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Title: A qualitative exploration of the dimensions of family resilience in a rural community on the West Coast

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Dr. Maria Florence & Ms. Serena Isaacs

Haydn, Hannah and Leah

Mom and Dad

Friends

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Declaration Statement

I hereby declare that the dissertation "A qualitative exploration of the dimensions of family resilience in a rural community on the West Coast" is my own work and that all resources used within this paper is acknowledged in the reference list.

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Abstract

Historically, families living in disenfranchised communities were viewed as being dysfunctional. This view led to the perpetuation of the challenges and adverse situations faced by these families. It is important to view the family holistically rather than just to focus on the risk factors and/or the dysfunctional nature of the family. This study endeavoured to explore how the family functions and copes with the challenges they face. The aim of the study was to qualitatively explore the dimensions of family resilience as perceived by families in a rural community on the West Coast, South Africa. Family resilience theory was used as the theoretical framework for the research study. Three family resilience dimensions were explored. These dimensions are family belief systems, family organisation and resources, and family communication patterns. Participants were selected by means of non-probability sampling. The local NGO in collaboration with the researcher identified the participants. The participants were homogenous in terms of being parents who participated in a parent support programme and were from the same community. Six semi-structured, one-on-one interviews were conducted as the data collection method. The interviews were transcribed and analysed using thematic analysis. Three main themes emerged, in congruence with the theoretical framework. These themes were the family's belief system, their organisational patterns when faced with adversity, as well as the communication patterns of the family. The participants all reported that their strong sense of faith was used as coping mechanisms through their adversities. They had varying reports on how their family organised themselves and how they communicated. Some participants reported that living in a small community could at times be challenging, especially when sharing adversities as they feared community gossip, which then acted as a barrier to seeking help. The researcher adhered to the ethics requirements of the study in terms of confidentiality, provided the participants with informed consent forms and informed them of their rights as participants. Participants were free to discontinue the research process at any point without prejudice.

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Chapter 1

Introduction

1.1. Background and rationale

The diversity of South Africa's population is reflected in the variety of family structures and lifestyles (Der Kinderen & Greeff, 2003). This diversity is often attributed to culture and traditions, changing values, ongoing economic development, modernisation as well as the increasing divorce rate (Der Kinderen & Greeff, 2003; Roman, 2011). According to Smit (2007) the South African family system has also been greatly affected by the AIDS pandemic through creating new nuclear family structures. These factors all contribute in a complex way to the constantly changing family system (Der Kinderen & Greeff, 2003). Walsh (2003) postulates that regardless of the family structure or socioeconomic status, family life is complex.

Family dynamics may further be complicated by the socio-economic status of these families. They may thus be experiencing a greater array of stressors than families with more economic stability (Dyk, 2004). Therefore, one can believe that families facing economic instability face competing stressors and crises, which may make it challenging to adapt to the changing environment. This often leaves families vulnerable to family chaos, affecting their decision-making abilities and rendering them unable to plan beyond their immediate needs (Dyk, 2004). According to Roman (2011), vulnerable families have both internal stressors (ill-health, domestic violence, low level of education) as well as external environmental stressors (unemployment, community violence, limited access to health care and education). It is therefore important to understand that in order to attain family stability, their needs, which are interrelated, need to be met. These may also vary according to the diversity of the population in terms of race, ethnicity, gender and culture (Dyk, 2004). This sentiment is echoed in the way in which the family in the South African context is defined. The Department of Social Development (2013, p. 3) defines the family as 'a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence'. Thus the South African family may be comprised of blood related or unrelated individuals.

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According to Seccombe (2002), despite the toll poverty and adversity can have on the family, some individuals are able to emerge strengthened and lead well-adjusted, successful and competent lives. Often children living in these households break the cycle of their parents' poverty by being socially well-adjusted and educated (Black & Lobo, 2008; Walsh, 2003). Therefore, while some families are devastated by crisis and adversity, others emerge strengthened with the ability to rise above their circumstances (Walsh, 2003; Black & Lobo, 2008). This ability that enables families to adapt and successfully overcome their challenges is known as resilience (Walsh, 1996).

It was previously much harder to focus on family resilience as many families were viewed as being dysfunctional when they did not fit into the norm. The 'norm' often being described as families with an absence of problems (Walsh, 2003). Therefore, research on resilience has mainly focused on individual resilience (Walsh, 2003). The vast majority of family literature has concentrated on risk factors, reporting that risk factors tend to repress resiliency whilst protective factors fosters it (Benzies & Mychasiuk, 2009). Risk factors increase the probability of poor outcomes and are not static. The same applies to protective factors. For example, having a lower level of education may be regarded as a risk factor for substance abuse whilst a higher level of education may be regarded as a protective factor (Benzies & Mychasiuk, 2009). The same applies for having none or limited resources which may be counteracted by a strong sense of community support. Risks, as well as protective factors change according to the crises and the context in which it presents itself.

Walsh however posits that in order for resilience to occur, risk must be present (Walsh 1996, 2003, 2006; Henry, 2015). The family resilience perspective essentially changes the way in which struggling families are viewed. Families are no longer viewed as dysfunctional or impaired when struggling to cope with life's challenges. Instead they are being regarded as having the potential to foster growth and healing amongst its members (Walsh, 1996, 2003, 2006). Instead of focusing on the risk factors, this study endeavoured to explore how the family functioned and coped with the challenges they faced. This exploration was achieved by qualitatively exploring the participants' perceptions and experiences of family resilience using their families as a frame of reference.

According to Walsh (2012) crises and adversities are an integral part of the individual's experience. Thus, the concept of family resilience is aimed at enhancing our

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understanding of how the family functions with adversity. Walsh (2003, 2012) describes family resilience as the family's capability to endure serious crises or life challenges and to emerge as a strengthened unit. This theory was developed in a different context, yet is easily applicable across diverse cultures and differing contexts. Walsh (2012) suggests that this conceptual framework can be used comprehensively for intervention and prevention purposes to strengthen vulnerable and troubled families. The purpose of this study was to explore the perceptions and experiences of family resilience, within the South African context, as family members reflect on their own families, in a rural low socio-economic status community on the West Coast.

Walsh (2006, 2012) identified three spheres as the "keys to family resilience". These include family belief systems, which influence the way a crisis is viewed and the family's ability to reframe or work through the crisis in a positive manner, the family's structure and their available support systems, as well as the communication patterns of the family.

This research study focused on families in the West Coast area of the Western Cape, and therefore, participants were to be drawn from a local community. It was important to have an understanding of the community from which the sample was taken. Having an awareness of the community's history and current socio-economic status played a major role in the success and accuracy of the research. Often in communities, family and community resources are as important as financial resources, in terms of supporting the family and act as protective factors (Adato et al. 2006).

The West Coast area of the Western Cape appears to have similar stressors/adversities to those mentioned in the literature, such as substance abuse, domestic violence and low employment rates. It is comprised of a diverse community and is an ever changing ecological space (Douglas, 2015). For many generations the communities have been making a living from local fishing. However, due to the relocation of the fishing industries and the privatisation and exploitation of the marine resources by fishing conglomerates and due to policy changes, the area has suffered huge economic setbacks, and families are finding it more challenging to sustain their livelihood (Jacobs & Makaudze, 2012). Fathers have been forced to seek employment opportunities closer to Cape Town, thereby leaving the responsibility of raising the children to the mothers (Douglas, 2015). This situation then also left the children without a strong male role model in the household

(Douglas, 2015). The closest high school is about 30km away resulting in a considerable drop-out rate due to lack of funds. These adolescents are often left unsupervised, unskilled and not easily employable, resulting in boredom which often leads to petty crime and substance abuse (Douglas, 2015). Due to all these adversities, as mentioned above, such as the relocation of the fishing industries which led to fewer employment opportunities, the study endeavoured to gain an understanding of how the affected families coped or adjusted to these changes.

1.2 Problem statement

There is a steady increase in family and family resilience research globally. The family resilience theory was developed by Walsh as a result of years of experience as a clinician in the United States and has been sparsely investigated in this way in the South African context. According to Greeff and Thiel (2012), research on family resilience in the South African context is necessary yet the current studies available are limited to the structure of the family (Roman, 2011), especially for those living in under-resourced communities. Adams et al. (2013) highlight that many families in the Western Cape have limited resources, unemployment is rife and they are vulnerable to a variety of psychosocial stressors such as substance abuse, domestic abuse and intimate partner violence, to name but a few. Such is the context of the rural community in this study. Recent family-focused research by Roman et al. (2016) explored family satisfaction, family functioning and family well-being of families from low socio-economic communities in the Western Cape. According to the participants, they perceived their family life as very challenging.

Given the context within which the theory was developed and the varying contexts globally, it is imperative to explore this theory in these differing contexts. Therefore, this study will qualitatively explore the different family resilience dimensions with families from a rural, low-income community, since research in this context is lacking. Information in this way can advance and contribute significantly to the knowledge base in the field of family resilience. Thus, these families could benefit from being the focus in an exploration of family resilience. The outcome of this research study could guide more suitable intervention and preventative programmes applicable to the community

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1.3 Aim and objectives of the study

The study aimed to explore the perceptions and experiences of family resilience, as family members reflect on their own families, in a rural, low socio-economic status community on the West Coast. It endeavoured to explore how the families functioned and coped with the challenges they faced.

1.4 Chapter overview

This chapter provided a background and rationale which highlighted the diversity of the South African population and its constantly changing family systems. These changing systems all contribute to a need to enhance our understanding of how families cope with diversity, especially in a low socio-economic context.

Chapter two follows with the theoretical framework that was used to frame the study. It commences with an introduction of the theory, the dimensions of it as well as how it was applied in the current study.

Chapter three follows with a literature review on the background of resilience research, the protective factors, and dimensions of family research such as family belief systems, family organisation and resources and concludes with family communication.

Chapter four addresses methodology, including research design, sampling procedure, a description of the sample, data collection, data analysis, reflexivity, trustworthiness and concludes with the ethical considerations of the study.

Chapter five covers the results and discussion of the study within the themes of belief systems, organisational patterns and communication patterns.

Chapter six closes with a summary of the study, including the limitations and recommendations and the significance of the study.

Chapter 2

Theoretical Framework

2.1 Introduction

A family resilience framework seeks to identify shared features or commonalities in a crisis as well as effective family responses whilst taking into account each family's unique perspectives, resources and difficulties (Walsh, 2003). Historically, most research has focused on individual resilience (Walsh, 2003, 2012; Rutter, 2012). Research on family resilience has steadily been gaining momentum, expands on, and extends our understanding of individual resilience. Crises faced by individuals and families are often connected and can thus affect the entire family system (Henry et al. 2015). Although resilience was initially viewed as innate, Rutter (2012) posits that resilience should be regarded as a process and not as a fixed trait of an individual or family.

This chapter will give a comprehensive description of Walsh's family resilience framework and demonstrate how the framework can be applied in a practical way in varying contexts.

2.2 Family resilience theory

According to Walsh (2003; 2012) a family resilience theory not only guides interventions to the possible presenting problems of the family but includes problem prevention as well. This is done by identifying risk factors and implementing associated prevention strategies. The theory combines ecological and developmental perspectives in order to view the family's functioning, how it relates to its broader sociocultural context and how it evolved over generations (Walsh, 2003). Thus the theory incorporates the relationship between the family and their environment as well as their social and cognitive development.

Family resilience theory is strongly influenced by developmental theory, especially in the context of how the individual or family reacts to certain situations depending on the life cycle they are in (Rose, 2006). Family development is an on-going process and transitioning from one stage to the other is often associated with stresses and strains for the individual family members. While there are different approaches and scopes within developmental

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theories, the theories all share similarities. The key similarity within the approaches is that development is regarded as a maturation process or as moving into a certain direction. Erikson theorised that successfully dealing with crisis in each developmental stage is imperative to the developmental process (Rose, 2006). Other theorists however regarded development as a fluid process with no identifiable markers or milestones. According to Walsh's theory, having an understanding of the individual and the family's development is essential in understanding and fostering family resilience (Walsh, 2003). It is, however, important to note that two families in similar life cycles may cope very differently with their transitions (Hutchison, 2001).

In addition to developmental theory, family resilience is also strongly grounded in ecological theory. This theory posits that it is the setting or surroundings in which development takes place that influence behaviour (Duncan et al. 2012). According to this theory the individual exists within a nested layer of systems such as the family, friendships, organisations, neighbourhoods as well as culture and society. These systems are all inter-linked and change in one system invariably influences another. Therefore, the family exists within an ever-changing context (Duncan et al. 2012).

A family's life cycle may be similar to that of another, yet the context in which the transitions occur may be completely different. Some transitions may be typical and expected, whereas some might be atypical and unexpected. Typical transitions would be transitioning from adolescence to adulthood or marriage. Atypical and significant transitions may include divorce, sudden death or perhaps even retrenchment. These transitions all require the family to adapt (Bagshaw, 2011).

According to Salem et al. (2001), family processes, referring to the nature and quality of family dynamics and relationships, plays a more important role than family structure in adolescent development (Walsh, 2003). Research conducted by Hemovich et al. (2011) though posits that both family structure and processes were directly related to experimenting with substances, substance abuse and other risky behaviours, therefore processes are important even though the structures may vary.

Some of the advantages of the family resilience theory are that it focuses on the strengths of the individual or families that are under stress and on how they cope with the presenting crises in order to overcome it (Walsh, 2003). This framework allows for the

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exploration of the family's stressor in the context applicable to them and is cognisant of the family's unique set of challenges, including their values, resources, belief systems as well as the structure of the family (Walsh, 2003).

Walsh (2003, 2012) identified three spheres, as the "key to family resilience" each containing three dimensions, namely family belief systems, organisational patterns and communication processes.

2.3 Dimensions of family resilience

The below diagram illustrates Walsh's 3 keys of resilience with their dimensions to highlight the bases of the theory.

The 3 "keys" to family resilience

Family Belief Systems	Family Organisation Patterns	Family Communication
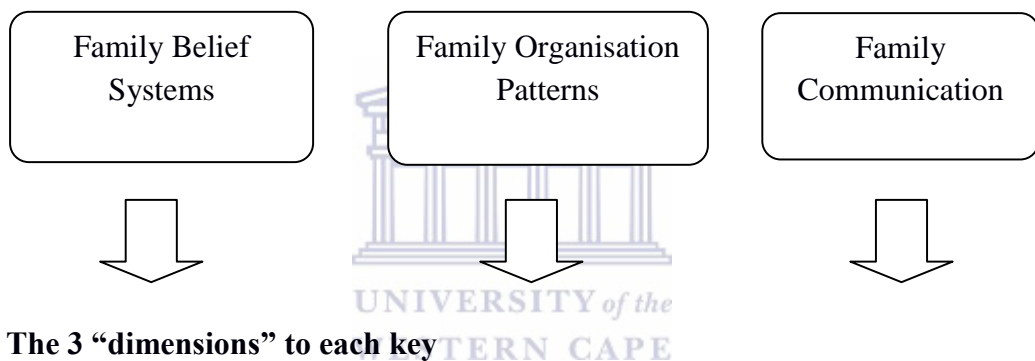
The 3 "dimensions" to each key

Making Meaning of Adversity Positive Outlook Transcendence and Spirituality	Flexibility Connectedness Social and Economic Resources	Clear Consistent Messages Open Emotional Expression Collaborative Problem Solving
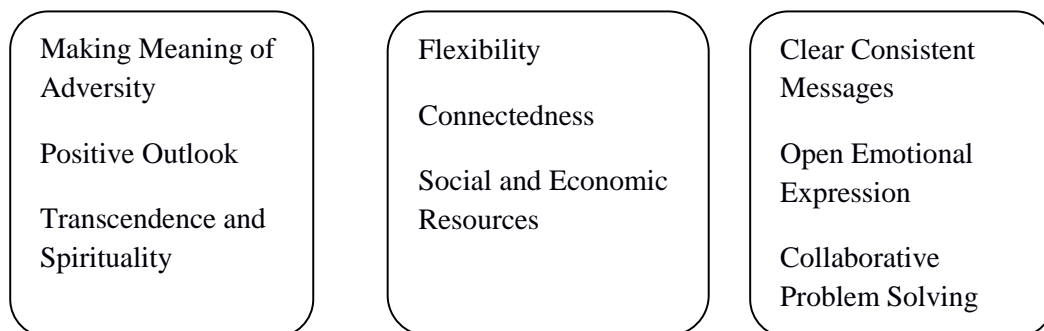
Flow diagram 1: Walsh's family resilience theory

2.3.1. Walsh's "keys to family resilience

2.3.2 Family belief systems

Walsh identified three sub-processes to family beliefs. These are: the ability to make meaning of adversity, having a positive outlook and the transcendence of spirituality (Walsh 2003; 2012). The process of making and finding meaning or a purpose in adversities allows

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the individual to make sense of a crisis or challenge, such as a disability or death of a family member. The positive outlook sub-process speaks of hope which is based on faith. That no matter how bad a current situation might present, a better and more positive future is anticipated (Walsh, 2003; 2006; 2011). Having a shared meaning and belief system can be advantageous to the families' resilience as it not only provides hope but also a sense of belonging or coherence (Walsh 2006; 2011). The families' religious affiliation or cultural traditions may have certain rituals that are applied or performed in times of crisis. These rituals or traditions may provide spiritual, social or material support (Masten & Monn, 2015) such as support groups, prayer meetings or food parcels.

Transcendental beliefs assist in the meaning-making process as they are often based on spiritual or deeply embedded cultural foundations (Mackay, 2003). Beliefs are often unique to the family and are passed down from generation to generation or may also be informed through religious and cultural education. The family's belief system comprises of the values, attitudes, biases and assumptions of the families and how these in turn can influence the families' emotional response to a given situation or guide their actions (Mackay, 2003).

The manner in which a family responds to a crisis situation and their available resources may influence the way they cope and adapt to the situation (Walsh, 2003). In order for families to maintain a positive outlook, they have to accept what is beyond their control and direct their focus towards future possibilities (Walsh, 2003). Spiritual beliefs, strong faith as well as community involvement often influence the way in which individuals / families approach and deal with adversities (Walsh, 2010).

2.3.3 Family organisation patterns

The three sub processes are flexibility, connectedness and social and economic resources (Walsh 2003; 2006). Families need to organise themselves, especially when facing challenges. This organising refers to the structure of the family system in terms of roles, rules, hierarchies, rituals and routines. The parental figure is usually in the hierarchical position and leads the family in the organising process. Walsh (2003; 2006) postulates that an authoritative and flexible parenting style is ideal for healthy functioning. The organising process will have certain roles ascribed to the various family members, a clear set of rules that must be observed as well as have healthy boundaries in place across the different levels

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within the system. Behaviour of all family members is regulated in this way and should lead to mutual respect within the system, meaning that the rules have to be clear. The family members in turn will also gain a sense of security and belonging. It may also assist and lead to effective problem-solving and decision-making (Goldenberg & Goldenberg, 2002; Henry et al. 2015).

A system that is healthily balanced will allow for cohesion and flexibility in times of crisis as well as the restoration of the families' equilibrium (Goldenberg & Goldenberg, 2002; Walsh, 2006; Masten & Monn, 2015). Walsh (2003) postulates that when a family is organised, it allows for a flexible structure as well as bolstering resilience. Families with no clear structure, rules, roles or boundaries are referred to as disorganised or chaotic families and are often viewed as being dysfunctional, especially when faced with a crisis or adversity (Goldenberg & Goldenberg, 2002; Masten & Monn, 2015).

Other important components include connectedness and social and economic resources. In order for family members to turn to each other during times of crisis or adversity it is important that the family maintain a sense of cohesion or belonging not just with its members but with the environment or community as well (Walsh, 2003). Connectedness is essential for interactive or social resilience, since resilience is strengthened by mutual support and co-operation during adverse times (Walsh, 2006). It is therefore important for family members who are separated, be it for example through divorce or migrant workers to stay connected with each other by keeping photos or making use of other means of contact (Walsh, 2006). This allows for resilient families to be able to turn to extended family or social networks when faced with adversity.

Superu (2015) uses the metaphoric tree in describing social and economic resources in family resilience. Trees require strong, deep roots as well as a fertile environment conducive to growth to protect them against the harsh weather conditions, erosion and constant storms they face in order to survive, so too does the family. The roots represent the individual or environmental resources the family can depend on in times of crisis. Therefore, if the family does not have strong supportive "roots" and support within their environment it may affect the way they approach and deal with any adversities.

A lack of social and economic resources has been linked to poor outcomes when facing adversity. These poor outcomes include poor academic achievements, reduced

cognitive ability and poor decision-making skills (Mackay, 2003); whereas having the necessary resources allows families to better adapt to adversities and aid in restoring their equilibrium (Superu, 2015).

Families from poorer communities are faced with a lack of both material and non-material resources. The material resources such as adequate nutrition, shelter, access to good health care, quality day-care; and the non-material resources such as education, skills to prepare for employment and information as well as access to local services (Mackay, 2003; Masten & Monn, 2015; Superu, 2015). This lack of resources may influence the parents' ability to nurture and discipline their children effectively.

Social resources are often cultivated by the family members themselves. They are the relationships established with friends and neighbours who will assist in times of need and who may also be able to share information about services and possible employment opportunities (Mackay, 2003). Communication is therefore very important in cultivating these resources.

2.3.4 Family communication processes

The processes included here are clarity, open emotional expression and collaborative problem-solving. Encouraging open communication, emotional expression, and working together towards solving problems are all tools that foster resilience within the family (Walsh, 2003). In addition to aiding effective family functioning, open and clear communication processes also creates a safe environment for family members to share and process challenges they may face and for receiving empathic support from its members (Walsh, 2006). It is however noteworthy that collaborative problem solving is not always possible due to varying cultural norms (Walsh, 2003). One needs to be aware that behaviours and actions that may be acceptable in one culture may be frowned upon and regarded as disrespectful in another, such as children being part of the problem solving process or voicing their opinions.

However, according to theory it is beneficial to keep children informed of situations as they unfold and allowing for their concerns or questions to be discussed. One must remain cognisant though of disclosing and sharing information in an age-appropriate manner. It is necessary to adjust as the children mature. It is also advised to revisit certain issues in order

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to provide better insight and understanding, while at the same time addressing any new concerns that may have arisen (Walsh, 2006).

According to Patterson (2002a; 2002b) communication is regarded as a key aspect of family functioning. Looking at the theory, it is evident that communication has a pivotal role across all the spheres and dimensions of family resilience. The communication processes discussed in this study are effective and affective communication processes. Walsh (1998) suggests that communication has both a "content" (facts) as well as "relationship" (feelings) dimension.

Effective communication is used in the shared and informed decision-making process, problem solving, and facilitation of making meaning of adversities as well as guiding future planning. It is especially useful in times of sudden crisis which is when communication often fails (Kalil, 2003; Mackay, 2003; Walsh, 2003). It allows for clear and direct messages to be conveyed, feelings and emotions to be shared and for solving problems by means of discussion and negotiation. Ineffective communication patterns may lead to misunderstandings and uncertainty within and between the family members (Walsh, 1998; 2002). Patterson (2002a; 2002b) posits that communication is context specific and that different communication patterns can be effective for different families. However, researchers agree that poor communication does affect the families' resilience.

Cohesion within family resilience refers to emotional bonding or warmth and security (Olson, 2000; Walsh 2006; Goldenberg & Goldenberg, 2013; MacPhee et al. 2015). Individuals are more likely to share and display emotions such as sadness, fears or joy when they have a sense of belonging and acceptance. The quality of parent-child communication is often associated with healthy and positive family functioning. Parents' modelling frequent and open communication through sharing emotions and addressing difficult issues encourages children to ask for help when it is needed (Boone & Lefkowitz, 2007).

These new communication skills may then be transferred or used in settings outside the home such as in the immediate environment, school and the workplace. Using these skills will aid in resolving conflicts and avoiding misunderstandings. For example, with good communication a child may have the courage to speak up if bullied. According to Beatty et al. (2008) research has shown that open and clear parent-child communication can have a positive effect on parental intervention concerning alcohol and other drugs.

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2.4 Application of the theory

The participants in this study are part of a rural community faced with many challenges. Some of these challenges are low economic resources, unemployment, and substance abuse, single parenting as well as multi-generational households. The latter often being regarded as a protective factor. Using Walsh's theory allowed the participants to be assessed in their own unique context and environment.

When assessing the participants, their context, background, family dynamics and social and economic situation should be taken into consideration. Some families might believe that there is meaning in adversity and that it happened for a reason, while others look for the positive side to the stressor. This positivity could perhaps mean that the stressor brings the family closer.

Families have differing organisational patterns especially when one looks at the various family structures. Therefore, an organisational pattern that works for one family will not necessarily work for another. Contextual factors should also be taken into account. The family's cultural norms should also be taken into consideration, since behaviour that is acceptable in one culture might be frowned upon in another.

Supera's (2015) metaphorical example of comparing resilience to a tree, as mentioned previously is perhaps a very apt way of practically understanding resilience. Families are affected by their environment, the communities they live in, the social, political and cultural context of their environment and the resources available to them.

The theory influenced the researcher's thought processes, in terms of the areas that needed exploring. These processes guided the compilation of the interview schedule (Appendix C) as well as identifying the probes that might have been needed to gain a comprehensive response. The theory allowed for the exploration of the positive influences in the participants lives (Walsh, 2006), such as the role the family, community and the church fulfilled during the time of the stressor.

Explorative questions and probes were used in a manner that raised their awareness of resources available to them. These resources were not necessarily financial. It included familial, community and church supportive resources as well. The theory can be applied in such a way to match the stressor that the family was experiencing, while still being cognisant

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of the families' resources and unique set of challenges they faced (Yang & Choi, 2001). The process started by exploring how the stressor influenced the family and what the different reactions were to it.

The key processes of the theory allowed for the exploration of the family's belief system, how they organised themselves during the stressor and what form their communication took. Further probing and exploration led to some participants mentioning that as children, not going to church was not an option. Their parents or grandparents would take them to church and instilled in them the belief that in times of trouble God is their saviour and comfort.

Exploration of the family's organisational patterns gave insight to how the family organised themselves during the stressor. Further probing explored the different roles the members took on and if some experienced more hardships than others. One participant mentioned being the scapegoat during the stressor. The role of the community, friends and the church was also highlighted.

The last process to be explored was the communication patterns of the family during the time of the stressor. Additional probes were set in place to determine the type of communication and if all members felt free to openly communicate and share their feelings about the stressor. Although the framework is broken down into key processes, they are all still inter-linked and cannot be looked at in isolation. This will allow for the family to be assessed in their own unique context with presenting challenges.

2.5 Conclusion

It is evident that family resilience has been applied in a practical and contextual manner, lending itself to exploring more complex family dynamics and structures, within the context of the current research. This chapter provided a comprehensive description of the framework used in this study. The theory was explored in terms of the dimensions and keys to resilience, applicable literature and how it could be applied to the study in a practical manner.

Chapter 3

Literature Review

3.1 Introduction

This chapter will provide insight into the existing literature on family resilience as well as empirical studies on the dimensions of family resilience. It concludes with an exploration of existing research in the South African context.

3.2 Background on resilience research

Early research on resilience focused on children who positively adapted in spite of the adverse circumstances they were exposed to and still displayed positive developmental results (Masten & Coatsworth, 1998). One study is Garmezy and Rodnick's (1959) of children believed to be vulnerable to or at higher risk of mental disorders and the quest to understand the aetiology of these disorders, which included schizophrenia and autism (Masten, 2007). These children shared a common stressor in terms of having a mother diagnosed with schizophrenia and these studies played a major role in the emergence of childhood resilience as a theoretical and scientific topic (Luthar, Cicchetti & Becker, 2000; Masten, 2007).

Researchers then shifted their focus to the positive adaptation of these children and adopted the term "invulnerable" to describe the children who did well in spite of their adversities (Luthar et al. 2000; Masten, 2007; Masten & Tellegen, 2012). Another such study was the ground-breaking longitudinal one of Emmy Werner (1977) on children in Hawaii which led to various resilience studies which included several adverse factors (Luthar et al. 2000; Sixbey, 2005) such as low socio-economic conditions and its associated risks, community and domestic violence (Adams et al. 2013) and catastrophic life events (Dyk, 2004). These studies however were more focussed on exploring protective factors that would differentiate between the children who adapted successfully and those who did not (Luthar et al. 2000).

Researchers (Luthar et al. 2000) found from these early studies that focussing solely on the child was not enough and that resilience was often derived from external factors. Subsequent research was separated into three factors. Namely the child's own personal attributes, the characteristics of the family and thirdly the aspects of their extended social

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environment and support within the community (Luthar et al. 2000). Therefore, it is important to explore the role the family and social environment, which includes the broader community, fulfils in the development of resilience.

Similar to individual resilience, family resilience is time and culture specific. A family might display resilience in one developmental stage but not in another. Family resilience has various definitions in the literature (Hawley, 2000). McCubbin and McCubbin (1988) define resilience as,

"Characteristics, dimensions and properties of families which help families be resistant to disruption in the face of change and adaptive in the face of crisis situations." (p. 247).

The National Network for Family Resiliency (1996) however emphasises that resiliency includes strengths a family utilizes in response to difficulties. In addition, they conceptualised that resilience occurs at multiple levels, which includes the individual, the family as well as the community. Whilst each of these levels is unique, they are also interdependent (Hawley, 2000). The way to resilience is unique to each family. If one considers the different contexts in which families exist, such as their developmental phase and historical and cultural background as well as differing family dynamics, it is evident that no two families can be resilient in the same way (Walsh, 1996).

For example, up until the 1980's, researchers exploring the family's influence on children's academic proficiency did so from a family structure perspective (Amatea et al. 2006). They believed that the family consisting of two parents (mom and dad) was "normal" and that it positively influenced their children. They believed that children's main source of academic problems stemmed from their location and the structure of their family, such as having a single parent, an absentee father, poorly educated parents, low socio-economic status, community violence, domestic challenges and racial or ethnic minority (Amatea et al. 2006).

Social scientists (Clarke, 1983) however challenged this perspective and rejected the notion that the structure of the family or their socio-economic status was reason for not succeeding, and proposed a family process perspective. This family process perspective posited that it is the beliefs, activities, as well as the way in which the entire family interacts

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that produced the environment conducive to the children's successful academic performances, rather than a fixed set of characteristics (Dornbush et al. 1987; Walsh, 2002; 2006).

Resilience is often discussed in terms of risk and protective factors. Risk factors will increase the likelihood of not being able to function effectively, whereas protective factors are resources that will help the individual to overcome the adversity or risk (Hawley, 2000). Families too, may sometimes be regarded as risk factors, if they do not have the necessary resources available. This is true especially if stressors such as substance abuse or violence are prevalent.

McCubbin et al. (1996) believed that resilience at the family level can promote children's resilience by means of a set of processes, rituals and belief systems. In their view resilience is comprised of two different but related family processes: adjustment and adaptation. The first process being adjustment; in this process the family draws on protective factors such as family time, family celebrations and traditions in order to maintain their homeostasis when faced with adversity. The second process is adaptation, in which recovery factors such as family integration and support as well as esteem building is drawn on to promote the family's ability to "bounce back" and adapt to the presenting stressors (McCubbin et al. 1996).

Over time, the research focus shifted and expanded from exploring the qualities that makes individuals resilient to incorporating a robust understanding of the roles social systems and families fulfil in resilience (Walsh, 2006; 2002). Thus resilience was no longer viewed as a linear process in which a resilient individual "bounces back" from an adverse event, but a broader perspective was adopted which redefined resilience as an interaction between the individual and the family (Walsh, 2006; 2002).

In order to gain an understanding of, and substantiate family resilience, it is important to explore and further discuss the role of protective factors in the family and how it contributes to the dimensions of family resilience.

3.3 Protective factors

In spite of extensive literature on risk and protective factors that may add to family resilience it is still unclear why some families thrive in the face of adversity and others do not

(Benzies & Mychasiuk, 2009). Benzies and Mychasiuk (2009) conducted an extensive integrative review aimed at highlighting recent empirical and theoretical literature about the protective factors that contribute to family resilience.

Protective factors foster resilience whereas risk factors inhibit resilience (Benzies & Mychasiuk, 2009). According to Walsh (2003), risk and protective factors are not fixed entities, meaning that they will change according to the context. Masten (2001) suggests that most risk gradients can be re-framed to create protective factors, meaning that most factors have positive and negative poles. Benzies and Mychasiuk's (2009) review identified the following protective factors that foster family resilience. These include individual, familial and community protective factors.

Individual factors include the individual's innate traits and abilities to change situations (Benzies & Mychasiuk, 2009). The individual's perception of their role in the event will determine the way in which they are affected. Internalising the event may lead to empowerment, because the individual would then believe that they have some control over the matter. However, should the event be externalised the individual's belief would be that they have no control over the outcome (Juby & Rycraft, 2004).

Eisenberg (2000) posits that the individual's ability to self-regulate their actions and emotional responses develops as the individual grows, thus allowing them to delay impulsivity and to approach adversities in a more controlled and rational manner. The next protective factor is the individual's belief system. According to Black's (1999) qualitative study of women living in poverty, spirituality gives meaning to hardships and instils a sense of self-esteem and hope. Spirituality has also been identified as a protective factor that can promote and increase effective coping skills. Jackson and Coursey (1988) however posit that individuals, who view spirituality in the sense that all things are predetermined by a higher power, will have a sense of helplessness and disempowerment.

Self-efficacy or self-esteem has been identified as one of the most valuable protective factors. Research using the family process perspective has been generating a robust picture of how families with differing socio-economic backgrounds influence their children's academic lives (Clark, 1983). It is believed that the way in which family members interact with their children is more important than the family's socio-economic status (Clark, 1983). Families of high achieving students demonstrate a "can do" or proactive attitude towards

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difficulties or challenges which may arise. Instead of becoming despondent by adversities, family members are confident in their abilities to overcome challenges (Amatea et al. 2006).

The individual's level of education has also been identified as a protective factor (Benzies & Mychasiuk, 2009). Having a higher level of education or skill will affect the way in which the individual adapts to life's stressors, as it will allow for more flexibility and will increase the individual's employment possibilities, which in turn will affect the adaptability of the family (Greeff et al. 2006).

The final three protective factors identified by Benzies and Mychasiuk (2009) are those of good mental health, having a stable temperament and gender. Having good physical and mental health can promote the resilience of the family. Research by Van Doesum et al. (2005) involving depressed mothers and their infants found that the mental health of the mother may have a profound effect on the infant. The mother-child attachment may be affected which could lead to possible problems in later development. Poor mental health will also influence the mother's problem-solving as well as conflict-resolution skills (Van Doesum, et al. 2005). Mothers with stable mental health however, are more likely to engage effectively with their children and have more effective conflict resolution skills.

Much like self-regulation, the individual's temperament will determine the emotional and behavioural responses to a given situation. The individual's temperament often remains stable over the life-course, but it can adjust with environmental influences. An easier temperament will allow for easier and positive engagement which in turn will foster positive responses and act as a buffer against negative environmental influences (Wong, 2003).

The last identified protective factor for the individual is their gender. It is believed that under certain circumstances being female is more of a protective factor than being male (Benzies & Mychasiuk, 2009). Criss et al. (2002) in their study assessed children's acceptance by their peers. It was found that being female had a more favourable outcome. Girls were perceived to be more socially skilled, leading to easier acceptance by their peers than the boys who displayed externalising behaviour such as aggression (Criss et al. 2002).

The individual factors speak to the internal ability of an individual to regulate how they react and deal with certain situations. The individual's level of self-awareness is vital to their well-being and provides a platform for informed decisions.

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Family resilience is influenced by the resilience of the individual family members. However, the protective factors that are applicable to one member may differ from that for another (Benzies & Mychasiuk, 2009). The family protective factors identified include certain characteristics of the family in terms of its size. Smaller families might experience less financial strain than larger families. This in turn may lead to lower familial stresses. The next protective factor is the quality of the parental relationship. If the parents enjoy a healthy and stable relationship in which communication is key, a healthy environment will be fostered, which in turn will promote healthy development (Benzies & Mychasiuk, 2009). Conger and Conger (2002) in their study posit that a partner provides the most important form of social support as the support boosted the ability to cope with social and economic stressors.

The third factor identified was the cohesiveness of the families. Families are often better equipped to face adversities or stressors if there is a spirit of warmth and unity amongst its members (Walsh, 2003; Benzies & Mychasiuk, 2009). The fourth factor is positive and supportive interaction between parent and child. An example of this would be parent involvement in the daily activities of their children or perhaps having family time at meal times (Conger & Conger, 2002; Greeff et al. 2006; Benzies & Mychasiuk, 2009);

Social support within the family as well as extended family is identified as the fifth factor (Twoy, et al. 2007; Benzies & Mychasiuk, 2009). Social support includes the extended families as well as the community who can provide support if needed. The sixth factor is the influence of the individual's family of origin (Benzies & Mychasiuk, 2009). A study by Ungar (2004) revealed that youths in a chaotic environment, such as domestic violence, physical abuse or substance abuse would prefer to stay in the environment and still have some protective factors available to them, as opposed to being removed and have none. The family systems perspective speaks to the family structure as well as the individual parts of the system and postulates that the family be viewed as a functioning unit instead of focussing on the individual members (Corey, 2013). The family is no longer the traditional nuclear family. Therefore, its members create a larger system of support.

The last two factors: having a stable and sufficient income and having adequate housing which in turn will provide a stable environment for development (Benzies & Mychasiuk, 2009). Due to the poverty injustice, which is having limited access to basic

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needs such as food, water, housing and health-care, these factors are not always attainable for low income households, as the individual's choices and decision making abilities are limited. Therefore, it is important to note that economic and political power influences access to these limited basic resources (Brand et al. 2013). Families are often faced with having to choose between undesirable alternatives (Royce, 2015). For example, losing out on a day's wages in order to care for a sick child.

According to Edin and Lein (1997) families with a low income are often viewed as households with a myriad of problems and are often over-represented in crime statistics as both the offender and the victim. Issues such a low academic achievement, school drop-out rates, adolescent pregnancies, family violence and homelessness are often linked to the poor economic context of the family (Seccombe, 2002). Not having the necessary economic resources required by the family or community may hamper the enhancement of economic and emotional growth opportunities of the family, leading to stress and conflict. The family is then forced to make difficult financial choices within the context of their limited resources (Orthner et al. 2004).

Murray's (1992) study supports the above and agrees that one's social standing is measured by one's employment and income and that poverty and unemployment breaks down self-esteem and places strain on familial relationships as well as the relationship with extended family. Parents or providers feel that they are failing their children and children feel embarrassed amongst their peers for their lack of resources. According to Murray (1992) poverty and other sources of social injustice are powerful sources of alienation, as it can deny and undermine the dignity of a person, causing them to lose sight of their self-worth.

Contradicting this view, Edin and Lein (1997) conducted a study in which they interviewed 379 single mothers. These mothers and their children were living in extreme poverty and deprivation, yet they were resilient and created strategies to help their children overcome their poor living conditions and engaged their children in developmentally appropriate activities (Furstenberg et al. 1999). The findings of this study highlight the importance of understanding the sources of strength and resilience in these families, instead of just focussing on the adversities and stressors that they face (Edin & Lein, 1997).

According to Mowafi and Khawaja (2005) an increasing number of studies are exploring how the poor conceptualise poverty. A study conducted by The World Bank

"voices of the poor" revealed that rather than measuring their poverty in terms of their monetary income, the poor described their reality in terms of physical, human, social and environmental assets. These assets were resources used by the poor to reduce their vulnerability to risk, and were both tangible and intangible (Mowafi & Khawaja, 2005).

Community protective factors can be very beneficial to family resilience, as the family interacts with their community and the physical environment that they may be in (Benzies & Mychasiuk, 2009; Twoy et al. 2007). The community protective factors include the extent to which the family is involved in the community, as well as the extent to which children are accepted by their peers, especially during adolescence (Geldard & Geldard, 2010) during which peers seem to be preferred over family. Having a supportive adult mentor, such as a trusted teacher (Walsh, 2003), a safe neighbourhood and access to quality schooling as well as a safe and stimulating childcare environment are also listed amongst these factors. The last identified factor is having access to quality health care benefits (Benzies & Mychasiuk, 2009).

Landau's (2004) propositions tie in with what is currently happening in this study's research context and highlights the importance of using internal community resources. This model's foundation is rooted in the author's personal experiences of having lived in, and engaged with South African communities (Landau, 2004; Landau, 2007). The central concept of this model is that communities have the ability to heal, depending on their connectedness with their families, communities as well as their cultural histories. The premise of this model is to identify respected individuals in the community, and then refer to them as "community links" that can be trained as "agents for change". These "community links" are trained to intervene in communities on issues such as substance abuse, addiction, family isolation, risky sexual behaviour and domestic violence. These "community links" would then rely on the family as the foundation of the community (Landau, 2004; 2007).

Through this model the concept of resilience is extended to the community level (Landau & Weaver, 2006). In order to aid the competence of the communities the agents would assist in locating existing resources within the community as well as identifying physical assets (Rojano, 2004). By utilising existing community resources, the decision-making is left in the hands of the community, enabling them to find culturally appropriate and sustainable solutions (Landau, 2004; 2007).

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3.4 Empirical studies on the dimensions of family resilience

The review of research relating to family resilience, commenced by exploring and identifying factors which may promote family resilience. Each of these spheres that make up the family resilience theoretical framework discussed above (see chapter 2) are further broken down into three dimensions each, which Walsh (2003; 2012) identified as belief systems, organisational patterns and communication and problem solving (refer to flow diagram 1 in section 2.3). To truly understand resilience in a family structure it is imperative to take a multifaceted approach and dissect all elements that would influence the unit/system. These dimensions and empirical studies will now be explored in terms of how they have been explored in the literature.

3.4.1 Family belief systems

Families, regardless of culture, have throughout the years been sustained by their spiritual beliefs and practices, even though these beliefs and practices vary tremendously within and across cultures (Walsh, 2010; 2012). Masten (2001) concurs that having a faith-based affiliation is regarded as an important factor, fostering resilience especially for individuals living in high risk environments.

Abu-Ras and Hosein (2015) however, in their research, agree that religion and spirituality is a key protective factor to well-being, but mainly in mainstream populations. The population in this research study is from a community where Christianity is the dominant religion. For the purpose of the current study, mainstream populations are defined as "*the ideas and opinions that are thought to be normal because they are shared by most people; the people whose ideas and opinions are most accepted*" (Hornby, 2010). They do nonetheless raise the question of minority groups. This would especially be applicable in light of the Americans' fear after the 9/11 terrorists' attacks, which led most Americans to believe that Islam, instead of sharing Western values encouraged terror by promoting violence and war (Abu-Ras & Hosein, 2015). These actions also highlighted the plight of Muslim soldiers in the American military and how the open practice of their religion may have a negative effect on their well-being. Whereas if one is allowed to freely and openly practice one's faith, it may promote positive well-being and reduce the likelihood of psychological stress and adversity (Abu-Ras & Hosein, 2015).

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According to Kim and Esquivel (2011) religion is the basis on which transcendental values are based. These values often guide moral, ethical and interpersonal conduct, and discourage risky behaviours such as alcohol and drug abuse (Abu-Ras & Hosein, 2015). According to Danesco (1997) examples of family values are the importance of open communication and of doing things as a family. Spirituality is deeply embedded in many facets of family life. Spirituality and family have a mutual influence on each other, meaning that spiritual beliefs and practices can have a strengthening effect on the family, which in turn strengthens their faith (Walsh, 2010). These beliefs also enable families to adapt to their life situations and live meaningful lives (Hastings & Taunt, 2002). The family's belief system plays a role in how they view their situation and impact their world-view, as ones' belief system is linked to lifestyle choices (King et al. 2009).

The family's belief system has a powerful influence on how they act when faced with crises. Learned helplessness and self-doubt may be reinforced should the family's approach to adversity be based on their past failures or weaknesses (Walsh, 2003). Prilleltensky et al. (2001) conducted a study of which the basic premise was that if individuals were given opportunities to experience power and control in their lives, it would contribute to health and wellness. An example of this would be for the individual's family to give them the opportunity to try and resolve their own challenges, thereby empowering the individual, instead of resolving it for the individual. According to the learned helplessness paradigm (Seligman, 1975, cited in Prilleltensky et al. 2001) it is suggested that when individuals have no power or control over adverse situations, perhaps due to previous experiences, they respond with motivational and behavioural deficits to subsequent situations where they do have power and control (Zimmerman, 1990; Feinberg et al. 1982). By allowing the individual the opportunity to experience power and control in their lives, helplessness and pessimism can be unlearned, allowing for optimism to be nurtured (Seligman, 1975, cited in Walsh, 2006).

Wiley et al. (2002) conducted a study which examined religiosity as a resource used by poor African American parents living in a rural community. The results found that religious institutions, activities, and faith were considered a very important individual and community strength, second only to the family. Prayer appeared to be the most important coping response (Neighbors et al. 1983). Research also suggests that church involvement and religiosity may influence family relations as well as parenting styles. Faith was also

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identified as the spiritual measure that tapped the belief that a higher power will care for them (Wiley et al. 2002). Religion is considered to be a very important resource. Often resources and infrastructure are in short supply in rural communities, leading to the church and spirituality taking on an expanded role as pivotal assets (Lincoln & Mamiya, 1990, cited in Wiley et al. 2002).

Although spirituality is a major part of family life, research is only beginning to illuminate its influences. Most of the research however has been focussed on couple relationships, with limited research to date on the whole family (Walsh, 2010). However according to Lerner et al. (2008) there is a growing interest in how spirituality is a source of resilience for adolescents. During the transition from childhood to adulthood, young people in their quest to establish their personal identity search for the meaning of their life experiences. Thus adolescence has been identified by psychologists and theologians as a period of 'spiritual awakening' (Geldard & Geldard, 2010; Kim & Esquivel, 2011).

3.4.2 Family organisation and resources

The manner in which individuals are socially connected and the way in which they interact with their community has a great influence on mental health outcomes (Berry & Rogers, 2003). The higher level of connectivity can be associated with fewer mental health problems, especially for vulnerable communities (Berry & Rogers, 2003). Family researchers have consistently found that many families find ways of adapting such as making meaning of their adversities and some may even emerge strengthened by their challenges (Walsh, 2003). Families also share similar qualities of individuals, thus allowing them the ability to grow, adapt and change (Early & GlenMaye, 2000). According to Walsh (1996; 2003; 2012) the family's resilience is strengthened by three factors, namely flexibility, connectedness and social and economic resources.

Retzlaff and Hum (2007) explored how families living with a disabled person are able to manage the disability and balance the demands of everyday family life, as well as the pressures of work and society. Other factors for adaptation were identified as the quality of the family processes in terms of family cohesion, flexibility and how they communicate and express emotions. The results were that families with a lower sense of cohesion find it more challenging to rise above their crises, whereas families with a higher sense of cohesion take on a more proactive stance (Retzlaff & Hum, 2007). This ability to cope is strengthened by

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positive interactions with friends, supportive family relations as well as social and material resources (Retzlaff & Hum, 2007; Early & GlenMaye, 2000). Early and GlenMaye (2000) stated that being aware of how the family has coped can also be beneficial to strengthening resilience.

Mullin and Arce (2008) conducted an exploratory study using Walsh's theoretical framework. The purpose of the study was to address the question of what makes families of lower socio-economic statuses resilient. Social workers working within the community participated in the study and their assessment of the impoverished families was explored. The results of the study identified four personal, family and social factors that contributed to the families being more resilient (Mullin & Arce, 2008). The factors included the belief that the individual or family has the ability to influence the environment. Religious beliefs were important in giving focus to the families, as well as the idea that God was sharing their burden. Spirituality which encompasses making meaning of life and a sense of purpose and hope was also deemed important in this study. Social support and interconnectedness existed on two levels for the members of the community. The first being the support within the family and secondly, from the extended family, the neighbourhood and the community stakeholders (Mullin & Arce, 2008).

It is however, important to note that social workers within the South African context are a scarce commodity, thereby having a negative impact on the community in terms of social workers' support. Social workers within the NGO sector have higher case-loads than those within the government sector (Naidoo & Kasiram, 2006), with those in rural areas (Brown & Neku, 2005; Lombard & Kleijn, 2006) experiencing their workload as 'overwhelming and frustrating' as a result of the community's needs being so great.

3.4.3 Family communication

According to Koerner and Fitzpatrick (2002) family scholars are generally in agreement that the values, behaviours and social environments within which the family exists are ever-changing and that the ability of the family to endure these changes is an indication of their flexibility. This flexibility is often as a result of the communication patterns of the family (Koerner & Fitzpatrick, 2002). Walsh (2003; 2012) postulates that resilience is fostered by communication processes. The three factors identified in this process are clarity, open emotional expression and collaborative problem solving.

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Family conversations can often be experienced as difficult (Keating et al. 2013). According to Keating et al. (2013) in spite of researchers examining the various types of challenging family conversations, not much evidence is available on exactly how the process and outcomes of these conversations are viewed by the family. When families have limited conversations, they tend to converse more on a superficial level and have "less exchange of private thoughts and feelings" (Koerner & Fitzpatrick, 2006, p. 55 cited in Keating et al. 2013). Whereas, families who are more communicative tend to feel more comfortable in discussing a wide array of topics and will readily disclose more information (Keating et al. 2013; Schrodt et al. 2009). Open communication will enable the family to cope better with adversities that they are facing as it allows the family members the freedom and safety to express both positive and negative emotions. It also allows for healthy conflict resolution, collaborative problem-solving and joint decision-making (Cohen et al. 2002; Lee et al. 2003; Walsh, 1996).

Peterson and Green (2009) concur that communication is one of the keys to successful family functioning, and that clear, open and frequent communication is one of the basic features of a strong and healthy family. This feature allows for easier problem-solving and more satisfied familial relationships. The cultural context in which communication takes place is a very important consideration, as a communication pattern that is effective in one cultural context might not be effective in another (DeVito, 2007).

3.4.4 South African research

There has been a growing number of resilience studies conducted in the South African context with families of differing socio-economic situations, diverse cultures and adversities, such as retrenchment, parental divorce, illness and single parent families living in poverty Theron & Theron, 2010). These studies all explored various and differing adversities within the family; such as retrenchment, unemployment, a death in the family or coping with an illness. The results of these studies were similar to those of studies conducted internationally.

In a research study conducted by Greeff and du Toit (2009) on remarried (blended) families, the resilience factors which were commonly identified were supportive family relationships and cohesiveness, affirming communication which aided problem-solving as well as support from family and friends. Spirituality and religion was identified as a primary resilience factor outside of the family (Greeff & du Toit, 2009).

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Greeff and Fillis (2009) in their exploration of resilience with low socio-economic status single-parent families concluded that religious and spiritual support was an important resource in times of adversity, as it helped to give meaning and purpose to their experiences. Greeff and Loubser (2008) yielded similar results in their research with Xhosa-speaking families. According to their study the different dimensions of spirituality such as making meaning of adversity in terms of God having a plan for their lives, prayer and trusting God for guidance is a core aspect of family resilience. Support from family and friends were also identified as an important resilience factor. Whereas Holtzkamp's (2004) study with middle and upper socio-economic status participants concluded that intra-familial emotional and practical support was a primary resource.

In research regarding adjustment and adaptation (Greeff & Human, 2010; Greeff & Thiel, 2012), after having lost a family member, intra-familial support such as emotional and practical support from family was highlighted as a key resilience factor. Supportive communication, family cohesion and financial as well as material support from extended family and the community was highlighted as resilience factors in families in informal settlements who lost their homes in a shack fire (Greeff & Lawrence, 2012).

The findings of the above summarised studies are similar to the dimensions of Walsh's framework in terms of the family's beliefs systems, how they organised themselves and utilised the various available resources as well as how they communicate to assist with problem-solving. Although these studies have primarily been conducted by one primary researcher, the results mirror those of international studies. As a result, there is merit in the development of further studies to provide further reliability to the existing studies and research within the South African context. It is imperative that further studies in a South African context is conducted to provide greater insight to the type of intervention programs that would have to be developed.

Resilience therefore, does not exist through extraordinarily rare and special qualities, but through ordinary, everyday human behaviours and the support systems and relationships shared with families and communities (Masten, 2001). Therefore, when one looks at the literature, especially the protective factors, which will be highlighted and applied more in the discussion chapter, it may be surmised that any intervention programmes should be cognisant of and highlight factors such as the family, culture or beliefs of the community as

well as the community's own natural resources. This study can therefore contribute towards the literature in the South African context and can assist by guiding or contributing towards intervention programmes.

3.5 Conclusion

This chapter explored the existing literature on family resilience. Empirical studies on the dimensions of family resilience, as well as the factors that are regarded as protecting the family were identified. Existing research in the South African context was also explored.

The next chapter will give a comprehensive description of how the study was conducted, in terms of the research method.

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Chapter 4

Methodology

4.1 Introduction

This chapter describes the qualitative methods used in the study. It also includes an explanation of the research design, recruitment procedure, data collection and method of data analysis. It also includes a section on reflexivity, which illustrates the researcher's processes during data collection and trustworthiness. The chapter concludes by discussing the ethics considerations relating to the study.

4.2 Research Design

4.2.1 Qualitative Methodology

An exploratory, qualitative approach was used for this study as it strives to comprehend and understand how the different individuals in a societal setting construct the world around them (Glesne, 2006). An exploratory research design examines data and looks for potential relations between variables (Berg, 2001). As mentioned previously there are limited research studies on family resilience in the South African context. An exploratory study allows for preliminary investigations to be made into relatively unknown areas of research (Terre Blanche et al. 2011). Glesne (2006) claimed that qualitative approaches can be utilised to enhance the understanding of any phenomenon about which little is known.

4.2.2 Research Approach

A qualitative research approach was used for this study, as it allowed the researcher more flexibility in terms of taking advantage of the richness of the data and thus obtaining more meaningful results (Berg, 2001). It enabled the researcher to make new discoveries, since it has no strict methodological limitations. It also allowed for semi-structured interviewing with open-ended questions, allowing the researcher to probe accordingly and in so doing to gather a rich data set. Saturation was reached when no new data emerged after the same questions were posed to the participants. According to O'Reilly and Parker (2012) and

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Walker (2012) data saturation is reached when there is sufficient information to replicate the study.

4.3 Participants

Participants were selected by means of non-probability, convenience sampling, meaning that not all members of the population had the same chance of being chosen for the study (Struwig & Stead, 2007). The participants in this study were identified by the local NGO. This local non-governmental organisation is active in the Cedarberg region and provides various social services to the community, including a parent support programme for those who have sons or daughters who abuse substances or are faced with daily challenges.

The participants for this study were identified and accessed through the NGO and were parents selected from this support group. They were homogenous in terms of residing in the same area and sharing various stressors. These stressors being low socio-economic status, unemployment, and substance use which can all be categorised as adversities. Therefore, family resilience was explored in general, given their daily challenges and not specifically as it pertains to substance using children. The study sample consisted of six participants of whom four were women and two men. They were all coloureds and their ages ranged between 37 and 53, with a mean age of 44 and a standard deviation of 6.68. For a complete list of demographics refer to table 4.3.1, which will be explored further in the body of the paper. According to Terre Blanche et al. (2011) experience has shown that six to eight data sources or participants are often sufficient to reach saturation especially if the sample is homogenous.

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Table 4.3.1 Participant Demographics

Name	Age	Gender	Marital Status	Race	Employed	Children
Alice	53	Female	Married	Coloured	N	2
Denise	40	Female	Single	Coloured	Y	3
Joyce	47	Female	Married	Coloured	N	2
Martha	37	Female	Single	Coloured	Y	2
Paul	47	Male	Widowed	Coloured	N	4
Desmond	40	Male	Married	Coloured	Y	5

4.4 Data Collection Tools

Semi-structured one-on-one interviews were conducted as the primary data collection tool. Semi-structured interviews comprise of a list of topics or questions that are compiled in advance and then discussed with the participants during the interviewing process (Appendix C). All the participants were asked the same open-ended questions and were allowed to answer it any way they chose to. The questions were all related to exploring the influence of the challenge / stressor on the family, how it was managed, who the participants' support systems were during the time of the stressor as well as how a possible solution was reached. The participants were asked to share their personal experiences and perceptions of family resilience as it pertains to them as members of a rural community. This type of interview allowed the participants to talk in-depth about their perceptions and experiences (Struwig & Stead, 2007).

The interviews ranged from 45 minutes to an hour and were conducted by the researcher at the NGO or other location at a time convenient for the participants. All interviews were conducted in the participants' mother tongue which is Afrikaans.

4.6 Data collection procedures

The researcher made contact with the manager of the NGO to arrange an appropriate date and time for the interviews. Upon meeting, the possible participants were informed of the nature of the study and the researcher requested that they participate in the study. The researcher adhered to the ethical requirements of the research study being conducted by presenting all participants with an information sheet (Appendix A), outlining the full purpose of the research. The researcher verbally explained the contents of the form in the participants' mother tongue (Afrikaans). Participants were asked to sign a consent form agreeing to participate in the study (Appendix B). All information, consent forms and interview schedules were translated into Afrikaans. The interviews were conducted in Afrikaans and permission was requested from the participants to have it audio recorded by the researcher to allow for verbatim transcription. All of the interviews were conducted at a time and place that was convenient for the participant. One interview was conducted at the participant's place of employment, two at the NGO and the remaining three at the participants' homes.

4.7 Data Analysis

Data was analysed by means of thematic analysis. Thematic analysis is useful in recognizing, evaluating and recording patterns or themes within data (Braun & Clarke, 2006). It combines and explains the data set in rich detail. A theme captures something significant about the data in relation to the research question, and symbolizes some level of patterned response or sense within the data set (Braun & Clarke, 2006).

According to Braun and Clarke (2006) the following are the six phases of thematic analysis. These phases are familiarising yourself with your data, searching for themes, reviewing themes, defining and naming themes and lastly producing the report. The researcher analysed the data by transcribing it verbatim. This was followed by the thematic analysis process which included looking for patterns of meaning and matters of possible interest in the data which may have already started during the data collection phase / process as per Braun and Clarke (2006). No software was used in the analytical process, as the researcher looked at the data manually.

Phase 1 – familiarising yourself with your data

The researcher commenced the analyses by familiarising herself with the data. This was done by transcribing the verbal data verbatim into written form. The transcribing and re-reading of the data also assisted the researcher with familiarising herself with the data. During the reading process the researcher started making notes of comments that she thought might be relevant for later use.

Phase 2 – generating initial codes

The next step was to create a spreadsheet on which the researcher entered all the highlighted comments and notes. All coded information was entered on the spreadsheet, regardless of it being part of the aims or not.

Phase 3 – searching for themes

The researcher entered all the information into a table format with different headings. Each participant had their own column. This allowed for a visual representation of all the corresponding responses, allowing the researcher to extract significant themes.

Phase 4 – reviewing themes

Once the researcher had identified a set of themes, it was discussed with her supervisors. The researcher's supervisors had also independently identified themes which were then compared with what the researcher had identified.

Phase 5 –defining and naming themes

In this phase the researcher and her supervisors again discussed the identified themes as well as how they fit into the study. The themes were named to fit into the aims of the research study.

Phase 6 –producing the report

After all the themes were identified, the researcher compiled the report using literature to substantiate her findings.

The researcher was assisted in the analytical process by her supervisors, who checked the researcher's work.

4.8 Reflexivity

As a qualitative researcher, the researcher acknowledged that she may bring her own knowledge, experiences and personal viewpoints into the research. Being cognisant of these factors, contributed to rather than hindered the research. Therefore, whilst engaging so closely with the research process, the researcher reflected on her own personal characteristics as well as the potential for personal bias which the study might have evoked.

The researcher kept a journal to record the entire research process, and to assist with reflecting on her feelings and experiences at the time of conducting the interviews. Keeping a journal assisted in identifying the researcher's personal biases and illustrated how her own personal beliefs about the family may have influenced the study.

The researcher also tried to understand the community holistically, as a coloured woman herself who was raised in and experienced community interaction. The one quality that stood out for the researcher was the humility and the welcoming nature of the participants. The researcher's personal beliefs led to her building rapport with some participants better than with others. This may have been as a result of certain of their world views and values being similar to the researcher's. The researcher felt a sense of satisfaction during her interviews with the female participants who had strong and positive views about themselves and their families. However, the researcher also sensed some reluctance during the interview process from some of the participants, who had great concerns around the issue of trust. The researcher was however aware of her status as an 'outsider' which could also have an impact on the way in which the participants responded to her, and how it may impact the findings. The researcher found one interview in particular very challenging due to her belief that the participant had adopted the victim role. She found herself reflecting on what she should have done differently and how she would have responded to the situation.

Maintaining boundaries was also something that came to the fore for the researcher, especially when listening to a participant and realising that what she takes for granted would go a long way in assisting a family. Being cognisant of her thoughts and beliefs, as well as having spent some time in the community before conducting the interviews enabled the researcher to be respectful and empathic with the participants and their context.

With one interview the researcher experienced extreme discomfort and concern for her safety which resulted in the interview venue being moved. The researcher made use of the time before continuing at the new venue to reflect on the experience as well as calm her

own anxieties. This exercise gave her more of an insight into her own feelings about the situation and also to that of the participant. Reflecting on the completed interviews also gave the researcher the opportunity to improve on what she felt she needed to do differently in the next interview.

It was especially challenging to remain cognisant of and adhere to the boundaries which were required for the process. Coles (1992) states that the process of reflexivity will enable one to apply critical thinking to self and others, as well as gaining a deeper understanding and insight into the effects of one's actions and values, as well as beliefs during the data collection process.

4.9 Trustworthiness

Trustworthiness in qualitative research is made up of four components, namely credibility, dependability, transferability and confirmability. Credibility depends more on the richness of the gathered information than on the size of the sample. Saturation may be reached if the sample is homogenous, allowing for robust data. According to Shenton (2004) the sample size of this study should be sufficient to reach saturation since all the participants are parents sharing similar stressors and they all reside in the same area, thus making them a homogenous group. In order to prove dependability, the researcher should be able to repeat the interviews with the participants under similar conditions and obtain similar results (Shenton, 2004). Therefore, the researcher for this study was consistent when conducting the interviews (collecting data), analysing the data as well as presenting it, in order to obtain dependable results.

Transferability depends on the degree to which the findings of the study will transfer to other contexts (Shenton, 2004). This study was conducted in a rural community with a homogenous group of participants, in terms of sharing a similar stressor. Therefore, it could be transferable to other such groups of parents.

Confirmability demonstrates the neutrality of the research interpretations and that the constructions are those of the participants and not the researcher. This may be achieved by documenting the entire research process, allowing the researcher to check and re-check the data throughout the study (Shenton, 2004). As mentioned previously, for this study referring to the researcher's journal allowed her to reflect on her feelings and experiences at the time of

conducting the interviews, thereby raising her awareness of any biases she might have had. As a mother herself, and to a certain degree sharing some similarities with the participants, the researcher was cognisant of her own views and beliefs about family life and how these could possibly have influenced the participants during the interviewing process or have an impact on the final analysis.

4.10 Ethics Statement

The study was explained in detail to the qualifying participants in their home language. All participants were provided with an information sheet explaining the study (Appendix A). Participants were also required to complete an informed consent form (Appendix B) indicating their agreement to partake in the study. This research study sought to collect and explore information on the perceptions and experiences of participants from a specific community of family resilience. The researcher adhered to the ethics requirements of the research study such as confidentiality. Pseudonyms were used to protect the identity of the participants and all information collected was treated with confidentiality. The participants had the right to withdraw from the study at any time, or refuse to answer any question/s, without any consequences.

The researcher sensitively, contained any unforeseeable issues that arose from the research. None of the topics discussed caused any discomfort or embarrassment for the participants and no participant required a referral. Should any of the participants have been negatively affected by their involvement in the study, debriefing or counselling would have been arranged by the researcher in conjunction with the counsellors at the local NGO. In the event of the NGO not being able to adequately handle the case, the researcher would have arranged a referral to the mental health nurse at the local Community Health Centre (CHC).

According to the reflexivity, trustworthiness and ethics considerations it is evident that the researcher has taken all measures to ensure unbiased data collection and analysis. The following section will focus on the findings of the data collected through semi-structured interviews in the community.

4.11 Conclusion

This chapter described the methods and procedures implemented in this study. It gave a comprehensive description of the research design as well as how the participants were recruited and the data collected and analysed. It concludes with the trustworthiness and ethics of the study.

Chapter 5

Findings and Discussion

5.1 Introduction

This chapter will report on the findings of the data that was collected through the semi-structured interviews. The findings were explored using Braun and Clarke's thematic analysis of the responses given to certain questions. This was linked to the literature in order to explore the research question and meet the aims of the study.

The themes found, based on questions informed by the framework, all related to the keys and dimensions of family resilience. These themes: their family beliefs, the way in which they organised themselves during an adversity, as well as the resources they used, and the way in which they communicated during the adversity. Due to this thesis being submitted in English, the excerpts have been translated from Afrikaans to English. These themes will now be discussed individually.

The themes that were found and will be discussed are:
- o Belief systems
- o Organisational patterns
- o Communication processes
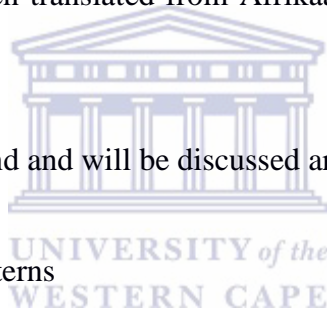
5.2 Belief Systems

According to Walsh's theory of family resilience, the family's belief system is made up of three sub processes that allow the family to make meaning or have an understanding of the adversity; to have a positive outlook which in turn may provide a sense of hope as well as the transcendence of spirituality (Walsh 2003; 2012). Transcendental beliefs are beliefs based on deeply embedded spiritual or cultural foundations (Mackay, 2003).

These beliefs are drawn on in times of adversity and often influence the way in which the individual or family deal with adversities (Walsh, 2010). Beliefs are considered important when dealing with adversities, regardless of the different religions or denominations (Wiley et al. 2002) with prayer appearing to be an important coping response for the participants. Greeff and Loubser (2008) yielded a similar result with their study

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which identified spirituality as an important coping response which also served as a protective factor.

It is quite evident from the participants' comments that their beliefs is something that was deeply embedded within their family life and functioning. Most of the participants described experiences in which their strong belief systems were evident. When looking at the below excerpt it appears that having a strong belief system is advantageous to the participants as it provided a sense of hope and positivity in the face of adversity. Alice, a 53-year-old stay-at-home mom stated the following (first presented is the Afrikaans excerpt and then the English excerpt)

As mense hier kom dan se die mense altyd ons kry darem swaar dan se ek nee, hulle kry swaar, dan se ek nee, dan vat jy vir swaarkry saam, want jy gaan nie swaarkry voor my drumpel los nie, want as die Here wil instap om te kom seen, dan le jou swaarkry daar wat beteken Hy kan nie oorkom nie. Neem dit maar saam met jou want ek kry nie swaar nie, ek is fine soos ek is

When people come to visit they also refer to our financial hardships and I tell them "no, you are the ones struggling. Please take your struggles with you when you leave, because when the Lord comes to bless us, your struggles will be blocking the way. Take your struggles with you, because I do not have any. I am fine the way I am"

Their strong beliefs, which centre on the religious and spirituality aspect, influence the manner in which they dealt with the adversity, which in turn could have a strengthening effect on the family (Walsh, 2010). Belief systems are deeply ingrained in the family's functioning and may contribute to family resilience by way of serving as a protective factor as suggested by Abu-Ras and Hosein (2015). Alice, when sharing about their financial resources again stated that:

En as dit opraak (kos of geld), dan is dit op, dan het ons nie 'n pyn daarmee nie, dan vra ons maar net...soos my man vir my geleer het, as jy iets nodig het, moet jy net vir die Here vra. So ons werk so...jy moet praat met die Here as jy in 'n situasie is, want net Hy kan dit vir jou oplos, niemand anders nie en dit is hoe my huishouding gaan.

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And when it's finished (money or food), it's finished...we have no pains, then we just ask...like my husband taught me, if you need anything, just ask the Lord. That's how we do it...you must speak to the Lord when you have a problem, because only He can solve it...nobody else...and that is how my household operates

Abu-Ras and Hosein (2015) further postulate that beliefs, serving as protective factors, are especially applicable to individuals who live in high risk environments, such as the participants in their study who were military personnel. As previously stated the participants within the current study live in a rural setting with limited resources. A number of the participants have experienced verbal and domestic abuse, financial burdens, especially in terms of unemployment and drug use in the community, specifically alcohol use and abuse, according to information gained from the local NGO. Joyce (47) stated the following when discussing substance abuse and shared how her belief supported her:

My man drink...hy vuil taal gebruik...vloek kinders, vloek my. As ek nie op my kniee bly nie, gaan hierdie huis inmekaar tuimel. Daai het my ma vir my geleer, jy kan enige iets vir die Here vra
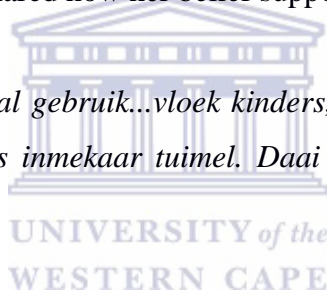
My husband drinks...he swears...swears at children...at me. If I do not pray continually, our home will collapse. That is something my mother taught me, you can ask God anything.

Beavers and Hampson (2003), in their research on family process, posit that transcendent values foster healthy family functioning. Transcendent values are deeply embedded beliefs that are passed down through the generations, and are illustrated in the below excerpts. This means that a shared transcendental belief system allows for better acceptance of risks and adversities and that the family members can view their life challenges from a larger perspective in order to make some sense of it. As well as to foster hope strengthen their bonds with each other (Beavers & Hampson, 2003).

Belief systems also play a role in how the individual views their situation and influences their worldview (King et al. 2009). It acts as a protective factor, since the

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individuals have the innate ability to change their situation (Benzies & Mychasiuk, 2009), as well as adjust their temperament to adjust and cope with environmental influences (Wong, 2003).

The following excerpt speaks of abuse, yet the participant still makes meaning of this in a positive way, i.e. although her mother was physically beaten, she was never sworn at. Making meaning of adversities can strengthen families, however in this instance it could also be regarded as a barrier to seeking help. Walsh posits that sometimes belief systems can be so rigid or harsh that it prevents problems from being identified and addressed (Walsh, 2012). Joyce (47) stated the following when discussing her parents' relationship:

Hy (pa) was nie lelik met ons kinders in die huis nie, maar hy was lelik met my ma...maar ek het nooit gehoor hy vloek haar nie. Hy't gedrink en haar geslaan, maar hy't haar nooit gevloek nie. Hy't die drank gelos, maar hy kon maar gedrink het...sy houding van dinge doen was net nie reg nie. Ek weeti hoe moet ek se nie, watter soort mishandeling daai, weeti hoe jy daai noem nie...

He (father) was not nasty with us children in the house, but he was nasty towards my mother...but I never heard him swear at her. He drank and physically hit her, but he never swore at her. He stopped drinking, but he might as well have continued...his way of doing things was not right. I don't know how to say it, what type of abuse... don't know what you call it...

In addition to illustrating the participants' beliefs, this excerpt also gives an indication of the participants' organisational patterns during times of adversity, in terms of flexibility. The participant's stance is at odds with what the literature says about women actively seeking help, when facing challenges. Whereas the husband's behaviour is in accordance with what the literature posits. According to the literature, women will actively seek help when facing crises, whereas men will turn to unhealthy externalising behaviours such as substance abuse and aggression (Criss et al. 2002).

The participant's response could also be regarded as internalising behaviour. As stated by Juby and Rycraft (2004) internalising an event may give the individual a sense of empowerment and the belief that they have some measure of control over the situation. However, according to Ungar (2004) in his research with youth, he suggests that the individual will rather stay in a chaotic environment where issues such as domestic violence,

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physical abuse or substance abuse are rife. By staying, the individual still have some protective factors available, rather than to leave and have none. This could possibly apply to Joyce as well, since her husband is the sole breadwinner.

The participant also indicated that she was uncertain as to the type of abuse that was taking place. Forrest (2004) posits that education and awareness is often the first key to understanding and identifying the different roles individuals play in these familial interactions. The above excerpt could possibly be as a result of a lack of appropriate resources within the community or a need for psycho-education on the various types of abuse and what it entails. It may also be attributed to the individual's belief systems and how they make meaning of the situation they are in.

Kim and Esquivel (2011) concur that aspects of spirituality serve as protective factors in conditions that could lead to negative outcomes, on both the individual and family level (Cohen et al. 2002). The below excerpts illustrate how transcendental connections have influenced the family and their belief systems in terms of continuing what their parents have instilled in them and passing it on to their children. Having a shared belief system can also create a sense of belonging and harmony within the family. Desmond, a 40-year-old married father of four and Alice a 53-year-old, married stay-at-home mom stated, respectively, how their transcendental beliefs influence how they raise their families:

Dis hoe hulle groot geraak het...ouers hulle groot gemaak het...ons moet nie kla oor wat met ons gebeur nie. Ons moet maar aanvaar en dan kom die volgende generasie dan nou...en hulle erf dit oor en so gaan ons aan en so gaan ons aan (Desmond, 40 yrs)

That's how they were raised...how their parents raised them...we must not complain about what happened to us. We just have to accept our lot. The next generation comes and inherits this...and so the cycle goes on and on and on.

Ons het so opgegroei, ons moet in die sondagskool gewees het...moet Dinsdagaand...ons moet jeug toe gegaan het. Sondagoggende moet ons in die diens gewees het...woensdagaande moet ons in die bidure wees. Ons het so opgegroei by ons ouers (Alice, 53)

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That's how we grew up. We had to be in Sunday school. Tuesday nights we had to go to youth. Sunday mornings we had to be at the church service...Wednesday nights was prayer sessions. That's how our parents raised us.

In addition to transcendental connections, prayer has also been identified as a very important coping response (Neighbors et al. 1983). In the below excerpts the participants illustrate an expectation that a higher power will care and provide for them. Through these excerpts, religion is being identified as a very important resource for the participants, as it provides a sense of hope. These expectations echo the findings of research conducted by Wiley et al. (2002) that faith has been identified as the spiritual measure that tapped into the belief that a higher power will care and provide for them. As Denise, a 40-year-old unemployed mom of three stated:

ons verwag dat waneer ons seerkry...enige tyd na die kerk toe hardloop...kerk moet ons help.
We expect that when we get hurt...anytime to run to the church...church must help us.
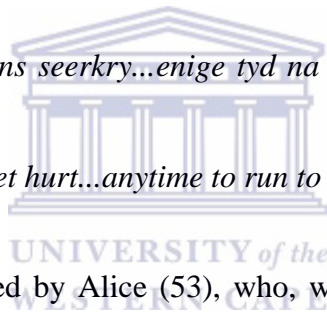
This sentiment was echoed by Alice (53), who, while discussing their resources or lack thereof and how God provides, stated that:

Ons loop baie kerk in die huis...ek gaan vir julle elkeen 'n bordjie gee, waneer die Here die kos ingedra het...soos my man my geleer het, as jy iets nodig het, moet jy net vir die Here vra.

We attend a lot of church in this house...I will give each one a plate...as soon as the Lord provides the food...like my husband taught me, if you need something you just have to ask the Lord

Another belief held by some of the participants was the fact that the 'man of the house' or the husband was the head of the household and led the family. Patriarchy is rooted in religious belief (Walsh, 2010) in which the male in the household believes that he is the

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leader and should lead and provide for the family. It also speaks to the organisational patterns of the family which is established based on the belief systems. Paul (47) stated the following:

Die leierskaprol, die rol van die huis leier en daai...ek was mos nou grootgemaak soos die, die pa is mos die...die Bybel se dit ook, hy's die hoof van die huis.

The leadership role...the role of being the leader in the house...that is how I was raised, the father is...the Bible also states that the man is the head of the house.

This belief, in some instances may be used to justify abuse towards the female family members (Walsh, 2010) and also means that women are less likely to engage in conflict management and decision-making in the household (Rehman & Holtzworth-Munroe, 2006). However, if this belief is practised in a respectful manner, it may add to the resilience of the family in terms of having a supportive structure.

The above excerpts illustrate how a strong belief system can portray a sense of hope and serve as a protective factor in terms of helping individuals to cope effectively (Black, 1999). The way in which the participants experienced their beliefs in times of crisis especially, is similar to what is stated in the framework. Their strong beliefs lead to them being positive about their situation, as stated by Alice when referring to how she does not worry, because God will provide and solve their (the household's) problems. Both Desmond and Alice also made mention of their strong transcendental beliefs in terms of where their beliefs originated from. Whilst exploring their beliefs none of the participants mentioned that they would try to make meaning of the adversity.

This exploration of these participants' reflections provides evidence of the family's beliefs. It shows that the family's beliefs resonate with what is stated in the theory and plays out in a similar manner. The family's belief system therefore plays a significant role in times of adversity. Their beliefs led them to having a positive outlook on life and that no matter how bad or bleak their current situation there is always hope for a better future as stated by Alice (53). Transcendental values, as taught to them by their parents and grandparents, served as protective factors in terms of attending church, Sunday school and weekly prayer meetings

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regularly for strength. This in turn reinforces these values and becomes a cycle which is eventually embedded to maintain the belief system.

5.3 Organisational Patterns

As previously mentioned, the three sub-processes that the family organisational patterns consist of are flexibility, connectedness and social and economic resources. Flexibility is a pertinent part of organisational patterns as it facilitates the restoration of the family's equilibrium during times of crises (Goldenberg & Goldenberg, 2002; Henry et al. 2015). It involves the manner in which the family adapts to cope with adversity, as well as the ability of the system to assume different family roles as required (Cohen et al. 2002; Lee et al. 2003; Walsh, 2003). For these families, organisational patterns manifested in varying ways, such as stated below.

In this instance the participant shared how both his mother and wife passed away suddenly within a month of each other and how he and the children had to adapt and make the best of the situation. Paul, the 47-year-old, widowed father of four stated the following:

Kyk as jy mos so is en jy's die leier in die huis daar, dan lyk dit jy staan maar alleen. Maar soos met die kinders nou wat die ouma verloor het en die ma, agtermekaar in 'n maand se tyd. Ek het nie amper geweet hoe om vir hulle te hanteer nie. Gelukkig ek het mos nou geweet van die organisasie (NGO). Hulle was mos nou eintlik my grootste, my major support....ek het die ma se pligte ook nou opgevat en hulle se altyd ek maak lekker kos en so aan

If you're the leader in the house, then it looks like you standing alone. The children lost their granny and mother within a month of each other. I almost didn't know how to handle them. Luckily I knew of the organisation (NGO)...they were my major support...I took on the mother's duties and they always tell me I make nice food...

In another excerpt the same participant refers to his own childhood and how his role was being the scapegoat when his alcoholic father would come home drunk and became abusive towards the family. These roles are often assigned or taken on to maintain the homeostasis of the system (Walsh, 1996). Paul stated the following:

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as hy kwaad gewees het dan het hy dit altyd by my uitgehaal...raas en vloek en skel...my ma, my jonger boeties en sussies het baie meer op my staatgemaak

when he was angry, he used to take it out on me...scolded and swore...my mother, my younger brothers and sisters depended more on me

In addition to flexibility, Walsh (1996; 2003; 2012) also identified connectedness and social and economic resources as factors that strengthened the family's resilience. The degree to which the individuals are socially connected with each other and with their community plays a pivotal role in their well-being, as it provides a sense of security and belonging (Goldenberg & Goldenberg, 2002; Henry et al, 2015). The more connected the individual is in terms of utilising the available resources, the more favourable the familial outcomes will be, especially in vulnerable communities (Berry & Rogers, 2002).

The below excerpts speak of the support the participants received within their community from the various support groups offered at the NGO. The facilitators of these support groups are all respected community members who received training (either professional or lay training) in helping their own community. In addition to helping their community it also creates a sense of cohesion and empowerment for the community and offers support from someone who has personal experience and understanding of the adversities they are facing.

These sentiments all resonate with Landau (2004) in that "community links" are used as "agents for change". One of the participants acted as a "community link" and shared how her own experiences in her household allowed her to have a better understanding of what the family members in the support group were experiencing. In turn she also learnt from the group and could apply these lessons in her own household. Denise, a 40-year-old single parent stated the following:

Het by ondersteuningsgroep aangesluit. Dit het my baie gehelp. Ons kon gepraat het oor ons probleme en goed...een van familie kinders wat aan drugs verslaaf was daai tyd en nou weer terug geval het

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Joined a support group. It helped a lot. We could discuss our problems and stuff...one of the family children who was addicted to drugs and had a relapse

The "community links" are also very effective, especially for early youth intervention (Landau, 2004; Landau, 2007). This was illustrated in 47-year-old Joyce's statement:

...dit haal sy (seun) mind van baie dinge af...die youth summit, youth development iets, hulle's daarby betrokke.

...it distracts him (son) from other things...the youth summit, youth development...they are involved there

These excerpts are indicative of how community and familial resources are as important as financial resources. Support from family members, the community and the church can be an important resource in times of difficulty, as it provides practical and emotional support for the family. Financial security though, is crucial to the well-being of the family (Walsh, 2012). The support received from the community and family creates a sense of cohesion as well as the knowledge that the support received is coming from someone who understands and has had experience of similar stressors.

Letki and Mierina (2014) explored how unequal resources and social and economic polarisation affect social networks as well as the individual's access to resources. They found that individuals invest in 'network relationships' which are reciprocal. Therefore, when giving gifts or doing favours for another, future returns are expected as these acts are regarded as investments (Adato et al. 2006). Alice, 53 stated the follow when discussing the resources, she draws on:

Nee, ons reik nie uit nie...net as vriende kom kuier. Soos in 'n dorpie mos maar gaan, het jy nie gou vir my 'n bietjie suiker nie, het jy nie gou vir my...ons as vriende steun meer op mekaar. Sal nie sommer na my familie toe gaan...

No, we do not reach out...only if my friends visit. That's how it goes in a community like this...do you perhaps have a little bit of sugar for me...we as friends lean more on each other...will not immediately go to my family...

This is in congruence with findings from Mullin and Arce's (2008) study who conducted research with social workers to explore how they assessed impoverished families. The outcome identified social support and interconnectedness as two of the factors that contributed to families being more resilient. Families in the communities are also affected by the shortage of Social Workers and their high caseloads (Brown & Neku, 2005; Lombard & Kleijn, 2006). This resonates with what is happening in this community. Although the resources are available, access to it is limited due to long waiting lists, which often exacerbates the issue that the individual is dealing with. This sentiment was shared by Denise, a 40-year-old unemployed mom of three when she stated the following:

Maatskaplike werkers wat tans gestasioneer is in vredendal...kom bied hulle se dienste aan, want dis ook natuurlik gratis. Gratis diens is eenkeer in 'n maand...jy sit met 'n hele maand sit jy met jou probleen. En probleem kan nie opgelos word nie...hoe langer jy sit, hoe vererger dit.

...social workers...free service once a month...you sit with your problem for a whole month...the longer you sit with the problem, the worse it gets".

The theory however should also take into account barriers to accessing social support. Often in small communities, members have the tendency to directly or indirectly communicate about each other, which may have a negative effect on the person being discussed (Amster, 2004). Whilst gossip has the effect to bind people and contribute towards the cohesiveness of the community, it can also lead to animosity amongst its members and cause others to withdraw from the community. For people living in rural communities these community "networks" are beneficial and effective in spreading information such as birth, marriage or death announcements. Unfortunately, information that is considered private and which may lead to embarrassment for the individual or family is also spread through these "informal social networks" (Amster, 2004). These actions may all impact the resilience process of the family, since it may have a negative effect on the organisational patterns of the family and lead to members not utilising the available resources within the community

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Similar to the community in the study by Amster (2004), the participants in this community shared concerns about asking for help in times of need or crisis. They believe that sensitive information would be discussed in the community and cause them embarrassment or stigmatisation. This unfortunately played a pivotal role in them not asking for help. Martha, a 37-year-old mom of two and Joyce (47 years old) each had the following to say about sharing their problems and utilising available resources:

In xxxxx het ek geleer jy maak nie jou hart teenoor mense oop...more is dit 'n storie

In [this community] I have learnt that you do not open your heart (disclose) to people...tomorrow it is a story

Ek is mos 'n inkommer in xxxxx...sal nie sommer met enige een praat nie, oopmaak...ek gaan na die Here toe. Ek moet jou kan vertrou...my storie gaan nie opvlak le nie.

I must be able to trust you...I will not speak with just anybody...I will rather go to the Lord. My story will not be spread in the community

Organisational patterns manifested in various ways for the families. One participant in particular shared how his family had to be flexible and adapt to the loss of a loved one. This was achieved by creating more connectedness within the family and making use of all available resources. All the participants utilised the social and community resources, but some to a certain extent only. Some participants experienced barriers which prevented them from accessing social and community support. Those who made full use of the available resources reported to feeling a sense of belonging.

5.4 Communication Processes

Communication is regarded as a key aspect of family functioning (Patterson, 2002a; 2002b) and a pertinent tool in fostering resilience (Walsh, 2003). The three sub-processes that the family's communication patterns consist of are sharing clear, consistent messages, open-emotional expression and collaborative problem-solving. Open communication allows for the inclusive approach (including all family members) to solving problems and encourages participation by all family members in the discussion as well as negotiation in reaching consensus.

When discussing the communication patterns within the family most of the participants echoed what the theory states to be effective communication patterns. The below excerpts illustrate communication in which family members are encouraged to be open and to share their feelings freely. Sharing the possibility of the challenges they may have to face in the future, not only shows respect and consideration for their voices, but also allows them to feel that they are part of the family and the possible solutions. In addition to enabling the family to cope better with the adversity they are facing, it also allows the members to be part of the problem-solving process (Cohen et al. 2002; Lee et al. 2003; Walsh, 1996). Paul stated the following when discussing their family approach to effective communication:

En dit het ek vir hulle gese, twee, drie maande voor die tyd het ek vit hulle ook gese dit lyk of ek nie meer gaan werk na Junie maand nie...daar sal nou sesekere dinge verander. Dit is vir my belangrik die gesinsvergadering, want partykeer is daar goeters wat jy, way hulle moet weet. Veral...kom ek praat nou oor finansies, finansiele posisie, daarom belowe ek nooit vir hulle 'n ding nie. Ek belowe nie wat geld kos of 'n ding nie. Ons sit en praat daaroor. En hulle weet ook wat is die dienste, hoeveel is die krag. Hoeveel krag het ons gebruik en wat kan ons maak om 'n bietjie krag minder te gebruik en al daai goeters ja...

I told them two or three months ago that I might not have a job anymore come June...and that things will change. The family meetings are important to me, because sometimes there are things they need to know. Especially regarding finances. I never promise them (kids) anything that requires monetary payment. They know what the utility bills are...how much electricity we use and ways of saving electricity...

Walsh (2006) posits that by keeping the family, including the children informed of challenges as they unfold and clarifying and sharing crucial information, facilitates meaning making and assists with future planning. One would have to be cognisant of the age-appropriateness of the shared information and be prepared to re-visit the issues as the children mature and ask for more clarifying information (Walsh, 2006). Therefore creating a safe environment, such as the family meetings mentioned in the above excerpt which may assist in processing tough information and eliciting empathy and support from others present.

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On the other hand, ineffective communication patterns on the other hand may lead to misunderstanding and uncertainty among family members (Walsh 1998; 2002), whilst healthy family functioning encourages open emotional and sharing conversations (Boone & Lefkowitz, 2007) and fosters resilience. An illustration of an unhealthy exchange was evident when Joyce (47) stated the following:

Maar wat hy vir my 'n maand of twee terug, Augustus of September, vir my gese "mammie moet my nie keerie...ek gaan hom vat dan gaan ek hom slaan en goed slaan". Al wat ek vir hom gese het was "en ek gannie vir jou in die tronk besoek nie, want dit is dan waar jy will wees

He told me a month or two ago, August or September "mommy must not stop me...I am going to beat him up (stepdad)". All I told him was "I am not going to visit you in jail, because that is where you want to be.

Having strong familial support is identified as a protective factor. It is often beneficial in multi-generational households, especially those in which single mothers live, where strong familial support is provided, if and when needed (Gerstein, 2007). These benefits may include better socio-economic outcomes for young mothers, as well as allow them to further or complete their education (Mackay, 2003). On the other hand, the household may negatively affect the young mothers' parenting competence and possibly lead to increased levels of conflict between the mother and grandmother; as the young mother transitions into adulthood and the grandmother adapts to the dual role as parent and grandmother (Mackay, 2003).

However, the below excerpt expresses how the nature of such a family set-up could influence the family system, when it comes to problem-solving. While the participant is receiving familial support in raising her son, she often feels that her authority as the immediate parent is undermined by the grandmother, who in her opinion will interfere in the way in which she disciplines her child. Denise (40) stated:

Niemand gaan kom se as ek vir jou se jy's verkeerd nie...as ek vir jou aansoek gee...dan meng ouma in..kind vat dit so...ek luister nie na jou nie, want my ouma het gese dis reg.

Nobody should interfere when I tell you that you are wrong...when I try to discipline then grandma interferes...child then believes that they don't have to listen to me because grandma condones it...

This excerpt could also be reflective of the way in which the family is organised: the parental figure usually holds the hierarchical position (Walsh, 2003; 2006). Confusion of these roles may lead to blurred and ineffective boundaries and be indicative of ineffective and poor communication patterns, as well as ineffective and incoherent organisational patterns. This excerpt also highlights a negative aspect of multi-generational households, in that the young mother's parenting competence is negatively impacted (Mackay, 2003).

When discussing the way in which the family approached solving the problems that the current stressor is causing, she was adamant about distancing herself from the situation at home, and firmly believed that the problem was her husband's. Joyce (47) stated the following about her husband's abuse of alcohol:

Dit is jou probleem. Die drank is jou probleem. Ek sal gebruik maak van hulpmetodes, maar ek het nog nie daai, daai selfmotiveering gehad.

It's your problem. The alcohol is your problem. I will make use of the support services, but have not had the motivation yet.

According to Benzies and Mychasiuk (2009) the way in which the individual perceives their role in an event will determine the way they respond to and are affected by it. The above excerpt illustrates how the participant distances herself from the problem by externalising it. Juby and Rycraft (2004) posit that by externalising an event the individual believes that they have no control over it. The excerpt could perhaps also speak of learned helplessness (Seligman, 1975) suggesting that because of the belief of not having control over the situation, a lack of motivation exists to actively seek help (Zimmerman, 1990; Feinberg et al. 1982). The above-mentioned behaviours may have a detrimental effect on the resilience process of the family, as it will not allow for effective communication to take place and problem-solving to occur. Another dimension should possibly be added to the theory to accommodate for the exploration of barriers to accessing or seeking help.

This dimension presented with some similarities as well as differences to the theory, some of which may be attributed to the structure of the family. In the case of Paul (47) who

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holds the hierarchical position in the family, open emotional communication is encouraged and contributes positively towards problem-solving within the household. Whereas for Denise (40) who lives in a multi-generational household, other factors such as her position in the family come into play, which may hamper problem-solving communication. Therefore, the theory is influenced or affected by the composition of the family. Based on the findings there is evidence that these processes all lie on a continuum between healthy and unhealthy coping mechanisms within the family, which might impact the family's resilience.

5.5 Summary of results

The participants' belief systems provided them with a sense of hope and positivity and influenced the way in which they dealt with their adversities. It also served as a protective factor in terms of a higher power that will provide and guide them. Their beliefs also helped them to make meaning of their adversities and provided them with a sense of belonging.

Organisational patterns manifested itself in different ways for the participants. The findings indicated that some families were flexible and able to adapt to adverse events by creating more connectedness in the family. Other participants preferred to utilise community and familial support, while some shied away from community support. This could possibly be due to limited access to the required support. The belief by some of the participants that their information will be discussed in the community acted as a barrier to them accessing the available community resources and support.

The participants echoed what theory states about effective communication patterns. One participant in particular encouraged open sharing and collaborative problem-solving within the family. This was achieved by creating an environment in which family members felt safe to openly share problems and concerns. Other participants indicated ineffective communication, which hampered the problem-solving process. A participant, living in a multi-generational household, found open communication very challenging. Although she had the support of the family, the grandmother had the hierarchical role. This proved challenging to her competence as a parent in enforcing discipline to her child.

During the interviewing process some of the participants mentioned a few times the issues surrounding trust. Similar sentiments were echoed by the participants who considered themselves 'outsiders', and they further stated that they do not share their challenges with the

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community. Salway et al. (2015) in their research states that it is not always easy to encourage participation from community members, since 'insider' status is often determined by the individual's culture, their geographical location, as well as their social standing.

When looking at the community holistically, one needs to remain cognisant of the fact that this community is still very much isolated. Although the political climate of isolation and survival due to apartheid has changed, the isolation of this community has not. Instead, this community suffered huge economic setbacks and face daily challenges to sustain their livelihood (Jacobs & Makaudze, 2012).

The findings also indicated another dimension that could be explored, since theory should take into account barriers such as accessing social and community support as indicated by participants.

5.6 Conclusion

This chapter presented the main findings derived from the data. Based on the research question of exploring the dimensions of family resilience, the results of the thematic analysis indicated three themes. The themes were in congruence with Walsh's theoretical framework dimensions, therefore, as the belief systems, organisational patterns and communication processes of the participants.

The next chapter commences with a concluding summary, including the limitations, recommendations and significance of the study.

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Chapter 6

Conclusion

6.1 Introduction to conclusion

The study aimed to explore the dimensions of family resilience as it related to families in a rural community on the West Coast in order to gain a deeper understanding of family dynamics within the family resilience framework. The perceptions and experiences of family resilience as it applies to the family members in a rural community on the West Coast was the focus of the study. The aim of the study was to explore how the families in this low-income community cope with the challenges they faced on a daily basis and how this influences the family's resilience. This process was achieved by qualitatively exploring the participants' perceptions and experiences of family resilience. The dimensions explored, according to Walsh's family resilience framework, were the family's belief systems, the way in which they organise themselves, as well as how they communicate and approach problem-solving during times of adversity.

The results of the thematic analysis suggested that the participants all relied heavily on their beliefs in times of adversity. All the participants in the study are of a Christian faith, with the majority of the community being practising Christians. The participants in Abu-Ras and Hosein's (2015) study were all from the Islamic faith living in high-risk environments, and they also relied heavily on their beliefs system, which might be an indicator that no matter the denomination, religious and spiritual beliefs play a pivotal role in family resilience. This is in accordance with Walsh's Belief System process of the resilience theory. Participants varied on how they 'organised' themselves in terms of flexibility, making use of the community/social resources and problem-solving. As some would freely access the available community and social supports while others were presented with barriers. Communication patterns varied across the participants.

Based on the findings of this study the key elements to resilience and the active practice of the theory are present in most of the families. All the participants had strong belief systems. They concurred that in times of crisis they turned to God and prayer for strength. Therefore, religious belief systems had a strengthening effect on the family (Walsh, 2010).

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The participants communicated how they would draw on their strong spiritual foundations and how these beliefs would 'carry' them through challenging times. Their beliefs therefore served as a strong protective factor.

In terms of the way in which the families organised themselves during times of crises, some would make use of all the resources and support offered, while others were selective in their choice of resources and support by family or the community during times of crisis. Some participants indicated that they would rather draw on support from the community before approaching family for assistance. In terms of familial support and problem-solving, one participant (Denise) indicated how she felt undermined when it came to problem-solving with her son, due to the grandmother interfering. While another participant (Joyce) would distance herself from the problem. Both Joyce and Martha stated that because of their belief that their information will be discussed among community members, they preferred to not share their problems. These beliefs acted as a barrier to them to access and utilise the resources and support offered in the community.

Communication was also a key factor mentioned by all the participants during the interview process. The communication patterns described by the participants all resonated with theory as to what effective communication patterns are. One participant in particular (Paul) described how effective the families' communication patterns were during the challenges that they faced. His family was encouraged to openly share their concerns and collaborate in the problem-solving solving process, which had a very strengthening effect on the family. As mentioned previously, Walsh (2006) proposes that any information shared should be age-appropriate and that the information or issues might have to be revisited as the children mature, to gain a better understanding of the concerns.

The initial findings showed that the theory manifests itself in all three dimensions in these families. However, there appears to be gaps in the theory in terms of participants not using all the available resources. This is especially evident when some participants indicated that they will utilise social and community resources for certain crises, but not for others. Therefore, there's another side of the continuum. There are barriers to the resources that may be available. Further research might highlight what supportive and comprehensive programs can be developed to create a more comprehensive model to address these barriers.

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6.2 Limitations and lessons learned

The study aimed to explore the dimensions of family resilience as it related to families in a rural community on the West Coast. According to the literature, there is limited research on family resilience, especially in the South African context, yet it is very necessary, thus the results of the study could contribute towards this growing literature base.

Previous studies have focussed mainly on the structure of the family, especially for those living in under-resourced communities. The community in the current study is under-resourced and the population has experienced a variety of psychosocial stressors, including unemployment, substance and domestic abuse as well as intimate partner violence.

Due to the qualitative nature of this study, as well as it being a small scale study the results cannot be generalised. It may also not be useful and meaningful in other contexts and cultures. The study is also limited to a rural community in the Western Cape. The participants were all from a rural area with low socio-economic backgrounds. The sample consisted of Christian participants only and included no participants from different cultures, which is especially important when considering the diversity of South Africa's population, even within the Western Cape alone.

The participants also had various factors that contributed to their subjective experiences, such as family compositions that cannot be applied to everyone. They did however present with stressors, which are very common in the community; such as, low economic resources, unemployment, single-parent households and substance abuse. The interviews were all conducted in Afrikaans and the excerpts translated into English. In doing so, some of the essence of what was said may have been lost, even though precautions were taken to minimise this. These precautions were to translate as accurately as possible while attempting to maintain the exact cultural context.

The three themes that emerged and briefly summarised in the conclusion paragraph were in accordance with the dimensions, which were explored. However, the study also presents another possible dimension to be explored, such as participants presenting with barriers to not accessing social and community support; which adds to the significance of the study. In addition to contributing towards the limited research literature in the South African context, the results may also be used as 'building blocks' for future preventative and intervention programs and project development, as well as for psycho-education. This may

especially be applicable when considering a participant mentioning that she was not sure about the type of abuse which afflicted her and was present in the family unit.

The question raised by these "barriers" and "abuse" issues could be that the available community resources are not being used, possibly because the community members do not consider it a "safe" and "trusted" space. However, both Seccombe (2002) and Walsh (1996) refer to the importance of community structures that are important for fostering resilience amongst youths and adults. The participants are however making use of one such structure, namely the support group as previously mentioned. Having a strong community can contribute to the welfare of its members and allow for healthy interaction amongst its members, as well as access to community facilities and appropriate infrastructure for the development of its youth. Therefore, when developing new programmes or projects for the communities, these issues are paramount and should be taken into consideration.

6.3 Recommendations

According to Patterson (2002) preventative intervention programmes and psycho-education is more cost-effective than aid for families already in crisis. Such programmes could be very beneficial for the community in this study, given the stressors they are currently facing. However, when developing these programmes, in addition to the original keys and dimensions of Walsh's family resilience theory that was explored, the barriers to utilising social and community support adds another dimension to be explored. One such program could perhaps be to create a trusted space and environment which will allow the community members to feel 'safe' when presenting with their stressors.

It might also be beneficial to interview participants from various family structures i.e. families with an adopted child, a single mother family, a mother or father working away or a grandmother raising children in order to diversify the sample. Including individuals from different cultural and religious backgrounds would also give insight as to how resilience is fostered in different cultures. Due to the limited information on family resilience within the South African context as mentioned earlier, it would also be beneficial to conduct more quantitative studies. Quantitative studies will allow for a larger sample of the population to participate in the research and possibly yielding more statistically accurate results (Terre Blanche et al. 2011).

Another aspect that came up during the interviewing process was a participant stating that her father would physically abuse her mother, but that he never swore at her. She continues to admit that she does not know what type of abuse that would be. Although this statement could be 'justified' within the family resilience framework of the participant's belief system or how the family organises themselves during challenges, it might be beneficial to further explore along the lines of the barriers to strengthening family resilience.

6.4 Conclusion

This study concludes with the limitations of the study as well as the lessons that were learnt. It also includes proposed recommendations for future studies and recommendations for preventative and intervention programs.

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Appendix A – Information Sheet

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2283/2453, Fax: 27 21-959 3515 E-mail: familyresilience101@gmail.com

INFORMATION SHEET

Project Title: A qualitative exploration of the dimensions of family resilience in a rural community on the West Coast

What is this study about?

This is a research project being conducted by Jennifer Twigg at the University of the Western Cape. We are inviting you to participate in this research project because you reside in this community and can provide your perceptions of family life here. The purpose of this research project is to qualitatively explore the perceptions and experiences of family resilience as it applies to parents (sharing a similar stressor) in a support group programme in this community. The researcher is interested in the parents' opinions and experiences of family life within your community.

What will I be asked to do if I agree to participate?

You will be asked to **participate in a one-on-one interview.** The interviews will range from 45 minutes to an hour and will be conducted in Afrikaans. All interviews will be conducted at the NGO at a time convenient to the participants.

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Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential.

Only I and my two supervisors will have access to the information. All interviews will be saved on computers that are password controlled.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Pseudonyms will be used to protect your identity.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

Audio taping

This research project involves making audiotapes of you. This will ensure that the researcher will accurately capture all your views. The audiotapes will be saved on a password controlled computer. Once analysis is complete, the tapes will be destroyed.

____ I agree to be audiotaped during my participation in this study.

____ I do not agree to be audiotaped during my participation in this study.

What are the risks of this research?

Some items/**points of discussion for the interview** might make you feel uncomfortable or embarrassed. I assure you that the only aim of this study is to gain an understanding of your experiences and your perceptions.

What are the benefits of this research?

The results may help the investigator learn more about the dynamics of the families in Lambert's Bay. We hope that, in the future, you and other families in the community might benefit from the results of the study.

Do I have to be in this research and may I stop participating at any time?

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Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits for which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Yes. Please contact the researcher (details below) and she will arrange for the appropriate care/referral, such as counselling.

What if I have questions?

This research is being conducted by Jennifer Twigg at the Department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact:

Jennifer Twigg	**Dr Maria Florence**	**Serena Isaacs**
Research Student	*Supervisor*	*Co-supervisor*
Department of Psychology	Child and Family Studies	Department of Psychology
University of the Western Cape	Department of Social Work	University of the
Private Bag X17	University of the Western Cape	Private Bag X17
Bellville 7535	Private Bag X17	Bellville 7535
021 9592283	021 9592277	021 959 2826
Familyresilience101@gmail.com		

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Dr Michelle Andipatin	**Professor Jose Franz**
Head of Department	Dean
Department of Psychology	Faculty of Community and Health Sciences:
University of the Western Cape	University of the Western Cape
Private Bag X17	Private Bag X17

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Bellville 7535   Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research
Committee   and   Ethics   Committee

Appendix B – Consent Form

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

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CONSENT FORM

Title of Research Project: A qualitative exploration of the dimensions of family resilience in a rural community on the West Coast

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name………………………..

Participant's signature…………………………….

Witness……………………………….

Date………………………

o   Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

o   **Study Coordinator's Name: Dr Maria Florence**

o   **University of the Western Cape**

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o   **Private Bag X17, Bellville 7535**

o   **Telephone: (021)959- 2277/2970**

o   **Email: mflorence@uwc.ac.za**

Appendix C – Interview Schedule

UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

Private Bag X 17, Bellville 7535, South Africa

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E-mail:familyresilience101@gmail.com

INTERVIEW SCHEDULE

Title of Research Project: A qualitative exploration of the dimensions of family resilience in a rural community on the West Coast

1. Hoe beinvoed die situasie die gesin? / 2. Wat is die reaksie? Hoe word dit hanteer?

1. How does the situation influence the family? / 2. What is the reaction? How is it handled?

  ➢ Word die probleem openlik bespreek? / Do you openly discuss the problem?

  ➢ Hoe organiseer die gesin hulself gedurende die stressor? / How does the family organise itself during the stressor?

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➢ Neem sekere lede sekere rolle aan? / Does certain members take on certain roles?

➢ Word daar meer druk op sekere lede geplaas? / Are certain members placed under more pressure than others?

➢ Kommunikasie...is daar vryheid om oor die probleem te praat? / Are family members allowed to openly discuss the problem?

3. Maak u gebruik van enige hulpmetodes? Kan u uitbrei asseblief?

3. Do you make use of any resources? Can you elaborate please?

➢ Familie lede / Family members

➢ Kerk / Church

➢ Gemeenskap / Community

➢ Wat dink u is familie / kerk / gemeenskap se opinie of gevoel teenoor die stressor? / What do you think the opinion of the family / church and community is towards the stressor?

➢ Hoe ondervind u reaksie van familie / kerk / gemeenskap / how do you experience the reaction of the family / church / community?

➢ Genoeg ondersteuning beskikbaar? / Is there enough support available?

➢ Vanwaar en wie kom die meeste ondersteuning? / Who provides the most support?

  o Familie / Family

  o Kerk / Church

  o Gemeenskap / vriende / skool / Community / friends / school

4. As u dinge oor kon doen; wat sou u verander / anders doen?

4. If you had the opportunity to redo things; what would you change or do differently?

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Deel twee / Part two

1. Wat dink u is gesinsveerkragtigheid? / What do you think family resilience is?

2. Hoe lyk so 'n gesin? / What would such a family look like?

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