter, basic health care services and social services. "Although the South African government has made progress in addressing socio-economic development in the country, poverty remains a serious threat to South African children" (Statistics South Africa, 2012). Impoverished communities create a particular social context in which families reside and this will be discussed in the section below.

2.2.2.2 Social context

a) Service delivery and social support

Rural communities are expected to be at a disadvantage with regards to not only their socio-economic status but also the quality of services at their disposal (DSD, DWCPD & UNICEF, 2012). Access to water, sanitation and health services are only some of the services provided to families by the South African government. Statistics South Africa released the *South Africa's² young children: their family and home* environment report in 2012. According to the report, 27,1% of African children have access to piped water in their homes, whereas 31,01% have piped water in their yard and 25,2% have some form of access to piped water, for example a neighbour's tap or communal tap. Sanitation poses another stark challenge with only 42,2% of African children having access to a flush toilet as opposed to the 97,1% white and 89,6% coloured population groups. A total of 47,4% African children live in households with a pit latrine and 6,7% live with no sanitation at all. Adverse circumstances including poor sanitation facilities are likely to lead to poor hygiene which in return may cause illnesses (e.g. diarrhoeal diseases) among family members and impoverished communities. Poor sanitation and a lack of sufficient clean water increase diarrhoeal diseases in impoverished communities (Walakira & Sarah, 2012). With regard to health services, 82,2% African children live in households who predominantly made use of public hospitals and clinics, where long queues and inadequate service delivery often seemed to be the case.

Social support on the other hand refers to the availability of supportive social networks that assist people in coping with life's challenges, for example job losses, serious illnesses or domestic violence (Shumacker & Bronwell, 1984, as cited in Visser, 2007). Pierce and Sarason (1990, as cited in Visser, 2007) furthermore argue that social support does not only exist on an individual level, but also on a community level where it contributes to a sense of belonging being experienced by members in the community. It can consist of emotional support, instrumental support or informational support and fulfils a buffering role against challenges

² For the purpose of this report, *young children* referred to children between the ages 0 – 5 years.

related to stress and illness (Casale, Wild, Cluver & Kuo, 2014). However, social support in rural and semi-urban communities tends to lack as these communities are riddled with challenges as discussed throughout section 2.2.2.2.

b) Income

Income seems to be another concern in families as only 48,% of the children lived in households in which salaries/wages/commission were indicated as the main source of income. Approximately 34,8% of African children lived in households where the main source of income was grants. Should families live below the poverty line, as indicated in section b (2.2.2.1), families are likely to support each other's living arrangements by living in the same house/dwelling. Research indicated in 2008 that nearly 5,6 million children (0-17 years old) lived in overcrowded households where more than two people share each room, communal living areas included (Eddy & Holborn, 2011). With so many individuals in one household and their sources of income limited to grants, access to food seems to be of a great concern in African households. Statistics South Africa revealed in 2012 that 31,5% of families ran out of money to buy food, 29,9% of families cut the size of their portions because there was not enough food in the house and 26,1% of families skipped meals as there was not enough food in the house. Overcrowded households in impoverished communities may cause financial stress for the main breadwinner, in many cases a grandparent or extended family member. Elderly individuals in South Africa often rely on their pension to sustain their households and experience even more financial pressure when the parents of the grandchildren fail to financially contribute to their upbringing.

c) Family arrangements

Family arrangements seem more diverse in rural and semi-urban townships. The '*South Africa's³ young children: their family and home environment*' (2012) indicated that 42,5% of young children lived with their biological mother, whereas 2,0% lived with their biological fathers, 36,4% lived with their biological parents and 18,7% lived with neither of their biological parents. Authors of the report argue that irrespective of the high percentage of children having both parents alive, it is evident that a much lower proportion of parents play an active role in child-rearing practices. Where children are not living with either of their parents, it is often found that at least one parent is alive, but not involved (Makiwane et al., 2012). Consequently 85,4% of young children live with their grandparents, 12,5% of young children live with relatives, 1,1% live with siblings and 1,2% live with a non-related member.

³ For the purpose of this report, *young children* referred to children between the ages 0 – 5 years.

Fathers furthermore seemed more absent than mothers and when children do not live with either of their parents, they tend to live with their grandparents (Richter, Desmond, Biersteker & Burns, 2012). The transformation of family structures led to multigenerational and extended families being the most common structure among African populations and people of lower socio-economic levels (Makiwane & Berry, 2013). Already in the 1990s scholars recognised that, general extended family patterns occurred vertically (multigenerational) or horizontally (across generations) and that these patterns existed in all African cultures (Nzimande, 1996). Extended family members fulfil various roles including acting as caregivers or offering financial support (Roopnarine & Galien, 2005).

d) HIV/Aids

By 2011 an estimated 16,6% of the adult South African population (15 – 49 years) was predicted to be living with HIV (Makiwane and Berry, 2013). A growing literature suggests that households are struggling to cope with the illness (Schatz, Madhavan & Williams, 2011; Feldacker, Emch & Ennet, 2010, Dayton & Ainsworth, 2004). Furthermore the findings of Ford and Hosegood's (2005) study reveal that HIV/Aids mortality can somewhat be held accountable for children's current living arrangements including fostering, adoption or living with extended family members. Two-thirds of South African families affected by HIV/Aids lost some form of income resulting in families not having enough food or living in overcrowded households (Steinburg, Johnson, Schierhout, Ndegwa, Hall, Russel & Morgan, 2002). The impact of HIV/Aids can be seen in the increasing number of orphans or child-headed household and it is estimated that by 2015 approximately 5 700 000 children will have lost either one or both their parents as a result of HIV/Aids (Eddy & Holborn, 2011). African households that become the primary source of care for children orphaned by HIV/Aids undeniably take strain from the financial expenses related to the illness, which impacts the family's financial status.

e) Violence

Already in 1999 McKendrick and Hoffman recognised that when a nation becomes infested with violence, all layers of society are affected including families and communities. When families reside in violence-ridden communities they are placed at a higher risk to be disrupted by the prevailing challenges and these risky environments demoralise their ability to function successfully as a family (Patterson, 2002b). A link between violence and crime and the use of alcohol and drugs seems to exist and literature indicates that when substance abuse occurs in a household, a parent's ability to take care of the family decreases (Morojele & Brooke, 2006). Not only do substances negatively impact the individual members in the family, but also the

family as a whole. Violence in families and communities remains a serious challenge in South African township communities.

The previous section explains the challenging conditions families face in rural and semi-urban township contexts and outlines the particular social context in which families in the present study are located. As the present study concerns a township context, many of the factors discussed in section 2.2.2.1 and 2.2.2.2 are expected to be apparent in Mamelodi.

2.2.3 Risk Factors in family and community contexts

The pervasive effect of poverty, HIV/Aids and violence as discussed in section 2.2.2 harshly influence family functioning. In the face of a *normative* or substantial risk, a family's ability to be resilient is not only related to its internal processes but also to the risk and opportunities within their contexts. A large number of scientific studies have focussed on risk factors since the 1980's (NSW Department of Community Services, 2007). Already in 1988 Durlak and other scholars recognised that multiple risk factors seem to be associated with a single outcome and similar outcomes can be impacted by the same risk factor. It is believed that risk factors worsen the likelihood of adverse outcomes such as illnesses, substance abuse and family and domestic violence (as referred to in section 2.2.2.2)(Mackay, 2003), and that families are for that reason negatively impacted by risk factors.

The 2009 report: *Preventing mental, emotional and behavioural disorders among young people: Progress and Possibilities* (O' Connel, Boat, & Warner, 2009) defines risk factors as characteristics that are associated with a higher probability of problematic or negative outcomes. Risk factors can furthermore be broadly grouped into four levels including the child, family, school and community (Patterson, 2002). The four levels identified by Patterson (2002) seem closely related to Bronfenbrenner's systems, for example *microsystem* (immediate setting of the child / family / school / community); *mesosystem* (linkages between two or more settings in which the individual is directly involved); *exosystem* (linkages between two or more settings, one of which individual is not directly involved, yet linkage indirectly impacts the individual's immediate setting); *macro-system* (sociological and psychological processes that impact processes of the individual's microsystem including belief systems, hazards, opportunities and cultural influences) and *chronosystem* (changes or consistency occurring over time in individual's immediate setting as well as the community in which individual lives, for example family structure; socio-economic-status; employment and place of residence) (Bronfenbrenner, 1994).

As seen from these levels, risk factors can either refer to internal characteristics or processes in the individual or external characteristics or processes related to the broader areas of functioning in the community. For the purpose of the present study, all four levels are acknowledged, however attention will only be given to possible risk factors associated with the family and community level as the focus is on family resilience. The diagram below offers a representation of the potential risk factors evident in families and communities as stipulated in a study conducted by Patterson (2002) and the Childhelp document (2011).

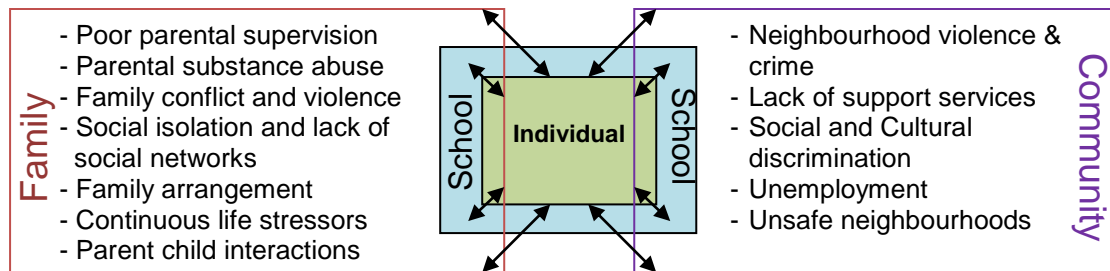


Figure 2.2: Risk factors in families and communities (Patterson, 2002 & Childhelp, 2011).

Bronfenbrenner has been extensively looked upon for his contributions to the understanding of human development. During the 1990's Bronfenbrenner added the idea of proximal processes as a key aspect in human development (Bronfenbrenner, 1995). Proximal processes involved four dimensions PPCT: Process (P), Person (P), Context (C) and Time (T), and refer to complex connections between the individual and his or her environment, (Bronfenbrenner, 1995) Bronfenbrenner's Person(P) dimension relates to the individual element in the diagram above and refers to the biological and genetic aspects of an individual, whereas the school, family and community will relate to Bronfenbrenner's Context (C) dimension (any environment in which an individual spends a good deal of time in).

On a familial level Patterson (2002) identified poor parental supervision and discipline, parental substance abuse (section 2.2.2.2.e), family conflict/domestic violence (section 2.2.2.2.e) and social isolation or a lack of social support networks (section 2.2.2.2.a) as possible risk factors. In addition to the aforementioned risk factors, the family structure (single families, large families with many household members or chaotic homes - section 2.2.2.2.c), continuous life stressors (stressful events, parenting stress and emotional distress) and parent-child interaction (lack of recognition of children, responses to negative behaviours and harsh disciplining techniques) have been found to act as possible risk factors in families (Childhelp, 2011).

Although Patterson (2002) identified neighbourhood violence and crime (section 2.2.2.2.e), lack of support services and social or cultural discrimination (section 2.2.2.1.a) as the most prominent risk factors on a community level, there is some evidence that unemployment (section 2.2.2.1.b) or an inability to provide economically, poverty (section 2.2.2.1.b), social isolation and unsafe neighbourhoods furthermore contribute to the adversities families experience (Childhelp, 2011).

From the aforementioned paragraphs it became evident that much is known about the adversities families face and that there is a need to find a balance and determine whether resilience exist alongside risk in South African contexts. Given all the evidence suggesting that risk factors negatively impact family functioning, some studies indicate that protective factors may have the opposite effect on families. Protective factors are seen as variables that reduce the effects of risk factors and can be associated with traits or processes that lower the likelihood of problematic outcomes (Schmidt & Tully, 2009). With these adverse conditions being relevant in our semi-urban township communities, I conclude that South Africa may be in need to move beyond a deficit view of diverse family structures as being incompetent. A better understanding of family adaptation and coping (Richter & Amoateng, 2003) should be cultivated in order for sufficient familial support to be provided. In the following section I will briefly explore the history and development of resilience theory. My discussion will provide the backdrop for a more focussed discussion on family resilience.

2.3 DEFINING RESILIENCE

2.3.1 Introduction to resilience research

Resilience phenomena were studied in different contexts across the globe (Luthar, 2006, Masten, 2012). Over the past five decades, scientists in fields such as psychology, psychiatry, education and social work explored the meaning of resilience and it became evident that within different fields, different terms were used to define resilience (Shaikh & Kauppi, 2010, Atkinson, Martin & Rankin, 2009). Resilience research played an important role in general and mental health fields, as researchers were interested in the psychological and social determinants of health (Fleming & Ledogar, 2008). Resilience was characteristically viewed as positive outcomes in individuals despite their adverse circumstances from a Western psychological discourse (Luthar, 2003). Conversely the initial definition of resilience as an individual trait was challenged, as its focus seemed to be too narrow and hence excluded the possible influence of external factors or processes (Secombe, 2002). As a result debates still remain in the field of resilience studies including 1) defining resilience or resiliency, 2) the presence of resilience as a personality trait versus a dynamic process developing over one's life-span and 3) if it is possible

to measure resilience with reliability and stability (Atkinson et al., 2009). Within these debates one aspect remains evident: resilience can be understood as protective mechanisms in adverse circumstances (LaFromboise et al., 2006).

In the following paragraphs, I will discuss the four waves of resilience research more comprehensively. During the literature inquiry it became apparent that some scholars conceptualise the waves of resilience differently, especially with regard to the events in the third wave. For the purpose of the present study, I will rely on the interpretation of Wright, Masten and Narayan (2013) to guide my discussion on the development across the four waves of resilience research.

2.3.1.1 First Wave: Resilience as a fixed trait

During the first stages of resilience research, a shift in focus occurred from initially only studying risk factors to the identification of traits that could act as protective mechanisms in individuals and families (Benson, 1997). Early research on resilience focussed on the intrinsic qualities in children that made them invulnerable or invincible (Werner & Smith, 1982 as cited in Fleming & Ledogar, 2008). Research findings were mainly descriptive in nature and resilience was described as a set of fixed traits that supported individuals in challenging times (Werner & Smith, 1992). A list of traits including being socially responsible, adaptable, achievement-oriented, a good communicator and having high self-esteem were initially identified (Werner & Smith, 1992) where after self-efficacy, planning skills, close interpersonal relationships (Rutter, 1987), positive outlook, self-discipline, humour, and receiving social support (Garmezy, 1991) were added. “Across many studies...and across widely divergent methodologies, the first wave of researchers revealed a striking degree of consistency in findings, implicating a common set of broad correlates of better adaptation among children at risk for diverse reasons” (O’Dougherty-Wright et al., 2013, p.21).

First generation researchers felt resilience involved two distinct judgments: 1) acknowledging the existence of some form of risk that may delay the development of an individual and 2) despite the risk, viewing adaptation that occurs as satisfactory (Luthar et al., 2000). During the first wave of research protective factors were recognised for the first time. Mahli (2012) defines protective factors as traits that moderate the outcome of risks, both internally (factors in the child) and externally (sources in the environment). It was only when researchers started recognising protective factors outside the individual (Rutter, 1979), that definitions of resilience became broader and more dynamic. Throughout the latter part of the 1980s a growing awareness occurred with regard to the social dimensions of resilience and attempts were made

to understand the process reaching these protective factors in the second wave of resilience studies (Fleming & Ledogar, 2008).

2.3.1.2 Second Wave: Resilience as a process

Researchers in this wave underlined the fact that resilience may occur as a result of specific processes as opposed to fixed traits, similar to what Bronfenbrenner had in mind when referring to proximal processes. Wyman (2003) for example defined resilience as various processes that reduce the negative impact of challenging circumstances and encourages positive adaptation. Researchers aimed to understand resilience from an ecological, transactional systems approach, moving away from the individual to also including the family and community networks (Cowen, 2000; Cummings, Davies, & Campbell, 2000; Masten & Obradovic, 2008; Walsh, 1998). The role of relationships and systems outside the family received more attention from researchers in their efforts to incorporate multiple systems (biological, social and cultural) in the definition of resilience (Charney, 2004; Cicchetti, 2010; Cicchetti & Curtis, 2007; Luthar, 2006; Masten, 2007, 2011, 2012).

In the second wave researchers accepted resilience to be specific to context, domain or age (Fleming & Ledogar, 2008) and emphasised the importance to identify how different groups (populations and cultures) adapt to adversities. Subsequently this era of resilience research identified and emphasised the role of cultures in relation to resilience processes (Ungar, 2008b; O'Dougherty-Wright et al., 2013). The protective functions cultural processes offer could not be ignored. Purification ceremonies, healing rituals and other cultural traditions may offer resilience to people from different cultures (Gone, 2009; Crawford, Wright & Masten, 2006). The first two waves were therefore successful in describing the characteristics and processes involved in resilience, yet neither of the two waves could describe the reason for different resilient traits in people.

2.3.1.3 Third Wave: Intervention-based research to foster resilience

Researchers now wanted to translate the core of resilience (as discovered during the first two waves) into possible interventions that may promote resilience. As a result the third wave of resilience research was known as the coming together of goals, models and methods from prevention science and resilience studies (Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Cowen & Durlak, 2000; Masten, 2007; Weissberg & Kumpfer, 2003). It became clear that multifaceted processes underlined the successful adaptation in individuals and families and if these processes were to be identified, more effective intervention models could be designed (O'Dougherty et al., 2013). Third wave researchers furthermore recognised the importance of

'the right time' - and saw longer lasting effects and more successful adaptations when interventions occurred at the right time (Cicchetti, 2010; Masten & Cicchetti, 2010). Thus, where the first three waves focussed on behavioural aspects of resilience, Masten and Obradović,(2006) predicted that the fourth wave would likely attempt to link biology and neurosciences with resilience.

2.3.1.4 Fourth Wave: Resilience research across multiple levels

During the 21st century resilience research focussed on the integration of elements from the first three waves (individual traits, processes and motivation) in order to examine the complexity of factors leading to resilience (Masten, 2007; Masten & Wright, 2010). It was therefore predicted that this wave of research would aim to link neurosciences, biology and genetics (Atkinson et al., 2009). At present, research looks at the multilevel dynamics and processes involved in genetics and neurobiological development as possible hypotheses to clarify different types of responses to adversity (Cicchetti & Curtis, 2007; Kim-Cohen & Gold, 2009; Masten & Wright, 2010). Researchers however caution against only looking at individuals' genetic predispositions as they may be limiting to narrow the focus to merely genetic and neurobiological influences (Carr, 2012). Contemporary researchers are becoming aware of the resilience process as emergent, continuous and social and more specifically that close relationships may promote resilience, especially later in life (Lucken & Gress, 2010). Thus a primary purpose of the present study is to examine the role of family relationships and processes in developing resilience in families that experience challenging circumstances. As the search for non-pathologising interventions expands, it becomes more fundamental to identify familial processes that increase family resilience (Mulin & Arce, 2008).

2.4 FAMILY RESILIENCE

2.4.1 History of family resilience

Family scholars have increasingly been investigating the perspective that families can be considered as resilient. In the fields of psychology and sociology, families were often viewed as dysfunctional when they struggled to cope with normative or significant challenges (e.g. poverty, unemployment or discrimination) across the life cycle. As a result public health, sociology, psychology and family sciences united during the 1980s and investigated why some families stay healthy and adapt during adverse circumstances while others fail to do so (Patterson, 2002). Over the past four decades resilience research shifted from an initial linear view (fixed traits within an individual) to a broader perspective that included multiple factors and processes as discussed in section 2.3, and this shift remains significant in the conceptualisation

of family resilience (Mulin & Arce, 2008). Patterson (2002) found this shift to be in line with some of the general trends occurring in family research at the time including an increased emphasis on acknowledging strengths within families (Stinnet & Defrain, 1985 as cited in Patterson, 2002) and recognising resources rather than deficits and pathology within families (Karpel, 1986 as cited in Patterson, 2002). In psychology a greater emphasis on positive mental health and good functioning likewise occurred (Seligman & Csikszentmihalyi, 2000).

Family resilience researchers aimed to challenge and diminish the view of families as being dysfunctional and troubled (Luthar, Cicchetti & Becker, 2000). Already in 1996 Walsh identified the potential of this outlook to address the myth of problem-free families as it seeks “to understand how families can survive and regenerate even in the midst of overwhelming stress” (Walsh, 1996, p. 264). During the 1990s three conditions were identified as important when one wanted to consider resilience in individuals and Masten and Coatsworth (1998) explained that these conditions could be adapted to meet the requirements of a family. These conditions included 1) establishing a family-level outcome in order to assess the extent to which the family is able to meet the outcome, b) risk needs to be evident in some form that may imply the family will not be successful and c) family members need be able to identify which protective mechanisms are existing in the family which could assist in neutralising the expected crisis. In the present study it is proposed that the outcome is likely to determine which protective processes the family should tap into, in order to adjust or adapt to the impending crisis or challenge.

The family resilience field poses some prevailing challenges for researchers and scientists across several disciplines including psychology, sociology and family sciences. Family resilience has been subject to some critique over the past few decades and much of the criticism lies in the confusion around a neutral definition for the construct *family resilience* within the various disciplines. Questions are raised in terms of the value of family resilience research and the importance of the phenomenon within resilience research. Mackay (2003) argues that very few studies conducted in the past focussed on measuring family resilience as a construct and that studies often focussed on the processes of resilience e.g. cohesiveness or communication. In relation to the aforementioned criticisms, evidence from Walsh’s studies support the hypothesis that family resilience does exist within families, although only a few studies in the past have focussed on the construct itself.

2.4.2 Family resilience from a system’s perspective

From a systemic perspective on family resilience, as proposed by Walsh (1996, 2003, 2006), scholars argue that when families face persistent challenges, not only is the involved individual

affected, but also the whole family. The concept of family resilience is constantly evolving as more and more scholars embrace the influence of relationships with family, kin and mentors. For the purpose of the present study, I concur with Patterson (2002) in that one aspect of family resilience centres on exploring the product of a family's relationships. Within the family, positive relationships with siblings, parents, caregivers, spouses or partners, grandparents and godparents, aunts and uncles and other informal kin can therefore act as potential resources for resilience (Minuchin, Colapinto & Minuchin, 2005, as cited in Walsh, 2012). The family resilience perspective therefore allows for recognising parental strengths, family dynamics, relationships and the socio-economic context of the family and with South African family structures rapidly changing these thoughts seem to readily apply to our local communities.

Family stress theorists, for example Boss already in 2002 recognised the necessity to take into account the family's community and cultural context in order to successfully comprehend why and how families stress and how they deal with stress (in Patterson, 2002). Literature suggests that a blend of ecological and developmental perspectives on resilience is necessary to successfully view the family's functioning in relation to its sociocultural context and its development throughout the family life cycle. From an ecological perspective, scholars view risk and resilience in the light of multiple recursive influences that occur between individuals, families and larger social systems. They regard stressors as a result of interaction between either the individual and family vulnerability when crises occur (Walsh, 2003b). Within families symptoms of dysfunction occur primarily from biological influences for example illnesses and are furthermore influenced by sociocultural variables namely poverty or violence. Ideal contexts for resilience from an ecological perspective include the family unit itself, peer groups, community resources and other social systems (Walsh, 2003b). Consequently the impact on family resilience can be seen in the common elements of the crisis situation and the effective family responses. Within this ecological perspective the family uniqueness is taken into account, for example their resources and their challenges (Walsh, 2003b).

In contrast to the ecological perspective, Walsh (2003b) accentuates the Developmental Perspective (Life-Cycle Perspective), where family processes contribute to the risk and resilience a family may experience. The processes may vary over time, depending on the life stage the family may find itself in. Stressors are a complex set of changing conditions over time so that single coping responses may not be successful. Within each stage of the developmental phases present in a family, unique challenges can be expected (Walsh, 2003b). Relationships beyond the immediate family household are acknowledged, as these relationships have the tendency to either impact an individual in the family or the family as a whole. From a family resilience perspective it would be necessary to assess how family members respond to a

situation including whether they have a proactive stance, immediate response or whether they rely on long-term strategies.

In the present study I reason that family resilience can be based on several protective resources and processes within the family as suggested by Walsh (1998, 2002, 2003). Risk and protective factors need to be defined in order to distinguish whether a family has engaged in the process of resilience. Although section 2.2.2 defined and discussed possible risk factors contributing to South African families in rural and semi-urban communities, section 2.2.4 will attempt to discuss possible protective factors as proposed by Walsh, (1996). McCubbin and McCubbin already stated in 1993 that a family's protective and recovery factors act in synergy and interchangeably assist the family in successfully coping with challenges (Black & Lobo, 2002). A review of family research conducted by Black and Lobo (2002) identified prominent resilient factors in families including a positive outlook, spirituality, family member accord, flexibility, family communication, financial management, family time, shared recreation, routines and rituals and support networks. In the following section I will highlight the essence of the Family Resilience Framework (FRF), whilst clarifying the core key processes that capture family resilience from Walsh's perspective.

2.4.3 The value of a Family Resilience Framework (FRF)

What makes a FRF so appropriate to the present study is that it allows one to assess family functioning in terms of the family's organisation, bio-psychosocial processes, challenges and resources. "Unlike other models of basic family functioning that are acontextual, atemporal and under non-stress conditions, this approach situates each family in relation to its particular resources and challenges" (Walsh, 1996, p. 266). The advantages specifically related to the FRF consist of the framework's focus on strengths forged under stress, the hypothesis that families are unique. Families should therefore be assessed in the context of the family's arrangement, values, resources and challenges and finally the acknowledgement that families evolve over and across the life cycle and therefore the processes for optimal functioning may vary over time (Walsh, 2003).

In the present study it was decided to make use of Walsh's (2006, 2002) comprehensive FRF to guide the study's conceptual framework. Three familial domains in particular play a prominent role within this framework, namely belief systems, organisational patterns and communication processes (Walsh, 2003). "By defining resilience in this way, Walsh identifies specific but changeable and potentially adaptable actions and behaviours that contribute to overcoming adversity" (Mullin & Arce, 2008, p. 426). The American National Network for Family Resilience (1995) found that together with a family's goals, the family's values, problem-solving

skills and support networks greatly influence its adaptation to stressors and crises. Walsh (2003) moreover explains that her framework has been developed to guide clinical practice and that it has been informed by clinical and social sciences. “The framework draws together findings from numerous studies, identifying and synthesizing key processes within three domains of functioning: family belief systems, organization patterns and communication processes” (Walsh, 1998 as cited in Walsh, 2003b) and is designed in such a way that it allows for the exploration of key family processes that have the potential to reduce stress and empower families by fostering healing and growth that could emerge from their crisis situation.

2.4.4 Key processes in family resilience

2.4.4.1 *Family Belief Systems*

Neither individuals nor families grow up or function in isolation. From a system’s perspective one needs to acknowledge the individuals, context, culture, social norms, values and beliefs that may impact and contribute to how a family views the crisis and the available resources in the family system. A study conducted by Plumb (2011) found that resilient families often tap into their belief systems to create a space where the crisis is not viewed as a typical incident in order to support the family in making sense of their situation. When a family responds to adversity from their collective belief systems it supports the family in giving meaning to their experiences while linking it to their social, cultural and religious beliefs (Czyszczoń & Lynch, 2010). Plumb (2011) furthermore argued that a family’s belief system normalises the crisis for the family and supports the family to view the crisis as manageable and meaningful, which may lead to an increased sense of family coherence.

Walsh (2003) likewise states that resilience seems to be promoted by shared beliefs that increase problem-solving and growth in the family. A family’s belief systems can mainly be outlined in three categories to conceptualise the manner in which families apply the belief systems: how they make meaning of adversity, whether a positive outlook has been developed and how they have found ways to experience transcendence and spirituality in the midst of the crisis situation. Ultimately studies indicate that families who contextualise their challenges and place them in perspective and still find hope in their challenging circumstances, are likely to tap into resilient belief systems (Czyszczoń & Lynch, 2010).

a) Meaning Making of Adversity

Largely one of the most important tasks within a family remains their way of making meaning. The process of meaning-making seems to create a relational view that personifies the family as a system or a unit (Spicer, 2011). It was furthermore found that through shared meanings

families are likely to avoid confusion and misunderstandings that could revolve around the crises (Spicer, 2011). Should the members of the family make meaning of their adversities in a similar manner or understanding, the unity within the family is likely to increase and the family may feel empowered to withstand the crisis experienced. The family life-cycle perspective forms part of the foundation of the FRF in that it supports family members to view certain disruptive transitions as milestones across their lifespan, for example birth of the first child, death of an elderly parent etc. Walsh (2003) refers to this process of comprehension as the 'normalisation' of the crisis which assists family members to see their reactions as reasonable in the light of the overwhelming circumstances. How families view their challenges and their resources will most likely determine whether families experience healing and growth from the challenge or end up dysfunctional and in despair (Walsh, 2008).

In 1988 Patterson identified three levels of family meanings foundationally to the Family Adjustment and Adaptation Response Model (FAAR). The three levels relate to Walsh's processes of meaning-making and include 1) the families' definitions of their demands and capabilities, 2) their identity as a family (how they perceive themselves as a unit) and 3) their world-view (how they view their family in relation to systems outside their family) (Patterson, 2002b). Spicer (2011) refers to a family's '*relational culture*' that emerges from the meanings families ascribe to events, rituals and activities based on their private understandings and meanings that only relate to the family. When referring to a family's meaning-making processes it seems possible that for a family to successfully adapt to a crisis or challenging situation, it may be necessary for the family to alter their initial belief systems and values. The FAAR Model purposefully emphasises that "families engage in active processes to balance family demands with family capabilities as these interact with family meanings to arrive at a level of healthy family adjustment or adaptation (Patterson, 2002).

Finally the construct *sense of coherence* forms part of the meaning-making category referred to by Walsh (2003). In 1988 Antonovsky identified the construct sense of coherence and indicated that it is "a construct that refers the extent to which one sees one's world as comprehensible, manageable and meaningful (Antonovsky & Sourani, 1988). However in the present study Walsh's (2003) interpretation of sense of coherence will be used. In this case a sense of coherence involves "efforts to clarify the nature and source of problems and available options within the family" (Walsh, 2003, p. 407). When a family views their crises as comprehensible, manageable and meaningful it is likely to enable the family in successfully coping and growing in challenging times. As previously mentioned in section 2.4.4.1, families do not function in isolation and several factors including their culture impact on how a family may respond to a crisis. Spicer (2011) accordingly reasons that a family's culture may define family members'

meanings and perceptions and their understanding of the perceived crisis. A family's belief about what caused the crisis may influence the manner in which a family responds to the challenge and whether the family believes it has control over the outcome. A sense of coherence can be negatively influenced by ambiguous understanding in relation to why the crisis occurred or how life would be after the crisis. Walsh (2003) states that efforts to clarify such ambiguous understanding in the family may facilitate the healing process.

b) Positive Outlook

Positive outlook refers to the optimistic view families choose to adopt when challenged by crises. Research studies conducted on optimism have found that hope is situated in a future-orientated belief which enables families to envision a better outcome (Walsh, 2003). In 1990, Beavers and Hampson (as cited in Walsh, 2003b) recognised that high functioning families have a more optimistic life view. Seligman (1990) also coined the term "learned optimism" in the 1990s when referring to existence that people could learn optimism by mastering their experiences in crisis situations that could increase their confidence. In 1998 evidence from a study managed by Bissonette specified that optimism had the potential to reflect a family's expectation of something positive to come out of their distress. It is to be expected that an optimistic mind set can be viewed as a protective factor associated with resilience.

Dainese, Allemand, Ribeiro, Bayram, Martin and Ehlert (2011) conducted a study on the 'Protective factors in Midlife' and results from their study support the hypothesis that optimism could assist individuals to view challenges as external and specific. As a result it prevents a negative self-concept to develop. It can thus be argued that optimism may be related to faster recovery after a setback, physical well-being, active coping and acceptance (Dainese et al., 2011). Therefore during immediate crises, families should be confident enough to confront what they perceive as manageable and achievable and past successes should support families through the sudden crisis (Walsh, 2003).

c) Transcendence and Spirituality

Spiritual beliefs and practices have sustained families over the millennia in cultures worldwide. According to Walsh (2010, p.333) "cultural influences are interwoven in all aspects of spiritual experiences". A literature review piloted by Mahoney (2005) focussed on the role of religion in marital and parent-child relationships within families and various findings suggested that religion seems to promote the formation of familial ties. Furthermore, the findings from the past decade (1999-2009) associate higher general religiousness with positive family functioning (Mahoney, 2005).

Transcendent beliefs may offer meaning and purpose to the family and most families find comfort in adverse circumstances by means of their religious beliefs or cultural practices. Aspects such as a strong sense of faith, rituals or ceremonies and a congregational connection have all been found sources of resilience (Walsh, 2003). “Family members may also engage in behaviours that invest family relationships with spiritual significance. Religious wedding ceremonies and baby naming rituals are examples” (Mahoney, 2010). A study conducted in Australia among 605 families revealed a strong value system acted as a source of resilience as it cultivated a sense of belonging among the members of the family (Silberberg, 2001). The shared value system a family employs is likely to empower families to more easily accept risks and losses due to a larger perspective that is created which stems from the family’s belief systems (Walsh, 2010). In impoverished communities aspects such as marital satisfaction, efficacy, authoritativeness, consistency as well as less parental distress and risk of child maltreatment were associated to a greater religious attendance and personal salience of God or spirituality (Mahoney, 2010). This could be indicative that certain transcendence or spiritual beliefs and practices may inhibit family challenges from occurring in most families. Spirituality is deeply imbedded in the development of a healthy life cycle in Africans (Wheeler, Ampadu & Wangari, 2002). It seems important then in the present study to not only identify, but also acknowledge the families’ belief systems and religious affiliations, as the sample population is African. In doing so, one will possibly be more informed as to what type of role the family’s belief systems play and to what extent these beliefs and practices act as protective factors against adversities.

2.4.4.2 Family Organisation Patterns

Today’s diverse family forms face their own unique challenges (as discussed in section 2.2.2.2c) and a family’s organisation could play an important role in addressing the challenges at hand. Walsh (2003) states that a family’s flexibility, connectedness and the availability of social and economic resources may act as protective factors in the midst of a crisis. In the present study, a family should be seen as a social system and the family’s functioning therefore multidimensional. Accordingly when defining a resilient family, Patterson (2002b) suggests that family cohesiveness and flexibility should be examined and the following paragraphs will assist in providing a better understanding of what these processes and patterns could entail. Families, who rely on organisational patterns that are more flexible, connected and who have access to social and economic resources tend to be more resilient and cope better with stress (Czyszczon & Lynch, 2010).

a) Flexibility

Flexibility in a familial sense refers to the family's ability to achieve a balance between change and stability (Patterson, 2002b). After a major transition or crisis occurs, families often find it hard to return to life as they knew it and as a result Walsh (2003) is of the opinion that families may require some support in going through structural reorganisation. Continuity is important and daily routines and rituals seem to be one of the ways in which families are able to remain stable in the midst of a crisis. Routines refer to activities that occur regularly and normally a family member is assigned to carry out the routine; whereas family rituals are activities family members practice and carry symbolic significance in the family (Spagnola & Fiese, 2007). During the 1990's, Fiese (1992) discovered that the degree to which routines are seen as important in the family as well as the degree to which rituals are considered meaningful to the family remain important in understanding family organisational patterns. The creation and maintenance of family rituals, for example celebrations (such as a graduation), traditions (such as annual birthday parties) and patterned interactions (such as a family meal) has more recently been regarded as a protective process in the field of family research (Fiese, 2002). When new demands are met after a crisis and a family's identity is retained, resilience occurs among the family members (Patterson, 2002b; Walsh, 2003). Therefore, rituals are likely to stabilise families and provide a sense of belonging among family members and meaningful family rituals may equip family to respond more successfully to multiple stressors (Fiese, 2002). Families with resilient organisational patterns are able to adapt to changes as a result of their nurturing, supportive and respectful relationships (Czyszczon & Lynch, 2010).

b) Connectedness

Cohesion or connectedness plays an imperative role in the manner in which the family responds to a crisis. "Cohesion refers to the emotional bonding family members experience with each other" (Olsen, 2000). The Circumplex Model of Marital and Family Functioning refers to healthy family functioning as balanced levels of cohesion and flexibility (Olson & Defraigne, 2000). According to this model, cohesion amongst family members can be experienced on four levels across a continuum including disengaged (at the lowest level), separated, connected and enmeshed (at the highest level), where both disengaged and enmeshed refer to unbalanced levels of cohesion (Smith, Freeman & Zabriskie, 2009). Connectedness is experienced when a family achieves balancing their separateness and togetherness regarding their time spent together and family members are then likely to experience the required support and independence (Olsen, 2000). Because individuals not only have the need to experience emotional connections but also physical independence, the family context provides the optimal

environment in which both these needs can be addressed (Patterson, 2002b). As a result connectedness can be reinforced by nurturing a family context where mutual support, collaboration and familial commitment form the centre of family functioning (Walsh, 2003).

When family members respect each other's needs, differences and boundaries, the cohesion experienced among members of the family is expected to increase. Nevertheless "the desired amount of emotional connectedness however varies significantly between and within families at different ages and stages of life as well as among different cultural groups" (Patterson, 2002b). Although many studies have been conducted concerning connectedness amongst several cultural groups in the USA and Europe, little is known about South African cultures and how cultures may impact the cohesion that is experienced amid various cultural groups. The findings of the present study are therefore likely to contribute to the gap in South African literature with regard to family cohesion.

c) Social and economic resources

Social and economic resources in the form of kin or social networks make up the third concept of family organisation patterns. Several literature studies reveal accounts where significant role models and mentors contribute to the resiliency in at-risk adolescents. Although the specific role of friendship has not been documented well yet, literature does point out that it can contribute to resilience as well. Involvement in religious congregations or community-based projects furthermore seems to strengthen resilience (Walsh, 2003).

Economic support fulfils a family's basic needs including food, shelter, clothing and other resources. These aspects contribute to a safer environment for the family (Patterson, 2002b) and enhance the family's development. When economic support fails, neglect or homelessness could be the outcome for families, adding to their stressors. Community-based projects play a vital role in the manner in which families respond to unexpected crises, as these projects offer the necessary support during times of need. Walsh (2003) emphasises that one should not view a family as non-resilient when they struggle financially. Furthermore, in the same manner that families need supportive relationships to flourish, they also need support from policies and practices that would enable them to rise above their challenges.

2.4.4.3 Family Communication and Problem-Solving Processes

"The patterns of communication within a family are the facilitating dimension for arriving at shared expectations about cohesiveness and flexibility as well as for accomplishing the core family functions" (Patterson, 2002b, p. 242). Already in 1983, Olsen, Russell and Sprenkle

argued that clear and congruent messages, empathy, supportive comments and effective problem-solving skills act as positive communication processes in families. Positive communication processes bring clarity, emotional expression and collaborative approaches to problem-solving, which fosters resilience. Families may be able to change their cohesion and flexibility levels to meet the requirements that arise from crisis situations and alternatively families with poor communication processes tend to fail to adapt in challenging circumstances (Smith et al., 2009).

a) Clarity

Communication processes in resilient families are known to be clear, open and full of emotional expressions. The McMaster Model of Family Functioning was created over a period of thirty years and is based on the systems theory (Miller, Ryan, Keitner, Bishop & Epstein, 2000). The model was designed to assess family functioning and organisation across six dimensions including problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control. Walsh (2003) recognised communication and problem-solving processes as protective processes in the FRF. Two types of communication seem to be present in families: affective communication and instrumental communication. Affective communication patterns refer to the means of expressing one's love and support and are vital if a nurturing environment is to be established (Walsh, 2003). On the other hand instrumental communication patterns refer to the logistical aspects of communicating, for example role assignments, rule setting, decision-making and conflict resolution (Patterson, 2002b). If and when family members manage to communicate clearly with one another, effective family functioning can be facilitated: "Clear messages which are consistently shared from a place of emotional expressivity and a desire to work out difficulties with others in the family are aspects of such processes" (Walsh, 2006, p. 26).

b) Open emotional expression

When a family shares a range of feelings like joy, pain, hopes and fears a climate of trust, empathy and a tolerance for differences develop within a family (Walsh, 2003). In a crisis situation, different emotions and feelings can occur which may result in conflict amongst family members as they try and gain control of the situation. Affective responsiveness (another dimension assessed by the McMaster Model) refers to the family's capacity to respond to a range of emotions with the appropriate feelings (Miller et al., 2000). Walsh (2003) furthermore argues that individual family members need to take responsibility for their own feelings and behaviour and that families need to make an active attempt to engage in pleasurable

interactions in order to lessen the stress experienced in the midst of adversity. Resilient families engage in the full range of affective responses that seem appropriate in the family context (Miller et al., 2000).

c) Collaborative problem-solving

The final concept of the FRF remains one of the most central concepts of family resilience, namely *collaborative problem-solving*. In resilient families, problem-solving refers to the process in which problems are resolved in order to maintain effective family functioning (Miller et al., 2000). If and when families can engage in creative brainstorming and shared decision-making processes, families may increase their ability to collaboratively solve the crises they may be facing (Walsh, 2003).

2.5 CONCLUSION

The Family Resilience Framework is based on a multisystemic approach, which, as a result, would lead to a variety of interventions for either individual, couple, family and multifamily group modalities. By making further use of the ecological view, one can see how not only the family members, but also the community agencies, workplace, school, and health care could be utilised in mobilising strategies that could aid families. By seeking to identify and foster key processes in the family, this could enable families to cope when persistent stressors arise within or outside the family unit. Consistent findings across previous studies indicate that the significance of strong relationships in cultivating resilience remain important within family units in order to increase resilience. According to Walsh, (1996, p. 265):

These multiple, recursive influences underscore the need for a systemic assessment in times of crisis: (a) to identify potential relationship resources within and beyond the immediate household, throughout the kingship network and community, and (b) to attend the temporal confluence of experiences over the life cycle and across generations.

A growing body of research based on the systemic perspective has shown that the processes within a family are of more importance than the family's form in terms of healthy individual and family functioning (Walsh, 1996). "Despite some differences in constructs and methodology, there is some remarkable consistency in findings across studies that such interactional processes as cohesion, flexibility, open communication and problem-solving skills are essential in facilitating basic family function and well-being of members" (Walsh, 1993 as cited in Walsh 1996, p.266).

2.6 Personal conceptual framework

With regard to the present study it is important to mention that the literature review conducted was informed not only by literature related to family resilience and the processes or factors involved, but also literature related to resilience theory, families (international and South African perspectives), Bronfenbrenner's Bio-psychosocial Model and proximal processes as well as the system's theory. As a result, the following diagram aims to illustrate my personal conceptual framework for this study, which will be used as a framework to analyse the data and base the findings on. Consequently the family will be regarded as a microsystem that functions in a number of other complex systems and which does not function in isolation. The relationships among the individual family members are likely to contribute to the successful adaptation of the family as a whole. Family resilience factors based on Walsh's (2003) FRF including belief systems, organisational processes and communication and problem-solving patterns impacts how a family responds to and adapts after a crisis. Bronfenbrenner's (1994) proximal processes (Process, Person, Contexts & Time) indirectly link with Patterson (2002) levels of risk and protective factors that occur on the individual, school, family and community level. As a result it seems likely that the proximal processes as well as risk and protective factors on the various levels will affect families in general, whether it directly or indirectly affects the family's functioning. Risk and protective factors (past or present) form the social context in which families live and subsequently determine what the family is exposed to. These factors furthermore work interchangeably within the family context, either strengthening the family processes or negatively impacting family functioning (See Appendix B for an illustration of my personal conceptual framework).

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In the present study I focus on the experiences of South African families and family resilience in semi-urban townships. My emphasis is on the challenging circumstances and protective factors that contribute to family functioning. When studying family resilience one attempts to identify those factors within the family that strengthen the family to cope in such a manner that a healthy level of family functioning is re-established. Family resilience factors as proposed by Walsh's (2003) FRF were used as part of the conceptual framework in order to identify which familial factors and processes may contribute to successful adaptation of families in Mamelodi – a community riven by challenges. It was furthermore important to determine to what extent each of these factors account for the variance in family adaptation. Therefore I formulated the research question: "What is the relevance of a family resilience framework in explaining family functioning in a South African township context?"

In this chapter I describe the chosen research methodology and design used in the present study in order to answer the relevant research question. The chapter includes a description of the theoretical and epistemological paradigms, an explanation of the research design, along with the procedures employed in selecting the participants. The data collection procedures utilised, the measuring instruments, as well as an account of the data analysis procedure that will conclude this chapter.

3.2 RESEARCH APPROACH

3.2.1 Paradigmatic approach

Interpretivism refers to subjective meaning-making processes in the field of scientific research and as a result recognises that reality is socially constructed by individuals in their broader context through social interactions (Wahyuni, 2012). "The interpretivist research paradigm emphasises qualitative research methods which are flexible, context sensitive and largely concerned with understanding complex issues" (Carcary, 2009, p.11). As the purpose of this study was to identify the key familial factors that promote and encourage healthy family functioning from the participants' views, an interpretivist stance was chosen. From an interpretivist stance it was acknowledged that the best way to study the phenomenon in question would be to view it in its context. In the present study, the researcher wanted to view the research phenomenon ontologically by recognising that the participants' reality was subjectively created and that the participants contributed to the social phenomenon, family resilience (Wahyuni, 2012).

In this case individuals form their own subjective meanings based on their upbringing and past experiences, which directly impact their continuous construction of reality. Due to the fact that human behaviour does not exist in a void, a comprehensive description of the social environment of the research subject is necessary in a qualitative approach. I also argue that each historical and cultural context is unique and necessitates analysis of the particular context in which it is embedded (Nieuwenhuis, as cited in Maree, 2007). An in-depth analysis of the context in the present study, namely Mamelodi, was imperative to understand the families' functioning in relation to family resilience.

3.2.2 Qualitative Approach

Baxter and Jack (2008) reasoned that when a qualitative approach is applied properly, it offers a platform for researchers to study multifaceted occurrences within their contexts. In the present study, I researched family resilience in the context of Mamelodi, a semi-urban township on the outskirts of Tshwane, Gauteng. Where a quantitative approach often involves relatively large samples and structured data collection procedures with a primary goal of testing hypotheses (Struwig & Stead, 2001); a qualitative approach involves smaller samples where a variety of data collection procedures can be applied to deliver culturally specific and context-rich data (Mack et al., 2005). Denzin and Lincoln (2005) describe qualitative research as having a multimethod focus with both an interpretive and a naturalistic approach towards the phenomenon. In addition, Creswell (2008) explains that to learn about a phenomenon, participants should be asked a variety of questions, detailed views should be collected in the form of words or images and then analysed to extract themes within the relevant context. By using a qualitative approach it enabled me to capture information regarding behaviours, values and the social context in a culturally specific manner (Mack et al., 2005).

Some advantages of qualitative research is the opportunity to generate rich textual descriptions and explore intangible factors such as social norms, socioeconomic status, ethnicity and religion which were relevant for the present study (Mack et al., 2005, Anderson, 2010). The open-ended questions I used provided flexibility in the participants' responses and evoked meaningful and relevant responses from the participants. I could also probe initial responses with *how* and *why* questions, which led to rich and descriptive answers. I could revise and adapt my approach as new information emerged helping me to discover subtleties and complexities that would have been missed in a positivistic enquiry. Finally, although my findings are not meant to be generalised to other populations, they can be transferred to similar settings, meaning "findings from qualitative data can often be extended to people with characteristics similar to those in the study population" (Mack et al., 2005, p.2). However, in qualitative research, the notion of gaining rich and complex

information of a specific social context seems more important than getting information that can be generalised to other populations.

On the other hand Anderson (2010) points out that the researcher's prior experience within the specific field of research may fundamentally influence the quality of the new research. Personal biases and idiosyncrasies of the researcher can sway preliminary interpretations of the research. Consequently, it is more difficult to maintain, assess and demonstrate rigour within the study. Analysing large volumes of data is also time-consuming.

3.3 RESEARCH DESIGN: CASE STUDY

3.3.1 Embedded case study

Already in 1997 Creswell stated that a case study provides the researcher with the prospect of interpreting the experiences of the participants in relation to the meanings they attach to the phenomenon, in this case, family resilience. I therefore argued that a case study design would be most effective in addressing the research question and research aims at hand.

For this study I chose an exploratory embedded case study design, which refers to a case which is embedded within a larger unit with multiple units of analyses (see section 1.9.3) (Yin, 2003). An embedded case study was chosen because the case could be seen as family resilience in a family, but it could not be considered without the context, Mamelodi. More specifically the families that received intervention for family-related challenges. It was in these contexts that family resilience was developed and utilised. It would have been impossible for me to gain a true reflection of family resilience without considering the context in which it occurred. Because of the exploratory nature of the design, it assisted me in exploring situations that may have no clear, single set of outcomes (Yin, 2003), therefore allowing me to explore individuals or families through complex interventions, relationships, communities or programs. In the light of this, I followed a more open-ended protocol (Devers & Frankel, 2000) to explore the phenomenon of family resilience in Mamelodi within a real-life context.

3.3.2 Setting

I conducted my study on the Mamelodi Campus of the University of Pretoria where the Department of Educational Psychology provided educational psychology intervention services for vulnerable families referred by social workers in the area. The University of Pretoria provides several community-based services in the semi-urban township, Mamelodi. Families were mainly referred to the unit when they had faced or were facing multiple stressors and if their family functioning had been strained.

3.3.3 Sampling and selection of participants

The research question determined the sampling frame (Wahyuni, 2012) as it indicated which characteristics had to be studied. Initially I selected 13 clinical case files of families referred for educational psychological intervention in 2012 to obtain a broad overview of the social context. Convenience sampling was used to select families to participate in further interviews. After my initial analysis, I generated demographic variables to inform the content and scope of my interviews with the selected participants. Convenience sampling is not very rigorous and may lead to poor quality data (Marshall, 1996). However, because my participants were referred based on their vulnerability status, I believe they were suitable participants to explore the research question because they lived in a high risk environment and were faced with multiple stressors.

Purposive sampling was also used which provided me with more in-depth information, as it enhanced my understanding of the individuals' experiences (Devers & Frankel, 2000). The selected cases represented the families that seemed to have the most insight into their family's functioning. By using this strategy it allowed me to identify the possible participants that were able to voice their opinions and provide valuable insight into their families' resilience processes.

The following criterion was adhered to when families were selected for the interviews:

- 1) The families had to receive some form of support for family-related challenges at the Mamelodi Campus;
- 2) The families had to have faced or were currently facing challenging and/or adverse circumstances;
- 3) The families had to have time for and show an interest in the proposed research.

3.4 RESEARCH METHOD (APPENDIX C)

3.4.1 An introduction to primary and secondary data

3.4.1.1 *Defining primary and secondary data*

Within the qualitative approach, data collection processes are considered to be flexible and sensitive to the social context that are often utilised (Hox & Boeije, 2005). In the present study both primary and secondary data were gathered as illustrated in Appendix C. Primary data are usually collected by the researcher which includes interviews, focus groups, photographs and field notes as presented in this study (Hox & Boeije, 2005). As a result, I collected information to answer the research questions by means of interviews and photographs as it allowed me to gain a better understanding of the participant's experiences of family resilience. Secondary data on the other hand refer to data that has been collected by other researchers and for other scientific

purposes and can include surveys, official statistics, scholarly journals, client files and many more (McCaston, 2005). In the present study, the secondary data consisted of an analysis of clinical case files from families receiving intervention at the University of Pretoria's Mamelodi Campus. The case files contained information related to family resilience, challenges and support.

3.4.2 Data collection instruments

3.4.2.1 *Primary data*

a) Unstructured Interviews

One of the most familiar ways of collecting qualitative data is by means of interviews. It is a data collection strategy that is commonly used across many disciplines including education, sociology and psychology (DiCocco-Bloom & Crabtree, 2006). "An interview involves direct personal contact with the participant who is asked to answer questions relating to the research" (Bless & Higson-Smith, 2004, p. 104). Interviews enable researchers to access participants' experiences, inner perceptions, attitudes and reality (Zhang & Wildemuth, 2009). Fontana and Frey (2005) state that interviews can be divided into three subcategories, namely: structured, semi-structured and unstructured interviews. In the present study, I selected to make use of unstructured interviews as they will allow me to adapt, develop and generate questions as the interview progressed. Unstructured interviews have its origin in the fields of sociology and anthropology and were often used to prompt participant's social realities (Zhang & Wildemuth, 2009).

Already in 2001 Struwig and Stead reasoned that when unstructured interviews are utilised, a pre-set of questions is not developed prior to the interview as the interviewer does not anticipate what questions should be asked. As the questions posed by the interviewer are generated in response to the statements made by the participant, well-developed interview skills are required from the interviewer (Struwig & Stead, 2001). The researcher therefore enters the interview with no predefined theoretical framework which may result in diverse data being generated (Zhang & Wildemuth, 2009). Unstructured interviews and participant observation field notes are the major data collection strategies used to elicit insights into the ways families organise themselves against adversities (DiCocco-Bloom & Crabtree, 2006).

Unstructured interviews have some particular advantages within the field of qualitative research. Zhang and Wildemuth (2009) argue that they are particularly beneficial in studies in which patterns or themes are to be identified or models generated. Interviewers can adopt the vocabulary of the interviewee as more spontaneity is allowed (DiCocco-Bloom & Crabtree, 2006). The conversational and non-intrusive nature of the unstructured interview furthermore warrants it to be used in

circumstances where it would be difficult to make use of more structured interviews. Detailed data and an in-depth understanding can be derived when relying on unstructured interviews, as the research question and research aims are likely to guide the type of questions to be used in the interview (Fife, 2005). Although the flexible nature of unstructured interviews poses with the aforementioned advantages, there are also some disadvantages when relying on unstructured interviews as a data collection method. In 2002, Patton has suggested that a significant amount of time is required from the researcher to collect the required information. Zhang and Wildemuth (2009) agree by suggesting that the researcher will require time to gain trust and develop rapport with the participants. It remains difficult when using unstructured interviews, to control the direction and pace of the conversation. The researcher would have to risk engaging in a new topic and may find it hard to know whether this topic should be followed, or to stay on an identified theme, risking losing additional useful information (Patton, 2002). To conclude, as this type of interview generates a lot of information which is impossible to replicate, the analysis of data may be challenging as the content may vary from one interview to the next (Zhang & Wildemuth, 2009).

b) Photographs

The use of images in social research and various other disciplines has been well established over the years through visual anthropology and visual ethnography (Mason, 2005). Already in 1989, Schwartz highlighted that within the traditions of visual sociology and visual anthropology, the use of photography had two main areas including 1) using still photographs as a methodological tool in social research and 2) using still photographs when presenting social research. Photographs are likely to enable researchers to gain a better understanding of the phenomenon under study as the combination of the narrative and the visual representations enhances the ability of the researcher to capture the meaning from the participant's view (Nowell, Berkowitz, Deacon & Foster-Fishman, 2006).

By 1998 Becker emphasised that it is important for the researcher to understand the context in which the photographs are taken. In addition to Becker (1998), Adelman (1998) emphasised that the context of the photograph provides external validity, consequently minimising the degree of interpretation. Photographs carry both an internal and external narrative, where the internal narrative is likely to refer to the story of the photo as read by the viewer and the external narrative referring to the context in which the photo has been produced (Mason, 2005). In the present study it is important to state that the photographs will be viewed as records (data) and that narratives related to the photos will act as primary data sources. "Photographs are thought to reproduce the reality in front of the camera's lens, yielding an unmediated and unbiased visual report" (Schwartz, 1989, p. 120).

Evidence from a study conducted by Nykiforuk, Vallianatos and Niewendyk (2011), suggested the following advantages when using photographs: 1) Participants feel valued and take a sense of ownership within the research study, 2) Photographs are likely to support the researcher in engaging in dialogues with participants in order to comprehend their perceptions and 3) The combination of the narrative and the visual depictions enable the researcher to more adequately capture the meaning of the photographs. Therefore, photographs are likely to create richer data (Shell et al., 2009).

Whilst photographs may benefit the research process, Nykiforuk et al., (2011) are concerned that the ethical and rigorous conduct may be challenged by the methodology in the process. Their findings suggest that the process may be time-consuming as it may take quite some time to capture the necessary photos. Both human and financial resources are required, which may increase the costs involved in the research process. Evidence from Evans's study conducted in 1999, showed that photographs may produce challenges as the participants are likely to be influenced by their subjective experiences (personality and mood) at the time the photos were taken. This may lead to an inaccuracy in the results. However, in the present study the participants will be invited back for a follow-up interview to discuss the photographs and if required, will be provided with the camera for a second time to take additional pictures should I (based on the research question and aims of the present study) feel additional photographs are required.

3.4.2.2 *Secondary Data*

a) Clinical Case Files

Secondary data have been promoted significantly over the past few decades for its potential to reduce costs and enhance the inferences made from primary data (Nicholson & Bennet, 2008). A baseline with which primary data can be compared can furthermore result from secondary data and consequently Novak (1996, as cited in McCaston, 2005) suggests that it is wise to begin any study with a review of secondary data. As mentioned in section 3.4.1, the secondary data for the present study consisted of clinical case files. The content of the files consisted of various documents including the formal documents related to the referral process by various professionals (e.g. social workers); signed informed consent and informed ascent forms; the intake interview; assessments (if conducted); process notes (for each session) and a formal report (written at the end of the process). The secondary data were initially assessed (as suggested by Novak), prior to collecting the primary data, in order to identify opening themes and categories related to family resilience that could moderately guide the unstructured interviews. The information contained in the client files will also be used to create a demographic depiction of the community, Mamelodi.

Although the relevancy of the secondary data in relation to the research question may be questioned, it should be noted that the data contained in the client files had also been collected in relation to familial factors (challenges, protective factors, support etc.).

3.4.3 Data Collection Process

The table below illustrate the data collection process. The process was broken down into consecutive stages, as followed by the researcher:

Table 3.1 Data collection process

Stages	Description
Permission	Permission was requested from the Department of Educational Psychology to gain access to clinical case files relating to family intervention (for the year 2012), as safely stored by the Department of Educational Psychology.
Informed Consent	Families initially provided consent to participate in the intervention process, and consent was again provided at a later stage.
Secondary Analysis	Thirteen client files were analysed to create a demographic depiction and identify initial themes.
Sampling	Convenience and purposive sampling methods were used to identify possible participants. Based on sampling two families were conveniently contacted and invited to participate.
Explanation of research process	Potential participants were informed regarding the purpose of the study as well as the requirements. Participants were encouraged to ask questions or raise concerns pertaining to the study. Once the participants were satisfied and willing, they were invited to the interview stage.
Attrition	Initially two families were willing to participate; however, one family withdrew before entering the interview stage. Sample attrition therefore took place as the potential participant dropped out of the research, thus lessening the number of participants (Angelino, Williams & Natvig, 2007). Generalisability may be affected (Deeg, 2012).
Discuss ethics and consent process	The following ethical concepts were discussed in-depth with the potential participant: voluntary participation, the right to withdraw, confidentiality and anonymity. The participant was able to ask questions, where after informed consent was provided both verbally and in writing (See Appendix D). Consent was additionally provided to make use of recording equipment.
Unstructured interviews	Interviews were conducted privately between 1 st of May and 31 st of August, 2014. Interviews lasted approximately 60 minutes at Itsoseng Clinic, University of Pretoria. The interviews offered a better understanding of the family resilience processes thought to be related to risk and protective factors. During the course of the data collection stages, additional interviews were held (four in total + two follow-up interviews for photographs).
Photographs	During the first interview, the participant was provided with a disposable camera. The camera was collected during the second interview and notes were made. The participant was requested to take some additional photos. A follow up interview was arranged to discuss the meaning of the photographs.

Follow up interviews	Follow-up questions allowed for further exploration of identified themes, concepts, ideas and unexpected thoughts provided by the participants.
Transcription	Interviews were transcribed verbatim and observation notes were noted in the transcribed copies.
Interviewer-bias	The participant was allowed to share her narrative and thought processes regarding the photographs. I guarded against imposing or directing my interpretations. I reflected my meaning making processes of the participant's responses with the participant to ensure there were no misunderstandings.

I considered the following observer-expectancy effects: I am one of the Educational Psychology Masters students that took part in providing intervention at the particular campus for the families facing adversity. Notes were taken during the interviews, if I felt my prior involvement in the intervention process could have influenced the answer provided by the participant. However this was very seldom the case. I aimed not to express my personal opinions, but rather to encourage the participant to provide detailed information by making use of probing. The standard of the interviews could influence the quality of information gained for the data analysis procedure (Zhang & Wildemuth, 2009). The trustworthiness of the interviews was verified by requesting the participant to comment on the interpretations of the answers, as proposed by Struwig and Stead (2001). Data from the interviews was compared with the findings related to family resilience, risk and protective factors present in literature and thematic data analysis was performed (see section 3.4.4). Regular discussions with my supervisors supported me in clarifying any possible issues that may have arisen throughout the data collection process.

3.4.4 Data Analysis

3.4.4.1 Introduction

In thematic analysis the identification of codes or themes and categorisation of patterns provide the researcher with a method to meaningfully label and classify the intricacies of the research phenomenon, in this case family resilience (Krauss, 2005). The identification of themes through reading and re-reading one's data lies at the core of the thematic analysis process. According to Fereday and Muir-Cochran (2006, p.4) "it is a form of pattern recognition within the data, where emerging themes become the categories for analysis". Themes can therefore be described as elements in the data that capture something significant in relation to the research question and exemplify meaning within the data set. The significance of a theme is not dependable on the amount of times it comes across in the data, but rather "on whether it captures something important in relation to the overall research questions" (Braun & Clarke, 2006, p. 82).

It is commonly found that qualitative data analysis occurs simultaneously with data collection to gain an initial grasp of the research questions. This iterative process of collection and analysis continues until no new categories or themes emerge (Dicocco-Bloom & Crabtree, 2006). When saturation is reached, it signals that the data collection is complete. In Chapter One it was indicated that thematic analysis would be utilised as the analysis strategy and that I would deductively analyse the data at hand. Deductive data analysis can be very useful in qualitative research (Berg, 2001, as cited in Zhang & Wildemuth, 2009b) as concepts can be generated from theory or previous literature. This moreover places an emphasis on the individuality of each study as a unique analysis strategy is required to suit the specific research outcomes (Joubish et al., 2011). ATLAS.ti is a concept database that allows the researcher to create and enter codes to be used in conceptualising large volumes of data. ATLAS.ti does not provide a pre-determined way in which data has to be analysed, therefore every analysis can be individually designed according to the research study at hand. In the present study I manually analysed the clinical case files (secondary data) with Microsoft Excel and used ATLAS.ti to analyse the primary data.

3.4.4.2 Steps of thematic analysis

Within thematic analysis a number of decisions need to be taken including what will be seen as a theme, the type of analysis one would like to do (entire data set vs. one theme), whether analysis will be inductive or deductive, whether themes will be identified at an explicit level or an interpretive level and which type of epistemology is likely to guide the analysis process in terms of outcome and focus (Braun & Clarke, 2006). Six steps are suggested by Braun and Clarke (2006) as illustrated by the table below:

Table 3.2 Phases of thematic analysis (Braun & Clarke, 2006, p. 87)

	Phase	Description of phase
1	Familiarise yourself with your data	Transcribe data, reading and re-reading of data and noting down initial ideas
2	Generate initial codes	Coding interesting features of the data in systematic fashion across the entire data set, collecting data relevant to each code
3	Searching for themes	Collating codes into potential themes, gathering data relevant to each potential theme
4	Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic map of the analysis
5	Defining and naming themes	On-going analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6	Producing the report	The final opportunity for analysis. Selection of vivid and compelling extract examples, final analysis of selected extracts, relating back from the analysis to the research question and literature, producing a scholarly report of analysis

3.4.4.3 Data Analysis Process

In the present study I made use of thematic analysis as proposed by Braun and Clarke (2006) for its clear and well-organised structure. I applied the steps in the ATLAS.ti software programme and analysed the primary data (transcribed interviews and the photographs) accordingly. A deductive approach was followed, as the themes were likely to be generated from theory or previous literature and coding would be done in relation to the specific research question. With the research question being: “*What relevance does a family resilience framework have in conceptualising township families’ response to adversity?*”, it made sense to me to transcribe the interviews myself in order to be immersed in the data so that I would become more familiar with the original content. Table 3.2 provides a clear representation of the phases followed in the analysis process. Appendix E provides an example of the process.

Table 3.3 Data analysis process

PHASES		DESCRIPTION
Phase 1	Familiarising with data	In this phase I transcribed the interviews myself as in-depth information and observations may have been lost, if done by someone else. Interviews were read multiple times as I subconsciously explored the textual data for potential themes.
Phase 2	Producing initial codes	Atlas.ti was used to identify initial codes. During step one, I identified initial codes and coded words, phrases or extracts accordingly. I used ATLAS.ti to tag and name selections of the text in each primary document (texts or photographs). (Appendix I). Braun and Clarke (2006, p. 88) explain that “codes identify a feature of the data (semantic content or latent) that appears interesting” to the analyst. In the present study codes referred to the initial ideas tagged in the transcribed interviews that seemed relevant to my topic of enquiry. Coding therefore assisted me in organising my data as it served as a way to label a word or phrase related to the research question. I furthermore at times assigned more than one code to some of the segments of data and left other segments un-coded. After the data have been coded and organised, a long list of the initial codes were compiled. Codes differ from themes as themes often communicate broader units of analysis (Braun & Clarke, 2006). Because I chose to deductively analyse the primary data, the coding was likely to depend on theory-driven themes. During step 2, similar codes were grouped together to form initial categories. I grouped and regrouped similar codes and re-labelled the categories if found necessary (See Appendix F and G).
Phase 3	Define categories	Different categories were redefined into probable themes by relying on the conceptual framework. Different categories were analysed and I considered how the various categories could be combined or renamed to create an overarching theme (Braun & Clarke, 2006). By using ATLAS.ti to assist with the identification of themes it was found that some categories formed main themes, whereas other categories formed subthemes. It also became evident in this process that some codes or categories had to be discarded. Phase three was finalised when I had my collection of probable themes tabulated with their definitions. (Appendix G)

Phase 4	Provide descriptions define possible themes.	Descriptions were provided to each probable theme to assist the readers understanding of what each theme referred to and as a result phase four was divided into two steps. Step one was used to provide each probable theme with a short and concise description based on the conceptual framework of the present study. After all the descriptions were listed, the descriptions were tested against theory and literature to ensure that the link was evident between the probable theme and descriptions. Networks were then drawn up. I determined whether the themes fitted the entire data set and furthermore coded additional data in themes that I had missed in earlier phases. This process of reviewing and refining was continued until an acceptable thematic map was developed. (Appendix G)
Phase 5	Finalise names themes	By the end of phase five, I finalised the names of the themes that were concise, but also provided a framework for the reader to sense what the theme was about (Braun & Clarke, 2006). At times, sub-themes were identified which were useful as they provided more structure to a large or complex theme. (Appendix G)
Phase 6	Final write- up	The final phase entailed the write-up of the findings, which will be discussed in depth in Chapter 4. In the final write-up sufficient evidence of the themes are provided with some examples or extracts that relate to the themes. Braun and Clarke (2006) state that it is important that extracts are easily identifiable and that they should relate to the issue at hand.

3.5 ETHICAL CONSIDERATIONS

3.5.1 Professional Ethics

3.5.1.1 *Social Responsibility*

As a researcher in the present study, I have responsibilities beyond my academic environment and it remains important to me to be aware of the needs and challenges in the local and national community (University of Pretoria's Code of Ethics for Research, 1999). By means of the present study, I trust that the findings likely to result from the research process may address and contribute to some of the challenges faced in families from semi-urban contexts. I needed to maintain the dignity and welfare of the participants throughout the research process. Consequently the research process in the present study was planned in such a manner that it met the requirements of the Ethics Committee and ethical clearance was received.

3.5.1.2 *Beneficence and Non-maleficence*

The American Psychological Association (Ethical Principles of Psychologists and Code of Conduct, 2010) refers to *beneficence* and *non-maleficence* as the researcher's responsibility to safeguard the welfare and rights of anyone they interact with professionally. Not only should all parties involved be protected from harm, but efforts should be made to ensure their wellbeing (University of Pretoria Code of Ethics for Research, 1999). By considering all possible consequences of the

present study and balancing the possible risks and benefits, beneficence can be reached (Fouka & Mantzorou, 2011). I took the necessary steps to guarantee the protection of participants against any potential harm or risks including mental and physical discomfort by defending the research proposal and obtaining ethical clearance from the Ethics Committee at the University of Pretoria.

3.5.1.3 Respect for the individual

It remains the moral responsibility of the researcher to recognise the autonomy of the individual and to protect individuals with reduced autonomy (University of Pretoria Code of Ethics for Research, 1999). Accordingly, participants' opinions should be respected, except if their opinions were detrimental to others. As psychologist and researcher, I respected the dignity and worth of the participants involved as well as their rights regarding several differences including culture, roles, religion, gender etc. (Ethical Principles of Psychologists and Code of Conduct, 2010).

3.5.1.4 Professionalism

Professionalism in the research process can be divided into three components: integrity, quality and accountability (University of Pretoria Code of Ethics for Research, 1999). Integrity refers to the honesty and truthfulness of the researcher (psychologist) at all times and as a result the truth remains vital within the research process (Ethical Principles of Psychologists and Code of Conduct, 2010). As a researcher, I will note any information not derived from my own intellectual thoughts and give credit to the original researchers. In terms of quality, it will be expected that I take responsibility for the academic character of the present study and thus apply the highest standard of excellence regarding the planning, implementation and reporting of the research findings. As a researcher I am accountable to be original in the present study regarding the disclosure and reporting of all the procedures/theories/data used throughout the research process.

3.5.2 Research Ethics

3.5.2.1 Informed Consent

"Informed consent is a prerequisite for all research involving identifiable participants, except in cases where an ethics committee judges that the consent is not possible and where it is felt that the benefits of the research outweigh the potential harm" (Richards & Schwartz, 2002, p. 135). To provide informed consent, the researcher needs to discuss the purpose, scope and process of the proposed study with the potential participants. This can either be done verbally or in writing. It is required to explain to the participants how the results will be communicated and if their anonymity would be protected (Richards & Schwartz, 2002; Ethical Principles of Psychologists and Code of Conduct, 2010). Informed consent should likewise be provided to participants without coercion,

undue influence or inappropriate incentives (DOHEthics, 2004). Fouka and Mantzorou (2011) state that by implementing informed consent, the right to autonomy of the participant can be protected.

In the present study special issues of consent were addressed. The professional background of the researcher was made clear to the participants; participants were informed regarding the purpose and the process of the study and that the research would not be therapeutic and finally should the participants decline to take part, their denial won't impact them in any way (Richards & Schwartz, 2002). Potential participants were furthermore informed that participation in the research would be entirely voluntary. The principle of voluntary participation requires that participants should in no way be forced or pressured to take part in the research (Trochim, 2006). The potential participants were also given enough time to consider whether or not to participate in the research.

3.5.2.2 *Anonymity and Confidentiality*

Large volumes of personal information are generally collected in qualitative research studies. Several strategies can be followed to warrant that confidential information is protected and anonymity is guaranteed (Richards & Schwartz, 2002). Anonymity refers to the process in which the researcher aims to protect the participant's identity in such a manner that no personal information can be linked to the participant (Nieswiadomy, 2007 as cited in Fouka & Mountzorou, 2011). In cases in which anonymity cannot be guaranteed, confidentiality needs to be addressed. In the present study, the participant files were securely stored at the University of Pretoria's Educational Psychology Department and access was granted to the files. Files were securely stored during the analysis process. Interview recordings and transcriptions were filed under pseudonyms on one computer, initials were used in transcripts and other identifying details were altered. Consequently, the participants' rights to anonymity and confidentiality were protected.

3.5.2.3 *Respect for privacy*

As stated in Chapter 1 (1.10.1) Bless and Higson-Smith (2004) explain that a person's privacy is often invaded by research studies. Already in 1977, Kelman found that a person's privacy is invaded when information including a person's beliefs, attitudes and records are shared without the necessary agreement. According to the University of Pretoria's Code of Ethics, privacy should be highly regarded, as certain information can humiliate or cause harm to the participants. In the present study I felt obliged not to share any information received from the participants without obtaining their consent first. The respect for privacy consequently enjoyed high priority in the present study, as a break of confidence could damage the trusting relationship between the participants and myself, the researcher.

3.6 ENSURING RIGOUR IN QUALITATIVE RESEARCH

Unique ways have been developed to achieve rigor in qualitative research including credibility, transferability, dependability and confirmability (Patton, 2002).

3.6.1 Credibility

The concept 'credibility' is seen as the equivalent of 'internal validity', in which it is sought after to guarantee that the study indeed measures what it is intended to measure. However Merriam (1998, as cited in Shenton, 2004, p. 64) states that credibility within qualitative research subsequently asks, "How congruent are the findings with reality?" The answer to this question could be found by requesting an external researcher to assess the manner in which the conceptual analysis was conducted (Lincoln & Guba, 1985, as cited in Maree, 2012). Furthermore, one can rely on member checks, which are often done after the initial data analysis, as these provide the researcher with a chance to reflect on the process, explain to the participants how the data were interpreted and gather their opinions and comments (Di Fabio & Maree, as cited in Maree, 2012). In the present study, member checking was utilised to enhance the credibility of the research findings especially the content recorded in the research interview as proposed by Barbour (2001) and Doyle (2007). "Member checking is also known as participant verification (Rager, 2005), informant feedback, respondent validation, applicability, external validity, and fittingness" (Morse, Barrett, Mayan, Olson, & Spiers, 2002, p.15). While interviewing the participant in the present study, I often made use of the summarising technique in order to determine the accuracy of my understanding. In addition Creswell (2007) suggests that summarising offers the participants the opportunity to reflect on their views, feelings and experiences and if found accurate, the credibility of the findings is increased. I furthermore offered the transcribed interviews to the participant to provide an opportunity for evaluating whether a true representation was made of what was stated during the interviews. I found that by conducting member checks they provided me with the opportunity to verify the accuracy and completeness of the findings which subsequently helped me to improve the validity of the study (Cohen & Crabtree, 2006).

3.6.2 Transferability

Similarly transferability relates to *external validity*, where one is concerned about the extent to which the findings of one's study can be applied to other situations (Merriam, 1998, as cited in Shenton, 2004). Shenton (2004) cautions that due to the findings within a qualitative study often being specific to a relatively small environment or individuals, it may be impossible to transfer the conclusions to other populations (Shenton, 2004). Therefore, it was important during this research to take into account the perceived limits of the study, namely (1) the organisation(s) taking part in

the study and where they are based, (2) the number of participants involved, (3) the data collection methods, (4) the number and length of the data collection sessions and (5) the time period over which the data were collected. Should the aforementioned factors be described sufficiently within the study, only then could it be decided whether the study was transferable or not (Di Fabio, & Maree, 2011; Shenton, 2004). These factors were discussed in-depth in sections 3.4.2 (Data Collection Instruments) and 3.4.3 (Data Collection Process) in order to increase the transferability of the study.

3.6.3 Dependability

Hoepfl (1997, as cited in Maree, 2012) states that if the researcher supervised the quality of the data collection, the documentation, the methods as well as the interviews, the dependability of the study could be increased (Di Fabio & Maree, 2011). Therefore, processes within a study should be reported in detail to enable future researchers to replicate them. As the research design and its implementation allow the reader to comprehend what was planned and how it was executed during a study, an in-depth report of the research design is of the essence (Shenton, 2004). In the present study, Chapter 3 was intended to provide detailed information relating to the research design and processes followed in order to increase the dependability of the study. Furthermore, the data gathering processes addressed what has already been done in the field and the conclusion and findings of the study evaluate the effectiveness of the inquiry process (Shenton, 2004).

3.6.4 Confirmability

“Confirmability refers to the objectivity of the data and the absence of research errors. Results can be regarded as confirmable when they are derived from the participants and the research conditions rather than from the opinion of the researcher” (Lincoln & Guba, 1985, as cited in Maree, 2012). To ensure confirmability it was important to ensure and demonstrate that the findings of this study did not surface from the predispositions of the researcher, but from the data itself. By admitting the predispositions the researcher carries in relation to the study, remains one of the key criteria to ensure credibility (White & Marsh, 2006; Miles & Huberman, 1994, as cited in Shenton, 2004). By creating an ‘audit trail’ of the research process, any reader could follow it step by step to replicate and confirm the findings. A data-orientated approach was utilised in this study by representing the ‘audit trail’ diagrammatically. The diagram could be used to validate how the data lead to the formation of the recommendations provided (see Appendix C).

3.7 CONCLUSION

To gather the maximum amount of data that could assist me in the answering of the questions in the present study, the aforementioned research methodology was chosen. The methodology assisted me to answer the research question in the most comprehensive manner. While processing the data and preparing for analysis, the focus continuously remained on family-related processes, risk factors and protective factors and how these processes and factors influenced the domain of family resilience.

CHAPTER FOUR: QUALITATIVE RESULTS AND DISCUSSION

4.1 DATA ANALYSIS PROCESS

4.1.1 Introduction

In this chapter the data were gathered according to the strategies and methods stipulated in Chapter 3. The analysis of data explored how family processes, family types, risk factors and protective factors (both in the family and the community) affect family resilience in semi-urban township families. Secondary analysis of clinical case files took place prior to the analysis of the primary documents in order to create a demographic profile of the participants and the social context, identify family types present in the sample group, and the possible challenges faced by the families. Participants were selected and interviewed. Once completed the primary documents (verbatim transcribed interviews and photographs) were thematically coded and analysed using ATLAS.ti. The analysis process was divided into two phases as illustrated below:

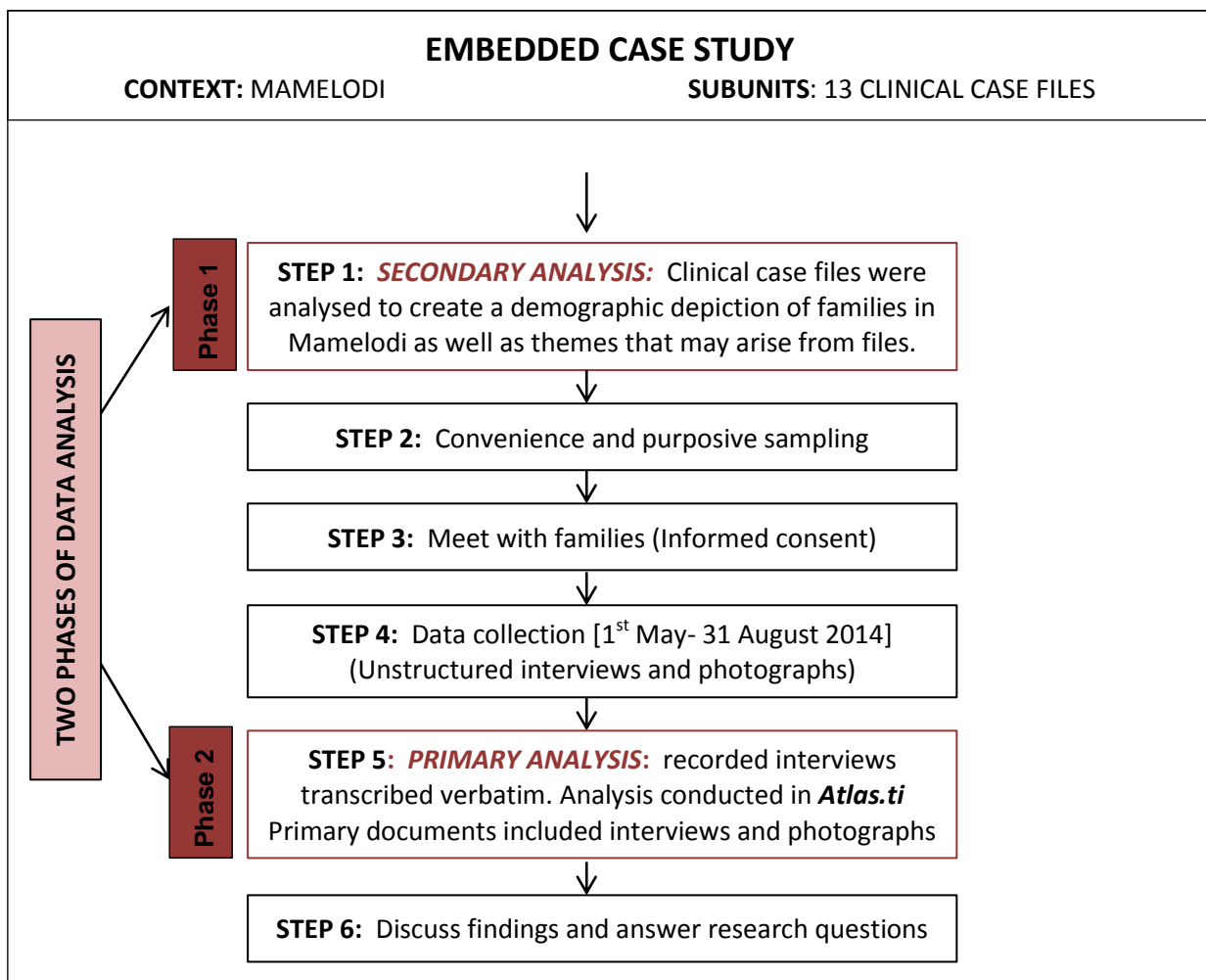


Figure 4.1 Illustration of data analysis process in research design

4.1.1 Secondary analysis of clinical case files

Thirteen clinical case files were analysed individually by means of the following a-priori categories: Each category had a specified description that was taken into consideration when analysing the content of the files, as seen below. The categories identified were selected to illustrate the type of families and risk and protective factors most likely present in the semi-urban township, Mamelodi.

Table 4.1 Analysis criteria for clinical case files: Demographic depiction

Category Number	A-Priori Categories
1	<p>Reason for referral</p> <p>It became evident during the secondary analysis that specific themes emerged around the reason children/families were referred for intervention services. It was clear that challenges existed on three levels, namely familial challenges, scholastic challenges and emotional challenges. These three became the three categories for reason for referral.</p>
2	<p>Families in Mamelodi</p> <p>When referring to families in Mamelodi, four subcategories played a role in identifying the family unit. The marital status of the parent(s) or caregiver(s) was taken into consideration, together with the relationship the parent(s) or caregiver(s) with the child(ren). The size of the child's immediate family versus the size of the household in which the child resided, provided some indication as to how many extended family members there were as well as the type of family unit for example nuclear, extended or single parents.</p>
3	<p>Socio-economic status and employment status</p> <p>Because poverty and unemployment rates in South Africa were so high, it remained important to acknowledge the likely socio-economic status (SES) of the families involved in the intervention processes. Due to lack of supportable information with regard to their actual SES, several indicators were identified that could assist in determining each family's likely SES including employment status of adults in family, type of housing (informal vs. RDP); number of members in the household, pensioners etc.</p>
4	<p>Illnesses and negative circumstances</p> <p>Various illnesses and negative circumstances were reported in the files and it became evident that families in South African townships were likely to be considerably affected greatly by several risk factors. Illnesses were reported in some cases and in others negative circumstances were noted.</p>

After the demographic information was obtained, analysed and compiled into graphs (see section 4.2), potential participants were identified. Potential participants were conveniently and purposively selected from the thirteen families that received intervention in the year 2012. The potential participants were contacted and the families indicated that they were willing to

participate in the study. However, on our first informative meeting one of the potential participants never arrived (attrition) and follow-up attempts with the participant proved unsuccessful. Participants had to a) form part of the families that received intervention from the Department of Psychology (UP), b) face or still face challenging and adverse circumstances generally impacting their family's functioning negatively and c) show an interest and have time for the proposed study. I provided the potential participant with detailed information and obtained informed consent. Interviews and follow-up interviews were conducted.

4.2 PHASE 1: DEMOGRAPHIC PROFILE OF PARTICIPANTS (SECONDARY ANALYSIS)

4.2.1 Ecological Perspective

The bio-ecological systems theory as proposed by Bronfenbrenner (1994) provides a framework to identify and conceptualise the multisystemic factors that influence development. What makes this theory even more valuable to the present study is the fact that it considers the setting and the dynamic interplay between the individual and external forces that may impact development. As discussed in Chapter 2 (section 2.2.3), risk factors can be found on four levels i.e. child, family, school and the community (Patterson, 2002). The four levels undoubtedly relate to Bronfenbrenner's systems including the microsystem, mesosystem, exosystem and macrosystem. Families function in the microsystem and are directly impacted by their meso-, exo-, and macrosystems.

The bio-ecological-system's perspective acted as the basis underpinning the categories that would aid in creating a demographic profile of the participants and socio-political context of Mamelodi. From the initial investigation of the clinical case files, several themes seemed to be evident in all the files and these themes became the key points for exploration. On a micro-systemic level, I proposed to look at the marital status of the parents or caregivers, the relationships the parents or caregivers had with the children (biological, adopted, foster care or extended family members) and the size of the immediate families and the households. The parents' or caregivers' employment status provided me with some indication of their socio-economic-status and it was also determined whether any illnesses or other circumstantial events might have impacted the family's functioning (mesosystem and exosystem).

4.2.1.1 Reason for referral

The 13 families (as evident in Appendix C) were referred by social workers affiliated with SAVF (Suid Afrikaanse Vroue Federation) which operate in Mamelodi, based on family-related challenges that the children were experiencing. However, upon investigation of the files, it became evident that although the families may have been reported for initial family-related

challenges, the immediate challenges that often required attention were not always family-related. Three main referral reasons were evident in the clinical case files, namely familial, scholastic or emotional barriers. The chart below indicates the main reason for referral as specified in each clinical case file.

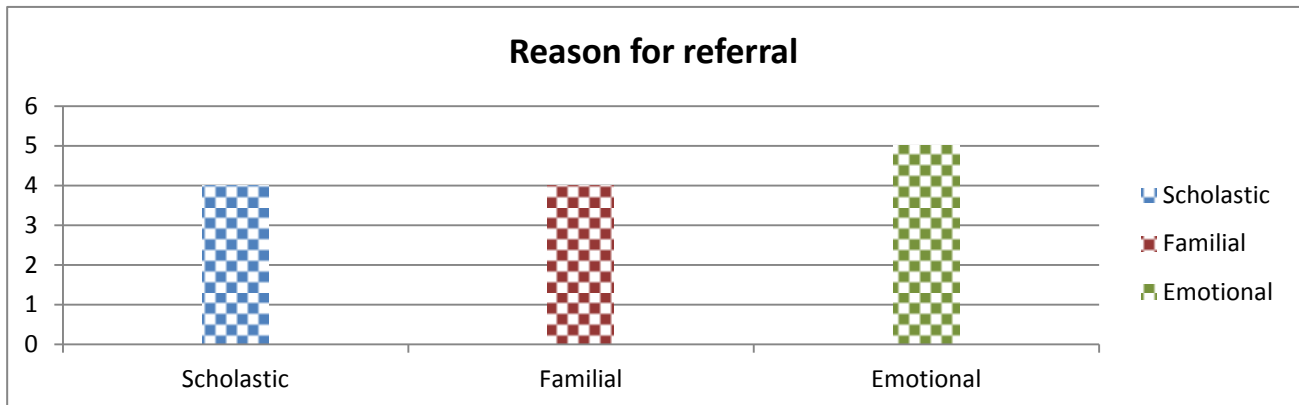


Figure 4.2 Reason for referral

While working through the files it became evident that in only a few of the files just one theme acted as the reason for referral. It seems as if a practical presentation of Bronfenbrenner's system theory is clearly illustrated in the files. Often the challenges experienced in one of the spheres of functioning, namely familial functioning, directly impacted the functioning within another sphere, for example scholastic performance. Research indicates that stressors can be either primary or secondary where a primary stressor refers to the one that initiates the stress response. Secondary stressors are conditions that follow primary stressors and as a result keep the stress response activated (Turner, 2009). O'Halloran and Linton (2000) also explain that primary stressors act as the root origin of a sequence of other challenging situations, namely secondary stressors.

Of the 13 participant families analysed, four families (family A, G, H, M) were primarily referred on the basis of a child's poor academic performance. Four families (family B, J, K, L) were referred as a result of mainly emotional barriers experienced in the family and five families (family C, D, E, F, I) were referred on the basis of mostly familial barriers faced within the family unit. Three families (family B, J, K) experienced familial barriers as secondary challenges; five families (family C, D, E, F, L) experienced scholastic challenges as secondary barriers and four families (family E, F, H, M) experienced emotional challenges as secondary barriers.

4.2.1.2 Families in Mamelodi

Literature indicates that families have changed rapidly over the past few decades and South African families have not been left untouched. However although families may be diverse, most families seem to accomplish similar tasks including childbearing, providing basic needs,

emotional support, creating family traditions and fulfilling family roles and responsibilities (Cole, Clarke & Gable, 1999). On a microsystemic level, I aimed to identify the marital status of the parents or caregivers and subsequently the relationship with the children (referred for family interventions) as it was suggested in Chapter 2, that extended families often occur in African families and even more so in semi-urban townships. Figure 4.3 (a) indicates the marital status of the parents or caregivers in the 13 clinical case files. It was evident that various types of families came across in the data set. Of the 13 families, single incidences occurred in the ‘married’, ‘separated’ and ‘lived together, but never married’ categories; whereas three families indicated that they had gone through a divorce and five families lost a partner. It also became evident in two families that one or both parents were either deceased or not involved with the child’s upbringing as a result of abandonment or illnesses and as a result the children had been raised by extended family members.

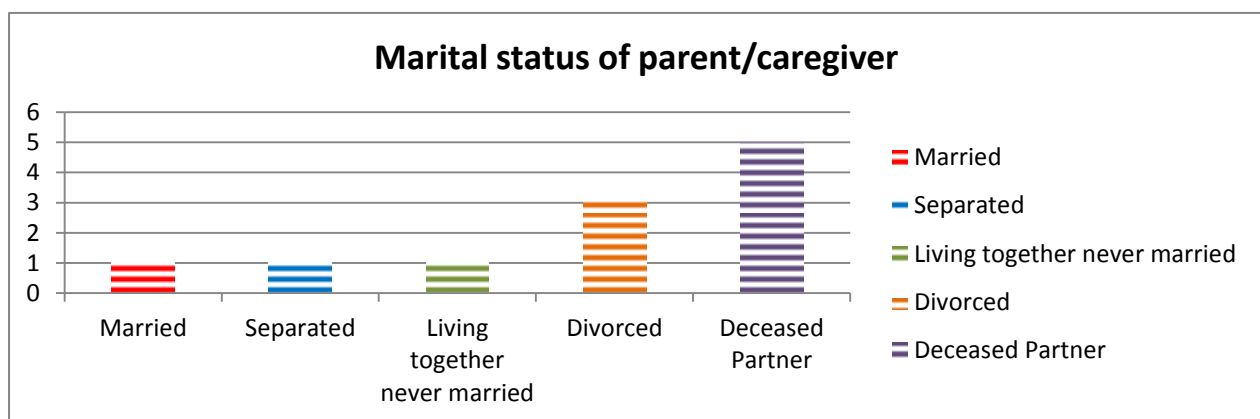


Figure 4.3(a) Marital status of parents/caregivers

Figure 4.3(b) takes the marital status of the parents or caregivers into consideration and based on the findings, determined what type of relationship the existing parent(s) or caregiver(s) had with the child (subsequently referred for family intervention services). The majority of the children referred lived with either a biological parent (and/or a new partner) and in some cases parent/caregiver and child/children resided with other family members. Extended family members (aunts / uncles / grandparents) were responsible for the primary care of 6 of the 13 families. One can see how the *traditional nuclear* family has undergone tremendous changes in the recent decades. A study conducted by the Cole, Clarke and Gable (1999) for the Outreach and Extension Unit at the University of Missouri-Columbia found that divorce, remarriage and continuous changing social values were some of the main factors influencing families globally. These changes resulted in various new types of post-modern families including married nuclear families, joint-custody families, cohabiting families, single-parent families, blended and step-

families, and grandparent-led families (which can refer to extended families including aunts and uncles who take over child-rearing duties).

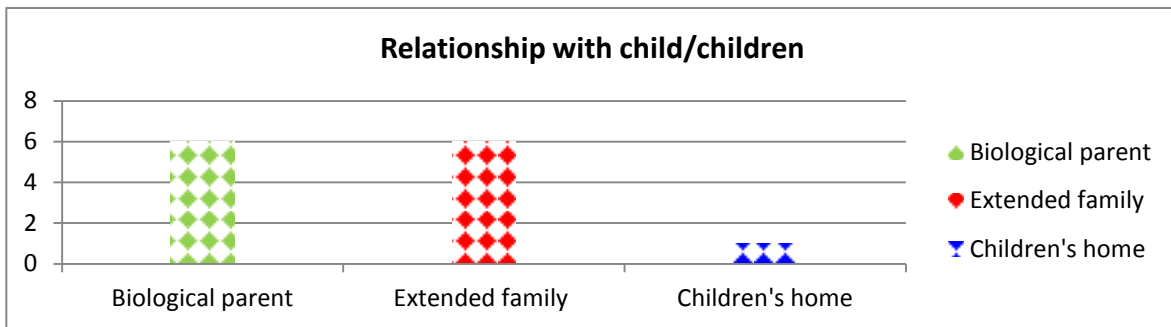


Figure 4.3(b) Type of relationship with client/child

It became apparent in the case files that the size of the immediate families differed in comparison to the size of the household. This could be attributed to the results seen in the charts above, in that many of the families were impacted by separation, divorce, deceased family members as well as the role extended family members played in the family's functioning. For the purpose of the study a household will refer to people who live in the same house/shelter for four days or more a week and share the responsibility of the household and are jointly accountable for food and other basics necessities. They therefore live and function together as a whole. In almost all the families, extended family members formed part of the household and resided in the same house (see Chart 4.3b). In 6 of the families (D, E, F, J, K, L) extended family members acted as primary caregivers for orphans or children that were abandoned by their remaining biological parents. In 1 of the families (I), the child was placed in a children's home, although his biological father was still alive. In the 6 remaining families (A, B, C, G, H, M), the children lived with one of their biological parents as well as their siblings.

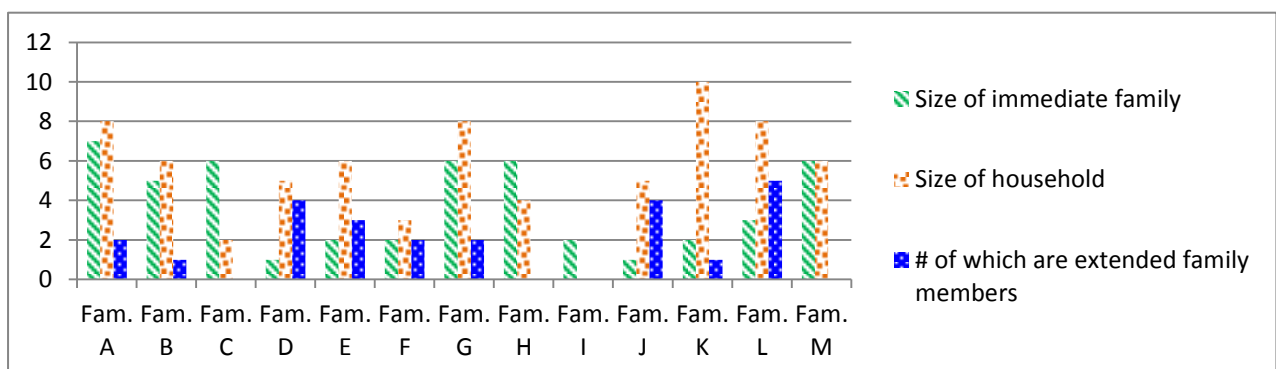


Figure 4.4 Size of immediate families vs. household sizes.

Figure 4.4 furthermore indicates that the average size of an immediate family (out of the 13 clinical case families) is likely to be 3.7 persons, whereas the average size of a household seemed to be between 5.4 persons. Census 2011 specified that the average size of a household in Gauteng was estimated at 3.0 which seemed in line with the average size of an

immediate family in Mamelodi. Several studies conducted in relation to household sizes in South Africa, indicate a decline in household sizes over the past few years. A media release by Van Aard and Lamb (2007) indicated that the average size of households in South Africa declined from 4.48 in 1996 to 3.69 in 2005. The decline could be attributed to demographic population drivers including HIV/Aids, migration, greater preferences for single-person households and household mitosis (where households are split into two or more separate households) (Van Aard & Lamb,2007). The aforementioned population drivers relate to some of the risk factors likely to be experienced in semi-urban township families.

4.2.1.3 Socio-economic status and employment status

In this study the employment status of family members was taken into consideration to estimate whether the family was likely to have an average, below average or severely below average socio-economic status. Of the 13 families only 3 families had no unemployed members within the household, and two families presented with temporarily employed members. Nine of the families had at least 1 member employed and in one case three members of one family (C) were employed.

Family A for example had one unemployed, one temporarily employed and one employed member, yet the family had 8 members to support. Family A was likely to have an average to below average socio-economic status. Families E and G had two members of the household unemployed which might cause some financial strain and a below-average socio-economic status. Families F, J and K, with the primary parent or caregiver unemployed possibly caused severe financial challenges within the household. Family M was also likely to experience some financial challenges, as the primary caregiver was only temporarily employed.

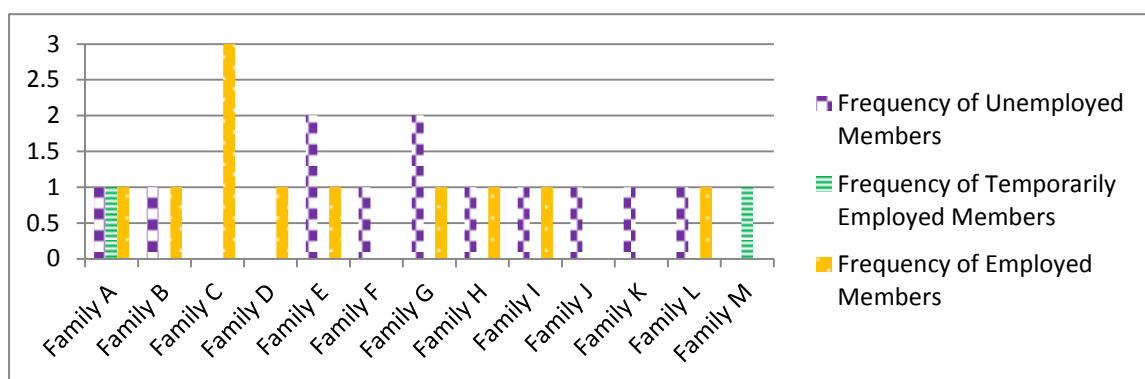


Figure 4.5 Employment and Socio-Economic Statuses of the 13 Households

From a community’s perspective it can be argued that semi-urban township families were often faced with low socio-economic statuses and as Patterson (2002) argue high rates of unemployment. Patterson (2002) furthermore emphasises that unemployment and the inability to economically provide for one’s family act as some of the most influential risk factors in

families in urban informal areas. It is therefore no surprise that the General Household Survey (2013) specifies poverty as most prevalent in urban informal areas (61.6%) across South Africa. The chart furthermore points out that as a result of the unemployment of primary caregivers, many of the families are dependent on children's or pensioner's grants as a means of income.

4.2.1.4 Illnesses and other negative circumstances

Growing literature suggests that families struggle to cope with illness especially HIV/Aids and that two-thirds of South African families affected by HIV/Aids have lost some form of income. This loss often results in families being deprived of their basic needs including having sufficient food or residing in overcrowded households. When families are afflicted by certain illnesses, including HIV/Aids, extended family members often have to step in to support the surviving children or family members. Other illnesses such as epilepsy and cerebral palsy may have a detrimental effect on a family's functioning.

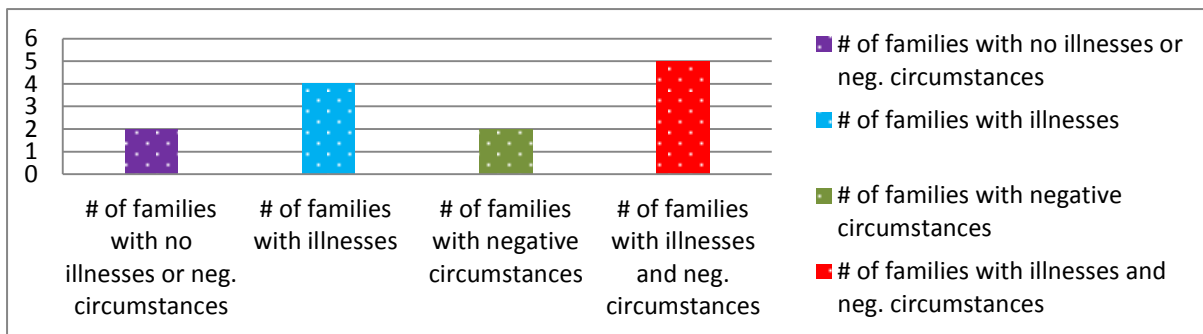


Figure 4.6 Risk factors in families

A study conducted by Hills (2007) on the psychological and social impact of epilepsy found that epilepsy caused heightened levels of stress in the family, often resulting in higher divorce rates. As a result family cohesion and relationships between parents and other siblings were negatively influenced. Families with children suffering from cerebral palsy on the other hand finds it challenging to manage their child's chronic health problems effectively in addition to that of coping with everyday tasks. Parents had elevated levels of depression and stress and it was also found that job losses, loss of family joy and financial difficulties were likely to occur (Olawale, Deih & Yaadar, 2013). Additional risk factors including abuse, alcoholism and post-traumatic stress disorder also seemed evident through the analysis.

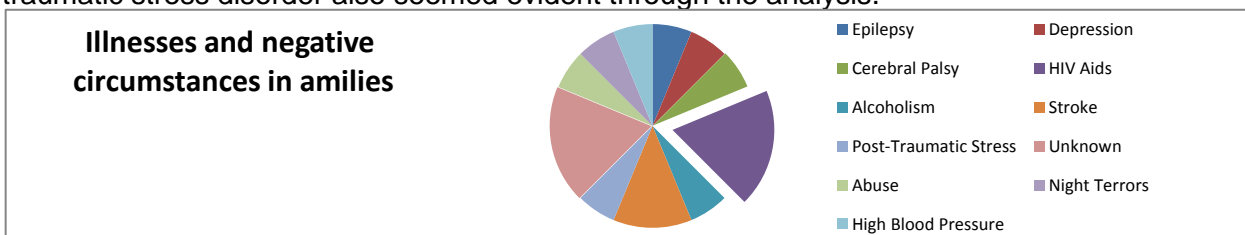


Figure 4.7: Type of illnesses and circumstances in families

The demographic depiction of the 13 client case files noticeably illustrates that families in Mamelodi expect to face numerous challenges. Families may moreover be faced with multiple challenges as seen by the reason for referral. The majority of the 13 families were single-parent families as a result of either divorce or deceased partners. In almost all of the families the immediate family (clients) resided with extended family members, often resulting in overcrowded households. With high unemployment rates evident in most of the families, families may have a below average socio-economic status, which is likely to impact the family's ability to cater for the family's basic needs, for example shelter, food etc. Illnesses including HIV/Aids and other negative circumstance such as abuse, violence and alcoholism furthermore seem to cause continuous stress on the families. In the next section the results of phase two of the analysis process (thematic analysis of primary documents) will be discussed.

4.3 PHASE TWO: THEMATIC ANALYSIS RESULTS (PRIMARY ANALYSIS)

From the deductive thematic analysis conducted on the unstructured interviews the following five themes emerged. Themes and subthemes from the thematic analysis will now be discussed in detail. Extracts from the unstructured interviews as well as photographs will be used to illustrate the findings. In the present study, only the mother participated in the interviews as she and her partner were separated at the time and trying to reconcile.

Table 4.2 Themes and subthemes from the thematic analysis.

THEME #	THEMES AND SUBTHEMES
1	Risk factors significantly impact family functioning in semi-urban townships
1a	Community risk factors
1b	Family risk factors
2	Protective factors within the community enrich family functioning
2a	Community protective factors
3	Belief systems support families' understanding and acceptance of adverse circumstances
3a	Making meaning of adversity
3b	Positive outlook
3c	Transcendence and spirituality
3d	Cultural beliefs and practices
4	Effective communication and problem-solving processes improve families' approaches to dealing with crises
4a	Open and emotional expression
4b	Clarity
4c	Problem-solving processes

5 Organisational processes equip families to remain stable during crises situations

- 5a Connectedness
- 5b Flexibility
- 5c Social and economic resources

4.3.1 Theme 1: Risk factors significantly impact family functioning in semi-urban townships.

In Figure 4.8 the theme *Risk Factors* with its subthemes and associated codes is discussed. Because risk factors referred to any potential attribute, characteristic or exposure of the family or a member of the family that increased the likelihood of a negative impact on the family's functioning, risk factors in the community as well as the family were seen as the subthemes that emerged from the data. It became evident during the analysis, that some of the codes were associated with each other or similar in nature.

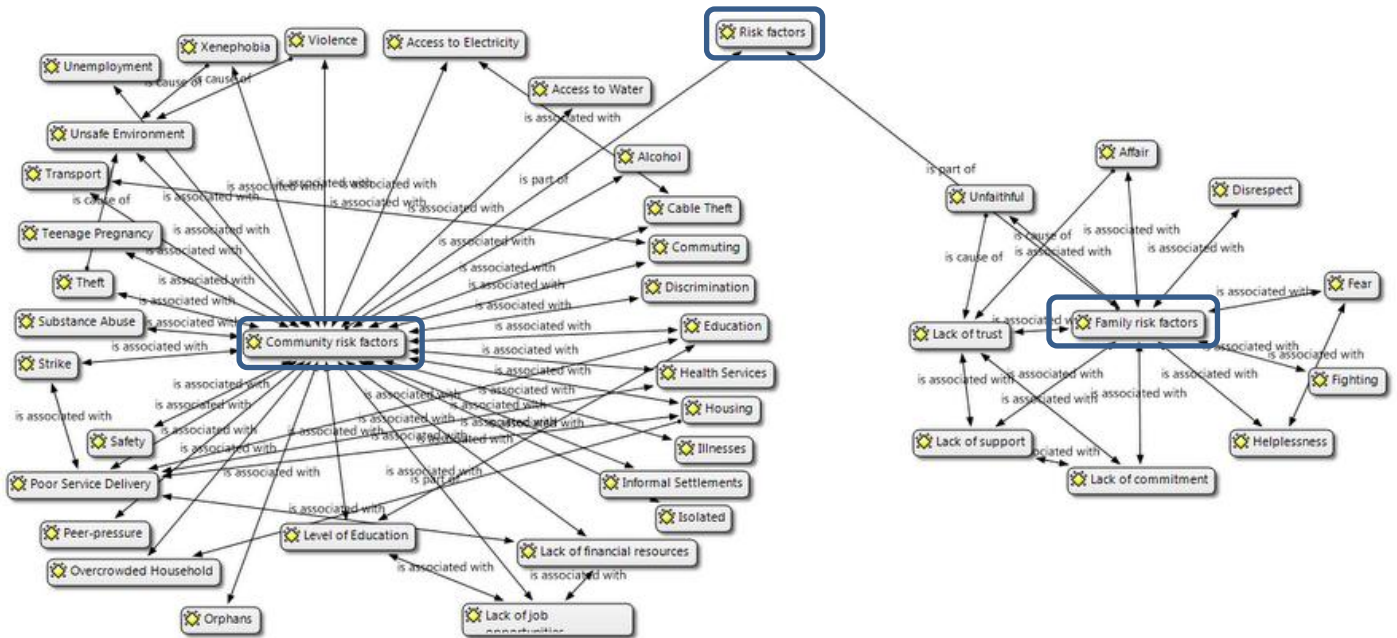


Figure 4.8 Risk factors and associated codes

4.3.1.1 Risk factors in the community

A study conducted by Mathee (2011) states that South Africans face many risk factors in relation to their health and wellbeing and it was found that many of these factors seem to be related to South Africa's apartheid background. As a result poverty in South African communities remains one of the challenges that affect the psychosocial development of humans significantly (Visser, 2007). This also became evident from the interviews. (*Many examples were provided for all the themes; please see Appendix H for a more in-depth representation*). For instance due to the break-up between the participant and the partner, the family suffers as a result of insufficient financial resources:

⁴*“P: Okay so he told me that he don’t have money so so, so I asked him because you would have your salary - so why did you not give the kids their money. So he said, hai, I will give it to you tomorrow, so I told him no, I am not going here I just want the money”*
⁵(PD4: line 8).

Poverty seems to be closely associated with the level of income generated in the families. The ‘South Africa’s young children: their family and home environment’ (2012) report indicated that approximately 34,8% of the children lived in households in which grants acted as the main source of income and this was evident in the case of the participant:

“P: Yes - for the kids...We get the grant for the... is how much, mmm, R300 per child. And the foster grant - because of the one my mother adopted. She is getting the grant. So that helps a bit for the food and to take care of everyone” (PD3, line 86, 87).

Like in the case of poverty, the interviews also revealed specific challenges that impact the community including aspects like violence. A study conducted by Marojele and Brooke (2006) found a link between violence and crime and substance abuse. South Africa has furthermore been described as having the highest prevalence of violence and violence-related injury in the world (Norman et al., 2010). For instance, the participant noted:

“P: Mmm, bout Mamelodi? Mmm, what happens in Mamelodi. Hey, eish... there is many Nigerians and Maputo’s so now they are starting to fight. [I: Xenophobia?] Yes, so like in my mother’s yard, there are tenant in my mother’s garden, so they like to fight, when they drink alcohol, they starting to fight and you’re not going to sleep. We must make them not to fight” (PD4, line 83).

“P: Mmm, eish our kids are being influenced by this Nyaopi drug. Mmm, if you struggle in your family you will be lucky if your kid will not go for Nyaopi” (PD4, line 81).

Nyaope causes many challenges in South African townships. It is reported that one of Nyaope’s main ingredients are non-other than the antiretroviral drugs designed to fight HIV/Aids (Gilmore, 2013). Nyaope is dangerous and destructive and as a result has been declared an illegal drug in South Africa in 2014 by the Department of Justice and Constitutional Development (the doj & cd, 2014). According to Tau (2013) Nyaope originally started to make a name for itself during 2000-2006 in Soshanguve, Atteridgeville and Mamelodi and is the favourite drug amongst youth.

DSD, DWCPD and UNICEF (2012) report that it is expected for rural communities to have below average service delivery. Therefore violence seems to be more prevalent in the informal settlements due to poor service delivery from the local town council:

⁴ Direct quotations were transcribed verbatim and grammatical errors may be expected as English is the participant’s second language. The participant = P and the interviewer = I.

⁵ Direct quotations will be referenced from the coded interviews or photographs. The interview number is identified as PD1/PD2/PD3/PD4 (referring to primary document 1,2,3,4) or PD5-27(referring to primary document 5-27 [photographs]), followed by the relevant line numbers.

“P: Yah, mmm, but not, it was safe, mmm, in the mornings but when the sun sets, you must call the kids because there is no street lights so it is dark. [I: Okay, and in the squatter camps - is it even more dangerous?] Yes, much more dangerous” (PD3, line 61).

Unemployment and the lack of job opportunities not only affects the family income, but also impacts family stability and child development (Finnegan, 2012). Eddy and Holborn (2011) report that when families are faced with poverty or unemployment, families are more likely to function in dysfunctional environments. Despite efforts of applying for jobs, the participant had some difficulty in finding a job. Mamelodi furthermore has few job opportunities available for individuals without qualifications or skills:

“P: Hey, but sometimes it is a problem to me, because I need to work for my kids... I’m still young, I have to work for my kids” (PD1, line 151).

The participant on several occasions mentioned aspects related to poor service delivery including access to electricity and water, access to education, transport, social services and so forth. “Growing concern has been expressed about the government’s ability to deliver the public services that its people yearn for and are entitled to (Managa, 2012, 1).

“P: Okay, for electricity neh, eish it does affect cause sometimes at the weekend you don’t have any electricity for the whole weekend. Because at the weekend people are more at home, they are not working or at school. So the electricity really is a challenge” (PD3, line 55).



The first photo is unclear but indicates where the participant pointed to the informal settlements on the outskirts of Mamelodi, to which the participant is referring in the above quotation (P16: line 596:1164). Photo two and three are taken from the Mamelodi Trust website to support the statement of the participant (www.mameloditrust.org.uk/about.htm).



Water is fetched in containers in areas where water is inaccessible, (P24, line 190:636). Photo two is taken from the Mamelodi Trust website (see above).

Social support on the other hand refers to the availability of supportive social networks that assist people in coping with life's challenges, namely job losses, serious illnesses or domestic violence (Shumacker & Bronwell, 1984, as cited in Visser, 2007).

“P: Eish, sometimes, I believe about the social workers, some of them if you really want to help people but if you just do it because it's a job... and they do it because it is only a job, so they don't exactly help” (PD3, line 79).



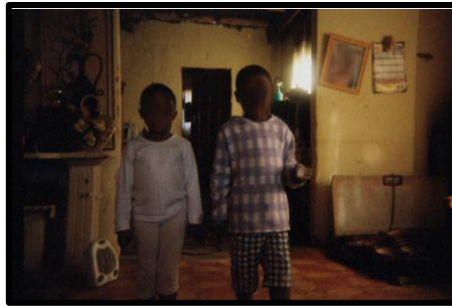
The queues at the clinic can at times be very long and you are not guaranteed to see the doctors. At some of the clinics the families are made to wait outside (irrespective of the weather conditions) as result of long queues or a lack of space. (PD25, line 71:1193).

Illnesses furthermore significantly impact family functioning, particularly HIV/Aids. Two-thirds of South African families affected by HIV/Aids lost some form of income resulting in families not having enough food or living in overcrowded households (Steinburg et al., 2005). Households affected by HIV/Aids are likely to be characterised by lacking economic resources (Cluver & Gardner, 2006).

“P: Yes, in Mamelodi, HIV/Aids it is a big problem. Because like other mmm, girls when they are not working like me, someone will start looking for a man, so yah if that man disappoint you, you go to another man, you end up ill” (PD4, line 89).

The participant mentioned while living at her mother's place, the house at times felt overcrowded. The participant's family as well as other members of her immediate family (mother, brother, sister and children) all resided in one house. Makiwane and Berry (2013) state that the transformation of family structures led to multigenerational and extended families being the most common structure among African populations and people of lower socio-economic levels. Research indicated in 2008 that nearly 5,6 million children (0-17 years) lived in overcrowded households where more than two people share each room, communal living areas included (Eddy & Holborn, 2011):

“P: Eish, but I can see I need a job. Because I want to move out from mom - it is a bit overcrowded and the kids, they aren't used to that... So if I can get a job, is better, because I can then rent a room. Then rent a room and go to work” (PD2, line 52).



Images of the participant's current living arrangement, a three bedroom house in Mamelodi, shared with her extended family (P5, line 39:1211; P7, line 21,1214, P13, line0:412).

From the interviews it is therefore evident that the participant's family and most likely many families in Mamelodi face multiple risk factors at a time. Literature indicates that South African households are facing multiple risk factors and as a result may become vulnerable (Casale, Drimie, Quinlan & Ziervogel, 2010). For example:

"P: For now I have problems, many problems in my family" (PD1, line 53).

4.3.1.2 Risk factors in the family

As discussed in Chapter 2 risk factors also occur on family level. Patterson (2002) mentioned of a few risk factors apparent in families including poor parental supervision, parental substance abuse, family conflict and family violence, family arrangements and continuous life stressors present in the household. The participant noted that her partner was being unfaithful to her and subsequently they were fighting a lot. Marital discord can be caused by multiple factors including sexual deprivation, conflicts in marital roles, breach of trust and sexual misconduct by partners (Ibeh, Mabel & Uzoechina, 2013). The participant went to Polokwane to visit her partner's family and to attend a funeral as evident in the example:

"P: No, last week I was going to my husband's place. There was a funeral. So, hey, when I go there, hey, there is many problems. Because they heard that my husband has a girl, so they fought (sigh)" (PD1, line 141).

Alarming divorce rates and a decline in traditional institutions, customs and values are seen as some of the main factors that seem to influence traditional family life among Africans (Viljoen, 1994). The *Marriage and Divorces* report released in 2012 shows a decrease in the number of civil marriages between 2008 (186 522) and 2011(167 264). More so the report indicates that divorce rates have fluctuated in the period 2002 – 2012 with the highest total detected in 2005 (32 484).

In the following extract the participant explains her expected cultural role to take care of her partner's mother. She does however have a problem with the expectation as evident below, which may cause conflict between her, her partner and their extended families:

"P: Cos when I ask him what the problem is, he told me I don't want to stay at Pietersburg at his mother's place. Because we believe that if he is the last born I must stay with his mother. ... But I don't have a problem to stay with his mother, but he must marry me first, before I stay with his mother. But he don't want to marry me, but he want me to stay at his mother" (PD1: line 147).

The participant mentioned that although her partner paid lobola (when a payment is offered to the bride's family), he was unfaithful and moved out of her house:

"P: No, he paid lobola. 15 years, yah, so he promised me last year that we are getting married. That we would have the wedding this year November" (P1: line 55,59).

Due to the unfaithfulness of the participant's partner and empty promises from him, the participant is finding it hard to trust any commitments made by her partner, for example:

P: Yes he is coming today, so I don't know if that is the truth - or if he's just saying it. Because I don't trust him anymore. [I: Yah] Today he is talking like this, tomorrow he is changing" (PD1, line 48).

According to the interviews the participant experiences fear, helplessness and a lack of commitment from her partner regarding herself and their children:

Helplessness:

"P: So I don't know, I just don't know what this issue I can do?" (PD1, line 53).

Fear:

"P: Eish, sometimes, I'm stressing. Mmm, I'm stressing a lot. But sometimes I tell myself, what can I do? He's the one that wants to go, [M: Uh-uhm] there is nothing I can do. Because I try to talk to him. Several times, but he don't understand" (PD1, line 162).

Lack of commitment:

"P: ...So yesterday, we fought and fought over the phone. So I wanted him to come and see the kids so he didn't come. Mmm, his phone was off, just ringing he didn't answer it" (PD2, line 40).

The participant expressed her concern with regard to the influence her fighting with her partner had on her children. It seems as if the participant was worried about the impact the split from her partner would have on her children's well-being. From a system's perspective it seems likely that the marital discord the parents are experiencing is directly impacting the development of

the children. Large volumes of literature indicate that childhood behavioural difficulties seem to be linked with marital discord (Sturge-Appel, Skibo & Davies, 2012; Grych & Finchman, 1990).

“P: So, eish, what worries me about my kids is, I can see that they are not coping...”
(P1, line 78).

Given all the evidence suggesting that risk factors negatively impact family functioning, some studies indicate that protective factors may have the opposite effect. In the following section, attention will be given to possible protective factors evident in Mamelodi.

4.3.2 Theme 2: Protective factors within the family and community enrich family functioning

Protective factors in this study referred to any potential attributes, characteristics or exposure of the family or member of the family that increased the likelihood of a positive impact on the family’s functioning. This theme furthermore elaborates on the participant’s view on that which enhances and supports her family from the community’s perspective. Figure 4.9 indicates the theme *Protective factors* and the associated codes.

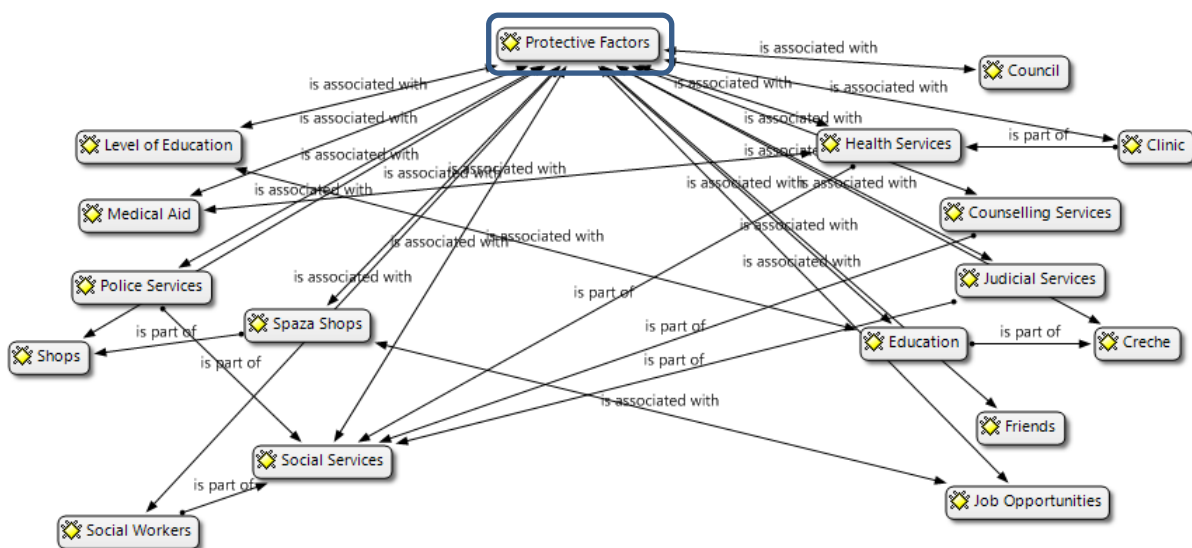


Figure 4.9 Protective factors in the community

4.3.2.1 Protective factors in the community

When the participant was asked about possible community strengths or ‘things’ that supported her family’s functioning, several concepts were mentioned and photographs were taken. Pierce and Sarason (1990, as cited in Visser, 2007) furthermore argued that social support does not only exist on an individual level, but also exists on a community level where it contributes to a sense of belonging being experienced by members in the community. The participant for example felt confident about the social services available to families in Mamelodi.

“P: Yes. Because in my area, I have two clinics. ... Yah, it is for free and we get the medication they get it for free as well... But my kids, they have medical aid, because their father got them medical aid” (PD3, line 63).



The participant explained that she had her firstborn in this clinic, “P: They are taking good care of the clinic” (PD25, line 71:1193).

The participant received family counselling services from the Educational Psychology Master students and refers to this below:

“P: Okay, now, I learned so much about the kids since I was coming here. I used to beat the kids, most specially my older boy... But since I learned about how to bring the kids up I don't believe in beating them anymore. I would rather sit the kids down and talk to them” (PD3, line 91).



The participant refers to counselling services received at Itsoseng Clinic, Mamelodi Campus, (PD27, line 12:1142).

It was explained that the participant received some positive intervention from the police officers on duty, after she and her partner engaged in a dispute over financial matters. She explained that it was good for her that they tried to intervene before she opened a case against him, as she would like to rather work things out:

“P: So when we arrive at the police station, the police, because I wanted to open the case, ah, so the police told us to come to another room, so they made us sit down to talk to us, why. They ask my husband why is he doing this to his family. So ... but he didn't answer, he just kept quiet, so police told him go and talk, when you come here you will tell us what you talk. So we just went and then he came tomorrow and just apologised about everything...” (PD4: line 8).

The town council of Mamelodi seems to be very involved with the members in the community, as the participant mentioned them on several occasions, for example:

“I: And water, do you always have fresh water? [P: Yes always at home. If they (council) want to take the water, they will tell us with a letter - so they will warn us. So maybe they will give you pamphlet to say when water will be off.]” (PD3, line 56).

Families living in Mamelodi are often forced to travel long distances to get to their jobs, due to the high unemployment rate and lack of job opportunities in the community. Families rely either on support from extended family members to take care of their younger children, or place them in the crèches as evident in the participant’s responses. Crèches furthermore seem to be accommodating when parents are forced to work late hours or run late as a result of transport challenges.

“P: Mmm, when we work in the city? Mmm, sometimes it is difficult with the kids, you must go out with the job until after six with the commuting, and the crèche closes at six. But you can negotiate and you can pay R10 per hour. If you take your kid at seven, so you just pay R10 more” (PD3, line 76).

Although job opportunities are few in semi-urban townships and unemployment rates are exceptionally high, the participant was able to mention a few job opportunities by which of individuals were currently making a living in Mamelodi:

The participant explained that *hlabahlala* refers to the cleaners you often find in the communities that use a sharp pointed rod to pick up the litter lying in the streets. *Spaza* shops are the general term used when the participant refers to the temporary stalls next to the roads that sell various products:

“P: Okay, because, mmm, as from 1997 - there was this new jobs to pick up the papers, to take the pin-things and pick up the papers, they call is *hlabahlala*... And, maybe at the *Spaza-shop*, they might look for someone to help, yah you can find a job” (PD3, line 69).

Women could likely be employed as child-minders, but the participant explains that families in Mamelodi prefer to take their children to the crèches:

“P: Yes, yes - we can find that job as well. But many people prefer the crèches... Yes, I can go work there and I can cook for the kids and look after them when they play” (PD3, line 71).

Here the participant refers to job-opportunities available for the men:

“P: Yes, maybe they can open a car wash, or like to be a taxi driver, and they even at the *hlabahlaba* or even someone maybe someone wants to build a house - and they will build” (PD3, line 73).

Other job opportunities were associated with business-related entrepreneurs, for example telecommunication-services; dry-cleaning services, spaza shops, selling furniture and making garage doors, gates and other security structures. (Photographs in order as listed).



From left to right: PD15 (line 40:304); PD19 (line 275:599); PD21(line 0:1218); PD19 (387:827)



From left to right: P15 (line 28:1190);P17 (line 159:1130)

4.3.3 Theme 3: Belief systems support families' understanding and acceptance of adverse circumstances

Plumb (2011) found that resilient families often tap into their belief systems when faced with challenges. A family's belief systems can generally be divided into three subthemes, namely 1) making meaning of adversity, 2) positive outlook and 3) transcendence and spirituality (Walsh, 1996). In this study belief systems will act as the main theme, with making meaning, positive outlook and transcendence and spirituality as the three subthemes. Figure 4.10 illustrates the codes associated with the subthemes and in general with belief systems.

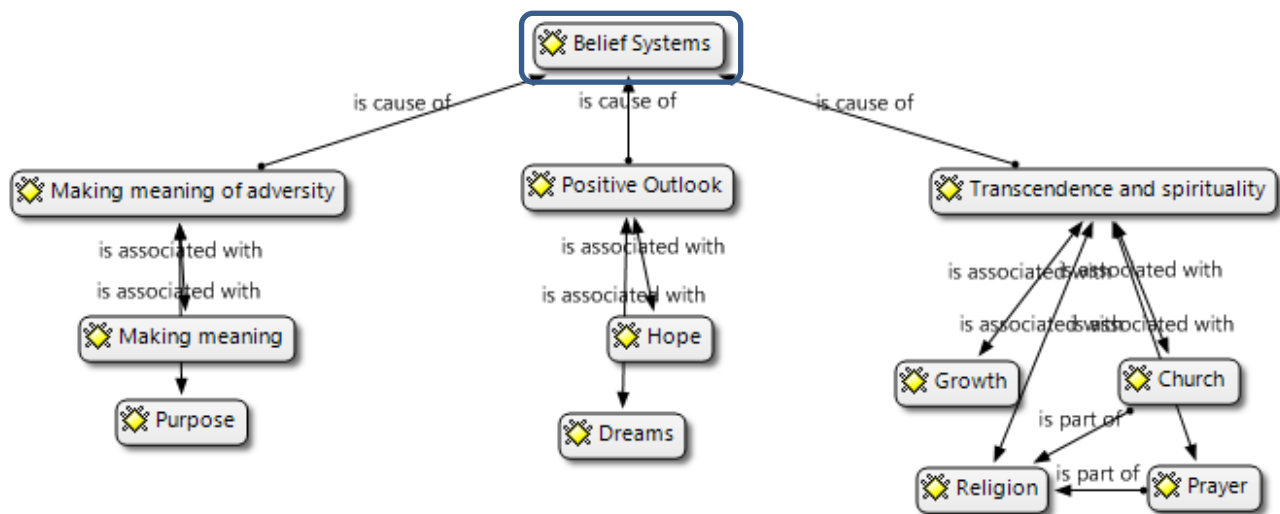


Figure 4.10 Belief systems in the families

4.3.3.1 Making meaning of adversity

The process of meaning-making seems to create a relational view that personifies the family as a system or a unit (Spicer, 2011). How families view their challenges and their resources will most likely determine whether the families experience healing and growth from the challenge or if they end up dysfunctionally and in despair (Walsh, 2008). Some of the extracts provided an indication that the participant made some meaning of the challenges she was experiencing or that she was attempting to normalise or contextualise the challenges they were facing as a family. The participant sought guidance from her previous church leaders while trying to make sense of the marital discord with her partner:

“P: No.... because when I started having these problems, they always telling me, just leave this man, it’s not good for you, that kind of thing. But me, I expected them to tell me that it’s not that, let’s solve the problem before I leave him, but they are always telling me, just leave him. But that is a problem to me, because I have kids with this guy” (PD1, line 95).

Culturally it seems to be expected from the participant’s husband to take care of his mother, because he is the youngest son. The participant’s partner asked her to move to Polokwane to take up the care-giving role, but she explains why she cannot do that at the moment:

“P: Hey, but sometimes it is a problem to me, because I need to work for my kids... I can’t look after somebody’s life. I’m still young, I have to work for my kids” (PD1, line 151).

It is evident from the extract below that the participant experiences meaning for the challenges she is experiencing as evident in her reasoning below:

“P: Sometimes I think that all these challenges are making me stronger, yah, because when I think if I, this challenge that I’m thinking about it didn’t happen, I’m just thinking it - I was going to say, you know if something like this happens to me, I was going to die , yes, but here I am still alive and still fighting” (PD4, line 62).

The participant furthermore sought causal attribution or the purpose why they had to face these challenges while trying to make sense:

“P: Eish, sometimes, I’m stressing. Mmm, I’m stressing a lot. But sometimes I tell myself, what can I do? He’s the one that wants to go... there is nothing I can do. Because I try to talk to him. Several times, but he don’t understand” (PD1, line 162).

Walsh (2003) states that when families attempt to understand why challenges occur, a sense of coherence can be achieved among the members of the family. The example illustrates how the participant is trying to make sense of her challenges:

“P: I think a lot, hey? Why? Why this is happening? You see? Because sometimes I wake up at two am ...thinking, aih why is this happening? Because I will be happy and suddenly this is happening” (PD1, line 164).

By finding one’s purpose or the purpose of the challenge(s), support the family or members of the family to make sense of the challenge. A family’s belief about what caused the crisis may influence the manner in which a family responds to the challenge and whether the family believes it has control over the outcome:

“P: I must do it for my kids, I must be strong for my kids, and I must see if I can find my place for myself and if I can stay there and find a job. I think everything will be fine” (PD4, line 23).

4.3.3.2 Positive outlook

Research studies conducted on optimism has found that hope is situated in a future-oriented belief which enables families to envision a better outcome (Walsh, 2003). Optimism may cause families to expect something constructive to come out of their challenging circumstances (Bissonette, 1998) and may lead to a faster recovery from crises situations (Dainese et al. 2011).

“P: Hope mean that I must believe that one day something will be right, everything will be okay...Yes yah, even if I don’t know what will happen tomorrow, I tell myself, everything will be fine” (PD3, line 148).

Part of a positive outlook is that one has confidence in beating the odds. The participant at times was hopeful as evident in the following quotes:

“P: Yes yes. Just like that, so I think I am excited. Because what can I do? I must do it for my kids, I must be strong for my kids, and I must see if I can find my place for myself and if I can stay there and find a job. I think everything will be fine” (PD4, line 23).

When a family member, especially the head of a family is able to have dreams for herself and her family, it is furthermore associated with a positive outlook. It appeared that despite the multiple challenges this family was facing at the time of the interviews, they still had dreams for each other:

“P: Okay, I wish they be happy, I can make them happy, mmm. And then they must went to school and finish school and find a good job. I don’t want them to struggle like me. I need them to go to school and I think their life will be better when they go to school...” (PD4, line 46).

Because the participant feels she made a mistake by leaving school while she was only 17, she values education very much. Therefore she dreams that her children complete their educational careers:

“P: Okay, mmm, make sure that you go to school. Make sure that the school is the very very important thing, because no one can take that away from him. Yah, that’s the important thing for him” (PD4, line 50).

4.3.3.3 Transcendence and spirituality

When the participant was asked whether she and her family believed in religion and in particular traditional African religions, she explained that they did not:

“[I: So your family don’t believe in the African Traditional beliefs?] P: Not at all...I think God, He is the one answer” (PD1, line 90, 91).

“P: In our house, mmm, we were not doing nothing about the cultures...”(PD3, line 51).

Factors such as a strong sense of faith, rituals or ceremonies and a congregational connection have all been found to be sources of resilience (Walsh, 2003). Greater religious attendance and spirituality has been found to be indicators of less parental distress and marital satisfaction in rural communities (Mahoney, 2005). The church seemed to play an active role in the family’s manner when dealing with challenges. The participant mentioned that her family formed part of the church and that the church supported them in their challenges.

“P: What we do together is we go to church together. And when we have problems with living, we pray together...Because many families believe in the Sangoma’s...But we, we believe in prayers (PD1, line 89).

“[I: And how often do you go to church?] P: Every Sunday and Wednesday” (P1, line 100, 101).



From left to right: The participant and her immediate family and extended family members getting ready for church. P12 (line 8:1232); P13 (line 441:989)

Spirituality is deeply embedded in the development of a healthy lifestyle in Africans (Wheeler, Ampadu & Wangari, 2002). From the interviews it became evident that prayer also contributed to the family’s functioning, for example:

“P: Yah, sometimes you think that, if I was having the power to... to beat that challenge I can beat this one. And definitely we believe in prayers. Uhm, when you pray things start to happen” (P3, line 118).

Walsh (1996) also stated that when families are able to be transformed, or experience growth from their challenges and adversities, families experience transcendence. On several occasions

the participant mentioned some element of growth that she experienced as a result of her challenges including:

“P: Yes (nodding affirming) yes because when you have challenges you grow, you grow, and the challenges that you see are coming, you feel is not so bad, because you went through the other challenges (P3, line 116).

Here the participant stated that she feels stronger as a result of the challenges her family faced.

“P: Sometimes I think that all these challenges are making me stronger, yah, because when I think if I, this challenge that I’m thinking about it didn’t happen, I’m just thinking it - I was going to say, you know if something like this happens to me, I was going to die, yes, but here I am still alive and still fighting” (P4, line 62).

4.3.3.4 Cultural beliefs and practices

During the course of the analysis the role of the family’s culture and the effect that the cultural beliefs and practices had on their outlook, beliefs and spirituality could not be ignored. As a result, cultural beliefs and practices are seen as a subtheme of belief-systems, due to the definite impact they had on the family’s functioning. In the present study two subthemes related to culture became evident including a) cultural beliefs and b) cultural practices. Cultural beliefs referred to “ideas and thoughts common to several individuals that govern interaction – between these people and between them, their gods and other groups” (Greif, 1994). Cultural practices on the other hand referred to factors which influence the behaviour of individuals or societies, but also provide a sense of identity that connects individuals or groups, for example circumcision, cleansing rituals or the role of muthi. Figure 4.11 illustrates the codes associated with cultural beliefs and cultural practices as apparent in the analysis.

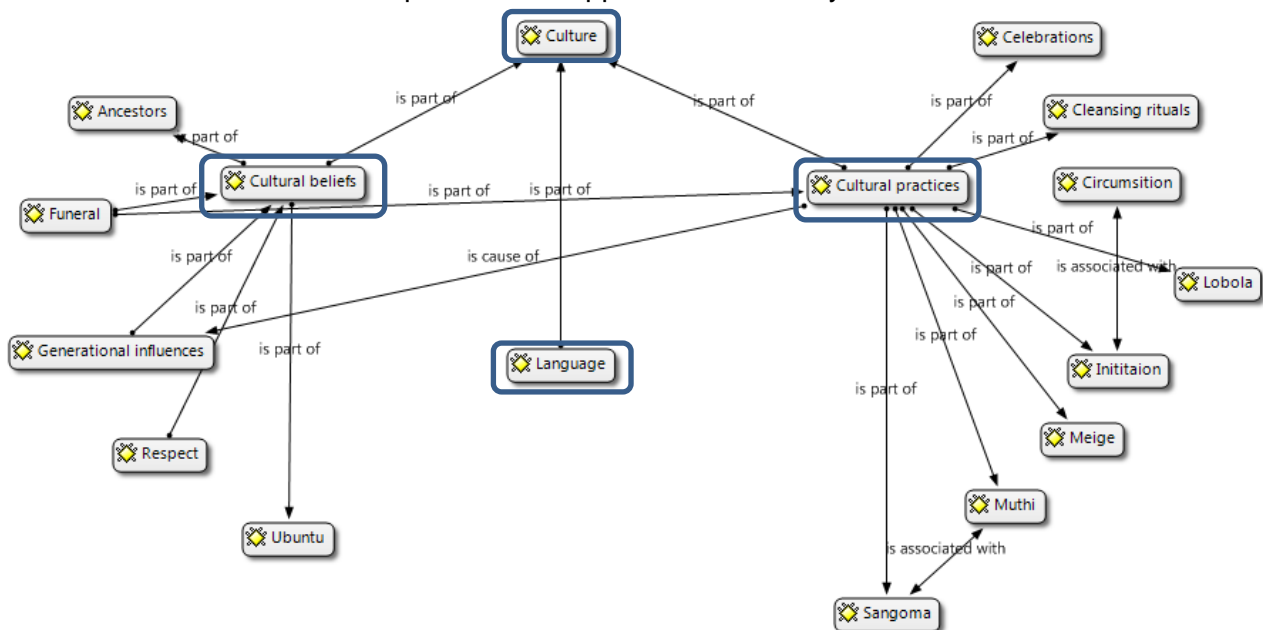


Figure 4.11 Cultural beliefs and practices in families

a) Cultural Beliefs

As part of the discussion on factors that seem to impact family functioning, it became evident that the participant's cultural beliefs played a significant role in both the challenges the participant seemed to be experiencing and the cohesion it brought to the family's dynamics. The following response illustrates the challenges when two cultures, in this case Ndebele and Bapedi blend due to living arrangements:

"P: Mmm, because we believe the man is the head of the house, so we use the Pedi culture, because you see I'm Ndebele but my kids are learning Sepedi at school. So the challenges come when someone is getting married" (P3, line 30).

The participant explained that in the Bapedi culture initiation takes place on the mountain. She furthermore clarified that due to her mother not being initiated it was not expected of her, and as a result, she does not want to let her daughters go:

"P: Yah, it just was not necessary and the Ndebele. But Phedi they go to the mountain... IKhude, yes ya. We didn't go because my mother didn't go. So we felt that it was not necessary and we will disrespect her" (PD3, line 34).

The role of respect appears to be important in the family's functioning, especially with regard to three generations residing in one home and the family's respect for cultural traditions, for example:

"P: So, and in our culture, when I didn't go, and my kids go, my kids will not respect me...Even if I'm at my husband's place, in Pietersburg, if they know that I didn't go there, they will never respect me...Yah they will call me names" (PD3, line 32).

Respecting your elders is an important cultural belief in many African communities, as seen here where the participant refers to respecting her mother and older family members:

"P: I don't talk to her. I just look and, because I believe that if I tell her, 'Eish this is not right' I think she will see that I don't respect her" (P1, line 117).

It was made clear by the participant that she does not believe in following the Ndebele practices anymore, but that she now lives by Christian principles. One would assume that some form of inner conflict should exist within the participant, due to her cultural background and community influences:

"P: Okay, mmm, what I can say now is that I live more Christianity because mainly the Ndebele Culture, I don't do it, even to make lqude yah and to know sometimes, when they say Ubupahla - I don't if you know about it ... mmm, when maybe there's a problem like I have a problem, I must go to the grave so I must pour a sniff ... yah and talk to the ancestors, but as Ndebele I don't do that because I believe in Christianity, because I

believe that when somebody is dead, he is dead and he is not going to hear me even if I go there” (PD4, line 30).

As a result of the participant’s Christian beliefs, it appears that specific beliefs around, for example funerals have also been discarded by the participant’s family.

“P: Okay, we just come, after ten days, and just to pray and tend to the family ... and help them be strong...” (PD3, line 38).

However certain cultural practices still form part of the family’s functioning and will be discussed in the next section.

b) Cultural practices

Although the participant indicated that her family had discarded most cultural practices or rituals, the participant repeatedly expressed some forms of cultural practices that they still engaged in. African families often celebrate several occasions during family meals or animal sacrifices. After a boy or girl has completed the initiation process, a bull is slaughtered for a boy and a cow for a girl. Before the animal is slaughtered the blood of a goat must be thrown on the ground (<http://www.ndebelevillage.co.za/2.html>) For example:

“P: I think maybe next year, when I got a job. Because I must shot an animal, a goat or something, so I must find a job so that I can buy it and food” (PD2, line 48).

It appeared that the father is still practising the Bapedi customs and practices and that he wishes his son to be circumcised and go through the initiation rituals. Out of respect for her partner the participant agrees that the boy should go, but feels now is maybe not the right time.

“P: ... My son, she’s thirteen (13) neh? So she must, he must go to circumcision” (PD1: line 177).

The participant did mention however, that her family does not believe in cleansing rituals after a family member has passed on, as they rather believed in Christian burial principles.

“P: Oh, when someone dies? [I: Yes] Yah, but, our church, we don’t longer believe in it? But in our culture, yah we do it. But because we believe in Church, we don’t have to do it” (PD3, line 36).

“P: No, they come and they... you know impheb? Yah, they do impheb for you and pour the water, yah. [I: And you, do you believe in that?] No I do not” (PD3, line 45).

The participant revealed that her family still believes in some cultural practices including the payment of lobola when one gets married as well as *meige* (requiring services from the magistrate to get some form of payment when a woman becomes pregnant out of wedlock). She also said that although she does not believe in African traditional beliefs, she does believe

the effect of muthi and that only Sangoma’s can reverse the effect when muthi was used. For example:

“P: No, he paid lobola. [i: And how long have you two stayed together?] P:15 years, yah, so he promised me last year that we are getting married. That we would have the wedding this year November...” (PD1: line, 55, 58, 59).

The role muthi plays in her family’s cultural outlook is mentioned in the following quotes:

“P: Yes, because sometimes I have difficulties I do believe this is the Muthi” (PD3, line 124).

The extracts related to cultural beliefs and practices seemed to indicate that the family’s beliefs regarding their culture and spiritual conviction appeared to support the family when faced with challenges. Input from the church leaders, the congregational support and prayers furthermore supported the family’s meaning-making processes and outlook when challenges arose. The following theme will address the role of communication and problem-solving processes evident in families.

4.3.4 Theme 4: Effective communication and problem-solving processes improve families’ approach to dealing with the crisis at hand

Patterson (2002) argues that a family’s communication patterns act as the facilitating dimension that assists families in reaching solutions or clarity when facing crises. Positive communication processes within families are likely to increase the family’s cohesiveness and flexibility when families attempt to solve challenges collaboratively. In the present study, communication and problem-solving processes were found to increase the family’s functioning. This theme can be divided into three subthemes, namely 1) clarity, 2) open and emotional expression and 3) collaborative problem-solving. Figure 4.12 illustrates the theme, subthemes and associated codes:

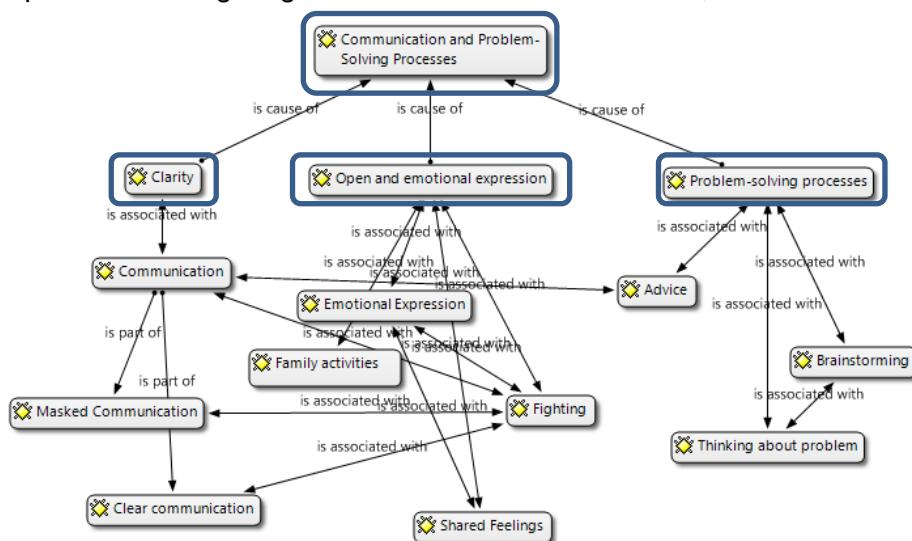


Figure 4.12 Communication and problem-solving processes in families

4.3.4.1 Clarity

In this study it became evident that communication within the family existed on two levels 1) clear communication and 2) masked communication. Clear communication involved clear and consistent messages related through words and actions, whereas masked communication referred to the times when the family members would rather not say exactly how they felt or expressed their feelings in a concealed manner. If and when family members manage to communicate clearly with one other, effective family functioning can be facilitated: “Clear messages which are consistently shared from a place of emotional expressivity and a desire to work out difficulties with others in the family are aspects of such processes” (Walsh, 2006, p. 26). In the context of this study the participant used examples where she made use of clear communication processes to convey messages to her family members, for example:

“P: Yes, we like to sit down and talk about it and we talk it out and then we go on and things are fine. My sister, my big sister, we get along, but we talk about this problems” (PD1, line 108, 113).

Clear communication is important as it assist family members to voice their worries and joys (Peterson, 2009). It appears that the family also uses clear communication processes to clarify confusing or vague information within their conversations:

“P: Mmm, I think when we talk, yah, talking support each other - because someone in the family will listen and tell you...”(PD3, line 130).

Masked communication also seems to be prevalent in the family's functioning and the participant mentioned some occasions where she felt it enhanced the family's functioning:

“P: I don't talk to her. I just look and, because I believe that if I tell her, 'Eish this is not right' I think she will see that I don't respect her” (PD1, line 117).

Masked communication can also cause some frustration in the family, as the participant mentioned. Already in 1990 literature showed a relationship between communication patterns and positive relationships in families (Noller & Fitzpatrick, 1990). Communication seemed to support the family in addressing their challenges and as a result masked communication or complete lack of communication may cause some strife between members of the family.

“P: But my partner, he didn't like to talk. Mmm, yah, because when we talk, he believes that we making, but if if there is a problem between us, he would not want to talk about it, he would want to leave it behind us” (PD3, line 146).

4.3.4.2 Open and emotional expression

Walsh (2003) found that when a family shares a range of feelings like joy, pain, hopes and fears a climate of trust, empathy and a tolerance for differences develop within a family, for example:

“P: Ooh, I was happy, very happy. Mmm” (PD1, line 145).

“P: ...and if we have issues and we are fighting, my heart is not right, you see” (PD1, line 177).

“P: And when you talk to him about this thing about the mountain, he is crying, because he want to go there” (PD1, line 183).

Resilient families engage in sociable interactions in an attempt to reduce the stress brought on by challenges (Walsh, 2003). Pleasurable interactions also form part of the subtheme open emotional expression and one can see that although finances may be limited in the present family, it remains important for the parents to engage in activities with their children:

“P: What we do together is we go to church together” (PD1, line 89).

Furthermore when a family member takes responsibility for their own actions or behaviours, it makes it easier to express one’s emotions. Family members are then less likely to blame others for their own actions, for example:

“P: But since I learned about how to bring the kids up I don’t believe in beating them anymore. I would rather sit the kids down and talk to them” (PD3, line 91).

4.3.4.3 Collaborative problem-solving

Collaborative problem-solving refers to processes in which the family engages in either brainstorming or shared-decision making time, in order to address the impact of the challenges they are facing. Although the participant only mentioned once that they collaborated to solve problems, it became evident that by talking to her mother and older sister, she tended to gain advice and they solved the problems they faced together:

“P: Like with my boy, say he lost his suitcase at school, okay, I will, me I will sit down and tell kid can we go to school tomorrow and look for the suitcase, and also the father will support that. So talking was one way of sometimes solving a problem...” (PD3, line 146).

On one occasion the participant mentioned that she had to draw on external resources namely police intervention to support her when she and her partner were fighting. By taking this proactive stance, she may have prevented the situation from escalating:

“P: So when we arrive at the police station, the police, because I wanted to open the case, ah, so the police told us to come to another room, so they made us sit down to talk to us, why. They ask my husband why is he doing this to his family. So ... but he didn’t answer, he just kept quiet, so police told him go and talk, when you come here you will tell us what you talk. So we just went and then he came tomorrow and just apologised about everything...”(PD4, line 8).

The participant also mentioned that in order for her to successfully manage the family’s challenges she had to learn from her mistakes:

“P: So I just left school (sigh) that’s where the mistake happened there” (PD4, line 54).

The participant had to formulate some goals to increase family functioning. One of the participant’s goals is to get a job. The participant mentioned that she would like to work with children and that she could possibly look for a cleaning or cooking job at a crèche:

“P: Yah, maybe because sometimes in the crèches and schools there are children that have problems that they don’t talk about it, so maybe if I can be the middleman between the kids and the social workers. And maybe help them, maybe help them communicate finding out what is bothering them” (PD3, line 113).

4.3.5 Theme 5: Organisational processes equip families to remain stable during crises situations.

A study conducted by Czystoczon, and Lynch (2010) found that families who seem to be more flexible and connected and who have adequate access to social and economic resources tend to cope better with stress. In this study, three sub-themes were evident. Figure 4.13 illustrates the associated subthemes and codes underlying organisational processes in families.

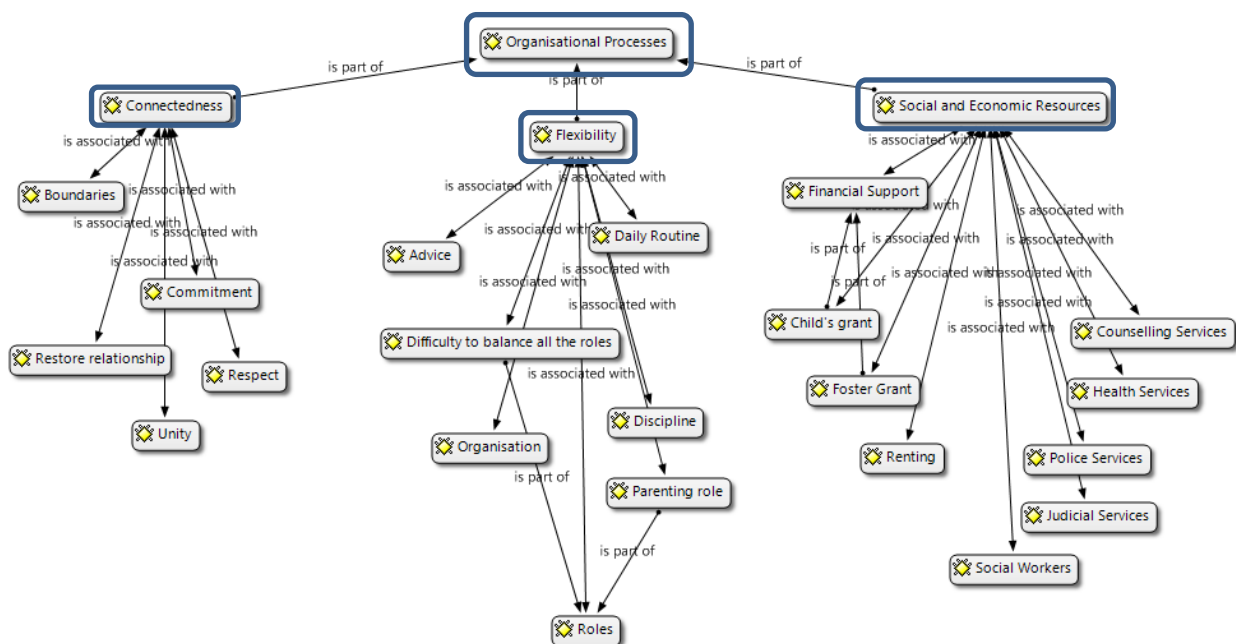


Figure 4.13 Organisational processes in families

4.3.5.1 Connectedness

Cohesion or connectedness plays an imperative role in the manner in which the family responds to a crisis. “Cohesion refers to the emotional bonding family members experience with each other” (Olsen, 2000). Walsh (1996) explained that commitment, respect for individual needs, boundaries and attempts to restore and maintain broken relationships all contribute to the connectedness a family is likely to experience. Although the family seems to have allocated roles that could assist with their daily functioning, boundaries furthermore became apparent when the participant spoke about her family, for example:

“P: Yes, we do respect that. (Referring to boundaries). But sometimes you can see that ... if maybe someone is not at the house and it’s their time to do dishes, someone will do it for them” (PD3, line 28).

The participant referred to various forms of commitment evident in her family. Commitment to the family as a unit as well as her commitment towards her children and their wellbeing is evident in the extracts below:

“P: So, eish, what worries me about my kids is, I can see that they are not coping ... so I need help for them. If maybe I can bring them back and they can get counselling, mmm” (PD1, line 78).

According to the interviews, it became apparent that the participant and her partner (although separated at the time) felt strongly about their roles as parents and the wellbeing of their children:

“P: I like my kids, yah. I will do anything for them...” (PD3, line 89)

“P: Yah, and the father of my kids, he helps to buy food...He helps with everything yes” (PD1, line 71).

When unity is experienced in a family, the family is more likely to experience connectedness. The following extract indicates that the participant seems to value unity within her household, but that it is not necessarily the case in relation to her current circumstances:

“P: Family means, mmmm, they must love each other and they must be united. They must always united aaahhhh, and they must support each other, every time” (PD1, line 83).

Finally some examples were evident in the interviews that the participant tried to restore broken relationships in her family:

“P: To be honest, it’s for, it is just for the kids. I don’t want him, I only want my kids to have their father back. For me (sigh) it is not important if he comes back to my life but for the kids” (PD4, line 11).

4.3.5.2 Flexibility

Flexibility in a familial sense refers to the family's ability to achieve a balance between change and stability (Patterson, 2002b). The daily routine of the family and the assignment of roles seem to contribute to the family's ability to cope with daily functions. Spagnola and Fiese (2007) explains that a family's routine refers to daily activities that are assigned to family members in order to fulfil a specific role and that routines can be seen as protective processes in families:

“P: Okay, when we wake up in the morning, someone must have a something to do. Someone washes the dishes, someone cleans the house, I do the laundry” (PD3, line 8).

It became apparent that some families are likely to struggle to balance their allocated roles as a result of community challenges for example: migration, commuting and working long distances from home:

“P: Eish, yes it is bad. They need to go to work, because we have many single parents in Mamelodi. If you are a mother you must go to work and find someone to look after the kids” (PD3, line 83).

Cultural expectations seem also to affect the type of roles parents are allowed to fulfil within the family's functioning, as evident in the following extract:

“P: You see us, I think we like to believe that the husband is the person that must work for you...Yes, the provider...Like me, my partner didn't want me to work and if I work, yeah, we will fight a lot, because he always tell me don't go to work - who is going to look after the kids?” (PD4, line 46).

The type of parenting styles parents or caregivers implement, for example authoritative is likely to impact the manner in which parents will discipline their children. Co-parenting is important in a family's functioning, as it brings about clarity in terms of the expectations parents have with regard to behaviour. When parents' outlook on discipline differs, it is likely to negatively impact the family's functioning:

“P: My partner, I believe that he was buying love for the kids. He didn't want to tell them that they shouldn't do something and when the kids are naughty he would say 'ah, leave the kids'. Mmm, so I was always having a problem, because if the kids are wrong, you must tell them 'no, we don't do this, this is how we do it'”(PD3, line 93).

Due to fact that three generations of the family reside in one home, it became apparent that at times it was difficult for the roles to be balanced, as the participant's mother seemed to want to discipline the participant's children whilst the participant was in the house:

P: Ai, sometimes I feel like, because now I can see that my kids are having a problem, mmm, sometimes they don't need us to be harsh on them, so mmm, sometimes my mother doesn't think about that, she just wants to discipline (smirking). Always wants to discipline, discipline, most specially my boy" (PD3, line 98).

By being open to changes (as a result of crises) or presenting with the ability to adapt to the changes brought about by challenges, seem to furthermore increase a family's functioning:

"P: Yah, he is staying renting that place. But sometimes it is better when you live alone, because we don't understand always, why he always wants to fight" (PD3, line 100).

4.3.5.3 Social and economic resources

Social and economic resources improve family functioning in poor communities as it is likely to provide families with networks or funds that could sustain their basic needs. The participant named several forms of income that currently supported her family including her mother:

"P: And the foster grant - because of the one my mother adopted. She is getting the grant. So that helps a bit for the food and to take care of everyone" (PD3, line 87).

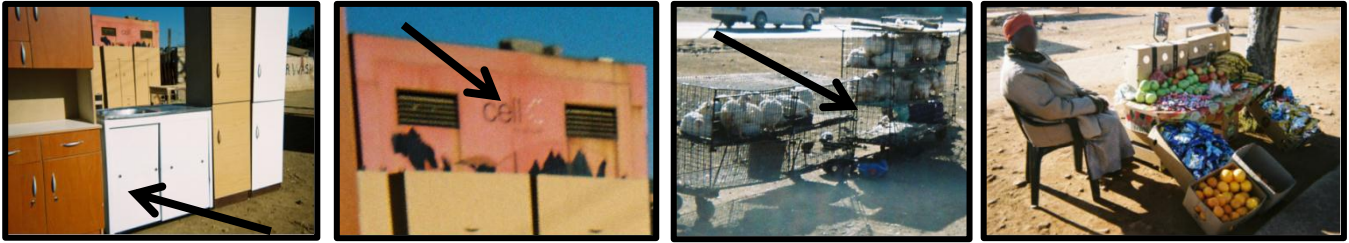
It appears that the family furthermore rents out rooms on their property, as a means of extra income as evident in the following extract and photograph:

"P: And many people are renting, because in my mother's place there are nine people who are renting, cause my mother build some shacks outside [I: Yah, and then that becomes an income for your mom right?] Yes, yes" (PD3, line 83).



One of the tenants in her family's garden with her sister's daughter (PD15, line 28:1190)

Mamelodi as a community offers numerous ways for community members to make a living or gain some form of income, for example spaza shops next to the road, making furniture, renting out part of your property for business-related activities, renting out your water or electricity and so forth. The photographs provide some evidence of these income-generating activities:



From left to right: Selling furniture, providing telecommunication at a cost, selling chickens from Cullinan and a spaza-shop owner with her stall.



From left to right: becoming a taxi driver, renting out property (hair saloon) and renting out electricity for furniture business.

However resources in the community are not only economic in nature, but social resources also support family functioning in Mamelodi. Social services currently deliver some form of support to families. According to the participant these includes: police services, judicial services, health services, social workers and counselling services:



A photo where social workers meet with the families as well as where the Itsoseng Clinic is, where families can receive counselling (PD27, line 12:1142).

“P: Mmm, I think that, in Mamelodi, yeah, there is a place (Court or judicial services) that because, I must first tell the social workers and then... they will tell me where to go” (P27, line 12: 1142).

“P: Yah there are many clinics (PD4, line 93).



From left to right: The clinic and inside the clinic.

The participant mentioned that the care was sufficient in the local community clinics and that she had not had any trouble being helped there, except for the long queues. She also mentioned that the two clinics she mainly went to were quite clean. Several literature studies reveal accounts where significant role models and mentors contribute to the resilience. The participant likewise stated that she had some role models and some encouragement from Nelson Mandela and her mother and aunt (See Appendix H):

“P: Yoh, hey. He’s a fighter, he’s a fighter, because what I’ve heard is many things are better now because of him...” (PD4, line 95). [Referring to Nelson Mandela]

4.4 CONCLUSION

In this chapter the research findings that emerged from the thematic analysis were presented. I made use of direct quotations and photographs to illustrate the themes and subthemes as evident in the analysis. The theme centred on risk and protective factors as well as aspects that contributed to the family’s functioning. The findings were at times linked to existing literature with the aim of emphasising the connection of the finding with existing theories. The results from the analysis will be used to respond to the research questions in Chapter 5.

In Chapter 5 I intend to discuss how the thematic results link up with the theoretical framework, particularly focussing on a South African perspective. Recommendations will be made for future research and limitations of the present study will be discussed.

CHAPTER 5: RESPONDING TO RESEARCH QUESTIONS AND CONCLUSION

5.1 INTRODUCTION

In this chapter the underlying conceptual framework and the findings in Chapter Four are my response to the primary and secondary research questions posed in previous chapters. The limitations, possible contribution and recommendations are discussed in conclusion.

5.2 RESPONDING TO THE RESEARCH QUESTIONS

The reason for the study mainly centred on identifying both risk and protective factors that contributed to family functioning in families from Mamelodi, and the processes families draw on to effectively cope with their challenging circumstances. The primary research question mainly investigated the relevance of a family resilience framework in conceptualising township families' responses to adversities. Figure 5.1 acts as a diagram of the overarching primary research question, the secondary research questions and the themes and subthemes that are likely to answer the related questions. Two themes became evident, which were not specifically related to the research questions, as seen below.

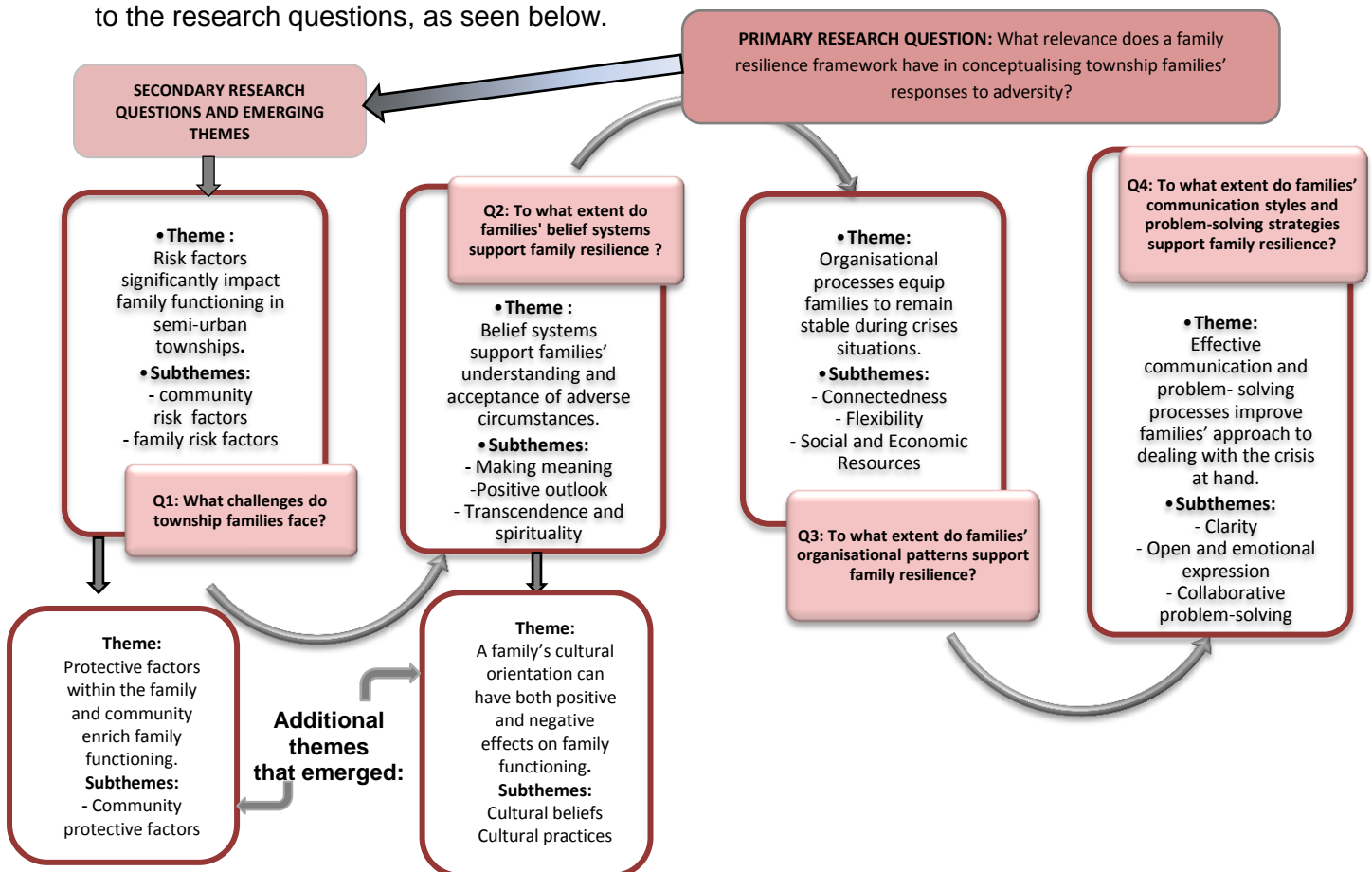


Figure 5.1 Illustration of the research questions and themes employed in responding to the research questions

5.2.1 Secondary research question: What adversities and challenges do township families experience?

5.2.1.1 Risk factors

The research findings highlighted several risk factors in Mamelodi (Section 4.3.1). As a result, families in Mamelodi are likely to experience multiple risk factors not only in the family, but also in the community. South Africa is undergoing rapid development in urban areas and this causes many informal urban settlements to arise around capitals in South Africa (Roth & Becker, 2011). A study conducted by Boraine (2004) found that urban migration by Africans has occurred rapidly in the past (1991 – 2001) in the hope of finding better jobs or financial stability. On the contrary, due to limited available job opportunities, many Africans were faced with unemployment (Van Averbek, 2007) that causes poverty and is furthermore related to other challenges such as access to land, capital and financial resources, HIV/Aids, substance abuse and violence (Akinboade & Lalthapersad-Pillay, 2004).

As the study was viewed from a system's perspective it is essential that the person and the environment are seen as independent units that dynamically interact with each other (Stead & Watson, 2006). The type of risk factors evident in the section 4.3.1 can be viewed on four levels namely micro- (individual); meso- (relational); exo- (community) and macro (social factors) levels. In Table 5.1 the identified risk factors are tabulated according to the systemic levels on which they occur. Some risk factors may occur on several levels as they are likely to impact the family's functioning across the board.

Table 5.1 Risk factors in Mamelodi from a system's perspective

Microsystem	Mesosystem	Exosystem	Macrosystem
Alcohol	Overcrowded household	Violence (Community)	Access to water
Discrimination	Violence (in family)	Transport	Access to electricity
Illnesses	Peer-pressure	Access to education	Unemployment
Lack of finances	Extended family	Inadequate housing	Poor service delivery
Substance abuse	Friends	Poverty	Unsafe environment
Affair		Lack of job opportunities	Xenophobia
Lack of trust		Orphans	Discrimination (Apartheid)
Fear		Strikes	Isolated (Apartheid)
Fighting		Substance abuse	
Helplessness		Teenage pregnancies	
Disrespect		Alcohol	
Lack of commitment		Informal settlements	
Lack of support		Theft	

Research confirms that when families experience multiple stressors (as evident in the results) families are more likely to experience cognitive, emotional, social or instrumental difficulties (Lee et al., 2007). In this study it became clear that the families' analysed (secondary analysis) experienced several of the aforementioned difficulties. Literature from rural and urban areas of South Africa indicates that poverty is for the most part visible in low-income and informal settlements (Martin, Oudwater & Meadows, 2000). It is clear that poverty to a great extent impacted several areas of functioning in the study, as evident in the research findings. The microsystem refers to activities, roles and relationships in the home and school environment of the individual (Du Plessis, 2008). From a micro-system's perspective, literature findings are comparable with the risks experienced by families in Mamelodi. The report '*Social profile of vulnerable groups*' was released by Statistics South Africa in 2012 and indicated that a large discrepancy existed between the income in different population groups. The report revealed that only 4.4% white children resided in low-income households, in contrast to the approximately 70.5% African children were found to live in households with a low income. Violence and substance abuse (Nyaope, alcohol and other drugs) were found to be a great challenge in Mamelodi and the abuse of alcohol and other substances may lead to violence, not only in the home, but also in the social environment (Jewkes, Abrahams, Mathews, Seedat, Van Niekerk, Suffla & Ratele, 2009). A study conducted by The Medical Research Council stated that at least 15% of children recounted a time in their lives when their parents or caregivers were too drunk to take care of them (Jewkes et al., 2009).

Due to the high unemployment rates noticeable in semi-urban areas, parents and caregivers may be forced to commute to city centres to get jobs. The participant indicated that transport was unreliable and expensive in Mamelodi and this could cause some difficulty for families who struggle financially. Unemployment is therefore directly associated with poverty in South African families. "Poverty patterns continue to be gendered and female-headed households were more likely to have low incomes, to be dependent on social grants and less likely to have employed members" (Statistics South Africa, 2012c, p. ii). Lack of social services and social and cultural discrimination were found by Patterson (2002) as the most prominent risk factors on a community level. However, unemployment, poverty social isolation and unsafe neighbourhoods furthermore contribute to adversities families experience (Childhelp, 2011).

Each system (micro-, meso-, exo- and macro-) can exist on a vertical and horizontal axis. The vertical axis refers to the historical dimension of family functioning, in contrast to the developmental dimension which is portrayed on the horizontal axis (McGoldrick & Carter, 1999). Stressors in families can occur on both the vertical and horizontal axes. Several of the risk factors identified in the present study can also be classified as vertical stressors including

discrimination, familial emotional patterns, the affair of the unfaithful partner (triangles), violence (in the family and community) and substance abuse. Already in 1978, Carter stated that vertical stressors on a familial level can include family history and generational patterns. Family attitudes, expectations and labels are furthermore passed on from one generation to the next (Walsh, 2003). A number of horizontal risk factors were identified in the study including the challenges the family may experience regarding their family life cycle stages, for example a new baby, adolescent, extended family members and maternal grandmother in one household. Unpredictable stressors also occurred including unemployment and socio-political events that indirectly influenced the family.

5.2.1.2 *Protective factors*

It was evident from the analysis results that Mamelodi is overwhelmed by many risk factors that manifested themselves in several literature studies. Despite the number of risk factors apparent in Mamelodi, an additional subtheme emerged, namely *protective factors*. Protective factors seemed to enhance a family's ability to adequately cope with challenges, as seen in the participant's responses. Schmidt and Tully (2009) define protective factors as variables that decrease the effects experienced from challenging circumstances and lower the probability of negative outcomes. Theme 2 is indicative of protective factors that families have access to on a community level, namely health services, counselling services, judicial services, social services and police services. The participant shared several positive experiences with regard to the aforementioned services. Although access to education was also seen as a risk factor, the participant mentioned that in some cases families had adequate access and support from educational institutes such as schools and crèches. It appeared on several occasions that teachers were concerned with the well-being of the children as they interacted with families when crises were evident. Masten and Obradovic (2008) explained that resilience was best understood from an ecological systems approach in which protective factors in the family and community networks were also viewed as contributors to resilience. Therefore, should one take into consideration that the protective factors evident in the present study exist on an individual, familial and community level, these factors are likely to support families in facing their adverse circumstances. In light of the research question, I am of the opinion that the study quite sufficiently addressed the type of adversities that was likely to exist in semi-urban townships, and with that a new subtheme emerged, namely protective factors.

5.2.2 Secondary research question: To what extent do families' belief systems support family resilience?

5.2.2.1 *Making meaning of adversity*

Theme 3a indicates the impact family belief systems had on the manner the participant's family make sense of their perceived challenges. Plumb (2011) emphasised the correlation between family belief systems and the meaning-making processes of families. When resilient families respond according to their collective beliefs systems, it enhances the family's understanding of the challenge at hand (Czyszczonek & Lynch, 2010). It was clear in the results, that the family shared the same beliefs and thought processes regarding their religion and the role it played in their family's functioning. Belief systems are likely to support the family in normalising or contextualising the crises, as families try to comprehend the meaning of the challenge. It became evident in the analysis results that when the family members asked questions regarding the challenges, it helped them make meaning. It also seemed that when families engage in active-meaning making processes that they come to a point where they seem to understand why some challenges occurred and as a result learned from their mistakes. Theme 3a furthermore illustrates the role culture fulfils in a family's meaning-making processes. In the light of cultural beliefs, literature suggests that a family's culture is likely to define the meanings and perceptions families associate with the perceived crises (Spicer, 2011). When challenges arised with regard to the unfaithfulness of the partner, the participant tried to view the challenge from her religious beliefs.

5.2.2.2 *Positive outlook*

Secondly, when families have a *positive outlook* (Theme 3b), they are likely to adapt more easily when faced with crises. Theme 3b therefore emphasises the correlation between an optimistic stance and positive outcomes in times of adversity. It seemed in the results, that when the family looked at their challenges with hope and optimism, they more felt more readily to adapt or confront the challenge. When families have a hopeful life orientation, challenges are experienced more positively and it is likely that they will expect more positive outcomes (Kivimäki, Elovainio, Singh-Mantoux, Vahtera, Helenius & Pentti (2005). As a result, one cannot deny the buffering role optimism plays when faced with adversities (Kivimäki et al., 2005). Part of a positive outlook thus is having a hopeful spirit. Families with a hopeful stance on life seem more likely to seek explanations for their challenges than families with a pessimistic stance.

5.2.2.3 *Transcendence and spirituality*

Finally, *transcendence and spirituality* (Theme 3c) appeared to significantly support the family during challenging times. As mentioned in Chapter 2, transcendent beliefs offer meaning and purpose and families find comfort by means of their religious beliefs or cultural practices. The

role of religion in marital and parent-child relationships likewise contributed to strong familial ties. Already in 1997, Do Razario stated that a person's values, beliefs and inspiration offers support in the coping process (as cited in Poston & Turnbull, 2004). A study by Mahoney (2005) on aspects for example marital satisfaction, authoritativeness and parental distress in families, revealed that when families attended religious congregations and respected God, less distress seemed to be evident in the home environment. It furthermore became evident that the participant's family desired the support and guidance of pastors and members of the congregation, in which a sense of belonging was experienced. Literature suggests that support from religious leaders and members, who live by the same values, may reinforce family values (Mahoney & Cano, 2014). Religious and spiritual factors in families including a sense of relationship with God and a sense of purpose in life seem to be associated with "lower levels of parenting stress and less dysfunctional parent-child relationships" (Mahoney & Cano, 2014, p. 736).

5.2.2.4 Culture

The results of this study highlight the complexities of effectively intervening in a culturally sensitive manner in a country with such a diverse population. Consequently the role of culture has been slightly undervalued in conceptualising family resilience in South African communities, during the initial planning of the present study. Culture can be defined as the "learned, shared and transmitted values, beliefs, norms and life ways carried by groups of people" and these practices guide the decision-making processes and thought patterns of people in specific ways (Mofolo, 2010, p. 2). Greef and Loubser (2007) add to this view by highlighting that cultural convictions and practices are likely to preserve wellbeing in individuals. The participant reported that the Ndebele practices do not fulfil an active role in the family's functioning, as the family has chosen rather to embrace Christian beliefs and practices. It furthermore became apparent that many families in semi-urban townships may be urbanised in their stance towards cultural beliefs and practices. In 1988 Stuart argued that few South Africans still live within their traditional cultural frameworks. Due to urbanisation many traditional customs and practices have been adapted to accommodate the contextual circumstances (Stuart, 1998 as cited in Setsiba, 2012). Some of the cultural practices that the participant's family still embrace include the *amalobolo* (bride price payment), *ingoma* (initiation for boys), *ukuhlaba* (celebration rituals after initiation). *Lobola* is known in the Ndebele culture as the payment of the bride by the bridegroom (Mangena & Ndlovu, 2013). *Ingoma* refers to the initiation of boys to manhood which is a highly valued custom among Ndebele and Baphedi cultures (The child's father is a Baphedi). *Ukuhlaba* takes place after the boy has been initiated and the families celebrate the initiation by slaughtering animals and bearing gifts to the family member who completed the

Ingoma (Mohapi, 2013). The cultural orientation and beliefs in families seem to be intertwined with their way of life and is likely to impact risk and protective processes in family functioning. Therefore the belief systems and culture seem to support the family's understanding of and reaction to crises.

5.2.3 Secondary research question: To what extent do families' organisational patterns support family resilience?

5.2.3.1 *Flexibility*

In the 21st century families across the globe are more than ever impacted by cultural implications (Roopnarine & Gielen, 2005). One's culture is likely to determine the roles which families allocate and fulfil for example paternal and maternal roles, the role of respect and the family's organisational patterns. Georgas (2003) added to this view by stating that cultures in many circumstances predetermine family arrangements. "Diverse families must organise in varied ways to meet the challenges they face" (Walsh, 2003). According to the interviews, family roles seem to play an important role in the family's functioning. Roles appeared to provide predictable routines for the participant's family as it supported the family in reorganising their routines to meet new demands. What was notable in the findings was that the participant had a strong personal sense of responsibility in defining and delegating the family's roles. It was evident that family members had specific roles allocated to support the family's daily functioning. However it furthermore became clear that the family seemed flexible enough to adapt and fulfil the roles when family members had other obligations to fulfil. This was also an indication of the level of trust that existed among the extended family members to take over the duties so that the family's functioning was not disrupted. Although roles were allocated to sustain the daily routine, the family was also flexible enough to provide time for socialisation (e.g. play and free time for the children) and support with homework. Consequently, theme 5b *flexibility* is seen as one of the core processes of family resilience as it enables families to rebound from challenges (Walsh, 2003). It appeared as if traditional roles regarding the role of males (patriarchy) are still largely respected in Mamelodi. The patriarchy structure fulfils an important role in many traditional societies (Asiyanbola, 2005). According to the interviews however, it seemed like the participant was at times questioning the patriarchal roles. This may be due to the current marital discord within the family and the permissive parenting style the partner applies.

The participant explained that after a boy or girl has completed the initiation process, an animal had to be slaughtered to celebrate the coming of age of the child. In 1998 Bennet, Wolin and Reiss found that rituals play a protective role in high-risk circumstances. Fiese (2000) added to

this view and reasoned that the creation and maintenance of family rituals has in recent research been recognised as protective processes of family resilience. In African families, celebrations often take place around meals or animal sacrifices (<http://ndebelevillage.co.za/2.html>). Rituals are likely to create a sense of belonging amongst family members which may equip families to respond more successfully in challenging times (Fiese, 2002). Another main component of flexibility refers to the type of parenting role/stance parents take regarding their disciplinary styles. Walsh (2003) is of the opinion that a flexible authoritative stance supports families best through stressful periods. Parents or caretakers should provide not only nurturance, but also protection and guidance in disruptive transitions (Czyszcon & Lynch, 2010) and as a result resilient organisational patterns support families to be more flexible and adapt more easily when challenges arise. Interaction patterns across cultures emphasise the systemic contributions to family routines and rituals that are guided by cultural values and beliefs.

5.2.3.2 Connectedness

When challenges unexpectedly confront families, connectedness may be disrupted especially when family members feel they cannot rely on one another (Walsh, 2003). Connectedness (theme 5a) therefore refers to the emotional bonding among family members within the family unit (Olsen, 2000). Although connectedness seems vital in resilient family functioning, it remains important for members in the family to respect individual differences and boundaries in the household. Patterson (2002b) as a result argues that the family context provides the ideal environment in which individual members can experience emotional connectedness and physical independence. The participant resided with the children's maternal grandmother and various members of the extended family. It was evident that the household relied on boundaries in the overall functioning of their daily routines. It is important to note that emotional connectedness is likely to vary among different cultural groups (Patterson, 2002b) and culture should be considered when providing family interventions. Little is known about how connected in South African families are impacted by culture and the findings of the present study hopefully contributed to the gap in South African literature.

5.2.3.3 Social and economic resources

Theme 5c refers to social and economic resources within Mamelodi. Social services and community services act as resources or support for families in times of need (Walsh, 2003). It became evident that family and child welfare interventions and services to a great extent supported families in Mamelodi. The role of family and child welfare services includes assisting families in creating a suitable environment for optimal physical, psychological, social and

emotional development (UNICEF, 2006). According to the interviews, families seemed to have sufficient support from the social workers and feel that they have easy access to their services. It was however mentioned by the participant that some of the social workers refused to provide proper support, due a lack of commitment on the social workers' behalf. This was however seldom the case in the present study. Social workers are concerned with the interactions between individuals and their social contexts and consequently acknowledge the dynamic relationship between the micro- and macrolevels of society (SACSSP). Sewpaul and Jones (2005) added to this view by defining core purposes of Social Work including 1) addressing and challenging barriers and inequalities in society 2) mobilising individuals, families and groups in developing their problem-solving processes and 3) assisting people to gain access to resources and service in their communities. In the interviews the participant mentioned that especially single parents may find it hard to balance all the expected roles and with lacking financial resources, interventions from social workers are often required.

Poverty is likely to negatively impact a family's psychosocial development (Visser, 2007). Financial stability therefore enables a family's capacity to fulfil their basic needs, for example food, shelter, clothing other basic resources. Several sources of income can be generated in semi-urban townships as evident in the findings of the analysis. The participant mentioned in their case that the family built extra shacks in their garden to rent. The participant's mother cleans homes once a week as an additional source of income. It became evident that grants seemed to be a substantial proportion of the family's income. South Africa's government provides several forms of grants that aim first and foremost to support children younger than 14 years, people with disabilities and the elderly (Statistics South Africa, 2009). The South African Social Security Agency Act (Act No. 9 of 2004) and Social Assistance Act (Act No. 13 of 2004) are responsible for the regulation and administration of grants to families in need. The *Social Grants: In-depth analysis of the General Household Survey* report (2009, p. 8) found that "with the exception of housing, the living conditions of households accessing social grants have improved significantly since 2003". Non-grant recipient families seem to have more access to basic services, than families who receive grants. Effective organisational processes seem to enhance family function and enable families to function at a level of stability in times of crises.

5.2.4 Secondary research question: To what extent do families' communication styles and problem-solving strategies support family resilience?

5.2.4.1 Clarity

Theme 4a refers to clarity within the families' communication processes. Communication forms a vital part of the McMaster Model of family functioning, as explained in section 2.4.4.3a.

Communication is defined as “how information is exchanged within a family” (Epstein et al., 2000). When families rely on clear messages and desire to work through challenges with one another, family resilience is increased (Walsh, 2006). Clear and open communication seemed to support the family in the present study as it created a space where family members could share their concerns or joys, and receive the required emotional support or join in the celebrations. The report *Family communication during times of stress* (Matthews, 1994) found that during stressful periods, clear and honest communication remained vital in the family’s way of coping. Cohesion is furthermore likely to be strengthened if family members are aware of circumstances in each other’s lives. When families attempt to clarify important facts related to the crisis, meaning making among the members of the families is facilitated and any uncertainties cleared up (Walsh, 2003). According to the interviews clarity played a significant role in the family’s functioning and supported the family members to convey their messages with ease. It furthermore appeared that when the family engaged in clear communication processes, confusion and ambiguous issues were clarified. At the same time it became evident that when the family engaged in masked communication processes, frustration and miscommunication was often the case. The family’s cultural beliefs regarding respect often influenced the manner in which and when family members were allowed to address specific topics verbally. As a result it remains vital for practitioners or professionals to have a clear understanding of the expected communication processes relevant to the culture of the families they support, in order to provide constructive intervention. Communication patterns furthermore reflect the nature of the relationships among the family members, in that the manner with which family members relate to each consequently reflects the family unit (Browne-Miller, 2012). The participant often used terms of loving words when she referred to the relationships among her family members.

5.2.4.2 *Open and emotional expression*

Sharing a range of feelings for example joy, pain, hopes and fears may cause a trusting relationship to develop among family members. “Open, honest, positive and consistent communication has been shown to be one of the most crucial elements in establishing and maintaining strong family relationships” (Matthews, 1994, p.3). According to the interviews, the family insisted in sharing their joys and challenges, as it supported the members of the family in creating a sense of meaning and shared responsibility. When families talk about their worries and share their views on challenges, confusion and disconnection among the family members can be avoided. Fighting also stood out as a predominant manner in which the family solved their problems. Fighting in the family’s context consequently acted as a relative constructive manner that aided the family in sharing their emotional reactions with one another. Regarding crises that may arise as a result of marital separation (as in the case of the participant) or

divorce in families, a study conducted by Afifi and Keith (2004) found that positive co-parental communication between the parents may support the family's adapting and increase family resilience. It was furthermore evident that the participant and her partner aimed to work together in their period of separation, to support the children as far as possible. The participant's partner furthermore remained involved and in contact with their children, while they were separated and he financially contributed in most cases.

5.2.4.3 Collaborative problem-solving processes

Research indicates that resilient families act as a team when they work together to reach an acceptable manner to deal with the crisis at hand (Walsh, 2006). Epstein et al., (2000) defines problem-solving as the ability of the family to resolve their difficulties while maintaining effective family functioning. When families engage in brainstorming activities where the opinions of all the family members are valued and respected, new possibilities are likely to arise with which the family can approach their problems (Walsh, 2003). Families face both instrumental and affective problems, where instrumental problems refer to the everyday problems of daily functioning, whereas affective problems refer to more emotional barriers (Miller et al., 2000). As a result, challenging circumstances are likely to threaten the functional capacity of the family which may cause the family functioning to collapse. When families start identifying goals and setting priorities that seem likely to adequately support them, families engage resilient processes. Collaborative problem-solving furthermore support families to move from a crisis-reactive stance to a more proactive stance in the manner in which they view impending crises (Walsh, 2003).

According to the findings of the present study, the participant mentioned on several occasions that gaining advice from her elders (mother, aunt and sister) supported her in reaching solutions for her instrumental and affective problems. It also became evident that when internal support structures could not provide the necessary support, several external community resources like social workers, counsellors and police officers could be consulted. By viewing past failures as a learning experience families may learn to avoid certain processes and at the same time experience growth among the members of the family. Past mistakes can furthermore turn into hopes for the future, as seen in the case of the participant. The participant values the role of education and acknowledges that it was a mistake to leave school prematurely. Consequently the participant encourages members of the family to complete their education. Communication and problem-solving processes evident in the study seem to impact family functioning in a positive manner, as it helps create a platform where issues can be dealt with effectively.

5.2.5 Primary research question: What relevance does a family resilience framework have in conceptualising township families' responses to adversity?

The results of this study highlight the importance of a type of framework that can assist practitioners to not only assess but also intervene in families experiencing adverse circumstances. Belief systems, organisational patterns and problem-solving processes emerged as possible protective factors in families living in semi-urban townships, together with external social and economic resources. Although the results indicate that families in Mamelodi are exposed to multiple stressors on various systemic levels, the results furthermore indicate that protective factors across the levels enhance family functioning and increase family resilience. Risk and protective factors form the social context in which families live and subsequently determine what the families are exposed to. These findings support those of other studies that have highlighted the significance of protective factors in reducing stress and turbulence experienced on account of family challenges and crises (Patterson, 2002a, 2002b; Richter & Amoateng, 2003; Schmidt & Tully, 2009; Walsh, 1996, 2003, 2006). From the conceptual framework presented it was evident that the multisystemic nature of the FRF contributed to the understanding of risk and protective factors in families from Mamelodi across the micro-, meso-, exo- and macrolevels.

Greef and Loubser (2007) found a strong correlation between spirituality and resilience in Xhosa-speaking families in South Africa, for example that spirituality may support families in coping with life's challenges (Fukuyama & Sevig, 1999). Previous studies have found that spirituality furthermore consist of beliefs, social organisation and religious practices and that these aspects are likely to enhance the family's outlook when they are faced with challenges (Wolin, Muller, Taylor & Wolin, 1999). These findings are congruent with the results in the present study, as the participant felt that the role of their faith and the congregational support they received from the church supported them during challenging times. Likewise the participant expressed that Christian values to a large extent influenced the manner in which the family made meaning of their challenges and how they viewed their challenges. Large volumes of research highlight the role of prayer as a protective factor. Butler, Stout & Gardner (2002) found that when couples engage in prayer regarding their challenges, an increase in their sense of responsibility occurs that facilitates change and reduces emotional reactivity. The study furthermore pointed out that families are likely to gain perspective when prayer forms part of their daily routine. Atkins and Kessel (2008) reported that the likelihood of an affair increases when religious individuals feel far from God. The participant is currently experiencing marital discord related to an affair and stated that her partner does not believe in the same values and

religious beliefs. Consequently the findings of this study relate to the situation the participant is currently finding herself in.

In this study family organisational patterns were associated with more predictable and flexible routines in the household. Parents who engaged in regular routines and rituals were likely to experience more effective family functioning (Spagnola & Fiese, 2007). These results are supported by numerous studies reporting routines and rituals as protective processes in family resilience (Fiese, 1992; Spagnola & Fiese, 2007; Markson & Fiese, 2000). Contrary to the expectation that unity among family members are likely to increase the family's sense of connectedness or cohesion, results from the present study rather indicate that although unity was seen by the participant as a value she regarded highly, it was most likely not experienced within her immediate family unit. However, this finding opposes most previous literature regarding unity in the family and should be inferred with caution. Large volumes of research furthermore found flexible and authoritarian parenting styles as contributors to effective family functioning (Epstein et al. 2000; Patterson, 2002b; Walsh, 1996, 2003, 2006). Czyszczon and Lynch (2010) add to this view by emphasising that when family members rely on flexible organisational patterns and have access adequate access to social and economic resources, families tend to be more resilient and cope better with stress.

Research indicates that families with poor communication processes find it harder to adapt in challenging circumstances (Smith et al., 2009). During times of crises, communication processes are deemed more important, as the crises are likely to cause an emotional imbalance in the interpersonal relationships of family members (Patterson, 2002b). The majority of examples related to communication processes in the present study seem to indicate that the family's communication processes acted as a source of support. It seems that through communicating the participant gained perspective and a sense of purpose for the challenges. Miller et al, (2000) emphasises that resilient families engage in the full range of emotional responses that seem suitable for the specific family's environment. Masked and indirect communication processes would more likely cause frustration among members of the families may require intervention from practitioners to assist them in cultivating effective communication processes.

From the conceptual framework's perspective one can see how Bronfenbrenner's Bio-psychosocial model and proximal processes (Process, Person, Context and Time) support the understanding of the risk and protective factors experienced in semi-urban townships. Because the family environments acts as the microsystem in the present study, risk and protective factors on the micro-, meso-, exo- and macrolevels are likely to affect general family functioning.

The FRF emphasises the significance of belief systems, organisational patterns and communication and problem-solving processes and similarly these processes were seen to support the participant's family during adverse circumstances. It can therefore be argued that there is a need for a type of family resilience framework to assist practitioners in assessing and supporting families in semi-urban townships. The framework provides a way for practitioners to assess the family's current level of family resilience and can assist practitioners in identifying which areas may be in need of intervention.

5.3 LIMITATIONS OF THE STUDY

The main limitation in the present study was the fact that only one family participated after attrition took place at the beginning of the data collection phase. The small sample group is likely to impact the study's generalisability and results should therefore be viewed with caution. The research population consisted of an African family and subsequently do not represent other population groups in South Africa or African families beyond Mamelodi. Although the study was conducted in one semi-urban township and as a result cannot be generalised for all townships across South Africa, it is suggested that the conclusions and possible recommendations be used as a basis for future research on this topic. Furthermore, the fact that only the mother could participate in the study was limiting and it would have more effective to also incorporate the father's perspective of his family's functioning.

The research design furthermore could be seen as a limitation in research circles due to its singular focus. Case studies in general seem to be criticized for their singular or small sample groups. Nieuwenhuis (2007) however argues that case studies provide a research context where a rounded investigation of the phenomenon can be carried out with multiple data collection methods. Additional limitations of the case study comprise the biased and subjective nature case study results may deliver (Cohen et al., 2007).

Although the participant was able to express herself fairly well in English, language at times acted as a barrier, especially when the participant wanted to refer to indigenous cultural practices. An interpreter however was not necessary, as the participant was able to sufficiently explain what she meant when utilising indigenous terminology.

Member-checking interviews were not always as detailed as I would have liked, due to the unstructured nature of the interviews. Although many uncertainties were cleared up in the follow-up interviews, I had to rely mainly on the data obtained in the unstructured interviews.

5.4 POSSIBLE CONTRIBUTIONS

During the extensive review of family resilience literature it became evident that minimal studies on African families have been conducted in semi-urban townships in South Africa. The results of the present study are likely to contribute to existing literature on family resilience processes in South African contexts. The research context, Mamelodi, is most probably similar to the semi-urban townships across South Africa and similar risk and protective factors can be expected within similar township contexts.

The study may act as a foundation for similar studies to be conducted in other semi-urban townships, which could contribute to and develop more effective service delivery for families in distress. External social resources including social welfare services and in particular social workers can furthermore benefit from the findings of this study as their intervention has a dual focus. Social workers strive to mobilise individuals, families and groups by improving family functioning and creating awareness among people regarding the available and accessible community resources and services.

The results essentially emphasised the relevance of the FRF (family resilience framework) in explaining township families' responses to adversities, as belief systems, organisational patterns and communications processes contributed to family resilience in the present study. This finding furthermore indicates the need for cross-cultural family assessment tools to be developed that are standardised with South African norms, should we want to effectively support the diverse population groups of our country.

The study also highlighted the importance of cross-cultural competency in conducting family interventions. Practitioners need to become aware of culturally sensitive practices in order to provide better service delivery to the families in African populations. Cultural beliefs and practices seem to influence all three levels of protective factors in the FRF and should therefore not be viewed casually.

5.5 RECOMMENDATIONS

5.5.1 Recommendations for future research

5.5.1.1 *Further research on family resilience processes to be conducted in South African contexts*

As a result of the scarcity of suitable literature on family resilience in South African contexts, it remains critical that ample research is conducted within a variety of family contexts. Research

studies should focus on identifying risk and protective factors relevant to the social contexts and more specifically family resilience processes.

5.5.1.2 Adapting of the Family Resilience Framework (FRF)

Walsh's (1996) Family Resilience Framework should be adapted and further developed for South African contexts. By conducting more exploratory case studies as well as longitudinal studies in families across South Africa and by focussing on culturally relevant family resilience processes, a suitable indigenous family resilience framework could be developed.

5.5.1.3 Research on specific cultures and the impact on family functioning

Further research is required on the influence the different cultures may have on family functioning in South African communities. By understanding the cultural inferences in families, practitioners and other professionals may be able to provide better services and interventions to the diverse population groups in South Africa.

5.5.1.4 Exploring effective family interventions

Future research could also explore the specific nature of family interventions that adequately supported South African families in semi-urban townships in the past, in order to train professionals as to how best to deliver family interventions in similar contexts.

5.5.2 Recommendation for training and practice

5.5.2.1 Family resilience processes

Educational psychologists and other practitioners should be made more aware of the family resilience processes evident in South African families. This study found that although belief systems, organisational patterns and communication processes greatly contributed to family resilience, the cultural inferences of the family significantly informed the meaning making processes and understanding of restrictions and resources available in the family's functioning.

5.5.2.2 Risk factors in South African communities

Extensive literature is available on risk factors in other countries and although large volumes of literature exist on local risk factors (Statistics South Africa), educational psychologists should be granted more practical experiences to realize the impact risk factors have on South African families. By developing an understanding of risk factors and how they are likely to impact a family's functioning, may cause educational psychologists to provide more appropriate and culturally relevant interventions to families in distress.

5.5.2.3 Multi-disciplinary approach to family intervention

With several social services available to the families in the present study, it is encouraged that a more multi-disciplinary approach to family intervention services is embraced, especially in communities where poor service delivery is evident. If professional partnerships are developed and sustained between practitioners, for example psychologists, social workers, counsellors and so forth, families are more likely to experience more effective support services. Collaboration among professionals is likely to increase the standard of services provided to families, as professionals will be less likely to suffer from burnout.

5.6 GOING DOWN THE RABBIT-HOLE: A META-REFLECTION BY THE RESEARCHER

A reference to Lewis Carroll's Alice in Wonderland, to 'go down the rabbit-hole' suggests one is likely to come across a new idea, concept or opportunity (Kyle, 2009). As researcher in the present study, more than once I experienced *going down the rabbit hole*. The qualitative nature of the study required a lot of self-reflection on my behalf. Although reflection forms a core function in the psychological scope of practice, reflecting on my own ideas and assumptions regarding South African populations, culture and family functioning in African population groups, was more difficult than I initially imagined. Kirby and McKenna (1989, p.32) referred to these "stereotypical assumptions, idiosyncratic concepts and theoretical frameworks" implied in the research as conceptual baggage. I was often confronted with my own 'conceptual baggage' while *going down the rabbit hole*. Through the process of self-reflection, it enabled me as the researcher to become aware of my preconceived ideas that were likely to influence the direction of the unstructured interviews, what I deemed as important and less important in both the literature reviews and the data collection stages of the present study. Qualitative inquiries focus on the subjective meanings gained from the research participants. Consequently, as researcher it remained essential that on-going reflection took place on my behalf, regarding the entire research context. While going deeper *down the rabbit-hole* I was confronted with the pertinent role culture played in the present study. Not only the culture of the participant, but my own culture and the stereotyped ideas regarding family, family resilience, risks and protective factors that I carried in my research bag. My preconceived ideas initially had me anticipating which concepts were likely to come from the analysis, even before I collected the data. However, through self-reflection these ideas were acknowledged and set aside and enabled me to be more open-minded. Before exiting *the rabbit-hole*, cultural competence confronted me head on. Cultural competence can be defined as behaviours, attitudes and policies that form a range which enables the practitioner to effectively function in transcultural interactions (La Fromboise, Coleman & Gerton, 1993). I realised the importance the participant's cultural

heritage played, as it clearly impacted the family's functioning as well as the way the family's beliefs influenced their outlook on life. Being less familiar with the Bapedi and Ndebele cultures, I became mindful of my limitations and ignorance and this led me to the realisation how important the questions and conversations between me and the participant were. Although there were many differences between me and the participant, I felt comfortable throughout the research process. Regarding my skills as researcher, several components of the Master's programme equipped me to improve my competencies when working with culturally different populations. As a result part of my literature research involved familiarising myself with relevant findings of South African studies. Consequently, the *rabbit-hole experiences* emphasised the importance to acknowledge the role cultural competency plays in our scope of practice and the impact of cultural incompetency.

5.7 CONCLUSION

Walsh (1996) emphasised the importance of a family resilience framework in understanding families' responses in adverse circumstances. Results from the present study therefore suggest that a need exists for a South African family resilience framework to be developed and that a framework is relevant in conceptualising families' responses to adversity. However, from the present study it became evident that South African families rely on similar protective processes related to Walsh's (1996) framework, indicating that a possibility exists for the FRF to be adapted to fit South African family processes. The findings furthermore emphasised the importance culture plays in a family's view of challenges and meaning-making processes. It is thus important that Educational Psychologists are trained and equipped in the basic cultural inferences that may impact family functioning in the various population groups. In addition the findings suggest that families need continuous support and intervention programmes to cope with the risk factors evident in the communities and therefore better service delivery should be encouraged to families in need.

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