

ENHANCING THE CAREER RESILIENCE OF SURVIVORS OF  
FAMILY VIOLENCE IN RESOURCE-CONSTRAINED AREAS  
THROUGH LIFE-DESIGN COUNSELLING

*by*

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*Submitted in partial fulfilment of the requirements for the degree of*

PHILOSOPHIAE DOCTOR

*in the*

Department of Educational Psychology

Faculty of Education

*at the*

University of Pretoria

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June 2019

## DECLARATION OF ORIGINALITY

Full names of student: **Jacobus Johannes Venter**

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I hereby declare that this dissertation, "*ENHANCING THE CAREER RESILIENCE OF SURVIVORS OF FAMILY VIOLENCE IN RESOURCE-CONSTRAINED AREAS THROUGH LIFE-DESIGN COUNSELLING*," is submitted in accordance with the requirements for the degree Philosophiae Doctor at the University of Pretoria. I declare that this dissertation is my own original work and that it has not previously been submitted to any other institution of higher learning. All sources cited or quoted in this research paper are indicated and acknowledged in a comprehensive list of references.

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25 March 2019

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**TITLE:** Enhancing the career resilience of survivors of family violence in resource-constrained areas through life design counselling  
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CLEARANCE NUMBER: **EP 17/11/03**

**DEGREE AND PROJECT**

PhD

Enhancing the career resilience of survivors of family violence in resource-constrained areas through life design counselling

**INVESTIGATOR**

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**APPROVAL TO COMMENCE STUDY**

14 February 2018

**DATE OF CLEARANCE CERTIFICATE**

18 March 2019

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Ms Bronwynne Swarts

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## DEDICATIONS

I dedicate this to Lord Jesus Christ. My Saviour, my Rock, my Castle in the Sky.

*“Have I not commanded you? Be strong and courageous. Do not be frightened, and do not be dismayed, for the LORD your God is with you wherever you go.”*

*(Joshua 1:9)*

## ACKNOWLEDGEMENTS

I am grateful for having reached this huge milestone in my life, and would like to express my sincere gratitude to:

**My Heavenly Father**, who provided me the strength, knowledge and perseverance to complete this study. Everything I have, everything I am and still strive to become is because of His grace and unfailing love for me. He has truly kept His promises in my life and with His help I will live to do the same.

**Prof. J.G. Maree**, my research supervisor, for his invaluable guidance and inspiring motivation during difficult times. Thank you for your patience and support.

**My parents**, Pieter and Judy Venter for their support and patience throughout this long journey. I am truly grateful for how you have raised me and all that you have sacrificed so that I can be in this position. Without you none of this would be possible.

**To Eleos**, for your support and kindness. Your compassion towards me over the past few years has been so special to me.

**The participants**, for their willingness to engage in a difficult process and journey. Their strength and zest for life will always stay with me.

**My language editor**, Isabel Claassen, for her assistance.

It has been a hugely gratifying experience for me to fund this research and make the sacrifices, both financially and personally, to ensure that my dream became a reality.

## **ABSTRACT**

The purpose of this study was to explore and assess the feasibility of counselling based on life-design principles in enhancing the career resilience of children who are exposed to family violence. The research project involved a QUALITATIVE-quantitative mode of inquiry with six participants chosen based on certain characteristics. Life-design-related intervention strategies, together with various (postmodern) qualitative and quantitative techniques, were used to gather data, while data analysis was done using thematic content analysis. Quantitative data was collected from parent(s) as well as the participant(s) before and after the intervention. Certain themes, sub-themes, and sub-sub-themes that all contributed to participants' career resilience, were identified. Following the intervention, findings obtained from a qualitative perspective indicated that the results of the life-design-related counselling intervention were substantial. I came to the conclusion that various narrative techniques could be used to enhance the career resilience of children exposed to family violence. Future research could assess the value of life-design counselling in enhancing the career resilience of survivors of family violence in diverse group contexts. A greater focus could be placed on the (unforeseen) external trauma that had an impact on participants' ability to (re-)construct their career-life narratives to enhance their future selves and careers.



# LANGUAGE EDITOR

## DECLARATION

I herewith declare that I,

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## **ENHANCING THE CAREER RESILIENCE OF SURVIVORS OF FAMILY VIOLENCE IN RESOURCE-CONSTRAINED AREAS THROUGH LIFE-DESIGN COUNSELLING**

which had been submitted to me by

**Jacobus Johannes Venter**

in partial fulfilment of the requirements for the degree

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## LIST OF ABBREVIATIONS

<b>ACEs</b>	Adverse Childhood Experiences
<b>CCT</b>	Career Construction Theory
<b>FAD</b>	The McMaster Family Assessment Device
<b>FLS</b>	Family life-cycle
<b>HPCSA</b>	Health Professions Council of South Africa
<b>IPV</b>	Intimate Partner Violence
<b>MCRS</b>	The McMaster Clinical Rating Scale
<b>McSiff</b>	The McMaster Structured Interview of Family Functioning
<b>MMFF</b>	McMaster Model of Family Functioning
<b>PCW</b>	Duluth Power and Control Wheel
<b>PPCT</b>	Process-Person-Context-Time model
<b>RSCA</b>	The Resiliency Scales for Children and Adolescents
<b>SCCT</b>	Social Cognitive Career Theory
<b>SES</b>	Socio-economic status
<b>SWB</b>	Subjective well-being

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# CHAPTER 1: ORIENTATION TO MY RESEARCH STUDY

## 1.1. Introduction

Family violence<sup>1</sup>, as a social phenomenon, has received increased attention over the last decade, especially with regard to its effects on the family structure as a whole. Internationally, most studies have focused on family violence in general, while neglecting the effects of family violence on the psychological and emotional development of the child. Many research studies cite legislation and laws that refer to and define family violence as parental intimate partner violence (IPV), or parental violence towards children and/or adolescents. Various researchers predominantly define and conceptualise family violence as any act of parental violence that includes child maltreatment and any form of abuse – whether physical, emotional, sexual, etc. (Jouriles, McDonald, Mueller, & Grych, 2012).

Renner (2012) states that in the process of attempting to better conceptualise family violence, researchers have neglected studying the effects of IPV and family violence in general on the child's psychosocial functioning. The author argues that studies should adopt a wider conceptualisation of family violence and increase the availability of services provided to children who are affected by family violence. Research over the past decade (Asen & Fonagy, 2017; Jouriles *et al.*, 2012; Thiara & Humphreys, 2017; Wherry, Medford, & Corson, 2015) has begun to study, with an invested interest and focus, the effects of family violence on the psychological, psychosocial, and educational functioning of children. Various studies fundamentally acknowledge and emphasise the impact that family violence has on children's development, putting them at an increased risk for emotional and behavioural problems (Sternberg, Lamb, Guterman, & Abbott, 2006; Wherry *et al.*, 2015).

Considering the above, we observe that a growing body of research/evidence explicates the high correlation between a child's exposure to family violence and the negative impact it has on the child's overall development (Wong, 2015). Undesirable and harmful behaviour resulting from such exposure includes symptoms of loneliness and sadness, anxiety and separation anxiety, fear of death, disrupted sleep patterns, nightmares, inattention and daydreaming, stunted brain growth and development,

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<sup>1</sup> Throughout this dissertation the terms 'family violence' and 'domestic violence' will be used interchangeably to refer to violence within the family as outlined in Section 1.5.5.

promiscuous behaviour, substance abuse, self-harming, and suicide (Barbarin, Richter, & de Wet, 2001; Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF, 2012; O'Malley, Kelly, & Cheng, 2013; Renner, 2012). In short, children's (ongoing) exposure to domestic abuse, domestic violence or IPV will most likely result in their social-cognitive competencies being negatively affected (Asen, 2017, p. 7).

In South Africa, over the last decade, much emphasis has been placed on the abuse of children and women as a result of family violence. Despite such efforts, limited information exists to illuminate the full extent of family violence within South Africa as researcher Lisa Vetten (2015, n.p.) writes: "Data on the full extent of all forms of domestic violence in South Africa is not available, but three women are killed by their partners in South Africa every day". The Institute for Security Studies in South Africa communicates that determining the extent of family violence is difficult due to the fact that incidents are not tracked efficiently. Despite various legislation and other initiatives to try and stop violence within the family context, it appears that there is an upward trend in family violence, with roughly one-third of crimes in South Africa being contact crimes that involve women and children (Pretorius, Mbokazi, Hlaise, & Jacklin, 2012). Little research has attempted to determine the effects of family violence and IPV on the (career) resilience of children within the South African context. A clear gap exists in research and subsequent knowledge pertaining to family violence and its effects on children's career resilience.

## **1.2. Background to the study**

Working as an educational psychologist within a disadvantaged area, I encounter learners who are affected by family violence on a daily basis. Sternberg *et al.* (2006) posit that continual exposure to family violence and/or intimate partner violence has been shown to significantly affect a child's functioning, especially their psychological, psychosocial, and educational performance. I cannot help but wonder why IPV as an aspect of family violence has not received more attention over the past decade or two. *City Press* recently reported that statistics in South Africa indicate that one in every four women experience IPV and that every six hours a woman is killed due to family violence (Mapumulo, 2016).

I recently came across an article published by Miller, Howell, and Graham-Bermann (2012) who argue that 15.5 million children are currently exposed to IPV (2006 statistics from the United States of America), of whom the majority are preschool-aged children. This amazed me and yet at the same time left me deeply concerned about the social system and subsequent social structures that we, as a society, have created. Researchers (Bunston, Franich-Ray, & Tatlow, 2017; Chan, 2011; Holt, Buckley, & Whelan, 2008) acknowledge that studying the effects of family violence on the psychological and emotional development of children presents both researchers and academics with a unique set of challenges. They bring the following concerns to our attention:

- a) Domestic violence does not take place in a vacuum and is normally accompanied by other types of abuse. Differentiating the unique impact of each type on the child is difficult, which creates certain methodological concerns.
- b) In the past, research mainly comprised samples of children who are more inclined to be exposed to family violence, i.e. children from shelters.
- c) Obtaining a single definition of child abuse with which to work can be difficult.
- d) Data-gathering techniques implemented to obtain data on the variability of the different types of abuse and its impact on children have been questioned in the past.

Furthermore, Fantuzzo and Mohr (1999, p. 29) state the following:

“while the majority of research controls for the child’s age and gender and the family’s socio-economic status, less than half of the studies they reviewed controlled for variables such as marital status, mother’s age, and family size, with less again controlling for family stress, child’s health or ethnicity.”

The aforementioned statement roused my curiosity about children’s ability to constructively process their experiences and perceptions, as well as about the dynamics of family violence and its associated impact on their psychological health. In the past, researchers grappled mostly with variables associated with family violence, such as its gender neutrality, the exclusion of other types of abuse, and the many dilemmas relating to definition and terminology (Briggs-Gowan *et al.*, 2015; Holt *et al.*, 2008). Regrettably, little research has been done on the long-term effects and consequences of family violence on children’s development and functioning. The fact that they were always seen as detached from this phenomenon, contributed to children

being labelled the 'silent victims' (Asen & Fonagy, 2017; Holt *et al.*, 2008). In the following section, I expand on my reasons for and the rationale underlying the proposed study. I also indicate the possible academic and research gaps that could be filled by this study, and briefly consider the applicability of life-design-related counselling<sup>2</sup> as viewed in this study.

### **1.3. Statement of purpose**

The purpose of the current study was to explore and assess the feasibility of counselling related to life-design principles in enhancing the career resilience of children who are exposed to family violence. The study was conducted in a resource-constrained area with limited resources. Next follows a clarification of both my academic and personal rationale for undertaking this study.

#### **1.3.1. Rationale**

##### **1.3.1.1. Personal rationale**

My extensive experience over the past nine years of working in a resource-constrained area confirms the various abovementioned views that, over the past decade, little research has been done focusing specifically on the psychological well-being and (career) resilience of the children exposed to family violence. I believe that in neglecting research aimed at supporting such children, we are inadvertently creating and contributing to a next generation of violent adults who will most likely continue to engage in family violence.

Being a psychological practitioner in a resource-constrained area has allowed me to observe many cases of family violence – it is widespread and seen as a daily occurrence within many familial systems. My observations throughout this period indicate that these families (i.e. parents) have a negative influence on the psychological and emotional health of the children within their family system. What is

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<sup>2</sup> The construct/term of life-design counselling as it is referred to in earlier writings and/or citations by various authors will be replaced by the term life-design-related counselling throughout the dissertation. Life-design counselling is associated with various strategies and techniques that can be used in a variety of ways to enhance (among other) the career resilience of an individual. Life-design counselling therefore does not refer to a specific set of techniques or suggest a 'blueprint' as a standard intervention strategy. The use of the construct/term 'life-design-related counselling' is justified as this study will utilise its own unique interventions derived from life-design counselling, which can differ from other life-design-counselling studies.

of great concern to me, within the context of my personal experience, is the realisation that the individuals living in these resource-constrained settings struggle greatly to escape this mindset and the accompanying circumstances. I have witnessed many survivors of family violence who ultimately fall victim to emotional difficulties such as depression, low self-esteem, and substance abuse.

What is even more distressing is the fact that the social support systems within these resource-constrained settings are more often than not overwhelmed and thus they do not manage to prevent and/or intervene in such circumstances. This realisation amplified my interest in how I could assist these individuals, especially children, in creating resilient and healthy lives, and ultimately, led to my undertaking the current study. I concluded that family violence has a detrimental effect, not only on the persons involved, but also on the professionals supporting such individuals. This conclusion played a significant role in my personal commitment to this study and the academic rationale for it, mainly because I believe that supporting the counselling professionals needs to be seen not only as a courtesy, but also as an obligation.

#### **1.3.1.2. Academic rationale**

The academic rationale underlying this study is twofold. It deals firstly with the effects of domestic violence on children's career resilience. Ungar (2012) states that various ecological risks exist, which expose children to chronic maltreatment that inadvertently influences a child's learning ability, among others. In a recent study on resilience in children and youth, Zolkoski and Bullock (2012) reported that few children grow up to reach their full potential. They attribute this to factors such as family dissension, which can have a detrimental effect on children's ability to cope with stress and successfully handle adversity in life. Howell (2011) states that children who are exposed to family violence, especially during the preschool years, are more inclined to find it challenging to regulate their emotions and they are therefore more susceptible to feelings of helplessness, anxiety, and depression. Considering the literature mentioned above, it seems that past research focused on identifying the unambiguous negative impact of family violence on the developing child. Despite this evidence, little research is done even now within a South African context to explore the impact of family violence on the child's overall resilience – specifically his/her career resilience. I will therefore focus firstly on the impact that family violence has on a child's career resilience.



Secondly, this study is concerned with the interventions applied to enhance the career resilience of survivors of family violence. Wong (2015) suggests that children's exposure to family violence and IPV has far-reaching effects on the child, both from a societal and economic perspective, which suggests that we are still not sure to what extent this phenomenon influences children. Clearly, the effects of family violence on the child are in dire need of exploration and this was something that I was looking forward to.

Studies indicate that, in some cases, children who are exposed to family violence tend to be more resilient than other children. However, the majority of children who present with poor school functioning, poor behaviour, and low resiliency levels tend to be children with a background of witnessing IPV with mothers who are less resilient and who show more signs of depression (Howell, 2011; Miller *et al.*, 2012). Miller *et al.* (2012, p. 671) further report that children who are exposed to family violence experience a variety of adjustment problems, including health problems, emotional suppression, behaviour problems, and posttraumatic stress symptoms. Research in South Africa has neither explored the impact of family violence on the child nor expanded therapeutic interventions that can increase their career resilience. The majority of existing research was done or is done within the international community. The paucity of local literature is an aspect to which I want to contribute by identifying whether or not life-design-related counselling will be an effective intervention strategy to support children who are survivors of domestic violence so as to enhance their career resilience.

The above research confirms that South Africa

- has a legitimate shortcoming in knowledge and research pertaining to the effects of family violence on a child's career resilience; and
- lacks any sound research addressing such effects through applied scientific/therapeutic intervention strategies that could potentially enhance the child's career resilience.

My interest in this topic is quite natural, considering that I am faced with this phenomenon on a daily basis and can easily observe its detrimental effects. A key aspect and part of my rationale is to support children who are subjected to such circumstances through life-design-related counselling to enhance their career resilience. Maree and Di Fabio (2012) maintain that life-design counselling is a holistic,

life-long intervention strategy that focuses on the construction of the self by taking into consideration the various developmental aspects that have played a role during the individual's life (i.e. continual exposure to family violence).

Considering the essence of what has been stated thus far, namely that there is a gross shortcoming in research that focuses on the effects of family violence on a child's career resilience and subsequent therapeutic intervention strategies, I believe that there is a need to examine the value of life-design-related counselling to enhance the career resilience of survivors of family violence. I know from prior research that life-design-related counselling as an intervention strategy has been effective in supporting clients to redesign the self. It helps them to regain control and stability in terms of emotional security and most importantly, to reshape their often-impaired sense of self (Maree, 2015b). Guichard (2016) asserts that the purpose of life-design counselling is to support clients in assigning meaning to their life, which is the core aim of the therapeutic intervention. Life-design-related counselling, because it focuses on narratability and re-authoring one's sense of self (Cardoso, 2016), fits the rationale behind the current study. It enables us to combat the negative effects of IPV and family violence by allowing clients to regain control over their sense of self and the meaning they assign to their lives.

## **1.4. Research questions**

### **1.4.1. Primary research question**

The primary research question of the study in hand is as follows:

*What is the influence of life-design-related counselling on the career resilience of survivors of family violence in resource-constrained settings?*

### **1.4.2. Secondary research questions**

Descriptive questions:

- What are the etiological traits of family violence?
- What is the nature of existing programmes aimed at assisting survivors of family violence in resource-constrained settings?
- What is life-design counselling?

### Exploratory questions:

- How did survivors of family violence in this study experience life-design-based counselling?
- How did the intervention influence participants' career resilience?

### **1.4.3. Research assumption**

The following broad research assumption was formulated for this research study:

*Counselling intervention related to life-design principles allows for the design of a clearer sense of identity and self, which could ultimately enhance career resilience. Some aspects of the intervention may be more beneficial to some participants than to others.*

## **1.5. Clarification of concepts**

### **1.5.1. Career resilience**

Ungar (2013a, 2013b) argues that (career) resilience<sup>3</sup> cannot be viewed merely as intrinsic factors unique to each individual, but needs to acknowledge the importance of the family and surrounding environment. He subsequently defines resilience as an individual's resistance and ability to overcome life challenges, negative life/career/work events, and the negative effects of trauma (Ungar, 2013a, 2013b). Bimrose and Hearne (2012) conceptualise career resilience as an individual's ability to adapt to change within their environment, despite discouraging or disruptive circumstances. Career resilience, in essence, can be defined as a psychosocial career resource that enhances a person's capacity to tolerate, recover, develop, and grow in the face of adverse circumstances (Bimrose & Hearne, 2012; Ebersöhn, 2012; Ungar, 2013a, 2013b). In the current study, career resilience will subsequently refer to a client's ability to 'bounce forward' after they have experienced a traumatic life event or career disruption. Bouncing forward in this instance denotes attaining a sense of healthy functioning and being able to adapt, develop, and sustain positive change in life and career environments.

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<sup>3</sup> Both concepts – 'resilience' and 'career resilience' – refer in many ways to the same constructs, behaviours and coping responses that support individuals to cope with adversity.

### **1.5.2. Career counselling**

Savickas *et al.* (2009) define career counselling as an approach that emphasises the unique realities of individuals and provides the opportunity for each client to be reflective on their life experiences and recognise the manner in which past experiences influence the meaning they assign to their lives. Savickas (2012) later defined career counselling as a new way in which counsellors approach career construction in the 21<sup>st</sup> century, with the emphasis on identity, adaptability, intentionality, and stories. Recently Savickas defined career counselling as:

“Helping people to develop and accept an integrated and adequate picture of themselves and of their role in the work world, to test this concept against reality, and to convert it into reality with satisfaction to themselves and benefit to society’ (Savickas, 2019, p. 161; Super, 1951, p. 92).”

Maree (2015a) outlines career counselling in the 21<sup>st</sup> century as an approach that combines traditional and postmodern techniques, as well as subjective and objective information, in a process that supports people to find meaning. Hartung and Vess (2016) explain that career counselling implements life-design counselling in an interpersonal process that emphasises human diversity and uniqueness, and so enables individuals to design their own careers through reflexive action. Career counselling will henceforth be seen as referring to a process that not only acknowledges but emphasises the client as the expert in the own life. It engages the subjective experiences and reflections of clients and draws them into the process of career counselling as a way to find and/or create meaning.

### **1.5.3. Life-design counselling**

Savickas *et al.* (2009) suggest five presuppositions that allow us to recognise that life-design-related counselling acknowledges the fact that individuals’ identity and knowledge are based on their social interaction, life experiences, and relationships, which places the method in a social constructionist paradigm. Maree (2015b) defines life-design counselling as a dynamic process that focuses on decision making, career development as well as career construction. Hartung (2016) expands on Maree’s definition by describing life-design counselling as a new paradigm for career construction, which emphasises the person-environment fit. Life-design counselling is submerged in a narrative approach where individuals construct their own meaning

and, in the process, are enabled to increase their meta-competencies of adaptability and identity (Di Fabio, 2016; Savickas, 2013).

Cardoso (2016) describes life-design counselling as a process whereby counsellors support clients to engage in new possibilities with reference to their constructed identities. He asserts that career counselling involves a process where the counsellor clarifies, with the help of the client, how earlier experiences contributed to faulty constructed identities and then leads the client in the reconstruction of a newer, healthier identity (Cardoso, 2016). It would appear that the thread running through the above is that life-design-related counselling can be seen as a process whereby clients are supported to construct newer, healthier identities based on narratability and adaptability in career development. Life-design counselling can thus be outlined as a process whereby clients are systematically supported to reflect on and change their identities. It draws the client into the process of deconstructing current identities to construct newer identities as a means of creating greater adaptability and intentionality in a career context.

#### **1.5.4. Career adaptability**

Brown (2015) defines career adaptability as an individual's ability to adapt to unending change that is associated with the labour market, organisations of work, and underlying occupational and organisational restructuring. Taber and Blankemeyer (2015) argue that career adaptability can be regarded as a self-regulatory process whereby an individual is enabled to cope with a variety of career developmental changes, transitions, and work trauma. According to Zacher, Ambiel, and Noronha (2015), career adaptability can be thought of as a resource that supports individuals during challenges and changes and that enables individuals to fit in with their (work) environment. We can therefore conclude that career adaptability is a self-regulatory support system that enables individuals to successfully cope with a variety of career developmental challenges and adapt to their work environment.

#### **1.5.5. Family violence**

In South Africa, the Domestic Violence Act, No. 116 of 1998 (p. 2) defines domestic/family violence as follows:

“any act that includes physical, sexual, emotional, verbal, psychological, and economic abuse, intimidation, harassment, stalking, damage to property, entry into the complainant’s residence without consent, where the parties do not share the same residence, or, any other controlling or abusive behaviour towards a complainant where such conduct harms, or may cause imminent harm to, the safety, health, or wellbeing of the complainant.”

Wong (2015) defines family violence as any act of violence between members of the family, either as a single episode or a recurring event, which includes physical, sexual or emotional abuse. Wherry *et al.* (2015) support the above definitions and expand on them to include partner-to-partner violence witnessed by children, as well as the subsequent psychological abuse resulting from exposure to such abuse. Thiara and Humphreys (2017) make the argument to include the ‘absent parent’ phenomenon in the above definition. This phenomenon results from the abusing parent not being present in the environment, but still having a detrimental effect on the remaining parent (normally the mother) and children through what they call ‘the legacy of violence’ (Thiara & Humphreys, 2017, p. 138).

Family violence in this study operated from the definition as delineated by the Domestic Violence Act and included the ‘absent parent’ phenomenon, as well as partner-to-partner violence witnessed by children.

## **1.6. Research design and methodology**

This study employed a QUALITATIVE<sup>4</sup>-quantitative mode of inquiry by using six intrinsic case studies that were embedded in an intervention framework. In the sections to follow a brief outline is given of the research design and methodology used in this study. A more detailed description on the research design, methodology, data collection, etc., will be provided in Chapter 3.

### **1.6.1. Mode of inquiry**

The study used a predominantly qualitative design with adjunct quantitative techniques that were used to facilitate better triangulation of results. Although qualitative research

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<sup>4</sup> QUALITATIVE is written in uppercase in view of the fact that more priority was given to qualitative information in this study than to quantitative information.

generally focuses on the trustworthiness of data gathered, I believe that gathering and drawing on quantitative data in addition to qualitative data can add value to identified themes and subsequent conclusions derived from the study. The research project subsequently represents a QUALITATIVE-quantitative mode of inquiry, with qualitative information taking priority.

### 1.6.2. Sampling, data collection and research site(s)

This study utilised non-probability, stratified purposive sampling. Maree (2016b) contends that although non-probability sampling has its drawbacks, it can be a successful sampling technique, especially when the target population is difficult to find. Maree (2016b) further states that purposive sampling is done when the researcher has a specific purpose in mind, based on the research hypotheses as well as the research questions. Six participants were therefore chosen based on certain characteristics in order to allow me to engage with the research questions and interact with the dominant themes. The participants were 1) between the ages of nine and thirteen years; 2) primary school learners; 3) experiencing family violence (current or past violence); and 4) willing to engage with the process of life-design-related counselling.

As the researcher, I implemented life-design-related intervention strategies in which all participants could voluntarily take part. Table 1 below contains a description of the data collection process, along with the planned activities and research sites.

**Table 1: Data collection plan**

<b>Data collection sequence</b>	<b>Planned activities/techniques</b>	<b>Research site</b>
<b>Step 1</b>	Referral of possible participants from Eleos (NPO). Scheduling of interviews.	Eleos NPO offices
<b>Step 2</b>	Interviews conducted with both parents (if possible) and informed consent obtained.	Offices of Eleos
<b>Step 3</b>	Administration of quantitative data collection techniques:	Offices of Eleos

	<ul style="list-style-type: none"> <li>▪ <i>The Resiliency Scales for Children and Adolescents (RSCA)</i></li> <li>▪ <i>The McMaster Family Assessment Device (FAD)</i></li> <li>▪ The McMaster Clinical Rating Scale (MCRS)</li> <li>▪ The McMaster Structured Interview of Family Functioning (<i>McSiff</i>)</li> </ul>	
<b>Step 4</b>	Administration of qualitative data collection techniques: <ul style="list-style-type: none"> <li>▪ Life-design-related counselling techniques</li> <li>▪ Interviews</li> <li>▪ Conversations</li> <li>▪ Observations</li> <li>▪ Educational-Psychological Interventions</li> </ul>	Offices of Eleos
<b>Step 5</b>	Re-administration of the <i>Resiliency Scales for Children and Adolescents (RSCA)</i> .	Offices of Eleos

### 1.6.3. Data collection and analysis

For this research project, both quantitative and qualitative data were collected in an attempt to better understand the unspoken challenges of the phenomenon being studied (Jackson, 2015). Utilising quantitative as well as qualitative data collection techniques did not only add reliability and consistency to the study (Maree, 2016b); but also allowed me to better understand clients, beliefs, attitudes, experiences, and perceptions – which added a new dimension to the research. Data analysis in this study was achieved through thematic content analysis, which can be best described as a process that highlights certain themes to give meaning to, or ‘voice’ the reality of participants (Braun & Clarke, 2006). Thematic analysis can be seen as a type of narrative analysis in which the researcher attempts to uncover commonalities or emerging themes that run through the experiences of individuals (Maree, 2016b). Data collection and analysis relating to both quantitative and qualitative modes of inquiry are briefly discussed next.



### 1.6.3.1. Collecting and analysing qualitative data

Pathak, Jena, and Kalra (2013) state that qualitative data collection techniques focus on understanding people's beliefs, attitudes, experiences, and perceptions that add a new dimension to research – something that cannot be obtained through the measuring of observable variables alone. Jackson (2015) states that qualitative research techniques are unique in their foundations and features as they create pathways to a better understanding of the unspoken challenges that most people need to confront and resolve. The qualitative data collection techniques in this study were used in a child friendly and developmentally appropriate manner, as is explained more comprehensively below. Qualitative data collection was done as part of the life-design-related counselling and included the following techniques:

- **Interviews:** According to Maree (2012c), interviews involve an important data collection technique where the interviewer can learn more about the participant's ideas, beliefs, views, and opinions. During the current study, interviews were mostly structured as set out in the McMaster Model of Family Functioning (MMFF) questionnaires.
- **Conversations:** Leech and Onwuegbuzie (2008, p. 590) state that conversations promote “detailed examination of the actual actions of the actors rather than subjective explanations”. Formal and informal conversations were held with the participants. These conversations were utilised before, during, and after each session.
- **Observations:** Mason (2013) states that observations can play a big part in qualitative research to support reflexive analysis of data, and Maree (2016b) agrees that they can play a huge part in providing us with an insider perspective into various dynamics.
- **Educational-psychological interventions:** Life-design-related counselling techniques.

### 1.6.3.2. Collecting and analysing quantitative data

Quantitative data-gathering techniques can add reliability and consistency, as well as validity, to a study (Maree, 2016b). Although qualitative research predominantly focuses on the trustworthiness of data gathered, I believe that gathering and drawing on quantitative data in addition to qualitative data can add value to identified themes

and the conclusions derived from the study. Quantitative data was collected from parent(s) as well as participant(s) before and after the life-design-related intervention. The following quantitative measures were utilised in my study:

- ***The Resiliency Scales for Children and Adolescents (RSCA)***: The study will utilise a standardised measure namely *The Resiliency Scales for Children and Adolescents (RSCA)*. Standardised in the United States of America, the *RSCA* provides theoretical, valid information regarding resiliency in individuals between the ages of 9-18 years (Prince-Embury, 2007).
- ***The McMaster Family Assessment Device (FAD)***: The *FAD* is a self-report questionnaire that was given to both parents, and each parent was requested to complete a form, individually and privately. The *FAD* comprises of seven scales – one scale measuring general family functioning and six that each measures the different dimensions of the MMFF.
- ***The McMaster Clinical Rating Scale (MCRS)***: The *MCRS* is a scale used by a trained practitioner and was designed to assess the overall functioning of the whole family system. The *MCRS* is administered by myself with the parents. The *MCRS* also assesses the six dimensions of family functioning on a seven-point scale that ranges from severely disturbed to superior functioning.
- ***The McMaster Structured Interview of Family Functioning (McSiff)***: The *McSiff* is a semi-structured family interview used by a trained professional to gather information and enable thorough and valid ratings of the family's functioning on the MMFF.

#### **1.6.4. Quality assurance**

In an attempt to facilitate quality assurance within this qualitative study, certain aspects such as credibility, confirmability, transferability, and dependability were present (Lincoln & Guba, 1985). Only the constructs of trustworthiness and credibility are next discussed, as the other aspects will feature in more detail in Chapter 3.

##### **1.6.4.1. Trustworthiness**

Sinkovics, Penz, and Ghauri (2008) state that to establish trustworthiness in qualitative studies, one needs to ensure that (among others) one establishes credibility pertaining

to the information gathered. Sutrisno, Nguyen, and Tangen (2014, p. 1337) build on the previous statement and add that

“to maintain the trustworthiness of the qualitative research, it is necessary to minimise translation errors, provide detailed accounts of the translation process, involve more than one translator, and remain open to scrutiny from those seeking to access the translation process”.

Williams and Morrow (2009) delineate three requirements to which any qualitative study has to adhere, namely:

- a) The integrity of the data has to be proved and maintained.
- b) There has to be a balance between reflexivity and subjectivity throughout the study.
- c) Results and findings should be clearly communicated.

Throughout my study I have attempted to maintain the trustworthiness of results by means of a thorough audit trail, reflective journals, observation notes, and detailed and continuous feedback discussions with my supervisor. Maree (2012c) contends that the concept of trustworthiness in qualitative research has both internal and external validity. Credibility in qualitative research forms only a small part of the internal validity, which will be discussed next.

#### **1.6.4.2. Credibility**

Considering quality assurance and its validity within qualitative research necessitates taking a careful look at credibility as an important dimension of this process. Credibility in qualitative research points to the importance of portraying the true experiences and meaning making by the participants (Whittemore, Chase, & Mandle, 2001). Gordon and Patterson (2013) concur with this in stating that credibility refers to the researcher’s attempts to provide a true description and interpretation of the participant’s reality. Credibility is more than a mere relaying of results but rather ensures that one captures the true essence of the emic perspective (Whittemore *et al.*, 2001). Cope (2014, p. 89) states that “to support credibility when reporting a qualitative study, the researcher should demonstrate engagement, methods of observation, and audit trails”. One cannot discuss credibility without referring briefly to transferability, dependability as well as confirmability – all of which play a role in establishing quality control within qualitative research and are critical to establishing trustworthiness (Sinkovics & Alfoldi, 2012).

To ensure credibility in this study, I repeatedly used triangulation and attempted to gain a holistic and comprehensive view of the phenomenon and the various constructs being studied. Triangulation is achieved when more than one source is used to address the research question, which according to Maree (2016b) minimises the risk of chance associations and systematic bias. My attempt to ensure credibility also included maintaining a reflexive journal, because Thomas and Magilvy (2011) refer to reflexivity in qualitative research as an effective manner to ensure credibility. They further direct attention to the importance of a comprehensive audit trail, transcripts, and regularly referring back to the words of the participants as a way to ensure credibility (Thomas & Magilvy, 2011). All of the above techniques were included within this study as a way to ensure and enhance credibility. This took place under the supervision of my supervisor, an established researcher.

### **1.7. Role of the researcher**

Maree (2016b) states that, as a researcher, one has to actively engage with participants and demonstrate understanding as part of a collaborative partnership. One also needs to observe and record information in a sensitive and unbiased manner (Maree, 2016b). During the current study, my roles as researcher included the following:

- Ensuring that I create an environment that is conducive to therapeutic interventions and that the participants feel safe and comfortable at all times (this includes creating a safe environment where participants are allowed to reflect on their own processes and journeys)
- Ensuring that I am competent in the various instruments and techniques and fully prepared to engage with the process and participants during the research project
- Administering media and intervention techniques
- Preparing for and structuring of interviews
- Analysing and interpreting data
- Ensuring that strict ethical standards are upheld as delineated by the Health Professions Council of South Africa (HPCSA)
- Realising that as the researcher I should not blend in or create confusion for the participants with reference to my role as researcher and psychologist (to prevent this confusion, I informed the participants at the outset about our research

relationship and its limits; my intention was therefore to create a transparent process in which all participants would be fully informed)

- Providing complementary external psychological services to all participants should any adverse effects arise during or after the research (as a result of their participation in the research) or if they were to request such services

## **1.8. Ethical considerations**

Mason (2013) states that when considering ethical issues in qualitative research, the focus should be on producing moral and/or ethical research that ranges from how one frames the research questions to observations in the field. The most important ethical considerations within a study are the issues of confidentiality, anonymity, informed consent, and protection from harm (Maree 2012b; Merriam, 2009). This research study, as with any other research study, has a certain degree or element of risk inherently associated with it. This study however will be guided by the principles of a) respect for the dignity, moral, and legal rights of people; b) non-maleficence; and c) beneficence (Allen, 2011). With the concepts of confidentiality, anonymity, and harm in mind, the above principles will direct me to always place an emphasis on the participants' right to privacy as this will result in participants sharing information more freely which will add depth and richness to the information obtained. Furthermore, acting in line with the principle of non-maleficence, all reasonable steps will be taken to ensure that no harm will come to any participant. I furthermore acknowledge that should unintentional harm come to any participants; all reasonable steps will be taken to ensure that the effects of such harm are minimized and in such comply with the principle of beneficence (Allen, 2011).

Fisher (2012) states that qualitative research does not necessarily translate into intrinsic value for participants, especially if the participants are part of vulnerable groups. To ensure that the study in hand would be ethically sound, I took the following steps:

- a) Informed consent was obtained after informing the participants of the nature of the study, the process that would be followed, the nature of the research project, the type of media and intervention strategies that would be implemented, as well as the intended usage of the information gained.

- b) A balanced qualitative research relationship was fostered between myself, the participant, and the parents/guardians of the participants.
- c) Confidentiality and anonymity remained intact throughout the duration of the research and also when the results and findings of the study were communicated.
- d) All participants were protected from any harm.
- e) The voluntary nature of participation was discussed with all participants and they were informed of their right to withdraw from the study at any time without any negative consequences.

## **1.9. Contributions and limitations**

I believe that this research project contributes in various ways to the existing knowledge on the aetiology of family violence within a postmodern South African society. I also trust that it will contribute to our understanding of life-design-related counselling and its beneficial effect on survivors of family violence.

The following limitations may arise throughout the duration of the study:

- finding participants that adhere to the selection criteria can always be a challenging prospect. If suitable participants are not found at the intended research site then the researcher will have to look outside the intended organisation for suitable participants. Logistical arrangements will also have to be altered and changed to accommodate such participants if such a situation occur,
- parents, especially the abusive parent(s), may decline to give consent to be part of the study due to the possible ramifications of such information being disclosed. Finding suitable families who are willing to participate in the study could pose possible challenges,
- families could also decide to withdraw from the study when they are engaged with the process due to the nature of the questions and the focus of the study. In such a case quality debriefing will have to be provided to the family to ensure that no negative aspects have an influence on the families involved, and
- families who decide to participate in the study and finish the study could possibly attempt to portray an unrealistic picture of the family dynamics. There is a

possibility that information gained could be fabricated and not a true representation of the families' functioning.

## **1.10. The structure of the dissertation**

The layout of this dissertation is as follows:

- Chapter 1:** Orientation to my research study
- Chapter 2:** Literature review
- Chapter 3:** Research design and methodology
- Chapter 4:** Results of the research
- Chapter 5:** Discussion of my findings in relation to the existing literature of life-design counselling
- Chapter 6:** Findings, conclusions, and recommendations

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1. Introduction**

The purpose of this dissertation was to determine the influence of life-design counselling on the career resilience of survivors of family violence. In an attempt to clearly define and delineate the different theoretical aspects I endeavoured to systematically explore all the different aspects and/or concepts of the theoretical framework. The theories/theoretical perspectives that are discussed all contribute to the background of the study and provide a foundation upon which the study is developed, ultimately informing my research findings.

### **2.2. Theoretical framework**

Maree and Van der Westhuizen (2009) state that a theoretical framework offers an overview of one's research and helps you position your research in relation to your research topic. Ornek (2008) avers that, in qualitative research, a theoretical framework supports the researcher to understand how different individuals experience a certain phenomenon differently, it describes behaviour, understands beliefs, and explores certain themes. A theoretical framework therefore can be understood as an integral aspect of research, as it provides a platform to proceed with the planning and executing of one's study (Maree, 2012c). In the following section I discuss all the relevant aspects and theories that form part of the theoretical framework that supported me in understanding the phenomenon under investigation. I also attempt to connect the various theories with one another to ensure that a good understanding is established regarding the relationships that exist between the different aspects of / theories in the framework.

#### **2.2.1. Bronfenbrenner's Ecological theory**

Since the current study focused partly on the family environment, we had to acknowledge the importance of familial influences on the development of children and the variables associated with the different contexts. Bronfenbrenner's bioecological model formed part of the theoretical and conceptual framework of the current study



(Bronfenbrenner, 1986a). I applied the theory to demarcate the various influences associated with certain systems that exercise control over the child. Bronfenbrenner (1986a) viewed the environment as comprising of separate, distinct structures which are nested within one another and exercise a reciprocal influence on one another as well as on the individual's development (Ben-David & Nel, 2013). Bronfenbrenner (1986b) emphasised the fact that since our development is dependent on the culture and social structures surrounding us, we can infer that our development is always situated in a society (Manning, 2017).

Bronfenbrenner (1986b) introduced the Process-Person-Context-Time model (PPCT) as a central aspect to his bioecological theory (Tudge, Kokrova, Hatfield, & Karnik, 2009). He described the *process* as the 'primary mechanisms' in development at the same time as individuals learn to understand and make sense of their environment through their interactions with others (Tudge *et al.*, 2009, p. 200). A significant part of the *process* aspect which Bronfenbrenner emphasised is constituted by proximal processes<sup>5</sup> which, according to him, can be seen as the engines of human development and vary between individuals, based on the context and external influences (Ashiabi & O'Neal, 2015). The *person* aspect in this model refers to individuals' intrinsic and extrinsic aspects such as physical features (age, gender, skin colour, etc.), resources (mental and physical), as well as their force characteristics (temperament, motivation, and persistence) – all of which have an influence on how individuals interact with their environment (Tudge *et al.*, 2009).

Bronfenbrenner proposed the following systems as part of the *context* aspect within his PPCT model. At the core level of *context* is the microsystem, which encompasses the individual and the relationships that occupy this space. This can be defined as the phenomenological dimension that includes the interpersonal relationships and lived experiences within the microsystem (Lau & Ng, 2014). Landsberg, Krüger, and Swart (2011) postulate that this system should support the individual child's feelings of belonging, love, and support and it can subsequently be regarded as a protective factor. The microsystem therefore encompasses the immediate environment of individuals and includes their families, friends, peers, and school(s). The interaction between the latter can be defined as the *mesosystem*. The

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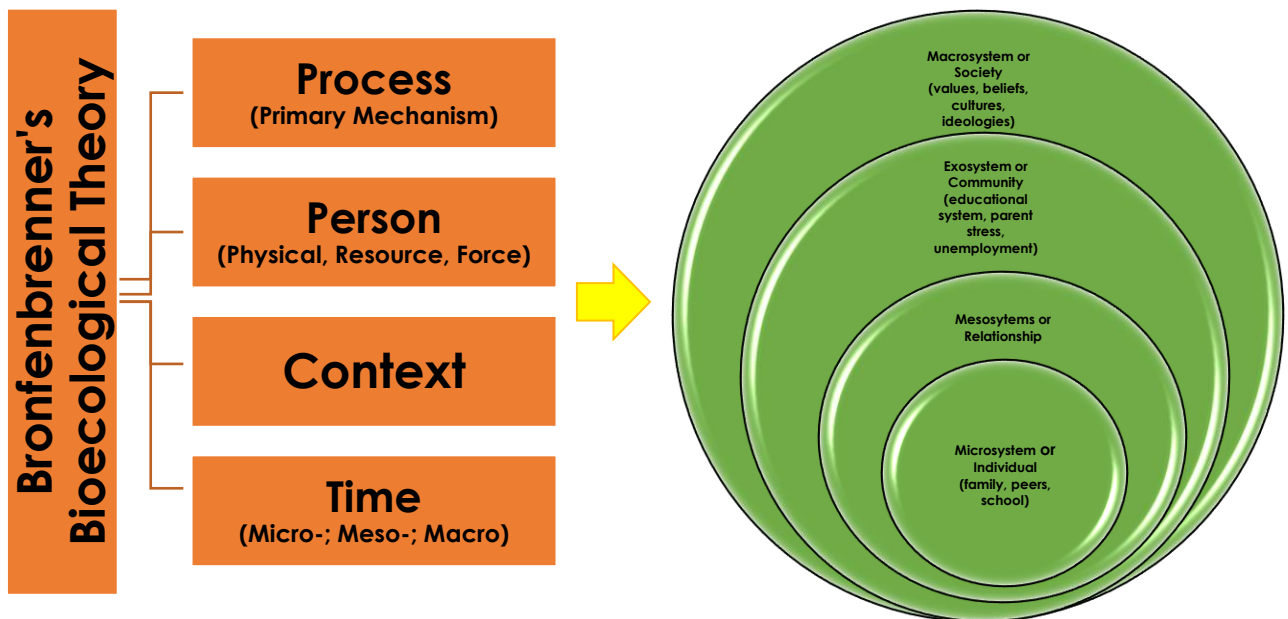
<sup>5</sup> Proximal processes can be defined as the interactions that take place between individuals and their environments, and over time they become more complex. Bronfenbrenner (1986a, 1986b) also stated that these complex interactions happen over an extended period of time on a continuous basis.

relationships that exist within the microsystems (such as parent-child relationships) will influence the other relationships and/or microsystems.

The *exosystem* refers to an environment in which individuals are not directly involved, but which can still have an indirect influence on them (Landsberg *et al.*, 2011). Lau and Ng (2014) state that this system is bi-directional in that the influences from the micro- and mesosystems exert a reciprocal influence on one another. Therefore, if a parent experiences stress due to unemployment or retrenchment, it can possibly influence the relationship of that parent with his/her spouse and children. The *macrosystem* refers to the dominant social and economic structures, attitudes, beliefs, values, and ideologies inherent in the system (Landsberg *et al.*, 2011). One such example that is applicable to the current study is the patriarchal view, which assumes that men have power and control over women (Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF, 2012).

The last component of this model is *time*, and Bronfenbrenner differentiates between micro-time (the significance and meaning associated with a specific activity or interaction), meso-time (the consistency of behaviour or interaction over time), and macro-time (developmental processes over time) (Tudge *et al.*, 2009, p. 201). Bronfenbrenner insisted that studies should not only consider time as a factor, but also the timing of certain events during developmental processes to fully understand the impact the environment has on individuals (Tudge *et al.*, 2009).

The inclusion of the above theory was justified by the fact that it highlights the complex reciprocal relationship between an individual and the environment, as well as the interplay between these systems. Bronfenbrenner's (1986b) bioecological model also considers complex social and cultural roles that shape the thought processes of children as they grow up in an environment characterised by familial violence and intimate partner violence (IPV) – i.e. the phenomenon being studied in this dissertation. The following graph explains the various systems and the complex interactions between them.



**Figure 1: Bronfenbrenner's Ecological Theory**

Adapted from Manning (2017, p. 4) and DSD, DWCPD, and UNICEF (2012, p. 6)

### 2.2.1.1. Misusing Bronfenbrenner's bioecological theory

Bronfenbrenner's bioecological theory has gone through multiple changes since its inception in the 1970s, resulting in various scholars using earlier versions of his theory that best align with their study (Tudge *et al.*, 2009, p. 201). The result of this misuse is that most scholars thought that this theory was emphasising the impact of the environment on the individual, an aspect that rarely needs a theory to be substantiated (according to Tudge *et al.*, 2009). Rosa and Tudge (2013) claim that in the later development of the theory, proximal processes were emphasised, as well as the PPCT model as integral parts of the latest version. They suggest that to ensure that this theory is not used in an incorrect or inappropriate manner, researchers should state which version of the theory they are using (Rosa & Tudge, 2013). Bronfenbrenner and Evans (2000, p. 11) contend that "the bioecological model is not a theory about how human beings develop, but rather, it aims to improve our understanding about the conditions and processes that influence human development". In essence, to use Bronfenbrenner's bioecological model in its 'mature' form, one has to take into consideration the PPCT model as well as the proximal process in an attempt to fully understand the reciprocal interaction between human development and the environment in which such development takes place. To ensure that this study uses

Bronfenbrenner's bioecological model in the correct, I incorporated the 'mature' form of the theory/framework.

### **2.2.2. Social Cognitive Career Theory**

Lent and Brown (1996) proposed social cognitive career theory (SCCT), based on Albert Bandura's social cognitive theory, as a framework to understand how subjective interests and choices influence the shaping of our environment and subsequent careers. Lent and Brown (1996) furthermore cautioned that this theory/framework is supplementary to other career theories and aims to support our understanding of career choices more fully. At the centre of the SCCT is its concern with self-efficacy and its accompanying impact on career development and behaviour (Sheu *et al.*, 2010). Huang and Hsieh (2011, p. 453) argue that the SCCT is an ideal model to understand career decisions and state that

“social cognitive career theory (SCCT) has illustrated various mechanisms through which specific factors can systematically influence the career development of adolescents and constitutes a useful theoretical framework upon which the role SES plays in adolescents' career development can be investigated”.

Huang and Hsieh (2011) remind us that the environment and parental influences have a great impact on individuals' (children and adolescents) choices in life, which directly affect their (career) choices later in life. Low socio-economic status can also influence a person's career choices and Huang and Hsieh (2011) therefore promote the value of the SCCT as a compatible framework to use in such an environment. Scheuermann, Tokar and Hall (2014) regard the SCCT as a framework through which career counselling can be understood and approached, a framework that considers background and contextual influences. The significance of the SCCT is grounded in the premise that this theory considers the interplay between cognitive and behavioural factors, which influences career development (Lee, Flores, Navarro, & Kanagui-Muñoz, 2015).

In view of the above we can further deduce, through theory, that the SCCT takes seven factors into consideration in educational satisfaction<sup>6</sup>, namely a) work

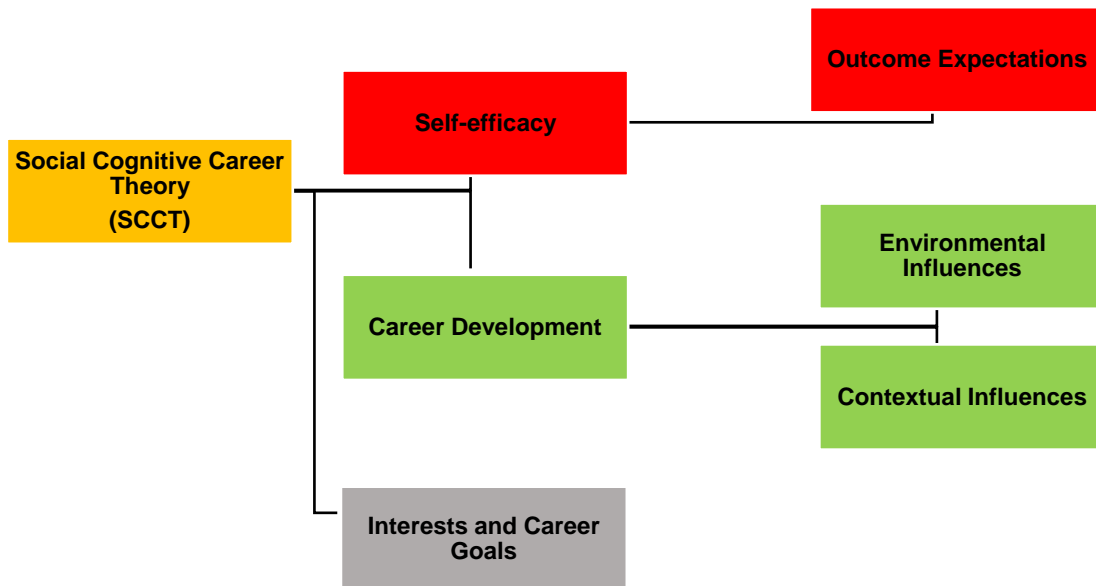
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<sup>6</sup> The SCCT includes both *work* and *educational satisfaction* in the model as these are viewed as interrelated developmental spheres and is subsequently inclusive of all educational processes.

satisfaction; b) overall life satisfaction; c) personality and affective traits; d) goal-directed activity; e) self-efficacy; f) work conditions and outcomes; and g) goal- and efficacy-relevant environmental supports and obstacles (Lent & Brown, 1996, p. 11). The SCCT suggests that an individual's personality, background, contextual factors, and socio-economic status all have an impact on his/her self-efficacy (Scheuermann *et al.*, 2014). Self-efficacy, according to this theory, develops most effectively when individuals have a greater sense of confidence in their ability to successfully achieve work- or career-related goals and this ultimately leads to positive outcomes or consequences (Lee, Flores, Navarro, & Kanagui-Muñoz, 2015). The SCCT therefore focuses on both contextual and internal variables as having an influence on an individual's self-efficacy. This ultimately has an effect on their career interest(s), goals, satisfaction, and persistence in both educational settings and work settings later in life (Lee *et al.*, 2015; Scheuermann *et al.*, 2014).

Self-efficacy beliefs (beliefs about one's capability to successfully execute an action), outcome expectations (expected consequences of one's actions), and interests (likings) in close proximity with career goals (certain activities one wants to engage with) all underlie and form the basis upon which this theory is established (Rogers & Creed, 2011; Scheuermann, *et al.*, 2014). The motivation behind the inclusion of this theory in the current study is based on the fact that it takes into consideration the influence the environment has on the individual. Sheu *et al.* (2010) support the aforementioned view and state that the SCCT focuses on self-efficacy and interests that are both directly and indirectly influenced by environmental factors, supports and barriers.

Many researchers have confirmed the generalisability and applicability of the SCCT across cultures, populations, and developmental milestones in that the SCCT can be applied to career counselling and guidance across the life span (Bandura, 1997; Brown & Lent, 2017; Wood & Bandura, 1989). Brown and Lent in their most recent articles (Brown & Lent, 2017; Brown, Lent, & Knoll, 2013; Lent & Brown, 2008) argue that more research is necessary and careful attention and consideration should be given to different cultures, genders, ethnicities, and socio-economic classes. The SCCT was used in this study to support our understanding of the effects of culture, ethnicity, and a low SES in the thought processes of individuals when making career choices. Below is a graphical representation of the various interplaying factors considered in the SCCT.



**Figure 2: Constructs and dimensions involved in Social Cognitive Career Theory**

### 2.2.3. Career Construction Theory

Savickas developed the career construction theory (CCT), which uses social constructionism as a meta-theory to determine how individuals construct their knowledge and realities (Di Fabio & Maree, 2013; Maree, 2013). The CCT updates Super's life-span, life-space theory and expands on Super's concept of thematic extrapolation<sup>7</sup> by focusing on career behaviour (Stead & Watson, 2006). Savickas and others (2009) combined Holland's career choice theory [person-environment (PE) fit paradigm] with Super's theory to develop the life-design paradigm as a 21<sup>st</sup> century approach to career guidance – a paradigm that will be discussed in detail later in this research report. Savickas developed the CCT because he believed that a person's work/vocation can be seen as a mechanism or tool through which to gain greater meaning in life. This could ultimately contribute to the way in which persons construct their personal identity (Hartung, 2013). The CCT further works from the underlying

<sup>7</sup> Thematic extrapolation as described by Savickas can be seen as a process where individuals narrate their lives as these unfold and where they identify themes that will support them to better plan for their future (Stead & Watson, 2006).

premise that individuals who are constructing their careers<sup>8</sup> are on a journey of self-construction in which the main goal is to make meaning of and/or give personal relevance to the self (Di Fabio & Maree, 2013; Hartung & Taber, 2008).

Career construction theory combines the *psychologies of occupations, careers and life designing*, and it acknowledges individual traits, developmental tasks and transitions, trauma, and prevailing life themes (Hartung, 2013; Hartung & Vess, 2016). The *psychology of occupations* was built on Holland's theory, which emphasises personal characteristics and fitting people into a work environment that is congruent with their personality or characteristics (Hartung & Vess, 2016). The *psychology of occupations* hence emphasises the person-environment fit, and focuses on individual traits in the career decision-making process (Hartung, 2013). The next component, *the psychology of careers*, was based on Super's life-span, life-space theory and, in the process of effective career planning and decision making, took into consideration how individuals developed and grew over their life span with regard to self-concept and career choices (Hartung, 2013; Hartung & Vess, 2016). The *psychology of life designing* emphasises personal meaning, social consequence, and narratability in the process of career counselling (Hartung, 2013). In essence, this third wave of career theory emphasises how individuals shape themselves through narrative, work, and their relationships (Hartung, 2013). By doing so, individuals may be viewed as social actors, motivated agents, and as autobiographical authors of their own lives (Hartung, 2013).

Career construction can furthermore be viewed as a process where the emphasis is on self-development to support individuals to heal and complete themselves (Hartung, 2013; Maree, 2014). Hartung and Taber (2008) interpret career construction theory as a process that supports and facilitates individuals in designing their lives and, in the process, to obtain meaning, satisfaction, happiness, and a sense of self-completion. Maree (2014, 2016a) states that the central premise and uniqueness of career construction as a counselling approach is that it enables clients to be the authors of their own stories (career and life) and consequently to regain their sense of self. Hartung and Vess (2016) agree with Maree in describing career construction as an approach that views individuals as active agents who, through

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<sup>8</sup> Savickas (2005) defined careers as a subjective construct/experience which provides meaning and direction to their (career) behaviours and provides personal meaning to people's lives.

autobiographical and reflective life narratives, shape and construct their own sense of self and eventually also successful careers. Cardoso (2012) describes career construction as a process whereby individuals construct meaning based on their interpersonal experiences and the dynamic nature of their life themes in an attempt to construct the self. Maree (2014, 2015a) writes about the importance of life themes and narratives (biographical reflexivity) in career construction and in assisting individuals to regain a sense of emotional security and stability by reconstructing their own sense of self.

When applied to childhood, career construction incorporates three distinct paradigms involved in the self-construction process, namely a) individual differences; b) individual development (life-span development); and c) life design (Busacca, 2007; Hartung, 2015). These paradigms enable career counsellors to view the self as social actors, motivated agents, and as autobiographical authors of their own lives (Hartung, 2015). Childhood is the initial phase through which children orient themselves towards a life-long process of fitting themselves to work roles (social actors), managing their work and career goals (motivated agents), and constructing the self in striving for personal and social meaning (autobiographical authors) (Briddick, Sensoy-Briddick, & Savickas, 2018; Hartung, 2013). Maree (2018a) emphasises the importance of early childhood experiences and advances the opinion that these early childhood experiences can be regarded as “a series of ‘happenstances’ (developmental crises)” (p. 421), which become prominent later in life as areas where growth needs to take place. The argument is made that career construction and life-design counselling should be incorporated more regularly during childhood to ensure that people construct stable work-life identities in order to better negotiate challenges encountered during their life time (Maree, 2018a).

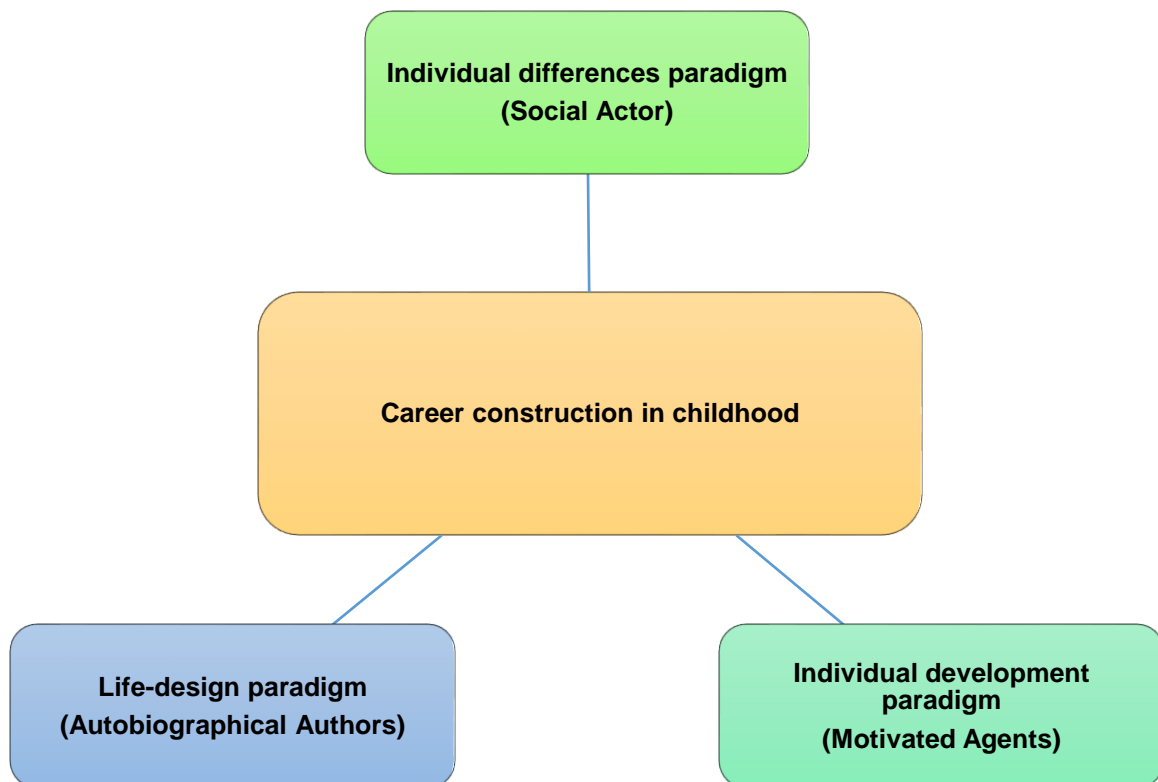
Figure 3 is a visual representation of how CCT is relevant in childhood development. Hartung (2015) postulates that children begin to acquire various traits, interests, skills, and talents during childhood, which initially prepare them for the future, more specifically for their future work roles. Hartung (2015, p. 94) subsequently states that:

“career construction may be considered in terms of how it understands and fosters life design core goals of (a) activity to shape interests, capacities, and aspirations; (b) adaptability to cope with changes in self and situation; (c)



narratability to tell one's story coherently, and (d) intentionality to assign meaning to activities and experiences”.

Savickas' (2002, 2005) career construction theory focuses on an individual's subjective well-being (SWB), and the emphasis is on work and vocational career choices. According to Savickas (2002, 2005), the CCT aims to achieve subjective well-being by attending to our developmental processes and ensuing career roles, as well as by assisting people to contribute to society by finding meaning in their work and achieving self-completion. An important aspect of CCT and assisting individuals in maintaining a sense of SWB has to do with the degree of career adaptability and how individuals react and adapt to changes in their life stories (Del Corso & Rehfuß, 2011). Career adaptability is discussed in more detail in the following section.



**Figure 3: Career Construction Theory: Childhood Application (Savickas, 2002, 2005)**

### **2.2.3.1. Career adaptability**

Ramos and Lopez (2018, p. 72) maintain that career adaptability has a significant impact on the meaning and satisfaction that individuals derive from life and they remark as follows:

“Over the years, vocational psychology research has advanced our understanding of career development processes. Theories and models of career transitions, of career development across the lifespan, and of career construction have each highlighted how career development is either enhanced or constrained by the level of one's career adaptability”.

Nota, Ginevra, and Soresi (2012) state that global changes in the economic arena due to factors such as globalisation, technological advances, and internalisations have changed the working environment. This has required members of the workforce to become more adaptable as they increasingly face more challenges. Career adaptability therefore has a central part and role to play in career resilience and the manner in which individuals negotiate future career interests and goals. Savickas *et al.* (2009) passionately emphasise the unpredictability of the changing environment and postulate that career developmental theories should not only focus on people's intrinsic characteristics, but also on their flexibility and adaptability within this environment.

Next follows a thorough exposition of how career adaptability can be defined, the role that career adaptability plays in career resilience, and future career goals and interests. Career adaptability will also be considered in relation to children and the role it plays in supporting children to handle life's various stressors and responsibilities.

#### **i. Career adaptability: A working definition**

Brown (2015) defines career adaptability as the individual's ability to adapt to unending change that is associated with the labour market, organisations of work, and underlying occupational and organisational restructuring. Taber and Blankemeyer (2015) argue that career adaptability can be regarded as a self-regulatory process whereby an individual is enabled to cope with a variety of career developmental changes, transitions, and work trauma. Career adaptability can be thought of as a resource according to Zacher, Ambiel, and Noronha (2015), who state that career adaptability supports individuals during challenges and changes, and it enables

individuals to fit in with their (work) environment. Rossier (2015) agrees with these definitions and believes that career adaptability is a resource that supports individuals throughout life. He adds that career adaptability may enable individuals to make some sort of impact on the environment and modify it according to their own needs. We can subsequently conclude that it is a self-regulatory support system that enables individuals to cope with a variety of career development challenges and to successfully adapt to their work environment.

Life-design counselling aims to increase career adaptability through increasing the five C's of the CCT, namely *concern*, *control*, *curiosity*, *confidence*, and *commitment* (Savickas *et al.*, 2009; Savickas & Porfeli, 2012). Hartung (2013) defines four rather than five dimensions of career adaptability, namely *concern*, *control*, *curiosity*, and *confidence*. Savickas (1997) in turn argued that the aforementioned dimensions form part of career adaptability, which shapes and propels individuals in times of transition, trauma, and adaptation to changing environments. The four dimensions referred to above, also known as 'vocational meta-skills' (Briddick & Sensoy-Briddick, 2017; Obschonka, Hahn, & Bajwa, 2018, p. 3), are next considered individually.

#### **a. Career concern**

*Career concern* can be seen as an adaptive strategy that emphasises people's consideration of their context in a purposeful, proactive, and future-oriented manner (Porfeli & Savickas, 2012; Ramos & Lopez, 2018, p. 73). Career concern therefore focuses on how individuals approach planning for the future, as well as their optimistic and hopeful attitudes during this process (Hartung, 2013). McLennan, McIlveen, and Perera (2017) define concern as individuals' positive commitment to their respective careers, while Guan *et al.* (2017) refer to career concern as preparing for the future. Del Corso (2013) states that in order for individuals to experience a degree of career concern, they have to have a degree of self-awareness and concern about their careers as well as their futures. A lack of career concern can be due to a) alternative income i.e. government assistance, illegal activities, or various other benefit programmes or incentives, or b) an overt focus on the here and now and a general sense of passivity (Del Corso, 2013; Rossier, 2015). Career concern ultimately necessitates that individuals exhibit awareness of the future and their careers, and that they ultimately orient themselves to plan and be prepared for such a future.

### **b. Career control**

Once individuals exhibit concern about their careers, they have to engage in controlling their careers – which entails seeing them as manageable and something over which they can exert control (Ginevra *et al.*, 2018; Rossier, 2015). Career control involves the degree to which individuals engage and exercise control over their careers by taking control of their thought processes, determination, attitudes and beliefs, and by demonstrating the ability to be assertive and disciplined in their future career planning (Del Corso, 2013; Rudolph, Lavigne, & Zacher, 2017). Individuals have to start taking control of and actively manage and take responsibility for their own careers, as various psychological and sociological aspects influence their careers (Kaspi-Baruch, 2016). Career control is influenced by the environment around individuals (see section 2.2.1), as well as by various psychological factors such as “self-defeating thoughts, external locus of control, and a person’s sense of determination and agency” (Del Corso, 2013, p. 123) (see section 2.2.2). Career control, in essence, involves individuals taking control over their future careers and believing that they are able to exert a degree of control and assertiveness over their environment (Porfeli & Savickas, 2012).

### **c. Career curiosity**

Career curiosity can be seen as the act of exploring one’s self-knowledge (identity) as well as gathering occupational information (career options) to achieve a greater sense of self (Del Corso, 2013; Ramos & Lopez, 2018). Rossier (2015) postulates that having a sense of curiosity about one’s career allows individuals to not only ensure a better fit between the self and the working environment, but also to enhance one’s knowledge and develop new competencies. In responding to different challenges, dispositions such as curiosity, resilience, risk taking, experimenting, and inquiring have to be evident in order to ensure that individuals develop a self-concept that is cohesive rather than fragmented (Briddick & Sensoy-Briddick, 2017; Porfeli & Savickas, 2012; Brown, 2015). Career curiosity involves individuals exploring their sense of self in different roles/careers, seeing themselves as the only stable and consistent factor in their lives, and not relying on structures and/or organisations to impart a sense of identity onto them (McLennan *et al.*, 2017). Career curiosity ultimately entails a greater sense of what motivates or ‘drives’ individuals, and it considers life themes and the

impact that life narratives have on people's needs, interests, and values (Brown, 2015; Del Corso, 2013; Rossier, 2015).

#### **d. Career confidence**

Self-efficacy plays an important role in allowing individuals to establish a sense of self-confidence and to overcome obstacles in their effort to actualise aspired career goals (Rossier, 2015). Career confidence requires that individuals believe in their own ability to solve problems and manage their anxiety when working through occupational difficulties (Rossier, 2015; Savickas, 2005). According to Savickas and Porfeli (2012), career confidence is established when individuals trust themselves to successfully adapt to and overcome barriers and external stressors, and its primary focus is on how individuals approach stressors. Del Corso (2013) agrees and views career confidence as the ability of individuals to adapt to various jobs/careers over their life span, while focusing on developing 'transferable' (p. 126) skills. Ramos and Lopez concur that career confidence can be viewed "as a person's perceived efficacy in successfully implementing and executing a vocational plan" (2018, p. 73). Career confidence is therefore the belief in one's own ability to overcome barriers and actualise career goals, regardless of external stressors and/or barriers.

#### **ii. Career adaptability and resilience**

As discussed earlier, career adaptability refers not only to an inherent resource that supports individuals in coping with a variety of changes within their environment, but also to a sense of having an impact and being able to modify one's personal environment. Career adaptability is increasingly being conceptualised as a "multi-dimensional construct" (Bimrose & Hearne, 2012, p. 339), with similarities to flexibility, employability, and resilience (the ability to cope with stressful situations), which can be thought of as a "set of cognitive, emotional, and social skills" (Rossier, 2015, p. 156). When investigating the interplay between career adaptability and career resilience, literature draws a line between positive and negative career shocks, both of which demand the constructs of career adaptability and resilience to be present to guarantee effective career development (Briddick & Sensoy-Briddick, 2017; Seibert, Kraimer, & Heslin, 2016). Seibert *et al.* (2016) argue that both positive and negative career shocks exert pressure on individuals, and thus career adaptability and career

resilience must be inherently present to allow individuals to effectively plan and manage their careers.

Rossier (2015) theorises that career resilience refers to an individual's ability to cope, which is influenced by his/her adaptability, regardless of whether the person's environment is influenced by positive or negative career shocks. In their longitudinal study, Bimrose and Hearne (2012) aver that the concepts of resilience and adaptability are equally important in career development and neither should be ignored. Maree (2017) argues that the life-design paradigm emphasises both concepts in terms of how individuals create their careers. Bowles and Arnup (2016, p. 159) confirm this relationship and state that "there is a strong link between resilience and adaptability". They also believe that if either of these intrinsic constructs are missing or underdeveloped, individuals will struggle to adapt to stressful environments.

### **iii. Career adaptability during childhood**

*"Engaging children in movement toward key life design goals of activity, adaptability, narratability, and intentionality becomes especially salient and important in the 21<sup>st</sup> century."* (Hartung, 2015, p. 99)

Maree (2018) laments the fact that, despite our understanding of the importance of childhood experiences for the individual's career choices and decisions, career counselling still does not receive worthwhile attention during the early childhood years. When we consider the 'vulnerability' and increasing unpredictability of careers in the 21<sup>st</sup> century, it is clear that the emphasis has changed. Individuals are forced to be more adaptable in managing change and successfully dealing with multiple repeated transitions throughout their lives (Briddick *et al.*, 2018; Maree, 2017, 2018; Peila-Shuster, 2018). Maree (2018) proposes that career counselling (career adaptability being part of career counselling) be extended to include counselling during the childhood years so as to inform and support children in creating and constructing potential work-life identities. This will help them negotiate the challenges they will experience in future, and ultimately turn those challenges into opportunities.

The introductory quote by Hartung highlights the realisation that adaptability, as an aspect of career development, begins to develop already during childhood when it supports children to handle the challenges and responsibilities of life (Briddick *et al.*, 2018; Hartung, 2015). The argument is subsequently made that career adaptability

should be cultivated from an early age in terms of the four dimensions (as discussed in section 2.2.3.1) as it amplifies children's ability to cope with changes and stressors in the environment as well as to subsist in the presence of fears relating to their future careers (Ginevra *et al.*, 2018; Hartung, 2015). Peila-Shuster (2018) also endorses the aforementioned views on the importance of career adaptability during childhood. However, she takes the argument a step further and claims that career adaptability does not only support children in preparing for future careers, but also to cope with the changes that occur in their relationships and identities (Peila-Shuster, 2018). Due to the changing environment, children no longer have the freedom to explore, but are forced into life trajectories that require from them to engage, explore, and problem solve so as to design careers that are in line with their cultural and community values (Hartung, Porfeli, & Vondracek, 2008; Peila-Shuster, 2018).

Emphasising career adaptability in the childhood years holds a clear benefit for children, as it helps them to complete their developmental tasks at a higher level than their peers who were not exposed to career adaptability during childhood years (Hartung *et al.*, 2008). Focusing on career development and career adaptability also focuses on children's holistic development by taking into consideration their interests, skills, values, as well as the wider cultural and environmental context (Peila-Shuster, 2018). The importance of preparing for career adaptability during childhood is further highlighted by Yuen and Yau (2015) who found that children who have higher levels of career adaptability also report a greater sense of meaning in life. Fostering career adaptability during childhood plays a crucial role in supporting children to deal with various career-related challenges in a constantly changing environment. It enables them to construct not only resilient career trajectories, but also life trajectories. Enhancing their career adaptability allows children to become social actors, motivated agents, and autobiographical authors of their own lives and work-life trajectories. By increasing their career adaptability, which is a central emphasis of the CCT, children are empowered to produce their own development (Hartung, 2015).

### **2.2.3.2. Life-design framework**

Our lives and careers have changed drastically during the 21<sup>st</sup> century. Savickas *et al.* (2009) warn that when we consider career development, we should acknowledge the fact that continual reflections between the self and the environment are imperative to

ensure that careers are constructed in a meaningful manner. Historically, two fundamental processes were followed, namely the top-down and bottom-up processes (Duarte & Cardoso, 2015). The top-down approach used theory to give order and a logical explanation of reality, whereas the bottom-up approach used reality and lived experiences to inform theory (Duarte & Cardoso, 2015). The life-design framework, which is a combination of these two approaches and the latest with regard to narrative career counselling, allows individuals to construct future (career) narratives with the help of counsellors (Watson & McMahon, 2015).

Life-design counselling is based on social constructionism and emphasises the social environment, interactions, and experiences that individuals construct and derive meaning from (Cardoso, Silva, Gonçaves, & Duarte, 2014). Life-design counselling views life as continuous and supports individuals in negotiating the uncertainties of various transitions in life (Cardoso *et al.*, 2016; Savickas, 2015). Life-design emphasises intersubjective processes that aim to frame counselling and focus primarily on work- and career-related issues. In essence, the life-design paradigm can be seen as an intervention strategy that combines career construction and self-construction<sup>9</sup> (Di Fabio & Maree, 2012), and it can be characterised as a process that is life-long, holistic, contextual, and preventative (Di Fabio & Maree, 2013; Savickas *et al.*, 2009). The life-design framework can ultimately be viewed as a new paradigm that supports individuals to construct their careers by exploring the latter in relation to their broader life stories (Maree, 2013).

Di Fabio and Maree (2013) characterise life designing as being:

- a) *Life-long*: Peila-Shuster (2018, p. 425) claims that life design is not a “one-and-done effort” but should be approached as an ongoing process where one has to repeatedly engage in designing and re-designing your life. It should be seen as a gradual process where the individual constantly has to change in relation to the environment (Savickas *et al.*, 2009).

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<sup>9</sup> The primary difference between career construction and self-construction lies in the fact that career construction has a dynamic perspective of a person’s career and takes into account his/her specific experiences, memories, and future aspirations (Di Fabio & Maree, 2013). Self-construction has a more individualistic focus and primarily considers the role of the person’s identity and subsequent subjective identity forms (SIFs) (Di Fabio & Maree, 2013). Both career construction and self-construction aim to support individuals in examining their identities and sense of self in relation to their environments (Savickas *et al.*, 2009).



- b) *Holistic*: Life designing not only considers educational or occupational spheres but also acknowledges leisure and social relationships (Nota, Santilli, & Soresi, 2015).
- c) *Contextual*: The life-design framework takes both present and past contexts into consideration as the argument is made that a person's identity is formed in relation to the wider social and economic context (Di Fabio & Maree, 2013). All roles and people involved should be considered along with the various experiences and meaning that individuals derive from such experiences (Savickas *et al.*, 2009).
- d) *Preventive*: Life designing is fundamentally concerned with the future career and enhances people's ability to negotiate challenges before they arise (Savickas *et al.*, 2009). It aims to be preventive rather than to act in the middle of a crisis or transition, and subsequently enhances people's adaptability, narratability, activity, and intentionality (Savickas *et al.*, 2009).

Both Savickas (2009) and Maree (2013) refer to life designing as a paradigm that focuses on an individual's *adaptability, narratability, activity, and intentionality*. Career *adaptability* has already been discussed in the previous section, and will not be discussed here again. *Narratability* can be defined as a process where individuals identify their life themes through identifying their subjective identity forms<sup>10</sup> in an attempt to define who they are and narrate their life stories (Maree, 2013; Savickas *et al.*, 2009). Life design supports individuals in identifying these life themes as they are placed in an environment where they can reflect on their lives, where they can construct and reconstruct new, clear identities and where, in essence, they can rescript their life stories (Hartung, 2016; Maree, 2013, 2015b). *Activity* in life design refers to physically engaging with others, which brings about changes in our internal representations of ourselves and our identities in relation to others (Savickas *et al.*, 2009). *Intentionality* refers to an individual's ability to actively engage with the process of narrating their lives. Individuals who maintain intentionality during life design are able to engage with the process, unceasingly assess it and engage in alternative

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<sup>10</sup> Subjective identity forms (SIFs) can be defined as the view individuals have of themselves and also of others in relation to themselves. Individuals construct their life stories and life themes on ever-evolving SIF's which are reciprocally influenced by the environment (mother, student, husband, etc.). SIF's subsequently include "exploration of the self, exploration of the environment, exploration of the relationship between self and the environment, specification, and decision" (Savickas *et al.*, 2009, p. 245).

behaviour if needed, as well as gather information continuously before making decisions (Maree, 2013; Savickas *et al.*, 2009). Life-design counselling consequently aims to foster and enhance the above abilities within individuals, which brings about a continuous process of change and reflexivity in their journey of creating their own life stories and subjective identity forms (Savickas *et al.*, 2009).

Savickas *et al.* (2009) suggest that certain presuppositions are needed to ensure that 21<sup>st</sup> century life-design counselling develops and continually evolves, and this ultimately changes the direction of our thinking in relation to life-design counselling. These presuppositions are as follows: a) from traits and states to context; b) from prescription to process; c) from linear causality to non-linear dynamics, d) from scientific facts to narrative realities; and e) from describing to modelling. The first presupposition, namely *from traits and states to context*, refers to the fact that in vocational guidance our thinking patterns need to shift to ultimately inform our approach towards supporting clients during vocational guidance and the methods to be used. Clients have traditionally been viewed as a set of stable character traits and personality 'types', and based on this information, they were placed within an environment (person-environment fit) that best fitted their employability (Hartung, 2016; Savickas *et al.*, 2009). Nowadays it is believed that people should rather be seen as social actors, motivated agents, and autobiographical authors who are able to construct and organise their own professional identities (Hartung & Vess, 2016). Life-design counselling fulfils the shortcomings of traditional quantitative instruments and considers individual nuances in self-narratives as well as how this relates to their vocational identities (Di Fabio, 2016).

The second presupposition, *from prescription to process*, makes the statement that traditional career paths are no longer a viable option, as people are consistently and constantly changing jobs and careers (Cardoso *et al.*, 2017; Savickas *et al.*, 2009). Savickas *et al.* (2009, p. 242) state that "career models and counselling methods is therefore to focus upon strategies for survival and the dynamics of coping, rather than adding information or content." As counsellors, we need to focus on supporting our clients in the process of becoming adaptable, flexible, and resilient to increase their employability (Cardoso *et al.*, 2017). *From linear causality to non-linear dynamics* is the third presupposition, which advances the view that an individual's aptitudes and interests cannot predict his/her career development and/or career trajectories (Savickas *et al.*, 2009). Life-design intervention needs to be holistic and various

aspects need to be taken into consideration to allow individuals to be more adaptable and, in essence, to become experts at constructing their careers in a way that allows continual life designing. Vocational guidance as a ‘hit-and-run process’ can be seen as reckless and therefore life designing should be thorough, intricate and iterative, which engages the client to reach realistic outcomes.

The fourth presupposition, *from scientific facts to narrative realities*, speaks about continual construction of the self, which allows individuals to reinvent their sense of self – a sense of self that is unique to mainstream norms (Guichard, 2016; Savickas *et al.*, 2009). It therefore emphasises meta-competencies such as adaptability and identity in the process of making meaning and constructing careers, which in turn leads to different perspectives and life experiences (Di Fabio, 2016; Savickas *et al.*, 2009). Guichard (2016, p. 79) advances the idea of “liquid societies”, where the emphasis is on individuals creating ideological frameworks that give meaning to their lives. The final presupposition, *from describing to modelling*, describes the notion of continually evaluating the effectiveness of counselling. It is an aspect of life-design counselling that, according to Guichard, entails reflection from the counsellor and client in order to ensure sustainable development (Guichard, 2016; Savickas *et al.*, 2009).

In conclusion, life-design counselling should be viewed as a process that is holistic, life-long, and takes into consideration the wide eco-system in which individuals live. It allows individuals to be adaptable, flexible and resilient, as they construct both their sense of self and their careers within a postmodern society that is characterised by continual changes in the workplace. Life-design counselling subsequently emphasises narratives that individuals construct for their lives, as this creates meaning (Cardoso *et al.*, 2017). Narrative career counselling and how it relates to the framework of life-design counselling are discussed next.

#### **2.2.4. Narrative career counselling**

As discussed in the previous section, life-design counselling focuses on the flexibility and adaptability of individuals to ensure that they create work and life identities that can be changed and adapted as the environment changes. One aspect of life-design counselling is narrative counselling which, as an intervention, focuses on supporting individuals in narrating their lives and career stories. This ultimately leads to their constructing of a sense of self that acknowledges their identity and sense of self

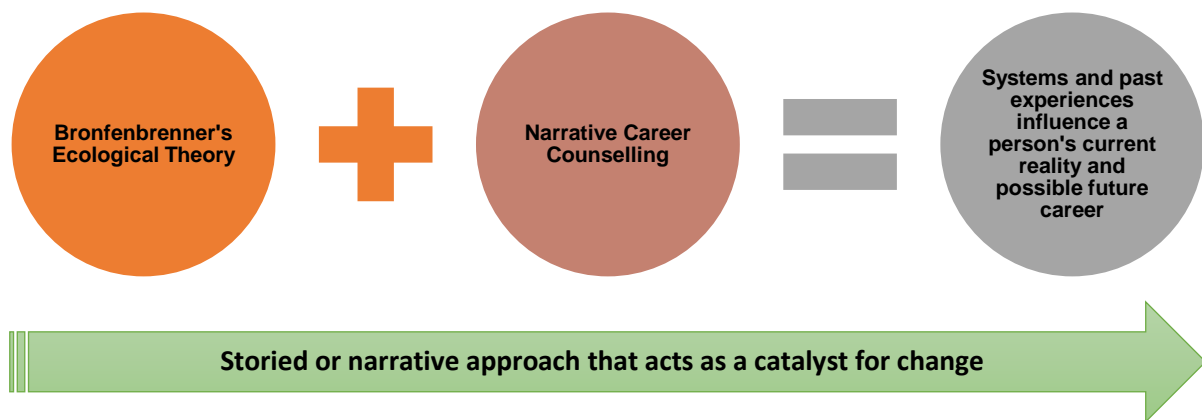
(Rehfuss, 2013). The narrative framework, as emphasised by life designing, focuses on individuals' unique and subjective career experiences and the meaning they assign to them. These experiences are continually shaped by the context in which they function (Maree, 2007).

The narrative or storied approach is grounded in social constructionism and views individuals as 'storied'. This is a remarkable shift from previous paradigms that viewed individuals and their career identities as consistent through objective career assessment scores (Cochran, 1997; Del Corso & Rehfuss, 2011; Maree, 2007, 2013). Narrative career counselling views individuals as central authors who construct and re-author their own lives and subsequent "narrative identities" (Cardoso *et al.*, 2014, p. 276). In an effort to provide some degree of definition and what exactly the narrative approach constitutes, McIlveen and Patton (2007, p. 5) made the following remark:

"Narrative career counselling emphasises subjectivity and meaning. It aims to facilitate self-reflection and elaboration of self-concepts toward an enhanced self-understanding that is subjectively and contextually truthful. It entails a collaborative process in which the client is supported in creating an open-ended personal story that holistically accounts for his or her life and career, and enables the person to make meaningfully informed career decisions and actions."

The relevance of the narrative approach lies in the fact that it allows individuals to critically evaluate events. In the process, they can evaluate how their perceptions about themselves are/were informed by their past experiences and recollections, and they can create a story that they can 'live out' in the future (Cochran, 1997; Del Corso & Rehfuss, 2011). Narrating our lives allows us to become cognisant of how the past influenced current struggles that support us in sustaining behavioural and vocational changes that were made to bring about identity change (Goddu, Raffell, & Peek, 2015). Maree (2012b) postulates that the fundamental premise underlying narratability in career counselling is to support individuals to identify prominent life themes that will enable them to start the process of healing themselves. Maree (2013) further suggests that narrative career counselling allows individuals to deal with the challenges facing them as these challenges are viewed as external or separate from the person. From a systemic perspective, narrative career counselling enables us to identify within our

context themes that influence our present and (possibly) future (career) identities (see Figure 4) (McIlveen & Patton, 2007).



**Figure 4: Narrative career counselling within an ecological perspective**

According to Del Corso and Rehfuss (2011) narrative career counselling signifies a paradigm shift in career counselling by seeing individuals as stories that can change, rather than as individuals who have fixed traits. Narrative counselling subsequently allows counsellors to address career-related challenges within a holistic context that takes into consideration the individual's traits, interests, needs, values, as well as subjective experiences and meanings (Del Corso & Rehfuss, 2011). Savickas avers that "such a career identity is a well-structured story, based on life themes, that explains how the self of yesterday became the self of today and will become the self of tomorrow" (Savickas, 2005, p. 58). Del Corso and Rehfuss (2011) believe that narrative career counselling focuses on enhancing and expanding individuals' stories, which is ultimately the core construct of life-design counselling as discussed earlier (Guichard, 2009; Savickas *et al.*, 2009; Savickas, 2011).

Maree directs our attention to the notion that career counselling by means of a storied approach aims to enhance an individual's self-efficacy. He states that "career construction counselling is thus a means of enhancing self-efficacy levels and independence, instilling a positive attitude, and fostering autonomy in clients – the very factors that can contribute to a decrease in career indecision" (Maree, 2016, p. 175). Career counselling and narrative counselling, in essence, promote a storied approach where people narrate their careers and life stories and intentionally seek to fulfil their narrated stories (Maree, 2014). Storytelling has also been found to be beneficial to the individual's health, especially individuals who use narratives/stories to describe

significant incidents in their life and the impact these incidents had on them (Lee, Fawcett, & DeMarco, 2016). Narrative career counselling also views individuals' lives as stories that can continually be re-authored, and it expands our capacity to consider alternative career and life identities while we act as 'authors' and 'readers' of our own narratives (Androutsopoulou, 2013; Lee *et al.*, 2016).

#### **2.2.4.1. Narrative counselling and childhood**

When writing about narrative career counselling, most articles curiously exclude young children and predominantly incorporate teenagers or individuals who are on the brink of making the transition from secondary to tertiary education or the larger economic arena. Young children are often not included in this cohort or sample population (see Section 2.2.3.1., iii – Career adaptability during childhood), meaning that career counselling during early childhood years does not receive the attention it deserves.

The importance of narrative career counselling during childhood is twofold. Firstly, it emphasises children<sup>11</sup> as authors of their own lives who can narrate future stories by incorporating past and present experiences. Secondly, children are supported in designing their future (career) identities and this supports them during life and career transitions (Human & Human, 2016). Maree (2018b) posits that parents should always acknowledge and promote their children's ability to voice their own narratives as it will empower them to deal with repeated changes in their career lives. Maree (2018b, p. 433) further distinguishes between three layers of children's narrative identities or the self:

- The first layer, known as the *social actor*, refers to the strengthening of personality traits (patterns of thinking and acting). This allows them to enter into the world and subsequently their first years in formal schooling.
- The second layer, known as the *motivated agent*, signifies a phase where children begin to explore their interests and goals and engage in 'career-education'. This allows them to reflect on their own interests, develop values, and promote their ability to problem-solve.

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<sup>11</sup> Whenever reference is made to children in this dissertation, children between the ages of 9 and 14 years old are meant. This age range applies because the intervention in this study involved children between 9 and 14 years. The study also focused on whether or not career resilience can be enhanced among children in this age group as survivors of family violence.

- The final layer – the *autobiographical author* – signifies a phase where children start to engage with the process of narrating future career stories through making meaning of their lives and finding purpose in the career identities.

Narrative counselling during childhood allows individuals the opportunity to – in a non-confrontational and imaginative manner – develop life themes, take control of their lives (and situations) and construct a new identity with a better, more positive narrative for the future (Hartung, 2015; Shock, 2017). In adopting a narrative approach, we are supporting young children to coherently tell their stories and subsequently make sense of their experiences – especially children who experienced in the past or are currently experiencing traumatic life-changing events (Hartung, 2015; Hulusi & Oland, 2010). Maree (2018a, 2018b) supports the aforementioned view and states that allowing individuals to take autobiographical ownership of their lives helps them to navigate the constantly changing environment and aids them to design and live adaptable, successful lives.

Children's early experiences have a significant impact on their perceptions of social interactions, their emotional regulation ability, interpersonal relationships, as well as their flexibility (adaptability) in responding to their environment (Lundahl, Bettmann, Hurtado, & Goldsmith, 2014). As with adults, children can be seen as 'experts' or authors of their own stories who assign meaning to their experiences in the various ecological systems where diversity exists (Maree, 2007; Maree, Ebersöhn, & Molepo, 2006). Hartung (2015) agrees with this view and asserts that children should be encouraged to start creating their life stories as early as possible as a way to substantiate who they are becoming and ultimately to achieve career success. It is important to acknowledge the fact that children should be motivated, active agents of their narratives or stories if actualisation of their narratives is to be achieved (Maree, 2007). The importance of narrative counselling during childhood is expressed in its ability to support children to take control of their life stories and construct newer, healthier ones. This approach is especially applicable to children who are or have been exposed to domestic violence. Narrative career counselling is not an individual process but rather a process where the counsellor, as the 'audience' (Reh fuss, 2013, p. 64), supports children by reflecting their stories and life themes back to them.

### 2.2.5. Career resilience

*Resilience is always associated with stress, is a process and not a static or unchangeable trait and includes the potential for personal recovery and growth (Myers, Rogers, LeCrone, Kelly, & Scott, 2016, p. 2).*

Over the past decade, career resilience was studied in various ways and within various fields including psychology, medicine, nursing, and entrepreneurial development (Myers *et al.*, 2016). From a phenomenological point of view, career resilience has attracted increased attention over the past few years, but research focusing on career resilience within a career development context still falls short (Bimrose & Hearne, 2012; Lyons, Schweiter, & Eddy, 2015; Probst, Boylan, Nelson, & Martin, 2014). The need to increase research on career resilience is confirmed in current research which suggests that research needs to focus on the relationship between career resilience and minimise the effects of ecological risks on individuals' career development (Kodama, 2017). Focusing on career resilience can potentially provide us with a better understanding of how individuals can thrive despite distressing circumstances. It could also provide us the opportunity to enhance resilience in those who are experiencing trauma (i.e. family violence), and ultimately enhance career resilience in these survivors of trauma.

#### 2.2.5.1. Career resilience: Towards a working definition

Bimrose and Hearne (2012) conceptualise career resilience as protective factors<sup>12</sup>, the ability to cope with adversity, and the motivational forces that drive individuals towards self-actualisation and the consolidation of fragmented identities. Abu-Tineh (2011) explains that career resilience should rather be viewed as a dynamic developmental process than as an inherent personality trait we are born with. The aforementioned is supported by the American Psychological Association<sup>13</sup> who states that resilience can be thought of as a process of adapting when a person is confronted with adverse circumstances, trauma, and/or stressors (American Psychological

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<sup>12</sup> Johnson and Down (2013) define protective factors as the individual's interpersonal relationships, connectedness, self-efficacy, problem-solving skills, degree of social competency, future orientation, and a sense of achievement.

<sup>13</sup> The following website could be consulted for a more in-depth discussion on resilience from the perspective of the American Psychological Association, (<https://www.apa.org/helpcenter/road-resilience>).



Association, n.d.). Moffett, Matthew and Fawcett (2015) assert that resilience is much more than recovering from adversity, and it rather involves maintaining one's equilibrium during times of disruptive and/or discouraging circumstances. Despite negative, challenging, stressful or traumatic events and circumstances, people are still adaptable and able to function effectively. Career resilience can therefore be viewed as a personality trait or construct that enables individuals to prosper despite challenging environmental factors that cause career disruptions, and it supports them to find a new 'self' that is more capable of navigating the current situation (Abu-Tineh, 2011; Bimrose & Hearne, 2012; Pouyaud, Cohen-Scali, Robinet, & Sintès, 2017).

Coetzee, Mogale, and Potgieter (2015) define career resilience as an individual's ability to swiftly bounce back from challenging circumstances and to also thrive, mature, and increase personal competencies despite these circumstances. Lyons *et al.* (2015) postulate that resilience should be seen as an individual's response to threat or risk and not necessarily as a response to trauma, because being resilient can be defined as the opposite of being vulnerable – it is therefore seen as “psychological capital” (p. 365). Resilience can be conceptualised as an interdependent set of virtues and/or qualities that support individuals' psychological health and positive adaptation in the midst of disorder, trauma, and trauma-related symptoms (Lengelle, Van der Heijden, & Meijers, 2017; Nakkula, Foster, Mannes, & Bolsrtom, 2010; Ungar, 2011, 2013a).

Ebersöhn (2012) in her writings on career resilience objects to the notion that most definitions of career resilience neglect to incorporate chronic, dangerous, and traumatic environmental factors with which we are so often faced in a South African context. She argues that in grasping the holistic effects of chronic trauma, violence, poverty, barriers to education, and limited social skills, we are able to gain better insight into the parameters of career resilience within a South African context (Ebersöhn, 2012). Career resilience for the purpose of this thesis was subsequently defined as “individuals' resistance to career disruptions in a less than optimal environment” (London, 1983, p. 621), as well as their ability to bounce back from adversity, chronic trauma, violence, poverty, barriers to education, limited social skills, and any personal, relational, and/or socio-ecological stressors (Ebersöhn, 2012; Mishra & McDonald, 2017; Myers *et al.*, 2016, p. 3).

### **2.2.5.2. Career resilience: A protective factor in changing career environments**

As discussed in previous sections, careers in the 21<sup>st</sup> century are no longer stable, and this situation requires of individuals to be adaptable and resilient in order to “remain productive, purposeful, and gainfully employed” (Hartung & Cadaret, 2017, p. 16). Recent research suggests that we are currently finding ourselves in ‘liquid societies’ where individuals have to manage their careers in an environment that offers less and less stable employment conditions, and where they are required to adapt to this change in the career market (Rossier, Ginvera, Bollmann, & Nota, 2017). Although the concept of career resilience can be complex, especially when defining it from a personal as well as a corporate point of view, research indicates that career resilience is needed to enable individuals to successfully cope with and adapt to the changing vocational environment (Mishra & McDonald, 2017; Waddell *et al.*, 2015). Tomassini (2015) highlights transformational learning within career resilience as a way for individuals to adapt their existing viewpoints. They have to incorporate new perspectives as part of the “bouncing back” process (Tomassini, 2015, p. 276), which prepares them to handle the modernity of changing career environments. Shin and Kelley (2015) claim that resilience enhances individuals’ ability to maintain their equilibrium and also that it has proved to assist them in solving problems relating to career decision making. Career resilience supports individuals when they take action to maintain a high level of performance while dealing with failures, professional disappointments, and changing circumstances or work environments (Pouyaud *et al.*, 2017).

According to Johnson and Dawn (2013), a protective factor in career resilience is the individual’s degree of self-efficacy. Recent research tends to agree with this viewpoint and expands on it, stating that career resilience is made up of three subdomains: a) self-efficacy; b) risk taking; and c) dependency (Lyons *et al.*, 2015; Mishra & McDonald, 2017). Individuals who display all of these traits in their careers are more likely to be career resilient than individuals who do not exhibit them (Mishra & McDonald, 2017).

### **a. Self-efficacy**

Self-efficacy can be defined as individuals' perceptions about their ability to perform well in a specific environment or with specific tasks and it has been shown to have a positive correlation with enhanced levels of career resilience (Clendon & Walker, 2016; Hodges, Keeley, & Troyan, 2008). Individuals with higher levels of self-efficacy are able to acquire new behaviours and change current behaviours more effectively than individuals with lower (or low) levels of self-efficacy. The latter group holds certain beliefs that can prevent them from performing a task (Baglama & Uzunboylu, 2017). Lyons *et al.* (2015, p. 366) state that self-efficacy comprises a person's

“self-esteem, need for autonomy, adaptability, internal control, need for achievement, initiative, need for creativity, inner work standards (i.e. being self-motivated to do quality work), and development orientation (i.e. the desire to expand one's skills or knowledge)”.

Baglama and Uzunboylu (2017) suggest that self-efficacy should enjoy more attention as part of career counselling, as a positive correlation has been found between career decision making, self-efficacy, and vocational outcome expectations. Self-efficacy has been proven to minimise or counter the negative effects of burnout and stress, and has also been positively linked to individuals' work satisfaction, which ultimately contributes to their career resilience (Bowles & Arnup, 2016).

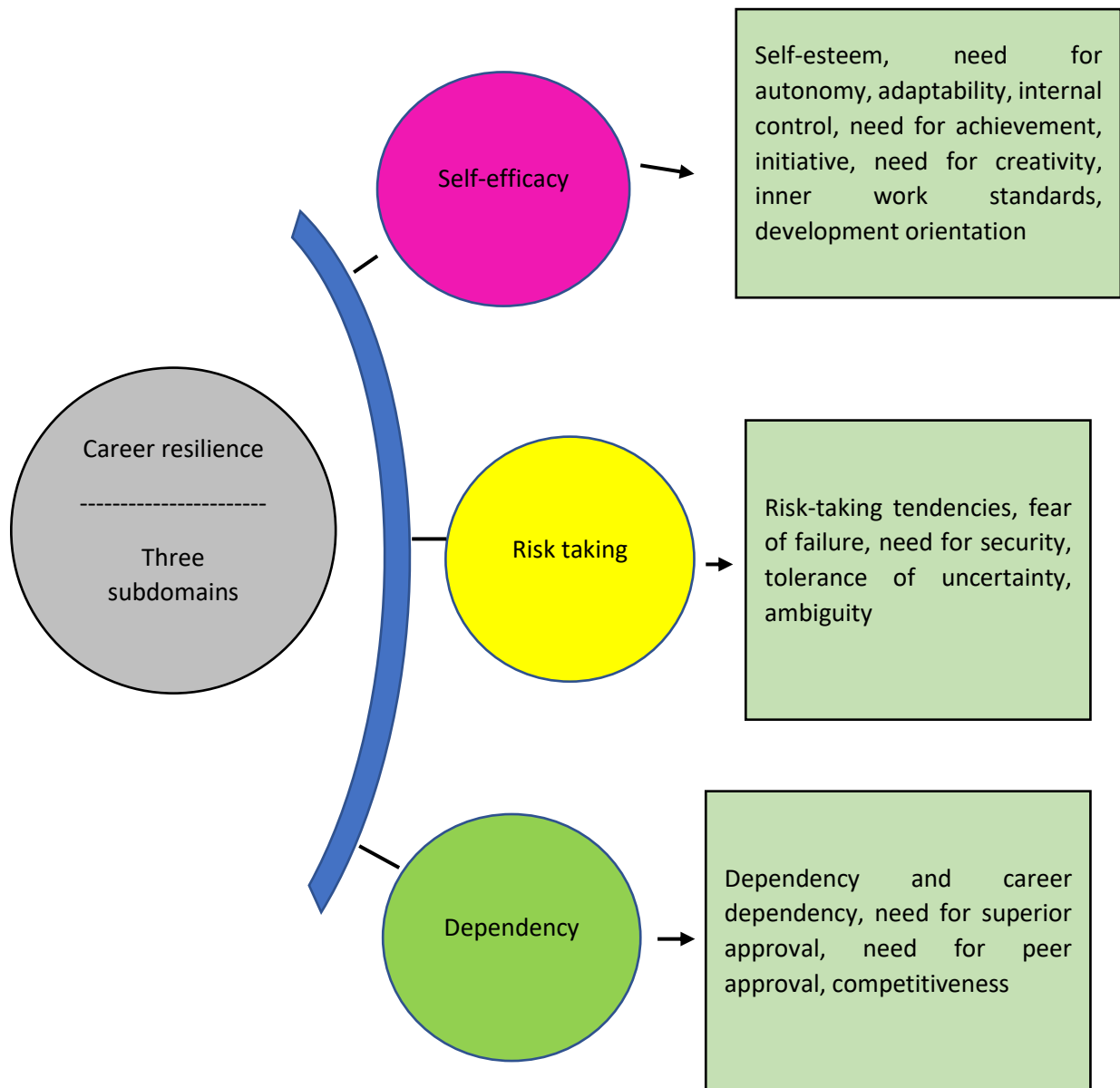
### **b. Risk taking**

Lyons *et al.* (2015, p. 366) state that higher levels of risk taking are associated with higher levels of career resilience and assert that risk taking involves “risk taking tendencies, fear of failure, need security, and tolerance of uncertainty and ambiguity”. Ongoing risk taking allows for an environment where continuous informal learning takes place and forms part of individuals' career curiosity (see Section 2.2.3.1. (i)(a)). This curiosity is associated with their coping behaviours and their ability to successfully handle “occupational transitions and traumas” (Hartung & Cadaret, 2017; Pouyau *et al.*, 2017; Vilhjálmsson, 2017, p. 377). Although research in this subdomain of career resilience is extremely limited, it does seem to support the notion that higher levels of risk taking will lead to higher levels of career resilience within individuals, as it ultimately decreases the risk of failure (Ferrari, Sgaramella, Santilli, & Maggio, 2017; Mishra & McDonald, 2017).

### **c. Dependency**

Dependency as the third subdomain of career resilience according to Mishra *et al.* (2017) essentially refers to an individual's dependency on or need for approval from others. Lyons *et al.* (2015, p. 366) add that "dependency includes career dependency, need for superior approval, need for peer approval, and competitiveness". According to Ferrari *et al.* (2017), dependency implies that people – especially vulnerable people – often respond positively when they are encouraged to increase their competitiveness in the world of work and their involvement in labour markets and social circles to co-construct a better future.

The diagram below is a representation of the different subdomains of career resilience (Lyons *et al.*, 2015, p. 366):



**Figure 5: Subdomains of career resilience**

From a developmental perspective, the importance of career resilience is highlighted in the exploration of the effects and influences of early life experiences. As mentioned in section 2.2.3., Super’s life-span, life-space theory considers how individuals developed and grew over their life span with regard to self-concept and career choices (Hartung, 2013; Hartung & Vess, 2016). Super’s lifespan, life-space theory contends that career development commences in childhood during which individuals have to be adaptable in order to master and overcome significant life events to ensure efficient career development (Maree, 2018a, 2018b). The significance of Super’s theory, when considering career resilience in children, is clearly emphasized and highlighted by the way it ensures that individuals develop a degree

of insight into the occupational world which also give way to the process of life-design (Maree, 2018a, 2018b).

To summarise the available research, it seems that enhancing career resilience as a protective factor supports individuals' career development through cultivating internal constructs such as a positive self-image, self-confidence, problem-solving skills, and a sense of control (Ferrari *et al.*, 2017). There is always an erroneous tendency to assume that successful career trajectories and career narratives are only available to people without disabilities. Career resilience, however, is applicable both to individuals with and without disabilities and it allows them to strengthen an internal locus of control which, through previous research, has been positively associated with high levels of career resilience (Lyons *et al.*, 2015). Individuals with disabilities and high levels of career resilience are more likely to reach work goals and less likely to drop out of school or stressful work environments (protective factor). They are also more likely to cope with challenging professions (promoting factor), and more likely to acquire or enhance other aspects of career resilience such as career adaptability (career design resources) (Ferrari *et al.*, 2017). Career resilience can thus be viewed as a protective factor that supports individuals who find themselves in the midst of hardships. Career resilience as a 'meta-competence' shares an intricate relationship with career adaptability, enhances the way in which people transition between careers, and promotes healthy life and career trajectories (Glavin, Haag, & Forbes, 2017; Pouyaud *et al.*, 2017, p. 48).

### **2.2.5.3. Career resilience and employability**

The notion that the employment and career-related market is changing, is acknowledged and accepted globally. Likewise, the importance of assisting individuals to become employable has been thoroughly emphasised. The term 'employability' refers to individuals increasing their propensity to be employed through increasing attributional and personal skills such as (but not limited to) positive affect, being proactive, having self-regulatory resources (adaptability and career resilience), as well as education and training (Rossier *et al.*, 2017). Di Fabio (2017, p. 110) defines the evolution of employability as "moving from maintenance of work through personal resources, attitudes, and meta-competencies to external factors and the focus on personal values, work meaning, and the well-being of individuals". Becoming

employable is crucial to individuals who pursue higher levels of career resilience, as work-holding environments are either declining or no longer exist for individuals to establish long-term careers within the same organisation or working environment (Maree, 2017b).

Maree (2017b, p. 7) avers that employability as part of career resilience is a combination of individual and environmental factors that are relevant across various “organizational, social, economic, and political structures”. In order for individuals to enhance their degree or level of employability, they need to nurture behaviours that could increase subjective well-being and, in the process, support them to engage in adaptive behaviour(s) that may help them to be proactive in an ever-changing organisational environment (Rossier *et al.*, 2017).

In summary: I recognise that resilience as an umbrella term refers to individuals’ ability to bounce back and/or maintain equilibrium in their personal lives. Career resilience implies much the same with the focus being on the career environment and the adversities that individuals face throughout their careers. Taking the discussions thus far into account, I realise that (career) resilience focuses on the ability of individuals to maintain their professional and personal equilibrium despite challenging environments and/or circumstances that have the potential to disrupt their careers and personal lives. I furthermore comprehend that within a South African context, career resilience requires amplified investigation in order to understand and grasp the cumulative effects that the unique socio-economic influences have on individuals’ career resilience. In the next section I shall discuss the relationship between career resilience and family violence.

#### **2.2.5.4. Career resilience and family violence**

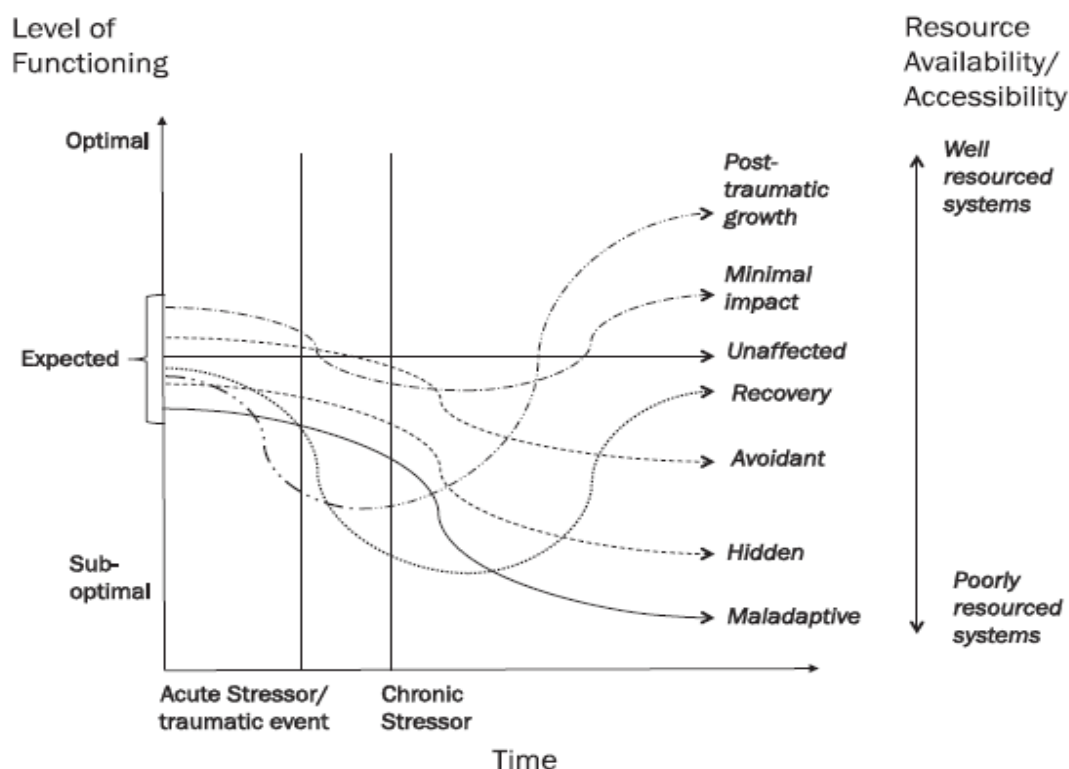
Modern society has over the past decade changed fundamentally, which is evident within the family structure and from the numerous hardships that children have to suffer (Zolkoski & Bullock, 2012). Because of the increasing instability within family structures, Zolkoski and Bullock (2012, p. 2295) emphasise the importance of identifying “at-risk” children, more specifically the factors within their environment that are increasing their vulnerability. Children, as part of the larger family unit, are mostly dependent on their parents’ ability to act as protective factors during times of stress and/or adversity – which has a great impact on the family unit as a whole and on

individual resilience (Ungar, 2013b). There is a direct correlation between the levels of children's resilience, the quality of their environment, and the number of protective factors that exist within that environment (i.e. emotional regulation, family and community support, the family environment, and level of family cohesion) (Zolkoski & Bullock, 2012). If children's level of resilience is influenced predominantly by the ability of their family structure to deal effectively with adversity and/or factors that affect the stability of the family unit, then we begin to comprehend the possible detrimental effects that family violence, as a risk factor, has on children's development and level of (career) resilience. Ungar (2015) promotes this viewpoint, positing that research has proven that the family structure is an important factor and foundation in children's lives, especially in terms of how well the family unit can access resources to deal with adversity (Ungar, 2015).

Ungar (2015, p. 20) defines family resilience as "a multilevel process of interaction between families and other systems in complex or challenging environments that facilitates a family's capacity to cope with adversity over time". Risk factors influencing the level of resilience within families are finances, unemployment, socio-economic status, stress, etc. – which all have an impact on the level of hostility between partners (Copp, Giordano, Manning, & Longmore, 2016). Ungar (2015, p. 21) maintains that literature has identified various factors that play a role in family resilience, namely "posttraumatic growth, minimal impact resilience, unaffected coping, recovery, avoidant behaviour, hidden resilience, and maladaptive coping". The family unit can thus be viewed as a protective factor or a risk factor that has an important role to play, not only in purposefully developing resilience within the family, but also in inadvertently developing individual resilience as part of the process.

In the next section I will systematically discuss the impact of family violence on children's development and career resilience. Figure 6 below offers a visual representation of Ungar's seven resiliency factors.





### 2.2.6. Family violence

The study in hand focused primarily on enhancing the career resilience of individuals who are exposed to family violence. Family violence, as a social phenomenon, has been chosen because of the damaging effects it has on both the career resilience of individuals within families, as well as on the family unit as a whole. Family violence influences not only the individual's (career) resilience, but also the his/her development, overall health, behaviour, psychological and emotional stress levels, attachment, and social interaction with other individuals (Bunston *et al.*, 2017; Pernebo & Almqvist, 2017). Despite various forms of legislation, domestic violence still increases on a yearly basis where children either witness or are the victims of family violence. In many cases, these children then grow up to be the alleged perpetrators of family violence and/or intimate partner violence (IPV) (Pretorius *et al.*, 2012). Despite all the existing laws and new legislation, family violence remains an overwhelming and complex social issue in our wider socio-ecological environment, and according to Asen and Fonagy (2017), this leads to a situation where the family environment becomes a danger zone or "minefield" (p. 6).

IPV can be defined as the violence between two parents or caregivers, and according to numerous researchers (MacMillan, Wathen, & Varcoe, 2013; Mahenge, Stöckl, Mizinduko, Mazalale, & Jahn, 2018), children who hear, witness and/or personally experience such incidents suffer trauma that can be classified as part of adverse childhood experiences (ACEs)<sup>14</sup>. IPV is detrimental to individuals' development and it influences their functioning as adults in a variety of areas. For instance, they struggle to construct relationships with others and use violence as a way of resolving conflict. IPV also causes maladaptive behaviours as well as reduced cognitive and academic ability among children, and as adults, they are at a greater risk of becoming victims of violence (Latzman, Vivolo-Kantor, Clinton-Sherrod, Casanueva, & Carr, 2017; Pietri & Bonnet, 2017). Holden (2003, p. 152) remarked that the dynamics of IPV involves much more than merely a child witnessing the violence between parents or partners, and consequently proposed the following taxonomy of IPV:

“This taxonomy outlines specific types of exposure, each falling into one of the four broad dimensions of prenatal exposure (i.e. real effects on the fetus or mother's perception that the prenatal IPV had effects on their fetus), direct involvement (i.e. child intervenes, participates in, or is victimized during the incident), direct eyewitness (i.e. child observes the incident), and indirect exposure (i.e. child overhears the incident, observes initial effects, experiences the aftermath, or hears about it)”.

A recent study completed on the needs of children exposed to domestic violence found that in most cases where family violence is present, children are the unnoticed or 'silent' victims (Clarke & Wydall, 2013). Studies show that children who live in a home environment characterised by familial violence are more likely to experience physical abuse themselves than children who are not exposed to such an environment. They are also more likely to exhibit “attention bias” (Briggs-Gowan *et al.*, 2015, p. 1194; Clarke & Wydall, 2013). Briggs-Gowan *et al.* (2015) explain that attention bias in the context of family violence refers to children who, because of prolonged exposure to family violence, have developed an abnormal sensitivity to any trigger or threat of

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<sup>14</sup> Adverse childhood experiences (ACEs) can be defined as any negative experiences that a child goes through before the age of 18 years (Mahenge *et al.*, 2018). ACEs are classified as entailing the following: “abuse (physical, sexual, and emotional abuse), household challenges (violence, mental illness, parental separation, and availability of a criminal household member), and neglect (either physical, or sexual neglect, or both)” (Mahenge *et al.*, 2018, p. 159).

violence. They may also enter a hypervigilant state when exposed to mild forms of violence or aggression (i.e. angry faces or pictures). Fotheringham, Dunbar, and Hensley (2013) provide evidence and subsequently support the above literature by highlighting that children are significantly affected, both as witnesses to family and/or parental violence and as direct victims of abuse or neglect. Wong (2015) argues explicitly that the effects of IPV and/or family violence on children should not be underestimated, as studies have shown that various forms of abnormal behaviour are associated with exposure to such events.

Thiara and Humphreys (2017) emphasise the fact that the effects of family violence remain prevalent, even after the perpetrator is no longer present in the family. Family violence therefore has a binary effect in the sense that the perpetrator still has an influence or exercises coercion or control over the victim(s), either through physical violence or the legacy of violence (Hamberger, Larsen, & Lehrner, 2017; Thiara & Humphreys, 2017), which affects their daily psychological health. A positive correlation has been found between the level of family violence and the level of a child's resilience, which supports the theory that factors such as parenting ability and effectiveness, as well as the mental health of parents, play a role in the degree of resilience that individuals develop to effectively handle IPV and domestic violence (Graham-Bermann, Gruber, Howell, & Girz, 2009; Khodarahimi, 2014). IPV and domestic violence negatively influence an individual's ability to construct a resilient life and research has shown that children who are chronically exposed to such circumstances (which are typically associated with families in resource-constrained settings), often turn to street life due to familial conflict and abject poverty (Embleton, Mwangi, Vreeman, Ayuku, & Braitstein, 2013).

Research by McFarlane, Symes, Binder, Maddoux, and Paulson (2014) indicates that the effects of family violence can transfer to subsequent generations (i.e. have an intergenerational impact), which means that children who are affected by family violence runs a high risk of experiencing growth and developmental delays as well as dysfunctional behaviour. Due to the complexity of the phenomenon of family violence, the current study combined three different theoretical frameworks to use as the lens through which to interpret family violence as well as its effects on the individual, namely the family life cycle, the Duluth Power and Control Wheel, and the cycle of abuse. These theories/frameworks allowed us to thoroughly conceptualise the

influences of domestic violence on children and to determine the impact it has on their psychological functioning. The three theoretical frameworks are discussed next.

### **2.2.6.1. The family life cycle (FLC)**

The family life cycle was introduced into marriage and family therapy by Carter and McGoldrick who maintained that the framework neatly conceptualises not only the dynamic movement of intergenerational family structures, but also the individual life cycle, which is embedded within the broader multigenerational life cycle (Carter & McGoldrick, 1999). The FLC has since gone through a number of ‘facelifts’ and is presently used by a variety of family therapists. According to Walsh (2012) the FLC framework supports counsellors in investigating symptoms and dysfunctions within a systemic context over an extended period of time. Walsh (2012) recommends the model and its usefulness in guiding therapeutic interventions through understanding how people evolve in their own lives within the context of the family. Berge, Loth, Hanson, Croll-Lampert, and Neumark-Sztainer (2012) summarise the FLC as comprising of six normal developmental stages: a) leaving home: the single adult; b) the joining of families through marriage: the new couple; c) families with young children; d) families with adolescents; e) launching children and moving on; and f) families in later life. Walsh (2012) states that the FLC involves the individual, the family, and the sociocultural context, which can be defined along two dimensions: firstly, the vertical axis that focuses on the history, and secondly, the horizontal axis that focuses on the developmental and unfolding aspects of the family (see Figure 6).

Walsh (2012) states that for individuals, the vertical axis can refer to their biology (temperament, genetic disabilities, genetic makeup), whereas the horizontal axis relates to the individual’s emotional, cognitive, physical, and interpersonal development. Various literature over the years has faulted the FLC for not being applicable to the natural development of blended families, for ignoring rather than supplementing social class, and for failing to address the diverse range of family systems in the modern world, which renders it useless (Kumar, 2017; Veal, 2015). Kumar (2017) argues that the FLC was developed for nuclear families and in modern society where there is an increasing number of blended families, he proposed a blended family life cycle (BFLC). The family life cycle is based on the ‘traditional family’, which carries certain associations of which we firstly need to reconsider ‘family’

as a construct and the meaning we associate with it (Kapinus & Johnson, 2003; Veal, 2015).

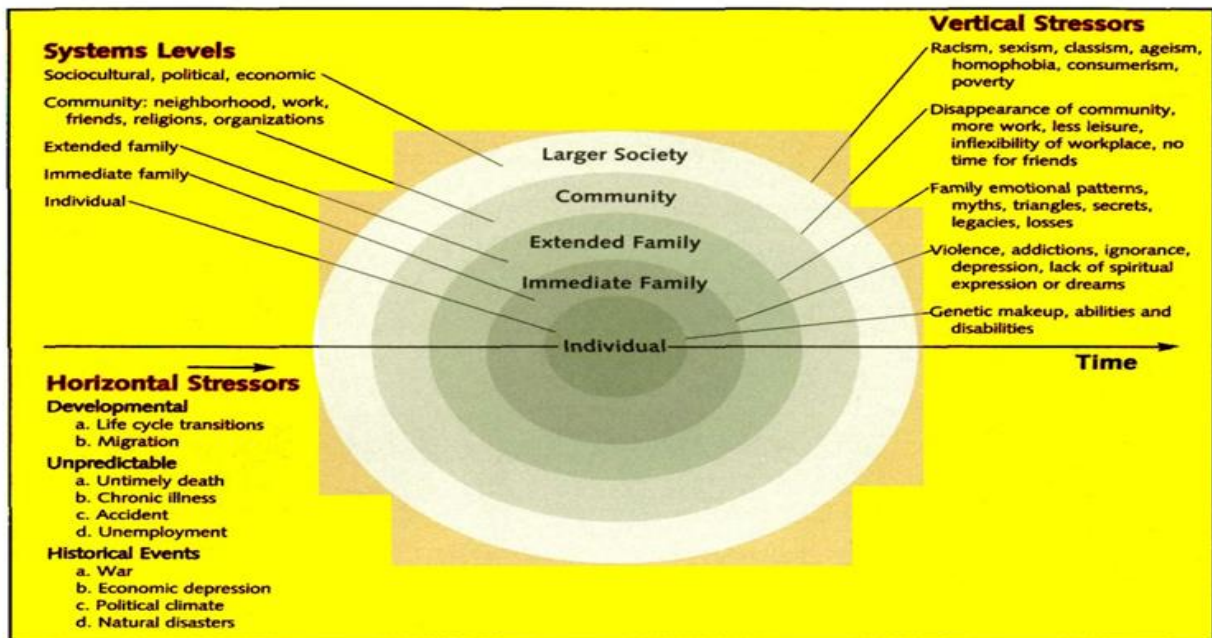


Figure. Carter and McGoldrick's flow of stress through the family. From *The expanded family life cycle: Individual, family, social perspectives* (p. 16), M. Carter & B. McGoldrick, 1999, Boston: Allyn & Bacon. Reprinted with permission.

### Figure 7: The Expanded Family Life Cycle (Walsh, 2012, p. 379)

Despite various points of critique that have been levelled against the FLC, especially with regard to social class and the changing family structure, it was still used in this study. The reason for its inclusion lays in the fact that the FLC supported me in identifying observable behaviour which I could then situate within a theoretical framework in order to supplement my research findings. The FLC framework was used in a supplementary manner to assist the researcher to better understand the variables that could lead to domestic violence as depicted by both vertical and horizontal stressors and the impact it had on the psychological health of children. Conceptualising each case study from this perspective, allowed me to gain greater insight into various causative aspects relating to domestic violence which, in turn, allowed the application of life-design-related counselling to be more effective. Building on the FLC is the Duluth Power and Control Wheel which is discussed next.

### **2.2.6.2. The Duluth Power and Control Wheel (PCW)**

Violence that takes place within the family is not just an act of aggression but in many cases involves the abuse of power – it is mostly the most powerful member who abuses the least powerful one in the family (Hamberger *et al.*, 2017). The Duluth Power and Control Wheel (PCW) was created by the Minnesota Domestic Abuse Intervention Project (DAIP) and provides an inclusive framework that allowed me to fully understand an array of tactics used during domestic violence and aimed at minimalising a partner’s autonomy and independence. According to Almeida and Durkin (1999) domestic violence has over the years been grossly underestimated and wrongly defined, but this situation has in their opinion been rectified. The PCW sheds light on the various dimensions of abuse used by the perpetrator to coerce and control other family members (Almeida & Durkin, 1999). It demonstrates that IPV involves a series of actions that abusers use to gain power and control over their partners (Chavis & Hill, 2009) – in order for the abuser to gain power and control, he/she uses eight different strategies. Once power and control have been gained, the perpetrator then uses physical and sexual violence to maintain power and control over the partner (Almeida & Durkin, 1999; Chavis & Hill, 2009; Rankine *et al.*, 2015).

Abuse has traditionally and predominantly occurred from the husband against the wife (i.e. man to woman), but as we progressed into the 21<sup>st</sup> century, the dynamics of abuse has changed and research indicates that men and woman report abuse equally, in reference to statistics (Hamberger *et al.*, 2017). This increase in the reporting of abuse has led researchers to realise that abuse is not necessarily one sided but could come from both parties, which means that both partners could be abusing each other (Hamberger *et al.*, 2017). Recent research argues that if both parties abuse the other for the same underlying, intrinsic motivation (i.e. to gain control), then we should move towards a new, more descriptive category that is recommended to be termed ‘common couple violence’ (Hamberger *et al.*, 2017). The value of the PCW lies in the fact that gender does not take precedence and regardless of the partner from whom the abuse comes, the tactics and behaviour in which the abuser engages are still applicable as set forth by the PCW. Figure 8 below is a visual depiction of the PCW.

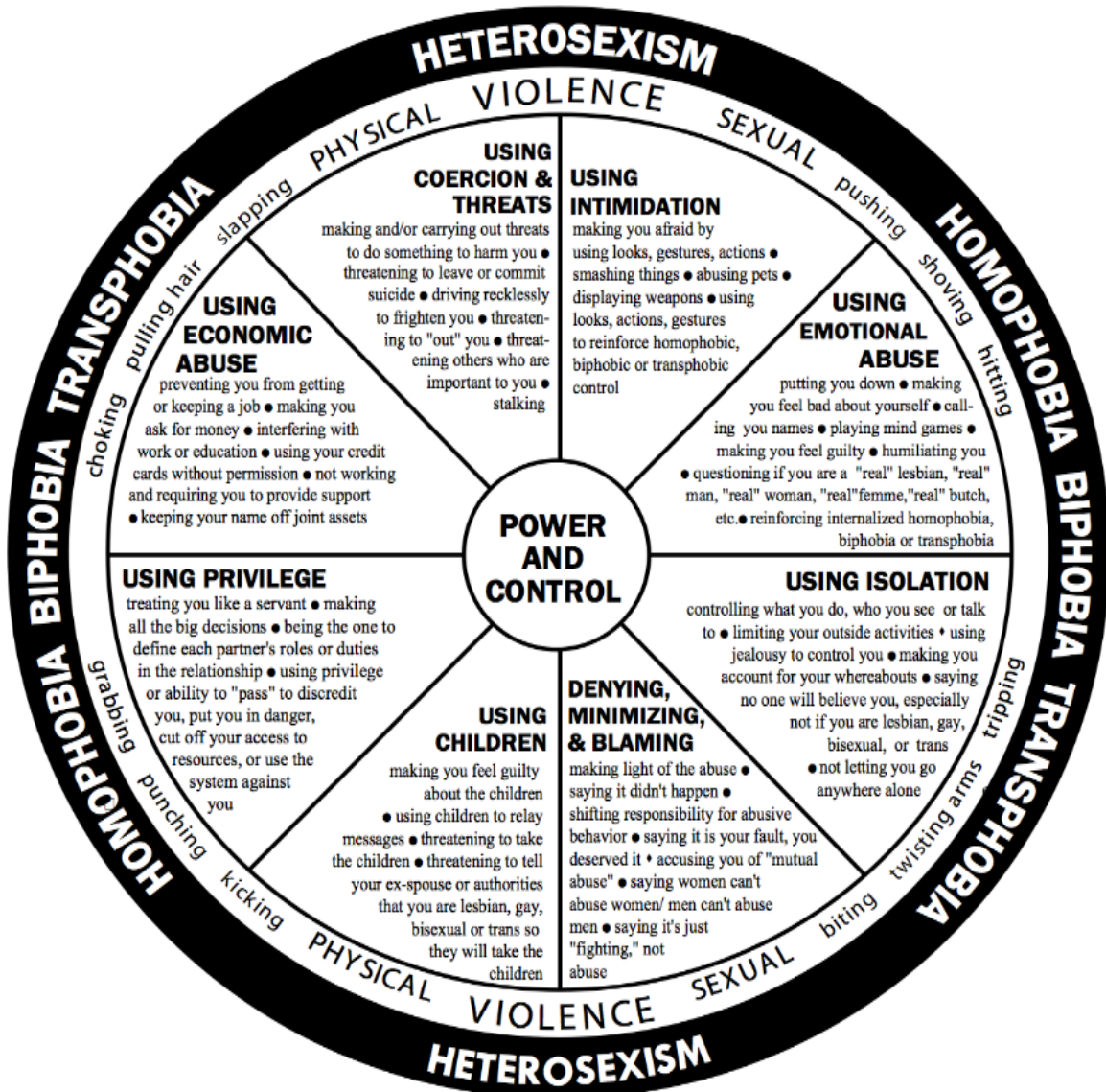


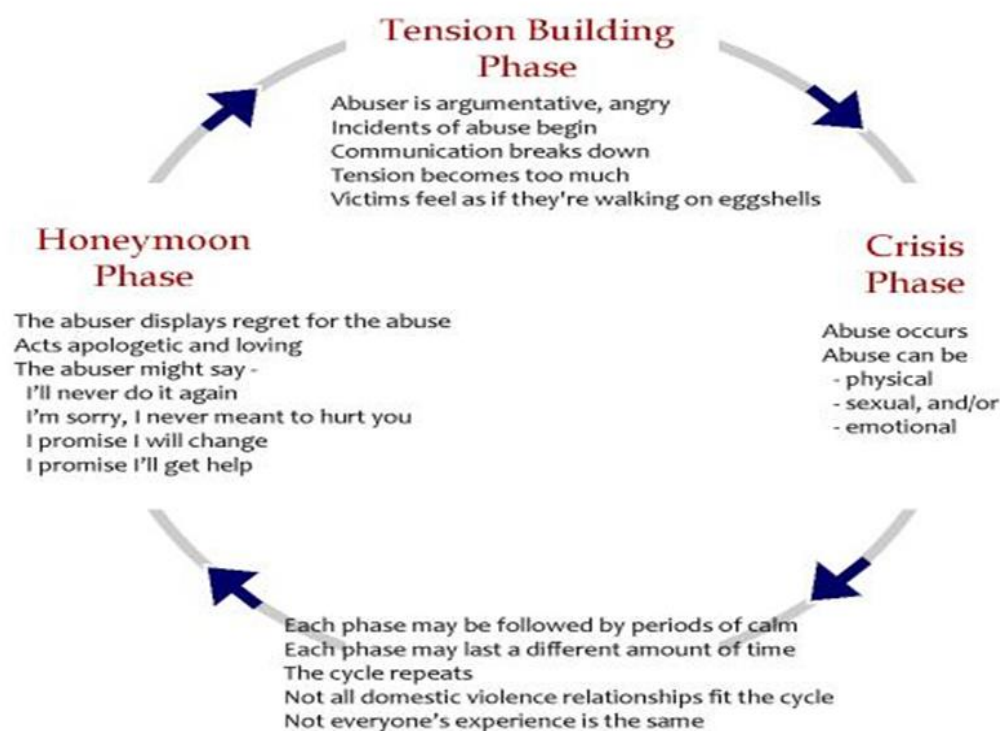
Figure 8: The Duluth Power and Control Wheel

### 2.2.6.3. The cycle of abuse

Walker (1979) originally developed the cycle of abuse as a system to explain the patterns of behaviour within an abusive relationship. Originally designed as a system that explains patriarchal behaviour, the cycle of abuse characterises abuse by the patriarchal figure as a way of maintaining control over the wife (Walker, 1979). Although it can be seen as a relatively 'out-dated' system, it is still widely used in domestic violence programmes across the world (van der Merwe, Erlank, & Paul, 2016). The cycle of abuse proposes four phases of abuse (van der Merwe *et al.*, 2016; Walker, 1979):

- a) The tension-building phase, which signifies the stress that builds up due to everyday challenges causing the abuser to feel ignored, wronged, and/or threatened
- b) The acute violence phase, which is characterised by outbursts of violent behaviour, verbal, and psychological abuse
- c) The reconciliation phase, which involves the abuser beginning to feel remorse, guilt and a false sense of responsibility for what had happened
- d) The calm phase, which is characterised by peace, outward acts of passion, and apologies from the abuser

Figure 9 is a visual representation of the four phases of abuse that form part of domestic violence.



**Figure 9: Cycle of abuse (van der Merwe *et al.*, 2016, p. 26)**

In the current study, these four phases of the cycle of abuse were used as a way to conceptualise the characteristic behaviour during domestic violence. It was also used as a method to engage with children and guide the impact of domestic violence on children throughout every phase. Having discussed the theoretical framework that guided the study, I continue to systematically discuss the conceptual framework that



supported me in making conceptual distinctions and organising the relevant ideas and themes.

### **2.2.7. Family violence and childhood resilience**

Earlier in the chapter I discussed the importance of having a stable environment in which children are allowed to explore their own healthy identity, as it will allow them to create successful life trajectories. Research insists that family violence actively creates an environment where children's stories become dysfunctional, where they are not allowed to actively construct their life trajectories for success, but instead are compelled to continue the dysfunctional family system by engaging in abusive behaviour as adults. It is because of this situation that family violence in the 21<sup>st</sup> century is seen as a public health problem that affects not just the individual family unit, but society at large (Cobos-Cali, Ladera, Perea, & García, 2017).

What is of great importance to this study is that research has found that children who are exposed to family violence have diminished meta-linguistic skills and are less able to express themselves in a coherent and effective manner (Cobos-Cali *et al.*, 2017). A positive correlation was found between children who are exposed to family violence and those who become perpetrators of abuse as adults, meaning that the cycle of abuse is continuous and intergenerational (Kimber, Adham, Gill, McTavish, & MacMillan, 2018; McFarlane *et al.*, 2014). Research is clear about the intrinsic effects of IPV on children's current and future functioning, yet most studies have tried only to understand domestic violence more comprehensively and neglected the real issue – putting a stop to child abuse (McMillan *et al.*, 2013).

Life-design counselling aimed at supporting individuals to narrate a life story and thus enhancing their resilience acknowledges the fact that family violence is in conflict with the goals of life-design counselling. Career counselling theories, in essence, emphasise the individual's early childhood years as a stepping stone to identity formation and shaping a positive sense of self (Maree, 2018a, 2018b). As mentioned earlier, children tend to be silent victims (Clarke & Wydall, 2013), which is why MacDonald (2018) advances the viewpoint that children should be consulted during interventions, especially interventions that deal primarily with parents, without acknowledging the input of the children. Children should be included as they can offer valuable input and can be seen as “creative, social, and moral agents” (Smart, Neale,

& Wade, 2001, pp. 1-2) who are capable of influencing the environment around them and of being influenced by that environment (MacDonald, 2018). Through the intervention in this study I tried to enhance the career resilience of survivors of family violence by allowing them to narrate their life stories and, in the process, construct new and healthier career and life trajectories.

### **2.2.8. The correlation between resource-constrained families and family violence**

Numerous studies have found (and thus established) a positive correlation between individuals' socio-economic status (SES) and their psychological well-being (Bakare, 2016; Ho, Li, & Chan, 2014; Munsell, Kilmer, Vishnevsky, Cook, & Markley, 2016). Psychological well-being in the disciplines of psychology and career counselling has a plethora of meanings, as was also found in this study. Reference to individuals' psychological well-being in this study was based on Huppert's description<sup>15</sup> that suggests that psychological well-being involves the individual's ability to successfully engage with emotions of interest, engagement, happiness, and contentment in the presence of negative emotions and circumstances (Huppert, 2009). In his opinion the psychological well-being of individuals ultimately enables them to exercise a degree of control over their lives and to experience a sense of purpose. It also empowers them to function effectively despite the negative circumstances that surround them (Huppert, 2009).

Although studies have shown a positive correlation between SES and psychological well-being, uncertainty still exists around SES and the specific components/dimensions that can be included in this construct. Different researchers have included different components and/or dimensions in their attempt to define SES (Munsell *et al.*, 2016). In their view, the challenge with defining SES is that most definitions focus on level of income and education as predictors of a family's socio-economic status, while research suggests that SES is much more intricate and multidimensional than implied by these predictors alone. Although income and

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<sup>15</sup> As mentioned earlier, a diverse number of definitions exist on what it means to possess psychological health or what psychological well-being comprises. Most definitions, however, refer to psychological well-being as being healthy in the areas of life satisfaction, psychological functioning, and psychological distress, which encompasses physical, emotional, and psychological well-being (Flouri, 2004; Huppert, 2009).

education play a decisive role in a family's SES, an argument is made that additional dimensions should be included when considering the SES of a family, for example access to valued resources (food, medicine, psychological services, housing); family resources (employment, satisfaction of basic needs, poverty-related resources); and caregiver strain (the stress and anxiety parents experience while taking care of children, especially children with special needs) (Munsell *et al.*, 2016). A family's socio-economic status should therefore not be considered only in terms of their material possessions (or lack of), but should rather contemplate the resources that they have and how these resources supplement one another or work together to ensure that the family is able to function effectively in life. Unfortunately, families with low SES are often exposed to environments where external factors have a negative impact on their psychological well-being (Bakare, 2013; Ho *et al.*, 2014).

Children who grow up in low SES environments often display low academic achievement, poor physical health, behavioural problems, socio-emotional stress, anxiety, impulsivity, and depression (Bakare, 2013). Studies that focused exclusively on the correlation between income and psychological well-being found a positive correlation between higher incomes and increased levels of subjective well-being (i.e. psychological well-being), which suggests that families with lower levels of income have lower levels of psychological well-being, life satisfaction and self-esteem, and higher levels of depression (Asadullah & Chaudhury, 2012; Evans, 2012; Huppert, 2009). Evans (2012, p. 14949) remarks as follows:

“Childhood poverty is linked to deficits in adult memory, greater psychological distress, including a behavioural marker of helplessness; and elevated levels of chronic physiological stress. These findings are largely parallel to existing life course work on physical health sequelae of childhood poverty.”

Studies by Asadullah and Chaudhury (2012) and Huppert (2009) have shown that families who live in resource-constrained areas experience a decrease in the quality of their “living environment, physical health, social lives, and ability to function at school”, more so than families who are *not* living in resource-constrained areas (Ho *et al.*, 2016, p. 5). A study conducted in South-Africa and Bangladesh did not only find that individuals in resource-constrained areas are more susceptible to lower levels of psychological well-being, but also suggested that future studies should not focus solely on income as a predictor of SES, but also on “the quality of local level public institutions and the subjective perceptions of economic position” (Asadullah & Chaudhury, 2012,

p. 5). Bakare (2013, p. 247) avers that persistent poverty and limited resources have an impact on the intrinsic as well as extrinsic behaviours of children, such as “disobedience, impulsivity, anxiety, and depression”, and these can persist well into adolescence.

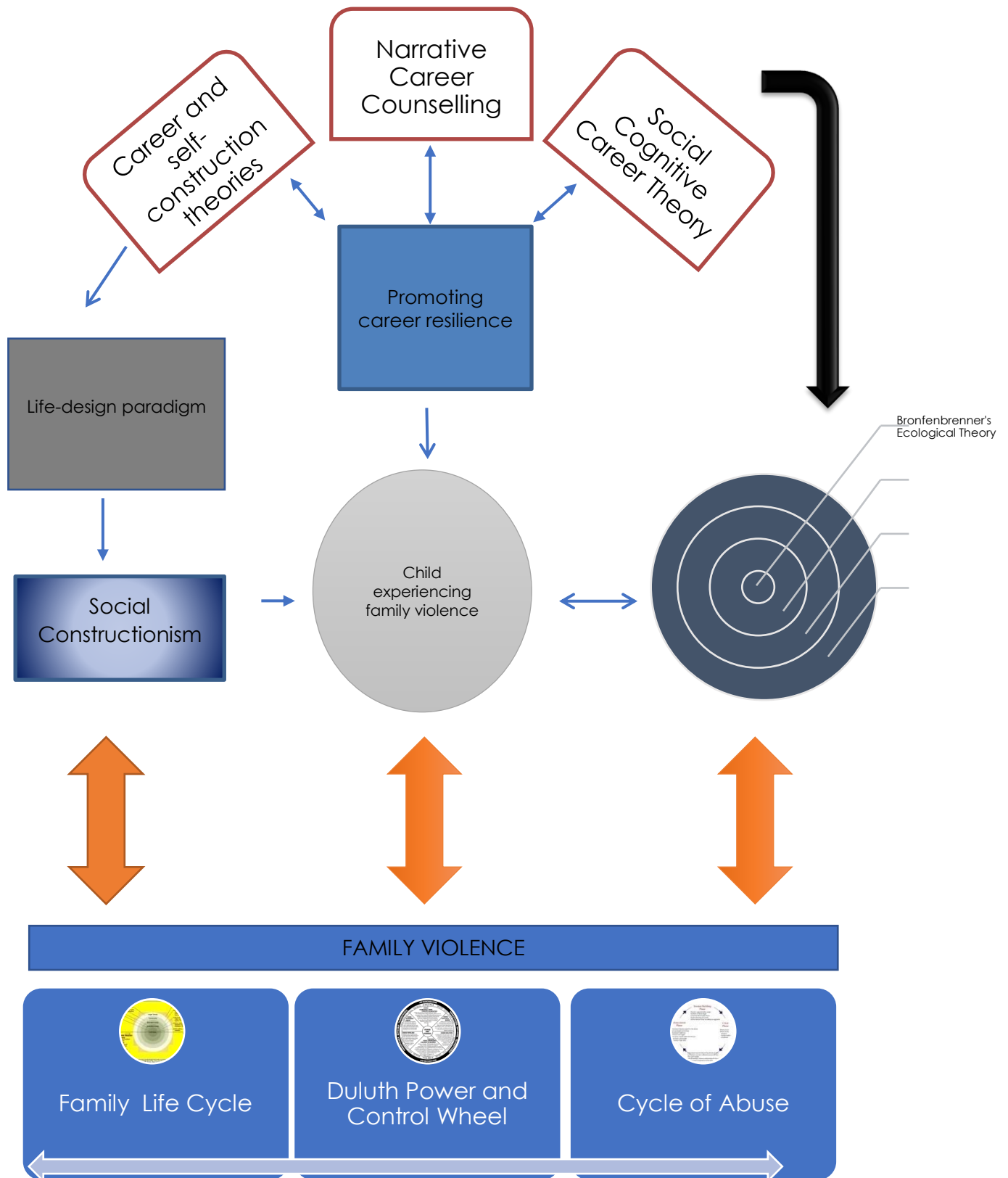
In an article that focused on the variables playing a role in violence against women, Wesely (2006) writes that economic deprivation, social exclusion as well as limited familial and social support have restricted women’s access to positive coping resources and strategies. Women who are trapped in violent relationships and exposed to continual intimate partner violence (IPV) do not get the required support – either on an institutional or ideological level. This means that women and children caught in an aggressive or violent environment are marginalised and overlooked by the social and institutional structures that are supposed to assist them. It also supports the viewpoint that SES should be determined in terms of wider social dimensions (not education and finances alone) as well as by a multilevel approach towards the social and institutional structures surrounding individuals (Asadullah & Chaudhury, 2012; Munsell *et al.*, 2016; Wesely, 2006).

Yount *et al.* (2016) determined in a recent study that a positive correlation exists between IPV and economic deprivation or low SES, especially for young girls who are given in marriage by their parents to partners who are also poor and more likely to engage in IPV. Research clearly delineates that living in a resource-constrained environment characterised by a low SES could mean that marriages are more susceptible to IPV or domestic violence. Being exposed to IPV and having limited access to resources such as family, social support services, institutional support, and/or limited finances can decrease a victim’s chances of acquiring adequate positive coping strategies (Asadullah & Chaudhury, 2012; Yount *et al.*, 2016). Having been or being exposed to IPV, with limited personal and institutional resources, will negatively affect individuals’ psychological well-being and consequently their coping strategies and levels of resilience. This assumption is confirmed by Wesely who states that women who are chronically exposed to IPV or domestic violence without the necessary support will reinforce their violent resistance, which further alienates them from the necessary support structures (Wesely, 2006).

In summary, a family’s resources (or lack thereof) and their subsequent SES play a significant role in IPV or domestic violence. It is clear from Yount *et al.* (2016) that a family’s socio-economic status is a component that warrants wider research to

shed more light on the different dimensions of SES and its impact on IPV and domestic violence.

### 2.3. Conceptual framework



**Diagram 1: Visual representation of the conceptual framework**

Maree (2016b) states that a conceptual framework can be seen as a way to highlight the interrelationships between various concepts, principles, and theories within the study. A conceptual framework proposes a tentative or novel framework that merges various theoretical traditions and proposes novel relationships between them (Maree, 2016b). According to Green (2014), a conceptual framework draws on various concepts from different theories to guide and frame research questions that provide order to the research. Berman and Smyth (2015, p. 134) state that “an explicit conceptual framework is a core element of quality doctoral work”, while Punch (2009, p. 356) sees a conceptual framework as “showing the central concepts of a piece of research and their conceptual status with respect to each other”. Diagram 1 is a visual representation of how the concepts and principles related to the different theories that were discussed earlier interact with one another as part of the conceptual framework. The conceptual framework was depicted in such a manner that it confidently delineates my thoughts and conceptualisations pertaining to the study (as discussed during the literature review).

Situated in the centre of the framework is the participant who experiences family/domestic violence. This study attempts to identify the influence of life-design-related counselling on these child survivors of family violence. Positioning the individual child in the centre of the framework, allows me to consider influences that both the environment and the theoretical underpinnings have on the career resilience of the participants. Career resilience is seen as an individual’s capacity to recover swiftly from adversity and setbacks and to continue making progress towards their goals with by applying their current resources and personal capacities (Coetzee *et al.*, 2015; Seibert *et al.*, 2016). Career resilience (according to Coetzee *et al.* (2015)) has a major influence on an individual’s subjective well-being and is therefore viewed as an important factor in the reciprocal relationship that exists between individuals and their environments. Ungar (2013a, 2013b) expands on resilience, stating that (career) resilience can co-occur in the presence of trauma-related symptoms, a goal which this study is aiming to enhance in survivors of family violence.

Bronfenbrenner’s Ecological Theory (1986a) (see Section 2.2.1), which was incorporated next, was useful in aiding us to better understand the wider social system and its impact on the participants. This study was situated within a resource-constrained environment which presented its own unique influencing factors. By drawing on the ecological theory, I attempted to understand the impact of such factors

on the child's development. The value of incorporating Bronfenbrenner's theory into the framework lies in the fact that it enabled me to not only consider the impact of the environment on individuals, but also vice versa (Bronfenbrenner, 1986a). Bronfenbrenner's model was suitable for this study because it takes into consideration the wider social system context and the impact it has on the developmental processes of the child (Manning, 2017). Thus, it allowed me to focus not only on physical development, but also on psychological development.

The next part of the framework included three theoretical approaches, namely career construction theory, narrative career counselling and social cognitive career theory. The theories provided a lens through which I was able to focus on and examine the child's subjective well-being (SWB), vocational career choices, life themes and narratives, subjective interests, and choices. Each of these theoretical approaches enabled me to consider different aspects that are related to career choices and factors promoting career resilience.

The first theory, the career construction theory, blends three career counselling-related approaches, namely the differential, the developmental, and the psychodynamic/ narrative/ storied approaches (Savickas, 2011). It views individuals as social actors, motivated agents, and autobiographical authors who strive to construct personal meaning in life so as to create the basis for subjective career meaning and pursuing purpose. Life-design counselling draws on career construction theory and self-construction theory. Life-design-related counselling is life-long, holistic, contextual, and preventative, with its focus on human diversity and uniqueness (Hartung, 2013). It played an integral part in this study as it values narratability, adaptability and meaning making (Hartung, 2013). Life-design-related counselling therefore assumes that individuals give meaning to their lives through stories and they subsequently view the "self as a project for making meaning" (Cardoso *et al.*, 2017; Hartung, 2013, p. 21). Working from a social constructionist epistemology, life-design-related counselling aims to support clients in re-authoring their life narratives in an attempt to provide alternative narratives related to their individual identities and career goals (Cardoso *et al.*, 2014). Using a life-design-related counselling intervention allowed me to support participants to author alternative stories and in the process to positively support their meaning-making processes and pursuit of future career goals.

The second theory, narrative career counselling, enables individuals to explore and expand their career-life stories (Di Fabio & Maree, 2013). Hartung (2015) argues



that through this approach people can be allowed to create or co-construct stories about their lives, their future work world, career planning, and choices in a way that allows them to take ownership of both their career lives and their own life story. Narrative career counselling enables people to explore their lives and promotes narratability.

The social cognitive career theory (SCCT) was the third theoretical approach used in my study. It acknowledges the significant influence of persons, the environment and various behaviours in the career choices of individuals (Rogers & Creed, 2011). The SCCT admits that various familial variables can either support or obstruct individuals in their career exploration and planning. The theory was included in this framework as it underlines the significant impact of family violence on the career planning, self-efficacy, and career resilience of individuals (Lee *et al.*, 2015; Rogers, 2011).

To summarise, social constructionism formed part of the conceptual framework as career construction, career counselling, and life-design-related counselling are all placed within a social constructionist paradigm. Social constructionism views reality as a subjective reality that is constructed by individuals through social interactions and relationships within a specific context (Maree, 2013). Family violence permeates every context of a child's development and thus a social constructionist paradigm allowed me to study the impact of family violence on the children in such a system. Underlying the conceptual framework was a triad constituted by the family life cycle theory, the Duluth Power and Control wheel programme, and the cycle of abuse theory. Combined, this triad could be used as a framework to examine and deal with the aetiology, characteristics and influences of family violence on the individuals within such a system. The secondary research questions (see Section 1.4.2) were concerned with the influence of family violence on the career resilience of individuals exposed to such a violent environment. The abovementioned theories allowed me to consider various dimensions, aspects, and idiosyncratic nuances that occur in a familial system characterised by violence. It also allowed me to conceptualise the different influences and their impact on the career resilience of individuals.

## **2.4. Paradigmatic perspective**

A paradigmatic perspective refers to the way or manner in which researchers view and approach the world around them (Maree, 2016b). My study was of an interpretive as well as a constructive nature, as individuals socially construct realities through experiences and subjective values (Ponterotto, 2005). Maree (2016b) remarks as follows about the interpretivist perspective:

- It is based on the subjective experiences and how people actively ‘construct’ their own realities.
- Reality is not an objective construct, but it is better understood from an individual’s perspective.
- Only by investigating a phenomenon can we accurately gauge the meaning that people assign to such a phenomenon.
- There are multiple realities for a certain phenomenon.
- Interpretivist researchers are informed and influenced by their own subjectivity and prior knowledge gained through experience.

Fife (2015) states that qualitative research related to the family system fits well in an interpretivist paradigm as it focuses on developing a deeper understanding of human experience. The interpretivist paradigm focuses on the subjective experiences of individuals and the meaning they assign to such experiences (Fife, 2015). Such a viewpoint was ideally suited to this research study. Mason (2013) argues that the interpretive approach views a participant’s interpretations, perceptions, meanings, and understandings as valuable sources of information in the process of gaining a better understanding of their perceptions regarding a certain phenomenon. Mason’s viewpoint links to the premise of constructivism in that reality is the product of interpretation by an individual (Maree, 2013). Working from an interpretive/constructivist perspective enabled me to answer the research questions in a manner that provided unbiased depth and trustworthiness.

## **2.5. Critical overview of literature review**

In reconsidering the literature, I discussed the theoretical framework, followed by Bronfenbrenner’s ecological theory (1986a). These viewed the environment as comprising of separate, distinct structures nestled within one another and exercising a reciprocal influence on one another as well as on the individual’s development (Ben-

David & Nel, 2013). I acknowledged the importance of the individuals' wider social environment and its influence on the individual. I also acknowledged the importance of using the mature form of Bronfenbrenner's theory, which focuses on all the aspects that are related to person, process, context, and time (Tudge *et al.*, 2009). I then discussed the SCCT and the importance of subjective interests and choices as well as their impact on the individual's self-efficacy, career development, and behaviour (Sheu *et al.*, 2010).

Next followed the CCT and how this theory can be viewed as a process where individuals heal themselves through narratives, work, and their relationships – an important process for individuals who are exposed to violence (as a narrative) on a daily basis. The value of CCT lies in the fact that it views the individual as being on a journey of self-construction in which the main goal is attempting to make meaning and/or give personal relevance to the self (Di Fabio & Maree, 2013; Hartung & Taber, 2008). Career adaptability was discussed as a first subheading, as well as the constructs of career concern, control, curiosity, and confidence, and the important role they play in how individuals plan their careers and deal with trauma or unexpected change. Researching the harmful effects of family violence on children's resilience, we realised that enhancing career adaptability and resilience in children is important if we expect them to construct and manage successful life and career trajectories. Maree (2018b) argues that career counselling has not focused enough on the constructs of career adaptability and resilience during childhood, which (he maintains) is of great importance, as they can be viewed as a set of behaviours that allow for opportunities of personal growth. As a second subheading, life-design counselling was defined as an intervention strategy that emphasises intersubjective processes, the social interaction and experiences within individual's environments. A part of life-design counselling is narrative career counselling, which views individuals as social actors, motivated agents and autobiographical authors who can take control of their lives and in the process actively create new identities.

I furthermore focused on narrative career counselling and the importance of allowing children to take control of their life narratives in deconstructing and reconstructing new, healthier and more powerful narratives of their lives. I included the aforementioned theories based on their ability to support the individual to take control of their narrative, deconstruct it, and then engage in a process of constructing a better life trajectory that could lead to a better career trajectory. This was important as family

violence was found to have a tendency to decrease a person's self-efficacy – something that these theories actively work against.

Next followed a discussion on the phenomenon of family violence and the detrimental long-term influence it has on all aspects of children's functioning – their psychological, emotional, and behavioural functioning and development. I discussed the family life cycle (FLC), the Duluth power and control wheel (PCW), as well as the cycle of abuse as a means of identifying certain patterns and idiosyncratic nuances of family violence. These could provide better context and procedural knowledge regarding family violence, especially with regard to the participants in the study. Finally, I discussed the conceptual framework which provided a visual conceptualisation of all the different concepts and their interrelatedness.

## 2.6. Conclusion

*“The evolution of culture is ultimately determined by the amount of love, understanding and freedom experienced by its children. Every abandonment, every betrayal, every hateful act towards children returns tenfold a few decades later upon the historical stage, while every empathic act that helps a child become what he or she wants to become, every expression of love toward children heals society and moves it in unexpected, wondrous new directions.”*

(Lloyd deMause, 2010, n.p.)

I concur with the above general message conveyed by deMause (2010), in that the very being of children is shaped by society and the environment that surround them. If children are exposed to violence, then the future fabric of society is negated by negativity and violence. In contrast, if children are surrounded by love and support, they are allowed to shape and form their future narratives. If we want a future where children are able to design successful narratives and construct healthy stories, then we absolutely need to change the environment in which they grow up to be a loving one that fosters healthy life and career trajectories.

Literature paints a picture of society that is plagued by family violence and children who are subjected to such violence on a daily basis. Yet, as a society, we have not yet made the paradigm shift in how to approach such violence, with the result being that we are more inquisitive than preventative. The reality is that these children are subjected to violence that will undoubtedly impair their future life and career

trajectories and yet there has been little support to ensure that resilience, as a construct, be enhanced within these individuals. Maree (2018b) states that what these children are exposed to has a strong influence on their future career-life stories. Thus, it is essential that the theory and practice of counselling should not only acknowledge the impact of family violence on children's development, but also implement a more preventative approach. Through life-design counselling I am aiming to make a meaningful contribution to hopefully dictate in the future how we should approach children who are exposed to (chronic) family violence.

## **CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY**

### **3.1. Introduction**

Having discussed the literature that supported my research study, I now shift my focus to the research design and methodology that were the foundation of my research. This chapter also deals with the various techniques involved in the process of acquiring qualitative and quantitative data. Various data collection techniques are discussed here, which were utilised in this study to assist me in answering my primary as well as secondary research questions. How I analysed my data in an effort to sort and organise it in a comprehensive and explanatory manner is also discussed. This chapter furthermore refers to my role as researcher and describes the ethical considerations that had to be considered during my field work and interactions with participants. The chapter concludes with the limitations of this study.

### **3.2. Research design**

According to Maree (2016b) a research design is a plan or strategy that clearly delineates certain key areas of the research process, such as the selection of respondents, data-gathering techniques, data analysis, etc. Mason (2013) states that qualitative research should not be thought of as “a priori strategic and design decisions” (p. 24), but rather as exploratory and flexible, depending on the context and/or environment. Decisions surrounding qualitative research design should be ongoing rather than a type of a blueprint that dictates the specific aspects of the study (Mason, 2013). Maxwell (2008, p. 215) suggests that the qualitative research design should be flexible in “the activities of collecting and analysing data, developing and modifying theory, elaborating or refocusing the research questions, and identifying and dealing with validity threats”. Toledo-Pereyra (2012) argues that establishing a good research design is not always straightforward and should be dictated by one’s research questions as well as your hypothesis.

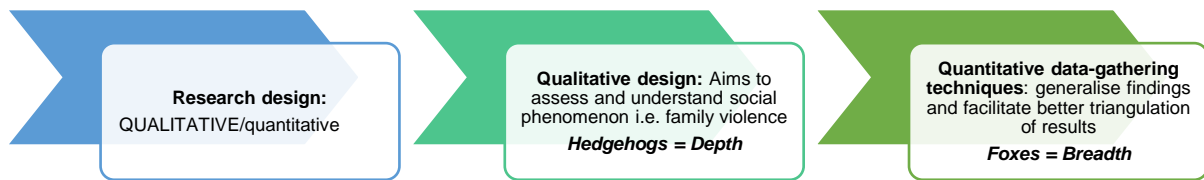
Utilising a qualitative research design complemented my study, as the qualitative design assumes that multiple socially constructed realities exist (Maree, 2012c). Jackson (2015) states that the value of qualitative design lies in the open-ended conversations between researcher and participant through which contextually

based meanings are explored together. Gough and Deatrick (2015, p. 289) clearly state that the qualitative design deals with “depth over breadth and is more intensive than extensive”. The purpose of my study confirms the latter, in that it aims to understand the subjective realities and perceptions of the participant’s experiences of familial violence and its impact on his/her career resilience. Nieuwenhuis (2007) mentions that qualitative research aims to understand social phenomena by studying participants within their natural environments, an approach that aligns well with this study. Daniels, Angleman, and Grinnan (2015) support Nieuwenhuis and expand on his view of qualitative research by stating that any research design should not only help the researcher to better understand the phenomenon being studied, it should also support the researcher to better prepare for the intervention and/or prevention of the phenomenon being studied.

Although my study was predominantly qualitative in nature, adjunct quantitative techniques were used to facilitate better triangulation of results. Maree (2016b) states that quantitative research is a systematic process that utilises numerical data to generalise findings in respect of the phenomenon that is being studied. Maxwell (2008, p. 222) states that qualitative research can lead to a greater influence on personal immediacy and detail, which more and more researchers are starting to recognise. Landrum and Garza (2015) state that as researchers we should think of qualitative and quantitative designs as a continuum upon which no single approach is either more dominant, more valid or ‘valuable’. Rather, we should embrace both designs as useful in providing a fuller description of the phenomenon being studied, as this can aid in generating a new knowledge base regarding that particular phenomenon (Landrum & Garza, 2015). Thus, my research design was a qualitative design with a predominant focus on qualitative data.

In conclusion, I explain my research based on a quote by Thomas and Magilvy (2011, p. 151) that states, “the fox knows many things, but the hedgehog knows one big thing”. Foxes (quantitative researchers) predominantly aim to gather as much information as possible, which can be used to form generalisations about a specific sample or population of people, event or topic. Hedgehogs (qualitative researchers) on the other hand focus on the depth of a certain phenomenon, and aim to increase their understanding as much as possible on one aspect of that phenomenon (Thomas & Magilvy, 2011). My research predominantly combined both types of research, the difference being that the quantitative data was only used to support the qualitative

research. Figure 10 below is a visual representation of how my research design was constructed:



**Figure 10: Visual representation of the research design**

### **3.3. Research methodology**

Choosing a research methodology depends on various factors as well as what the researcher decides to study. The research methodology refers to the “why of research” (Holden & Lynch, 2004, p. 2) and is informed by a researcher’s ontology as well as epistemology. Following is a systematic unpacking of the research methodology that was employed in this study.

#### **3.3.1. Sampling**

A cornerstone of any research project is how participants are chosen (sampled), as it enhances the integrity of the study and subsequent data gathered (Abrams, 2010; Nakkeeran, 2016). Qualitative researchers realise that some participants are better suited to the study and can provide better insights than others, which is the reason why inclusion and exclusion criteria exist within qualitative sampling (Nakkeeran, 2016; Robinson, 2014). Qualitative research is fundamentally different in its manner of approaching research and sampling, and therefore he defines four different stages when one has to engage with sampling in qualitative research (Nakkeeran, 2016; Robinson, 2014). Robinson (2014, p. 26) subsequently highlighted a four-point approach towards sampling as shown in Table 2.



**Table 2: Robinson's four-point approach to sampling**

Name	Description
<p><b>Point 1:</b> <b>Sample Universe</b></p>	<p>Defining a sample universe fundamentally entails that <i>inclusion</i><sup>16</sup> and <i>exclusion</i><sup>17</sup> criteria need to be stipulated. Thus, criteria were defined which determined whether or not a participant/informant<sup>18</sup> was suitable for the study. These criteria were however defined in a way to ensure that the gathered data was relevant to the study and to ensure that the research questions were answered.</p>
<p><b>Point 2:</b> <b>Sample size</b></p>	<p>Deciding on an a priori sample size is important to ascertain the duration of and resources needed to complete the data collection phase. Although sample size should be determined beforehand, it can be altered during qualitative research, depending on the quality of information gathered or the researcher's decision that more participants are needed to better understand the phenomenon.</p>
<p><b>Point 3:</b> <b>Sample strategy</b></p>	<p>When points one and two are complete, a researcher needs to determine how participants will be sampled. There are various ways in which sampling can be done, but stratified, purposive sampling are the two types that were applicable to this study. The type of sampling strategy used will normally depend on the sample universe and what type of participants your study needs.</p>
<p><b>Point 4:</b> <b>Sourcing</b></p>	<p>The last point entails physically going out and sourcing participants. This involves ethical skills and sensitivity to</p>

<sup>16</sup> *Inclusion* criteria in the context of qualitative research refers to certain attributes potential participants need to possess to be a part of the study. In the case of this study, for example, participants had to have experienced family violence in some form.

<sup>17</sup> *Exclusion* criteria in the context of qualitative research refers to certain attributes potential participants have that disqualify them from becoming a part of the study. In the case of this study, for example, participants who have not experienced family violence in some form were excluded.

<sup>18</sup> Nakkeeran (2016) states that in qualitative research, participants are rather seen as informants due to the fact that they not only give information about themselves, but also about the surrounding environment (i.e. family, social, and familial background). For the purpose of this study, the terms 'participants' and 'informants' will be used interchangeably.

	inform all participants of the study, what it entails, what is expected of them, possible risks and rewards, as well as how the information gained will be utilised.
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In qualitative research, non-probability sampling is the predominant sampling style. It is a way to deliberately select a sample population (participants) that will allow the researcher to successfully prove his/her hypotheses and address the research questions posed (Nakkeeran, 2016; Ritchie & Lewis, 2003). Maree (2016b) contends that although non-probability sampling has its drawbacks, it can be a successful sampling technique, especially when the target population is difficult to find. Considering the purpose of the current study and the specific research questions that needed to be addressed, I utilised non-probability sampling. In fact, stratified purposive sampling was used. Purposive sampling is done when the researcher has a specific purpose in mind, based on the hypotheses as well as the research questions (Maree, 2016b; Nakkeeran, 2016;). Mason (2013) argues that in purposive sampling the process should be dynamic, one that is characterised by interactivity and informed by theory and research. Participants were therefore chosen based on certain characteristics that they possessed, which allowed me to answer the research questions and engage with the dominant themes.

In the current study, six participants were selected through purposeful sampling on the basis of the following characteristics displayed. They were

- between the ages of 9 and 13 years,
- primary school learners,
- victims of family violence (current or past), and
- willing to engage with the process of life-design-related counselling.

### **3.3.2. Data collection methods**

#### **3.3.2.1. Quantitative data collection techniques**

Quantitative data, as discussed earlier, focuses on breadth of knowledge and information gained and on the “numerical analysis of data that are quantities” (Landrum & Garza, 2015, p. 201). An important aspect in quantitative data gathering is what Landrum and Garza (2015) refer to as “*quantitizing*” (p. 200), which means that one performs an analysis of data based on the frequency of themes that are

highlighted as one researches the phenomenon that is applicable to the study. Quantitative data-gathering techniques can add reliability and consistency, as well as validity to a study (Maree, 2016b).

The two quantitative instruments that were used to collect data for my study included the *Resiliency Scales for Children and Adolescents (RSCA)* and the *McMaster Model of Family Functioning*.

**i. The Resiliency Scales for Children and Adolescents (RSCA)**

The *Resiliency Scales for Children and Adolescents (RSCA)* are “three scales for assessing the relative strength of personal resiliency as a profile in children and adolescents and [are] supported by studies in screening protocols for the identification of vulnerability” (Prince-Embury, 2008, p. 41). Standardised in the United States of America, the *RSCA* provides theoretical, valid information regarding resiliency in individuals between the ages of 9 and 18 years (Prince-Embury, 2007, 2008). They were designed to identify certain constructs that are core to resiliency in youth and focus on three categories: sense of mastery scale (optimism, self-efficacy, adaptability); sense of relatedness scale (trust, support, comfort, tolerance); and emotional reactivity scale (sensitivity, recovery, impairment) (Prince-Embury, 2007, 2008). The *RSCA* measures an individual’s coping (personal) resources to effectively deal with internal and external stressors (Prince-Embury, 2007). Its internal consistency tested high, which indicates that results obtained from this measure can be seen as reliable and valid (Prince-Embury, 2007). Validity and reliability cannot be generalised by applying the measure and accompanying norms to another culture or population. To ensure that this was taken into account, other measuring tools were included and results from the *RSCA* were considered as part of a battery of measures.

The language used during the standardisation of the instrument was set at a grade three level to ensure that all participants could complete the questionnaire with a good understanding of the questions. Since the *RSCA* is a self-report assessment/tool that can be influenced by each participant’s unique experiences, I believe it was ideally suited for this study. For instance:

- a) Participants in the study were able to read and understand the questions as the language that was being used was simplistic and easily understandable.
- b) The *RSCA* was quick to administer and could be used in conjunction with other measures.

- c) Information gained obtained a high validity and reliability (credibility) score, which means that information could be regarded as accurate and trustworthy.
- d) Due to the self-report nature of the *RCSA*, the researcher was able to gain a better understanding of each participant's subjective experiences.

The *RSCA* questionnaire was administered to every participant at the start of the research and again at the end. Results obtained from the pre- and post-questionnaires were compared and analysed to determine whether a positive or negative change occurred with regard to the participant's career resilience. Results obtained by using the instrument as well as similar measures were treated with circumspection in my study.

## ii. The McMaster Model of Family Functioning (MMFF)

Another dimension of quantitative data gathering in my study involved *the McMaster Model of Family Functioning (MMFF)* (Ryan *et al.*, 2005). The *MMFF* is the product of more than two decades of research and clinical work with families, and it has also been used extensively in both psychiatric and family practice clinics (Epstein, Bishop, & Levin, 1978). The *MMFF* is based on a systems approach and although it does not address all aspects of family functioning, it does pay attention to those dimensions of family functioning that are believed to have the bigger impact on both the emotional and psychological health of individual family members (Ryan, Epstein, Keitner, Miller, & Bishop, 2005; Walsh, 2012). The *MMFF* focuses on problem solving, communication, roles, affective responsiveness, affective involvement, and behaviour control. It is based on the assumption that the family environment acts as a type of 'laboratory' for the social, psychological, and biological development of respective family members (Epstein *et al.*, 1978; Ryan *et al.*, 2005, p. 21). What makes the *MMFF* unique, is its focus on how familial dynamics contribute to the dysfunctional behaviour of the individual (Ryan *et al.*, 2005). The inclusion of the *MMFF* was based on the following:

- a) It transcends different languages and cultures as the family structure has to fulfil the individual's basic needs, no matter the culture or ethnicity.
- b) It is based on a systems approach, which bodes well with Bronfenbrenner's ecological theory included in the conceptual framework of the study.

As shown in Table 3, the *MMFF* comprises three different McMaster assessment instruments or questionnaires (Walsh, 2012), namely the Family Assessment Device, Clinical Rating Scale, and Structured Interview of Family Functioning.

**Table 3: The McMaster Model of Family Functioning's questionnaires**

Questionnaires	Aim
<b><i>The McMaster Family Assessment Device (FAD) (Ryan et al., 2005)</i></b>	The <i>FAD</i> is a self-report questionnaire that was given to both parents, requesting each parent to complete a form, individually and privately. The <i>FAD</i> comprises of seven scales, one scale measuring general family functioning and six scales each measuring the different dimensions of the <i>MMFF</i> (Ryan et al., 2005).
<b><i>The McMaster Clinical Rating Scale (MCRS) (Ryan et al., 2005)</i></b>	The <i>MCRS</i> is used by a trained practitioner and was designed to assess the overall functioning of the whole family system. It was administered by the researcher. The <i>MCRS</i> assesses the six dimensions of family functioning on a seven-point scale ranging from severely disturbed to superior functioning (Ryan et al., 2005).
<b><i>The McMaster Structured Interview of Family Functioning (McSiff) (Ryan et al., 2005)</i></b>	The <i>McSiff</i> is a semi-structured family interview that is used by a trained professional to gather information and enable thorough and valid ratings of the family's functioning on the <i>MMFF</i> (Ryan et al., 2005).

### **3.3.2.2. Qualitative data collection techniques**

Qualitative data collection is fundamentally different from quantitative data collection, as it focuses more on the accounts of people and compiles information on their experiences of the phenomenon being researched (Pearsall & Pierce, 2017; Polkinghorne, 2005). Qualitative data collection usually deals with verbal documentation and/or recordings, which can make qualitative data inconstant due to the duality of attempting to solve a problem and simultaneously gather information (Trainor, 2018). Qualitative data collection techniques focus on understanding individuals' beliefs, attitudes, experiences and perceptions, which adds a new dimension to research, one that cannot be obtained through the measuring of observable variables alone (Pathak, Jena, & Kalra, 2013; Stigberg, Guittar, & Morse, 2015). Jackson (2015) postulates that qualitative research techniques are unique in their foundations and features, as they create pathways to a better understanding of the unspoken challenges that most people have to confront and resolve. Mukeredzi (2011) directs our attention to the following challenges associated with qualitative research:

- a) Access to participants: Gaining or sampling participants can be difficult, especially if the topic is sensitive or the environment is classified as volatile (Abrams, 2010).
- b) Time limitations: Qualitative research normally requires long-term involvement, which means that researchers depend on participants to commit to the process. Data collection can subsequently be affected if environments change, participants move, time frames cannot be extended, etc.
- c) Emotional challenges: Frustration and fears can set in, both from a researcher's perspective and from the participant's side, due to factors such as quality of information, anxiety, participant and researcher motivation, etc.

Although qualitative research focuses predominantly on the trustworthiness of data gathered, I believe that gathering and drawing on quantitative data (in addition to qualitative data) added value to the identified themes and subsequent conclusions derived in this study.

The qualitative data collection techniques used in this study were child friendly and developmentally appropriate. They are explained in more detail in Table 4.

**Table 4: Qualitative data collection techniques**

<b>Data collection technique</b>	<b>Documentation method</b>	<b>Data source</b>
<b>Interviews</b>	According to Maree (2012c), interviews are an important data collection technique by means of which the interviewer can learn more about the participant’s ideas, beliefs, views, and opinions. During this study interviews were mostly structured as set out in the <i>MMFF</i> questionnaires.	Questionnaires Formal and informal interviews
<b>Conversations</b>	Leech and Onwuegbuzie (2008, p. 590) state that conversations promote “detailed examination of the actual actions of the actors rather than subjective explanations”. Conversations, both formal and informal, were held with the participants. These conversations took place before, during, and after each session.	Audio-recordings and verbatim transcripts
<b>Observations</b>	Mason (2013) states that observations can play a big part in qualitative research to support reflexive analysis on data. Maree (2016b) agrees that observations are important as they can provide an insider perspective into various dynamics.	Audio-recordings Written field notes Reflective journal writings
<b>Educational-psychological interventions</b>	Life-design-related counselling techniques.	

### 3.3.2.3. Data collection plan implemented

The multi-method data collection plan set out in Table 5 was followed.

**Table 5: Multi-method data collection plan**

Data-generating activity	Description	Method of documentation
<b>Interviews</b>	An individual interview was conducted with both parents/guardians of the participant to gain a better understanding of the familial functioning and the respective family dynamics.	<ul style="list-style-type: none"> <li>• <i>The McMaster Clinical Rating Scale (MCRS)</i></li> <li>• <i>The McMaster Structured Interview of Family Functioning (McSiff)</i> (Ryan et al., 2005)</li> </ul>
<b>Questionnaires</b>	Self-report questionnaires were given to both parents, requesting that each parent complete a form, individually and privately.	<ul style="list-style-type: none"> <li>• <i>The McMaster Family Assessment Device (FAD)</i></li> </ul>
<b>Psychometric assessment</b>	A psychometric battery was administered to each participant before and after the intervention to determine whether or not resiliency levels increased or decreased.	<ul style="list-style-type: none"> <li>• <i>The Resiliency Scales for Children and Adolescents (RSCA)</i> (Ryan et al., 2005)</li> </ul>
<b>Observations</b>	Observations were made throughout the study and linked to both the primary and secondary research questions.	<ul style="list-style-type: none"> <li>• Audio-recordings</li> <li>• Written field notes</li> </ul>
<b>Research journal</b>	A research journal was kept during the research study (life-design-intervention	<ul style="list-style-type: none"> <li>• Reflective journal writing by hand or computer</li> </ul>



	strategy) in which I reflected on the research process, my observations and preliminary themes that were identified.	
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Table 6 indicates how the above data collection techniques supported and ultimately helped me to answer the research questions:

**Table 6: Techniques employed to address research questions**

Questions: Descriptive questions	Qualitative/Quantitative techniques	Purpose (examples)
What are the etiological traits of family violence?	<ul style="list-style-type: none"> <li>• <i>The McMaster Model of Family Functioning (MMFF)</i> (Ryan <i>et al.</i>, 2005)</li> <li>• <i>The McMaster Family Assessment Device (FAD)</i> (Ryan <i>et al.</i>, 2005)</li> <li>• <i>The McMaster Clinical Rating Scale (MCRS)</i> (Ryan <i>et al.</i>, 2005)</li> <li>• <i>The McMaster Structured Interview of Family Functioning (McSiff)</i> (Ryan <i>et al.</i>, 2005)</li> </ul>	The questionnaires supported me in gathering information regarding the idiosyncratic characteristics present in families characterised by violence.
What is the nature of existing programmes aimed at assisting survivors of family violence in resource-constrained settings?	<ul style="list-style-type: none"> <li>• Life-design-related counselling interventions</li> <li>• Observations</li> <li>• Interviews</li> </ul>	Interviews with participants and parents allowed me to obtain a more comprehensive picture of which services

		families could access and which not.
What is life-design counselling?	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• <i>RSCA</i></li> <li>• Life-design-related counselling</li> </ul>	Interviews with participants allowed them to share with me their subjective experiences pertaining to the intervention and how they defined the life-design process.
<b>Exploratory questions</b>		
How did survivors of family violence in my study experience life-design-based counselling?	<ul style="list-style-type: none"> <li>• Life-design-related counselling interventions</li> <li>• Observations</li> </ul>	My observations along with life-design-related counselling enabled me to gather information regarding the efficacy of life-design-related counselling.
How did the intervention influence participants' career resilience?	<ul style="list-style-type: none"> <li>• <i>RSCA</i></li> <li>• Life-design-related counselling intervention</li> <li>• Observations</li> </ul>	Resiliency levels were measured before and after counselling interventions. The <i>RSCA</i> allowed me to gather information on whether or not resiliency levels increased in participants. Educational-psychological interventions. My observations after each session supported me in gathering information regarding the

		behavioural changes in the participants.
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### 3.3.3. Intervention strategy

The intervention strategy used in this research study, life-design-related counselling, attempted to enhance the career resilience of survivors of family violence. As the researcher who worked with the participants, I used techniques from different sources to fit this specific research context. Life-design-related counselling followed the general rules and format (with its underlying presuppositions) as discussed by Savickas and others (2009)<sup>19</sup>. The sequence of my planned intervention strategies and objectives can be seen in Table 7.

**Table 7: The intended life-design intervention plan**

Steps	Intervention objectives	Planned activities and intervention techniques
<b>General</b>	Establishing good rapport with the participants, and discussing what the intervention aimed to do, what were expected of them and what benefits they could expect from the study. The initial session, in essence, aimed to establish a relationship and present the participants with the study information. No assessments or work were done during the initial session.	The intervention strategy that I used was life-design-related counselling which emphasised narrative counselling and enhanced individuals' ability to actively construct their lives and careers.
<b>Step 1</b>	Defining the problem through the subjective experiences and cognitive representations of the participants environment. This session focused on administering the <i>RSCA</i> (pre-intervention data on resiliency levels)	<ul style="list-style-type: none"> <li>• <i>RSCA</i> measure</li> <li>• Family constellation</li> <li>• Genogram</li> </ul>

<sup>19</sup> A more informative document on life-design counselling can be obtained at [www.vocopher.com](http://www.vocopher.com).

	<p>as the first step. It also signified the start of the life-design related counselling activities/interventions, with participants engaging in the family constellation exercise which also informed the genogram. This allowed for a more comprehensive conceptualization of the familial environment the participants are living in, the existing relationship dynamics, as well as the various external variables and potential stressors related to this environment.</p>	
<p><b>Step 2</b></p>	<p>Exploring subjective identity forms<sup>20</sup> by allowing individuals to explore their own narratives and meaningful experiences in the past, as well as the impact these had on their current identity. Each participant engaged with the activities mentioned in the right column and in some cases, these activities had to be scheduled over two or three sessions depending on the participant involved. Participants were requested to bring items from home for the memory box and this message was relayed to the parents in order to remind the participants of the items they could bring. The memory boxes were handed back to participants as</p>	<ul style="list-style-type: none"> <li>• Early recollections</li> <li>• Memory box</li> <li>• Sand tray</li> </ul>

<sup>20</sup> Subjective identity forms (SIFs) can be defined as the view individuals have of themselves and also of others in relation to themselves. Individuals construct their life stories and life themes on ever-evolving SIFs which are reciprocally influenced by the environment (mother, student, husband, etc.). SIFs include “exploration of the self, exploration of the environment, exploration of the relationship between self and the environment, specification, and decision” (Savickas *et al.*, 2009, p. 245).

	most of the items they included had significant meaning to them. Photos were taken of all the boxes.	
<b>Step 3</b>	Opening participants' perspectives in relation to their subjective identities, lived experiences, relationships with family and friends, important figures and role models, as well as important aspects in their own lives. Participants were provided with a variety of different magazines and newspapers to choose from in order to complete the collage. More time was allowed during this session to construct the collage. This session in some cases were followed up with another one to ensure that I understood the meaning of every participant's collage. Most participants took two sessions to finish both these activities.	<ul style="list-style-type: none"> <li>• Collage</li> <li>• Lifeline</li> </ul>
<b>Step 4</b>	Placing the problem in the new story by allowing participants to start re-constructing new and healthier stories, while focusing on their strengths as a way to actualise future life narratives. These activities signified the start of participants' journeys in re-authoring their future life narrative through engaging in narrative storytelling and focussing on successful past events.	<ul style="list-style-type: none"> <li>• Life chapters (future narrative)</li> <li>• Success experiences</li> </ul>
<b>Step 5</b>	Actualising the new identity by physically creating (drawing) a new identity and narrative. This aids in	<ul style="list-style-type: none"> <li>• Drawing (what will overcome obstacles)</li> <li>• RSCA</li> </ul>

	<p>solidifying the work done up to this point. After participants finished with the drawing the <i>RSCA</i> questionnaire was administered (post-intervention results). A general debrief session was held with all participants to assess whether or not they would need more support. In some cases, I provided one more session to participants who wanted to discuss their experience of this process further.</p>	
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### 3.3.4. Planning for data analysis

When discussing the topic of data analysis in qualitative research, many sceptics are of the opinion that the constructs of reliability and validity cannot be guaranteed due to the subjective interpretation of results (Tsai *et al.*, 2016; Wutich & Bernard, 2016). Tsai *et al.* (2016, p. 192) remark the following about the verification of qualitative data analysis:

“Given the inherently intersubjective nature of qualitative data collection, the iterative nature of qualitative data analysis, and the unique importance of interpretation as part of the core contribution of qualitative work, verification is likely to be impossible in the setting of qualitative research.”

Bradley, Curry, and Devers (2007, p. 1760) state that there is no single correct way in which one can necessarily do qualitative data analysis and suggest that the importance of qualitative data analysis lies in realising that it is an “ongoing, iterative process” that transpires throughout the study. Seers (2012, p. 2) states that qualitative data analysis is a process of “transformation and interpretation” which comes about by careful reflection and the discovering of themes within the gathered data. Maree (2016b, p. 99) affirms that during qualitative data analysis the researcher attempts to gain some form of “explanation, understanding, or interpretation” in order to make meaningful and symbolic meaning of the specific phenomenon that is being studied.

Data analysis in this study was achieved through thematic content analysis. Thematic content analysis can be best described as a process that highlights certain themes, giving meaning to or voicing the reality of participants (Braun & Clarke, 2006). Thematic analysis can be seen as a type of narrative analysis in which the researcher attempts to uncover commonalities or emerging themes running through the experiences of individuals (Maree, 2016b). According to Thomas and Harden (2008) it is not a method but a process that can be used to support the researcher to develop themes in substantiating data. Thematic content analysis was chosen as the data analysis method as it provided flexibility in making sense and deriving themes from the data (Maguire & Delahunt, 2016; Thomas & Harden, 2008). In an attempt to provide structure and trustworthiness to the identified and documented themes, I followed the six steps of thematic analysis as delineated by Braun and Clarke (2006). Table 8 contains a discussion on each step and what it entailed:

**Table 8: Phases of thematic analysis during qualitative research**

Steps	Action	Description of each step and responsibility of the researcher
<b>Step 1</b>	Becoming familiar with the data	Starting with data analysis, it is important to familiarise oneself with the data and repeatedly read through the information, attempting to gain an in-depth knowledge of the data. My “actively reading” through the material helped me begin the coding process more easily (Braun & Clarke, 2006, p. 16).
<b>Step 2</b>	Generating initial codes	Next, I had to develop codes according to the themes that are standing out. According to Braun and Clarke (2006) it is vital to ensure that all themes are coded initially, that the context is maintained during the coding process in order for the reader to get a better idea of the data, and to include information that is contrary to the dominant themes.

<b>Step 3</b>	Searching for themes	I started to organise the identified themes into main themes and sub-themes. It was important during this step to acknowledge the relationship between certain themes and realise that some themes would be discarded. Braun and Clarke suggest making a theme map which indicates all the main themes and also the associated sub-themes.
<b>Step 4</b>	Reviewing themes	During this phase I had to revisit all my themes and re-organise them as more information became apparent. Certain themes were joined with one another while other themes were cancelled due to insufficient data. Reviewing themes ensured that all the themes identified fitted well with one another, were congruent with the data and relayed an unambiguous picture of the data.
<b>Step 5</b>	Defining themes	Braun and Clarke (2006, p. 22) state that this phase involves “defining and refining” the themes to establish the essence of the themes. During this phase I did not only identify but also discussed themes, as well as what was interesting and what not.
<b>Step 6</b>	Writing up or producing the report	The final step involved a process whereby I had to present the complicated main and sub-themes in a way to convince the reader of the validity and credibility of the data gathered. Braun and Clarke (2006, p. 23) state that when presenting themes, it should “provide a concise, coherent, logical, nonrepetitive and interesting account of the story the data tell – within and across themes”.



### **3.4. Dealing with trustworthiness and credibility concerns**

Qualitative research is not concerned with replicating results as human nature and the environment are changing constantly. Instead, it is concerned with presenting results in such a way to accurately represent the phenomenon in reality (Maree, 2016b). Qualitative research therefore does not engage with research and data to establish universal truths, but merely to provide consistent accounts of reality that audiences can trust as being trustworthy and credible by providing good evidence of those phenomena (Thomas & Magilvy, 2011). In the following section I discuss the constructs of trustworthiness and credibility in the context of this study, as well as the constructs of transferability, dependability, and confirmability as part of trustworthiness.

#### **3.4.1. Trustworthiness**

In order to establish trustworthiness in qualitative studies, one needs to ensure that, among other things, one establishes the credibility of the information gathered (Sinkovics *et al.*, 2008; Stewart, Gapp, & Harwood, 2017). Korstjens and Moser (2018) state that trustworthiness in qualitative research fundamentally poses the question of whether or not the research findings and conclusions can be trusted. Sutrisno *et al.* (2014, p. 1337) maintain that

“to maintain the trustworthiness of the qualitative research, it is necessary to minimise translation errors, provide detailed accounts of the translation process, involve more than one translator, and remain open to scrutiny from those seeking to access the translation process”.

Williams and Morrow (2009) delineate three aspects to which any qualitative study has to adhere: a) the integrity of the data has to be proven and maintained; b) there has to be a balance between reflexivity and subjectivity throughout the study; and c) results and findings should be clearly communicated. Throughout my study I endeavoured to maintain the trustworthiness of results by means of a thorough audit trail, reflective journals, observation notes, and detailed and continuous feedback discussions with my supervisor. Maree (2012c) sees the concept of trustworthiness in qualitative research as having both internal and external validity. Stewart *et al.* (2017, p. 9) state that trustworthiness often presents itself in qualitative research as “authenticity,

dependability, conformability, and relative to credibility". The following constructs are related to trustworthiness of qualitative research:

- a) *Transferability* is concerned with a thick description of the participants and the research process and whether or not the results and findings can ultimately be transferred to other settings.
- b) *Dependability* is concerned with the consistency of research findings.
- c) *Confirmability* is concerned with the neutrality of research and whether or not it is based on good research practice and data rather than on the researcher's own subjective views.

Credibility in qualitative research forms only a small part of the internal validity which will be discussed in more detail next.

### **3.4.2. Credibility**

Quality assurance and the validity<sup>21</sup> of our results relate to credibility as an important dimension of the qualitative research process. Credibility in qualitative research points to the importance of portraying true experiences and meaning making by the participants (Whittemore *et al.*, 2001). Gordon and Patterson (2013) concur with this in stating that credibility refers to the researcher's attempts to provide a true description and interpretation of the participants' reality. Credibility is more than a mere relaying of results and rather involves ensuring that one captures the true essence of the emic perspective (Korstjens & Moser, 2018; Whittemore *et al.*, 2001). Cope (2014, p. 89) states that "to support credibility when reporting a qualitative study, the researcher should demonstrate engagement, methods of observation, and audit trails". One cannot discuss credibility without referring briefly to transferability, dependability, as well as confirmability, which all play a role in establishing quality control within qualitative research and are critical to establish trustworthiness (Korstjens & Moser, 2018; Sinkovics & Alfoldi, 2012).

To ensure credibility, I implemented triangulation throughout the study in an attempt to gain a holistic and comprehensive view of the phenomenon and the various constructs being studied. Triangulation is achieved when more than one source is

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<sup>21</sup> Stewart, Gapp, and Harwood (2017) in their latest article state that credibility replaces the constructs of reliability and validity in qualitative research as credibility encompasses trustworthiness and seeks to find various chains of evidence to emphasise crystallisation.

used to address the research question – according to Maree (2016b) this minimises the risk of chance associations and systematic bias. My attempt to ensure credibility also included maintaining a reflexive journal, as Thomas and Magilvy (2011) refer to reflexivity in qualitative research as an effective means of ensuring credibility. Thomas and Magilvy (2011) draw attention to the importance of a comprehensive audit trail, transcripts, and regularly referring back to the words of the participants as a way to ensure credibility. All of the abovementioned techniques were included in this study as a way to ensure and enhance credibility. My research also took place under the supervision of Professor J.G. Maree, who in his own right is a well-established and resourceful researcher.

### **3.5. Role of the researcher**

Maree (2016b) states that actively engaging with participants and demonstrating understanding as part of a collaborative partnership are paramount as elements within the research process. As researcher, one needs to observe and record information in a sensitive and unbiased manner (Maree, 2016b). During this study, I fulfilled the following roles as researcher:

- Creating an environment conducive to therapeutic interventions and in the process ensuring that the participants felt safe and comfortable at all times (this included creating a safe environment where participants were allowed to reflect on their own processes and journeys)
- Ensuring that I competently used the various instruments and techniques and was fully prepared to engage with the process and participants during the research project
- Administering media and intervention techniques
- Preparing and structuring interviews
- Analysing and interpreting the data
- Ensuring that a strict ethical standard was maintained as delineated by the Health Professions Council of South Africa (HPCSA)
- Offering (complementary) external psychological services to all participants should any adverse effects occur following the participants participation in the research and they requested or needed such services

Since as the researcher I should not blend or create confusion for the participants about my role as researcher and psychologist, I informed them at the outset of the study about our research relationship and its limits, and created a transparent process in which all participants were fully informed.

### **3.6. Ethical considerations**

Mason (2013) states that when considering ethical issues in qualitative research, the focus should be on producing moral and/or ethical research, ranging from how one frames the research questions to how observations are made in the field. Smythe (2015) avers that as a researcher one has an obligation to do justice to people's experiences and understanding of a phenomenon in a way to expand their prior knowledge of a certain part of reality. He subsequently advocates that we engage with ethics to ensure continuous reflection on all aspects of the research process and, in this way, ensure social justice<sup>22</sup> to all participants. The most important ethical considerations in a study are the issues of confidentiality, anonymity, informed consent, and protection from harm (Maree 2012b; Merriam, 2009; Smythe, 2015). This research study, as with any other research study, has a certain degree or element of risk inherently associated with it. This study however will be guided by the principles of a) respect for the dignity, moral, and legal rights of people; b) non-maleficence; and c) beneficence (Allen, 2011). With the concepts of confidentiality, anonymity, and harm in mind, the above principles will direct me to always place an emphasis on the participants' right to privacy as this will result in participants sharing information more freely which will add depth and richness to the information obtained. Furthermore, acting in line with the principle of non-maleficence, all reasonable steps will be taken to ensure that no harm will come to any participant. I furthermore acknowledge that should unintentional harm come to any participants; all reasonable steps will be taken to ensure that the effects of such harm are minimized and in such comply with the principle of beneficence (Allen, 2011).

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<sup>22</sup> Social justice in this context refers to psychologist being committed and engaged and to use knowledge gained from participants to change social institutions which brings about transformation and hopefully a social revolution (Smythe, 2015, p. 130).

Fisher (2012) states that qualitative research does not necessarily translate to intrinsic value for participants, especially if the participants are part of vulnerable groups. To ensure that the current study was ethically sound I

- a) obtained informed consent after informing the participants of the nature of the study, the process that would be followed, the nature of the research project, the type of media and intervention strategies that would be implemented, as well as the intended usage of the information gained;
- b) fostered a balanced qualitative research relationship between myself, the participant, and the parents/guardians of the participant;
- c) saw to it that confidentiality and anonymity remained intact throughout the duration of the research and also when the results and findings of the study were communicated;
- d) ensured that all participants were protected from any harm; and
- e) discussed the voluntary nature of participation with all participants, as well as their right to withdraw from the study at any time without any negative consequences.

### **3.7. Limitations of the research**

The following limitations affected the value of the study:

- Finding participants that adhere to the selection criteria can always be a challenging prospect. If suitable participants are not found at the intended research site then the researcher will have to look outside the intended organization for suitable participants. Logistical arrangements will also have to be altered and changed to accommodate such participants if such a situation occur.
- Parents, especially the abusive parent(s), may decline to give consent to be part of the study due to the possible ramifications of such information being disclosed. Finding suitable families who are willing to participate in the study could pose possible challenges.
- Families could also decide to withdraw from the study when they are engaged with the process due to the nature of the questions and the focus of the study. In such a case quality debriefing will have to be provided to the family to ensure that no negative aspects have an influence on the families involved.

- Families who decide to participate in the study and finish the study could possibly attempt to portray an unrealistic picture of the family dynamics. There is a possibility that information gained could be fabricated and not a true representation of the families' functioning.
- Without a control or comparison group it is difficult to make causal inferences about the effects of the intervention on the participants. It is worth noting that the results in this study are likely to differ systematically on important dimensions other than independent variables.

### **3.7.1. Overcoming limitations**

In review of the previously mentioned possible limitations, this section addresses how the possible limitations were dealt with during the study:

- Finding participants were time consuming but did not present any limitations to the study. Participants, adhering to all the selection criteria, were found within the intended organization which meant that I did not have to find more participants outside the intended organization.
- Obtaining informed consent from parents did not present with any challenges. Parents did however question what the information will be used for and who will have access to the information. Once this was explained to the parents informed consent was wilfully obtained.
- No families, participants, or parents wanted to withdraw from the study.
- Families did not always share all information relating to the phenomenon being studied, which was evident through my discussion with the participants. Additional information shared by participants that weren't disclosed by parents were discussed with the parents. Consent was obtained from the parents to use this information as part of the data. In situations where the parents were uncomfortable with such information being shared, I did not include it in the study as data. Information left out did not, in any manner, have a negative impact on the participants' safety and/or well-being.
- Future studies could consider having a control group to compare the efficacy of the life-design related counselling intervention.

## **CHAPTER 4: RESULTS OF THE RESEARCH**

### **4.1. Introduction**

In the previous chapter the research design, methodology, and various aspects of data gathering and analysis were discussed. The purpose of this research project was to explore the effects of life-design-related counselling on the career resilience of survivors of domestic violence who had been or who were still exposed to family violence, either personally or as witnesses to IPV. To this end, pre- and post-test assessments were conducted with six participants who were selected according to pre-determined criteria. The participants partook in life-design-related counselling over a period of six to ten sessions, which involved the administration of a psychometric battery and various life-design-related counselling intervention activities. This chapter deals with a systematic discussion of the results of the study and the emerging themes that were identified through the process of thematic analysis. Main themes, sub-themes, and sub-sub-themes are discussed and supported by direct quotations from the participants, followed by a brief summary of this chapter.

### **4.2. Participant profile**

Non-probable, stratified purposive sampling was used to select the participants in my study. The sample consisted of five boys (5) and one girl (1) who were between the ages of 9 and 13 years who were currently in primary school and subjected to family and/or intimate partner violence (IPV) on a chronic or regular basis. All six children participated in the life-design-related counselling intervention and finished the intervention along with all the sessions. They were not given pseudonyms but for the sake of simplicity and practicality, they are referred to as participants 1 to 6 throughout chapters 4 and 5.

The participants came from a low socio-economic environment where economic deprivation (see Section 2.2.7) was an everyday reality. Family violence is a phenomenon that confronted them a daily basis and most of them had been exposed to such an environment for most of their lives. Not all participants were living with their biological parents because of the violence, and stayed with extended families. All participants struggled to perform at school and/or find the motivation to engage in academic activities. Throughout the life-design-related counselling intervention, most

participants experienced negative external variables which had an impact on the process. These variables are mentioned later in Chapter 4.

### **4.3. Findings from the data analysis**

#### **4.3.1. Description of the data analysis process**

Analysing qualitative data usually refers to working with texts either in their entirety or focusing on selected aspects only (Noble & Smith, 2014). The challenge here according to Noble and Smith is to present a picture that is cohesive rather than a “vast and messy” one (2014, p. 2). Neale (2016, p. 1097) contends that qualitative analysis needs to be “systematic and rigorous” where the researcher imposes order, especially with reference to field notes, transcripts, documents, etc. During this research, formal interviews were conducted with all the parents/guardians of the participants prior to the intervention. More than one interview had to be held with some participants’ parents, which means that initially, before engaging with the intervention, approximately 18 interviews took place.

Data collection during this study was done in accordance with Section 1.6.2 and all qualitative data was collected from interviews, psychometric measures, and the life-design-related counselling interventions. A very small amount of ‘quantitative data’ was constructed. The quantitative data only comprised the descriptive statistics yielded by a comparison of each participant’s pre- and post-test outcomes on the *RSCA*. Qualitative data was analysed using thematic analysis (see Section 1.6.3), which adhered to the method delineated by Braun and Clarke (2006) (see Section 3.3.4). This process was followed to engage with participants and understand their narratives and perspectives surrounding family violence, how they made meaning of family violence and how this would become part of their narrative. During the process of identifying themes in the qualitative data, I implemented the primary scales of the *RSCA* (*sense of mastery, sense of relatedness, and emotional reactivity*) deductively as a priori themes. I also attempted to identify new themes, sub-themes, and sub-sub-themes as thematic analysis was implemented, and worked towards a richer and more comprehensive description of the data gathered.

My efforts at making sense of the data can best be described as a deductive-inductive method. I concur with the following view expressed by Bernard and Ryan (2010, p. 107) – “no matter how hard we try, there are no purely inductive (or



deductive) studies”. Jebb, Parrigon, and Woo (2017) maintain that scientific progress is maximised when there is a balance between deductive and inductive approaches, and implementing one approach only to the exclusion of all other can, according to Tukey (1980, p. 23), be described as “madness”. Expectedly, a few additional themes, sub-themes, and sub-sub-themes (for instance, increased sense of self, increased insight, identification of strengths and weaknesses, emotional clarity, and personal growth) emerged inductively during my analysis of the data.

An external coder was requested to analyse and either confirm or refute the themes, sub-themes, and sub-sub-themes as identified by the researcher. These were substantiated during the data analysis process by including examples of the responses obtained from the participants involved.

#### **4.3.2. Themes, sub-themes, and sub-sub-themes identified through the data analysis process**

Commencing with the process of identifying themes, sub-themes, and sub-sub-themes, the *Resiliency Scales for Children and Adolescents (RSCA)* (*sense of mastery, sense of relatedness, and emotional reactivity*) were used as a priori themes along with the sub-themes included, which I attempted to confirm through qualitative deductive reasoning. Continuing from these themes, I consciously attempted to identify potential additional themes, sub-themes, and sub-sub-themes through inductive reasoning. In other words, I drew on participants’ experiences to help me identify themes, sub-themes, and sub-sub-themes (Azungah, 2018). Table 9 gives an indication of the relevant themes, sub-themes, and sub-sub-themes that emerged during the deductive-inductive process.

**Table 9: Summary of themes, sub-themes and sub-sub-themes**







	<b>Themes</b>	<b>Sub-themes</b>	<b>Sub-sub-themes</b>
<b>Deductive – a priori</b>	<ul style="list-style-type: none"> <li>• Sense of mastery</li> <li>• Sense of relatedness</li> <li>• Emotional reactivity</li> </ul>	<ul style="list-style-type: none"> <li>• Optimism</li> <li>• Self-efficacy</li> <li>• Adaptability</li> <li>• Trust</li> <li>• Support</li> <li>• Comfort</li> <li>• Tolerance</li> <li>• Sensitivity</li> <li>• Recovery</li> <li>• Impairment</li> </ul>	
<b>Inductive – additional</b>	<ul style="list-style-type: none"> <li>• Problem solving</li> <li>• Communication</li> <li>• Roles</li> <li>• Affective responsiveness</li> <li>• Affective involvement</li> <li>• Behaviour control</li> </ul>	<ul style="list-style-type: none"> <li>• Manifestations of the influence of an enhanced sense of self</li> <li>• Increased awareness of changing cognitive processes</li> <li>• Enhanced future perspectives</li> <li>• Identification of strengths and weaknesses</li> <li>• Emotional awareness</li> <li>• Expressions of personal growth</li> <li>• Incomplete cognitive processing</li> <li>• Unwillingness to forgive</li> <li>• Anxiety</li> <li>• Appreciation of kinship relationships</li> <li>• Feelings of being accepted</li> </ul>	<ul style="list-style-type: none"> <li>• Conditional forgiveness</li> <li>• Work ethic</li> <li>• Values</li> <li>• Religious beliefs</li> </ul>

		<ul style="list-style-type: none"> <li>• Inadequate relationships between children and biological parents</li> <li>• Appreciation of social interactions</li> </ul>	
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Both inclusion and exclusion criteria were added (see Section 4.3.3) to all identified themes, sub-themes, and sub-sub-themes as a way to guide the coding process. Any input from the participants that added value to the data collected under these themes, sub-themes, and sub-sub-themes were included, while all input that did not provide value were excluded. The remaining responses were then tabulated along with inclusion criteria.

Regarding the coding system used: I applied a four-digit coding system (see Table 10) where the first number referred to the participant, the second number referred to the type of life-design-related counselling intervention, the third number referred to the page number, and the fourth number referred to the line(s) where the responses could be found. A colour was assigned to each participant to aid the reader in following the responses from the different participants throughout all the identified themes.

**Table 10: Data referencing and coding system**

Participant number	Colour	Data sources	Pages	Lines
1		1. Genogram	Different pages	Different lines
2		2. Early recollections		
3		3. Memory box		
4		4. Sand tray		
5		5. Collage		
6		6. Lifeline		
		7. Life chapters		
		8. Success experiences		
		9. Drawing (future narrative)		
<b>Example: 4, 5, 16, 200</b>				

**4 = Participant 4**  
**5 = Collage**  
**16 = Page 16**  
**200 = Line 200 (line numbers are included)**

### 4.3.3. Inclusion and exclusion criteria: deductively identified a priori themes and sub-themes

Tables 11, 12, 13 and 14 outline inclusion and exclusion criteria with reference to all themes, sub-themes, and sub-sub-themes identified (see Table 9). Inclusion and exclusion criteria relating to a priori themes are discussed in Table 11, followed by the additional themes that were inductively identified (Table 12).

**Table 11: Inclusion and exclusion criteria applied to deductively identified a priori themes and sub-themes**

Deductively identified a priori themes		
Theme 1: Sense of mastery		
Sub-themes	Inclusion criteria	Exclusion criteria
<i>Optimism</i>	Any significant indication that the participants had a positive attitude towards external circumstances, particularly in relation to their current as well as future circumstances. Also, any indication of a positive attributional style such as positive self-esteem, perception, and control (Prince-Embury, 2007).	Any significant indication that the participants did not have a positive attitude towards external circumstances, particularly in relation to their current and future circumstances. Any significant indication of a negative attributional style such as negative self-esteem, perception, and control.

**Examples of participants' verbatim responses:**

(2,6,20,648-653): *“Currently I am in a good space in my life. I have clothes, food, a roof over my head and friends. I still fight but I don't fight as much as I use too. I don't use my fists as much anymore but talk more.”*

(4,3,14,454): *“In order to make sure that I get to where I one day want to be, I am going to study and one day I am going to study further.”*

(5,5,17,542-546): *“My future looks good and I am on my way to a good path. I am not quite sure where I am going but I know my future looks good.”*

(6,7,34,1127): *“One day I am going to have a farm with a wife and two children and I am going to be happy.”*

<p>Self- efficacy</p>	<p>Any significant indication that participants perceived themselves as possessing the capacity to overcome obstacles and/or adverse circumstances facing them in a positive manner (Prince-Embury, 2007).</p>	<p>Any significant indication that participants did not perceive themselves as possessing the capacity to overcome obstacles and/or adverse circumstances facing them in a positive manner.</p>
<p><b><u>Examples of participants' verbatim responses:</u></b></p> <p>(1,7,8,247-249): <i>“One day I want to live in a house where I can be good. I want to have a beautiful car. I want to be a doctor with children whom I am going to look after and treat well.”</i></p> <p>(3,3,11,403): <i>“In the future I see myself as a policeman, with a good job, children, and a house.”</i></p> <p>(4,9,31,1048-1052): <i>“This is a future drawing of me standing next to a hospital. I drew myself next to the hospital because I am going to be a doctor one day.”</i></p>		
<p>Adaptability</p>	<p>Any significant indication that participants were able to engage in problem solving when faced with obstacles or problems in their immediate environment (Prince-Embury, 2007).</p>	<p>Any significant indication that participants were unable to engage in problem solving when faced with obstacles or problems in their immediate environment.</p>

**Examples of participants' verbatim responses:**

(1,8,11,362-366): *“By choosing to change myself no matter how people treat me means that I am making myself better. No matter how I was treated and abused in the past I choose to make myself better.”*

(3,1,3,79): *“When my sister and I get angry at one another we are able to talk it out which allows us to play together again.”*

(4,8,31,1035-1039): *“Overall I don't talk negatively to myself. Whenever I try and don't do something correct then I will just try again until I get it right.”*

**Theme 2: Sense of relatedness**

<p><i>Sense of trust</i></p>	<p>Any significant indication that participants were able to receive and accept what was given to them and in the process were able to display behaviours significant of trustworthiness (Prince-Embury, 2007).</p>	<p>Any significant indication that participants were unable to receive and accept what was given to them and in the process were unable to display behaviours significant of trustworthiness.</p>
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**Examples of participants' verbatim responses:**

(1,8,9,322): *“It is important to help people when they fall down (physically). If you help others then they will help you when you fall down.”*

(3,1,5,175-176): *“My mother will never disappoint me. She always comes on my birthday and brings me presents.”*

(6,2,15,505): *“My brother is the most important person in my life.”*

<p><i>Perceived access to support</i></p>	<p>Any significant indication that participants perceived access to support as being available from any family member(s), external person(s), and/or organisation(s) (Prince-Embury, 2007).</p>	<p>Any significant indication that participants perceived access to support from any family member(s), external person(s), and/or organisation(s) as unavailable.</p>
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**Examples of participants' verbatim responses:**

(1,4,2,42): *“My mother and my grandmother will also be there for me and they are my friends.”*

(3,3,9,314-315): *“My grandmother and grandfather mean a lot to me. They make sure we have food, help us with homework and make sure we go to school.”*

(5,1,1,13): *“I really feel that my grandmother, grandfather, and my uncle are people who are there for me and who support me.”*

<p><i>Comfort with others</i></p>	<p>Any significant indication that participants were able to feel comfortable in the presence of others and were able to relate to other people (Prince-Embury, 2007).</p>	<p>Any significant indication that participants were unable to feel comfortable in the presence of others and were unable to relate to other people.</p>
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**Examples of participants’ verbatim responses:**

(3,3,8,283-284): *“My grandfather meant the world to me, that is why I included him in my memory box. He was a champion boxer. When he was really ill, I supported him every day.”*

(5,3,12,380): *“I really like my grandmother and grandfather. I also like my family. They are there when you need them, they buy you clothes and look after you. They also help me to be a good person.”*

(6,2,15,505-506): *“I really love my cousin but he doesn’t live with us so I miss him a lot. My baby brother is very important to me and I love having my mother and baby sister around.”*

<p><i>Tolerance of differences</i></p>	<p>Any significant indication that participants were able to express their own thoughts and feelings, regardless of whether or not they were in conflict or disagreement with the thoughts and/or opinions of other people (Prince-Embury, 2007).</p>	<p>Any significant indication that participants were unable to express their own thoughts and feelings, especially when these appeared to be in conflict or disagreement with the thoughts and/or opinions of other people.</p>
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**Examples of participants’ verbatim responses:**

(1,8,11,344): *“I think I shall always be able to help others even if they are mean to me. I will help my family because they are my family and that is why I shall help them even if they are mean to me.”*

(2,2,14,444): *“I will sometimes show to my grandmother and mother that I am sad. I don’t really show it to my friends but I will show my feelings to my grandmother and mother.”*

(4,2,9,308-311): *“My father forgot to congratulate my brother on his birthday which hurt him really bad. I phoned my father and told him what he did was mean and I am really cross at him.”*

**Theme 3: Emotional reactivity**

<p><i>Sensitivity</i></p>	<p>Any significant indication of the threshold and the intensity of participants’ reactions to any disruption(s) to their environment. Also, any behaviours that disrupted a participant’s normal functioning (Prince-Embury, 2007).</p>	<p>Any significant indication of a lack of threshold and lack of intensity of participants’ reactions to any disruption(s) to their environment. Also, any behaviours that did not cause any disruptions to a participant’s normal functioning.</p>
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**Examples of participants verbatim’ responses:**

(2,9,25,831-833): *“I feel like I am a much better person now because I don’t see as much fighting at home anymore.”*

(6,3,25,812): *“When I walk into class and other children make me angry then I will get angry and fight with them.”*

(6,1,7,231): *“When my parents fight it makes me angry because I don’t want them to fight in front of my sister.”*

<p><i>Recovery</i></p>	<p>Any significant indication referring to how quickly and speedily a person was able to recover to normal functioning after a strong emotional reaction to an external event (Prince-Embury, 2007).</p>	<p>Any indication that did not refer to how quickly and speedily a person was able to recover to normal functioning after a strong emotional reaction to an external event.</p>
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**Examples of participants’ verbatim responses:**

(2,1,3,70-72): *“When my mom and stepdad would fight, I would get really angry. I would normally just wait two to three days then I would feel better.”*

(3,1,3,115): *“When I get angry and I want to fight I would just go somewhere alone and calm myself down by thinking of all the good stuff.”*



(4,4,19,618-619): *“I am still angry when I think of what my father did to my brother. That was more than a week ago but when I think of him, I still get angry.”*

<i>Impairment</i>	Any significant indication that participants’ normal emotional and intellectual functioning was impaired (Prince-Embury, 2007).	Any indication that the participants’ normal emotional and intellectual impairment functioning was not impaired.
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**Examples of participants’ verbatim responses:**

(2,1,8,245-246): *“When I get angry these days, I just say sorry. But it wasn’t always this way. In the past when I was angry, I would only start to feel better when I come back home from school.”*

(5,1,3,83-84): *“My sister and I don’t really get along. I really try my best to like her and my grandmother knows it but it is really difficult.”*

(6,3,22,734): *“I don’t think I can ever be a good person again.”*

**i. Theme 1: Sense of mastery**

**a. Optimism**

Most participants displayed a high sense of optimism about their current circumstances as well as their future aspirations. Participant 2 demonstrated confidence and good insight into his current circumstances as well as his behaviour, specifically with regard to the manner in which he was able to control his behaviour to a greater degree. This was evident through his statement<sup>23</sup>: *“Currently I am in a good space in my life. I have clothes, food, a roof over my head, and friends. I still fight but I don’t fight as much as I use too. I don’t use my fists as much anymore but talk more”* (2,6,20,648-653).

Participant 4 displayed improved self-perception and insight into her own behaviour, which were apparent from her assertion: *“In order to make sure that I get to where I one day want to be, I am going to study and one day I am going to study further”* (4,3,14,454). A majority of participants had optimistic and healthy aspirations for the future as shown by Participant 6 who suggested that *“One day I am going to have a farm with a wife and two children and I am going to be happy”* (6,7,34,1127). Such goals were shared by most of the participants throughout the life-design-related counselling process.

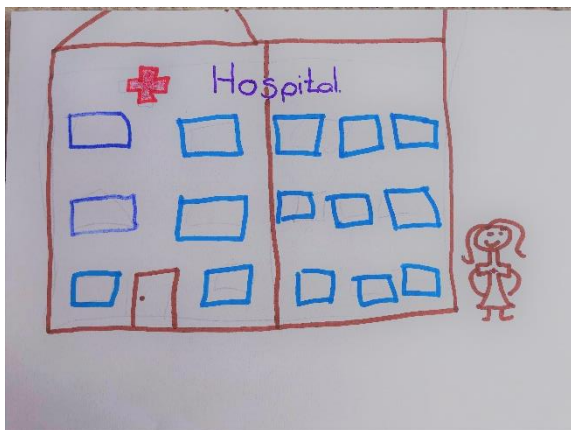
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<sup>23</sup> All the participants’ responses were quoted verbatim.

A positive attributional style was identified in some participants, which would suggest that certain participants held positive/optimistic beliefs about their ability to control the future outcome of their lives. This was especially evident in the response of Participant 5 who stated that: *“My future looks good and I am on my way to a good path. I am not quite sure where I am going but I know my future looks good”* (5,5,17,542-546).

### b. Self-efficacy

Throughout the life-design-related counselling intervention it was evident that most participants believed that they would be able to overcome their current circumstances, as they displayed a sort of “blindness” to their current circumstances. This was apparent in most participants’ responses, for instance: *“One day I want to live in a house where I can be good. I want to have a beautiful car. I want to be a doctor with*



*children which I am going to look after and treat well”* (1,7,8,247-249); *“In the future I see myself as a policeman, with a good job, children, and a house”* (3,3,11,403) and *“This is a future drawing of me standing next to a hospital. I drew myself next to the hospital because I am going to be a doctor one day”* (4,9,31,1048-1052).

Picture 1: Future drawing: Actualising the new identity as part of the life-design-related counselling intervention

### c. Adaptability

A greater awareness began to develop in some participants with regard to their own ability to overcome obstacles or challenges that faced them in their environment. Participant 1 stated: *“By choosing to change myself no matter how people treat me means that I am making myself better...”* (1,8,11,362-366). Participant 4 indicated greater adaptability in her behaviour towards problems, as was evident in her statement: *“Overall I don’t talk negatively to myself. Whenever I try and don’t do something correct then I will just try again until I get it right”* (4,8,31,1035-1039). Through this journey, participants began to take responsibility for their own behaviour and were no longer acting as if their environment portrayed and/or determined their

future. This was apparent from Participant 3's remark: *"When my sister and I get angry at one another we are able to talk it out which allows us to play together again"* (3,1,3,79) and *"No matter how I was treated and abused in the past I choose to make myself better"* (1,8,11,362-366).

## ii. Theme 2: Sense of relatedness

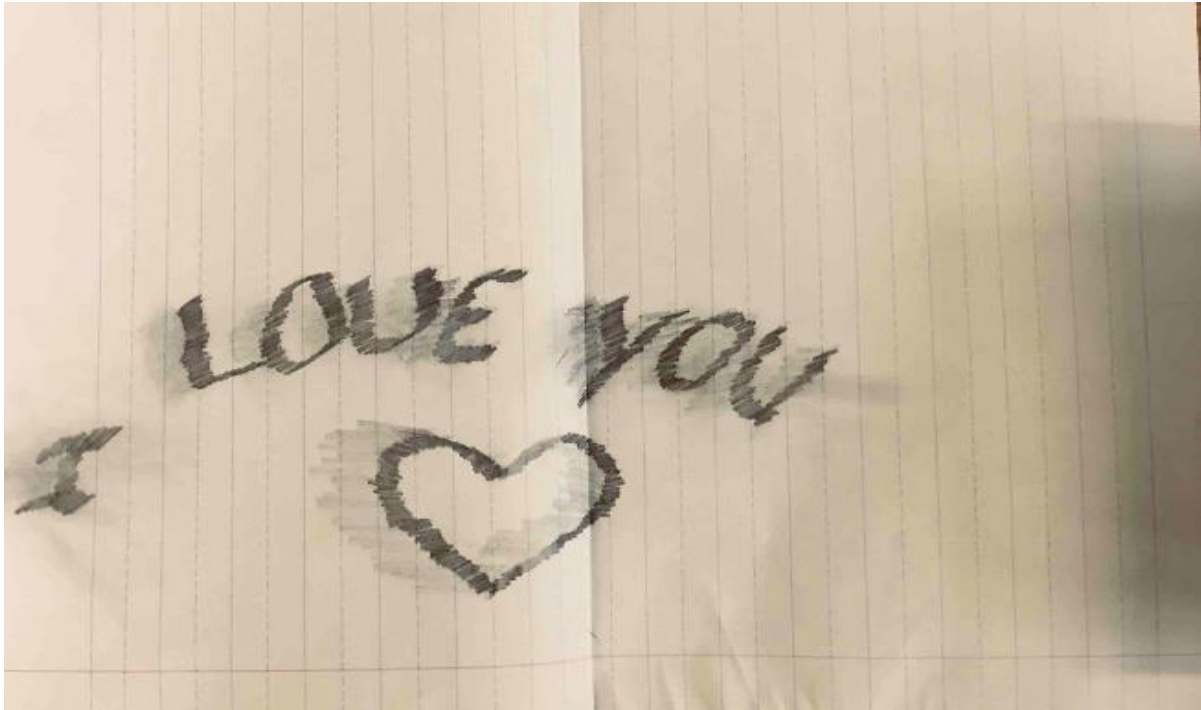
### a. Sense of trust

Throughout the life-design-related counselling intervention, a strong sense of trust towards the adults was detected, regardless of the adults' behaviour. (The adults whom they trusted would normally be the ones that would abuse that trust.) Participants had a strong sense of obligation towards others in the family as portrayed by Participant 1: *"It is important to help people when they fall down (physically). If you help others then they will help you when you fall down"* (1,8,9,322). Participants 3 and 4 indicated a strong sense of trust towards their biological mothers: *"My mother will never disappoint me. She always comes on my birthday and brings me presents"* (3,1,5,175-176) and *"...my mother is a good mother probably because she cares for and loves me"* (4,3,13,423). This was even though both participants' mothers had left them with grandparents and were not really a part of their lives. A strong sense of trustworthiness would be communicated towards siblings, especially when these siblings were exposed to the same domestic violence. Participant 6 stated: *"My brother is the most important person in my life"* (6,2,15,505).

### b. Perceived access to support

As discussed in the previous section (*sense of trust*), participants always indicated a general sense of trust towards their biological parents, regardless of how negative the latter's actions were. However, participants did not perceive them as being a support system that they could count on and in most instances, participants communicated that their primary support system(s) were the grandparents with whom they lived. This view was shared by most participants, as is evident from the following comments: *"My grandmother and grandfather mean a lot to me. They make sure we have food, help us with homework, and make sure we go to school"* (3,3,9,314-315) and *"I really feel that my grandmother and grandfather are people who are there for me and who*

*support me*” (5,1,1,13). In some instances, participants would refer either to a single parent as being a support structure in their lives or to another individual within the family: *“My mother and my grandmother will also be there for me and they are my friends”* (1,4,2,42) and *“...my uncle is there for me and supports me.”* (5,1,1,13).



Picture 2: An example of an entry into the memory box that indicate the participant’s love towards his grandparents.

### c. Feeling comfortable with others

All participants demonstrated the ability to experience comfort in the presence of others, but the people they felt the most comfortable with were their family members: *“My grandfather meant the world to me, that is why I included him in my memory box. He was a champion boxer. When he was really ill, I supported him every day”* (3,3,8,283-284) and *“I really like my grandmother and grandfather. I also like my family. They are there when you need them, they buy you clothes and look after you. They also help me to be a good person”* (5,3,12,380). Participant 6 indicated a comfort with family members who were not living with him and verbalised his comfort with the members of his family who chose to leave him behind with his other family members: *“I really love my cousin but he doesn’t live with us so I miss him a lot. My baby brother is very important to me and I love having my mother and baby sister around”* (6,2,15,505-506).

#### **d. Tolerance of differences**

Expressing their subjective views about certain circumstances was not an aspect of resilience that came easily for all participants – as was evident from the following account: *“I will sometimes show to my grandmother and mother that I am sad. I don’t really show it to my friends but I will show my feelings to my grandmother and mother”* (2,2,14,444). Participant 1 was able to express his belief that one should always help others even if they disagreed with you or were mean to you: *“I think I shall always be able to help others even if they are mean to me. I will help my family because they are my family and that is why I shall help them even if they are mean to me”* (1,8,11,344). Participant 4 was able to express her feelings and thoughts about another family member: *“My father forgot to congratulate my brother on his birthday which hurt him really bad. I phoned my father and told him what he did was mean and I am really cross at him”* (4,2,9,308-311).

#### **iii. Theme 3: Emotional reactivity**

##### **a. Sensitivity**

Various degrees of awareness existed in terms of participants’ awareness of the impact of their environment on them. When asked whether or not the fighting that he witnessed in the past had had an impact on him, Participant 2 replied: *“I feel like I am a much better person now because I don’t see as much fighting at home anymore”* (2,9,25,831-833). Participant 6’s statement, *“When my parents fight it makes me angry because I don’t want them to fight in front of my sister”* (6,1,7,231), indicated that his sensitivity to his environment was not only high, but actually increased, due to his awareness of the impact it had on his sister. Furthermore it appeared that there existed different degrees of sensitivity, depending on the environment in which participants found themselves: *“When I walk into class and other children make me angry then I will get angry and fight with them”* (6,3,25,812), whereas another participant argued that in an effort to minimise his reaction to his environment, he would try and manage it by removing himself from that environment: *“When they start fighting I just leave and go to my grandmother’s room. They won’t come and bother me there”* (2,1,2,60).

## **b. Recovery**

Throughout the life-design-based intervention, participants communicated a general ability to recover following a negative event that occurred in their environment. However, their ability to do so fluctuated in terms of the time it took them to recover. Some participants exhibited the ability to recover without any positive coping strategies but stated that they needed time to process events and their feelings: *“When my mom and stepfather would fight, I would get really angry. I would normally just wait two to three days then I would feel better”* (2,1,3,70-72). Others exhibited more goal-directed behaviour in an effort to recover emotionally: *“When I get angry and I want to fight I would just go somewhere alone and calm myself down by thinking of all the good stuff”* (3,1,3,115). Other participants found it difficult to recover: *“I am still angry when I think of what my father did to my brother. That was more than a week ago but when I think of him, I still get angry”* (4,4,19,618-619) and indicated a need to work through their emotions in an effort to recover.

## **c. Impairment**

Most participants were able to admit that their environment had a negative impact on their past and present behaviour, *“I don’t think I can ever be a good person again”* (6,3,22,734) while some relationships suffered due to their violent environment: *“My sister and I don’t really get along. I really try my best to like her and my grandmother knows it but it is really difficult”* (5,1,3,83-84). Participant 6 was able to discuss how his behaviour was affected by family violence in the past: *“When I get angry these days, I just say sorry. But it wasn’t always this way. In the past when I was angry, I would only start to feel better when I came back home from school”* (2,1,8,245-246). The degree of impairment would differ in relation to what the participants experienced: *“When my mother moved away with my sister, I was very angry, so angry that I could not do my work because I kept thinking of my sister”* (6,1,4,123-126). This would ultimately influence their ability to function in a healthy manner, not only at home but also at school.

**Table 12: Inclusion and exclusion criteria applied to inductive additional themes**

Inductively identified additional themes		
Themes	Inclusion criteria	Exclusion criteria
<i>Problem solving</i>	Any significant indication that participants could resolve a problem to maintain effective family functioning (Ryan <i>et al.</i> , 2005).	Any significant indication that participants failed to resolve a problem in an attempt to maintain effective family functioning.
<p><b><u>Examples of participants' verbatim responses:</u></b></p> <p>(1,9,18,591): <i>“Grandmother and I had a discussion and she said that I need to start listening to them and start obeying them, especially when they ask me to do something.”</i></p> <p>(3,1,3,78-79): <i>“When my sister and I get angry at one another we sort it out. We sit and talk to one another and we would play.”</i></p> <p>(5,8,20,673-675): <i>“I almost failed my grade. Everybody said I need to start behaving in class. My grandfather also talked to me and said I am not allowed to bully children anymore. He said I need to behave better in class so that the teachers are able to teach the children.”</i></p>		
<i>Communication</i>	Any significant indication of positive communication patterns <sup>24</sup> between participants and other family members (Ryan <i>et al.</i> , 2005).	Any indication of dysfunctional communication patterns between participants and other family members.
<p><b><u>Examples of participants' verbatim responses:</u></b></p> <p>(1,9,18,591): <i>“Grandmother and I had a discussion and she said that I need to start listening to them and start obeying them, especially when they ask me to do something.”</i></p> <p>(3,2,5,167-169): <i>“We are not living with my grandfather anymore because he used to fight with us. My mom decided she wants to move but first had a discussion with my sister and myself and asked whether or not we would prefer to stay with my grandmother. We both said yes we want to stay with grandmother.”</i></p>		

<sup>24</sup> Positive communication patterns in this context refer to communication that is “clear and direct” and where participants are able to verbally communicate their feelings. The communication is directed towards the correct person (Ryan *et al.*, 2005, p. 30).

(5,1,5,144-145): *“I told aunt Corrie and my grandmother that I really miss my father. My grandmother told me that I should not worry too much because one of these days he will be back again.”*

<p><i>Roles</i></p>	<p>Any significant indication of specific roles participants had to engage in to ensure that they fulfilled necessary family functions (Ryan <i>et al.</i>, 2005).</p>	<p>Any indication of vague/unclear roles that participants subsequently failed to engage in to fulfil family functions.</p>
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**Examples of participants’ verbatim responses:**

(3,3,12,421-423): *“At this stage my mother is not staying with us but we don’t hold that against her as she needs to work otherwise, she would not be able to support us. At least she sends money to my grandmother to buy bread and milk.”*

(5,4,15,505-506): *“The most important role family plays is the fact that they are always there for you. They are there to care for you, buy you food and clothing, to help, and support you ...”*

(6,1,8,317-318): *“Sir sometimes when my mother goes to work, she says that if I help my uncle look after my sister then I can get R5 or R10. When I get the money, I buy my sister some sweets.”*

<p><i>Affective responsiveness</i></p>	<p>Any significant indication of participants who responded effectively to other family members with regard to welfare and/or emergency emotions<sup>25</sup> (Ryan <i>et al.</i>, 2005).</p>	<p>Any indication of participants who were unable to respond effectively to other family members with regard to welfare and/or emergency emotions.</p>
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**Examples of participants’ verbatim responses:**

(2,1,4,119-120): *“When my stepfather wants to hurt my mother I will stand up and protect her because I care about her and I love her.”*

(3,3,8,286-288): *“My grandmother is staying with us now but she is sick. ... but it is good that she is staying with us because then I can be there for her and take care of her.”*

<sup>25</sup> *Welfare emotions* in this context refer to positive emotions such as “love, support, compassion, affection, warmth, etc.”, whereas *emergency emotions* refer to less positive emotions such as “fear, anxiety, depression, anger, etc.” (Ryan *et al.*, 2005, p. 34).



(4,3,13,423-424): *“My mother is a good mother because she cares for us and she loves us. She shows us that she loves us and that she cares about what happens to us.”*

<p><i>Affective involvement</i></p>	<p>Any significant indication that participants showed interest in other family members’ lives and specific activities that they were involved in (Ryan <i>et al.</i>, 2005).</p>	<p>Any indication that participants showed little or no interest in other family members’ lives and specific activities that they were involved in.</p>
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**Examples of participants’ verbatim responses:**

(1,8,10,335-336): *“I helped my brother with washing some stuff at home since he doesn’t like it. I enjoy helping my brother because I feel good afterwards and I like to help my brother.”*

(3,2,5,148): *“I enjoy swimming and spending time with my grandfather. I would enjoy helping him build fishing cabinets.”*

(5,2,6,183-184): *“My grandmother and my sister were at my birthday party. They were extremely excited to be there.”*

<p><i>Behaviour control</i></p>	<p>Any significant reference that participants made to parental disciplinary practices as well as standards and expectations relating to their behaviour (Ryan <i>et al.</i>, 2005).</p>	<p>Any reference made by participants that referred to no parental disciplinary practices or standards and expectations relating to their behaviour.</p>
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**Examples of participants’ verbatim responses:**

(1,8,12,377-378): *“... my grandmother asked my brother and myself to change our behaviour and not get angry. She doesn’t hit us. She will ask us nicely if she wants us to do things.”*

(2,1,8,241-242): *“Nobody disciplines me when I don’t listen to my mother or grandmother. I just go and say sorry afterwards.”*

(5,6,17,567-568): *“... I got a hiding. When we are really naughty then we will get a hiding but most of the time we would just get a stern talking to.”*

(6,1,2,88-89): *“It makes me angry when dad gives me a hiding. He gives me a hiding because I am not allowed to fight with the pillows.”*

## i. Inductively identified additional themes

### a. Problem solving

Most families and participants essentially failed to display behaviours that were characteristic of positive problem-solving habits and of family members working together to actively and constructively resolve the problems that arose. Participants nevertheless indicated behaviours that pointed to their willingness to resolve problems as reflected by the following comment: *“Grandmother and I had a discussion and she said that I need to start listening to them and start obeying them, especially when they ask me to do something”* (1,9,18,591), and *“When my sister and I get angry at one another we sort it out. We sit and talk to one another and we would play”* (3,1,3,77-79). Participants generally indicated a communicative style of resolving problems where family members mainly gave advice: *“I almost failed my grade. Everybody said I need to start behaving in class. My grandfather also talked to me and said I am not allowed to bully children anymore. He said I need to behave better in class so that the teachers are able to teach the children”* (5,8,20,673-675).

Despite the above approaches, hardly any evidence was gathered that would indicate healthy habits of resolving problems to help the family function effectively as a unit.

### b. Communication

Communication between family members for most parts was characterised by violence or aggression with little clear and direct communication taking place. Positive communication was however evident from some participants' accounts during the life-design-related counselling process: *“We are not living with my grandfather anymore because he used to fight with us. My mom decided she wants to move but first had a discussion with my sister and myself and asked whether or not we would prefer to stay with my grandmother. We both said yes we want to stay with grandmother”* (3,2,5,167-168). Communication that took place did not necessarily involve in-depth discussions, but reflected more of an “instructional” style where participants were instructed to engage in certain behaviours: *“Grandmother and I had a discussion and she said that I need to start listening to them and start obeying them, especially when they ask me to do something”* (1,9,18,591). In certain cases, participants would communicate their

internal emotions and thoughts, but the communication from family members would not encourage positive reciprocal communication and/or the exploration of emotions and thoughts: *“I told aunt Corrie and my grandmother that I really miss my father. My grandmother told me that I should not worry too much because one of these days he will be back again”* (5,1,5,144-145).

### **c. Roles**

Roles refer to any significant activity that participants/family members had to engage in to ensure that they fulfilled necessary family functions (Ryan *et al.*, 2005). Through the life-design-related counselling intervention, certain roles became evident, which signified a sense of responsibility towards the family unit as a larger system: *“At this stage my mother is not staying with us but we don’t hold that against her as she needs to work otherwise, she would not be able to support us. At least she sends money to my grandmother to buy bread and milk”* (3,3,12,421-423), and *“The most important role family plays is the fact that they are always there for you. They are there to care for you, buy you food and clothing, to help, and support you ...”* (5,4,15,504-505). In some instances, roles were delegated to children as a way to help parents/caregivers who could not attend to the roles themselves, due to other engagements: *“Sir sometimes when my mother goes to work, she says that if I help my uncle look after my sister then I can get R5 or R10. When I get the money, I buy my sister some sweets”* (6,1,8,317-318).

### **d. Affective responsiveness**

Throughout the life-design-related counselling intervention, a few instances occurred where participants referred to their affective responsiveness towards other family members: *“My grandmother is staying with us now but she is sick. .... but it is good that she is staying with us because then I can be there for her and take care of her”* (3,3,8,286-288). What was distinctive of participants growing up in the environments characterised by family violence, was the fact that they would engage in the same type of behaviours if they perceived a family member to be in danger *“When my stepfather wants to hurt my mother I will stand up and protect her because I care about her and I love her”* (2,1,4,119-120). Participants indicated that they had the capacity to identify

emotions of love and care towards them and in turn they were able to verbalise their awareness of these affections: *“My mother is a good mother because she cares for us and she loves us. She shows us that she loves us and that she cares about what happens to us”* (4,3,13,423-424). It was evident throughout that participants were able to engage in behaviours that exhibited affection towards other family members, and they were also able to realise when affection was being shown to them by other family members.

#### **e. Affective involvement**

One feature of a “healthy” family involves the extent to which they show interest in the activities of other family members. Participants exhibited a genuine interest in the lives of other family members: *“I helped my brother with washing some stuff at home since he doesn’t like it. I enjoy helping my brother because I feel good afterwards and I like to help my brother”* (1,8,10,335-336), and *“I enjoy swimming and spending time with my grandfather. I enjoy helping him build fishing cabinets”* (3,2,5,148). In most cases the biological parents were not involved, but other family members would be present during important milestones for participants: *“My grandmother and my sister were at my birthday party. They were extremely excited to be there”* (5,2,6,183-184). Overall, participants exhibited a genuine interest in other family members’ lives.

#### **f. Behaviour control**

Throughout the life-design-related counselling intervention, mention was made of the parents’ style of disciplining their children, which was in most cases communicated by the participants themselves: *“It makes me angry when dad gives me a hiding. He gives me a hiding because I am not allowed to fight with the pillows”* (6,1,2,88-89), and *“... I got a hiding. When we are really naughty then we will get a hiding but most of the time we would just get a stern talking to”* (5,6,17,567-568). In all cases where physical punishment was given by a responsible adult, it seemed to be done in a controlled manner. What became apparent was the fact that children who had been exposed to family violence while living with their biological parents did not receive any physical punishment while living with other family members. Verbal reprimands were predominantly used: *“... my grandmother asked my brother and myself to change our*

*behaviour and not get angry. She doesn't hit us. She will ask us nicely if she wants us to do things"* (1,8,12,377-378), and *"Nobody disciplines me when I don't listen to my mother or grandmother. I just go and say sorry afterwards"* (2,1,8,241-242).

**Table 13: Inclusion and exclusion criteria applied to inductively identified additional sub-themes**

Inductively identified additional sub-themes		
Sub-themes	Inclusion criteria	Exclusion criteria
<i>Enhanced sense of self</i> <sup>26</sup>	Any significant indication of participants' self-image, positive feelings towards and about themselves, and the ability to function in an independent manner (Berggraf, Ulvenes, Hoffart, McCullough, & Wampold, 2014).	Any significant indication of participants having a poor self-image, negative feeling towards themselves, and being unable to function independently.
<b><u>Examples of participants' verbatim responses:</u></b>		
(1,8,12,380-381): <i>"When people make me angry, I helped myself to change. I just tell myself to keep quiet and walk away. This way I don't get angry."</i>		
(3,5,16,568-569): <i>"I am going to try and behave in class and stop hitting people and try to sort out problems. I know I can do it Sir. I just need to start trusting myself more as well as other people."</i>		
(6,7,34,1116): <i>"I want to live on a farm and help animals. When I do this, it helps me keep the devil of my shoulder. I can then be good."</i>		
<i>Increased awareness of changing cognitive processes</i>	Any significant indication that participants were more aware of their thoughts, feelings, and actions.	Any significant indication that participants were not suitably aware of their thoughts, feelings, and actions.

<sup>26</sup> Berggraf *et al.* (2014, p. 456) comprehensively define an individual's *sense of self* as aspects of an individual's self-image ("self-perception, self-esteem, and self-compassion"), the ability to know and care about one's own thoughts and feelings, and the ability to function autonomously in a healthy manner.

**Examples of participants' verbatim responses:**

(2,6,19,627): *“Up until the age of 13 I felt free because I could do anything I wanted to do. When I think about my life up until now, I also feel like a bad person, a sinner.”*

(3,7,23,867-868): *“Yes. I can remind myself of all the good things and the fact that I want to be a better person. I can also keep on telling myself that I don't want to hit people anymore.”*

(4,4,20,675): *“I feel sad without my mother. But I would not say or show to people the fact that I am sad.”*

<i>Enhanced future perspective</i>	Any significant indication that participants had a positive perspective of and outlook on their future lives and/or career(s).	Any significant indication that participants were unable to have a positive perspective of and outlook on their future lives and/or career(s).
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**Examples of participants' verbatim responses:**

(1,9,13,439-440): *“When I grow up, I want to look well after my children and wife. I am going to be a good father who doesn't hit his children. I want to be a happy person that likes his life.”*

(3,3,10,367): *“My father is not a good father and I want to be a better father to my children one day.”*

(4,3,13,410-412): *“My dream is to live in a big house with my mother, grandmother, grandfather, and my brothers. I would like to be like my mother except that I wouldn't want to work in a pub. I want to be a doctor one day.”*

<i>Identification of strengths and weaknesses</i>	Any significant comment that referred to participants being consciously aware of their own strengths and weaknesses and how these could potentially benefit them.	Any significant comment that indicated that participants were unaware of their own strengths and weaknesses and how they could potentially benefit from them.
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**Examples of participants' verbatim responses:**

(1,5,4,124): *“I remember when I was happy, I was able to treat other people with respect.”*

(3,6,21,760): *“I can study hard to get somewhere in life. This is something I can do by myself.”*

(4,8,28,945-946): *“I am proud of myself because I am good in athletics. This year I got into two events where last year it was only one event. I am very good at running.”*

<i>Emotional awareness</i> <sup>27</sup>	Any significant comment made by participants that exhibited an awareness of and/or attention to the emotions they were feeling and/or experiencing (Boden, Gala, & Berenbaum, 2013).	Any significant comment made by participants that showed limited awareness of their own emotions and/or a lack of attention to what they were feeling.
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**Examples of participants’ verbatim responses:**

(1,5,5,152): *“I don’t like it when people get hurt or when people use foul language towards me. When this happens, I get very angry.”*

(3,1,3,108): *“When the adults fight and I see it then it makes me angry and I then want to fight as well.”*

(5,2,8,247-248): *“I don’t like it when I go and visit my mother because she calls us names and treats us bad. This breaks my heart which makes me unhappy.”*

<i>Expressions of personal growth</i> <sup>28</sup>	Any significant indication of growth in the participant’s beliefs, thoughts, life orientation, perceptions, and/or priorities as a result of the life-design-related counselling intervention (Taubman-Ben-Ari, Findler, & Shlomo, 2012).	Any significant indication of no growth in the participant’s beliefs, thoughts, life orientation, perceptions, and/or priorities during the life-design-related counselling intervention.
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**Examples of participants’ verbatim responses:**

(1,7,9,284-285): *“If I want to reach my dream then it is important that I keep on studying. I also need to change my behaviour like I can’t hit other children or use foul language.”*

<sup>27</sup> Boden *et al.* (2013, p. 943) state that emotional clarity refers to an individual’s ability to “identify, discriminate, and understand their own feelings”.

<sup>28</sup> Taubman-Ben-Ari *et al.* (2012) refer to personal growth as including psychological, interpersonal, and life-orientation changes taking place. It includes a change in how individuals perceive themselves, re-establish new priorities in life, and achieve an increased maturity in their interpersonal relationships.

(3,8,30,1074): *“I can choose to help people.”*  
 (4,8,31,1042-1043): *“I try and do things I struggle with till I get it right. I don’t tell myself that I am bad at stuff as much as I use to. I tell myself I am awesome.”*

<i>Incomplete cognitive processing</i>	Any significant indication of the participant being overly focused on the facts of the here and now, with no future-oriented thinking (Dey, Newell, & Moulds, 2018).	Any significant indication that participants were not fully focused on the facts of the here and now, with an exaggerated future-oriented thinking style.
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**Examples of participants’ verbatim responses:**  
 (2,5,17,562): *“No. I know there are other things I would like to do but I haven’t thought about it.”*  
 (4,7,28,915-916): *“I want to help people. Doctors help people. But I did not yet think more about becoming a doctor.”*  
 (6,9,39,1286): *“I want to live on a farm one day. I don’t know.”*

<i>Unwillingness to forgive</i>	Any significant indication that participants were unable to forgive family members and/or were vindictive towards them.	Any significant indication that participants were able to forgive family members and/or exonerate them.
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**Examples of participants’ verbatim responses:**  
 (1,5,6,181): *“When he hurts my mother, I want to assault him. I still want to but he keeps on closing his door.”*  
 (2,1,7,228): *“Yes. That is how I get them back for hurting me.”*  
 (4,4,19,621-622): *“Angry. I am still angry for what my father did to my brother. It is almost a week ago and I am still angry at him. I don’t think I will ever be able to forgive him.”*

<i>Anxiety</i>	Any significant indication of participants being “excessively fearful, anxious, and/or avoidant of perceived threats” in their immediate	Any significant indication of participants not being “excessively fearful, anxious, and/or avoidant of perceived threats” in their immediate environment.
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	environment (Craske & Stein, 2016, p. 3048).	
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**Examples of participants' verbatim responses:**

(1,5,5,168-169): *“Sad. We are used to them fighting but regardless I still get scared and I worry about my mother. It is not nice to see them fight like that.”*

(3,3,8-9,294-295): *“It sounds bad but I am glad my grandfather passed away. To see him sick was not a nice experience because we would either cry or laugh. The whole time I was worried about him and that was not a pleasant experience.”*

(6,1,6,193-195): *“I was worried when my mother took my little sisters and went away Sir. I was worried that they went away and did not call us and that I would never see them again. I was scared ...”*

<i>Appreciation of kinship relationships</i>	Any significant indication of participants being able to express love/intimacy towards another significant person in their immediate environment.	Any significant indication of participants being unable to express love/intimacy towards another significant person in their immediate environment.
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**Examples of participants' verbatim responses:**

(1,4,2,42): *“It is my mother and grandmother. I love them very much because they look after us well. They are my friends.”*

(4,3,10,333-334): *“... love you grandfather. You are the only grandfather that I love at this moment and grandmother is the only grandmother whom I love.”*

(5,3,10,328): *“I love my father very much and the Bible also says that you should love your parents.”*

<i>Feelings of being accepted</i>	Any significant indication of participants feeling a sense of acceptance within the family environment.	Any significant indication of participants not feeling a sense of acceptance within the family environment.
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**Examples of participants' verbatim responses:**

(2,2,14,447-448): *“I will show that I am sad to my friends, mother, and grandmother. I don't show my feelings to anybody, especially not strangers.”*

(4,8,30,1000): *“My mother, grandfather, and uncle. The constantly tell me that they are proud of me.”*

(3,3,9,316-317): *“My grandmother is my life. I stay with them. My grandfather helps me with things I need to do and my grandmother ensure we come to school. I love staying with them.”*

<p><i>Inadequate relationships between children and biological parents</i></p>	<p>Any significant indication of relationships between children and their biological parents characterised by a lack of trust, care, warmth, and respect for one another.</p>	<p>Any significant indication of relationships between children and their biological parents characterised by trust, care, warmth, and respect for one another.</p>
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**Examples of participants’ verbatim responses:**

(2,1,1,33-34): *“My father doesn’t visit us anymore. Sometimes I see him walking around at SPAR (supermarket) but we don’t talk with one another. He is no longer involved in my life.”*

(4,3,11,373-374): *“I don’t talk to my father that much anymore. When I do Skype them, I will mostly talk with my oldest brother, aunt Kitty, and my stepmother. I am still angry at him.”*

(6,1,9,288-290): *“... when I come home from school I normally go and visit my mother for a few hours. But I usually tell my mother that I can only visit till three o’clock then I have to go back to my father.”*

<p><i>Appreciation of social interactions</i></p>	<p>Any significant indication of participants referring to peer groups, aspects of school, and/or friends in a positive manner.</p>	<p>Any significant indication of participants referring to peer groups, aspects of school, and/or friends in a negative manner.</p>
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**Examples of participants’ verbatim responses:**

(2,1,3,80 & 85): *“I mostly spend time at home playing PlayStation with my friends. I also have good friends at school which I play with but only at school, not at home. There are not a lot of children in my class that lives where I live.”*

(5,2,8,255-256): *“... I gave this one boy a piece of bread to help him. It felt like Jesus was in my heart. We are now best friends and he is my only best friend.”*

(6,6,31,1012-1013): *“When I went to school, I met my friend Frankie (pseudonym). It was really nice meeting him and we became best friends. We are still best friends today and we do everything together at school.”*

## **i. Inductively identified additional sub-themes**

### **a. Manifestations of the influence of an enhanced sense of self**

Participants conveyed an enhanced sense of self, predominantly in the way they thought about themselves and their behaviour. Their enhanced sense of self led to them being more aware of their own behaviour: *“I am going to try and behave in class and stop hitting people and try to sort out problems. I know I can do it Sir. I just need to start trusting myself more as well as other people”* (3,5,16,568-569). Their enhanced independence became apparent, as well as their ability to regulate their sense of self: *“When people make me angry, I helped myself to change. I just tell myself to keep quiet and walk away. This way I don’t get angry”* (1,8,12,380-381). Participants were also able to increasingly verbalise preventative behaviours – more particularly behaviours they wanted to engage in to maintain the sense of self for which they strove: *“I want to live on a farm and help animals. When I do this, it helps me keep the devil of my shoulder. I can then be good”* (6,7,34,1116).

### **b. Increased awareness of changing cognitive processes**

An increased awareness could be observed throughout the life-design-related counselling intervention, more specifically in participants’ awareness of their control over their own actions and thoughts: *“Yes. I can remind myself of all the good things and the fact that I want to be a better person. I can also keep on telling myself that I don’t want to hit people anymore”* (3,7,23,867-868). Participants also became aware of their life narratives and categorised periods of their life with themes that served as significant descriptors of their lives: *“Up until the age of thirteen (13) I felt free because I could do anything I wanted to do. When I think about my life up until now, I also feel like a bad person, a sinner”* (2,6,19,627). These themes co-existed within the same period of time. However, an increased awareness did not always lead to changed behaviour, as became evident from the following statement: *“I feel sad without my mother. But I would not say or show to people the fact that I am sad”* (4,4,20,675).

### **c. Enhanced future perspective**

The life-design-related counselling intervention played a significant role in allowing participants to consider their current environment and role models, and to decide

whether or not they wanted to change their narrative or follow the same narrative as their parents. Participants were able to noticeably verbalise their preferred different narratives: *“My father is not a good father and I want to be a better father to my children one day”* (3,3,10,367), and *“My dream is to live in a big house with my mother, grandmother, grandfather, and my brothers. I would like to be like my mother except that I wouldn’t want to work in a pub. I want to be a doctor one day”* (4,3,13,410-412). Some participants chose to communicate their future narrative in a way that highlights the values they wanted to embed in themselves, both as parents and people: *“When I grow up, I want to look well after my children and wife. I am going to be a good father who doesn’t hit his children. I want to be a happy person that likes his life”* (1,9,13,439-440).

#### **d. Identification of strengths and weaknesses**

Participants, overall, were able to verbalise their strengths and those aspects of life at which they excelled: *“I am proud of myself because I am good in athletics. This year I got into two events where last year it was only one event. I am very good at running”* (4,8,28,945). Participants were aware of not only their internal strengths, but also of other strengths relating to their ability to control their environment (*internal locus of control*) and aspire to future goals: *“I can study hard to get somewhere in life. This is something I can do by myself”* (3,6,21,760). During the intervention, participants were able to identify the type of environment that would allow them to flourish, an environment which would highlight their strengths: *“I remember when I was happy, I was able to treat other people with respect”* (1,5,4,124).

#### **e. Emotional awareness**

Participants exhibited satisfactory emotional awareness throughout the life-design-related counselling process and demonstrated a sharp awareness of the actions of people around them and their subsequent impact on the participants’ emotional state. What was apparent, was that most participants’ first emotional reaction was anger: *“When the adults fight and I see it then it makes me angry and I then want to fight as well”* (3,1,3,108), and *“I don’t like it when people get hurt or when people use foul language towards me. When this happens, I get very angry”* (1,5,5,152). Participants

were only able to identify with a limited number of different emotions. In some cases, participants explored those emotions more and countered their initial aggressive reaction with greater insight into the causes of their emotional status: *“I don’t like it when I go and visit my mother because she calls us names and treats us bad. This breaks my heart which makes me unhappy”* (5,2,8,247). Overall, participants exhibited awareness of their emotional states and experiences and what led to them being angry. However, they exhibited a limited vocabulary when it came to expressing their emotions.

#### **f. Expressions of personal growth**

A number of participants struggled to verbalise their thoughts and experiences due to a limited vocabulary. Through guidance, participants were able to indicate how their thoughts had changed with regard to how they wanted to advance towards the future: *“If I want to reach my dream then it is important that I keep on studying. I also need to change my behaviour like I can’t hit other children or use foul language”* (1,7,9,284-285), and *“I try and do things I struggle with till I get it right. I don’t tell myself that I am bad at stuff as much as I use to. I tell myself I am awesome”* (4,8,31,1042-1043). Personal growth was not always evident, and some participants made ‘minor’ decisions which they felt would help them be better people in the future and support them in achieving their goals: *“I can choose to help people”* (3,8,30,1074).

#### **g. Incomplete cognitive processing**

What became apparent during the course of the intervention, was that most participants, irrespective of their ability to communicate either personal or professional goals, did not have a clear plan or approach that could maximise their potential to actualise their future narrative: *“I want to help people. Doctors help people. But I did not yet think more about becoming a doctor”* (4,7,28,915-916). One participant stated: *“I want to live on a farm one day”* (6,9,39,1286), but in the process of exploring what steps he needed to take to ensure that he would move towards his future goal, he replied: *“I don’t know”* (6,9,39,1286). Regardless of participants’ future aspirations, most of them neglected the process of exploring their roles and responsibilities – a crucial cognitive process that could increase their chances of realising their future

narratives. The possibilities of achieving a greater future was not as clear cut for some, but they still acknowledged the certainty of something better: *“No. I know there are other things I would like to do but I haven’t thought about it”* (2,5,17,562). There appeared to be a theme among participants of being able to articulate future narratives, but they failed to fully engage with exploring their future roles to ensure that they would be successful.

#### **h. Unwillingness to forgive**

The ability of participants to display forgiveness varied from participant to participant. Despite the fact that they were able to forgive, most participants indicated an unwillingness to forgive at least one specific person: *“When he hurts my mother, I want to assault him. I still want to but he keeps on closing his door”* (1,5,6,181). Some participants were unable to forgive either peers or family members, as was evident from the following comment: *“Yes. That is how I get them back for hurting me”* (2,1,7,228), and *“Angry. I am still angry for what my father did to my brother. It is almost a week ago and I am still angry at him. I don’t think I will ever be able to forgive him”* (4,4,19,621-622). The overall impression was one of participants struggling to forgive a specific person who, in most cases, repeatedly hurt them.

#### **i. Anxiety**

Determining whether or not participants experienced feelings of anxiety was challenging, as most of them had been subjected to domestic violence for such an extended period of time that they had been desensitised by its effects. This was evident from the following: *“Sad. We are used to them fighting but regardless I still get scared and I worry about my mother. It is not nice to see them fight like that”* (1,5,5,168-169). What became obvious was the fact that anxiety was present in participants, particularly when it came to situations that they could not control and that affected members of their family: *“I was worried when my mother took my little sisters and went away Sir. I was worried that they went away and did not call us and that I would never see them again. I was scared ...”* (6,1,6,193-194), and *“It sounds bad but I am glad my grandfather passed away. To see him sick was not a nice experience because we would either cry or laugh. The whole time I was worried about him and that was not a*

*pleasant experience*” (3,3,8-9,294-295). Through analysis it became evident that most of the anxiety that participants felt was not because of something hurtful that would happen to themselves, but rather to somebody they loved.

#### **j. Appreciation of kinship relationships**

Due to the fact that most participants lived in home environments that had been broken due to family violence, most of them have formed secondary attachments with their current primary caregivers: “... *love you grandfather. You are the only grandfather that I love at this moment and grandmother is the only grandmother whom I love*” (4,3,10,333-334). Some participants voiced loving relationships with biological parents as was evident from the comment: “*It is my mother and grandmother. I love them very much because they look after us well. They are my friends*” (1,4,2,42). Other participants indicated that they had loving relationships with their biological parents and motivated their love for their parents based on important internal values: “*I love my father very much and the Bible also says that you should love your parents*” (5,3,10,328). Most participants had established loving and intimate relationships with a family member and were able to receive support from them.

#### **k. Feelings of being accepted**

A general sense of being accepted was conveyed by participants as their feelings of being accepted mostly related to family members: “*My grandmother is my life. I stay with them. My grandfather helps me with things I need to do and my grandmother ensures we come to school. I love staying with them*” (3,3,9,316-317). Most participants experienced acceptance from people they had loving relationships with, as could be expected: “*My mother, grandfather and uncle. They constantly tell me that they are proud of me*” (4,8,30,1000). Only one participant conveyed a general sense of acceptance received, not only from family but also from friends, indicating that he would be willing to communicate feelings of sadness to his friends: “*I will show that I am sad to my friends, mother, and grandmother. I don’t show my feelings to anybody, especially not strangers*” (2,2,14,447-448). All other participants felt that they only experienced feelings of acceptance from their family members.

## **l. Inadequate relationships between children and biological parents**

In most cases, the participant's relationship with both or one of their biological parents was characterized by a lack of trust, care, warmth or respect for one another. Overall, it appeared that participants had the least positive relationships with their fathers: *"My father doesn't visit us anymore. Sometimes I see him walking around at SPAR (supermarket) but we don't talk with one another. He is no longer involved in my life"* (2,1,1,33-34), and *"I don't talk to my father that much anymore. When I do Skype them I will mostly talk with my oldest brother, aunt Sarah (pseudonym), and my stepmother"* (4,3,11,373-374). Reference was made to parents being valued and trusted, but participants felt the need to regulate their exposure to their parents: *"... when I come home from school I normally go and visit my mother for a few hours. But I usually tell my mother that I can only visit till three o'clock then I have to go back to my father"* (6,1,9,288-290).

## **m. Appreciation of social interactions**

Friendship was a theme that was talked about throughout the discussion and most participants were able to communicate a general sense of interacting with other peers within a friendship dynamic: *"I mostly spent time at home playing PlayStation with my friends. I also have good friends at school which I play with but only at school, not at home. There are not a lot of children in my class that lives where I live"* (2,1,3,79-80). Engaging with other peers occurred without difficulty for some participants and ultimately supported them in creating friendships: *"When I went to school, I met my friend Frankie (pseudonym). It was really nice meeting him and we became best friends. We are still best friends today and we do everything together at school"* (6,6,31,1012-1013). Despite most participants' histories of abuse, they were willing to reach out to others who needed help, thus exhibiting positive social interactions that would lead to friendships: *"... I gave this one boy a piece of bread to help him. It felt like Jesus was in my heart. We are now best friends and he is my only best friend"* (5,2,8,255-256).



**Table 14: Inclusion and exclusion criteria applied to inductively identified additional sub-sub-themes**

Inductively identified additional sub-sub-themes		
Sub-sub-themes	Inclusion criteria	Exclusion criteria
<i>Forgiveness</i>	Any significant indication of participants being able to forgive another person who had hurt or wronged them in some manner.	Any significant indication of participants being unable to forgive another person who had hurt or wronged them in some manner.
<p><b><u>Examples of participants' verbatim responses:</u></b></p> <p>(3,3,9,336-337): <i>"If I forget about all the bad things that happened and start thinking about all the good things that happened. Like I can forgive my father and move forward in life."</i></p> <p>(4,3,12,416): <i>"Yes. We fight a lot but I still forgive him because he is my brother."</i></p>		
<i>Work ethic</i>	Any significant indication of participants having an inherent belief that working hard and persevering would result in success, add value, and support them in achieving their goals.	Any significant indication of participants not having an inherent belief that working hard and persevering would result in success, add value, and support them in achieving their goals.
<p><b><u>Examples of participants' verbatim responses:</u></b></p> <p>(2,8,22,739-740): <i>"I do practice at nights to become a professional rugby player. Push-up's and sit-up's but I need to start playing rugby as soon as possible."</i></p> <p>(3,3,10,339-340): <i>"To go forward means that I am going to work hard, study hard, do my homework, work in class, and listen to my teachers."</i></p> <p>(4,8,30,987): <i>"Yes. I am proud of myself for the way I work hard in class and how hard I practice in athletics."</i></p>		
<i>Values</i>	Any significant indication of a participant's beliefs, ideals, and values that determined his/her	Any significant indication of a participant not holding any beliefs, ideals, and values that determined his/her

	behaviour, attitude, choices, and/or thought processes.	behaviour, attitude, choices, and/or thought processes.
<b>Examples of participants' verbatim responses:</b>		
(1,9,19,619-620): <i>"I don't want to use foul language or hurt other people. I don't ever want to swear at my mother and my grandmother. It is important that I treat people with respect, especially my family."</i>		
(2,9,26,847): <i>"I feel good when I help people. That is why I am no longer going to bully other children."</i>		
(4,5,22,742-743): <i>"What is important to me is the fact that I want to have a family and be happy. I want to help people, especially people who are bullied."</i>		
<i>Religious beliefs</i>	Any significant indication of participants holding beliefs about a religious deity that influenced their behaviour, thoughts, and attitudes towards the environment, people, as well as the future.	Any significant indication of participants holding no beliefs about a religious deity that could influence their behaviour, thoughts, and attitudes towards the environment, people, as well as the future.
<b>Examples of participants' verbatim responses:</b>		
(1,4,2,66): <i>"God died for my sins on the cross and that is how I know that things will be alright."</i>		
(4,9,32,1068-1069): <i>"And that Jesus lives in my heart. It is important to me to follow Jesus and to have him in my life."</i>		
(5,9,22,744-745): <i>"Here is my future. God came into my heart and he told me to be a better person. He told me to look after my children, be happy, and have a good job."</i>		

**i. Inductively identified additional sub-sub-themes**

**a. Forgiveness**

Forgiveness was a topic with which most participants did not engage, as they were predominantly reactive towards their environments, which meant that forgiveness was not always presented. However, some displays of forgiveness were shown by

participants in the course of the life-design-related counselling intervention: *“Yes. We fight a lot but I still forgive him because he is my brother”* (4,3,12,416). One participant voiced that he wanted to move onto a better path in life after what he had gone through with his dad: *“If I forget about all the bad things that happened and start thinking about all the good things that happened. Like I can forgive my father and move forward in life”* (3,3,9,336-337).

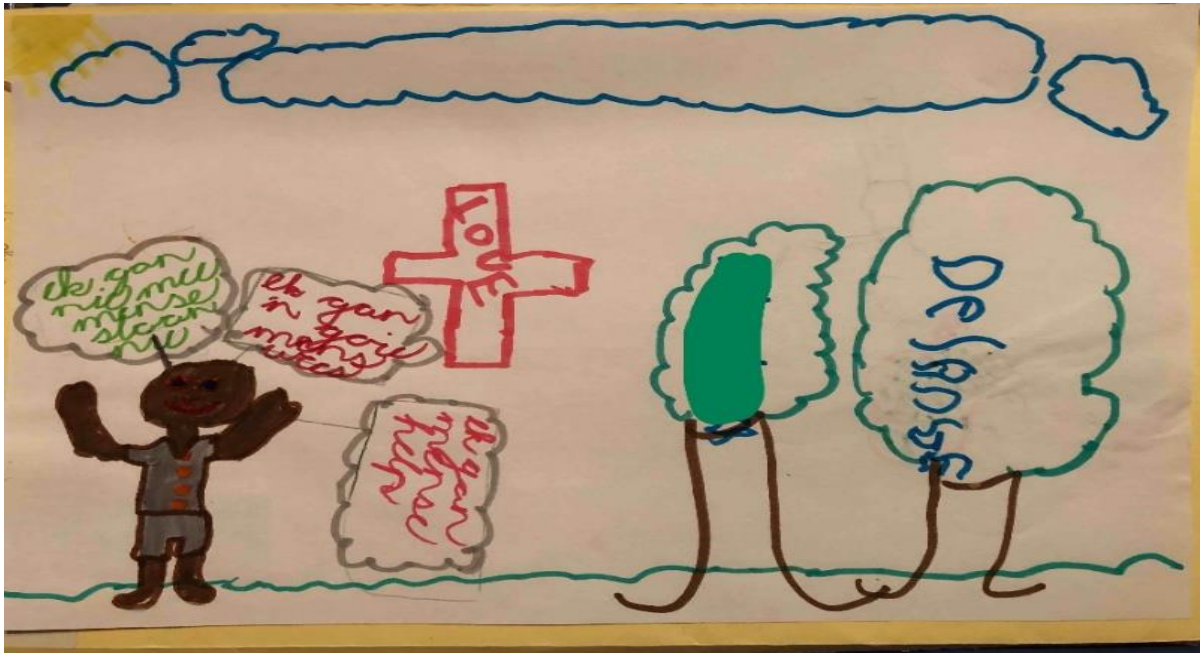
#### **b. Work ethic**

In most cases, participants were aware of aspects they could improve with regard to their work ethic to ensure that they would be able to design new and healthier future narratives: *“To go forward means that I am going to work hard, study hard, do my homework, work in class, and listen to my teachers”* (3,3,10,339-340). Participants were able to acknowledge a positive work ethic and critically evaluate how they could improve further: *“I do practice at nights to become a professional rugby player. Push-up’s and sit-up’s but I need to start playing rugby as soon as possible”* (2,8,22,739-740). In the process of exploring future narratives, it became important to create an environment where participants could acknowledge positive work ethic that had already been fostered: *“Yes. I am proud of myself for the way I work hard in class and how hard I practice in athletics”* (4,8,30,987).

#### **c. Values**

In the process of exploring new and healthier narratives, participants were able to communicate certain values that they believed were important in this process of designing their future lives: *“I don’t want to use foul language or hurt other people. I don’t ever want to swear at my mother and my grandmother. It is important that I treat people with respect, especially my family”* (1,9,19,619-620), and *“What is important to me is the fact that I want to have a family and be happy. I want to help people, especially people who are bullied”* (4,5,22,742-743). Other participants were able to

nurture more adaptable values during the intervention: *“I feel good when I help people. That is why I am no longer going to bully other children”* (2,9,26,847).



Picture 3: Drawing of future values (Participant's actual name was blocked out)

#### d. Religious beliefs

During the intervention, participants spontaneously referred to their religion (Christianity) as a support pillar which they valued dearly: *“Here is my future. God*



*came into my heart and he told me to be a better person. He told me to look after my children, be happy, and have a good job”* (5,9,22,744-745), and *“... and that Jesus lives in my heart. It is important to me to follow Jesus and to have him in my life.”* (4,9,32,1068-1069). Participants were able to draw on the support of their religious beliefs to provide certainty for the future, especially if they were uncertain about their future lives: *“God died for my sins on the cross and that is how I know that things will be alright.”* (1,4,2,66).

Picture 4: Drawing depicting Jesus living in the heart of a participant

#### 4.4. Summary of themes, sub-themes, and sub-sub-themes

Table 15 presents a summary of the themes, sub-themes, and sub-sub-themes based on my discussion above:

**Table 15: Summary of themes, sub-themes and sub-sub-themes**

	Pre-intervention themes	Post-intervention themes
Themes: Deductive a priori	Pre-intervention status <sup>29</sup>	Theme
<b>Sense of mastery</b>	Participants were to some degree able to interact with their environment and appreciate the connection between cause-and-effect relationships. Some participants were unable to grasp the consequences of their actions.	An increasing awareness of their actions and the impact of such actions.
<b>Sense of relatedness</b>	Participants mostly indicated connectedness with close family members, which constituted as significant relationships. Some participants communicated their	Expression of their appreciation of kinship relationships.

<sup>29</sup> Pre-intervention status and information were obtained through the initial interviews and administering of the *RSCA* assessment as highlighted in step 2 & 3, table 1, page 12. Information about the participants from these discussions were conceptualized and summarized to assess participants and obtain a more comprehensive idea of the intrinsic qualities, especially those relating to constructs of resilience. The information obtained were summarized as per table 15. Capturing all the information from participants in table 15 was not realistic and a decision was made to capture dominant themes to provide a description that was relevant to most participants.

	ability to relate to friends – connections which were for the most part superficial.	
<b>Emotional reactivity</b>	Participants appeared to react very emotionally to adverse events or circumstances. Most appeared to have an unhealthy reaction to traumatic events and to others, especially peers.	Decreased intensity of emotional reactions during stressful situations.
<b>Sub-themes</b>	<b>Pre-intervention status</b>	<b>Theme</b>
<b>Optimism</b>	Participants were to some extent able to express a positive self-esteem and attitude with regard to their future.	Increased sense of optimism and hope.
<b>Self-efficacy</b>	For the most part, participants operated from a viewpoint of being able to exercise a certain degree of control over their environment. Some participants acknowledged that their negative beliefs about themselves influenced their behaviour negatively.	Increased belief in their ability to influence their future circumstances.
<b>Adaptability</b>	Participants indicated that receiving criticism was difficult and admitted that they generally failed to learn from past behaviours. Most participants exhibited behavioural patterns that did not display any adaptive behaviour.	Increased adaptive behaviour.
<b>Trust</b>	In general, participants were able to accept and receive what was given (in relationships) and exhibited	Increased acceptance of and trust towards significant others.

	trustworthiness towards others. However, most participants only exhibited this sense of trust towards certain family members.	
<b>Support</b>	Participants indicated that there were close individuals, mostly family members, whom they could turn to for support whenever they were faced with adverse events or circumstances.	Increased awareness of the value of social support.
<b>Comfort</b>	Participants gave an overwhelming account of their inability to experience comfort in the presence of outsiders. They recognised their propensity to experience comfort solely in the presence of specific family members.	Increased experience of comfort with other individuals.
<b>Tolerance</b>	Participants failed to provide sufficient evidence of their ability to confidently express different beliefs and viewpoints in relation to others.	Participants were able to express their viewpoints but failed to do so within the home environment.
<b>Sensitivity</b>	Participants mostly indicated a low threshold in respect of trauma/adverse circumstances and a high intensity of reactions when confronted with challenging situations.	An enhanced threshold towards adverse or stressful circumstances.
<b>Recovery</b>	Participants seemed unable to recover from strong emotional reactions within a short time-frame. Participants, especially one, seemed to be unable to	Most participants were able to recover increasingly quickly.

	recover and would linger in the strong emotional reaction for days.	
<b>Impairment</b>	Participants could not maintain healthy, productive functioning when in a state of emotional arousal. Most participants, when emotionally aroused, engaged in behaviour that challenged the authority figures.	Increased control of their ability to return to a state of equilibrium.
<b>Theme: Inductive additional</b>	<b>Pre-intervention status</b>	<b>Theme</b>
<b>Problem solving</b>	Participants were overall not able to engage in effective problem-solving strategies. Families were characterised by poor problem solving and problems were in most cases compounded.	Increased ability to engage with effective strategies for solving problems.
<b>Communication</b>	Participants displayed poor communication skills, which resulted in poor and indirect communication. Within their family circle, they did not show healthy communication patterns.	In most cases improvements could be observed in how participants communicated.
<b>Roles</b>	Participants failed to accept the roles assigned to them by parents. Overall, participants refused to fulfil specific roles within the family unit, thus placing more stress on the parents/caregivers.	Increased acceptance of roles within the family.



<b>Affective responsiveness</b>	Participants tended to respond to peers and family members with negative, aggressive emotions. Most participants were able to express positive emotions towards certain individuals exclusively.	Increased ability to express emotions.
<b>Affective involvement</b>	Participants focused on their own lives and showed little involvement in the lives of others. Some indicated a degree of affective involvement when a family member was being hurt or negatively affected by another person.	Increased self-involvement.
<b>Behaviour control</b>	Participants were not subjected to any form of control with regard to their undesired behaviour. Most participants' parents/caregivers lacked any predictable behaviour control strategy.	A laissez-faire type of behaviour control prevailed.
<b>Sub-themes</b>	<b>Pre-intervention status</b>	<b>Theme</b>
<b>Manifestations of the influence of an enhanced sense of self</b>	Participants in general displayed a stable sense of self. Most communicated a sense of self that was based on unhealthy beliefs and values.	An increased sense of self.
<b>Increased awareness of changing cognitive processes</b>	Participants were unable to communicate changed cognitive processes, which indicates a limited pattern of thinking.	An increased ability to voice their train of thought, and an increased awareness of their own thinking.

<b>Enhanced future perspectives</b>	Participants were unable to indicate any meaningful or deliberate planning with regard to their future careers. They exhibited future perspectives that lacked significant planning.	Increased future career planning and more realistic construction of future career paths.
<b>Identification of strengths and weaknesses</b>	Participants were able to identify their extrinsic strengths and weaknesses, but not their intrinsic ones.	Increased identification of strengths and weaknesses.
<b>Emotional awareness</b>	Participants were unable to exhibit any thoughts that signified emotional awareness. In most cases they did not reflect on their behaviours and lacked meaningful introspection.	Increased awareness of beliefs, thoughts and emotions.
<b>Expressions of personal growth</b>	Participants could, for the most part, not identify areas where they felt they had to bring about change. In general, they were unable to express their need for personal growth.	Increased personal growth in relation to themselves and their future careers.
<b>Incomplete cognitive processing</b>	Participants struggled to engage in higher-order cognitive processing and in some cases could not engage with activities in a meaningful way. Most were unable to successfully engage with the questions.	Increased cognitive processing.

<b>Unwillingness to forgive</b>	Some of the participants were very expressive about their unwillingness to forgive those family members who had hurt them in the past.	Impaired family relationships.
<b>Appreciation of kinship relationships</b>	Participants were able to communicate their appreciation, love and care towards those people with whom they felt they shared significant relationships.	Increased appreciation towards caregivers.
<b>Anxiety</b>	Participants indirectly indicated their anxiety, especially in relation to their home environment and when observing family violence.	Increased ability to effectively deal with their anxiety.
<b>Feelings of being accepted</b>	Most participants experienced feelings of being accepted from caregivers, but not from their biological parents.	Increased sense of belonging.
<b>Inadequate relationship between children and biological parents</b>	Participants (two in particular) indicated unhealthy or inadequate relationships with their biological parents.	Conditional forgiveness towards biological parents.
<b>Appreciation of social interactions</b>	Participants indicated their appreciation for friendships and having close friends in the school environment. In most cases, however, these social connections were not characterised by valued interactions.	Sustained friendships.

Sub-sub-themes	Pre-intervention status	Theme
<b>Conditional forgiveness</b>	Participants were unable to forgive others without placing conditions on their forgiveness.	Increased acceptance of the imperfections of others.
<b>Work ethic</b>	Participants failed to show a good work ethic.	Increased realisation of the work ethic that is required to ensure the actualisation of their future careers.
<b>Values</b>	Participants were unable to identify their intrinsic values and in most instances were not aware of how these values influenced their behaviours.	Increased conceptualisation and awareness of their intrinsic values.
<b>Religious beliefs</b>	Participants displayed strong religious beliefs, which guided their behaviour and manner of approaching the future.	Increased dependency on their religion as a source of support.

## 4.5. Summary and conclusion

In this chapter I presented the results of the research study, along with the emerging themes that were identified through the process of thematic analysis (see Table 9). Findings from the qualitative data analysis process were presented in tabular format in the form of deductive a priori themes with additional inductive themes identified through thematic analysis. Inclusion and exclusion criteria were provided for all themes, sub-themes, and sub-sub-themes, and were supported by direct quotations from the participants themselves, which ultimately assisted in the coding process.

The various themes, sub-themes, and sub-sub-themes portrayed the participants' exploration of various aspects of their lives throughout the life-design-related intervention. The intervention appeared to influence the participants' thought processes about their future career(s) as well as their future selves. This influence was particularly evident in the sub-themes (i.e. *'manifestations of the influence of an enhanced sense of self'* and *'increased awareness of changing cognitive processes'*), where participants exhibited a greater degree of introspection and an increased awareness and recognition of motivators for their own behaviour. Participants also benefitted from the life-design-related counselling activities, as these allowed them the opportunity to clarify the values that were fundamental to their identities and involved in shaping their future narratives (as evident in the sub-sub-theme *'values'*).

Further opportunities for growth and development were afforded in which participants were able to clarify and express changing subjective beliefs, orientations and priorities in relation to their future narratives. Certain idiosyncratic characteristics were identified in participants as part of the abovementioned themes, sub-themes, and sub-sub-themes. This indicated that participants actually possessed a certain degree of resilience, an aspect that is explored in the next chapter. Not all participants found it easy to engage with the life-design-related counselling activities. In fact, they found it challenging to change certain thoughts and beliefs, despite perceiving them as unfavourable (evident in the sub-theme *'unwillingness to forgive'*). The aforementioned processes clearly delineate the link between the intervention and the results as depicted in the themes.

The data analysis process highlighted that most participants relied heavily on secondary attachments and that most of them had a good support system and structure to fall back on for assistance and support. Religion furthermore played a

significant role in participants' lives and governed their daily actions as well as future narratives. The next chapter presents a systematic and meticulous discussion of the results and these will be related to my theoretical framework as well as the literature discussed in Chapter 2.

# CHAPTER 5: DISCUSSION OF MY FINDINGS IN RELATION TO THE EXISTING LITERATURE ON LIFE-DESIGN COUNSELLING

## 5.1. Introduction

According to Anderson (2017, p. 130), to provide a “thick description” of findings, qualitative research should be supported by sufficient literature that not only provides information on existing knowledge but also presents information on “unfinished work and new territories to be researched” (Linda, Klopper, & Phetlhu, 2014, p. 506). Chapter 5 is dedicated to the meticulous discussion of my research findings as reported in the previous chapter. In these discussions I compare my findings to other studies on life-design-related counselling interventions and their effectiveness to increase career resilience in individuals. My discussion of existing literature deals with the relevant deductive a priori as well as inductively identified additional themes, sub-themes, and sub-sub-themes as derived from my research data. My goal in comparing my findings with existing literature was to either substantiate my findings or emphasise the difference in my results and that of existing research. I also kept in mind that my study could potentially discover new findings that previous studies had not reported on.

This chapter attempts to identify and expand on any new and emerging trends. The discussion commences with comparing my research data with existing research literature as discussed in Chapter 2. Additional research is also cited.

## 5.2. Discussion of the findings in relation to previous studies

As mentioned earlier, the findings of the research study are discussed based on the themes, sub-themes, and sub-sub-themes that were identified in Table 15.

### 5.2.1. Theme 1: Sense of mastery

The *Resiliency Scales for Children and Adolescents (RSCA)* as a measure was developed to assess three aspects of personal resilience: sense of mastery, sense of relatedness, and emotional reactivity (Prince-Embury, 2008). Each scale is based on sound developmental theory as well as on resiliency research that indicates the level of resilience in children and adolescents (Prince-Embury, 2007). Research has shown

that the *RSCA* scales measure the qualities or characteristics inherent in children and adolescents to combat the risks and vulnerabilities in their immediate environment and increase their resilience (Prince-Embury, 2007, 2008).

The sense of mastery scale comprises three subthemes – optimism, self-efficacy, and adaptability – all of which contribute to individuals' ability to engage in effective problem solving, enhance their self-efficacy, and master their environment (Prince-Embury, 2015). In the following section I focus in detail on the various subthemes by comparing them with existing research. I also relate the 'sense of mastery' theme to the available literature, clarifying its role in enhancing resilience. The same procedure is subsequently followed with regard to the other main themes.

#### **5.2.1.1. Optimism**

Stagman-Tyrer (2014, p. 48) claims that when individuals are able to view a crisis situation with positivity and optimism, they possess a high amount of "psychological capital" or 'PsyCap'. PsyCap involves remaining hopeful in life while moving forward, knowing that things will turn out for the best, despite being in the midst of difficult times (Stagman-Tyrer, 2014). Stagman-Tyrer (2014) further argues that when individuals portray high levels of optimism, this could have a positive influence on their self-efficacy and self-esteem, which according to Prince-Embury (2015) is a central construct in individuals' sense of mastery. Examples of the participants'<sup>30</sup> optimistic remarks are as follows: *"In order to make sure that I get to where I one day want to be, I am going to study and one day I am going to study further"* (4,3,14,454), and *"My future looks good and I am on my way to a good path. I am not quite sure where I am going but I know my future looks good"* (5,5,17,542-546). These remarks indicate high levels of optimism and hope with regard to the participants' future narrative and self-efficacy, despite challenging external circumstances and limited socio-economic resources.

The participants' narrations resonated with the statements from both Stagman-Tyrer (2014) and Prince-Embury (2015), and suggest that participants successfully demonstrated optimism (as a construct and a value) throughout the life-design-related counselling intervention. My findings furthermore concurred with those of Carver,

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<sup>30</sup> The word 'participants' is henceforth used as an enveloping term to refer to all or any of the six participants in my current research study.



Scheier, and Segerstrom (2010, p. 880) who wrote that optimism can be regarded as a sense of hope that changes the way people approach problems and react towards adversity. It has a direct link to their level of resilience, and can be regarded as both a “mental and physical protective factor”. Assertions made by participants indicated that optimism was evident as part of the ‘sense of mastery’ subscale and it was clearly communicated throughout the life-design-related counselling intervention.

#### **5.2.1.2. Self-efficacy**

Participants seemed to indicate a general sense of confidence in their ability to achieve their future goals as narrated during counselling, despite the fact that their narrations lacked specificity regarding the steps involved in reaching such goals. Participants stated, *“In the future I see myself as a policeman, with a good job, children, and a house”* (3,3,11,403), and *“This is a future drawing of me standing next to a hospital. I drew myself next to the hospital because I am going to be a doctor one day”* (4,9,31,1048-1052). The findings of my study indicated that participants engaged in the process of constructing healthier narratives relating to their future career aspirations and thus they were able to construct new stories. The remarks quoted above confirmed the value of self-efficacy as depicted by the social cognitive career theory (SCCT) (see Section 2.2.2) in that self-efficacy beliefs and personal goals play an important role in career development (Baglama & Uzunboylu, 2017) – both of which are evident in the aforementioned accounts. The participants’ remarks reflected the essence of what Baglama and Uzunboylu (2017) capture in their definition of self-efficacy: higher self-efficacy in individuals relates to higher levels of confidence in their ability to achieve their goals.

Rudy, Davis, and Matthews (2012) define self-efficacy as individuals’ beliefs in their ability to reach their desired and communicated goals and they make no reference to the actual planning needed to reach such goals. Planning is thus not a required aspect of self-efficacy, which means that participants displayed a high level of self-efficacy through their positive belief in their abilities to reach their desired goals.

#### **5.2.1.3. Adaptability**

Maree (2018b, p. 430) contends that promoting children’s adaptability is vital in the process of constructing their “career life-stories”, and it is an important foundation that should be laid during the early years of an individual’s life. Viewed as a life-long

process, (career) adaptability can be seen as individuals' ability to successfully face unpredictable challenges and adjust to changes (Maree, 2018b). Participants' responses as recorded in the current study would suggest that they displayed adaptability: *"By choosing to change myself no matter how people treat me means that I am making myself better. No matter how I was treated and abused in the past I choose to make myself better"* (1,8,11,362-366). This narration corresponds with research by Zolkoski and Bullock (2012) who concluded that children who possess better coping skills and an easy-going temperament tend to be more resilient; This ultimately increases their ability to adapt to their changing or challenging environments. An easy-going temperament in children has been identified as a protective factor with regard to self-regulation, which contributes to higher levels of resilience in children (Zolkoski & Bullock, 2012).

One participant displayed adaptability in how he approached daily tasks and setbacks: *"Overall I don't talk negatively to myself. Whenever I try and don't do something correct then I will just try again until I get it right"* (4,8,31,1035-1039). This highlights the essence of what Savickas *et al.* (2009, p. 245) communicated, namely that adaptability promotes individuals' capacity to successfully develop their "adaptive and flexible responses to developmental tasks". The above narrations reflect the importance of Maree's (2018b) arguments that adaptability can be enhanced during early childhood by allowing children firstly to persevere, regardless of challenges, in order to experience success, and secondly, to afford them the opportunity to experience both success and failure in life.

### **5.2.2. Theme 2: Sense of relatedness**

Prince-Embury (2015, p. 58) suggests that individuals having relationships and being able to relate to others have an important twofold effect on resilience: "First, they may view relationships as providing specific supports in specific situations. Second, internal mechanisms that emerge from children's cumulative experience of previous support may shield them from negative psychological impact". The 'sense of relatedness' scale encompasses four different subscales namely trust, support, comfort, and tolerance. All of them contribute to the degree of a person's ability to relate to other individuals, thus increasing the quality of their relationships and their sense of relatedness (Prince-Embury, 2007).

This scale emphasises the importance of supportive individuals in the lives of children, as research clearly states that resilient children tend to seek out more support from adults (parental and non-parental support) than do non-resilient children (Prince-Embury, 2015). The following section focuses on the detail of the various subthemes by relating and comparing them to existing research, which allowed me to link the sense of relatedness theme to literature and its role in enhancing resilience.

#### **5.2.2.1. Sense of trust**

Resilience suggests that trust in individuals is dual in nature and refers to trust in oneself as well as trust in others. According to Drabik-Podgórna (2017), life-design counselling is based on a trusting relationship between the client and the counsellor. Thus, trust plays a pivotal role in the support clients experience when they engage with the life-design-related counselling process (Di Fabio & Maree, 2013). The majority of comments made by participants in my study reflected a high degree of trust in the supportive people around them: *“My mother will never disappoint me. She always comes on my birthday and brings me presents”* (3,1,5,175-176), and *“My brother is the most important person in my life”* (6,2,15,505). These comments reflect what Di Fabio and Maree (2013, p. 70) refer to as “supportive audiences”. They allow for the validation of personal narratives and, in the process, prevent distrust in others, which has a negative impact on an individual’s resiliency levels (Pouyaud et al., 2017).

Participants referred to their sense of trust and related it to their ability to accomplish their newly constructed narratives. According to Maree (2017), this forms part of an individual’s self-efficacy (self-belief), a construct of resilience that was discussed in Section 5.2.1.2. My findings correspond with existing literature, which indicates that a general degree of trust could increase participants’ (career) resilience by allowing them the opportunity to actualise newly constructed narratives.

#### **5.2.2.2. Perceived access to support**

Recent research (The Youth Foundation Project, 2017, p. 361) directs our attention to the impact that positive support (“encouragement, emotional, financial, and spiritual”) has on the future academic performance of individuals, which eventually translates to their workplace success (Maree, 2017). My study findings suggest that through their narrations, participants were able to relate to their caregivers as supportive ‘resources’ (for lack of a better term): *“My grandmother and grandfather mean a lot to me. They*

*make sure we have food, help us with homework, and make sure we go to school”* (3,3,9,314-315). This confirms the importance of Briddick and Sensoy-Briddick’s (2013) argument that our lives become meaningful in the presence of others. It is exactly these supportive audiences that enable us to construct future careers more successfully, actualise future career narratives, and ultimately enhance career resilience.

Specific accounts by participants in my study referred to multiple support persons in their immediate environment: *“My mother and my grandmother will also be there for me and they are my friends”* (1,4,2,42), and *“I really feel that my grandmother, grandfather, and my uncle are people who are there for me and who support me”* (5,1,1,13). Several researchers wrote about the importance of supporting children while they create their own sense of self, clarify their own identity, learn and derive meaning from experiences, while gaining different perspectives from the supportive people around them (Ferrari *et al.*, 2017). In summary, my findings suggest that the life-design-related counselling process enabled participants to reflect on their supportive structures and to clarify the protective factors involved in enhancing resilience – an integral part of career construction theory (CCT) (Savickas, 2011).

### **5.2.2.3. Comfort with others**

Research on career resilience refers to comfort as an individual’s propensity to deal with and be comfortable during experiences of career adversity and failures, and to experience self-comfort (a construct of emotional stability) (Lyons *et al.*, 2015). Finding narrations to which to apply this research was problematic for two reasons: first, participants predominantly indicated being comfortable with family members and in some cases close friends, and second, participants have not yet experienced workplace adversity, which is why I decided to focus on the latter.

The ability to relate to other people involves healthy communication, requesting support if needed, and working with others – aspects of resilience that career counsellors should encourage (Del Corso, 2017). Various accounts by participants during my study affirmed their capacity to experience comfort with close family members: *“I really like my grandmother and grandfather. I also like my family. They are there when you need them, they buy you clothes and look after you. They also help me to be a good person”* (5,3,12,380), and *“I really love my cousin but he doesn’t live with us so I miss him a lot. My baby brother is very important to me and I love*

*having my mother and baby sister around*" (6,2,15,505-506). The above accounts by participants are in line with research that emphasises the importance of cultural and contextual considerations in the process of life-design counselling. They reiterate the fact that the family unit can be a powerful determinant in an "individual's trajectories, personal trait development, identity development, dealing with barriers encountered, coping efficacy, adaptability, etc." (Tien, 2015, p. 251).

Participants' comments cited in the previous paragraph are consistent with findings by Del Corso (2017) and comments by Tien (2015), which emphasise the importance of the family unit in the life-design process. Their comments also confirm the key role of the participants' families in their process of self-construction (as highlighted by Rottinghaus, Falk, and Eshelman (2017)). One can plausibly conclude that by exhibiting comfort around family members, participants were able to draw protection from those relationships. This increased their resilience and would hopefully also enhance their future career resilience.

#### **5.2.2.4. Tolerance of differences**

Masdonati and Fournier (2015) explain that when individuals move into the work environment, social support is imperative as it has an impact on work satisfaction, self-efficacy, employability, and employment integration. The construct of social support in this context refers to relationships such as a network of friends, family units, and/or different communities that play a role in people's narratives (Masdonati & Fournier, 2015). Participants' ability to tolerate individual differences and to create positive social support networks can increase their adaptability within the working environment and enable them to manage career adversity more maturely (Glavin, Haag, & Forbes, 2017). The effect of other people's actions on participants and their ability to voice their thoughts were evident in my study: *"My father forgot to congratulate my brother on his birthday which hurt him really bad. I phoned my father and told him what he did was mean and I am really cross at him"* (4,2,9,308-311).

The discussion above refers to participants' ability to engage in assertiveness communication, which is in line with research done by Avşar and Alkaya (2017). They posit that by enhancing their own assertiveness<sup>31</sup>, children are able to form more

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<sup>31</sup> Assertiveness is defined as an individual's ability to tolerate differences and communicate their own thoughts, feelings, and beliefs in such a way that the rights of others are not violated (Korem, Horenczyk, & Tatar, 2012).

dignified interpersonal relationships. Avşar and Alkaya (2017) state that these individuals are able to relate to others and in the process establish good interpersonal relationships. At the same time, they are able to express their own views, both positive and negative, “without feeling guilty, stressful, anxious, or violating the rights of others” (Avşar & Alkaya, 2017, p. 186). Narrations offered by participants throughout the research point to strong value systems, regardless of the actions of others, which is in line with the research conducted by Avşar and Alkaya (2017): *“I think I shall always be able to help others even if they are mean to me. I will help my family because they are my family and that is why I shall help them even if they are mean to me”* (1,8,11,344). My findings highlighted the fact that despite individual differences, participants were able to tolerate interpersonal differences and still communicate their own thoughts and feelings, whether positive or negative. Research has shown that tolerance of differences benefits individuals through experiencing less transitional challenges (Korem, Horenczyk, & Tatar, 2012).

### **5.2.3. Theme 3: Emotional reactivity**

Emotional reactivity is defined as an individual’s ability to regulate the “speed and intensity of negative emotions” when faced with adversity (Prince-Embury, 2015, p. 59). An inability to successfully regulate emotional states, with consequent negative emotional reactivity, has been linked to both psychological and physical health problems (Feldman, Lavalley, Gildawie, & Greeson, 2016). The emotional reactivity scale comprises of three sub-themes – sensitivity, impairment, and recovery – all of which play a part in an individual’s emotional reactivity and ultimate levels of resilience. Because one’s ability to regulate emotions greatly affects your resilience (Prince-Embury, 2015), the next section systematically discusses the different aspects of emotional reactivity along with the aforementioned sub-themes and their relationship with (career) resilience. Careful consideration was given to the process of relating and comparing sub-themes to existing research.

#### **5.2.3.1. Sensitivity**

When referring to sensitivity (as part of emotional reactivity) research indicates that individuals who are less able to adapt to environmental challenges have been associated with higher levels of stress, interpersonal vulnerability, depression,

rejection sensitivity, and abandonment fears – to mention some of the negative psychological consequences (Dixon-Gordon, Yiu, & Chapman, 2013). Although the latter research refers to individuals on the more severe<sup>32</sup> end of the continuum, there is still a large body of research that refers to higher levels of resilience in individuals whose normal functioning is not disrupted by daily stressors and/or changes (Dixon-Gordon, Yiu, & Chapman, 2013; Silvers *et al.*, 2012). Participants in my study managed to communicate their emotional stressors and their sensitivity in certain situations that had the potential to affect their emotional reactivity: *“I feel like I am a much better person now because I don’t see as much fighting at home anymore”* (2,9,25,831-833), and *“When my parents fight it makes me angry because I don’t want them to fight in front of my sister”* (6,1,7,231).

When individuals tend to be overly sensitive to their environment and are not able to apply the necessary psychological regulation (PsyCap) (Stagman-Tyrer, 2014) (see Section 5.2.1.1), their daily psychological functioning (sensitivity) is negatively affected. Comments made by participants in my study confirmed the essence of the foregoing research: *“When I walk into class and other children make me angry then I will get angry and fight with them”* (6,3,25,812). This narration also reflects the harmful influence of negative situational factor(s) (domestic violence, aggression, etc.) on the psychological functioning of participants in my study, in particular their ability to display resilience.

The effect of negative situational factors on participants’ ability to engage in resilient behaviour was communicated with certainty: *“I feel like I am a much better person now because I don’t see as much fighting at home anymore”* (2,9,25,831-833). This confirms the core essence of the statement by Silvers *et al.* (2012), namely that negative situational factor(s) (i.e. domestic violence) will heighten an individual’s sensitivity and indirectly decrease his/her adaptability and resilience towards the environment. In conclusion, my study provided evidence that emphasises the negative correlation between unfavourable contextual factors and the participants’ ability to

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<sup>32</sup> Dixon-Gordon *et al.* (2013) expound the effects of interpersonal vulnerability and not being able to regulate one’s own emotions in response to external environmental stressors or triggers. Their research associates the inability to regulate emotions in the presence of stressors with borderline personality disorder, suicide attempts, and non-suicidal self-injurious behaviour. Dixon-Gordon *et al.* (2013) admit that such extreme behaviours in relation to individuals’ psychological functioning are rare, though. Although this explanation may provide a plausible reason for the borderline personality disorder, suicide attempts, impulsivity, and self-injurious behaviour exhibited by their participants, these symptoms were not exhibited by the participants in my study.

endure stressors – a phenomenon that has a negative impact on their sensitivity, adaptability, and ultimately their resilience (Silvers *et al.*, 2012).

### **5.2.3.2. Recovery**

As discussed earlier, the construct of recovery (which is in a large degree related to sensitivity) refers – in the context of resilience – to the speed with which an individual can recover (emotionally, physically, and psychologically) after experiencing a traumatic event (Prince-Embury, 2007). Bernardon and Pernice-Duca (2010) reaffirmed the importance of family and their role in the recovery process by postulating that “after exposure to a traumatic event or stressor, the availability of support for recovery is crucial ...” (p. 349). The responses of participants in my study point to the speed of their recovery after experiencing a stressor and/or traumatic event: “*When my mom and stepdad would fight, I would get really angry. I would normally just wait two to three days then I would feel better*” (2,1,3,70-72), and “*I am still angry when I think of what my father did to my brother. That was more than a week ago but when I think of him, I still get angry*” (4,4,19,618-619). These narrations indicate that participants were struggling to recover after witnessing trauma and/or stressors, and they are in line with research conducted by Bernardon and Pernice-Duca (2010). They claimed that children who have less family support and unhealthy or poor attachments with parents seem to take longer to recover from stressors.

One participant remarked, “*When I get angry and I want to fight I would just go somewhere alone and calm myself down by thinking of all the good stuff*” (3,1,3,115). This indicates significant growth during the life-design-related intervention as the participant became able to regulate emotions and recover from stressors. The narration also agrees with research that states that the process of deconstructing traumatic memories and creating new, more meaningful narratives (life-design-related counselling) supports individuals both in making sense of trauma and in the recovery process (Bernardon & Pernice-Duca, 2010; Foa & Meadows, 1997). The life-design-related counselling intervention supported participants’ “reintegration of fractured identities” (Pouyaud *et al.*, 2017, p. 51) through focusing on the participants’ recovery resources (personal and social) as well as the “recovery process” (p. 49). Thus, research clearly accentuates the importance of individuals’ potential to recover from stressors and/or trauma, especially as this constitutes a central concept within career resilience and career counselling (Pouyaud *et al.*, 2017).



### **5.2.3.3. Impairment**

Research expounds that when individuals experience repeated traumatic incidents, especially different types of trauma (family violence, emotional abuse, bullying, etc.), their ability to remain resilient is significantly reduced, more so than for individuals who experience a single type of trauma (Collin-Vâezina, Coleman, Milne, Sell, & Daigneault, 2011). One participant's comment coincides with the aforementioned research: *"I don't think I can ever be a good person again"* (6,3,22,734), signifying a diminished ability to remain resilient after repeated exposure to traumatic incidents. This is in line with research done by Naglieri, Goldstein, and LeBuffe (2010) who were able to confirm, through their study, that fewer protective factors could be associated with higher levels of impairment and diminished resiliency levels.

Narrations by participants indicated that their sense of impairment decreased whenever faced by traumatic or stressful incidents: *"When I get angry these days, I just say sorry. But it wasn't always this way. In the past when I was angry, I would only start to feel better when I come back home from school"* (2,1,8,245-246). Research claims that this comment signifies the importance of mental health support as an important contributor towards increasing resiliency levels of individuals who experience trauma (Ungar, 2013). Life-design-related counselling, as executed in my study, seemed to have the potential to increase aspects of resilience by providing a platform where participants were seen as "social actors" who could narrate their future lives and, in the process, increase their well-being and resilience (Lyons & Rollstone, 2018, p. 326).

### **5.2.4. Inductively identified themes**

Six inductively identified themes were identified by using the McMaster model of family functioning (Ryan *et al.*, 2005), as delineated in my conceptual framework (see Section 2.3, Diagram 1). Next follows a discussion of all these themes, their role and the impact they had on participants' resilience.

#### **5.2.4.1. Problem solving**

In a recent study conducted by Li, Eschenauer, and Persaud (2018), the individual's ability to engage in problem-solving behaviour was studied through considering resilience as a mediator to enhance problem-solving skills. The study found a positive

correlation between problem solving and resilience (Li *et al.*, 2018) and advocated the importance of problem-solving skills in enhancing resilience. Participants in my study were able to quote instances where they engaged in problem-solving behaviour: *“When my sister and I get angry at one another we sort it out. We sit and talk to one another and we would play”* (3,1,3,78-79), and *“I almost failed my grade. Everybody said I need to start behaving in class. My grandfather also talked to me and said I am not allowed to bully children anymore. He said I need to behave better in class so that the teachers are able to teach the children”* (5,8,20,673-6756). These two annotations do not only imply valuable problem-solving processes, but also agree with research regarding the importance of social support in the process of problem solving. According to Li *et al.* (2018), social support has the potential to enhance the self-efficacy and resiliency levels of individuals.

The importance of social support during problem solving was demonstrated by the following comment by a participant in my study: *“Grandmother and I had a discussion and she said that I need to start listening to them and start obeying them, especially when they ask me to do something”* (1,9,18,591). Social support and problem-solving skills were shown to be important psychological factors that could increase individuals’ resilience, emphasising the preceding comment and the importance of problem-solving as a process of resilience (Ertekin, Yildirim, & Sayin, 2018; Walsh, 2012). The conclusion was drawn that an important reciprocal relationship existed between problem solving and resilience, which highlighted the importance of promoting and developing problem-solving skills as an avenue to ensure healthier psychological functioning (Braithwaite *et al.*, 2018; Ertekin *et al.*, 2018; Li *et al.*, 2018).

#### **5.2.4.2. Communication**

Communication patterns between family members have been shown to have a direct impact on individuals’ resilience, as supportive communication is seen to lead to higher levels of flexibility, emotional regulation and adaptability – all of which support individuals in successfully overcoming traumatic incidents (Acuña & Kataoka, 2017; Carr & Kellas, 2018). Ryan *et al.* (2005, p. 30) emphasise the importance of “clear and direct” communication within families in order to ensure healthier families and more resilient individual family members. In my study, participants were able to display clear and direct communication in their narrations: *“We are not living with my grandfather*

*anymore because he used to fight with us. My mom decided she wants to move but first had a discussion with my sister and myself and asked whether or not we would prefer to stay with my grandmother. We both said yes we want to stay with grandmother”* (3,2,5,167-169). The latter statement reflects the importance of communication in fostering resilience, and agrees with the writings of Carr and Kellas (2018) who maintain that communication between family members plays a central role in how families navigate adverse experiences.

Another statement made by a participant also signified clear and direct communication: *“Grandmother and I had a discussion and she said that I need to start listening to them and start obeying them, especially when they ask me to do something”* (1,9,18,591). This comment concurs with the view of Carr and Kellas (2018, p. 70), who postulate that “through communication, families teach children how to regulate their own emotions, how to cope with stress, and how to adapt to adversity”. According to recent literature, adolescents with poor familial communication who had experienced a traumatic life event were more likely to develop post-traumatic stress disorder than adolescents who practised healthy and supportive communication. This finding again highlighted the crucial role communication plays (Acuña & Kataoka, 2017).

#### **5.2.4.3. Roles**

Family roles, especially the manner in which a family functions and the support the members provide to one another, play an important part in how family members recover and/or adjust after experiencing trauma (Sprague *et al.*, 2018). Participants in my study were able to voice their awareness of family roles: *“The most important role family plays is the fact that they are always there for you. They are there to care for you, buy you food and clothing, to help and support you ...”* (5,4,15,5054-506), and *“At this stage my mother is not staying with us but we don’t hold that against her as she needs to work otherwise, she would not be able to support us. At least she sends money to my grandmother to buy bread and milk”* (3,3,12,421-423). Both narrations refer to emotional and monetary support, and agree with research on the importance of specific roles in ensuring that the family unit functions in a healthy and effective manner (Ryan *et al.*, 2005).

Bernardon and Pernice-Duca (2010, p. 349) confirm the importance of emotional support as a family role and maintain that if the necessary support is

available to individuals after traumatic events, they are able to separate themselves from this event and “persevere in the future” more successfully than individuals who lack this support. A comment made by one of my participants signified not only the importance of roles but also the importance of sharing these roles within the family or extended family: *“Sir sometimes when my mother goes to work, she says that if I help my uncle look after my sister then I can get R5 or R10. When I get the money, I buy my sister some sweets”* (6,1,8,317-318). The previous comment is in accordance with research that emphasises family support as an important aspect of individuals’ reactions to stressors and trauma (Bernardon & Pernice-Duca, 2010). Accountability and responsibility within the family unit to fulfil crucial roles play an important part in enhancing resilience in individuals (Bernardon & Pernice-Duca, 2010). Monetary provision, which was mentioned as an important family role, was seen as instrumental<sup>33</sup> but, while not detracting from its importance, the matter will not be discussed in this section<sup>34</sup>.

My research seems to confirm the earlier findings of researchers such as Bernardon and Pernice-Duca (2010), as well as Carr and Kellas (2018), namely that role allocation within the family, especially emotional support, is essential to support family members to effectively deal with trauma, and so to assist them in the development of resilience.

#### **5.2.4.4. Affective responsiveness**

Affective responsiveness in this study refers to the manner in which participants effectively responded to other family members with regard to welfare and/or emergency emotions (Ryan *et al.*, 2005) (see Table 12, footnote 32). Participants were able to express their emotional responses towards others in the midst of traumatic events: *“When my stepfather wants to hurt my mother I will stand up and protect her because I care about her and I love her”* (2,1,4,1198-120), and *“My grandmother is staying with us now but she is sick. ... but it is good that she is staying with us because then I can be there for her and take care of her”* (3,3,8,286-288). These narrations are

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<sup>33</sup> Instrumental tasks or roles are defined as the provision of “food, clothing, money, and shelter”, which all refer to basic needs to be fulfilled (Ryan *et al.*, 2005). Financial difficulties, i.e. the inability to provide instrumental needs can place additional strain on the healthy functioning of a family (Marimuthu, 2015).

<sup>34</sup> Various roles exist within the family unit and have to be fulfilled. Focusing solely on emotional support is by no means providing a comprehensive overview of familial role responsibilities. However, in the interest of being as specific as possible, I decided to focus exclusively on emotional support.

in line with research by Sussman *et al.* (2016), who emphasise the importance of roles and how being emotionally involved in the lives of other family members who are experiencing a traumatic event, can increase the individual's self-care and self-efficacy, and reduce depressive symptoms. Research underpins the importance of being able and capable to understand and respond to each other's emotions, a term coined as "positive empathy" (Morelli, Lieberman, & Zaki, 2015, p. 57).

Literature furthermore portrays the importance and value of family members who can understand and respond to each other's emotions, as this supports individuals' "prosocial behavior, sense of social connection, and subjective well-being" (Morelli *et al.*, 2015, p. 56; Ryan *et al.*, 2005; Walsh, 2012). The following comment by a participant in my study is in agreement with the above literature: "*My mother is a good mother because she cares for us and she loves us. She shows us that she loves us and that she cares about what happens to us*" (4,3,13,423-424). The McMaster model of family functioning (Ryan *et al.*, 2005) cautions that the value of responding lies not just in the act itself, but depends on the "quality, quantity, and appropriateness of the emotional responses" (Ryan *et al.*, 2005, p. 34) – aspects which are reflected in the foregoing comment.

In conclusion, generally speaking, my research seemed to support the findings of Ryan *et al.* (2005, p. 34) in that the capacity of family members to understand and respond to other family members during times of trauma or stress, would significantly be affected by the social phenomenon of domestic violence. The latter would influence the "quality and quantity" of those responses and undoubtedly affect the resilience of individuals.

#### **5.2.4.5. Affective involvement**

By exhibiting affective involvement in the lives of other family members, an environment is created where "communal coping" can take place (Koehly, 2017, p. 32). "Communal coping" involves shared goals and interests such as the sharing of experiences, resources, encouragement, and emotional support (Koehly, 2017). In my study, participants were able to identify instances of affective involvement: "*I helped my brother with washing some stuff at home since he doesn't like it. I enjoy helping my brother because I feel good afterwards and I like to help my brother*" (1,8,10,335-336). This comment is in line with research which maintains that family involvement is

central to ensuring family cohesion, adaptability, and the long-term health of children (Allport *et al.*, 2018).

Literature consistently emphasises the pivotal role of parental involvement in the lives of their children and suggests that it leads to better “cognitive, emotional, and social-behavioural development” (Allport *et al.*, 2018, p. 747; Reid & Chappell, 2017). Most participants in this study, however, did not stay with biological parents and found themselves with alternative attachment figures: *“I enjoy swimming and spending time with my grandfather. I would enjoy helping him build fishing cabinets”* (3,2,5,148). This narration agrees with research that accentuates the value of having attachment figure(s), as children search out attachment figures, especially during times of distress, to satisfy their need for protection and nurturing (Zilberstein, 2014). Through these attachments, children are able to “obtain safety and soothe themselves”, which has an effect on their “psychobiological regulation” (Zilberstein, 2014, p. 337).

My research supports previous research findings by Allport *et al.* (2018) and Zilberstein (2014) in that affective involvement can be considered an important factor in the enhancement of participants’ resiliency levels, irrespective of whether these affective involvements came from primary or secondary attachments.

#### **5.2.4.6. Behaviour control**

Behaviour control refers to both verbal and physical disciplinary practices used by parents to correct and/or control a child’s behaviour. Research by Wang and Kenny (2014) suggests that, in unhealthy family environments, harsh discipline (verbal and physical disciplinary practices) has been associated with depression and conduct problems in children. Their research is supported by the following comment by a participant in my study: *“It makes me angry<sup>35</sup> when dad gives me a hiding. He gives me a hiding because I am not allowed to fight with the pillows”* (6,1,2,88-89). Although some researchers argue that physical disciplinary practices, coupled with parental warmth, have no negative impact on the emotional and psychological functioning of children (Deater-Deckard, Ivy, & Petrill, 2006; Wang & Kenny, 2014), others maintain that the opposite is true (Gugliandolo, Costa, Cuzzocrea, & Larcan, 2015; Stacks,

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<sup>35</sup> The reason why “angry” is underlined is to emphasise the participant’s level of anger. When this particular participant referred to himself as getting angry, he meant episodes of extreme aggressive outbursts, including behaviour such as using foul language, acting out in a physically aggressive way towards family members, and vandalising the surrounding environment.

Oshio, Gerard, & Roe, 2009; Wang & Kenny, 2014). The fact that physical disciplinary practices increase the stress and anxiety of children (which leads to an increase in adolescent behavioural problems) was widely evident from the literature (Gugliandolo *et al.*, 2015; Stacks *et al.*, 2009; Wang & Kenny, 2014).

Studies furthermore report that in most families parents normally revert to verbal disciplinary practices when children reach adolescence (Gugliandolo *et al.*, 2015; Wang & Kenny, 2014). The narrations of the older participants in my study were in line with these findings: “... *my grandmother asked my brother and myself to change our behaviour and not get angry. She doesn't hit us. She will ask us nicely if she wants us to do things*” (1,8,12,377-378), and “*Nobody disciplines me when I don't listen to my mother or grandmother. I just go and say sorry afterwards*” (2,1,8,241-242). These narrations suggest that in families characterised by family violence, parents would use verbal discipline to exercise psychological control. The practices used include intrusive parenting styles, guilt induction, manipulation, shaming, isolation and love withdrawal, all of which have a negative effect on the psychological resilience of children.

Participants in this study presented with behaviours such as stress, anxiety, depression and conduct problems that generally supported the findings of previous research by others and suggested that these behaviours a direct result of participants' exposure to inappropriate parental disciplinary practices during times of family violence (Gugliandolo *et al.*, 2015; Wang & Kenny, 2014).

## **5.2.5. Inductively identified sub-themes**

### **5.2.5.1. Enhanced sense of self**

An enhanced sense of self can be described as finding meaning from past experiences and gaining a better understanding of oneself and one's personal identity, thereby developing a coherent sense of self in the process (Maree, Fletcher, & Pienaar, 2018). Participants were able to verbalise actual and desired personal identities: “*When people make me angry, I helped myself to change. I just tell myself to keep quiet and walk away. This way I don't get angry*” (1,8,12,380-381), and “*I am going to try and behave in class and stop hitting people and try to sort out problems. I know I can do it Sir. I just need to start trusting myself more as well as other people*” (3,5,16,568-569). These narrations support the findings of studies that assert the value of life-design counselling in narrating new and healthier identities. These comments furthermore

paralleled the opinions of Maree *et al.* (2018, p. 422) who maintain that “disruptive life events can be integrated into the life story and a new perspective on the self can be generated in the process of actual identity reconstruction”.

One participant commented on external changes that needed to take place in order for him to actualise his new, healthier sense of self: *“I want to live on a farm and help animals. When I do this, it helps me keep the devil of my shoulder. I can then be good”* (6,7,34,1116). This comment is in line with research that found that having external motivators could increase participants’ sense of meaning in life. This would in turn increase their resilience and ability to successfully overcome adversity (To, Tam, Ngai, & Sung, 2014). While research disputes the value of external motivators such as being “self-preoccupied” (To *et al.*, 2014, p. 354) as contributors to self-concept changes (Emmons, 2003; Merkaš, Raboteg-Šarić, & Miljković, 2011; To & Tam, 2014), contradicting research suggests that having future directives could assist socio-economically deprived individuals in particular to attain increased psychological well-being (To *et al.*, 2014). My findings support other studies (Maree, Fletcher, & Pienaar, 2018; To *et al.*, 2014) in that finding meaning from past traumatic experiences can positively contribute to an enhanced sense of self and support individuals in the process of reconstructing new and healthier identities.

#### **5.2.5.2. Increased awareness of changing cognitive processes**

Part of the life-design-related counselling approach involves counsellors serving as a reflective audience and aiding individuals to become mindful of their emotions, thoughts and feelings – an aspect that is central to career construction (Del Corso, 2017). The following narrations reflect the changing cognitive processes within participants: *“Up until the age of 13 I felt free because I could do anything I wanted to do. When I think about my life up until now, I also feel like a bad person, a sinner”* (2,6,19,627), and *“Yes. I can remind myself of all the good things and the fact that I want to be a better person. I can also keep on telling myself that I don’t want to hit people anymore”* (3,7,23,867-868). Although the changes in participants’ cognitive processes, as depicted in the previous narrations, did not appear to be huge, they agreed with recent research which suggests that the crux of adaptability is being able to change thoughts, behaviours and feelings, in an effort to adapt to environmental changes (Tien & Wang, 2017).



Considering that environments shape individuals' interlinked thoughts, feelings and emotions, participants in my study managed to successfully shift their cognitive processes to construct alternative, more positive narratives (Drabik-Podgórna, 2017; Peila-Shuster, 2017). The results of my study generally agreed with previous research (Del Corso, 2017; Drabik-Podgórna, 2017; Peila-Shuster, 2017) in that the findings emphasised the importance of reflection in allowing individuals to enhance their adaptability and ultimately their resilience by reconstructing future narrative(s) and changing their thoughts, feelings and emotions.

### **5.2.5.3. Enhanced future perspective**

The importance of setting future goals and aspirations is confirmed by McCoy and Bowen (2015) who found that future aspirations are a source of resilience for those children who have been exposed to traumatic incidents and/or aggressive environments. Participants in my study were able to articulate their future goals through the life-design intervention: *“My dream is to live in a big house with my mother, grandmother, grandfather, and my brothers. I would like to be like my mother except that I wouldn't want to work in a pub. I want to be a doctor one day”* (4,3,13,410-412). This narration supports existing literature and emphasises the importance of individuals having hopes and dreams that motivate them to actively structure their environments in such a way to nurture resilience (Glendø, 2017).

In some cases, participants referred to their future perspective being the opposite of what they were experiencing with regard to parental figures: *“When I grow up, I want to look well after my children and wife. I am going to be a good father who doesn't hit his children. I want to be a happy person that likes his life”* (1,9,13,439-440), and *“My father is not a good father and I want to be a better father to my children one day”* (3,3,10,367). These narrations are in accordance with Bronfenbrenner's (1986a) bioecological model about the impact that surrounding systems have on the participant's future aspirations. They are also in line with research that confirms the determining impact of external stressors on individuals' development and future aspirations (Stoddard & Pierce, 2015). Research clearly states that future aspirations and positive future perspectives are positively associated with higher levels of well-being and a decrease in negative outcomes, an aspect of resilience that can be considered as a protective factor (Reyes & Elias, 2011; Stoddard & Pierce, 2015).

#### 5.2.5.4 Identification of strengths and weaknesses

Individuals' capacity to enhance cognitive self-awareness is defined in literature as the ability to be aware and understand one's own strengths and weaknesses, a quality that has been confidently linked to increased cognitive control (Geurten, Catale, Geurten, Wansard, & Meulemans, 2016). The latest research contends that children who have an increased awareness of their emotional strengths are more adept at handling stress, they cope better with adversity and tend to have more successful interpersonal relationships (Rytioja, Lappalainen, & Savolainen, 2019). Participants in my study were able to identify their strengths: *"I can study hard to get somewhere in life. This is something I can do by myself"* (3,6,21,760), and *"I am proud of myself because I am good in athletics. This year I got into two events where last year it was only one event. I am very good at running"* (4,8,28,945-946). These comments are in line with research stating that the ability to identify intrinsic strengths helps individuals to cope better with unexpected trauma. Thus, it serves as a significant protective factor against severe emotional disturbances (Barksdale, Azur, & Daniels, 2010).

Being aware of intrinsic and extrinsic strengths and weaknesses is a substantial advantage that allows individuals better cognitive control. It also shapes the manner in which individuals approach adverse experiences such as family violence and acts as a protective factor against long-term emotional dysfunction (Barksdale *et al.*, 2010; Rytioja *et al.*, 2019). The preceding research is supported in a comment made by one of my participants: *"I remember when I was happy, I was able to treat other people with respect"* (1,5,4,124).

In conclusion, the results obtained in my study generally agree with existing research (Whitson, Connell, Bernard, & Kaufman, 2012, p. 194) and the emphasis placed on the positive impact that increasing children's identification and awareness of their own intrinsic and extrinsic strengths has on problem behaviour such as "depression, PTSD, and low occupational attainment". In other words, through increasing the awareness and the development of strengths, we should be able to curb the negative effects of childhood trauma and ultimately increase the resilience of affected children.

#### **5.2.5.5. Emotional awareness**

Research indicates that children who are exposed to domestic violence or intimate partner violence (IPV) are more vulnerable to experiencing the same victimisation in adulthood (Zamir & Lavee, 2015). Conversely, enhancing emotional awareness in children who have been exposed to abuse or marital violence has been associated with higher levels of resilience (Zamir & Lavee, 2015). The value of enhancing emotional awareness as a component of resilience is evident from the following narration: *“When the adults fight and I see it then it makes me angry and I then want to fight as well”* (3,1,3,108). It coincides with literature suggesting that fostering emotional awareness<sup>36</sup> in children constitutes a protective factor (Zamir & Lavee, 2015) that enhances individuals’ ability to cope with adverse childhood experiences (ACEs) (see Section 2.2.6) and ultimately enhance their resilience (Dykes, 2016).

Participants were able to identify adverse experiences and the impact it had on their emotional functioning: *“I don’t like it when people get hurt or when people use foul language towards me. When this happens, I get very angry”* (1,5,5,152), and *“I don’t like it when I go and visit my mother because she calls us names and treats us bad. This breaks my heart which makes me unhappy”* (5,2,8,247-248). These comments agree with research on the value of well-developed emotional awareness as a core component of emotional regulation. The latter supports individuals to cope with adverse experiences and trauma that have been positively linked to decreased anxiety and depression in children (Sendzik, Schäfer, Samson, Naumann, & Tuschen-Caffier, 2017).

The above narrations generally support existing studies on the importance of emotional awareness that enables individuals to successfully cope with trauma in life. Being emotionally aware has been positively linked to resilience in children exposed to various forms of childhood abuse (Sendzik *et al.*, 2017; Zamir & Lavee, 2015).

#### **5.2.5.6. Expressions of personal growth**

The value of life-design-related counselling lies in the process of allowing individuals to narrate new stories, transform personal narratives that signify trauma and/or defeat, and ultimately replace old narratives with stories of victory and growth (Del Corso,

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<sup>36</sup> Emotional awareness is also referred to as emotional intelligence, and both terms refer to individuals’ ability to identify their emotions and verbalise their feelings (Zamir & Lavee, 2015).

2017). With regard to career resilience, I always consider a person's degree of growth in relation to their sense of self (Maree, 2017). Throughout this study, participants' comments on their behaviour signified a degree of personal growth: *"If I want to reach my dream then it is important that I keep on studying. I also need to change my behaviour like I can't hit other children or use foul language"* (1,7,9,284-285). This quote supports research that maintains that personal growth needs to occur in every individual to ensure that their weaknesses are addressed. It ultimately leads to increased personal growth and an enhanced self-concept (Hartung & Cadaret, 2017; Maree, 2018b).

Maree (2018b) reckons that in an effort to enhance career resilience, individuals are motivated to critically reflect on and adapt their subjective beliefs and their personal and social selves. The following comment by one of the participants in my study signified personal growth and its important contribution to how individuals adapt to challenges: *"I try and do things I struggle with till I get it right. I don't tell myself that I am bad at stuff as much as I use to. I tell myself I am awesome"* (4,8,31,1042-1043). This narration supports research by Maree (2017, 2018b) on the importance of individuals' ability to change subjective beliefs, thoughts and perceptions in an effort to enhance career resilience and turn areas of growth into strengths. In summary, my research generally seemed to confirm earlier findings (Del Corso, 2017; Hartung & Cadaret, 2017; Maree, 2017, 2018b) on the importance of personal growth (changing beliefs, emotions and thoughts) in the process of developing a better sense of self and enhancing career resilience.

#### **5.2.5.7. Incomplete cognitive processing**

In this study, incomplete cognitive processing refers to any significant indication that participants are not exhibiting future-oriented thinking (Dey, Newell, & Moulds, 2018). Career concern (see Section 2.2.3.1. (i)(a)) refers to individuals' approach towards planning for the future, as well as their optimistic and hopeful attitudes during this process (Hartung, 2013). Maree (2017a, 2017b, 2017c) states that career concern refers to the degree of individuals' conviction that their future is worth preparing for. Participants in this study struggled to exhibit career concern, which indicates incomplete cognitive processing: *"No. I know there are other things I would like to do but I haven't thought about it"* (2,5,17,562), and *"I want to help people. Doctors help*

people. *But I did not yet think more about becoming a doctor*" (4,7,28,915-916). These narrations support research by Hartung and Cadaret (2017, p. 23) who emphasise the importance of preparing for the future, positing that "... orienting to the future involves developing a sense of hopefulness and a planful attitude about the future".

When one participant was asked what he wanted to do one day and how he planned on attaining that goal, he replied: *"I want to live on a farm one day. I don't know"* (6,9,39,1286). This comment supports research on the importance of career concern and the ability to actively plan one's future. Hartung and Cadaret (2017) confirm the importance of the life-design-related counselling intervention in enhancing participants' awareness of the future, as well as their optimism and positive behaviours, so as ultimately to increase their career resilience (Maree, 2018b). My research was found to be generally in accordance with previous studies (Hartung & Cadaret, 2017, pp. 23-24; Maree, 2018b) that emphasised the importance of future-orientated thinking, as incomplete cognitive processes could lead to problems of indifference towards the future and "negative emotions and troublesome" behaviours.

#### **5.2.5.8. Unwillingness to forgive**

Research repeatedly delineates the psychological health risks associated with an individual's inability to forgive. Examples of such risks are an increase in stress, anxiety (see Section 5.2.5.9), psychological well-being and compromised interpersonal relationships (Raj & Wiltermuth, 2016), all of which have been shown to have a negative impact on the resilience of children. Participants were challenged with forgiveness: *"When he hurts my mother, I want to assault him. I still want to but he keeps on closing his door"* (1,5,6,181), and *"Angry. I am still angry for what my father did to my brother. It is almost a week ago and I am still angry at him. I don't think I will ever be able to forgive him"* (4,4,19,621-622). These narrations support research that claims that individuals' inability to forgive affects their degree of "hope, self-esteem, empathy, and conflict resolution" – all of which lead to increased levels of depression, anger and stress (Taysi & Orcan, 2017, p. 474).

In my study some participants struggled to forgive and instead appeared to foster revengeful motives against those who hurt them: *"Yes. That is how I get them back for hurting me"* (2,1,7,228). This comment supports research that found that being focused on revenge instead of forgiveness increases aggressiveness and has

a negative impact on resilience in children exposed to trauma (Klasen *et al.*, 2010). The latest research (Freedman, 2018) furthermore underlines the importance of forgiveness and suggests that the ability to forgive (described as an interpersonal process) could lead to increased grades in children, improved psychological well-being, and a decrease in behavioural problems. Furthermore, the statements of participants in my study generally supported existing research (Raj & Wiltermuth, 2016; Taysi & Orcan, 2017) which describes the deleterious effects of an unwillingness to forgive on individuals' emotional and psychological well-being. Being inclined to bear a grudge ultimately affects the individual's ability to enhance his/her resilience after traumatic experiences (Freedman, 2018).

#### **5.2.5.9. Anxiety**

Research shows that as individuals' anxiety levels increase following a traumatic event or stressor, resiliency levels tend to decrease (Fossion, 2013). Comments by participants in my study indicated their anxiety in the midst of unhealthy environments: *"Sad. We are used to them fighting but regardless I still get scared and I worry about my mother. It is not nice to see them fight like that"* (1,5,5,168-169), and *"I was worried when my mother took my little sisters and went away Sir. I was worried that they went away and did not call us and that I would never see them again. I was scared ..."* (6,1,6,193-195).

The above statements support existing research which maintains that when individuals experience multiple trauma, their resiliency levels can be greatly altered – especially when parents who should act as protective factors are the main cause of anxiety behaviours in children (Fossion, 2013; Pandya, 2018).

The taxing burden of ongoing anxiety was captured by the following participant: *"It sounds bad but I am glad my grandfather passed away. To see him sick was not a nice experience because we would either cry or laugh. The whole time I was worried about him and that was not a pleasant experience"* (3,3,8-9,294-295). This narration was in line with research that highlights the importance of counselling in supporting individuals to derive meaning from traumatic experiences and cope with trauma (Fossion, 2013; Pandya, 2018). In summary, my research seemed to support previous literature (Fossion, 2013; Pandya, 2018) and confirmed the value of life-design

counselling in allowing individuals to cope with trauma by decreasing their anxiety and enhancing their resilience (Fossion, 2013).

#### **5.2.5.10. Appreciation of kinship relationships**

A positive kinship network has been publicised by research as a protective factor in promoting resilience, forming strong identities and combating the negative effects of dysfunctional families (Blakely, Leon, Fuller, & Jhe Bai, 2017; Hall, 2007; Johnson-Garner & Meyers, 2003). Participants in my study indicated an appreciation of kinship relationships: *“It is my mother and grandmother. I love them very much because they look after us well. They are my friends”* (1,4,2,42), and *“... love you grandfather. You are the only grandfather that I love at this moment and grandmother is the only grandmother whom I love”* (4,3,10,333-334). The above comments are in accordance with both Bronfenbrenner’s (1986a) bioecological model and existing research on the importance of social support/kinships in lessening and/or preventing the negative psychological and emotional effects associated with adverse experiences (Fuentes-Peláez, Balsells, Fernández, Vaquero, & Amorós, 2016).

Despite experiencing violence from his biological father, one participant, while in the care of his grandparents, still expressed positive relations towards his father: *“I love my father very much and the Bible also says that you should love your parents”* (5,3,10,328). This statement agrees with existing research that not only confirms kinship relationships as a protective factor for children exposed to trauma, but also found that individual intrinsic strengths (optimism, forgiveness, religious beliefs, etc.) served as buffering variables against negative behavioural trajectories (Blakely *et al.*, 2017). Overall, my research seemed to confirm the findings of current literature (Fuentes-Peláez, 2017) in that existing kinship relationships can act as a protective buffer against the negative consequences of being exposed to adverse childhood experiences (in my study these experiences involve family violence).

#### **5.2.5.11. Feelings of being accepted**

Literature posits that the process of discovering one’s identity does not take place in a vacuum but in conversations with others where individuals are able to experience acceptance through the recognition of their narratives and life themes (Lengelle *et al.*,

2017). Participants in my study identified relationships where they felt safe and accepted: *“My mother, grandfather, and uncle. They constantly tell me that they are proud of me”* (4,8,30,1000), *“I will show that I am sad to my friends, mother, and grandmother. I don’t show my feelings to anybody, especially not strangers”* (2,2,14,447-448). These two narrations support research on the importance of familial and peer acceptance as an important protective factor that contributes to career resilience (Rochat, Masdonati, & Dauwalder, 2017). They are also in accordance with research which maintains that in the process of identity construction and finding autonomy, individuals still require acceptance and support from the significant people around them (Lengelle *et al.*, 2017; Rochat *et al.*, 2017).

Participants expressed positive experiences with their primary attachment figures, which denotes a sense of acceptance: *“My grandmother is my life. I stay with them. My grandfather helps me with things I need to do and my grandmother ensures we come to school. I love staying with them”* (3,3,9,316-317). This narration is in line with research on the importance of parental figures (or primary attachments) for providing nurturing and accepting environments that play a crucial role in how children cope with daily stressors and foster a sense of adaptability and resilience (Sart, Börkan, Erkman, & Serbest, 2016). In summary, my research generally appears to support results from previous studies (Lengelle *et al.*, 2017; Rochat *et al.*, 2017; Sart *et al.*, 2016) on the importance of family and peer acceptance as a mediating factor in enhancing psychological health in children and ultimately increasing their resilience. In other words, research indicates that the higher the perceived parental acceptance, the higher the resiliency levels in the children involved (Sart *et al.*, 2016).

#### **5.2.5.12. Inadequate relationships between children and biological parents**

According to Rocha *et al.* (2017, p. 127), parental attachments form part of “family functioning dynamics”, which plays a significant role in resilience. Remarks made by participants in my study indicated poor parent-child relationships in the case of at least one biological parent: *“My father doesn’t visit us anymore. Sometimes I see him walking around at SPAR (supermarket) but we don’t talk with one another. He is no longer involved in my life”* (2,1,1,33-34), and *“I don’t talk to my father that much anymore. When I do Skype them I will mostly talk with my oldest brother, aunt Kitty, and my stepmother. I am still angry at him”* (4,3,11,373-374). These comments by



participants were found to support research on the importance of positive, supportive parent-child relationships as having a substantial influence on adolescent resilience (Tian, Liu, & Shan, 2018).

Research emphasises the importance of positive parent-child relationships and the substantial impact these relationships have on a child's ability to feel safe – a factor that influences the integrity of the child's functioning (Herbers, Cutuli, Monn, Narayan, & Masten, 2014). Despite the fact that in some cases participants were repeatedly hurt by parents, one participant kept on stressing the importance of his relationship with his mother: "... when I come home from school I normally go and visit my mother for a few hours. But I usually tell my mother that I can only visit till three o'clock then I have to go back to my father" (6,1,9,288-290). This comment signifies the permanence of parent-child relationships and the importance of these relationships in serving as adaptive systems that support children to cope successfully with adversity (Herbers *et al.*, 2014). My study agreed in general with previous studies on the importance of parent-child relationships which, if non-existent, could increase individuals' depression and decrease interpersonal relationships, academic performance, self-efficacy, etc. – all of which have been shown to be prominent mediators of resilience in children (Newland, Ciciolla, & Crnic, 2015; Yuan, Weiser, & Fischer, 2016).

#### **5.2.5.13. Appreciation of social interactions**

Resilience, according to research, is based in part on the quality of social capital (i.e. social support) that supports individuals' ability to effectively deal with trauma by being more proactive or reactive (Obrist, Pfeiffer, & Henley, 2010). Participants in my study were able to voice instances of appreciation for social interaction: "*When I went to school, I met my friend Frankie (pseudonym). It was really nice meeting him and we became best friends. We are still best friends today and we do everything together at school*" (6,6,31,1012-1013), and "*I mostly spend time at home playing PlayStation with my friends. I also have good friends at school which I play with but only at school, not at home. There are not a lot of children in my class that lives where I live*" (2,1,3,80 & 85). These narrations support research on the importance of social interactions (as part of social support), which states that the more tangible the social support, the more resilient the individual (Lu *et al.*, 2016).

Research furthermore states that career and organisational resilience requires the combination of communication, problem-solving skills and a positive social identity, all of which influence social interactions between people (Giannoccaro, Massari, & Carbone, 2018). One participant mentioned the following in relation to his social interactions: “... *I gave this one boy a piece of bread to help him. It felt like Jesus was in my heart. We are now best friends and he is my only best friend*” (5,2,8,255-256). This narration exhibits how supporting others through positive social interactions can increase the individual’s interpersonal relationships, something that have been shown to be positively linked to career resilience (Giannoccaro *et al.*, 2018). Again, my results seem to be in accordance with existing literature (Giannoccaro *et al.*, 2018; Obrist, 2010), which emphasises the importance of positive social interactions as a way to increase individuals’ ability to adapt to trauma and/or changing environments in a way that fosters resilience.

## **5.2.6. Inductively identified sub-sub-themes**

### **5.2.6.1. Forgiveness**

Research posits that, during our lifetime, we are more likely to experience transgressions and offenses against us than significant trauma. This emphasises the importance of engaging in forgiving behaviour as a way to deal effectively with the psychological and emotional impact of these negative experiences (Worthington *et al.*, 2016). Participants in my study were able to display a degree of forgiveness following the life-design-related intervention, for instance: “*If I forget about all the bad things that happened and start thinking about all the good things that happened. Like I can forgive my father and move forward in life*” (3,3,9,336-337). This narration supports research findings on the importance of engaging in forgiving behaviour as a mediating construct to enhance resilience in individuals (Dwiwardani, 2014).

A substantial amount of research indicates a direct correlation between individuals’ ability to forgive and positive psychological aspects such as reduced stress, improved attachment relationships, decrease in self-harm, suicidality, etc. (Dwiwardani, 2014; Nagra, Lin, & Upthegrove, 2016). The following comment by one of my participants supports the foregoing research on the positive impact of forgiveness: “*Yes. We fight a lot but I still forgive him because he is my brother*” (4,3,12,416). This narration furthermore agrees with existing research in that

forgiveness carries with it psychological and emotional benefits for both victims and transgressors (Raj & Wiltermuth, 2016). My study in general supports existing research (Dwiwardani, 2014; Nagra *et al.*, 2016; Raj & Wiltermuth, 2016) on the positive psychological and emotional impact of forgiveness on both the victim and the transgressor, which enables the lessening of negative symptoms and ultimately leads to a higher degree of resilience within these individuals.

#### **5.2.6.2. Work ethic**

Career concern refers to individuals' views and optimism and how they prepare for the future, which ultimately involves a sense of self-awareness and concern for their future careers (Del Corso, 2013; Hartung, 2013; McLennan *et al.*, 2017). Career concern as well as a good work ethic requires from participants to exhibit a general degree of planning and preparation for future careers. Work ethic in this study supports the foregoing statements and refers to the importance of individuals' beliefs that working hard and persevering will result in success, add value, and support them in achieving their future goals. Participants in my study exhibited a good work ethic, concern, and belief that working hard will provide positive consequences: *"To go forward means that I am going to work hard, study hard, do my homework, work in class and listen to my teachers"* (3,3,10,339-340), and *"I do practice at nights to become a professional rugby player. Push-up's and sit-up's but I need to start playing rugby as soon as possible"* (2,8,22,739-740). These comments are in accordance with research, which maintains that a concern about one's future career brings about a positive work ethic, which in turn is a definitive predictor of individuals' behaviours and attitudes in their (future) workplace (Mohammad *et al.*, 2018; Porter, 2005).

Research posits that family and school environments have a substantial impact on how work ethic is developed in children, and they ultimately determine how children will approach their future careers (Porter, 2005). One of the participants in my study communicated her feelings about a positive work ethic: *"Yes. I am proud of myself for the way I work hard in class and how hard I practice in athletics"* (4,8,30,987). Her remark supports research findings that emphasise the importance of positive work ethic for future work-life enrichment and meaningful working environments, and that lead to "a sense of meaning in life, life satisfaction, positive affect, and psychological health" (Johnson & Jiang, 2016, p. 288). In other words, when people invest more time

in themselves and in their future careers, a positive work ethic develops which, according to research, can be viewed as a mediator between meaningful careers and positive psychological health (Johnson & Jiang, 2016). In summary, my study in general seems to support existing research (Johnson & Jiang, 2016; Mohammad *et al.*, 2018; Porter, 2005) that emphasises the importance of good work ethic as a mediator of increased life satisfaction, positive psychological health and career resilience.

### **5.2.6.3. Values**

While engaging with individuals during the life-design-related counselling intervention, Rottinghaus *et al.* (2017) emphasise the importance of taking into consideration the individual as well as family values. Failure to do so could result in compromising individuals' understanding of themselves as social actors, motivated agents and autobiographical authors within this process (Hartung, 2013). Participants in my study were able to verbalise their values and how these would shape their future lives: *"I don't want to use foul language or hurt other people. I don't ever want to swear at my mother and my grandmother. It is important that I treat people with respect, especially my family"* (1,9,19,619-620), and *"I feel good when I help people. That is why I am no longer going to bully other children"* (2,9,26,847). These narrations agree with what research found, namely that by enhancing self-awareness through dialogue, individuals are allowed to "identify positive values" that can be solidified as intrinsic strengths (Woodier, 2011, p. 277).

Studies indicate that values have an influence on how individuals perceive certain stress-related symptoms, as the concept of values and resilience have been shown to decrease the effects of post-traumatic stress disorder (Zimmermann *et al.*, 2014). Participants in my study expressed what they valued going forward in life: *"What is important to me is the fact that I want to have a family and be happy. I want to help people, especially people who are bullied"* (4,5,22,742-743). This comment is in accordance with research which states that by developing positive values, individuals enhance their subjective well-being, perceive social support as more positive, and (express a desire to) change the manner in which they approach mental health challenges (Jamaludin, Sam, Sandal, & Adam, 2016; Zimmermann *et al.*, 2014). My study in general seems to support results from existing research (Jamaludin *et al.*, 2016; Rottinghaus *et al.*, 2017; Zimmermann *et al.*, 2014) in that positive values

support the intrinsic strengths of individuals and alleviate how they perceive and ultimately approach negative events in their lives.

#### **5.2.6.4. Religious beliefs**

Evidence exists to suggest that individuals who experienced trauma in their lives but view such events through a particular religious lens (Christianity in this case), see them as opportunities to overcome challenges and gain a new perspective on life. This implies that religious beliefs are ultimately defined as a protective factor (Blanc, Rahill, Laconi, & Mouchenik, 2016). Participants in my study continually referred to religious beliefs as protective factors that shaped their thoughts: *“God died for my sins on the cross and that is how I know that things will be alright”* (1,4,2,66), and *“Here is my future. God came into my heart and he told me to be a better person. He told me to look after my children, be happy, and have a good job”* (5,9,22,744-745). These comments are in line with research that maintains that individuals who interpret traumatic events through their religious beliefs are to a large extent protected from the stress and anxiety associated with traumatic events, as their beliefs provide strength and an increased ability to cope (Bell, Jacobson, Zeligman, Fox, & Hundley, 2015).

The above comments also indicate that, through their religious beliefs, participants in my study were able to change their cognitive, emotional and psychological functioning. One participant stated the importance that religion had for him: *“And that Jesus lives in my heart. It is important to me to follow Jesus and to have him in my life”* (4,9,32,1068-1069). His comment is in accordance with research that posits the important role religion plays in acting as a protective factor against the psychological impact of traumatic events (Dorsey Holliman, Monteith, Spitzer, & Brenner, 2018). My results again seem to be in accordance with existing literature (Bell *et al.*, 2015; Blanc *et al.*, 2016; Dorsey Holliman *et al.*, 2018) as it confirms the importance of religion to nurture individual resilience, act as a protective factor against traumatic events, and enhance individuals’ ability to successfully cope with such events.

The section that follows serves as a critical reflection on the chapter so far and summarises the essence of the different themes, sub-themes, and sub-sub-themes in relation to my findings and literature discussion. I also reflect on the significance of the life-design-related intervention and the *McMaster Model of Family Functioning*

(*MMFF*) to deal with domestic violence, and on the effect that the intervention had on the (career) resilience of my study participants.

### **5.3. Critical reflections on the chapter so far**

This chapter presented a careful discussion of my research findings by comparing my results to other studies. My goal was to substantiate my findings or to emphasise the difference in the results between my research and existing research. I did this by discussing consecutively all the identified deductive a priori themes, as well as the inductively identified additional themes, sub-themes, and sub-sub-themes, in order to ultimately compare my findings to the existing literature.

Through comparing deductive a priori themes with existing literature, I observed and came to learn that the specific constructs that constitute resilience were present within participants. These constructs were not only present; participants actually reflected them in a positive manner, which suggests that the qualities involved may have been enhanced by the life-design-related intervention. Participants in general exhibited enhanced levels of mastery and relatedness, while a decrease was noted in their emotional reactivity after they had engaged with the life-design-related intervention. Inductively identified additional themes allowed me to further explore the concept of resilience and allowed me to identify different themes that formed part of the participants' lives. Themes related positively to those identified in the *McMaster Model of Family Functioning (MMFF)* (Ryan *et al.*, 2005), and reflected the manner in which these families' daily functioning influenced participants' resilience. My research therefore contributed to the existing literature by adding to the body of knowledge on life-design counselling. More specifically, I believe my research captured the unhealthy impact of domestic violence on the psychological and emotional development of the child, which unequivocally influences the career resilience of participants. My research furthermore provided evidence, albeit extremely limited, of the effectiveness of life-design-related counselling intervention to enhance resilience and contribute to existing research.

The life-design-related counselling process enhanced certain aspects of resiliency in participants, and in my literature discussion it was shown to have a long-term impact. However, the harmful long-term impact of domestic violence on

participants' resilience was also highlighted in my literature discussion and emphasised the importance of minimising the negative external variables.

In this chapter I achieved my initial goal and was able to relate all findings in my study to existing research, thus proving that all themes, sub-themes, and sub-sub-themes were related to individuals' (career) resiliency levels. The life-design-related intervention influenced the way in which participants approached their current environments, which were characterised by continual traumatic experiences. I believe that my research was not only able to support existing themes, but also identified how these themes presented themselves in participants' lives in different ways. In the following and last chapter, I shall attempt to summarise my research by reconsidering my research questions and communicating my final findings and recommendations. Lastly, I will provide a thorough overview of my research study as well as a number of pertinent concluding remarks.

## CHAPTER 6: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

### 6.1. Introduction

The motivation for this study is captured in the quote below. I believe that only by gaining a better understanding of the experiences of the participants in this study, I was able to better understand the meanings they assigned to such experiences. Anderson (2017, p. 125) maintains that:

“Qualitative research is characterized by the importance attached to interpretive, naturalistic, and holistic inquiry. In spite of a wide variety of outlooks, opinions, and research practices among qualitative researchers, they share an assumption about the existence of multiple realities understood as intangible, contextually located and shaped and maintained or transformed by the experiences and meanings of participants.”

This systematic enquiry was undertaken in an effort to supplement my knowledge (and hopefully that of the wider academic community), concerning participants' experiences who are subjected to family violence on a regular, ongoing basis. The study was designed to explore the impact of family violence on participants' (career) resilience and attempted to establish whether or not life-design-related counselling could enhance the resiliency levels of participants. During this process I realised that certain variables were present that could undoubtedly influence my findings, interpretations and recommendations. Regardless of these variables, I admitted that this study wasn't going to be an easy one due to the nature of the phenomenon being studied, which is why I continually strived to present my research findings as accurately as possible.

At the beginning of this research report I referred to the fact that there was a gross shortcoming in research that focuses on the effects of family violence on a child's career resilience and on therapeutic intervention strategies that could enhance these individuals' career resilience. In this final chapter I attempt to bring together my research even further by revisiting my research questions and answering them in the light of my findings. I furthermore revisit my ethical commitments and provide a synopsis of my study, before concluding this chapter by presenting the study's limitations and providing recommendations to support future research, practice, and knowledge.



## 6.2. Revisiting the research questions

In Chapter 1 my research statement was formulated as follows: *What is the influence of life-design-related counselling on the career resilience of survivors of family violence in resource-constrained settings?* The following secondary research questions were added to further direct my studies:

### Descriptive questions:

- What are the etiological traits of family violence?
- What is the nature of existing programmes aimed at assisting survivors of family violence in resource-constrained settings?
- What is life-design counselling?

### Exploratory questions:

- How did survivors of family violence in my study experience life-design-based counselling?
- How did the intervention influence participants' career resilience?

The purpose of my study was to determine whether or not it would be possible to enhance, through using the life-design-based counselling intervention, the career resilience of individuals who are/have been subjected to family violence. I shall now attempt to answer the above questions by drawing on data obtained from my research as well as from my own experiences and observations.

### 6.2.1. Descriptive questions

#### 6.2.1.1. What are the etiological traits of family violence?

During my study I came to realise, through citing various existing literature sources, that family violence and intimate partner violence are extremely intricate and diverse phenomena with various contributing factors that either lead to or continually sustain this type of violence. Giving a thorough description of the etiological traits of family violence I find it fitting to work according to Bronfenbrenner's (1986b) bioecological model.

Approaching this question from a microsystemic perspective while focusing on the individual relationships, I noticed that these fundamental attachment relationships with biological parents were either absent or poor in all the participants' lives. Most of them attached themselves to secondary figures, which in most cases were not appropriate role models as they were unable to provide identity to the participants.

Poor interpersonal relationships between parents, coupled with poor conflict resolution skills, created family environments defined by violence. At a fundamental level, I realised that unhealthy interpersonal familial relationships could serve as a catalyst for family violence and cause aspects that have a negative impact on the development (psychological and emotional) of children. The family unit that is supposed to, at a minimum, provide positive role models and support structures, instead provided negative support structures and role models, all of which had a negative impact on the resiliency levels of participants.

This environment led to unhealthy relationships not only between family members but also between participants and peers, authority figures and teachers, influencing the mesosystem in which participants were functioning in a negative manner. From an exosystemic perspective, it is my opinion that in most cases parents consistently made poor decisions which led to unemployment, substance abuse, and negative emotional consequences (stress, anxiety, etc.). All of these undoubtedly had an influence on how those parents interacted with one another as well as with the participants (their children). The quality of these interpersonal relationships was therefore compromised and family violence was experienced by most of these participants living within a resource-constrained environment.

The fact that they lived in an environment with a low socio-economic status means that most of these participants' resident families had limited resources (food, finances, housing, etc.). Thus, they also had limited access to psychological services that could support their ability to recover and adapt after experiencing a traumatic event. Single parents also experienced caregiver strain due to the stress and anxiety they had to deal with on a daily basis without the needed downtime. All of these factors had a combined impact on the resilience of both the family and the study participants to effectively deal with added trauma and/or stressors. When the parents experience high levels of stress and anxiety, this may lead to conflict between parents and ultimately expose the children to intimate partner violence. Being exposed to such high levels of family violence meant that most participants could well engage in such behaviours themselves, due to an inability to effectively process the psychological trauma.

### **6.2.1.2. What is the nature of existing programmes aimed at assisting survivors of family violence in resource-constrained settings?**

My initial motivation for conducting this research was the fact that social support systems within these resource-constrained settings are more often than not overwhelmed and do not effectively contribute intervention in families experiencing domestic violence. My research once again confirmed this view by highlighting the fact that both government and non-governmental organisations were struggling to provide adequate social support in the specific environment. The reason for it is twofold: Firstly, governmental organisations relies heavily on non-government entities (i.e. Eleos, Mett Centre, and the University of Pretoria)<sup>37</sup> to deliver services to the majority of the population, because the government's social support services are overburdened and simply cannot manage the number of people needing support. Secondly, with regard to this specific area, government organisations lack professionals with the necessary expertise to provide effective psychological services to needy individuals in the community.

The absence of these services locally means that participants would have to travel to neighbouring hospitals or health care clinics to receive the necessary psychological support. Due to various monetary challenges participants were unable to go, which meant that they never accessed this valuable service. The challenge of not being able to obtain the necessary psychological support is concerning, but what was even more concerning was the time-frame that was involved for those who actually managed to access these services. For most participants who managed to travel to neighbouring clinics or hospitals, the waiting list to be seen were in most cases between eight to twelve months. Considering macro-time ("developmental processes over time") (Tudge *et al.*, 2009, p. 201), we know that the quicker individuals (especially young children) receive these services, the smaller the negative impact will be on their developmental processes, both in the short and long term (Tudge *et al.*, 2009). Variables that would compromise individuals' access to these services included moving, giving up, or having limited financial means to travel to health care clinics. It was my observation that in this specific resource-constrained area, adequate

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<sup>37</sup> All of the organisations mentioned contributed to some extent to a health care system that ensured that children who go to school in this area would receive psychological services if needed, supported families that experienced trauma, and delivered limited medical services to children (i.e. audiological assessments) when needed. These organisations worked together to provide services that state-owned enterprises could not deliver.

psychological and/or counselling services to effectively support survivors of family violence and/or intimate partner violence simply did not exist.

### **6.2.1.3. What is life-design counselling?**

Chapter 2 (see Section 2.2.3.2) gave a descriptive account of life-design counselling and included a detailed discussion of the available literature. I explained that life-design counselling, in essence, can be seen as an intervention or paradigm that focuses on the social environment and how people derive meaning from their experiences within such an environment. Life-design counselling can be understood as a process that facilitates continual reflections between participants and the environment to ensure that they construct themselves and their careers in a meaningful manner. Life-design counselling supported the participants in this study to identify life themes, enhance their capacity to construct new identities and rescript their life stories. Throughout this study, participants were enabled to focus on key constructs of life-design counselling and resilience, namely adaptability, narratability, activity, and intentionality.

In the later chapters (Chapters 4 and 5) evidence was presented on how the life-design-related counselling intervention supported participants to become social actors, motivated agents and autobiographical authors who were able to construct and organise their identities (Hartung & Vess, 2016). My study emphasised the underlying social constructionist concept of life-design counselling and highlighted the value of the social environment. The latter was taken into consideration when supporting participants to navigate through uncertainty and/or experienced trauma in an effort to derive meaning from these experiences. Life-design counselling could therefore be seen as an intervention that is life-long, holistic, contextual (Savickas *et al.*, 2009) and preventative, which emphasises the importance of participants' intersubjective processes in the journey of rescripting their narratives and identities.

## **6.2.2. Exploratory questions**

### **6.2.2.1. How did survivors of family violence in my study experience life-design-based counselling?**

The life-design-related counselling activities were specifically chosen to ensure that participants could easily engage with the various activities by allowing them a space

where they could explore past and present traumatic experiences. All six participants relished the opportunity to be a part of the life-design intervention, as it allowed them the opportunity to express their feelings and discuss their past traumatic experiences. Most participants enjoyed the activities and were able to engage and complete the planned activities, with valuable discussions following each session. Participants engaged with the life-design counselling intervention in a manner that allowed them to gain a better insight into their own behaviour and that brought about a higher sense of emotional awareness and introspection. This enabled them to start the process of constructing healthier and new identities that could help them to actualise their future career aspirations.

The life-design-related counselling intervention also enhanced participants' ability to engage in higher-level cognitive processes with regard to their familial relationships and how they approach(ed) these unhealthy relationships. This process allowed them to reflect on the trauma they experienced in the past because of family violence in the home environment, and helped them to identify more clearly the impact it had/still has on them. The process furthermore allowed participants to realise what impact exposure to family violence has had/still has on their behaviour towards others and their relationship with friends and family. Most participants were able to verbalise, through the life-design counselling process, their desired future careers, but also their unpreparedness in terms of preparing for such careers. All the participants were able to effectively engage with the life-design activities, which allowed them to better understand what was needed to actualise their future careers and what aspects they currently needed to work on to ensure success. In most cases, the participants were able to identify values and beliefs that were either identified as strengths or weaknesses on which they would need to focus in the future. When participants were supported in this process, most of them constructed better future career trajectories and, in the process, assumed their role as social actors, motivated agents, and autobiographical authors.

Some participants struggled with activities that required higher cognitive thinking, for example the collage, memory box, and early recollections. The participants who struggled with these activities were younger and did not have the necessary vocabulary to fully express themselves. Initially they were not able to engage with the activities and needed more guidance and support than the older participants. At times, participants struggled to think of practical ways in which they

could work towards their future career goals. It was evident that they generally lacked information about future careers and that limited discussions had taken place with parents/caregivers in relation to this topic.

#### **6.2.2.2. How did the intervention influence participants' career resilience?**

Considering participants' pre- and post-test scores, most participants improved their resiliency scale scores. They increased their scores on sense of mastery (optimism, self-efficacy and adaptability) and sense of relatedness (trust, support, comfort, and tolerance), which indicates that the life-design-related intervention had a substantial effect on enhancing these core dimensions. It is evident that the processes involved within the life-design-related intervention were able to increase those intrinsic qualities in individuals that contributed to their career resilience. The increase in these scale scores were presented in Chapters 4 and 5, together with practical examples of the growth that had taken place in participants. Both scales contributed to the participants' resource index, which is a direct indication of the participants' ability to interact with their social environment in an effective manner. In other words, an increase in these scale scores indicated that participants were able to grow through the life-design-related intervention, meaning that their ability to master their environment and their sense of autonomy were enhanced.

Not all participants indicated a positive decrease in their emotional reactivity scale (sensitivity, recovery, and impairment), with only a few indicating growth in relation to the core dimensions that are directly linked to resilience. One possible explanation for this finding could be that participants had been exposed to adverse circumstances on a daily basis, which contributed to their inability to recover from continuous emotional arousal. Those participants who were unable to improve their emotional reactivity could in future perhaps experience greater emotional vulnerability in moments of arousal, adverse events or circumstances, meaning that they would then struggle to regulate their emotions effectively. This may have a direct impact on their career resilience and the manner in which they approach adverse circumstances. In general, the life-design-related counselling intervention appeared to have a substantial impact on participants' resiliency scores. By enhancing the core dimensions involved in resiliency, participants' career resiliency levels would, without a doubt, be enhanced. Despite the fact that all participants were exposed to family

violence throughout this study, they indicated enhanced resiliency levels, which revealed the value of the life-design-related intervention.

### **6.2.3. Revisiting the primary research question**

It was apparent from my research that family violence, whether observing it or physically experiencing it, had/still has a detrimental impact on all aspects of the participants' functioning, and that it permeated all areas of their development across different contexts. Participants who experienced family violence on a chronic basis faced challenges in respect of their familial relationships, inter- and intra-relationships, academic achievement, emotional and psychological development, and emotional awareness. Family violence, as a vertical stressor, influenced how participants perceived themselves and dictated the shaping of their identity, not only as an individual, but also the family's perceived shared identity. This, coupled with limited socio-economic resources, increased the negative effects of family violence on participants. Those who experienced family violence were unable to access the necessary psychological, emotional, and social support to help them deal effectively with the psychological impact of family violence.

In essence, my study supported existing research that delineates the impact of family violence on its victims. My study furthermore indicated that we can expect to find the same negative consequences for individuals exposed to family violence in the South African context as can be found in international literature.

Through engaging with the life-design-related intervention I realised that family violence had a noticeable impact on how the participants perceived their future careers. Family violence tended to affect both participants' motivation and self-efficacy, dampening their ability to actively pursue future careers and causing a sense of passivity instead. Through the life-design-related counselling intervention participants were able to engage with their social environment in a process of meaning making, especially with regard to their traumatic experiences related to family violence. Participants were given the opportunity to verbalise their experiences and, in the process, become aware of the impact of these experiences, not only on their personal development, but also on their interactions with the people around them. The life-design-related counselling intervention allowed participants to construct new, healthier identities and in the process rescript their future life stories. I believe that this

intervention enabled participants to experience what Savickas (2002, 2005) wrote about – they were able to focus on their subjective well-being (SWB), with the emphasis on their future careers and the rescripting of their future identities.

By engaging in the process of actualising new identities and constructing future careers, participants were able to enhance certain aspects of (career) resilience which became evident in the way participants communicated. The life-design intervention supported the enhancement of resiliency constructs within individuals, which meant that they grew throughout the process and were able to give expression to their authentic selves. Participants exhibited enhanced adaptability and narratability, which was apparent in the manner they approached the construction of future careers and the rescripting of new identities.

### **6.3. Ethical considerations**

The following ethical considerations as mentioned in Chapter 3 (see Section 3.6.) were adhered to throughout my study:

- a) Informed consent (see Annexures A, C, E, & F) was obtained and participants were informed of the nature of the study, the process that would be followed, the nature of the research project, the type of media and intervention strategies that were implemented, as well as the intended usage of the information gained.
- b) A positive qualitative research relationship was fostered with participants and their parents/guardians.
- c) Confidentiality and anonymity were protected throughout my research and will be maintained in future when the results and findings of the study are communicated.
- d) All participants were protected from harm, and no participants needed additional counselling services to address psychological distress caused by my study.
- e) The voluntary nature of participation was discussed with all participants and they were ensured of their right to withdraw from the study at any time without any negative consequences.

### **6.4. In retrospect - What would I have done differently?**

The first aspect I would reconsider would involve the specific activities that I chose as part of my life-design-related intervention. Some participants struggled with these



activities, which made it difficult for them to fully engage with the process. Introducing different activities could have supported me in obtaining even richer data, especially from the younger participants. This could have contributed to the trustworthiness of my results. I further would consider involving the parents/caregivers to a greater extent in the life-design-related counselling intervention, as I believe their continual involvement could have enhanced the emotional and psychological growth that took place within participants. I would also administer the *RSCA* questionnaire again six to twelve months after the study had been completed, and would consider using alternative questionnaires to determine whether the increase in resiliency scores were still present in participants after this period of time.

## **6.5. Recommendations**

Having taken into consideration my own reflective practice with regard to the positive aspects of the study as well as those aspects that were not beneficial, a number of recommendations can be made.

### **6.5.1. Recommendations for the improvement of practice**

The following recommendations are made in an effort to improve practice:

- My first recommendation would be to introduce life-design counselling as early as possible, to ensure that individuals are given the opportunity to construct future life trajectories that would enable them to negate the negative effects of family violence. Literature has shown that early childhood development is crucial for success later in life and we know that family violence has a huge impact during this time. Introducing the life-design-related intervention in the early stages of individuals' development could therefore be greatly beneficial.
- In future, more attention should be given to the allocated time frame, ensuring that participants are able to complete the tasks in the life-design-related intervention. More time should be provided to allow participants to consult more methodically with family members and peers. If they had more time, participants would be able to critically reflect on the sessions and engage in better planning for the next session(s).
- Finally, I would recommend allowing more time *after* the intervention to engage in follow-up interviews with both parents and participants. By doing this we would

be able to assess whether the results are still present after the life-design-related intervention was completed. Follow-up interviews could also be used to discuss participants' progress and ongoing development.

### **6.5.2. Recommendations for future research**

The following aspects can be considered for future research:

- Future research could assess the value of life-design counselling in enhancing the career resilience of survivors of family violence in diverse group contexts. Such interventions could consider constructing their interventions according to the same guiding principles as I did. This would allow the researcher to fully explore participants' core dimensions (related to resilience) that have a direct impact on career resilience, and how these individuals potentially recover from adverse circumstances.
- Participants should always be given the opportunity to engage in the life-design-related intervention in their own mother tongue and with a facilitator that they feel comfortable with. Ensuring that these aspects are present could potentially enhance the efficacy of the life-design-related intervention.
- Participants' socio-economic backgrounds and cultural identities should always be taken into consideration when planning the specific life-design-related counselling activities.
- Activities should be created in such a way that they can be used with participants of various ages and in various developmental phases. Younger participants could find it challenging to engage in activities that are not appropriate for their developmental phase and/or cognitive functioning level. Adapting activities to different ages allows for the gathering of more trustworthy and valid data.
- Future research could explore the roles teachers may fulfil in ensuring that the work done as part of the life-design-related intervention is continued in a way that facilitates more effective career transitions.
- All potential external variables influencing participants' career resilience should be taken into consideration and be addressed in the planning phase of the research study.

### **6.5.3. Recommendations for theory building in Educational Psychology**

In Chapter 1 (see Section 1.3.1.2) I stated that little research is done in the South African context to explore the impact of family violence on children's overall resiliency levels and on their career resilience in particular. The second part of my rationale for conducting this study drew attention to the lack of adequate intervention strategies to increase the career resilience of survivors of family violence. Although my research provided valuable results and findings, there is still an urgent need for future research to explore this phenomenon further. My study therefore calls for research to explore the effects of different interventions, as part of life-design counselling, in an effort to expand theory in Educational Psychology that will enable practitioners to prepare individuals more effectively for their future career transitions.

Referring back to my conceptual framework (see Section 2.3), I am able to appreciate to a greater extent the inter-dependency and reciprocal relationships that exist between the various theories. There is a need for existing research and theory in the field of Educational Psychology to support further research that will focus on the value of life-design counselling to assist individuals in constructing positive career and life trajectories. Future research could however focus on the various ecological systems, and all the possible negative variables that could influence individuals' career resilience. In conclusion, participants valued the life-design-related counselling intervention and advocating for more in-depth research in an attempt to obtain better and more effective support in their career transitions.

### **6.5.4. Recommendations for policy makers**

The results of my study confirmed the value of the life-design-related counselling intervention, as well as its value in supporting individuals' future life and career transitions and enhancing their (career) resiliency. Future policies should consider implementing this approach within the schooling system and/or curriculum in an attempt to support students in actively constructing future careers.

## **6.6. Limitations of the study**

As discussed in Section 1.6.2, my sample consisted of a small number of participants living in a specific socio-economic environment and within a specific cultural and educational context. The results can therefore not be generalised to the wider

population, as my study was based on a specific intervention programme (life-design counselling) aimed at participants who experienced a specific social phenomenon (i.e. family violence). Another limitation to my study involved the numerous unanticipated variables that had not been accounted for in the planning phase and that had an impact on the lives of participants. These unanticipated variables included parent(s) losing their jobs; the alleged perpetrator (aggressive and/or abusive parent) returning to the home environment; loss of family members; crime; and the diagnosis of terminal illness among family members. Apart from being exposed to ongoing family violence, some participants experienced additional trauma and adverse experiences that had an effect on their emotional well-being and possibly their resiliency levels. The impact of these variables on the outcomes of my study remains undetermined and there is a real chance that these variables could have had a negative influence on my results.

## **6.7. A personal reflection on the research study**

My personal reflections on what I have experienced during the study are covered in the sections that follow. I discuss the findings that I expected; those that surprised me; those that disappointed me; the findings that I did not expect; and what this study has meant to me personally.

### **6.7.1. Findings that I expected**

The participants' eagerness to participate in this study was something I anticipated, as they are accustomed to dealing with the various organisations in the community. I furthermore anticipated the impact the family would have on participants throughout this study and the fact that it was highly likely that this impact would influence my results and findings in a negative manner. In relation to the life-design-related intervention, I anticipated that it would have a more meaningful impact on some participants than on others, and that some of the individual activities would resonate more with some than with others. This assumption was confirmed through participants who freely communicated their eagerness or unwillingness to engage in a certain activity.

### **6.7.2. Findings that surprised me**

Due to the nature of the study I anticipated that parents would decline consent as a way to protect themselves and that additional participants would have to be sampled. This however did not transpire and the parents of all the participants gave their consent. I was furthermore surprised by parents' cooperation in the study and their honesty with regard to their family dynamics and aspects within the family environment that could be detrimental to the participant's psychological health. In saying this, I am aware that there were probably other aspects relating to their family dynamics that they did not disclose to me and probably never will. Their continual cooperation throughout the study, however, enabled me to focus on the life-design-related activities.

### **6.7.3. Findings that disappointed me**

I am disappointed that my study did not yield more promising results with regard to participants' career resilience. My biggest disappointment is that there were external variables present (see Section 6.5) that I could not have foreseen and that had a definitive impact on my results. From my subjective vantage point as a qualitative researcher deeply immersed in my research, it was particularly disappointing to realise that I had to observe participants experience these adverse events and was unable to do anything to prevent them from taking place. I was also disappointed that my study only had a positive impact on some of the participants' emotional reactivity scores – not all the participants' emotional reactivity was enhanced. I was furthermore disappointed by the limited reading skills of parents. I did not take into consideration the literacy skills of parents, which meant that I had to support parents to complete some of the questionnaires. This occupied a lot of my time and meant that extra sessions had to be scheduled, thus putting pressure on the proposed timeline of my study.

### **6.7.4. Findings that I did not expect**

One finding that I did not expect was the degree to which participants still held an optimistic view of the future. They displayed a general sense of optimism and hope towards the future, regardless of their past and/or current experiences. Some participants experienced adverse events during the life-design-related intervention

which, without a doubt, had an impact on them. I did not anticipate participants' resiliency scores to indicate a positive enhancement and yet their scores indicated growth. Their "natural" inclination towards optimism is an observation that surprised me and most definitely not something that I expected.

#### **6.7.5. What this study has meant to me personally**

As stated in Chapter 1 (see Section 1.3.1.2), I believe that by neglecting research that focuses on the development of intervention strategies to support children who are exposed to chronic family violence, we are letting those children down. As I come to the end of this study, I am overwhelmed by the realisation that my study contributes to a body of knowledge that could in future support children who are caught up this type of family environment. On a personal level, I have grown enormously in both my personality and my insight with regard to individuals who are exposed to adverse circumstances on a daily basis. I have come to gain a new respect for these individuals as well as an admiration for the manner in which they continue to engage with life, trying to construct the best possible versions of themselves. Personally, I have over the past three years worked tirelessly on this dissertation and along the way I made sacrifices, yet gained so much. I experienced times of joy as well as despair as I worked through the data and, time and again, realised the circumstances that faced participants in my study on a daily basis.

On a professional level, my growth has been immeasurable. Engaging within this study meant that I had to immerse myself in the literature and familiarise myself with so many aspects of family functioning, resilience and career resilience. I have gained knowledge that I am currently using in my professional role as psychologist and am confident that it will both inform and improve my practice in the future. Working alongside my supervisor, an internationally recognised expert in this field, has certainly been the highest privilege. Over the past three years I have grown enormously and this is a process that I will cherish forever.

### **6.8. Conclusion**

The value of intervening by means of life-design-related counselling in the lives of children who are experiencing family violence has been enormous. Providing this intervention means that we are supporting the individuals to effectively construct

successful future career trajectories. The life-design-related counselling process helps to address the challenges faced by the South African health care system on how to support individuals concerned in a way that is both culturally applicable and financially viable – in the current and future social environment. This study explored the impact of a life-design-related counselling intervention on the career resilience of individuals who experienced family violence.

Overall, my findings suggest that the intervention managed to enhance participants' career resilience, thus supporting them to construct better future life and career trajectories. My intervention was structured in a manner that allowed me to holistically look at each participant's environment, background and daily circumstances, in an attempt to support him/her more effectively. I believe that this intervention could be introduced as part of the school curriculum in an effort to introduce more individuals to this process and the value they can gain from this experience. In conclusion, I truly hope that this study has made a positive contribution to the participants' identity and their future selves. I trust that the life-design-related intervention had an impact on how they derive meaning from their current environment and brought about a positive anticipation in respect of their future careers.

I conclude with the following quote, which rang curiously true at times during my research:

“The loneliest people are the kindest. The saddest people smile the brightest. The most damaged people are the wisest. All because they do not wish to see anyone else suffer the way they do” (Anonymous).

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## ANNEXURE A: LETTER OF INVITATION



**UNIVERSITEIT VAN PRETORIA**  
**UNIVERSITY OF PRETORIA**  
**YUNIBESITHI YA PRETORIA**

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**Faculty of Education**

### **Parent/Guardian consent for participation of a minor in a Research Study** **A research project of the University of Pretoria**

#### **Invitation to participate**

We would like to invite your child ..... to participate in a research study. In order to decide whether or not to participate in the research study you should know enough about the study and its risks and benefits to be able to make an informed decision. Once you understand what the study is about you can decide if you want your child to take part in the study. If so, you will be asked to sign this consent form, giving your child permission to be in the study.

#### **Description of the research**

The purpose of this research study is to enhance the career resilience of your child through life-design counselling. The study will also try to support the child in dealing with daily challenges in their life and identify their own strengths as well as the resources that exist in their environment that could benefit them. The study also aims to teach the child new skills that will assist them with their career resilience both at school and for planning a career in the future.

#### **Risks and Inconveniences**

We do not see any risks for your child participating in this study. If any problems do arise, we will speak to the child and make sure he/she understands what is going on and feels comfortable to continue in the study. The identity of the child will not be revealed to anyone and any information that we get from the study will be kept private.

### **Confidentiality**

All of the information that we get from the study will be kept strictly confidential. No information will be shared with anyone else. The only exception is if there is a serious problem about the safety of the child or any other person in which case, we are required to inform the appropriate agency/institution. If such a concern arises, we will make every effort to discuss the matter with you before taking any action. Please note that none of the questions in this study are designed to collect information that will require us to contact anyone. Because confidentiality is important, we would expect that any information you provide is also private and that you would not discuss this information with anyone.

### **Benefits**

We hope this study will benefit your child and his/her learning at school and also contribute towards the development of his/her career one day but we cannot guarantee this. There are no financial benefits to this study.

### **What are the rights of the participants in this study?**

Participation in this study is purely voluntary and both the parents/guardians as well as the child may refuse to take part in the study or stop at any time without giving any reason. If the child decides not to participate or wants to stop taking part in the study after they said yes, this will not affect you or the child in any way.

### **Has this study received ethical approval?**

This study has been approved by the Health Sciences Ethics Committee of the University of Pretoria.

### **Questions**

Please feel free to ask about anything you don't understand and take as long as you feel necessary before you make a decision about whether or not you want to give permission for your child to take part in the study. If you have questions later that you don't think of now you can phone Mr. Cobus J. Venter at 0723130126 or you can ask us next time we come to visit.



**Informed consent**

I hereby confirm that I have been informed about the nature, conduct, risks and benefits of this study. I have also read or have had someone read to me the above information regarding this study and that I understand the information that has been given to me. I am aware that the results and information about this study will be processed anonymously. I may, at any stage, without prejudice, withdraw my consent for the child to participate in this study. I have had sufficient opportunity to ask questions and (of my own free will) declare that the child may participate in this study.

**Parent Consent:**

Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Consent:**

I, Professor J.G. Maree herewith confirm that the details in this document pertaining to this study is correct and that all research activities will be supervised by myself.

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Student/Researcher Consent:**

I, \_\_\_\_\_ herewith confirm that the above person has been informed fully about the nature, conduct and risks of the above study.

Student's name: \_\_\_\_\_ (Please print)

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any further questions about this study, you can phone Mr. Cobus J. Venter at 0723130126.

If you have a question about your rights as a participant you can contact the University of Pretoria Health Sciences Ethics Committee at (012) 339 - 8612.

## ANNEXURE B: ACCESS LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH



UNIVERSITEIT VAN PRETORIA  
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### ACCESS LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

#### A research project of the University of Pretoria

I am currently a PhD (Psychology) student at the University of Pretoria busy with my Doctoral dissertation. My supervisor in this research study is Professor Jacobus Gideon Maree. I would hereby like to formally ask permission to conduct this research project within your organization for a period of time (10 weeks). In order for you to make an informed decision I would like to explain the study to you in detail and what it entails.

**Research topic: The influence of life-design related counselling on the career resilience of survivors of family violence in resource-constrained settings?**

#### 1. Description of the research study

The purpose of this research study will be to enhance the career resilience of a survivor of family violence through life-design counselling. The study will also try to support the child in dealing with daily challenges in his/her life and identify the individuals own strengths as well as the resources that exist in their environment that could benefit him/her. The study aims to teach the child new skills that will assist him/her with his/her career resilience both at school and for future career planning. We do not foresee any possible risks involved in the proposed study.

The research is based on 5 single case studies and therefore requires that we only obtain access to 5 children (not gender specific) between the ages of 9 to 14 years that has been a survivor of family violence. The research will take approximately 10 weeks to ensure thorough data collection. The research will not require any financial commitment from your organization or the participant. There's also no financial benefit for your organization or the research participant.

## **2. Confidentiality**

All of the information that we get from the study will be kept strictly confidential and the information gained will under no circumstances be given to any third parties. If any concerns arise which could possibly mean that the aforementioned cannot be guaranteed by law then we will make every effort to discuss the matter with you before taking any action. Please note that none of the questions in this study are designed to collect information that will require us to contact anyone. Because confidentiality is important, we would expect that any information gained is private. Research data will at all times be handled in such a way that is in congruence with HPCSA general ethical guidelines for the health researcher (Booklet 6).

## **3. Has this study received ethical approval?**

This study has been approved by the Health Sciences Ethics Committee of the University of Pretoria as well as by the Faculty of Education. Please see attached letter confirming ethical clearance. If you have any further questions about this study, you can phone Mr. Cobus J. Venter at 0723130126. If you have a question about your rights as a participant you can contact the University of Pretoria Health Sciences Ethics Committee at (012) 339-8612.

Should you require any further information, please do not hesitate to contact me. The research proposal can also be sent to you if you require it. My contact details are as follows:

Cell: 0723130126

Email: cbsventer@gmail.com

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation.

Your permission to conduct this study within your organization will be greatly appreciated.

Yours sincerely,  
Cobus J. Venter

## ANNEXURE C: PARENT CONSENT FORM



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### Parental Permission Form

**Study Title: The influence of life-design related counselling on the career resilience of survivors of family violence in resource-constrained settings?**

Principal Researcher: Mr. Cobus J. Venter

#### The Research Team:

Name	Phone Number	E-mail
Mr. Cobus Venter	0723130126	cbsventer@gmail.com
Prof. Kobus Maree (Supervisor)		

24-Hour Emergency Contact Number: 0723130126

#### 1. Researchers' Statement:

Parents/Guardians: Your child has been chosen as a possible research participant in our study. This is a parental permission form which provides information about the research project your child will be involved in. If, after reading this document, you decide that your child can take part in this study, you would be required to sign this form indicating that your child has your permission to take part in the study. If you sign this form, you will receive a signed copy for your records.

## **2. What you should know about this study:**

This form explains what would happen if your child takes part in this research study.

Please read it carefully. Take as much time as you need.

Should any aspect of the study be unclear you are welcome to ask the research team questions about anything that is not clear.

You may ask questions about the study any time before or throughout the research.

If you say 'Yes' now, you can still change your mind later.

Your child can quit the study at any time without any negative consequences.

## **3. What is the purpose of this study?**

The purpose of this study is to determine whether we can enhance the career resilience of a survivor of family violence through life-design counselling. The research study will therefore contribute to finding a novel strategy to enhance the career resilience within children who are survivors of family violence.

## **4. Will participation be voluntary?**

Your child's participation in this research study will be voluntary and both you as parents/guardians as well as your child may refuse to take part in the study or stop at any time without giving any reason(s). If your child decides not to participate or wants to stop taking part in the study after he/she said yes, this will not have a negative effect on you or your child in any way or manner.

## **5. What will be required of the participants?**

If your child chooses to join the study, it will be expected of him/her to complete some questionnaires and other fun activities. These questionnaires and activities will help us determine whether or not there has been a significant impact in your child's career resilience. We therefore use these child friendly questionnaires and activities during the research to determine whether or not the therapeutic intervention was successful or not.

## **6. How lengthy would the research be?**

If your child takes part in all the study visits, he/she would be in the study for a maximum of 10 weeks.

If your child joins the study, you can decide to stop his/her participation at any time for any reason. If you or your child decide to stop, you would need to talk with Mr. Cobus Venter to ensure that your child leaves the study in a safe manner.

### **7. What are the potential risks associated with the study?**

We, as a research team, do not foresee any risks associated with this study for your child. If any problems do arise, we shall intervene to ensure that he/she understands what is going on and feels comfortable to continue with the study. The identity of the child will be kept confidential and any information that we get from the study will be kept private.

### **8. What are the potential benefits to the study?**

We hope this study will benefit your child and contribute towards the development of his/her career and career resilience one day but we cannot guarantee this. There are no financial benefits to this study.

### **9. How will the information be kept confidential?**

All of the information that we obtain from the study will be kept strictly confidential and will only be available to members of the research team. No information will be shared with anyone else. If, however, a serious problem about the safety of the child or any other person does arise we are required to inform the appropriate agencies (SAPS and/or social workers) which means that confidentiality will be breached. If such a situation arises, we will make every effort to discuss the matter with you before taking any action. All the information we get from the study will be stored in locked cabinets and a pseudonym will be used throughout the study to protect the identity of your child. Because confidentiality is important, we would expect that any information you provide is also private and that we would not discuss this information with anyone.

### **10. What would my signature on this form mean?**

Your signature on this form would mean:

The research study has been explained to you.

You had a chance to ask all the questions you have at this time. All your questions have been answered in a way that is clear and satisfactory.



You understand that the persons listed on this form will answer any other questions you may have about the study or your child's rights as a research participant.

You have rights as a research participant. We will tell you about new information or changes to the study that may affect your health or your willingness to stay in the study.

By signing this consent form, you do not give up any of your legal rights. The researcher(s) or sponsor(s) are not relieved of any liability they may have.

You agree to have your child take part in this research study.

Please Note: If the person taking part in this research study is a foster child please inform Mr. Cobus J. Venter.

\_\_\_\_\_  
Printed Name of Research Participant (Child)

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

### **11. Researcher's Signature**

I fully explained the research study and answered the participants' and/or parent/guardians' questions to the best of my ability. I shall inform all parties involved in the study of any changes in the procedures or in the possible harms/benefits of the study that may affect their health or their willingness to stay in the study.

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Printed Name of Researcher Obtaining Parental Permission or Consent

---

Signature of Researcher Obtaining Parental Permission or Consent

---

Date

---

Time

## ANNEXURE D: PERSONAL DECLARATION OF RESPONSIBILITY



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### PERSONAL DECLARATION OF RESPONSIBILITY

<b>Study Title:</b> The influence of life-design related counselling on the career resilience of survivors of family violence in resource-constrained settings?	
<b>Name and Surname</b>	
<b>Contact number</b>	
<b>Position</b>	
<b>Email</b>	

#### I hereby declare with personal responsibility that:

- a) I am voluntarily participating in the study of Mr. Cobus J. Venter and the University of Pretoria. The title of the study has been explained to me and my role as social worker at ELEOS NPO has also been explained to me.
- b) I hereby declare that I am a registered social worker and will subsequently adhere to confidentiality guidelines with reference to all aspects of the study. I will keep all aspects and information of this study and the participants confidential and will not divulge such information to any third party not involved in the study.
- c) I agree that my actions should be aligned with all ethical and legal guidelines of my regulatory body and that neither the University of Pretoria nor Mr. Cobus J. Venter can be held liable if any ethical or legal misconduct takes place as a result of my decisions and/or actions.
- d) I acknowledge that should any participant withdraw or refuse to participate in the study that neither myself nor Eleos NPO will hold this against the individual(s) who are existing clients with our organisation.
- e) I acknowledge that by working with Mr. Venter, neither myself nor Eleos will receive any financial payment or other forms of incentives.

Social Worker signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNEXURE E: ASSENT FORM UNDER 12 YEARS



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Research Assent Form



### What is a research study?

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time.

### Important things to know...

You get to decide if you want to take part.

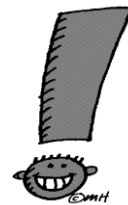
You can say 'No' or you can say 'Yes'.

No one will be upset if you say 'No'.

If you say 'Yes', you can always say 'No' later.

You can say 'No' at anytime.

We would still take good care of you no matter what you decide.





### **Why are we doing this research?**

We are doing this research to find out more about how we can enhance career resilience in children who are survivors of trauma. In other words, we want to help and support children whom experienced things that hurt them and made them feel sad.



### **What would happen if I join this research?**

If you decide to be in the research, we would ask you to do the following:

Questions: We would ask you to read questions on a piece of paper. Then you would mark your answers on the paper. If you struggle to read then we will help you.

Talking: A person on the research team would ask you questions. Then you would say your answers out loud.

Drawing activities: You would be asked to engage in various drawing activities.



### **Could bad things happen if I join this research?**

Some of the tests might make you feel uncomfortable or the questions might be hard to answer. We will try to make sure that no bad things happen. Remember you can say 'no' to what we ask you to do for the research at any time and we will stop.



### **Could the research help me?**

We think being in this research may help you because it will help enhance your resilience towards the trauma.



### **What else should I know about this research?**

If you don't want to be in the study, you don't have to be.

It is also OK to say yes and change your mind later. You can stop being in the research at any time. If you want to stop, please tell the researchers.

You can ask questions any time You can talk to Mr. Cobus Venter. Ask us any questions you have. Take the time you need to make your choice.



### **Is there anything else?**

If you want to be in the research after we talk, please write your name below. We will write our name too. This shows we talked about the research and that you want to take part.

Name of Participant \_\_\_\_\_

(To be written by child/adolescent)

Printed Name of Researcher \_\_\_\_\_

Signature of Researcher \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Interpreter Information (*applicable if LEP participant*)

---

*Printed Name of Interpreter during initial presentation of study*

---

Date

---

Printed Name of Interpreter when translated form is presented

---

Date



## ANNEXURE F: ASSENT FORM OVER 12 YEARS



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA  

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Faculty of Education

### **What is a research study?**

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer. This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time and we will do our best to answer them.

### **Important things to know...**

You get to decide if you want to take part.

You can say 'No' or you can say 'Yes'.

No one will be upset if you say 'No'.

If you say 'Yes', you can always say 'No' later.

You can say 'No' at anytime.

We would still take good care of you no matter what you decide.

### **Why are we doing this research?**

We are doing this research to find out more about how we can enhance career resilience in children who are survivors of trauma. Our focus in other words are on supporting children who currently experience or experienced things at home that caused them to feel sad.

### **What would happen if I join this research?**

If you decide to be in the research, we would ask you to do the following:

Questions: We would ask you to read questions on a piece of paper. Then you would mark your answers on the paper. If you struggle to read then we will help you.

Talking: A person on the research team would ask you questions. Then you would say your answers out loud.

Drawing activities: You would be asked to engage in various drawing activities.

Creative activities: Various activities will be done which include being creative through the use of pictures, pencils, glue and painting.

### **Could bad things happen if I join this research?**

Some of the tests might make you feel uncomfortable or the questions might be hard to answer. We will try to make sure that no bad things happen. Remember you can say 'no' to what we ask you to do for the research at any time and we will stop.

### **Could the research help me?**

We think being in this research may help you because it will help enhance your resilience towards the trauma.

### **What else should I know about this research?**

If you don't want to be in the study, you don't have to be.

It is also OK to say yes and change your mind later. You can stop being in the research at any time. If you want to stop, please tell the researchers.

You can ask questions any time You can talk to Mr. Cobus Venter. Ask us any questions you have. Take the time you need to make your choice.

### **Is there anything else?**

If you want to be in the research after we talk, please write your name below. We will write our name too. This shows we talked about the research and that you want to take part.

Name of Participant \_\_\_\_\_

(To be written by child/adolescent)

Printed Name of Researcher \_\_\_\_\_

Signature of Researcher \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Interpreter Information (*applicable if LEP participant*)

\_\_\_\_\_  
*Printed Name of Interpreter during initial presentation of study*      \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Interpreter when translated form is presented      \_\_\_\_\_  
Date

## ANNEXURE G: PRE -and-POST RSCA SCORES

	Participants	Primary scales		
		Sense of Mastery	Sense of Relatedness	Sense of Reactivity
1	Pre	55.00	52.00	74.00
	Post	65.00	54.00	62.00
2	Pre	34.00	34.00	57.00
	Post	40.00	42.00	70.00
3	Pre	40.00	33.00	49.00
	Post	41.00	42.00	55.00
4	Pre	47.00	52.00	45.00
	Post	57.00	45.00	41.00
5	Pre	41.00	46.00	70.00
	Post	52.00	50.00	61.00
6	Pre	38.00	35.00	51.00
	Post	45.00	42.00	63.00
<b>Average pre-intervention scores</b>		42.50	41.66	57.66
<b>Average post-intervention scores</b>		50.00	45.83	58.66
<b>Increase or decrease in post-test scores</b>		(+7.50)	(+4.17)	(+1.00)

## **ANNEXURE H: CD CONTAINING RELATIVE QUALITATIVE DATA**