EXPLORING FAMILY RESILIENCE AMONGST SOUTH AFRICAN SOCIAL WORK CLIENT FAMILIES

by

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I declare that Exploration of Family Resilience amongst South African Social Work Client Families is my own work and that all the sources used or quoted have been indicated and acknowledged by means of complete references.

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ACKNOWLEDGEMENTS

The inspiration for the research was born from the realization that what life teaches us in the end is that family life is most important and that no family should

ever, Ever, Ever give up!

SUMMARY

Family resilience is the ability of a family to rebound from adversities, often stronger than before. To be knowledgeable on the characteristics and processes that render individuals and their families resilient, contribute to family well-being.

Using a qualitative research approach and an interview guide, the researcher focused on developing a better understanding of the manifestation of family resilience as part of a family's ability to adapt to changing circumstances and life in its dynamic form. Family resilience as an interactive process over time, normalizes resilience as part of the day to day living of the family and its members, including the young and the old.

The domains of family resilience are, organizational patterns, adaptability, protective processes (including family risks, family strengths and protective/buffering factors), communication processes and family belief systems that, in synergy with one another, render families resilient.

The research results confirmed the presence of characteristics and processes of family resilience amongst social work client families in South Africa. Depending on the challenges families my face, all families are either more resilient or less resilient. The latter most often needing additional support, such as social work intervention.

South African policies should be family-focused and urge for a strengths-based approach towards enhancing family resilience and ultimately family well-being. Service providers need to give recognition to the fact that all families have challenges that need to be faced, but that families also have strengths to be drawn-upon to address and overcome these challenges. This implies that social work interventions that impact on the lives of families, should be rendered from a family resilience perspective and strengths-based approach, with the family as focal point for service delivery.

KEY WORDS/CONCEPTS:
- Individual resilience
- Family resilience
- Family policy
- Risk factors
- Family buffering/protective factors
- Strengths-based approach
- Family resilience approach,
- Family well-being

LIST OF ABBREVIATIONS

AU	African Union
NSPCC	National Society for the Prevention of Cruelty to Children
DSANFP	Draft South African National Family Policy
REM	Resilience Enhancing Model
NSPCC	National Society of the Prevention of Cruelty to Children
UNISD	United Nations Institute for Social Development
AFM	Apostolic Faith Mission
SAVF	South African Women's Federation

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CHAPTER 1

GENERAL ORIENTATION

INTRODUCTION

This chapter provides the rationale and context for the research on family resilience amongst South African social work client families and highlights the relevance of the topic for research. The research objectives and the assumptions on which they are based are stated thereafter, followed by a brief presentation of the research design and an outline of the remaining chapters.

1.1   BACKGROUND AND RATIONALE FOR THE RESEARCH.

The researcher, as an official of the Department of Social Development, was actively involved in the development of the draft Integrated South African National Family Policy for the past 9 years (DSANFP:2008).   One of the important challenges of the developmental process of the DSANFP, was the development of a definition for the concept "family."

In the HSRC report (2004:3) it is stated that the concept "family" is difficult to define hence family theorists prefer to refer to a family as a social unit governed by "family rules." They agree that families are social groups related by blood (kinship), marriage, adoption, or affiliation, who have close emotional attachment with each other, that endures over time and goes beyond a particular physical residence and who share the following features namely; intimacy and interdependence; relatively stable over time; set apart from other groups by boundaries related to the family group and different identities; as well as the performance of supportive tasks associated with families.

The definition of "family" in the DSANFP (see definitions on page 17) was country wide consulted as part of the developmental process.   This definition is in line with the

AU Plan of Action on Families in Africa (2004:1) which cites three dimensions of the Family namely, the family as:

- A psycho-biological unit where members are linked together by blood ties, kinship relationship, personal feelings; and the emotional bonds of its members;

- a social unit where members live together in the same household and share tasks and social functions; and

- a basic economic production unit.

For purposes of this study, the researcher found the definition of "family" in the DSANFP important as it negotiated uniform standards for the South African family. The definition furthermore, contexualises the family within the South African and African social context.

Based on the systems perspective, the family, as functional unit, is considered a building block of communities and broader society. Furthermore, the family as a whole is considered to be more than its components. As a social system, the family's components - the individual family members - are interdependent and any change in the functioning of one will affect the others (Baker in DNFP, 2008:8).

In the HSRC Research report (2004:11) it is stipulated that families in South Africa are subjected to tremendous changes and that they continue to experience difficulties in fulfilling their social roles, due to the challenges they are facing. Dysfunctionality within the family and the disintegration of family life impacts on the well-being of family members and leads to the moral decay in families, thus affecting the fibre of society. This is particularly so where there are high levels of poverty and unemployment.

One of the challenges in developing a single, integrated family policy for South Africa with a universal definition of key concepts and terms, is the heterogeneous, multicultural

and dynamic nature of the South African society. Using traditional 'Western' terms and definitions is not always appropriate in a society evolving to meet the current realities of democratisation, escalating HIV and AIDS, increased poverty and economic stress and the different forms of family structures.

Furthermore, existing South African government policies and programmes are not evaluated to determine their likely impact on, and unintended consequences for family life, as approaches to service delivery are not based on the clear understanding of the nature, resources and needs of families and their members. Programmes and services to assist families are fragmented and uncoordinated and do not holistically address the needs of families.

Families in South Africa are diverse and various family forms can be identified. Guided by the South African Constitution (Bill of Rights, 1996) that states that human rights should be adhered to independent of race, colour, ethnic or social origin, sex, religion or language, the DSANFP states that families should be defined independent of its structure or the challenges that the family could be facing. The focus on family functioning (family processes) rather than family structure is important for purposes of this research and should be kept in mind.

Furthermore, the vision of the DSANFP (2008:4) is premised on a well-functioning, independent, resilient and socially integrated South African family that is able to nurture, support and care for its members.

Due to the various stress factors and challenges that have been mentioned, vulnerable families and families at risk require social work intervention. In the DSD Strategy for Families (2009-2013) (The Strategy) programmes and actions that strengthen individuals and communities through strengthening families, are highlighted. The Strategy stipulates that in rendering services to families, not only the risk factors, but also the strengths of the family should be taken into consideration to ensure that families are placed on a path that fosters self-reliance - which is indispensable in building strong and resilient families, especially amongst those families who are in need of social work intervention.

The focus of the research is not on individual resilience, but on family resilience;

but, what does individual resilience and more specifically family resilience imply as primary focus of the research?

Is there a link between individual and family resilience? Which characteristics, processes and institutions foster family resilience? What needs to be strengthened through intervention processes to ensure resilient well-functioning families?

The research theme formulated as the central focus of this research, is to:

"Explore Family Resilience amongst South African Social Work Client Families."

MOTIVATION FOR THE RESEARCH

Individual resilience is recognized in the individual developmental processes (Masten, 2001:227). Family resilience involves a dynamic process and encompasses the positive adaptation of the family within the context of significant adversity (Luthar & Cicchitto & Becker in Peters, 2005:ix).

There is, however, a lack of evidence reported in the literature that family resilience receives the necessary attention during intervention processes, but more specifically in social work practice. While there is extensive research on successful outcomes of resilience-focused programmes, limited empirical evidence, exploring the developmental process of family resilience in the quest of the family to extend its success to overcome future adversity, exists (Lum, 2008:3).

It is against this background that the researcher was interested in exploring family resilience amongst South African social work client families with the aim of improving service delivery amongst social work professionals to enhance resilience within families for them to be strong, functional and self-reliant.

Practitioners are unclear on what the strengthening of families for family resilience and effective family functioning, entail. Furthermore, the concept family resilience is not appropriately recognized and needs to be taken into consideration as an important dimension of family well-being to build on when rendering services to families.

The research focused on exploring family resilience amongst social work client families - those families that needed additional support and intervention due to their vulnerable and/or at risk status. The researcher wished to explore the characteristics and processes of family resilience with the social work client families as focus group.

During the past two decades a gradual shift from a deficit approach in delivering services to individuals and families to a strengths-based approach was noticeable in the psychological and to a lesser extent, in the social work field.

The strength-based approach implies that, instead of only concentrating on the problems clients/patients experience, the strengths of individuals and families should also be considered. Saleebey (in Green, 2007:13) highlights resilience as an important factor to ensure that individuals and families progress in life. Individual and family resilience, as an adaptation process, offer strengths to individuals and families to draw upon. However, social work practitioners are only now starting to embrace this paradigm shift.

Risk and Resilience Theory originates from research on the child at risk (Garmezy in Green, 2007:10). The concept family resilience indicates that some families and their members can overcome serious adversities and challenges without permanent damage. Processes that foster family resilience can be considered as protective factors which contribute to strong families that are capable of overcoming all odds to ensure the well-being of the family and positive outcomes for its family members.

This clearly implies that family resilience involves a positive adaptation process within the context of significant adversity. The family's stress and coping abilities and the family's ability to draw on its strengths and outside resources to overcome or cope with

adversity, is part of the process. Key institutions, with social work intervention as one of them, can play a significant role in the lives of families in supporting and fostering the capacity of families to deal with the challenges they are faced with. Families that utilize such institutions to successfully address challenges are considered as resilient.

De Haan et al (in Robertson, 2005:5) notes that resilience research is important as it can assist service providers to discover those factors in families that are instrumental in shaping adaptive pathways and to design appropriate prevention interventions. Walsh (2002:130) states that the understanding of family resilience has significant implications for practice as it implies a shift from viewing a family as dysfunctional to a family as being challenged. A focus on family resilience and an understanding of those factors that influence the development of family resilience, contribute to the design of interventions with a family focus.

Based on the feeling of solidarity, obligation and mutual trust, governments, as political institutions, are primary instruments for promoting our collective well-being and social integration. Government policy directives that advocate for family related programmes in the family field and other programmes that affect the family directly or indirectly; for the distribution and redistribution of resources; the regulation of services; and the provision of a framework for services and programmes that meet the needs of the family, needs to be promoted.

1.3. GOAL AND OBJECTIVES

1.3.1 Goal

To explore the manifestation of resilience in the South African social work client family, that enables them to be strong, functional and self-reliant.

1.3.2 Objectives

Objective 1

To conduct a literature study to identify those characteristics, family processes and institutions which contribute to family resilience.

Objective 2

To explore the perspectives of social workers and their social work client families on family resilience within the South African context, through qualitative research.

Objective 3

To highlight the correlation between a family resilience perspective and a strengths-based approach for social work practice.

Objective 4

To explore the manifestation of resilience in the South African family as contributory to strong families, so as to support South African policy directives that advocate for the promotion of family life and the strengthening of families for family well-being.

1.4 RESEARCH DESIGN

Rubin and Babbie (1993:92) describe research design as the act of designing a study in its broadest sense; (all the decisions made in planning a study) sampling, sources, procedures for collecting data, measurement issues and data analysis plans. Greenstein (2001:xii) states that family research follows the usual flow of the research process namely exploration, description, explanation, prediction, intervention and evaluation.

There are five major differences between research on families and other research that should be taken into consideration namely:

- Families are systems of individuals
- Defining families is a problem
- Family members occupy multiple roles and statuses simultaneously
- Some family behaviour is private and hidden
- We all have preconceptions about families and family life (Greenstein 2001:8)

A clear distinction is made between the research design, the plan or blueprint for the investigation, and the data collection methods (De Vos et al, 2005:159).

1.4.1   Explorative and qualitative research

Qualitative research as an inquiry process of understanding is based on distinct methodological traditions of inquiry that explore a social or human problem. Exploratory research seeks to find out how people get along in the setting under question, what meaning they give to their actions and what issues concern them Creswell (1998:15).

De Vos (1998:243) states that the data collection, when using the qualitative approach, only obtains significance when placed in a particular context or meaning system and refers to research that selects the participants' accounts of meaning, experiences or perceptions.

The literature review, conducted by the researcher, was a desktop research on the construct of family resilience taking the systems approach to family functioning into consideration. The systems approach to family functioning implies that the family, as basic unit, consists of its components to form a whole. Furthermore, families as systems are the building blocks of communities and broader society.

Family resilience can be considered a continuous process throughout the family life cycle. Thus, the researcher's attempt to construct a conceptual framework for the Family

Resilience Theory that provides a holistic overview of family resilience processes that in synergy with each other, over time, render families more, or to a lesser extent resilient. Lietz (2006:576) states that to apply the theoretical construct of resilience to families from a systems perspective provides new understanding of the ways in which family systems deal with their stress and grow stronger through adversity.

Lietz, (2006:576) in her research conducted a mixed methods study on resilient families making use of the quantitative, as well as qualitative method of data collection. Lietz utilized the qualitative method to gather data on the families' levels of risks, strengths and family functioning. A risk scale, a strengths scale and a Family Assessment Device (FAD) was utilized as measuring instruments. A narrative enquiry through the qualitative approach fits the research question that seeks to understand the experiences of resilience of families. Unger (2003:85) states that narrative accounts of resilience provide evidence of resilience in lives lived without the rigour of structured qualitative analysis for better understanding of the mechanisms which promote healthy family outcomes.

In the research to explore family resilience amongst South African social work client families, an exploratory study was conducted and the qualitative method was utilized to provide the opportunity to explore concepts (ideas) and personal feelings, as sources of information, on the subject family resilience. The case study method of enquiry was followed. The researcher, instead of conducting a mixed method study, only embarked on qualitative research to discover possible unnamed processes of family resilience, to study family resilience in a very specific context and to discover how family resilience unfolds in the lives of families through thick descriptions of context that strengthen trustworthiness (Unger, 2003:85).

The explorative study on the family resilience theory literature review was utilized as base-line information against which the qualitative case study enquiry was conducted. Supported by different perspectives, approaches and strategies on family resilience, the researcher utilized the conceptual framework as empirical measure to accurately reflect

family resilience in its dynamic form. Information was clustered into five different knowledge domains that, when holistically viewed are considered to be in close synergy with one another, ensuring that families throughout the family life cycle, depending on their social context at a specific time period in the family life cycle, render families either less or more resilient.

It is against this backdrop that the in-depth interviews were conducted to obtain data on the characteristics and processes of family resilience. In accordance with the case study method a detailed description of the setting and the functioning of the research participant families, was provided. Data collected though the semi-structured interviews were measured against the data on themes or issues of family resilience. (De Vos et al, 2005:191)

The validity and reliability of obtaining data is considered as important concepts in the context of measurement (De Vos et al, 2005:160). Taking the broad discussion on family resilience theory into consideration the information gained through the approach described above, proved to be reliable and transferrable.

To conduct the research, a Non Governmental Organisation in Gauteng, namely the South African Women's Federation (SAVF), was requested to assist the researcher.

Permission was granted to conduct the research at various SAVF branches in the Gauteng Province, by the Director of the SAVF, Gauteng, Ms Marita Kemp. The researcher thereupon contacted and interviewed the programme managers of the different branches to explain the objectives of the research and the research methods and processes to be followed. Each programme manager was requested to identify social workers within their region to participate in the research.

1.4.2   Method of Data Collection

The researcher selected the qualitative research approach and made use of case studies as the method of data collection. In-depth interviews were conducted with the research participants utilizing the interview guide to structure the interviews, taking the social and cultural factors and the contextual framework of each family into consideration.

The interviews provide narrative accounts on family resilience processes which provided the researcher with an understanding of how resilience manifests in families, as well as with a holistic and detailed view of how family resilience is perceived by social workers, as well as recipients of social work services within the South African context of the social work fraternity.

The interviews were recorded and transcribed in order to capture the wording of each research participant.

1.4.3   Research Instrument

The literature review on family resilience theory was utilized as baseline information for developing the afore-mentioned interview guide. The researcher utilized an outsider perspective to understand the phenomena (Terreblanche & Durheim, 1999:403).

The interview guide constituted of open and closed-ended questions that were grouped under the following headings namely:
♦   What do you consider a family to be?
♦   What, as service provider/family member, do you consider family resilience to be?
♦   Why do you consider the family you identified/your family as resilient?
♦   What characteristics and family processes can be indentified in rendering the family/your family resilient?

1.4.4 Sampling

The non-probability sampling method was used in this in-depth qualitative research. Terreblanche & Durheim (1999:279) states that non-probability sampling implies that research participants are not selected according to the principle of statistical randomness but according to other principles such as, convenience or accessibility.

Babbie (1990:97) states that non-probability sampling can be used where precise representativeness is not necessary and where a sample can be selected on the basis of your own knowledge of the target group, its elements and the nature of the research aims.

As this research is a social work dissertation, focusing on social work intervention to social work clients and their families, the researcher decided to select two sample groups namely, social workers and their social work client families.

The researcher used two sample techniques to select the non-probability sampling group namely:

- The judgmental or purposive sampling technique was used through which the researcher made use of expert judges (social work managers of SAVF) to select 8 social workers with a specific purpose in mind (Terreblanche & Durheim, 1999:281) and;

- The availability sampling where the sample group was chosen on the ground of their availability (Babbie, 1990:99). The above-mentioned social workers selected as research participants were requested to select social work client families to whom they render social work services, to be part of the sample group.

The researcher stipulated the following criteria for the chosen social workers to adhere to in their selection of social work client families namely that:

- The social workers had to consider their social work client families as resilient, based on the criteria for family resilience as discussed with the social workers during the focus group discussions

- The phases of the family life cycle needed to be taken into consideration

  Families in different family life cycles are presented with challenges unique to each phase. Service providers were therefore requested, to select families with at least one child between the ages of 14 and 20 years to ensure a suitable comparative sample

- The structure of the family did not need to be taken into consideration

  As the focus of the study is on family functioning, the structure of the family was not considered (DSANFP, 2008:19).

The researcher initially intended to engage all four racial groups, however, only white and black families participated in the research. Four social work client families, (three white and one black) from the SAVF, East Rand were identified. From the SAVF West Rand region one white social work client family was identified and from the SAVF Pretoria branch three social work client families, (one white and two black) were identified.

- What characteristics/family processes/protective factors do you identify within this family/your family when considering the following domains of family resilience namely:
  - Organisational patterns
  - Family adaptability
  - Risks, strengths and protective processes
  - Communication processes
  - Family belief systems

1.4.5   Conduct a pilot study

A pilot study was conducted to test the appropriateness of the interview guide the researcher had developed, to direct the interviews. The subjects used for the pilot study were a social work colleague and a family who are well-known to the researcher. These participants assisted with testing and revising the appropriateness of the information captured in the interview guide.

1.4.6   Data analysis

With the theoretical literature study as baseline information, the researcher, from an outsider perspective, investigated the views firstly of social workers and secondly of social work clients, on family resilience. Eight social workers were interviewed with regard to those social work client families they considered as resilient and who they had selected as research participants. Thereafter, the researcher interviewed those selected social work client families. The researcher then, compared these different perspectives on the characteristics and family processes of family resilience against the backdrop of the conceptual framework of the family resilience theory. The researcher considered this method of data collection the most appropriate to explore family resilience from different perspectives taking the contextual specifics and uniqueness of each research participant into consideration. Ungar (2003:93) states, supported by Lincoln and Guba, that because qualitative research seeks to describe or explain a phenomenon grounded in people's

experiences, such studies strive to bolster the transferability and not the generalisation of their findings, when constructing each research participant's unique social reality.

One important aspect that needs to be mentioned is what Ungar (2003:96) called the "researcher standpoint bias". In qualitative research the researcher conducting the in-depth interviews with the research participant, becomes the research instrument. It is therefore important that the researcher's bias point of view does not go undiscovered. The researcher finds it important to, similar to Robertson (2005:7) in her qualitative research on "Family Resilience in Response to Extra-familial Child Sexual Abuse," state her firm belief that all families during the family life cycle, irrespective of their social context or status depending on inter and intra strengths/resources and protective factors are either more resilient or less resilient. When less resilient, such families needs support to strengthen those buffering factors within and without the close family unit to better individual and family resilience and well-being.

Different knowledge domains that each represented a unit of information composed of events, happenings and instances of family resilience, with sub-categories under each domain, were identified.

As the next step a construct-orientated (or category) approach was followed in reflecting the data from the semi-structured interviews. Information from the interviews was categorized under the different headings (knowledge domains) of the conceptual framework for Family Resilience Theory. The information from the interviews was utilized, either to support, to saturate or to expand on the sub-categories under each domain.

The process of taking information from the data collected and comparing it with theory is called the constant comparative method of data analysis (Creswell, 1998:58).

In terms of the overall structure developed to reflect the data information, facets of grounded theory procedures such as open coding, forming initial categories of information, developing propositions, specifying relations among categories and the conditional matrix (a diagram useful in conceptualizing the wide range of conditions and consequences related to the phenomenon under study) were utilized.

From the Conceptual Framework for Family Resilience Theory a coded diagramme on family resilience was developed (See Table 2.2, Page 53).

It should be highlighted that although similarities between the grounded theory method for data collection and the case study method can be identified, there is one distinct difference between the methods, namely that in the case study method as utilized in this research, the literature study was conducted **prior** to going into the field (Creswell, 1998:58).

1.5   DEFINITIONS AND DESCRIPTIONS OF KEY TERMS

The following key concepts, that are used in this research were defined namely:

Family

"The family refers to a group of persons united by the ties of marriage, blood, adoption or cohabitation. They are also characterised by common residence or not, interact and communicate with one another, maintain a common culture and are governed by family rules" (DSANFP, 2008:15).

Within this definition various family forms could be identified. This led to the conclusion that the family is not about its structure, but about the roles and responsibilities the family and its members fulfill. Those individuals whom you consider to be part of your family, will be your family members.

Family well-being

The ability of a family to honour its responsibilies, adhere to the rights of its family members and be resilient (DSANFP, 2008:15)

Resilience

"Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar et al, 2000:543)

Family resilience:

Family resilience can be described as family processes over time as the family respond to stresses and gain the ability to withstand and rebound from adversity (Kaufman & Ziegler in Walsh, 2002:130) (De Haan et al, 2002)

Family Risk factors

Risk factors relate to any event, condition or experience that increases the probability that a problem will be formed, maintained or exacerbated. Risk factors could be internal biological conditions, such as low-birth-weight, or external environmental factors, such as poverty or a traumatic event or severe adversity such as war (Masten and Coatsworth in Patterson, 2002:237)

Family buffering /protective factors

Protective factors are resources – individual or environmental – that minimize the impact of risk. "Protective" or buffering factors need to be considered as those circumstances that moderate the effects of risk and heighten the probability of successful developmental outcomes (Green, 2007:44, 45)

Family strengths

Family strengths are those characteristics and processes of families found within their individual members, in the inter-relationships within the family and the intra-relationships of the family with its broader support networks and resources that contribute to family resilience and family well-being. (Manual on Family Preservation Services, 2007:80)

Family life cycle

The family life cycle entail those predictable stages of normal family development. The individual life cycle takes place within the family life cycle, which is the primary context of human development (Carter & McGoldrick, 1998:7)

Individual life cycle

The individual life cycle refers to the developmental phases of individuals from pre-born until death (Carter & McGoldrick. 1998:8)

Family policy

Family policy as subcategory of social policy focuses on the challenges of families on the social spectrum in relation to society, and assists in determining the level of well-being of families and individual families in communities and broader society (Zimmerman, 1988:175)

Protective processes

Those factors and processes that counteract vulnerability of the family and its members and strengthen family and individual well-being and resilience (Green, 2007:44, 45)

Social support

Social support refers to the close and not so close network systems that provide support to the family. Social support is embedded in relationships within the family and extended family, friendship networks and community support (church and community activities, neighbourhood initiatives) embedded in the safety net of the community and broader society. "Contemporary approaches to supporting families center on recognizing family strengths and resources" (Hanson & Lynch, 2004:55)

Strength-based approach

A strength-based perspective implies that the focus is on identifying and building upon existing family strengths to enable families to honour their responsibilities. Programmes are strengths-oriented when they convey the message that people/families have the capacity to better their lives (Manual on Family Preservation Services, 2008:110)

Family resilience Approach

Through the family resilience approach, service providers do not only concentrate on risk factors or the adversities the family is subjected to, or the strengths/protective factors of the family, but consider the unique interactional processes and variables that could lead to positive or negative outcomes for the family (Leadbeater et al, 2005:52)

1.6   STRUCTURE OF THE DISSERTATION

In addition to chapter 1, which is a general orientation chapter, chapters 2-6 will be structured as follows:

- In chapter 2 a literature study of the concept "individual resilience" will be explained which gave impetus to the relationship perspective on resilience, called "family resilience."   The chapter shall furthermore, offer an in-depth discussion on the characteristics and family processes that are key to family resilience. The Conceptual Framework for Family Resilience Theory at the end of the chapter, developed by the researcher, will provide a holistic view on family resiliency processes. The framework will highlight five knowledge domains (themes) with sub categories/subthemes that interactively render families either less or more resilient at a given time during the family life cycle. A discussion in chapter 2 (page 59) will clarify the synergistic influences of these characteristics and family processes on families.

- Chapter 3 will offer a discussion on the question whether Government has a role to play in developing resilience in families and the role of Government policy in this regard

- Chapter 4 will describe the research methods followed to conduct the research

- Chapter 5 will present the research findings and discussion

- Chapter 6 will present the conclusions and recommendations for implementation and directives for possible further research

CHAPTER 2

FAMILY RESILIENCE

"Life is not a matter of holding good cards
but of playing a poor hand well"

Robert Louis Stevenson

INTRODUCTION

Families and family members today are subjected to high levels of daily stress and are often confronted by challenges they have to overcome on a continuous basis. Resilience refers to the ability to rebound from adversities, sometimes stronger than before.

The first part of this chapter will focus on individual resilience. On individuals, who can despite difficulties, overcome the odds, sometimes contrary to all expectations.

Researchers firstly became aware that some children, contrary to all expectations, can overcome adversity whilst others, confronted with similar situations, become overwhelmed by their circumstances. Focusing on adults, it was found that some individuals can overcome challenges and a series of traumas whilst others cannot rise above their circumstances.

The focus of the research is on family resilience. The second part of the chapter will therefore focus on the familial aspects of resilience, the characteristics and processes of family adaptation that render families resilient. This part will ensure that the first objective of the research namely: 'to identify those characteristics, family processes and institutions which contribute to family resilience,' is adhered to.

The researcher intends to develop a conceptual framework (coded diagramme) on family resilience based on the literature study in this chapter. This framework will be utilized to develop an interview guide for the qualitative research on family resilience. This interview guide will direct the researcher's semi-structured interviews with the research participants in order to adhere to the second objective of the research namely to 'explore the perspectives of social workers and their social work client families on family resilience'.

The literature review will also pave the way for the other objectives of the research namely to; 'highlight the correlation between a family resilience perspective and a strengths-based approach for social work practice' and to 'explore the manifestation of resilience in the South African family as contributory to strong families, so as to support South African policy directives that advocate for the promotion of family life and the strengthening of families for family well-being'.

2.1   BACKGROUND TO RISK AND RESILIENCE THEORY

Researchers consistently documented that many children growing up in adverse conditions overcome the odds and become successful adults, whilst some children in similar conditions do not. Researchers wanted to know what particular environmental risk factors predispose children to maladjustment following adversity and which factors prevent maladjustment.

Research questions subsequently turned to issues such as what distinguishes children who beat the odds from those who are overwhelmed.

Hetherington (1996:7) states that one of the central challenges of developmental psychopathology is to explain the discontinuities in children by identifying the buffering of factors that protect some children from psychological harm in the presence of risk and those vulnerability factors that cause some children to develop

disturbances despite the fact that their circumstances and family environments would lead us to hold more positive expectations. Risk research represents a search for both lawful continuity and discontinuity between risk and outcome. Research on the child at risk gave impetus to the risk and resilience theory. Research findings brought about a paradigm shift, changing the basic set of beliefs and assumptions that guided the research activities of developmental theorists. Risk and resilience research and research on stress, coping and adaptation, served as foundation for preventative intervention programmes and preventative science (Coie et al in Hetherington, 1996:2).

Masten (2001:227) states that in studies on children the ordinariness of resilience is explored. Findings suggest that resilience is common and that it usually arises from the normative functions of human adaptation or protective systems, with the greatest threats to human development being those that compromise their protective systems. The conclusion that resilience is made of the ordinary rather than extraordinary processes, offers a more positive outlook on human development and adaptation and could serve as a policy directive guiding service delivery. Scott Peck (1978:1) states life is difficult. All individuals are at times confronted by difficulties that they just have to deal with. This implies that one needs to be able to deal with life's challenges effectively and thus be resilient.

Studies on children at risk, as well as the accounts of adult survivors of traumatic events, resulted in a knowledge base that transformed the understanding of human developmental processes. It also refocuses the attention on positive adaptive strategies which collectively are called resilience (Guba & Lincoln, Werner & Smith, Fraser, Gilgun & Mastern, Coatsworth in Green, 2007:10).

In examining the influence of stressful life events on a range of mental and physical illnesses, Walsh (2006:9) identified personality traits that mediate physiological processes and enable some highly stressed individuals to cope adaptively and remain

healthy. This is derived from the previous assumption that people who experience high degrees of stress without becoming ill have a personality structure characterized by "hardiness". Early studies on children that developed well despite being exposed to risk and adversity, often describe these children as invulnerable or invincible. These studies implied that there was something remarkable or special about these children. Others compared the "rugged individual" with hardiness as personal trait, with the "vulnerable individual" as explanation for not being resilient (Garmezy 1991, Masten 2001). However, "hardiness" should not be regarded as a personal trait of resilience. Individual resilience is the belief in one's ability to cope and overcome the odds.

Werner (2004:492); Werner & Smith (2001) supports this by stating that a core component in effective coping is a feeling of confidence that the odds can be surmounted. Even with chaos in their households, by their high school years, resilient youths had developed a sense of coherence, a faith that obstacles could be overcome and a belief that they were in control of their own fate. This refers to an inner locus of control and an optimistic confidence in their abilities. It also implies that these young people had developed both competence and hope of a better life though mainly their own efforts and relationships.

Seligman (in Walsh, 2006:5-11) conducted research on "learned helplessness". He found that people can be conditioned to become passive and to give up trying to solve problems should their actions not predictably be linked with rewards or success.

Seligman also conducted research on "learned optimism" which informs the understanding of resilience. He came to the conclusion that optimism can be learned through experiences of mastery, as individuals come to believe that their efforts can yield success.

The researcher believes that individual resilience should be viewed in terms of the interplay of risk and protective factors as a process over time, whilst involving

individual, family, and the larger social cultural factors and influences as systems that impact on each other.

The transactional models of risk and resilience supported by the systems perspective refer to factors that constitute risks to individual family members with the family environment as a source of risk or support to the developing family member. The transactional models on child and family development provide understanding of the complex interactions and transactions in child and family development that could lead to positive or negative outcomes for the family member/s or the family (Hanson, 2004:49).

2.2   DEFINING RESILIENCE

Frey (1998:1) states that over the past two decades, resilience has become an important concept in the human science development. However, from the literature study it is clear that resilience is not so easily definable. Different interpretations are given to what resilience is and what it entails. In order to define resilience the different views on resilience will be given. The researcher will thereafter indicate the definition that will be used in this research.

Wolin & Wollen in Green (2007:25) states that resilience entails more than merely surviving, getting through, or escaping a harrowing ordeal. Survivors are not necessarily resilient; some remain trapped as victims of trauma, nursing their wounds and allowing to be blocked from growth by anger and blame.

Particularly demanding and stressful experiences, even ongoing ones, do not inevitably lead to vulnerability, failure to adapt or psychopathology. Being resilient is also not a cheerful disregard of one's difficult and traumatic life experiences; neither is it the naïve discounting of life's pains. Resilience is rather the ability to bear up in spite of those ordeals (Saleebey, 2002:11).

Higgins (in Walsh, 2006:6) states that in order to understand resilience, it is important to distinguish resilience from the faulty perceptions of "invulnerability" and "self-sufficiency." It is a misconception to equate human vulnerability with weakness, and invulnerability with strength or competent functioning. Resilience involves "struggling well", experiencing both suffering and courage, whilst effectively working through difficulties, both internally and interpersonally.

There is also the perception that only through fierce independence will a person survive and be self-reliant, this perception however, that resilience can only be found in the strength of individuals who have mastered adversity, focuses only on personality traits and coping styles, as if resilient people grow by themselves.

Green (2007:41) defines resilience as, "People's internalized capacities and the associated behaviours that enable them to maintain a sense of integration in the face of adversities, to recovering from trauma following adverse events to overcoming the odds or negotiating life's transitions with competence, and to successfully handle stressful events that are perceived as harmful.

Masten (2001:227 – 238) describes resilience as a dynamic process, encompassing positive adaptation of the individual or family within the context of significant adversity, and that this same adversity can result in different outcomes.

Walsh (2006:6) states that 'resilience is the capacity to rebound from adversity, strengthened and more resourceful. It is an active process of endurance, self-righting and growth in response to crisis and challenge'.

Resilience should be holistically viewed - describing resilience as a simple but simultaneously, complex and dynamic process. As illustration the term *communication* could be described as simply the uttering of audible words that someone can hear. However, communication is simultaneously a complex and dynamic process which

entails speaking meaningfully to someone who listens and interprets the intellectual and emotional content of what has been said.

Understanding resilience as a process and not merely as a concept, normalizes resilience as part of the day to day living for the young and the old.

In order to understand the process of resilience, it is necessary to not only identify the risk factors an individual is confronted with, but also the buffering or protective factors/strengths of the individual. These factors will interdependently impact on each other to render the individual resilient on a scale of either coping well, not so well, or not coping at all.

2.2.1   Risks versus key buffering or protective factors

Green (2007:41) identifies "risk" as a concept that examines the probability that those individuals who have experienced critical life events will encounter future difficulties. Risk factors could be internal biological conditions, such as low-birth-weight, or external environmental factors, such as poverty.

"Protective" or buffering factors are those circumstances that moderate the effects of risk and heighten the probability of successful developmental outcomes (Green, 2007:44, 45).

Depending on how an individual experiences factors or conditions that impact on his/her life, these factors can be viewed either as a risk or a protective factor. Self esteem as factor can either be low or high. Low self-esteem as an example, can be a risk factor that contributes to the individual's stress levels and can lessen his/her coping capacities. However, a positive self–esteem becomes a protective factor that contributes to the individual's ability to better cope with life experiences. Protective factors, as with risk factors, may be internal (eg strong communication skills) or external (eg a supportive family milieu).

The interplay between the risks or challenges individuals face and their protective or buffering factors impact on their ability to rebound from adversities (to be resilient or not). Hall (in Green, 2007:45) states that strengthening of internal, as well as external protective factors, will contribute to a person's ability to be resilient.

The following simplified formula illustrates the interdependency between risk factors and protective factors that may lead to resilience.

Risk factors x protective factors = resilience
(Risk factors multiplied by the protective factors, identifiable in people's lives, equals being resilient or not)

It is important to remember, that due to the complexity of human kind, there is no direct correlation between a specific risk factor and another protective factor in building an individual's resilience or not. The resilience process involves multiple risk and protective factors that respond with one another uniquely to each individual's own situation (Furgusson and Lynskey, 1996:25).

Furthermore, the individual should always be positioned within the context of the family the community and broader society - thus the individual's relationships, internally (within the family) as well as externally (within the community and broader society), need to be taken into consideration when considering the individual's level of resiliency.

2.3   FAMILY RESILIENCE – A RELATIONAL PERSPECTIVE ON RESILIENCE

'Family Resilience' only emerged from recent research that started to link individual resilience to key protective influences in the family and its social context. Parallels between individual and family resilience exist, it is, however, the family relational processes wherein risk and protective mechanisms develop and result in some level of

adaptation of the family system that distinguishes individual and family resilience (Patterson, 2002:233).

Werner (in Ray et al, 2005:5) states that "many individuals who successfully 'beat the odds' sought out people and opportunities that lead to positive turn arounds in their lives.

Researchers on children's resilience found that the resilience of children enduring hardship is greater when they have access to at least one caring parent, a caregiver or another, through supportive relationships. Children need to know that there is someone whom they can turn to and who would support their efforts to achieve a sense of competence. Encouraged by their involvement with a mentor, many children develop a special interest or skill through this process. On the other hand it was realised that children without caring or supportive parents or significant others, are extremely vulnerable.

The above-mentioned findings and research on individual resilience have increasingly pointed towards the importance of a relational perspective on resilience.

As in the case of children where a close caring relationship between a child and a significant adult, who believes in him/her, with whom he/she can identify and who can act on his/her behalf, is regarded as the most important factor for a child to be resilient, family resilience is an important factor for individual well-being (Walsh, 2006:12).

Therefore, for a fuller understanding of resilience, a more complex interactional model needs to be considered. A broader perspective of resilience, beyond the dyadic bond and early life determinants, needs to be adopted. Hauser in Walsh (2006:12) states that we need to be aware that "resilience is woven in a web of relationships and experiences over the life course that stretches across generations".

Vital for optimal functioning is the affiliation (feelings of belonging) values an individual experiences and the crucial influence of positive relationships within and outside the family on family members (Black & Lebo, 2008:32). All concepts of the self and construction of the world, are fundamentally products of relationships. It is through our interdependence that meaningful lives are best sustained.

2.4   UNDERSTANDING FAMILY RESILIENCE

Family resilience refers to the coping and adaptational processes of the family as a functional unit.

Family resilience, furthermore involves those family processes that mediate stress and that enable families and their members to surmount crises and weather prolonged hardship.

Family processes refer to the manner in which a family buffers stress and reorganizes the family to cope and to move on with life. How a family confronts and manages a disruptive experience within the family life cycle, influences the immediate and long-term adaptation of each family member and the very survival and well-being of the family unit (Walsh, 2006:15).

Corcoran (2000:79) states that families are most amenable to change when the family's coping mechanisms are exceeded by the demands of the crisis.

There are two general perceptions about what family life entails that are often debated and that could negatively influence the understanding of family resilience. These are (a) the belief that there is only one valid definition of the family and (b) that healthy, well-functioning families are problem-free.

During the development of the DSANFP (2008) these perceptions where intensively debated. The DSANFP stipulates that all the diverse family structures need to be

recognized. The well-being of the family and its family members are not determined by the structure of the family, but by its functioning. Furthermore, all families need support. All families throughout the family and individual life cycle encounter, at one stage or another, challenges that they have to face. A family is not healthy or well-functioning due to its structure or the absence of problems, but rather due to the family's coping and problem solving ability to address the challenges they are faced with.

Although family resilience could be defined in various ways, the researcher is of the opinion, in support of Simon et el, 2005 and Walsh 2007, that *family resilience is the ability of a family to respond positively to an adverse situation and emerge from it feeling strengthened, more resourceful and more confident than before.*

It is necessary to understand family resilience within a social and temporal context taking the ecological or systems perspective, the developmental perspective, as well as the impact of the individual and family life cycle, into cognizance (Patterson, 2002; Edwards et al, 2007). This is in line with the approaches to service delivery to families as stipulated in the DSANFP (2008). The ecological or systems perspective, the developmental perspective, as well as the life cycle perspective on families provide insight into those aspects that have an impact on families and those that influence the family's ability to adjust, cope and adapt.

2.4.1 Ecological or systems perspective

The systems perspective/approach is also a structural approach, in which the family members are to be considered as the components of the family as a whole. From this perspective, the family is viewed as a social system. Within this system, family members are interdependent. Therefore, any change in the behaviour of one member will affect the behaviour of others. Corcoran (2000:81) states that the crux of the orientation is that individuals and families have an interactional relationship with the environment of which they are part. Furthermore, the family is viewed as an important

building block of the community and broader society. The systems approach lays the foundation for integrated service delivery to families (Baker, in DNFP, 2008).

Rutter (in Walsh 2006:12) emphasizes that to understand and foster resilience and protective mechanisms, we must attend to the interplay between occurrences within the family and the political, economic, social and racial climates in which the family is situated. Change should take place so that the building of the resilience of children and families is not only about beating the "odds." Riley & Masten (in Ray et al, 2005:15 states that 'the concept of resilience is best understood from the perspective of developmental processes and interacting person-environmental systems.' Change as a protective process may take place on the level of individual, family, community and broader society to ensure that the resilience processes of adaptation take place.

Werner and Smith (1982, 1992) found in their longitudinal studies that the role of a wide variety of supportive relationships was crucial for children of all ages to be resilient and that resilient children actively recruited support networks in their extended family and communities throughout their school years. Most children in the study had a good start with early bonding with at least one caregiver. Yet a bad start did not necessarily determine a bad outcome. Many overcame neglect in early childhood when they benefitted from later nurturing care, such as adoption and/or mentoring by a significant other.

The ecological perspective of the family is also found in the family preservation perspective on family strengthening interventions in The Manual (2008), as explained by the following visual model of the family situated within the community and within society as a whole.

Figure 2.1   Systems perspective

COMMUNITY
INFRASTRUCTURE
- Jobs
- Education
- Community participation
- Recreation

Ring1: Extended Family
Neighbours
Friends

Ring2: Community
-support
Leaders
Civics
Women's / Youth
-Organisations

Ring3: The "Usual
Suspects"
- Welfare
- Education
- Health
- SAPS
- Justice

C/Y/P Family
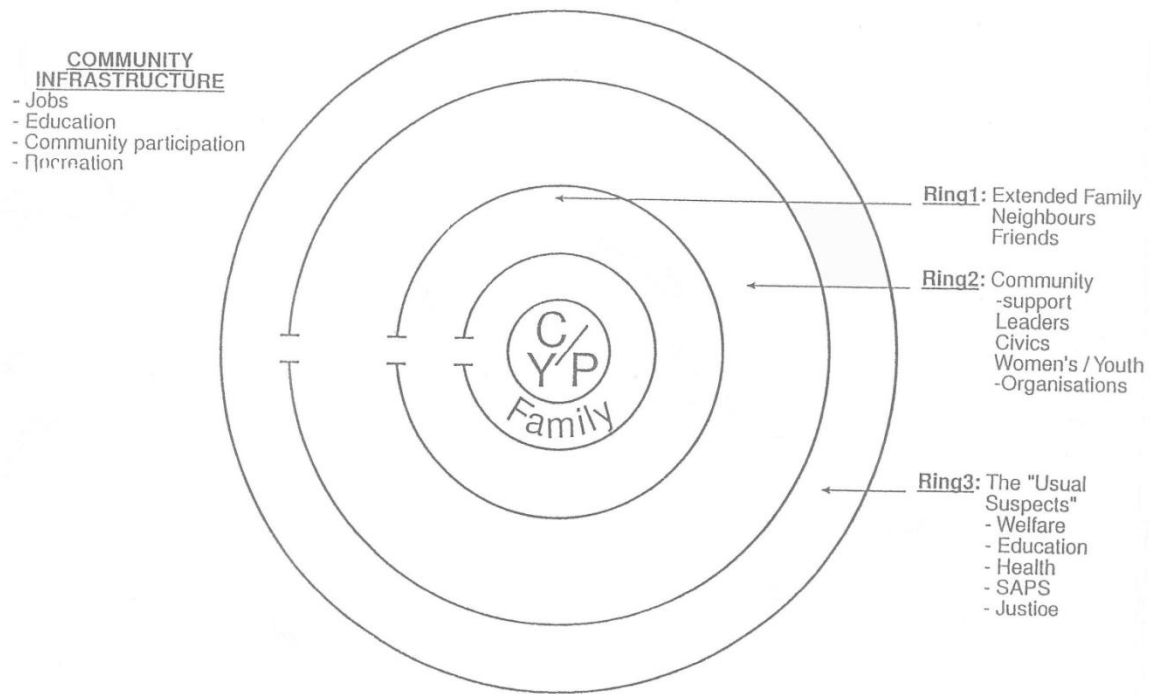
(CYP – Child, Youth and Persons with Disabilities)

2.4.2   Developmental perspective

A developmental perspective is essential in understanding resilience. Resilience can also be referred to as the "absence of significant developmental delays or serious learning and behavior problems and the mastery of developmental tasks that are appropriate for a given age and culture' in spite of the exposure to adversity (Werner in Corcoran et al, 2004:214).

The developmental perspective states that resilience does not depend on a set of fixed traits, but rather depends on coping and adapting to stress factors that involve multiple processes that may vary over time. Stress also involves a complex set of changing conditions with a past history and a future course that each offer different challenges to cope with (Rutter in Walsh, 2006:13). This necessitates a variety of coping strategies.

Zimmerman (in Frey, 1998:1) highlights that 'resiliency is simply the natural outcome of healthy human development in which the personality and environmental influence interact in a reciprocal, transactional relationship' which offers hope instead of futility when considering some risk factors that need to be dealt with over time.

In the DSD Strategy for Families (2009-2013:7) a social development approach to family intervention, that advocates for the family to be recognized as the basic unit of society is described. This unit plays a key role in the survival, protection and development of children. The rationale is that families should be supported and their capabilities and protective factors be strengthened for them to meet the needs of their family members.

2.4.3   Family Life cycle approach

The individual life cycles of family members take place within the family life cycle which is the primary context of human development. Families are confronted with horizontal stresses (the developmental life cycle transitions and those unpredictable stressors such as untimely death, and chronic illness, as wel as vertical stressors that refer to family patterns and patterns of relation and functioning that are transmitted down the generations, such as family attitudes and family expectations. The degree of anxiety that these stresses engendered then becomes the determinants of how well the family will manage its transitions through life (Carter & McGoldrick, 1998:4).

It is evident that to understand family resilience the family life cycle and the developmental life stages of family members need to be taken into consideration. Each family life phase will present its own stressors to be dealt with. The life-cycle approach allows for a comprehensive analysis of life events, family crises, processes and challenges relating to age, gender and the roles and responsibilities of each family member.

The White Paper for Social Welfare (The White Paper) (1997:52) states that the family life cycle approach refers to the interaction between family members, the wider social environment and social support networks. In this context, the life cycle actually refers to the family life cycle, whereas the individual life cycle implies the life phases of individual members and the family life cycle refers to the different phases in family life namely: forming a couple (married or not married), families with young children, with primary school children, with adolescent children, with young adults to be launched, middle age and old age. The White Paper suggests that intervention programmes should make provision for the needs of families in accordance with the different stages of the family life cycle.

Well-functioning families have an 'evolutionary sense of time and of becoming' – a continual process of growth and change across the life course and generations. Family resilience is strengthened through the acceptance of the passage of time and the need for change with new developmental challenges. However, every life cycle transition should be regarded as a milestone rather than a crisis. Risk of dysfunction is heightened when members cannot accept the passage of time and the continuities between past, present and future (Walsh, 2006:57).

The family life cycle or developmental approach assumes that family life is changing continually and is influenced by psychosexual development and rites of passage such as marriage, divorce, child-rearing or retirement. During each of these stages of development, people modify their roles and relationships, and also alter the division of labour and their level of satisfaction (Baker in DSANFP, 2008:8).

The above family life cycle clearly indicates and supports family resilience to be a process that takes place over time, with some influences as a given and some as being imposed. The developmental approach implies that aspects such as support and intervention can be put in place to have a positive influence on the ability of the family to change, cope, adapt and be resilient. The ecological aspect of family life and the life

cycle is more a given and a hand dealt to be played – with reference to the more fixed aspects of life that need to be accepted rather than changed.

The phases in the family life cycle can be presented as follows:

Figure 2.2   Family Life Cycle

```
┌─────────────────────────────────────────────┐
│            SINGLE YOUNG ADULT                │
└─────────────────────────────────────────────┘
                      ↓
┌─────────────────────────────────────────────┐
│   THE JOINING OF FAMILIES THROUGH            │
│   MARRIAGE/COHABITATION: THE NEW             │
│                COUPLE                        │
└─────────────────────────────────────────────┘
                      ↓
┌─────────────────────────────────────────────┐
│      BECOMING PARENTS: FAMILIES              │
│         WITH YOUNG CHILDREN                  │
└─────────────────────────────────────────────┘
                      ↓
┌─────────────────────────────────────────────┐
│        FAMILIES WITH ADOLESCENTS             │
└─────────────────────────────────────────────┘
                      ↓
┌─────────────────────────────────────────────┐
│   THE LAUNCHING PHASE: FAMILIES AT           │
│                MIDLIFE                       │
└─────────────────────────────────────────────┘
                      ↓
┌─────────────────────────────────────────────┐
│   BECOMING GRANDPARENTS: FAMILIES IN         │
│              LATER LIFE                      │
└─────────────────────────────────────────────┘
```
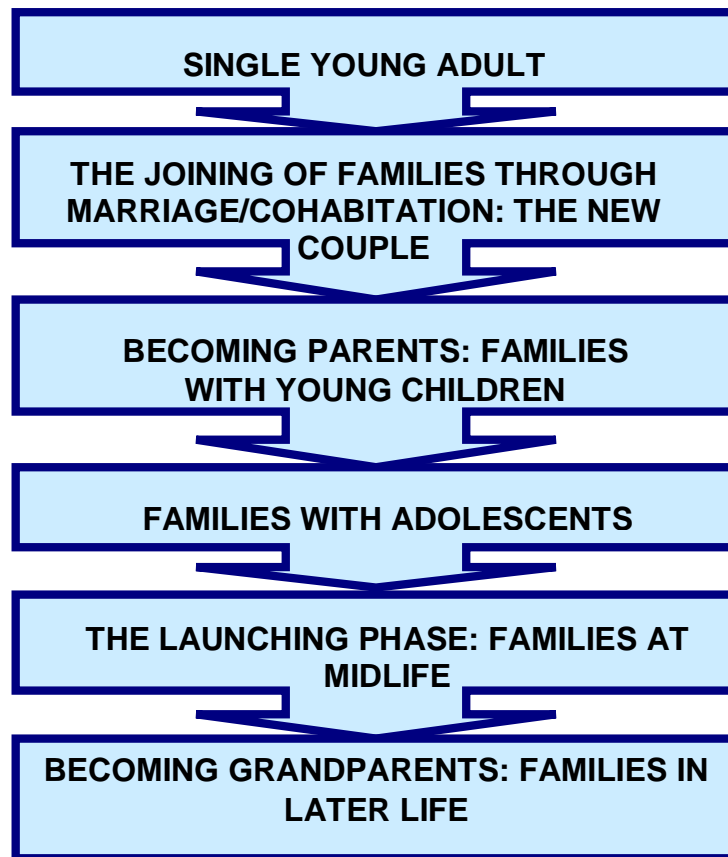
(Manual for Marriage Preparation and Marriage Enrichment, 2007:68)

2.5 CONTRIBUTION OF FAMILY PROCESS RESEARCH TO THE UNDERSTANDING OF FAMILY RESILIENCE

The ultimate goal of social work intervention is to enhance individual and family well-being.

Ryff & Singer (in Green, 2007:12) state that individual well-being generally includes 6 major domains that can contribute to individual resilience namely:

(i)   Self-acceptance: Positive regard for the self

(ii)   Positive relations with others: Good quality relationships with others

(iii)   Autonomy: The ability to follow inner convictions

(iv)   Environmental mastery: The capacity to effectively manage his/her surrounding world

(v)   Purpose in life: A sense that life is purposeful and meaningful

(vi)   Personal growth: A sense of continuing growth and self-realisation.

Family well-being could be considered as the outcome of effective family functioning and family resilience. Walsh (2006:20) states that in order to evaluated family well-being and family functioning and resilience, core elements (to be later discussed), should be identified. It is necessary to assess family functioning with respect to each family situation. A holistic assessment of the family, considering the core elements of family functioning, will provide insight into the challenges and constraints that the family encounters and the resources/strengths of the family available to deal with family life effectively.

In the discussion on family process research, the researcher will attempt to clarify and highlight family processes which could impact either positively or negatively on the ability of the family to be resilient. Family process research gives impetus to the definition of resilience as it refers to the interplay between risks, strengths and protective factors that as a process, within the familial relationship network of the family, influences the ability of the family to rebound from adversities.

It is important to be reminded that although family resilience has certain characteristics, it is the coping and adaptational processes that render families resilient. Research available on family processes could explain more clearly what family resilience entails.

The different models on family processes have been developed to explain how the family functions in its strive to honour its obligations and responsibilities of care, support, development and protection of its members.

The models developed on family processes will now be discussed namely: The Family crisis framework, the Model of risk and protection, the ABC-X family stress model, the Model of vulnerability and protection and the Resilience model of family stress, adjustment and adaptation. Thereafter the strengths-based approach to service delivery and then the family resilience approach, will be discussed.

In the discussions on the above-mentioned, the transactional processes between one another, should clearly highlighted. The important paradigm shift - moving away from focusing only on risks, but also on the strengths of the family, should be clearly captured. This focus and holistic view on family resilience will highlight the process of family resilience as an interactive process over time.

2.5.1 Family crisis framework

McCubbin and Patterson (1983) developed a family crisis framework to understand why some families are able to withstand stress and recover from crisis when others are not. The framework emphasizes the importance of "fit" and "balanced" in the development of both the family unit and its individual members. Families need to achieve functional fitness and a balance between their challenges and resources, as well as between the different dimensions of family life.

2.5.2   Model of risk and protection

The model of risk and protection developed by Rutter (1987:22) is clearly in line with the family crises framework of McCubbin and Patterson. Rutter (1987:22) emphasizes in his model the resilience processes and intervention possibilities.   Rutter believes that resilience is fostered in family interaction through a chain of indirect influences that ameliorate the direct effects of a stressful event.   Strain can be compounded by ineffective family coping efforts that could heighten the risk of further complications. Positive coping strategies can buffer or reduce stress and restore well-being.   This transactional perspective and the contextual nature of resilience, also refers to the balance between specific dimensions of family life, as was indicated in the Family crises framework.

The risk approach assumes that individuals with similar risk histories may wind up in different diagnostic categories, whilst individuals may reach the same destination although they followed different pathways (Hetherington, 1996:8).

The key objectives of the model on risk and protection is to identify the mechanisms or processes that influence the path linking risks and outcomes at a given point in time, with a futuristic view in mind.

Mechanisms that account for coping, competence and resilience, as well as those processes that explain the links between risks/stressors and vulnerability/ psychopathology, are of importance in this model. The model, furthermore, provides a new paradigm of viewing either functionality or dysfunctionality not as static, but as an ever-evolving set of processes that lead to pathways in and out of adaptation and coping.

Risks that families face should be considered as a set of processes that have either a positive of negative outcome depending on how vulnerable or resilient these families are. Buffering factors (factors that give protection or "immunization") decreases the probability of a negative or undesirable outcome in the presence of risk with individual

and family resilience as end product. Buffering or protective processes involve family dynamics and family processes that could alleviate the negative impact of risk factors (Heatherington, 1996:10).

However, Heatherington, alludes to the fact that protective or buffering effects are complex and cannot only be explained by the mechanisms or processes by which they operate to promote adaptation. The functional model of social support could explain a dimension of buffering or protective processes. In accordance with the model, social support via interpersonal relationships, enhances and can assist with the coping process. Thus, social support buffers individuals and their families from the otherwise adverse impact of negative experiences or situations that pose risks (Herrington, 1996:109).

2.5.3   The ABC-X family stress model

The ABC-X family stress model focuses on family coping and refers to the management of stressful events either by the family or by its individual family members.

Boss (in Zeitlin, 1995:54) explains the ABC-X family stress model as follows: The A of the model symbolizes the crisis event, B the resources available, C the perception of the family and its members of the event and X the manifestation of stress. The model indicates how a family can mobilize available resources either into constructive coping or negatively, into a crisis. The model highlights and explains that how a family (as collective response) copes, is in response to the meaning that the event held for the specific family. This model mainly focuses on chronic illness and stress, but also portrays the transactional views of the previously discussed models (Spina, 2005:33).

The extent to which constructive interpretation results in positive or negative coping outcomes, depends on the degree of support available to the family within its internal and external contexts.

2.5.4 Model of vulnerability and protection

Garmezy (in Walsh, 2006:34) highlights that a model of vulnerability and protection was developed from a family developmental perspective. This model advocates for longitudinal developmental research on families to identify the biological and psycho-social mechanisms which either enables the family to adapt or not, when under stress.

It was found that each phase of the family life cycle brings about a changing balance between stressful events that heighten vulnerability and those protective mechanisms of the family that enhance resilience, despite adversities. According to the Model of vulnerability and protection, protective factors are those that assist an individual to compensate in the face of risk factors or high levels of stress. The assumption is that competence or success in the face of risk suggests the availability of a higher level of resources (Brennan et al, 1997:853).

Three mechanisms were identified through which protective processes may mediate the relationship between stress and competence namely:

- Preventive psycho-social interventions that boost or "immunize" families to resist the potentially harmful effects of stressful experiences. This "immunization" process, provides positive learning experiences that could prevent learned helplessness throughout life

- Personal attributes and environmental resources can "compensate" for or counteract the negative effects of stressors

- "Challenges" or stressors can become potential enhancers of competence and resilience, provided that the level of stress is not too high

The above-mentioned mechanisms serve as protective factors and/or processes that can operate simultaneously or separately as mechanisms for the family to cope with stressful life experiences (Walsh, 2006:36). An example of these processes could be parents who

have been successfully engaged in parenting skills training programmes. Parents who feel informed, competent, confident and empowered to deal with their children effectively within their specific developmental stages, could compensate and prevent themselves from feeling discouraged and hopeless when their children display challenging behaviour.

2.5.5 Resilience model of family stress, adjustment and adaptation [Resiliency Model (RM)]

In McCubbin and Patterson (1982); Patterson (1988) developed the family stress and coping theory, which was later articulated in the Family Adjustment and Adaptation Response (FAAR) (Patterson, 2002:236). In this model the protective role that particular family characteristics play is depicted as those that assist in facilitating the recovery of the family from stressful life experiences. Furthermore, the model emphasizes the active processes families are engaged in, in order to balance family demands (also called family risk factors) with family capabilities, that, as they interact with shared beliefs of families, (refers to chapter 5 page 164) allows a level of family adjustment or adaptation. Families engage in relatively stable patterns of interacting as they deal with day-to-day life demands. The processes by which families reduce demand and increase capacities lead to good outcomes – family 'bonadaptation'. Poor outcomes, due to processes leading to 'maladaptation,' create family vulnerability.

This family resiliency perspective is referred to by Spina (2005:35) as the Resiliency Model (RM), who considers it a useful theoretical framework for understanding family adaptation to traumatic experiences and to related life transitions. Spina found this model specifically useful for understanding the impact of a brain injury of a family member and the family adaptation process, thereafter. The RM highlights resiliency in families and focuses on understanding the factors contributing to successful family recovery in situations of adversity or significant risk. The RM, in combination with an ecological and developmental perspective pre-empt the paradigm shift from focusing on deficits to a 'competency-based paradigm', or strengths-based approach (Spina, 2005:33).

2.6   STRENGTHS-BASED APPROACH TO FAMILY INTERVENTIONS

The Family Directorate within the Department of Social Development in South Africa embarked upon the development of the Manual on Family Preservation Services (The Manual, 2008). The Manual stipulates the aim of family preservation services to be the strengthening of families to keep families together whilst improving the well-being of family members. Based on the systems approach family members are seen in the context of the family, with the family situated within the community and broader society. Based also on the social developmental and life cycle approach, family preservation services advocate for a strengths-based approach in the rendering of family preservation services. In the Manual, family preservation services are regarded as a human service innovation that represents a paradigm shift from a rescue or deficit-approach to a strengths-based approach that promises the strengthening of families to be resilient and self-reliant with the interpersonal relational network as a most important support system for the family (The Manual, 2008:22). Gilgun (in Green, 2007:45) refers to a set of clinical rating scales for assessing resilient youth (12 to 19 years).   The clinical rating scales (also called the Circle of Courage model) assess youth on their accomplishments in four particular developmental skills or growth needs, namely:

(i)   *Belonging*: Is a child able to develop positive relationships, be interconnected and naturally dependent?

(ii)   *Mastery*: Does a child feel a sense of pride in being able to do things?

(iii)   *Independence*: Does a child have the freedom to made choices and to take control of his or her life?

(iv)   *Generosity*: Does a child experience all forms of giving?

This model advocates for positive youth development and was adopted by the policy makers in South Africa that led to formal training programmes to put the Circle of Courage principles in practice (http://www.circleofcouragegenz.org/ourphilosophy.htm).

Walsh (2006: 80) states that the strengths-based approach to intervention is based on the recognition and activation of the families' own healing resources.

A strengths-based approach adds faith to our clients' potential to be able to reduce their vulnerability and increase their resilience. Resilience orientated practice approaches inspire people to believe in their own possibilities for regeneration to facilitate healing and healthy growth. Therapeutic work best fosters healing when it is in collaboration with the family, activates a family's own resources and where interventions are drawn on kin and social networks to provide a healing environment to the suffering family.

Green (2007:13) highlights the importance of a strengths-based approach in working with families based on the strengths-based social work movement in social work practice. Saleebey (2002:6) states that the strengths-based approach is not a model, paradigm or theory. It is rather a set of principles, ideas and techniques that represents a shift in the professional social work role that emphasizes the resourcefulness of clients. Although the researcher clearly understands that the strengths-based approach taps in on the resourcefulness (strengths) of clients, the researcher is of the opinion that the strengths-based approach entails more than that. The strengths-based social work movement implies a paradigm shift, moving away from the deficit approach to a strength-based approach in delivering services to families. This is confirmed by the discussion below on the Australian Inventory of Family Strengths.

2.6.1 Australian Inventory of Family Strengths as utilized by the Family Action Centre in their Family Strengths Research Project

An increasing number of family researchers are opting for a strengths approach in their family and community research. DeFrain (in Silberberg, 2001:52) states the following: "If one studies only family problems, one finds only family problems. Similarly, when interested in family strengths, you look for them. When these strengths are identified, they can become the foundation for continued growth and positive change in a family and a society".

The Family Action Centre in the Australian Institute of Family Studies at the University of Newcastle, New South Wales, under the guidance of DeFrain, initiated a family

strengths research project with the aim to determine which qualities Australian families perceive as family strengths. The findings of the project informed the development of an Australian Family Strengths Template based on eight qualities identified as family strengths. These qualities are: communication; togetherness; sharing activities; affection; support; acceptance; commitment; and resilience. Although it was found that these qualities overlap and interact with one another, all the attributes are encompassed within the concept of family resilience (Silberberg, 2001:52).

2.7   FAMILY RESILIENCE APPROACH

The family resilience approach serves as a valuable conceptual map in orienting a wide range of human services and is closely linked with the above-mentioned strengths-based perspective. Previously there was a narrow focus only on individual resilience, now the importance of family resilience gains more and more recognition. The Family resilience approach set the stage for the paradigm shift from an exclusive focus on risks to an emerging focus on strengths (Peters, 2005:50).

A family resilience approach fosters a compassionate understanding of amongst others, inter- and intrapersonal relationship challenges, as well as parental life challenges. The family resilience approach encourages reconciliation and searches for the obvious and still to be discovered strengths in the network of familial relationships and family resources.

A family resilience approach builds on developments to strengthen the family's capacity to master adversity and to encourage the key processes for resilience (Burhan, 2008:11). A family resilience approach fosters an empowering climate. Through a family resilience approach, family members gain the ability to overcome crises and challenges by working together and experiencing success largely due to their shared efforts and resources. Experiences of shared successes enhance a family's pride and sense of efficacy. It furthermore, enables the family to cope more effectively with life's adaptations. Cornell (in The Manual, 2008:13) states that empowerment is "an intentional, dynamic, ongoing

process, centered in the family and community involving mutual respect, critical reflection, caring and group participation, through which people gain equal share, access and control over resources."

Walsh (2003:24) believes in the importance of a developed flexible family resilience framework "that serves as a conceptual map to identify and target key family processes that can reduce stress and vulnerability in high-risk situations, fostering healing and growth out of crisis, and empowering families to overcome prolonged adversity.

A family resilience approach provides for such a framework to guide interventions that address family challenges, whilst strengthening the family. Interventions based on a family resilience approach 'repair' families but simultaneously 'prepare' them to meet future challenges. Thus, in strengthening family resilience, every intervention is also a preventative measure (Walsh, 2006:25)(Masten, 2001:228).

Simon et al (2005:428) states that two family system models specifically contributed to focus on the concept of family resilience namely the Resiliency model of Family Adjustment and Adaptation (McCubbin and McCubbin, 1988, 2005) and the System theory of Family Resiliency (Walsh 1998) and that these two models provide a meaningful bridge between the family-systems orientation and the resilience-oriented practices.

2.7.1   Principles of the family resilience approach

Walsh (2006:67) identifies basic principles grounded in the systems theory to serve as the foundation of the family resilience approach. Burhan (2008:11) underscribes these principles, they are:

- Individual resilience is best understood and fostered in the context of the family and larger social world, as a mutual interaction of individual, family, socio-cultural and institutional influences

- Crisis events and persistent stresses affect the entire family and all its members, posing risks not only for individual dysfunctionality, but also for relational conflict and family breakdown

- Family processes mediate the impact of stress for all members and their relationships and can influence the course of many crisis events

- Protective processes foster resilience by buffering stress and facilitating adaptation

- Maladaptive responses heighten vulnerability and risks for individual and relationship distress

- All individuals and families have the potential for greater resilience through maximizing the family's potential, encouraging the family's best efforts and the strengthening of key family resilience processes

The researcher is of the opinion that the following should also be considered as principles of the family resilience approach namely:

- The family life cycle plays a significant role in the lives of families and their members as each family life phase brings into play new stressors and different circumstances to deal with

- A clear understanding of the risks the family is facing, the strengths of the family and family protective factors could generate hope and the belief that life could be bettered

- Efforts to foster family resilience aim both to avoid, or reduce pathology and dysfunctioning and to enhance family functioning and well-being (Luthar et al in Burhan, 2008:12)

- The family resilience approach (see Table 2.1) and strengths-based approach are closely related and should be utilized in resilience-based social work practice (Simon et al, 2005:434)

Table 2.1   Summary of the Family Resilience Approach

A Family Resilience Approach

Family Resilience is the capacity to <u>rebound</u> from
adversity strengthened and more resourceful

Family resilience refers to family <u>coping and adaptation</u>
to achieve set goals

Individual resilience is best understood and fostered in the
<u>context of the family</u> and community

A basic premise of the family resilience approach is that serious
life crises/stresses and persistent adversity have an <u>impact on the
family unit and its members</u>

The <u>family life cycle</u> phases each bring new stressors and circumstances to
deal with

Family processes <u>mediate</u> the impact of crisis/stress/adversity on the family

<u>Protective processes</u> foster resilience by buffering stress and facilitating adaptation for positive
outcomes

A family resilience perspective implies a <u>strengths-based approach</u>. Interventions build on
family strengths and resources to strengthen families
whilst addressing family challenges

Through the family resilience approach <u>family processes</u> are linked with
recent, ongoing or impending stress events to reduce vulnerability and master family challenges

A clear understanding of <u>risk factors, family strengths and protective processes</u> could generate
hope and the belief that life can be bettered

Most often the family is strengthened as challenges
are addressed and problems are resolved, thus
each intervention is also a
<u>preventative</u> measure

2.7.2 Family resilience as an interactive process over time

Walsh (2006:24) views family resilience as an interactive process over time. Families specifically put processes in place to deal with stressful challenges and to give meaning to these experiences. Whatever family processes the family has put in place and how these processes are managed, influence the family's ability to cope with challenge.

Furthermore, the shared belief system of a family shapes and reinforces the interactional patterns that govern how a family would respond to stressful events. A family's perception of a stressful situation intersects with legacies of previous experiences in the multi-generational system and influences the meaning the family affords to a challenge and how they should respond to it.

It is necessary to differentiate between the demands of a persistent challenge that requires "tenacity over the long haul" and the demands of a sudden crisis when families must mobilize quickly, but can return to regular daily life thereafter (Walsh, 2006: 67).

Patterson (2002:233-246) states that family functioning is mutidimensional, with several processes characterising the family unit, such as cohesiveness and flexibility amongst others. Conceptualising a competent family (eg if the family is resilient or not) could be done by establishing the degree to which the family is able to successfully fulfil its functions as a product of its family relationships.

2.8 DEVELOPING A CONCEPTUAL FRAMEWORK FOR FAMILY RESILIENCE THEORY

Family resilience does not only refer to the mere characteristics of resilience, but very specifically to family processes that could render families resilient. The researcher is of the opinion that knowledge of the characteristics, but most importantly family processes that will mediate resiliency, will empower families and those rendering services to families. The above-mentioned models, perspectives and approaches highlight those processes and family characteristics that work synergistically to render families resilient.

The researcher is of the opinion that a conceptual framework on family resilience would be of assistance in the helping process of not only social work but for all social service professions. Within social work practice, a family resilience framework would guide social workers to systematically explore family resilience as part of the intervention process. Walsh (2006: 25) states that the family resilience approach serves as a valuable conceptual map in orienting a wide range of human services as it fosters a compassionate understanding of parental life challenges, encourages reconciliation and searches for unrecognized strengths in the network of family relationships. Walsh identified core processes for resilience that she grouped in three domains as part of a conceptual framework for family resilience. These domains are: belief systems; organizational patterns; and communication patterns.

Mullin & Arce (2008:424) did an exploratory study on Resilience of Families Living in Poverty. This analysis was done by comparing Walsh's "Key Processes in Family Resilience" with the responses from their research participants in group interviews. However, the researcher found to concentrate only on the key processes of family resilience, as identified by Walsh, is not broad enough for a conceptual framework on the family resilience theory.

Patterson (2002:349) integrates the family resilience perspective with the conceptual definitions from family stress theory (McCubbin, McCubbin) that emphasizes the adaptation processes of families exposed to adversities. (Spina, 2005:35) as was discussed on page 43, states that RM focuses on family recovery, resiliency and change whilst highlighting family adjustment and adaptation processes. The researcher is of the opinion that family adaptability should be identified as a separate domain of a conceptual framework for the family resilience theory.

Green (2007:41) developed a Resilience Enhancing Model (REM). Green states that this model should guide the social worker, based on her assessment (exploring the risk factors, strengths and protective/buffering factors) of the family, to develop a REM for each family to guide social work interventions. Green thus, does not identify specific domains of family resilience.

The researcher however, is of the opinion that protective processes that include risk factors, strengths and protective/buffering factors, should be identified as yet another domain in the conceptual framework for the family resilience theory.

Taking the views of Walsh, McCubbin and McCubbin and Green into consideration, the researcher identified five domains for family resilience that in their interactional form render families resilient. Coyle (2006:1) referred to a cluster analysis derived from family functioning indicators to identify naturally occurring family patterns. In his study he assessed patterns of family functioning and associations between these patterns and other factors such as parenting and parental alcohol abuse. As a measure of family functioning the Family Assessment Measure (FAM III) which includes subscales that approximate Walsh's (1998) five key resilience factors namely, communication, problem solving, cohesion, adaptable roles and family beliefs and values, was used. The Ward (1963) hierarchical approach was used to identify all possible groupings of the family functional variables (Coyle, 2006:1).

An important finding of the study was the continuum aspect of family functioning which gives empirical support for positive family functioning as a protective process (Coyle, 2006:12). The findings of Coyle, support the view of the researcher that the construction of a conceptual framework on the family resilience theory will provide a holistic view on the continuum of family functioning for family well-being. Family resilience characteristics and family processes identified in the conceptual framework do, whilst actively interacting with each other and in the face of specific challenges that confront the family at a given time, render families either more or less resilient during the family life cycle.

As was mentioned above, the family assessment that will guide the intervention process is of critical importance. The conceptual framework would be able to assist and guide the social worker to conduct a thorough assessment of the family and its functioning, so as to develop a family developmental plan to guide intervention.

The conceptual framework on the family resilience theory should include key characteristics and family interactional processes within each domain for better understanding of what each identified domain entails. The conceptual framework should be viewed within a specific ecological and developmental context.

In the light of the above-discussion the researcher identified five domains to be included in the conceptual framework for Family Resilience Theory namely, (a) organisational patterns, (b) adaptability, (c) protective processes (risks, strengths and protective /buffering factors), (d) communication processes and (e) belief systems. Under each domain (central theme), sub-themes and categories will be identified. The framework serves as an attempt to comprehensively describe family resilience processes as continuous, interactive and in synergy with each other (Table 2.2). The detailed discussion on sub-themes and categories derived from the family resilience theory will be highlighted in Chapter 5.

Table 2.2: Conceptual Framework for Family Resilience Theory

CENTRAL THEME	SUB-THEMES	CATEGORIES
1. ORGANISATIONAL PATTERNS	1.1 Flexibility	1.1.1 Stability throughout disruption
		1.1.2. Re-organise and rebound
		1.1.3 Routine
	1.2 Family organisational styles	1.2.1 Strong authoritative leadership
		1.2.2 Effective behaviour control methods
		1.2.3 Mutual decision making
		1.2.4 Roles of family members appropriate and well-defined
	1.3 Family connectedness/cohesion	1.3.1 Closeness, mutual support and commitment
		1.3.2 Family boundaries
		1.3.3 Seeking reconnection of broken or scared relationships
	1.4 Social and economic resources	1.4.1 Organising social and community networks
		1.4.2 Organising institutional support
		1.4.3 Building functional security
		1.4.4 Balancing family and work responsibilities

CENTRAL THEME	SUB-THEMES	CATEGORIES
2. ADAPTIBILITY	2.1 Personality characteristics that mediate the ability to cope	2.1.1 Belief of being in control
		2.1.2 Ability to feel deeply involved in, or, committed to the activities of family life
		2.1.3 Belief in change as an exciting challenge

CENTRAL THEME	SUB-THEMES	CATEGORIES
2. ADAPTIBILITY cont..	*2.1 Personality characteristics that mediate the ability to cope cont.*	2.1.4 Optimism and confidence gained though mastery
		2.1.5 "Struggling well" through internal and external difficulties
		2.1.6 Perseverance to "struggle well"
		2.1.7 Supportive relationships within a climate of warmth and affection
	2.2 Family Transitions	2.2.1 Life cycle transitions as milestones not as challenges
		2.2.2 Shared belief that shapes interactional patterns
		2.2.3 Shared belief that governs family response to stressful events
	2.3 Family processes that influence the family's ability to cope	2.3.1 Understanding of inter-and intra personal relationship challenges
		2.3.2 Ability to link risk and its possible outcome
	2.4 Dynamic balance between stability and change	2.4.1 Predictable, consistent family rules
		2.4.2 Role definition
	2.5 Working together to overcome challenges	

CENTRAL THEME	SUB-THEMES	CATEGORIES
3 PROTECTIVE PROCESSES (RISKS, STRENGHTS AND PROTECTIVE FACTORS IN SYNERGY WITH EACH OTHER)	3.1 Risk domains	3.1.1 Individual risk factors 3.1.2 Family risk factors 3.1.3 Community risk factors 3.1.4 Socio-economic risk factors
	3.2 Identify family strengths	3.2.1 Strengths within the family relationship network 3.2.2. Strength domains within the family context and community
	3.3 Identify buffering or family protective factors and processes	3.3.1 Family resources 3.3.2 Social and financial resources 3.3.3 Request for psycho-social intervention if necessary 3.3.4 Interventions that strengthen, repair and prepare families to meet future challenges 3.3.5 Personal attributes to counteract negative effects of stressors 3.3.6 Environmental resources to counteract negative effects of stressors 3.3.7 Stressors as potential enhancers of competence

CENTRAL THEME	SUB-THEMES	CATEGORIES
3 PROTECTIVE PROCESSES (RISKS, STRENGHTS AND PROTECTIVE FACTORS IN SYNERGY WITH EACH OTHER) cont…	*3.3 Identify buffering or family protective factors and processes cont..*	**3.3.8 Effective family functioning as buffering/protective factor** **3.3.9 Successful problem mastery** **3.3.10 Exceed and succeed in mastery of school career/career** **3.3.11 Learning opportunities/lifelong learning**
	3.4 Functional balance between family challenges/risks and family strengths and resources	**None**

CENTRAL THEME	SUB-THEMES	CATEGORIES
4 COMMUNICATION PROCESS	**4.1 Clear communication**	**4.1.1 Clear, consistent messages (words and action)** **4.1.2 Clarity about ambiguous information** **4.1.3 Truth seeking/truth speaking**
	4.2 Open emotional expression	**4.2.1 Sharing a range of feelings (joy, and pain; hope and fears)** **4.2.2. Mutual empathy** **4.2.3 Tolerance for differences** **4.2.4 Taking responsibility for own feelings and behaviour** **4.2.5 Avoid blaming** **4.2.6 Pleasurable interactions, respite and humor**

CENTRAL THEME	SUB-THEMES	CATEGORIES
4 COMMUNICATION PROCESS cont..	4.3 Collaborative problem solving	4.3.1 Creative brainstorming and resourcefulness
		4.3.2 Shared decision making
		4.3.3 Alternative conflict resolution methods
		4.3.4 Negotiation skills
		4.3.5 Fairness and reciprocity
		4.3.6 Focus on goals and build on success through concrete steps
		4.3.7 Learning from failure
		4.3.8 Proactive stance; preventative measures, adverting crises and preparing for future challenges
	4.4 Relationship building	4.4.1 Establishing rapport
		4.4.2 Relationships, build on trust, honesty, sincerity and commitment

CENTRAL THEMES	SUB-THEMES	CATEGORIES
5 BELIEF SYSTEMS	5.1 Making meaning of adversity	5.1.1 The belief that one has the ability to cope and overcome the odds
		5.1.2 Making sense of a crisis situation and endowing it with meaning
		5.1.3 Sense of coherence
		5.1.4 Viewing crises as meaningful, comprehensible and manageable challenges

CENTRAL THEMES	SUB-THEMES	CATEGORIES
5 BELIEF SYSTEMS cont..	*5.1 Making meaning of adversity cont..*	5.1.5 Normalising and contextualising adversity and distress
		5.1.6 Explanatory attributions to stressful/crisis situations
		5.2.1 Optimistic, confident in addressing the odds
	5.2 Positive outlook .	5.2.2 Hope for the future
		5.2.3 Courage and encouragement
		5.2.4 Affirmation of strengths and building on potential
		5.2.5 Seizing opportunities
		5.2.6 Taking initiative
		5.2.7 Perseverance (can do it spirit)
		5.2.8 Mastering the possible, accepting what cannot be changed
	5.3 Transcendence and spirituality	5.3.1 Higher values and purpose
		5.3.2 Faith, religion
		5.3.3 Congregational support
		5.3.4 Inspiration: envisioning new possibilities
		5.3.5 Creative expression
		5.3.6 Social action/volunteerism
		5.3.7 Transformation: learning, changing and growing from adversity and beating the odds
	5.4 Family rituals and family transitions	None

2.10. SYNERGISTIC INFLUENCES OF KEY PROCESSES IN RESILIENCE

Walsh (2006:137) illustrates the synergistic influences of the processes in family resilience with the following as an example: a relational view of resilience (belief system) fosters connectedness (organizational patterns), as well as open emotional sharing and collaborative problem solving (communication processes). A counter balance of processes is necessary to accommodate the fluent shifts between stability and flexibility for both continuity and change brought about by disruptive challenges.

Resilience requires varied strengths and strategies to fit the demands of particular adverse situations. The processes in healing from shattering loss are very different from those needed to cope with a chronic condition such as poverty.

An ecological-developmental perspective is essential to assess functioning in both social and temporal contexts. It is crucial to assess family strengths and vulnerabilities in relation to each family's particular socio-economic situation and developmental priorities. It should be kept in mind that the key processes of family resilience may be expressed in various ways, depending on diverse cultural values and family structures. A holistic assessment of a family will clarify the challenges family members are faced with the resources available and constraints they experience in building and maintaining family resilience.

Mackay (2003:3) emphasises that "resilience is not a categorical state, but a continuum (families can be more or less resilient) and that it is contingent (families may be resilient in some circumstances but not others)."

Service providers should keep in mind that "The family is strengthened as problems are resolved and each intervention is also a preventative measure" (Walsh, 2006:138).

The example of a research study done by Amatea et al (2006:3) on how families of high-achieving students interact with their children and contribute to their academic success

can be utilized to illustrate the interdependency of processes that could collectively bring about a positive outcome.

Amatea found that the families of high achieving students demonstrate remarkable similar family processes with regard to: family beliefs and expectations; emotional connectedness between family members; the family's organizational styles; and the quality of family learning opportunities (Amatea et al, 2006:4).

- *Family beliefs and expectations*

Across socio-economic levels, family members of high-achieving students demonstrate a distinctive pattern of beliefs and expectations characterized by:
- A strong sense of purpose
- A positive outlook
- A high level of personal efficacy (proactive stance towards life tasks and challenges ("can do")

- *Emotional connectedness between family members,*

Successful students view their families as a source of mutual emotional support and connectedness. Family members value spending time with their families to celebrate good times and for emotional support, approval and reassurance in bad times. They also engage in open, emotional sharing, have clear communication with each other and demonstrate collaborative problem solving solutions.

- *Family's organizational styles*

Amatea et al (2006:177-189) states that based on a volume of research using either the family process or the family resilience perspective to identify a resilient family, a rich picture emerges of how families of varying social backgrounds influence their children's school lives. It was found that academically successful children tend to come from

families that are clearly organized and in which the role relationships of family members are appropriate and well-defined. In these families parents usually assume an active leadership role in forging a strong caregiver alliance with significant others, in developing cooperative relationships with and between their children and in building a strong social support network with extended family and community members.

In these families there are distinct differences in role expectations and power differentials between parents and children. Parents display *strong leadership* and clear expectations and define themselves as having the primary right and responsibility to guide and protect their children's academic and social development.

Low levels of conflict exit between caregivers and between children and caregivers. Instead, these children accept their caregivers' *decision-making authority* across a diverse array of activities.

One of the most striking features in the families of high achievers is the firm but friendly authoritarian parenting style these parents demonstrate. Parents know where their children are and take a strong hand in structuring the childern's time. They set definite and consistent time and space limits on children's behaviour in school or at home and have *clear and regular standards and rules for their children's conduct,* whilst also trying to make these standards reasonable.

Parents with children that academically achieve have a strong social network, show interest and develop relationships with staff at their children's schools. They also make an effort to build strong social support networks in their extended family and their community to help them in rearing their children. These social support systems appear to be a powerful source of strength for specifically low-income families. When families have strong interpersonal connections in their neighbourhood, parents are more likely to get their children into organized programmes when they feel safe and part of the community.

This sense of safety and belonging significantly enhances parents' perception of efficacy in their parenting practices (Conger & Conger, Furstenberg et al & Jackson in Amatea et al, 2006:177-189).

- *Quality of family learning opportunities*

The influence of family functioning on academic achievement is most apparent in looking at how families develop particular family routines to support their children's learning. Not only do parents engage in frequent conversations with their children regarding their current school performance and monitor their children's performances, but parents also organize and delegate tasks and duties in the home to teach specific academic and interpersonal skills. These activities may range from the parent's deliberate instruction to their children through monitoring homework and their children's use of free time, for instance reading and storytelling. These parents furthermore, create positive effective experiences for their children and often engage their children in household maintenance and leisure-time activities from which the children learn diligence, independence and commitment.

Amatea et al (2006:177-189) accentuates the fact that these family processes appear to operate in a synergistic fashion as one alone is not sufficient to positively influence student learning.

SUMMARY

In this chapter the key processes and characteristics for individual and family resilience, based on the family resilience theory, were discussed. Flowing from this discussion a conceptual framework for the family resilience theory was developed. The researcher is of the opinion that the framework could be useful not only as baseline information on family resilience, but also to assist in assessing families and guiding the social work intervention process.

Furthermore, the researcher utilised the framework as baseline information for the development of an interview guide for the in-depth research interviews to explore family resilience amongst South African social work client families.

Chapter 4 will present a discussion on the issue as to whether Government has a role to play in developing resilience in families and the role of Government policies in this regard.

CHAPTER 3
FAMILY POLICY

INTRODUCTION

In chapter 1, reference was made to Lum's (2008:3) claim that, 'limited empirical evidence exists that explores the developmental process of family resilience in the quest of the family to extend its success to overcome future adversity.

In chapter 2, key processes and characteristics of resilient individuals and families were identified. It was highlighted that service providers need to have an understanding and knowledge of the family resilience theory, for effective family intervention.

Chapter 3 will be utilized to "explore the manifestation of resilience in South African family as contributory to strong families, so as to support South African policy directives that advocate for the promotion of family life and the strengthening of families for family well-being.' This will be done in terms of the impact of family resilience and family well-being as outcomes for service delivery to families. When the focus is on family resilience as a process, the identification of risk factors, family strengths and protective factors and family processes is deemed to be important and calls for a strengths-based approach in service rendering. Thus the quest for policy directives, that advocate for a strengths-based approach (as choice between the deficit and strengths-based approach) in service delivery to families.

In addition, the role of government will be highlighted in the development of a policy that promotes the strengthening of families to enhance family resilience and family well-being.

3.1 WHAT DOES A POLICY IMPLY

Policy implies action on how to address challenges. Zimmerman (1995:3) states that "policy constitutes of agreed-upon courses of action made-up of a series of interrelated choices aimed at achieving agreed-upon goals and the underlying values that determined these choices."

For better understanding of what policy is, a distinction should be made between policies in general, a social policy, and a family policy.

3.1.1 General Policies

General policies focus on fundamental problems of individuals in relationship to society and cut across all levels of Government. Policy in general is most concerned about efficiency and the maximization of benefits in relation to costs (Zimmerman, 1988:175). An example would be the establishment of the Central Drug Authority (CDA) in conjunction with The Prevention and Treatment of Drug Dependency Act (20/1992). In the Act provision is made for the establishment of a Drug Advisory Board with the functions of planning, coordinating and promoting measures relating to the prevention of the abuse of drugs and the treatment of persons dependent on drugs. This is in accordance with the National Drug Master Plan that provides policy directives for a focus on preventative action.

3.1.2 Social Policy

Social policy focuses on the problems of the social spectrum in relation to society, and assists in determining the level of well-being of individuals and groups in society (Zimmerman, 1988:175).

Social policy is collective interventions in the economy to influence the access to and the incidence of securing livelihood and an income for all. Social policy concerns amount to

the question why the market cannot or does not satisfy certain segments of the population. It also addresses the fundamental and intrinsic values of social inclusion, equity, human rights and widening of human capabilities and has a redistributive, protective and transformative role to play (UNISD, 2004:31). As an example, reference could be made to the Social Policy of the United Kingdom that instituted a welfare state as an aggressive method to address the country's poverty levels.

3.1.3 Family Policy

Family policy as a subcategory of social policy focuses on the challenges families are faced with in relation to society.

The question should be asked: 'What is family policy and what distinguishes family policy from policies in general and social policy in particular?' These questions are important as the status of the family is often used to determine who can or cannot benefit from policies Governments enact upon.

Zimmerman (1988:175; 1995:3) emphasizes the relationship between families and policy and the importance of understanding this relationship. Many measures of policy have explicit family objectives whilst others are only implied. These measures affect families directly or indirectly, intentionally or not.

Family policy is about choices into which family considerations are deliberately structured and constitutes of a collection of separate, but interrelated policy choices and agreed upon courses of action that aim to address problems or challenges families are perceived as experiencing in society. These challenges are, amongst others, unwed parenthood, poverty, unemployment, loss of family authority, family disintegration, welfare dependency and lack of transportation.

Actions or interventions to address the above are what family policy is all about. Family policy as a concept and perspective, calls attention to the family dimensions of provisions

made, incorporating family well-being as a value to be maximized in relation with values that pertain to all policy areas, such as equity, efficiency, freedom, equality of opportunity, adequacy, rights, social cohesion and compassion. As a field of activity, family policy finds expression in a multitude of family-related programmes and services such as family life education, family planning, child care, adoption, home-maker services, foster care, family preservation services, child support enforcement and meals on wheels.

Zimmerman (1995:3-8) states that the domain of social welfare programmes and services span six systems which is also applicable to the South African context namely:

- Health
- Education
- Social services
- Income maintenance
- Housing
- Manpower and employment – family law and taxes
- Protection

Family policy considers the continuing nature of family relationships and has relevance to all families and their individual family members.

Miller (in Alcock & May & Rowlingson, 2008:166) states that family policy is evident in that almost every action that government does or does not take, has an impact on the family and family life. Family Policy can be defined as policies that directly target families with the intent to impact on the circumstances and functioning of families.

3.1.4 Family Policy and its impact on society

Family policy as part of social policy or public policy should reflect on its impact on society. Due to the dynamic nature of society, family policy will necessarily only bring

about temporarily agreed upon courses of action, which will have to be re-agreed upon in accordance with identified trends and priorities of the time. Zimmerman (1995:3-8) considers the end value or goal of family policy to be the maximization of family well-being.

Personal well-being and the quality of family life (family well-being) are positively interrelated. Indicators for the state of the family include income, employment, satisfaction, self-esteem, divorce rates, teen birth rates, educational attainment, poverty and **family resilience** amongst others.

As family well-being is ranked differently in various policies, countries without a family policy risk exposing families, as a very important area of the social reality, to the undesirable impact of policies in other areas (Zimmerman, 1995:18).

3.1.5   Family policy and family trends

Cloete and Wissink (2000:8) state that policies are affected by a variety of situations and conditions, systemized as variables or trends. These refer to the public policy impact chain where economic, political, cultural and geographical factors shape national goals and strategies expressed in national policies and implemented by policy instruments and institutions which affect society.

People choose various ways to create and define family life as a response to the changing realities or trends of society (Zimmerman, 1995:21).

It is important to discuss family trends as an empirical basis for changing family definitions. Trends refer to noticeable changes in family definition and family structure. Data on trends from poll data and research findings provide insight into the realities that underlie the trends and changing definition of family. Trends and specifically family trends lead to 'why and what' questions in relation to family issues such as marriage, divorce and unwed parenthood. (Why do people divorce? What happens when they do?)

For purposes of illustrating what has been said above, the example of Ross, Mirowsky & Goldstein (in Zimmerman, 1995:30) is given. They asked the following question for research purposes: "What is the relationship between marital happiness and overall happiness?"

Their research findings indicated that married couples consistently seem to enjoy a higher overall sense of well-being and are more likely than others to report they have someone to whom they can turn to for support and understanding in times of trouble. Marriage is not only associated with higher levels of psychological well-being, but also with better physical health and lower mortality for partners. These indicated levels, are however lower for persons who are poor, regardless their married status or gender (Ross, 1989). However, factors such as the high divorce rate and the impact of single parenthood and the choice to cohabitate instead of getting married, should be taken into consideration. These factors should be reflected as a trend of 'not getting married' despite the findings of Ross, Mirowsky & Goldstein on the advantages of married life.

Marriage also contributes to the economic well-being of partners, even when adjusting to age, education, employment and minority status (Bianchi & Spain; Cherlin in Zimmerman, 1995:30). Marriage is strongly related and attributed to social support, but *also* to the need for a stable, coherent and regulated environment.

However, when the married couple, is *faced with economic adversity*, the likelihood of family disorganization and the risk of physical abuse and child neglect in the family increases as financial worries are likely to generate frustration, anger and depression in family members.

These findings suggest that for couples to reap the benefits of marriage and for family life to flourish, circumstances or conditions must be such as to favour it. Changing family structures have contributed to broader family definitions, however it appears that the changing definitions have more to do with changing economic conditions than with changing family values.

The.above-mentioned example should serve as an example of how trends are identified and their impact on family life.

Furthermore, it can be stated that trends in part reflect a country's dominant value traditions. These traditions underlie the ways in which people have come to think about the relationship between families, government and the economy of a country. When trends diverge from such traditions, confusion and conflict are likely to result.

3.2   REFRAMING FAMILY POLICY

3.2.1   Family as social system, to be strengthened

Family policy considers the family, in accordance with the Family systems theory, as a system composed of interdependent components in interaction with each other and their environment - the whole being greater than the sum of its components.

Zimmerman (1995:173) states that family systems are often studied in conjunction with the ecological theory which conceptualizes family/environment interactions and relationships as an ecosystem with its interdependent components.

Zimmerman (1988:184) identified conceptual tools for assessing family well-being, utilizing the family systems theory. The effectiveness with which families perform their tasks (family task performance) at different life cycle stages, might be used to assess family well-being. Other measures are: family roles and role performance liaison roles; interdependence of family roles or family relational networks; structural deficit and structural excess; values, norms and expectations; family boundaries and boundary maintenance; environmental turbulence and change; negative and positive feedback processes, information and transactional interdependence.

One measure of family well-being is family resilience – an aspect often overlooked. Family resilience could be regarded as a measurement for family adaptability - the ability

of families to adjust to changing circumstances. This holistic approach to family life dovetails with the family systems approach.

In South Africa, The Manual (2008) describes the "Collaborative Model" in order to holistically address the needs of families. This Model, developed from the family preservation perspective which states that the needs of families should be addressed by a multi-disciplinary team, is an indigenized model developed in America and adapted to South African circumstances. The model furthermore under-scribes the system theory and advocates for services rendered from the premise that the best way to promote the well-being of family members is to support and strengthen families.

Furthermore, it recognises the importance of a variety of networks that surround the family (including the extended family support system, community support such as informal structures: clubs, associations, community leadership structures and a range of other social informal networks: eg church denominations). Government and civil society form the formal support networks. Partnerships/cooperation/collaboration amongst these networks will strengthen systems that could support families and ensure the well-being of their members. By working together, the energies and skills of these different systems are synergized and connected with the skills and resources in the community and the close support networks of the family. Together, these systems and services can ensure that communities are safe zones for families and that families are supported.

3.2.2 Focus on familial relationships and relationships with community and broader society

The family as system can be considered as one of the building blocks of the community that interacts with the social, economic and political institutions of the broader society. Although the family is not conceptually integrated into the political order, the family is integral to it, shaping how members perceive and define themselves, their relationships and sense of obligation to others.

Zimmerman (1995:197) lists family stress theory, conflict theory, feminist and cultural theories as additional interpretive frameworks for assessing the implications when perceptions of family risk factors (family problems) are converted into policies and programmes for families.

One important task of policy makers needs to be the reframing of the relationship between the family, politics and the economy. By considering the systems perspective, the family needs to be viewed as an entity with its components, on its own, but with connections to or influence over areas beyond the family. However, this still poses a challenge. Children, for example, are not consider part and parcel of the family system, but are viewed in isolation, as if the family which is raising them have no influence or impact on children and vice versa. Furthermore, it is an illusion if one considers the economic climate of a country to have no influence on family functioning and their ability to honour their responsibilities. *Visa versa*, the well-being of families will necessarily impact on the community and broader society. Zimmerman (1995:237) warns that "unless care is taken to ensure the well-being of families, the well-being of society will suffer accordingly".

3.2.3   The Family as focal point for service delivery

The uniqueness of the family as target group lies in the fact that as a unit it encapsulates all other services that are rendered, such as services to children, youth, older persons, persons with disabilities and users of substances among others (DSD Strategy for Families, 2009-2013:6).

A family-centred approach implies the integration of services with the family as the focal point for services delivery. Services rendered to a family member, should take the family unit into consideration, as the family could either support or undermine interventions. Due to the interdependency of family members, any change in the behaviour of one member will affect the behaviour of the others.

Considering the family as focal point for service delivery implies a systems approach in which the family is understood to be the context within which interventions with individual members should take place.

3.3   DRAFT NATIONAL FAMILY POLICY IN SOUTH AFRICA, 2008

South Africa is one of the few countries with a Family Policy, despite the fact that it is still in draft form. (DSANFP, 2008). The need for the policy arose from a deep concern that the South African family was in crisis and that the situation needed immediate response. The vision of the DSANFP is premised on a well-functioning, independent, resilient and socially integrated South African family that is able to nurture, support and provide care for its members. The DSANFP provides a framework for family-focused service provision whilst making the family the focal point of interventions (Strategic Plan of Action for the DSD:2008 -2010).

The DSANFP has been presented to Cabinet who referred it back to the Department of Social Development as lead department and responsible for the development of the policy. Cabinet recommended that a Green Paper for Families should be developed that would serve as a discussion document for purposes of developing a White Paper on Families, for South Africa (Draft Green Paper, 2009).

The question can be put: How will social service professions, with social workers as specific focus, be directed to provide interventions with family resilience and ultimately family well-being as the outcome of service delivery.

One of the objectives of this research is 'to explore the manifestation of resilience in the South African family as contributory to strong families, so as to support policy directives that advocate for the promotion of family life and the strengthening of families for family well-being.'

The family has the responsibility to care for, develop and protect its members. Furthermore, the family should be able to adapt and cope with the challenges it faces. Should the family not be able to, intervention will be necessary. For purposes of this research such interventions will refer to social work intervention.

The focus or goal of social work intervention should be to bring about the necessary change for families to be strengthened in order for them to honour their responsibilities and address the diverse needs of the family and its members.

Government policy directives could guide social work practitioners to adopt an integrated approach in rendering services to families so as to address the needs of families holistically and to bring about the change that would render families strengthened, resilient and empowered.

The strengthening of families will ultimately result in the building of family resilience (DSANFP, 2008:24). Resilience will culminate in a stronger family in which members exhibit behaviour such as confidence, hard work, co-operation and forgiveness. Implicitly, individuals or family members who emerge from stronger families should more effectively contribute towards a better society, compared to those from families who were not strengthened. They should be able to adapt easily and cope with stress, appreciate positive aspects relating to the family, understand their roles and responsibilities, communicate openly and honestly with each other and easily establish community ties.

Thus, Government should stipulate Policy that directs services delivery towards strengthening families and building family resilience.

One of the goals of the draft National Family Policy is the strengthening of the South African family to maintain their well-being. Also, that interventions to preserve families should primarily aim at enhancing resilience in families (DSANFP, 2008:4).

3.4   RESENT MAJOR PARADIGM SHIFTS REGARDING SOCIAL SERVICES TO CHILDREN AND FAMILIES

3.4.1   From removal of family members as first option to family preservation

The United States of America (USA) is one of the major roleplayers in promoting family preservation initiatives and translating policy directives regarding families into legislation.

The Adoption Assistance and Child Welfare Act of 1980 of the USA, requires States to make reasonable efforts to prevent children from entering foster care and to reunite children placed in alternative care with their families (Summary of Interim Report Evaluation of Family Preservation Services, 2001:1).

Following this, the development of family preservation programmes became a major focus of policy and planning and led to the Family Preservation and Family Support Provision of the Omnibus Budget Reconciliation Act in 1993. This Act encourages States to further develop family preservation and family support programmes.

To give effect to this legislation, the Department of Health and Human Services was authorized to set aside funds to evaluate family preservation and family support programmes and in 1994 three studies were funded namely the:

1.   Family Preservation and Family Support Service Implementation Study
2.   National Evaluation of Family Support Programmes
3.   Evaluation of Family Preservation and Reunification Services

The Adoption and Safe Families Act in 1997 placed renewed emphasis on safety, permanency and adoption. Family preservation initiatives were then broadened to also promote safe and stable families with the safety of children as paramount concern. These programmes share a common philosophy of family–centeredness and have the broader

objectives of placement prevention; child and family safety; family functioning and the strengthening of families as a basis for family well-being.

The first pilot study on Family Preservation Services in South Africa was launched in 1996. Wilson (1998:113) in her study on the "Feasibility of Family Preservation Services in South Africa" discussed the Intense Family Preservation Programme as programmes to roll-out in South Africa intensively. Her recommendation is that this programme should receive positive consideration as it has been proven to be a cost effective model for keeping families together.

At present the Department of Social Development has The Manual, (2008) and is rolling-out training on the implementation thereof country wide. The impact of implementing these services needs to be monitored and evaluated.

3.4.2 From a deficit approach to a strengths-based approach

Maton & et al (2004: 3) refers to an emerging movement that promotes a strengths-based approach to research and social policy. This movement promotes the transformation of social research and policy regarding issues such as resilience, health promotion, school reform and community development from a deficit approach (whereby individuals families and communities are viewed as deficient and different and in need of fixing), to a strengths-based approach.

Saleebey (in Green, 2007:13) states that the strengths-based approach is not a model, paradigm or theory. It is rather a set of principles, ideas and techniques that represents a shift in the professional social work role that builds on the resourcefulness of clients.

Maton et al (2004:4) states that the combination of strengths-based and ecological perspectives holds great promise for developing meaningful social research and effective policy. This stands in contrast to many deficit-based approaches in which people are separated from the contexts that influence their lives. The multi-level emphasis on

strengths and resilience is not a "cry to dismantle successful person-centered programmes that help combat specific adversities, but rather to transform and broaden the focus of such efforts and to provide a complementary strategy to help promote a healthier more resilient society."

The challenge of policymakers is to reframe their thinking to encompass a strength-based perspective that focuses on promoting and building strengths and capacities for children, youth, families and communities. (Maton et al, 2004:10; 344). Adversities should be seen as *developmental challenges* that must be understood in a *multilevel context* of individuals, families and communities. These processes are *ongoing, interactive and dynamic*.

In the mentioned Manual, family-centred services from a family resilience perspective and a strengths-based approach rendered on the four levels of the service delivery model (prevention, early intervention, statutory intervention, after care and reunification) are called family preservation services. The service delivery model, in rendering services to families, is described in figure 4.1.

Figure 4.1   The Service Delivery Model for service rendering to families

Framework of Services
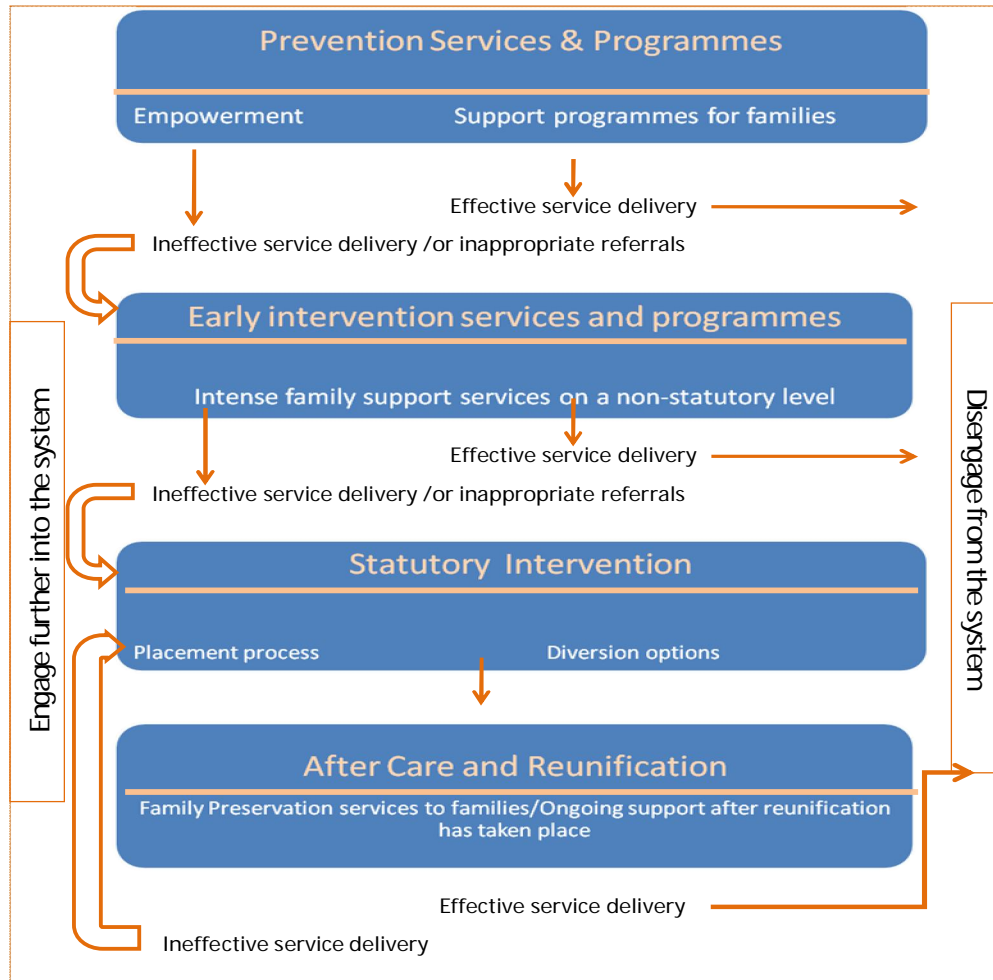
3.4.3   A Focus on the risk and resilience perspective for social work practice

Another of the recent developments in the field of human development is the risk and resilience perspective for social work practice (Green, 2007:11).

The key concepts of this resilience-based practice approach dovetails with the strengths-based approach namely:

- Empowerment
- Membership: promoting a sense of belonging
- Regeneration: tapping into the client's own healing power
- Synergy: identifying and linking limited resources
- Dialogue: collaborating in and empathizing with relationships
- Suspension of disbelief: affirming the client's self-assessments

Risk and resilience theory began with research on the child at risk as discussed in Chapter 2. Green (2007:11) lists the evidence-based education movement, the prevention science movement, the positive physiology movement, as well as the health and wellness movement as the foundation of the risk and resilience approach to social service practice. Green stipulates that the prevention science movement and the health and wellness movement should specifically be highlighted to serve as guidelines for the risk and resilience perspective to social work practice; They are as follows:

- Prevention science as a new research discipline focuses on risk reduction. The intent is to use risk-reduction research to design preventive interventions, to encourage the promotion of resilience and to foster the development of competencies (Sandler, Coie et al in Green, 2007:11).

- In the health and wellness movement, the practitioner's goal is to promote health and well-being and to consider the benefits of positive thinking – ultimately contributing to client resilience. Ryff & Singer (in Green, 2007:13) state that well-being is generally considered to include 6 major domains namely:
  - Self-acceptance: positive regard for oneself on one's past life
  - Positive relations: good quality relationships with others
  - Autonomy: the ability to follow inner convictions
  - Environmental mastery: the capacity to effectively manage one's surrounding world

- Purpose in life: a sense that life is purposeful and meaningful
- Personal growth: a sense of continuing growth and self-realisation

Jenson & Fraser (2006: X) state that many young people grow up in circumstances that place them at risk. The complexity of problems the youth, children and their families are facing is one of a country's foremost public policy challenges. The risk and resilience model offers possible solutions to these complex problems.

The risk and resilience model is based on knowledge gained from studying the risk and protective factors associated with the onset and persistence of problems and focuses on prevention of and support to children and families to overcome the challenges they are facing. The framework, developed from an ecological perspective, emphasizes the importance of policy design at the individual, family, and social and community level. The risk and resilience perspective emphasizes the integration of policies across different systems of care. The perspective advocates for a logical progression in the process of creating policies for children, youth and families and to effect policy design, implementation and evaluation (Jenson & Fraser, 2006:XI).

3.5   GOVERNMENT SUPPORT TO FAMILIES

Governments, as political institutions, are our primary instruments for promoting the collective well-being and self-interest of individuals and groups and for fostering political and social integration.

Governments play a role at the macro level in the social and economic life of a country and at a micro level too, in family life, thus linking macro and micro level concerns.

However, people often fail to look holistically and make the connection between various policy provisions on the one hand and people's day to day lives on the other hand. The failure to make these connections may indicate a need to explain these connections more explicitly (Zimmerman, 1995:11).

Government policies support and promote the family with family related programmes and services and other programmes that affect the family directly or indirectly. Family Policy ensures integrated services to address the multiple needs of children, youth and families with the focus on prevention and early intervention.

In order to more clearly explain the afore-mentioned discussion, the researcher developed the following flow chart to illustrate the processes of family policy development.

Figure 4.2: Challenges experienced by families and the interpretation and response of Government to these challenges
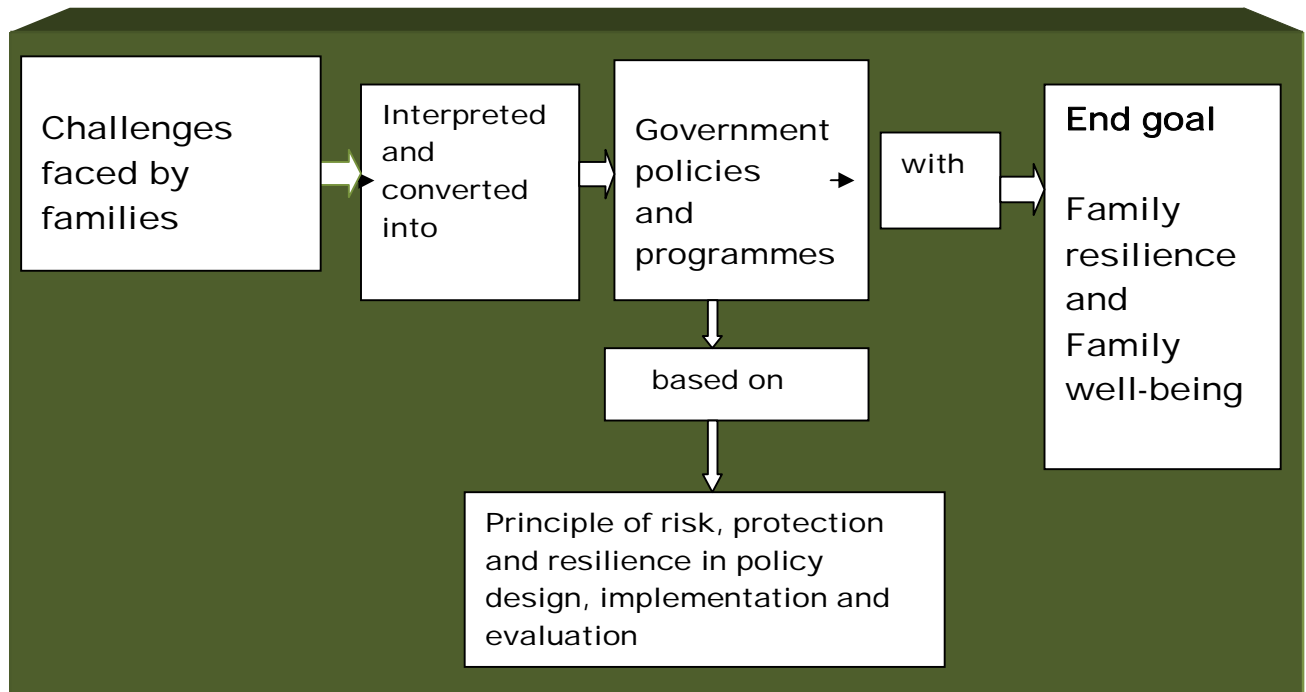
SUMMARY

In this chapter Government's responsibilities towards families; and the manner in which these responsibilities are executed by means of policy directives, were discussed.

It is apparent from the discussion that the outcome of family interventions should be the general well-being of families with family resilience as one aspect of such an outcome. The familial aspects of family life should be considered and strengthened in programmes and actions across the sector. Furthermore, that the situation of families should be viewed holistically in considering Government implementation plans aimed at strengthening families.

When policy directives for services to families are implemented by means of *inter alia* social work interventions, the following should be considered:

- The systems approach – the family members as components of the family as a whole
- The caring, developing and protecting functions of the family
- The domains of family resilience as areas for intervention namely: family organization; family adaptation; family protective processes (risk, strengths and family processes); family communication systems (including relationships building) and family belief systems
- An integrated approach to service delivery, utilizing the collaborative model in order to holistically address the needs of the family and its members
- Service delivery to families from a family resilience perspective and a strengths-based approach
- The family to be the focal point for service delivery

Government needs to ensure that policy directives that advocate for the promotion of family life; and the strengthening of families for family well-being, are in place.

In the next two chapters, the research methodology and the empirical findings of the research will be discussed.

CHAPTER 4
RESEARCH METHODOLOGY

4.1   INTRODUCTION

In this chapter the reasons for selecting qualitative research, as the research approach for data collection, as well as the measuring instruments that were utilized and developed for collecting data, will be discussed.

Qualitative research was conducted to describe the experiences of family resilience of family members within a South African social context (Fossey, 2002:717).   The researcher wanted to illuminate the views and perceptions on family resilience from the perspectives of both the recipients of social welfare services, as well as their service providers.   The strategy the researcher found most appropriate for the research was the multiple case study method of enquiry which provided the opportunity for exploration real life experiences of social work client families to clarify family resilience processes within the complex familial relationship networks of the family embedded in the community and broader society (De Vos, 2005:269).

Multiple case studies as method of data collection provided the opportunity to reflect the personal views and experiences of research participants on the concepts and categories of family resilience.   Information that had been collected was then collated into tables under the central themes of family resilience, as described in Chapter 2.

4.1   RESEARCH APPROACH – QALITATIVE RESEARCH

Esterberg (2002:1) states that social research has a primary goal namely, to learn about and understand the social world.   Two methods for social research can be distinguished namely the quantitative and the qualitative methods of research.   Quantitative research makes use of numbers to describe relatively large groups of people and usually formulates a formal problem which might include the formulation of hypotheses.

Qualitative research involves the scrutiny of social phenomena, looking beyond ordinary everyday ways of seeing social life and trying to understand it in novel ways.

Qualitative research should be viewed as a broad umbrella term for research methodologies that explore, describe and explain people's experiences, behaviour, interactions and social contexts without the use of statistical procedures or quantification (Fossey et al, 2002:717).

The underlying assumptions and characteristics of the qualitative research approach imply a multi-perspective approach to social interaction aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it within a specific context (Denzin & Lincoln in De Vos, 1996:240; Esterberg, 2002:2).

Cresswell (1998:15) describes qualitative research as an inquiry process for understanding, based on distinct methodological traditions of inquiry, in order to build a complex, holistic picture of the views of research participants. Ambert (1995:879-893) states that qualitative research falls within the context of discovery rather than verification.

The researcher found qualitative research the most appropriate approach for this study. As point of departure the researcher formulated the following research questions (as discussed in Chapter 1). The questions asked were: "What are the characteristics and processes, social workers and social work client families, consider as essential for families to be resilient? "How does family resilience manifest in social work client families"; and "How can the resilience perspective contribute to effective social work family interventions, so as to inform policy directives that focus on the strengthening of families".

Esterberg (2002:6) states, as a distinction between qualitative and quantitative research, that deductive reasoning is usually used in qualitative research where the first stage

usually involves the development of theory based on a body of research, the second stage, to operationalise the theory and as third stage, the actual carrying out of the research by collecting and analysing data. In qualitative research inductive reasoning is usually used. Rather to begin with a particular theory and then examining the empirical world to see if the theory is supported, the social world is examined and in the process a theory consistent with what was found, is developed.

In this research study, the researcher worked inductively, but also deductively. The researcher firstly conducted a literature review on the family resilience theory. This review was utilised as baseline information to develop an interview guide for the semi-structured interviews conducted with the research participants. The researcher found the combination of working deductively, prior to interviewing the research participants and inductively thereafter, as the most appropriate way for acquiring a sound understanding of family resilience as concept and process.

The family resilience theory revealed five central themes (also called domains) of family resilience. These themes were utilized to develop a conceptual framework on family resilience theory (Table 2.2 page 53). Sub-themes and categories were identified under each central theme or domain.

4.2   RESEARCH INSTRUMENT

The researcher divided the questions in the interview guide into four sections under four headings. The questions under the fourth heading namely, the identification of characteristics, protective factors and processes of family resilience were derived from information captured under the five themes of the conceptual framework on family resilience.

The following headings in the interview guide were identified namely:

(i)   What do you (social worker or social work client family member) consider a "family" to be?

(ii) What, as social worker or social work client family member, do you consider family resilience to be?

(iii) Why do you (the social worker or social work client family member) consider the family you identified or your family as resilient?

(iv) What characteristics/family processes/protective factors do you (social worker or social work client family member) identify within this family or your family when considering the following themes (domains) of family resilience:
-   Organisational patterns
-   Family adaptability
-   Protective processes (Risks, strengths and protective/buffering factors)
-   Communication processes
-   Family belief systems

A pilot study was conducted after the development of the interview guide to establish if the questions formulated were easily understandable and focused on obtaining information on how family resilience is translated in families through natural occurrences in family life.

4.3   THE RESEARCH DESIGN AND METHOD - EXPLORATORY DISCRIPTIVE

Fouche, Bless & Higson-Smith, and Terreblanche & Durheim in Mosoma (2008:17) states that the terms: research designs, strategies and methods are being used interchangeably by different authors and that the research design should be viewed as the planning of any scientific research from the first to the last step. Furthermore, the research design should serve as a strategic framework and bridge between the research questions and the collection and analysis of data and the implementation of the research.

4.3.1 Data collection

The researcher entered the research field by requesting the National Director, Ms Marita Kemp, of the South African Women's Federation (SAVF) Gauteng, a non-governmental family welfare organization, to conduct the research under the auspices of the SAVF. Ms Kemp was very supportive and formally gave permission for the research to be conducted. She advised the researcher to approach the managers of the four SAVF branches in the different regions in the Gauteng province to identify social workers to partake in the research study for feasibility purposes.

The researcher conducted an interview with each of the managers, clearly explained the goals and objectives of the research, requesting them to identify social workers to participate in the research. During the interview with the managers the researcher emphasized the fact that the researcher would not be evaluating the services rendered to the social work client families.

After the social workers, as research participants had been identified, focus group discussions were held to clearly explain the purpose of the research to the research participants and to bring about a common understanding of what family resilience; and other related concepts, such as risk, strengths and buffering or protective factors and processes entail in order to highlight the criteria for identifying those social work client families to participate in the research.

Eight social workers participated in the research. These identified social worker research participants played an active role in the research study, due to the following reasons:

- The social worker research participants were responsible for identifying those social work client families whom they viewed as being resilient and suitable as research participants. Eight social work client families were thus identified
- An in-depth semi-structured interview was conducted with each social worker to establish his/her views on why he/she considered the specific social work client family, as resilient

Following each interview with a social worker an in-depth semi-structured interview was conducted with the social work client family she had identified. The goal for the interviews conducted with both groups was to explore the topic family resilience more openly, from different perspectives, by allowing the research participants to express their opinions and ideas and to capture these descriptions in their own words. Therefore, each interview was recorded and thereafter transcribed to precisely reflect what each research participant had conveyed.

The interviews with the social workers as research participants took place in their offices. The interviews with the social work client families took place either in the social worker's office or at the participant's home. The choice of location was determined by practical circumstances.

All the interviews with the social workers as well as the social work clients took place during working hours. The interviews with the social work client families research participants, conducted at their family homes, gave the researcher the opportunity to observe the families, within their home settings as some of the family members, although not all actively participating, were present during these interviews. This gave the researcher the opportunity to observe certain family dynamics that enlightened the family processes, as described by the research participants.

As mentioned, the interviews were tape-recorded and later transcribed for analysis. The question can be put, is it necessary to transcribe all these interviews? Strauss (1990:30) advised that it is wise to transcribe all material as theory should be guided not only by what you are looking for and where you are going to find it in the field, but also by the detail of your own data.

The researcher began the in-depth interview with a basic description of what family resilience is. The responses of each research participant tailored and shaped the order and structure of the interview. The semi-structured interviews allowed for a more open exchange between interviewer and interviewee. The researcher carefully listened to the

responses of the interviewee so as to follow his or her lead. The researcher conducted a subjective exploration, utilizing open-ended combined with close-ended questions during the interview. Esterberg (2002:87) states that in-depth interviewing is particularly useful for exploring a topic in detail or in constructing theory. In-depth interviews allowed the research participants to tell their stories as a product of the interaction between the researcher and the research participant on the topic family resilience. The life stories or life experiences of the social work clients, as research participants, also enabled the researcher to gain insight into processes of family resilience, executed over time at a specific point in time, in the lives of the social work client families. Furthermore, the in-depth interviews also generated information about the current thinking and perceptions of the research participants with regard to their own personal views on family resilience. Due to the flexibility inherent in this technique, additional valuable information on the views feelings, as well as experiences of the research participants could be solicited. Transcripts of all the interviews are included as **Annexure B**.

Furthermore, the researcher gave each participant the option to indicate if they wished to be referred to their social worker for further intervention. Two social work clients indicated that the information gained during the interview should be discussed between the researcher and their social worker for further intervention.

As the interviews were lengthy and in-depth, debriefing was conducted with the social work clients at the end of the interviews.   Strauss (1990:249) states that a qualitative research study can only be accurately evaluated, if its procedures are sufficiently explicit. Research standards for the study should be appropriate to the study in order to measure the data effectively. In this research study the researcher categorized the research data to reinforce the concepts stated in the family resilience framework.

The purpose of this research is exploratory descriptive in nature. Babbie (1993:107-108) states that when you explore a topic, you provide "a beginning familiarity with the topic". The purpose is typically to examine a subject of study that is relatively new and unstudied in an attempt to develop an understanding of the research subject.   The

researcher discovered, as was previously stated, that family resilience, from a social work practice perspective, is a fairly new subject that could be explored to yield more insight into the topic.

Furthermore, the researcher also wanted to describe situations and events that could enlighten how family resilience is being executed within families – with reference to the descriptive purpose of the research of providing qualitative and accurate descriptions of what family resilience entails and whether these descriptions could be generalized.

4.3.2   Sampling and the sampling method

The researcher made use of purposive sampling to identify the research participants. Babbie (1993:369) states that purposive sampling is a type of non-probability sampling. Unlike probability sampling, purposive sampling is when you select a sample of observations that you believe will yield the most comprehensive understanding of your subject. Through purposive sampling procedures a fairly representative portrayal of the subject you are studying, can be obtained.

Esterberg (2002:93) states that qualitative researchers usually choose research participants for the specific qualities they can bring to the study and who can give the greatest possible insight into the research topic. Purposeful sampling is also useful when different perspectives on a subject are required. The researcher selected a purposive sample of two groups of research participants – social workers as one sample group and their social work client families as the second sample group. The intention of the researcher through this method was to obtain the perspectives on family resilience from both social worker, as service provider; and the social work client as the recipient of social work intervention, so as to establish the importance of family resilience for social work practice.

The following criteria were used to select families.

- The selected families needed to be social work clients
- Clients had to be service recipients of the South African Women's Federation (SAVF)
- The social work client families had to have at least one child between the ages of 14 and 20 years. The researcher viewed this criteria as important. Families in different family life phases are presented with challenges unique to that specific phase. Thus, it would be beneficial to the representivity of the sample group, social work client families, if they were to be in more or less the same family life phase
- The sample research participants were confined to the Gauteng province, but in order to make the sample more demographically representative, research participants were selected from four regions within the Gauteng province namely, the West Rand, the East Rand, Pretoria and Mamelodi.
- The focus of this study is on family functioning, therefore the structure or family form does not need to be taken into consideration

Within the South African context various family structures (single parent families, reconstituted families ect) are identified. Thus, in order to be inclusive of all family forms, the focus is on family functioning and not on family form. (

The researcher initially intended to engage all four racial groups, however, only white and black families participated in the research:

- SAVF East Rand - four social work client families, (three white and one black)
- SAVF West Rand - one social work client family (one white)
- SAVF Pretoria - three social work client families, (one white and two black)

The eight social workers (six white and two black) delivering services to these eight families, were included in the sampling.

4.3.3 Data analysis and presentation

Following the data collection, the researcher analyzed the data. Data analysis, when conducting qualitative research, is a process of bestowing meaning to data collected and it is a creative process. Miles (1994:2) states that the most serious difficulty in the use of qualitative data is that the methods of analysis have not being clearly formulated.

The intent of the researcher, through this study, was to explore and describe rather than explain the phenomena of family resilience. The researcher explored the understanding of family resilience from both the clients', as well as the social workers' perspectives. The views of the social worker research participants and their specific social work client family research participants were compared in order to highlight the perspectives of the social workers and their social work clients on family resilience. The main purpose of these comparisons was to broaden the general understanding of family resilience processes and its impact on social work practice.

A Genogram for each family was developed to portray the familial network of each social work client family research participant. The names of the respondents are not their real names but pseudonyms, in order to honour the ethical aspect of confidentiality.

De Vos (1996:243) states that when the qualitative approach to research is used, the data collected only obtains significance when it is placed in a particular context or meaning system and if it refers to research that selects the participants' accounts of meaning, experiences or perceptions. During the in-depth interviews with the two groups of research participants, the researcher took the background information on the social work client families research participants (captured in chapter 5) into consideration to broaden the understanding of the context within which they were situated.

The data collected was analysed and interpreted in accordance with the central themes, sub-themes and catagories of the conceptual framework for family resilience theory. The researcher utilised the data to illustrate how resilience in families manifests within each central theme (family resilience process). The researcher highlighted the synergy

between the different family resilience processes (central themes/domains) to illustrate how family processes collectively render families resilient.

SUMMARY

In qualitative research two analytic procedures are basic to the coding process. Firstly, making comparisons and secondly, asking questions, both done in order to reach the goals of conceptualizing and categorizing data (Strauss, 1990:62).

In Chapter 5 the research findings will be discussed and conceptualized. True to qualitative research, data (information collected from the interviews) will be analysed and interpreted in accordance with the central themes of family resilience.

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Table 4.1: Interviews conducted with the social work client families and with the social workers delivering social work services to these families

Pseudonames are used throughout.

Family	Race of family	Location of the interview conducted with the family	Family members participating in interview	Duration of interviews with the family	Social worker	Race of social worker	Duration of interviews with the social worker	Gauteng area
1. Annie's family	White	Office of the Social worker	Mother	two hours	Ilze	White	One hour	West Rand Gauteng
2. Gwenith's family	Black	Family home	Sister	two and a half hours	Petunia	Black	One hour	Pretoria, Gauteng
3. Anita's family	White	Office of the Social worker	Mother	two hours	Wilmie	White	One hour	East Rand Gauteng
4. Peter and Elzette's family	White	Family home	Father and Mother	two and a half hours	Tilani	White	One hour	East Rand Gauteng
5. Sunette's family	White	Office of the Social worker	Mother	two and a half hours	Dorette	White	One hour	Pretoria, Gauteng
6. Zodwa's family	Black	Office of the Social worker	Mother/foster care mother	two hours	Elna	White	One hour	Pretoria Gauteng
7. Petrie and Beatrice's family	Black	Family home	Father and Cohabitation partner	two hours	Maggie	Black	One hour	East Rand Gauteng
8. Mieke's family	White	Office of the Social worker	Mother	two and a half hours	Wilmie	White	One hour	East Rand Gauteng

CHAPTER 5

RESEARCH FINDINGS

INTRODUCTION

In this chapter, the research findings are presented using tables and themes extracted from research on family resilience. The responses of the research participants will be utilized to demonstrate and illuminate family resilience processes in families and to build unto the knowledge base of family resilience which is in accordance to the qualitative analysis as proposed by Tesch (in Creswell, 1994:155). Attached is a summary of the interviews conducted with the two sample groups namely, the social worker research participants and social work client family research participants. The comparison between the family resilience theory and data from the interviews will contribute to the integration of the family resilience theory and practice, as well as highlight how the different characteristics and family processes complement each other in rendering families either more or less resilient.

Patternson (2002:354) states that "if we accept that resilience is a process and not a trait, it follows that families would not necessarily be resilient for all time under all circumstances". Depending on the families, own view of how resilient they are, the researcher grouped together the social work client families to be either "resilient", "less resilient" or "not resilient" taking the social and culural factors, as well as the South African context and the point in time of the family life cycle of each familly, into consideration.

The interviews with the social workers research participants only focussed on the social work client participants whom they had identified as social client research participants. The social workers' view on how resilient their social client families were, were compared with the social client families' own views on how resilient they considered their families to be. Through this process, the researcher wanted to established if a colleration between the views of the social workers and their social work clients could be

established. One of the most important family preservation values is that of tapping families' resourcefulness and their strengths, for families to be resilient and empowered to address the challenges and adversities they have to face (Manual, 2008:126). Should the views of the family and the service provider on the family's level of resilience correspond, the point of departure for family-centred intervention has been established with the family playing an active role in the service delivery process (Hanson, 2004:213).

It should be clearly stipulated that the researcher has no intention to prove the conceptual framework on family resilience theory. The researcher, by focussing on family resilience and family well-being outcomes, as reflected by the research participants, rather wishes to reflect how family resilience is applied ("are done") throughout the family life cycle of each family.

The researcher furthermore, wants to formultate a unique picture of family resilience within each family interviewed, as the family is engaged in an ever-changing process that reflects the dynamic interplay of its family resilient components (organisational patterns; adaptability; risk, strengths and protective processes; communication process and belief systems), which when functioning together, gives the family a sense of being more of less empowered to face adversity (Mullin, 2008:438).

5.1 DATA ANALYSING METHODS

Cresswell (1998:16) identified five different qualitative studies namely:

- A biographical life history
- A phenomenology
- A grounded theory study
- An ethnography
- A case study

In this study the researcher utilized elements of the different qualitative studies in order to conduct the research and collect data. In this chapter data collected will be analysed through immersing, unpacking and associating from an outsider perspective – using the

theory in understanding the phenomena (Terreblanche & Durrheim, 1999:403). Furthermore, phenomenology, as a research design, was used to comprehensively explore the experiences of social work client families and their social workers, on family resilience.

The research findings will be presented according to the following format:

- A biographical profile of the social work client family research participants in the form of a **Genogram**; and a short description of their family histories.

  The Genogram will contexualise the family structure of each family and will indicate, amongst others, extended family support where relevant. Genograms go beyond a traditional family tree. McGoldrick (2007:7) states that a genogram provides the opportunity to explore patterns of functioning, relationship patterns and structure that continue or alternate from one generation to the next. Using a genogram enables service providers to gain insight into intense familial relationships and boundary patterns of the family whilst considering the family structure and position of the family in the life cycle in accordance to the family systems theory. Genograms allow services providers to reflect basic data on the family and to quickly identify and understand various patterns in the family history which may have had an influence on a family member's current state of mind (http:www.genopro.com/genogram).

  Information gathered from the social worker research participants on the families, will as far as possible, be filtered into the organogram of each social work client family..

- Verbatim responses of research participants will be measured against the central themes, subthemes and catagories of the family resilience theory to ensure a holistic view on family resilient processes.

Five domains of family resilience informed by the family resilience theory was identified by the researcher which were translated into central themes, sub-themes and categories (see Conceptual Framework page 69).

In this chapter the experiences reflected in the responses of social work client family research participants, and their social workers, during the in-depth interviews, will be analysed in relation to the family resilience theory and the verbatim responses of the research participants will be measured against the conceptual framework for family resilience theory. The researcher attempts to demonstrate how the "thick" information or richer description of family adaptation processes, derived from the reseach interviews can, in accordance with the identified themes or domains of family resilience, provide an integrated holistice picture of family resilience processes and the translation and integration of theory and practice.

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5.1.1 A biographical profile of the social work client family research participants in the form of a Genogram and a short description of their family history.

5.1.1.1 Annie's family

GENOGRAM
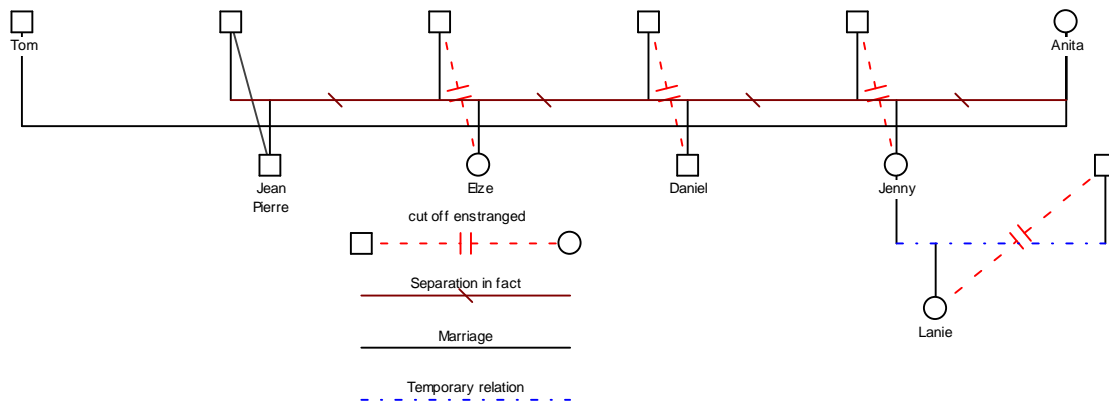
Short description of the family history:

Annie and her siblings grew up in a children's home, due to her parents' irresponsible behaviour towards their children. Annie still has minimum contact with her parents and does not consider them as a support to her and her family. Annie is the mother of four children. She fell pregnant for the first time when she was 16 and in school, she did not complete her schooling. The four children are from different fathers, none of whom she married. Only the youngest child, Jean Pierre has contact with his father who pays maintenance for the child.

Annie has been staying at the SAVF centre with her children for the last 18 years. Annie works at the centre. Annie married Tom four years ago, he accepted the children and has a good relationship with them. Tom tends to drink too much over weekends and this upsets the family. The family, although close-knitted, shows a high level of conflict between family members, which is energy draining to all of them.

Jenny, the eldest daughter, fell pregnant when she was 17 years old. She and her son are still staying with Annie and the family and he has contact with his father. Jenny now indicated that she is gay, which impacted heavily on the family. The son's father claims that for that reason, she is an unfit mother.

The social worker, Ilze, indicated that she believes the family to be resilient. She refers to the fact that Annie has a strong personality and that she had, despite serious difficulties and little support from the extended family fought to keep the family together. Tom, the stepfather, supports the family financially, which enables them to maintain an acceptable standard of living. Annie established a specific household routine which assists the family to cope with their situation. Only Daniel could not cope with the family situation and he is presently staying with a friend's family, as a private arrangement.

5.1.1.2   Gwenith's family

GENOGRAM
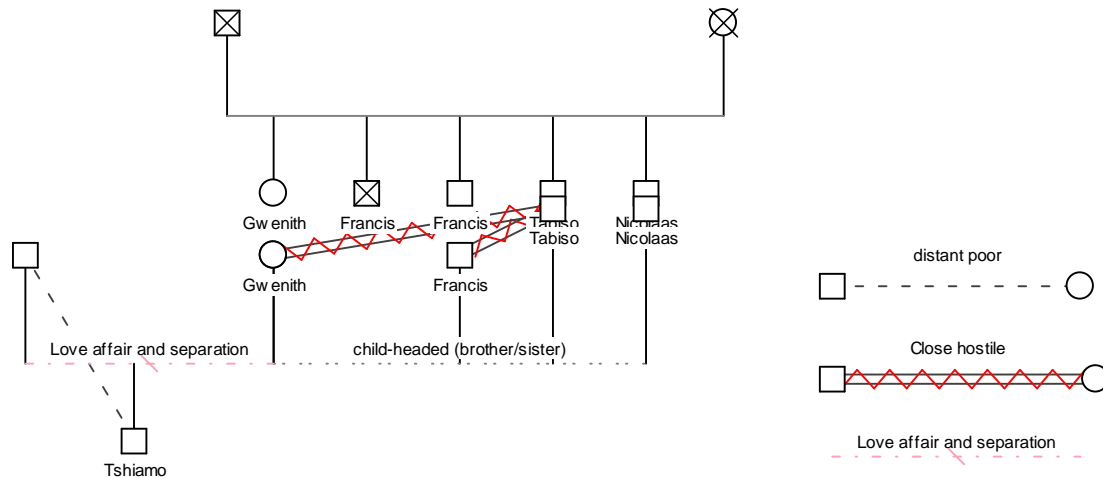
Short description of the family history

Gwenith's parents were divorced when she was still a young child. She had little contact with her father thereafter. Both her parents passed away in 2006. One of her brothers died the year thereafter. Her father left her and her brothers a house in which they now reside. Gwenith fell pregnant shortly before her parents had died.

Although Gwenith has contact with the father of her son Tshiamo, the relationship offers her little support. Gwenith and Francis, her brother, both completed Grade 12. They take care of their two younger brothers, although Gwenith carries most of the responsibilities within the household.

Specifically Gwenith experiences difficulties with her brother Tabiso. Although still in school, he refuses to listen to her. From the father's estate, the children receive a grant for the older children to run the household. Tabiso demands that his sister provides him with more money and ignores her plea to understand that the money can only be spent on household expenses. Gwenith has difficulty coping with all the demands made upon her.

The Social Worker, Petunia, is rendering services to the child-headed family due to the difficult situation of the brothers and sister. She states that although the family struggles to cope at the moment, she believes that the challenges can be addressed and that the family will be able to get back on track.

5.1.1.3   Anita's family

GENOGRAM
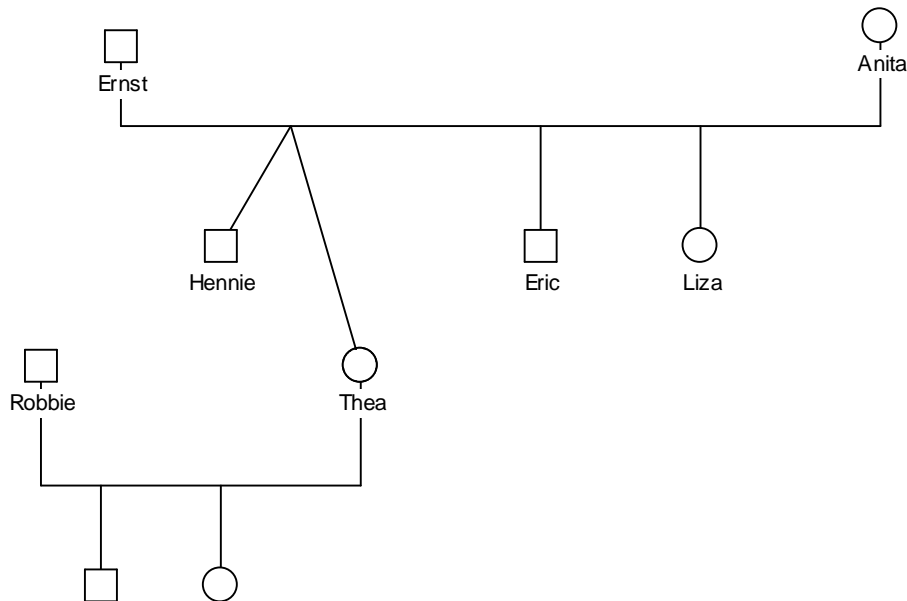
Short description of the family history

Anita and Ernst have been married for 20 years. Four children were born out of this marriage. The two older children are independent. Eric although only 17, left school and is doing his apprenticeship as boilermaker. Eric presented with serious behavioural problems in the past. Liza, still in school, is doing well academically. The family has strong family relationships amongst themselves.

The family came to the attention of the social worker after Ernst lost his work and the family became homeless and without income. Preventative services were rendered and the family was temporarily accommodated in the protective housing scheme of SAVF.

The social worker, Wilmie, regarded the strong personality of Anita as one of the reasons why she considered the family to be resilient. Anita, in the opinion of Wilmie, keeps the family together. However, she is also of the opinion that Anita has too strong an attachment to her children, not taking the age of the children into consideration. She believes that Anita's inability to support the children's independency, could pose a risk to the family being resilient.

5.1.1.4 Peter & Elzette's family

GENOGRAM
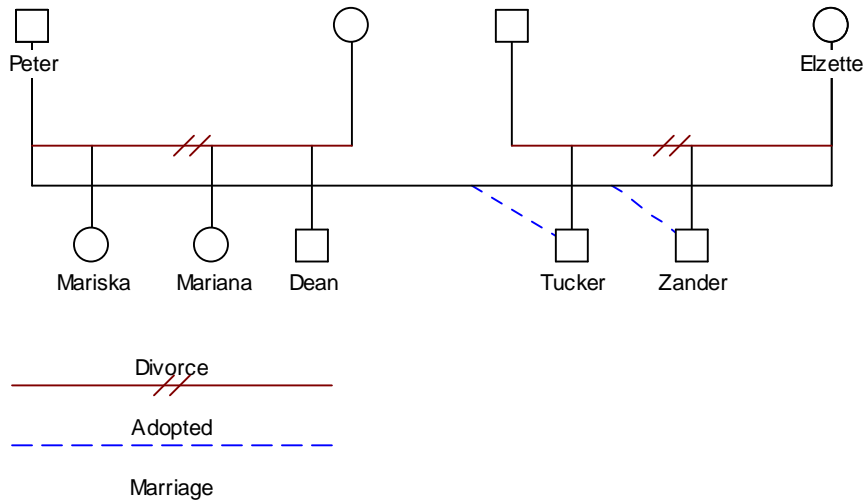
Short description of the family history:

Both Elzette and Peter were previously married and subsequently divorced. Elzette has two children from her first marriage, whilst Peter has three children from his previous marriage. Elzette and Peter are married but have no children of their own. Peter adopted Elzette's children in September 2008 after the biological father had given his consent.

At the time of Peter's divorce, the custody of the children was awarded to the mother. However, for the past two years the children have been in the care of their father as a private arrangement, as the mother, shortly after the divorce, entered into a cohabitation relationship. The two daughters started acting-out and it was established that the mother's cohabitation partner had sexually abused the children. The mother immediately acted upon this discovery, and agreed that the children should stay with Peter. The children have contact with their biological mother every alternative weekend and holidays. Peter considers the mother, who no longer has the cohabitation relationship, as

a strong support in the upbringing of the children. The social worker, Tilani, delivering services to the family considers the family as resilient due to the strong marriage relationship between Peter and Elzette, other relationships within the family and the stability both Peter and Elzette offer the children. The family, according to the social worker, also has a strong support network with the extended family and community and run a well organised household. Peter, however, still harbours strong feelings regarding the sexual abuse of the girls, which could, in the social worker's opinion, negatively impact on the ability of the family to maintain its resilience.

5.1.1.5   Sunette's family

GENOGRAM
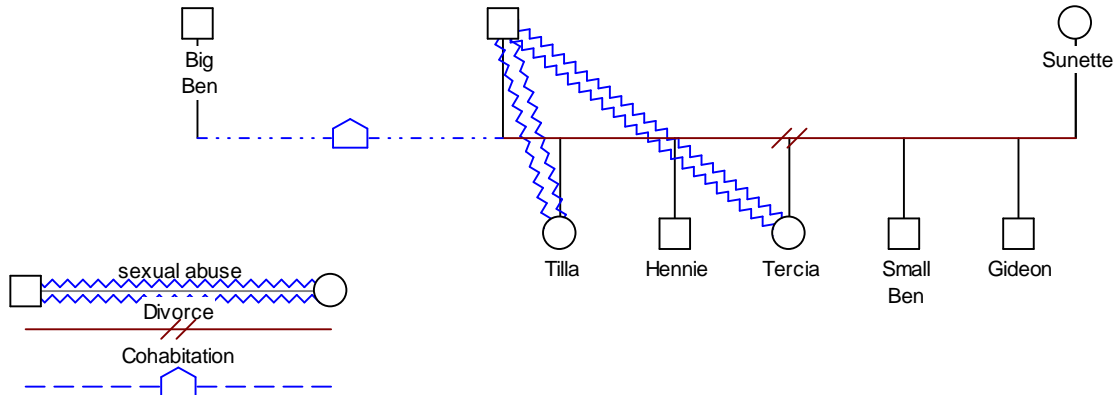
Short description of the family history

Sunette and her former husband have 5 children of whom only Hennie stays on his own. All the other children are still with her. Tercia, 17 years will be completing Grade 12.

Sunette's previous husband is currently serving a 62 year sentence in prison for sexually abusing and raping his two daughters, Tilla and Tercia, over an extensive period of time. Sunette was also sentenced to 10 years suspended imprisonment, as it was put to the court that she knew what was taking place, but that she had turned a blind eye to the situation.

Shortly after the father's imprisonment, the family became homeless and without an income. Sunette then approached the social worker, requesting her to remove the children and place them in a children's home. She however, indicated that it would only be a temporary arrangement and that she wanted to have the children back in her care as soon as she could stabilize her circumstances.

Shortly thereafter Sunette met Big Ben with whom she has had a cohabitation relationship for the past three years. All the children are presently back in her care. The

social worker, Dorette, indicated that this family was not resilient at first. Only since the mother requested social work assistance she took the first step towards growth and resilience. Tilla and Tercia also received intensive psychotherapy and can be considered as stable. Big Ben, Sunette's partner, who has grown-up children, can be considered as an important stabilizing factor in the lives of Sunette and the children.

However Small Ben, now 16 years old, poses a threat to the resilience of the family. He presented with serious behavioural problems, including the fact that he molested one of Big Ben's grandchildren, which had a serious impact on the family's stability. In order to prevent the disintegration of the whole family, the removal of Small Ben, from the family, is seriously being considered.

5.1.1.6   Zodwa's family

GENOGRAM
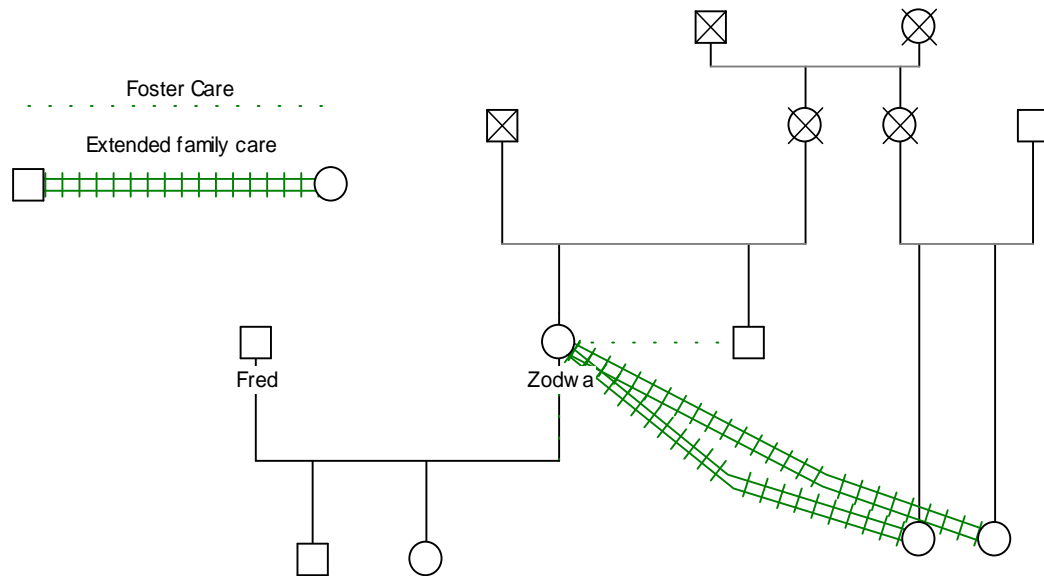
Short description of the family history

Zodwa is the eldest of two children. Zodwa fell pregnant when she was 16 years old. Shortly after her 18th birthday, Zodwa's mother died. Due to the fact she did not have contact with her father, she had to take on the responsibility of her brother Joseph, then nine years old.

Zodwa and Fred, the biological father of her son, stayed together and jointly took care of their son and Joseph with the support of certain members of the extended family. Fred and Zodwa married three years ago, shortly after the birth of their second child.

Zodwa's aunt died four years ago and the aunt's two children were placed in a Children's Home. Zodwa took it upon herself to take the two children in her care during holidays and some weekends, however, she finds the children, in their adolescent phase, difficult to deal with, despite her wish to keep the extended family together. Zodwa also experienced difficulties in parenting her brother. Relationship problems exist between

Joseph and Fred that places Zodwa in a difficult situation due to her divided loyalty between her husband and her brother.

The social worker, Elna, indicated that she considers Zodwa and her family as resilient due to Zodwa's willingness to obtain social work assistance. Furthermore, Zodwa also works as volunteer at the SAVF office. She attended a counseling course in this regard and is actively involved in church activities.

5.1.1.7 Petrie and Beatrice's Family

GENOGRAM
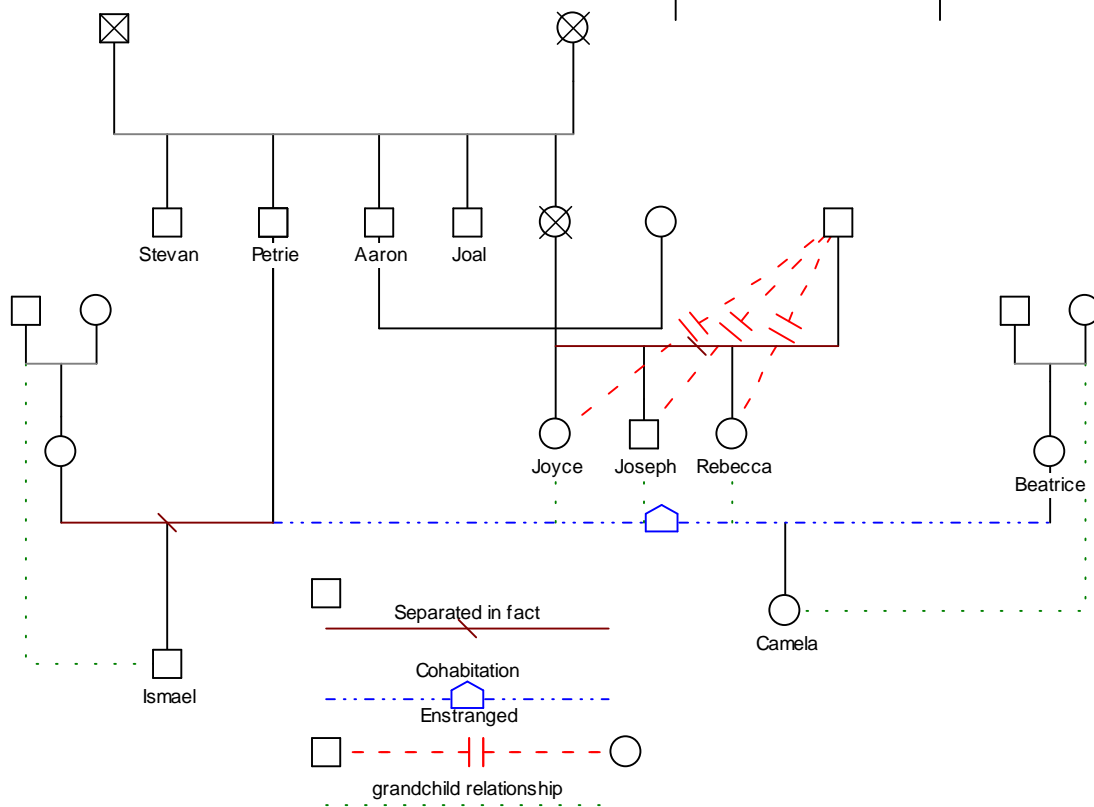
Short description of the family history

Petrie is one of five children, whose parents died when he was 21 years old. His only sister never married, had three children namely Joyce, Joseph and Rebecca. The children have no contact with their biological father. The sister died five years ago when her eldest daughter was 14 years old. The two younger children were placed in the foster care of Aron and his wife.

The eldest child, Joyce was not included in the Children's Court case and Petrie took care of her. Due to various problems, but mainly due to the fact that Aron struggled to deal with Joseph as adolescent, the foster care placement was changed and all three children are presently in the care of Petrus and Beatrice, his cohabitate partner.

Petrie has two children of his own. Only the youngest child, Camela, was born to him and Beatrice. Petrie's older child, Ismael, stays with the maternal grandmother. Petrie only visits him there.

Camela also stays with her maternal grandmother and visits Petrie, Beatrice and the foster children regularly. Beatrice indicated that she is in the process of finding work and could therefore not take care of Camela (3 years old).

Petrie and Beatrice take care of his late sister's three children. The social worker, Maggie, considered the family as resilient due to the fact that the family copes well in taking care of the children. The children are stable and excel in school. Good communication exists between Petrie, Beatrice and the children and they do function as a family unit.

However, although Petrie and Beatrice also consider their family as resilient, there is minimal contact between Petrie and his extended family, which heavily upsets him and the foster children.

5.1.1.8   Mieke's family

GENOGRAM
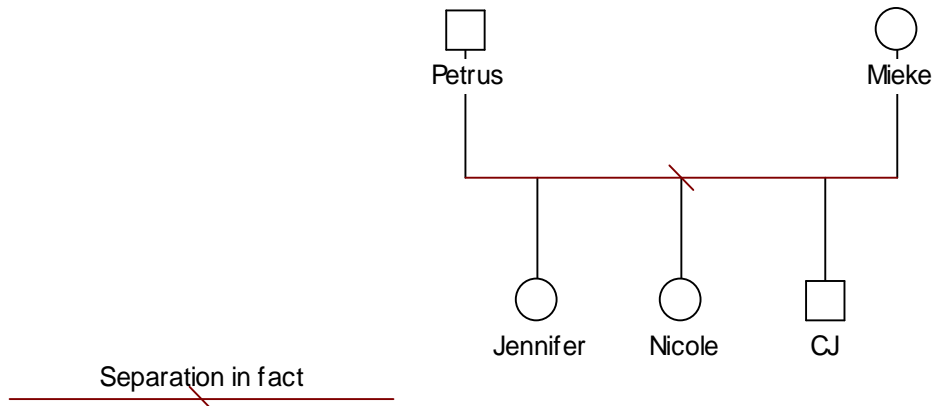
Short description of the family history:

Mieke and Petrus and their 3 children lived in Pretoria, with family of Petrus. However, six months ago, Petrus acted violently against Mieke and their children and threatened to shoot himself. Mieke called the social worker who sent the police to remove Mieke and the children to a protective housing scheme of the SAVF that provides temporary housing for the destitute and families in crisis. Since that time, Petrus and Mieke have been separated, he is still in Pretoria and she and the children at the housing scheme. A children's court case was opened and the children were placed in a place of safety with their mother under the supervision of the social worker, Wilmie, of the protective housing scheme. Wilmie, presently rendering services to the family, still needs to consider the future of the children and what her recommendation to the Children's Court should be in order to serve the best interests of the children.

The children, as main concern, present with serious behavioural problems. Weskoppies Psychiatric Hospital diagnosed Jennifer (8 years) with an attention deficit disorder, a depression disorder and hyperactivity. Nicolle (5 years) is very demanding whilst CJ (2 years) appears to have epilepsy.

Mieke struggles to handle the children. She is treated for depression. Petrus is also receiving psychiatric treatment, in Pretoria.

Wilmie stated that despite these above-mentioned challenges, Mieke is eager to take advice from her as social worker to better the family's situation. She is willing to go for marriage counseling, however, under the condition that if they reconcile, they will not stay with Petrus's family in the future. She also wants assistance with her parenting skills to adequately address the physical and emotional needs of her children.

The children remain the main concern of Wilmie as the social worker.

As was stipulated in the criteria for the sample group social work client families, these families should have one child older than 14. Although this family did not adhere to the criteria (all the children are under the age of 9 years) the researcher agreed to add this family to the research sample. The social worker convinced the researcher that, Mieke as mother, is willing to actively participate in services rendered to improve the family's well-being. Furthermore, the social worker was motivated to firstly consider the least restrictive option, namely to render intense family support services to the family, prior to considering the removal of the children. She regarded the inclusion of Mieke and her family as research participants to be to the benefit of the family. She felt that the research interview could throw light upon the problems and assist with future planning for the family and what would be in the best interest of the family members.

5.2 DISCUSSION ON DATA COLLECTED THROUGH THE SEMI-STRUCTURED INTERVIEWS

This research, which aims to explore family resilience amongst the South African social work client family strives to examine naturally occurring patterns of family functioning in the lives of social work client families that either render them resilient, less resilient or not resilient. In doing so the researcher wants to reflect and define how the characteristics and family processes interact with each other when risk factors, or adversities necessitate adaptational processes, drawing on family strengths, and protective factors/processes for families to progress in life and for family well-being. Considering the family as system and family members as its component parts, the researcher believes that family resilience is better understood from the perspective of developmental processes and interacting person-environmental systems (Peters, 2005:15).

5.2.1 Central themes

For a case study analysis, a detailed description of the case and its setting is important. Data analysis and interpretation for the case study will entail, amongst others, the collection of instances from the data, categorical aggression, correspondence of categories to establish patterns and translation of the data to other cases (Cresswell, 153).

The researcher decided on the case study method of data collection and analysis due to the utilization of existing data in indentifying the central themes. The researcher deems this approach the most appropriate as extensive material is available that can be considered to be reliable, valid and confirmed. Furthermore, as each family's situation is unique different factors at different times, depending on the risk factors, strengths and protective processes present in the situation will be identified within each case study.

It is the view of the researcher, supported by various experts in the family resilience field, that the family resilience theory can be grouped under specific themes or knowledge

domains to form a conceptual framework for the family resilience theory. Burhan (2008:11) states that a family resilience framework is a conceptual map to guide prevention and intervention efforts to support and strengthen vulnerable families in crisis as it focuses on strengthening family functioning in the context of adversity.

The researcher attempts to establish, through the data collected from the interviews, how the evolving and stating of facts can demonstrate the interactive processes and factors that impact on the choices the families made to deal with a specific situation within its specific social context.

The researcher, true to the qualitative method of data collection, translated the empirical data to highlight the central themes for family resilience with practical evidence of how family resilience is illuminated on a continual basis in the lives of families. This deviation from the usual qualitative approach of letting the empirical evidence speak for itself, should be evaluated as a reflection of the researcher's biased view that: 'within each family, the characteristics and family and protective processes of family resilience, will be found. However, taking the interactive nature of family resilience, the uniqueness of each family composition, social and cultural factors and the social context of the family into consideration, families at a given time, will either be more or lesser resilient'.

Burawoy (in Babbie, 2001:281) highlights that where the grounded theorists seek to enter the research field with no preconceptions about what they will find, the researcher that utilizes the extended case study method, enters the field after an extensive literature study "to lay out as coherently as possible what to expect to find in the site before entering the field, as a way to improve theory instead of approving or rejecting it".

The researcher was of the opinion that to reflect these themes, sub-themes and categories in such a manner, would offer a holistic picture of what family resilience entails and how family resilience is applied or 'done' within families.

The researcher will attempt, through an analytical process, to describe the synergy between these themes or domains as the indispensable and interdependent processes of family resilience.

5.2.2   Sub-themes and Categories

The sub-themes and categories under each central theme, describe these central themes in more detail.   In analyzing the data the researcher attempts to illustrate how practice portrays theory.

The questions stipulated in the interview guide, guided the discussion.   The researcher evaluated each case to identify those characteristics and processes of resilience uniquely found within each family.   The information is portrayed either in columns or in discussions, in an attempt to clearly indicate the commonalities found amongst the case studies.   Those characteristics uniquely found true to a specific case study are dealt with separately. The data is measured against the Conceptual Framework of Family Resilience Theory.   Through this exploration of data, the researcher wishes to broaden the understanding of family resilience as interactional process between its respective components to tie together the theory of family resilience, research data, findings and critical perspectives into a meaningful whole.

The researcher anticipates that knowledge on what family resilience entails and how it is applied in family functioning processes, will give social work client families insight into effective family functioning and on their own functioning level.   This view is supported by the family preservation perspective that promotes a paradigm shift from viewing the service providers as the only experts in the intervention process, to families to be experts in their own lives.   Service providers need to develop partnerships with families so as together discover possibilities and achieve shared goals (The Manual, 2008:21).

The researcher will attempt to illustrate the importance of a clear understanding of family resilience theory for social workers in order to recognize family resilience and how it is

executed within families. When social workers can identify not only the risk factors but also the strengths and protective processes of families to render families resilient they have a more holistic picture of the family. Collins (2007:221) states families will appreciate the recognition of their positive attributes and that it will enhance the working relationship between social worker and the social work client family. The researcher believes that the social worker's understanding of family resilience will be to the benefit of social work intervention.

Furthermore, an understanding of family resilience (its characteristics and processes) should inform the developmental assessment of the family to ensure the development of an appropriate family developmental plan with the family as partners in the process with clearly stipulated goals and objectives to guide the intervention process (The Manual, 2008:132). Intervention should focus on family systems change which often involves internal family interaction and changes in the family's interaction with larger systems that clearly captures the family resilience perspective (Collins, 2007:250).

The researcher is of the opinion that the social work clients' insight into the family resilience processes will empower and enable the social work client family members to take up their role as active participants. Providing families with information and encouragement helps them to gain more control over their lives and build their self-esteem, which has a positive impact on their functioning levels (The Manual, 2008:169).

The interview guide divided the information it wishes to collect from the in-depth interview into four sections namely:
- Section 1: Knowledge and understanding of family resilience and its characteristics, by research participants (social workers and social work clients)
- Section 2: Description of the family structure or family form
- Section 3: Questions grouped in accordance with the central themes for the research that correlate with the different domains identified in the conceptual framework for family resilience theory

- Section 4: Conclusion: to establish how the social work clients experienced the interviews and their level of understanding of family resilience after the interviews had been conducted. The researcher anticipates that the questions put to the social work client families will guide them to a better understanding of the characteristics of family resilience and what family resilience processes entails. The section also served as a debriefing opportunity and possible referral, should the client so wish

5.3   RESEARCH INTERVIEW ON FAMILY RESILIENCE

(A)   SECTION 1

The questions formulated in this section attempt to portray the knowledge and understanding of family resilience and its characteristics and processes, identified by the research participants.

The first questions put in accordance with section 1, were the following:
- *What, as service provider/family member, do you consider family resilience to be?*
- *Why do you consider the family you identified/your family as resilient?*

Responses to question 1, on: *"What is a resilient family?"*
- "They (the family) must be close knit. They must be able to understand each other, they must be able to communicate. They must not have grudges. They must be able to sit and speak about problems" (MIC:A2-4)

- "I think K can compare resilience with two tennis balls. When one of the balls has a hole, only the one without the hole will be able to bounce back , when thrown. When families can bounce back after facing challenges" (SW:P&B:A10-13)

- "Resilient families have good communication, love, understanding of each other. Lack of communication in the family, the family cannot solve problems" (ZOD:A21-22)

- "If they (the family) stand together and the members not pulling in different directions. When a family stands together no matter what" (SUN:A4-5)

- "…when you only tries to get up, but who succeeds in getting up.. That is the idea. It is not about trying but doing" (PET&ELZ:A5-7)

- "Standing together…" (ANITA:A11)

- "To get your life back on track, after having experience problems and to deal and learn to deal with situations. Communication between the family members, one of the building blocks of resilience" (SW:GWEN:A2-4)

- "A family that is strong" (ANNI:A10)

The responses to question: "*What characteristics do you think a resilient family should have***,"** were as follows:

- "The mother has a strong personality, but not all members are equally strong….The family stands together" (ANNI:A12-13)

- "Trust love and respect" (GWEN:A5)

- "Standing together then we have strength,…. There is a lot of love. We also express out love for each other – it is like a habit to us. Love keeps us together and then respect as well. There is respect in this house" (ANITA:A11-14)

- "Love. And humor – to make jokes when there is tension. It is nice to do things together" (PET&ELZ:A17-18)

- "The family must stand together………There must be no blame" (SUN:A7-8)

- "Respect for each other, caring for one another" (ZOD:A24)

Following the interview, in accordance with Section 4, each family was asked:

- *Do they <u>still</u> feel that their family will cope with the challenges they may encounter?*

- *Do they <u>still</u> think that the family is capable of addressing the challenges?*

- *Do they <u>still</u> think their family is resilient?*

By putting these last questions to the families, the researcher wanted to establish if the interview, that provided information on family resilience and the answers that the social work client families formulated to the questions, contributed towards insight into family resilience, as well as the status of their own family resilience and family functioning. It was observed that the specific structure of the research interviews also provided the social work client family members with an opportunity to gain insight into the family resilience processes - the risk factors that the family has to face and the strengths of the family that, in synergy with each other, provide an opportunity for the family to take the road to recovery.

In the table below, the researcher firstly compared the responses of the social work client families in section 1 to secondly, the social workers' view on why they considered the social work client families, they had identified as research participants, as resilient and then thirdly, in accordance with section 4, the social work client families' responses to their family resilience status, after the interviews had taken place (See Table 5.1).

Table 5.1 Family response on the question "Do you consider your family to be resilient," at the beginning of the interview and the response to the same question repeated at the end of the interview.

Annie's family	"Annie raised the four children on her own".... "She really battled and fought for her children" (SW;ANNI:A8-12)	"She provided no specific answer to the question. However, she stated that, "a mother specifically should have a strong personality. A family needs to be strong. Not all members are equally strong. The family stands together" (ANNI:A12-13)	"Absolutely, I am positive I am convinced that we shall make it" (ANNI:F29)
Gwenith's family	"They have problems amongst themselves. They do not respect each other. I have observed that they cannot cope with what happened.... However, I do think that the family would be able to get back on track and be resilient" (SW;GWEN:A15-19)	"There are times that things are great in the family and we stick together when there is a problem. However sometimes everyone takes their own direction when there is problems" (GWEN:A18-20)	"I believe that God has great things ahead for my family, but we need to grow spiritually and stand together and depend on each other" (GWEN:C12-13)
Anita's family	"You know, this is one of our success stories. Intensive preventative services were rendered. The family succeeded, with guidance, to function satisfactorily, and is	"I should say yes and no. There are changes. It feels the past few months as if nothing makes sense. Accidents and my child with	"Only the best. I feel if it is going well now, I will only get better. Yes I think my family is resilient" (ANITA:H13-14)

	now living independently from the intermediate housing scheme of the SAVF. They are renting a house. The house is however, for sale, but it could still take some time to be finalised." (SW;ANITA:A2-6)	problems at work- this month is a crisis month. That is why I say yes and no" (ANITA:A7-9)	
Peter and Elzette	This is one of our success stories. Intensive preventative services were rendered. The family succeeded with guidance to function satisfactorily and is independently now outside the housing scheme centre.	Yes, the children are starting to improve their marks at school. I have the feeling that everyone in the family is pushing the bus to exceed in future. Everybody is committed to improve the family structure.	Yes, I think our family is resilient.
Sunette's family	This is one of our success stories. Intensive preventative services were rendered. The family succeeded with guidance to function satisfactorily and is independently now outside the housing scheme centre.	In my family we do not stand together, they will only stand together later on.	Yes I think so. Although there are matters to be addressed and worked with

Zodwa's	Bettie is willing to ask for help when necessary and she gives her cooperation. Both husband and wife really worked hard to make their family situation work. They support each other	Bettie could not answer the question, as she was to upset.	I will be able to cope, despite the fact that I still feel bad at the moment. I will keep standing, the situation is not so helpless as what I thought.
Petrie's &Betty family	The strong point was that there was communication between the siblings (Aron and Petrus and the children in between) Aron felt he could not longer take the pressure of the teenagers. He observe that the children could communication better with Petrus. Aron then decided that Petrus should be the foster parent of the children.	We are struggling	We need to have patience with the situation. Maggie (social worker) needs to arrange a meeting with the family. With Maggie's help we maybe will restore the relationship (relationship between family and the extended family)
Mieke's family	The social worker indicated that she added this family due to the decision whether to continue with intense early intervention services to the family or whether statutory intervention had to be considered	"At this stage I do not know, I really do not know" (MIC:B1)	"I really do not want them (my daughters) to be taken away, but at the end of the day, when I think about it, it is the best way to sort out the situation" (MIC:G9-10)

From this evaluation Anita, Gwenith, Annie and Peter and Elzette were confident that their families were resilient and could maintain their resiliency. These families, despite the serious challenges they encountered, felt that they have the qualities that could ensure family resilience.

Sunette, Zodwa and Petrie and Beatrice admitted that they still needed to work on their family resilience.

Mieke realized that she and her family were not resilient and that statutory intervention most probably was needed to protect the individual family members.

The families' responses are measured against the opinion of their social workers who had identified these families as being resilient.

The strengths-based approach in social work practice advocates for families to be considered active partners in the service delivery process whilst believing that recipients of services have strengths and the potential and ability and the right to make choices. This makes sense if the above-mentioned opinion of each family, in considering their own level of resilience is taken into consideration by the social worker, during the intervention process (The Manual, 2008:13-20).

With regard to the social workers' views on their social client families' levels of resilience, the social workers offered an informed opinion on their client families' level of functioning. However, an in-depth study on the social workers' understanding of the dynamic processes of family resilience, would have been valuable.

(B)   SECTION 2

In Section 2 the research participants were requested to describe their understanding of what 'family' entails and their views and description of their own family structure and

family form. The social work clients were also requested to develop a family genogram by clearly illustrating which family members they regarded as their family. They also had to evaluate in what family life cycle phase they considered their family to be.

Responses of social work client families to the question: "W*hat is a family*" were as follows:

- "A mother, father and children. You look at the family as who they are; some families do not have children" (ANNI:A15-16)

- "A family can be other persons, like your neighbours, those who are meaningful to you" (GWEN:A7-8)

- "People who stand together, are concerned about each other and are always there for each other" (ANITA:A16-17)

- "A family is when everyone stands together. When something happens, everybody is there to make it easier" (PET&ELZ:A21-A22)

- "Mother, father and children. Also single parent families. Mother and father must both be capable of disciplining the children. It is difficult to be a single parent" (SUN:A10, A12-13)

- "The people who are together and hold meetings and talk to each other and help each other" P&B:A19-20)

- "Happy parents, happy children. It depends on how they (each family) defines their own family, they will indicate how many family members there will be in the family, how many children etc. They structure their family according to their need. They structure their roles and responsibilities" (MIC:A8, A10-13)

Table 5.2   Family structure/form of the social work client families interviewed

FAMILY STRUCTURE/FORM OF THE FAMILY
• Petrie and Beatrice's family – (kinship foster care family)
• Anita's family – nuclear family
• Mieke's family – single parent family (nuclear family separated)
• Gwenith's family - child headed family
• Peter and Elzette's family – reconstituted family (nuclear family)
• Zodwa's family – kinship foster care (extended family)
• Annie's family – reconstituted family (nuclear family)
• Sunette's family – reconstituted family (nuclear family)

As was discussed in Chapter 1, each family's understanding of the structure and form of their family unit, deemed to be important in recognizing the family as functional unit. Franklin (1999:342) states that from a social work perspective, a family may be best defined as those who consider themselves a family. However, due to social welfare policies that rarely are so generous in defining family boundaries, families receive mixed messages about what they should regard a family to be – resulting in a tendency of families to describe their preconceived perceptions of "family" instead of acknowledging the reality of their own family structure/form.

The researcher found that the views on what a family is considered to be, and the reality of their own family structures, often did not correlate. This observation proved to be an important fact to deal with. In order for families to holistically look at their own specific family, they need to be clear on who the important roleplayers (family members) are within their family structure. Acceptance of their family structure/form counteracts the preconceptions of what a family should be or what they wish to be. Family relationships are seldom optional. People cannot alter to whom they are related in this web of family ties over generations. When family members act as though family relationships are optional, they do so to the detriment of their own sense of identity and richness of their emotional and social context (Carter, 1998:5).

Furthermore, the researcher found that families, in general, have little knowledge and understanding of the family life cycle. Only after having explained and reasoning around where their families could be placed in the family life cycle, were they able to indicate these placements. The researcher found this to be an important observation as each phase of the family life cycle tends to pose its own challenges. Families (depending on the age of the children and the age of the adults within the family) can be in different family life phases simultaneously and are therefore confronted with more challenges due to the fact that some challenges are very specifically part of each family life phase (See discussion on the Family Life Cycle in Chapter 2 page 52).

The development of a family genogram assisted the family to gain a clear picture of its family structure and proved to be helpful as an important tool not only for the family, but also for the researcher, to clearly conceptualise each family structure, but also in relation to intergenerational structure. This would be specifically important during the discussion on how the family functions. The family not only found the drawing of the Genogram interesting but the researcher also observed that it was adding value to the discussion on their family's functioning.

(C)   SECTION 3

This section could be regarded as the body of the discussion. It will be discussed in detail under section 5.5. The researcher found that sections 1 and 2 proved to be valuable in preparing the social work client families for this intensive look at at their family functioning. The families by now had established rapport with the researcher and had an understanding of what family resilience entails. The researcher at this point explained that the discussion would be guided by the following central themes, namely the organizational patterns of the family, the family's ability to adjust to changing circumstances or challenges they are or were confronted with, the risks, strengths and protective factors and processes of the family and the role played by the family's belief systems.

By letting the interview guide, guide the semi-structured interviews, the researcher was able to clearly establish, through in-depth discussions with the research participants, an understanding of how each family applied or "did" family resilience in their family. The family was able to identify risk factors, family strengths and family processes that impact on its family functioning, as well as family resources and family networks, or the lack thereof, that render the family either more or less resilient.

(D)   SECTION 4

This section provided the researcher with the opportunity to conclude the interview. The researcher provided the social work client families with the choice of being referred for further counseling should they so wish. The researcher also gave the families the opportunity to express their feelings about the interview and if they regarded the interview as meaningful (See Table 5.1). After the intense look at the family's functioning, this section also served to debrief the family members. Most social work client participants were deeply involved in the discussions during the interviews. The researcher was struck by the high emotional impact these discussions on family functioning, had on the research social work client participants. The ethical aspect of confidentiality and discretion clearly came to the fore. True to social work practice, the researcher engaged with the social work research participants in a professional way. Rapport between the researcher and the research participants was established that "enabled the formation of relationships with the research participants that let them experience empathy and therefore communication at a more intimate level" (Ambert et al, 1995:887)

The researcher by clearly establishing her role as researcher and not therapist, ensured that she did not evoke emotions that could not be dealt with during the interviews. Any such identified issues were "parked" and referred back to the social worker for further therapeutic intervention" (Ambert et al, 1995:887).

5.4 DISCUSSION ON THE CENTRAL THEMES, SUB-THEMES AND CATAGORIES OF FAMILY RESILIENCE

The focus of the in-depth interviews with the research participants on the five pillars of family resilience is in accordance with the Conceptual Framework for Family Resilience Theory (Chapter 2 page 69). There is extensive research on successful outcomes of resilience-focused programmes. However, limited empirical evidence exists that explores the developmental processes of family resilience and how programmes can extend their success rate in assisting families to overcome adversity.

Collins et al, (2007:248) states that family social workers need to start thinking about family strengths and resilience, with family strengths and risk factors placed in an ecological approach paying attention to micro-, metso- and exosystems. Also, that they need to examine family members' beliefs as a source of both strength and risk and that the impact of culture and ethnicity on these beliefs should be considered. Collins based views on family resilience on the framework of Walsh (1999, 2003) and her identified keys of family resilience: family belief systems, organizational patterns and communication patterns.

Simon et al (2005:428) states that "several system-oriented research, prevention and intervention models have provided a framework for identifying key processes that are thought to strengthen a family's ability to cope with stressful situations. Two of these models, the Resiliency model of Family Adjustment and Adaptation (McCubben & McCubben, 1988, 1995) and the Systems Theory of Family Resilience (Walsh, 1998) seem to provide 'a meaningful bridge between the family-system orientation and resilience-orientated practices." It is felt that by using the family adjustment and adaptation model, practitioners can help families identify coping mechanisms used in their adaptation to normative and non-normative stressors. The systems theory will serve as a conceptual map to identify and target the above-mentioned key family processes that can reduce stress and vulnerability (Simon et al, 2005:428).

Furthermore, reference is made to the resilience perspective to include the identification of family strengths and resources, without minimizing family risk factors, as initial step in fostering family resilience (family assessment as a practical application of resilience oriented practice) (Simon et al, 2005:429).

These above-mentioned perspectives support the theory of the framework for family resilience which is utilized as baseline information against which the data from the interviews would be measured. The responses of families will be used to either confirm or broaden the knowledge base, under each central theme.

Each central theme will be discussed, combining the family resilience theory with the collected research. The coding that will be utilized correlates with the coding of the Conceptual Framework for Family Resilience Theory and the transcribed interviews **(Annexure B)**.

It is the researcher's biased view that all the processes to be described hereafter, working interactively, have an indispensible role to play in rendering families, within a specific social context at a specific time, either more or less resilient. Ross, (2003:1) concurs with this statement. She emphasizes the fact that "resilience is not a categorical state but a continuum (families can be more or less resilient) and that it is contingent (families may be resilient in some circumstances but not others)".

- **CENTRAL THEME 1: FAMILY ORGANIZATIONAL PATTERNS**

Hanson (2004:64) poses the question "What do families do?" and states that taking into consideration all the things family members do to survive economically; support one another psychologically, ensure that basic needs for food, shelter, health and nurturance are met and find meaning in life, "they do a lot"!

The researcher believes that the family should be regarded as a functional unit. Supported by the SADNFP (2008) and The Manual (2008) the family could be considered as and compared with, a small business organization, and thus should have the same elements as a business to ensure its effective operation.

Elements such as flexibility; organizational styles; cohesion; and resources are of the utmost importance to ensure optimal family functioning.

Families, with their diverse forms and relationship networks, have the responsibility to provide the structure (organisational patterns) to support the integration and adaptation of the family units and their members. The day to day functioning of a family can be described by considering the following:

- Role definition within the family and leadership
- Tasks of family members for which they take responsibility
- Decision making within the family with regard to the daily organization of the family
- Day planning, the daily routine of the family whilst considering the needs of family members
- Understanding that these tasks have to be done on a regular basis
- The cognitive processes of family members to ensure family stability for effective family functioning
- Mutual support and connectedness amongst family members
- Social and economic resources and support networks/systems
    (DSANFP, 2008; Manual on Family Preservation Services, 2008)

5.4.1.1   Flexibility

As with a business organization the family unit needs to be flexible to be able to maintain stability, despite factors that impact on its general functioning.

Watzlawick, Beavin & Jackson (in Walsh, 2006:83) states that families with their diverse forms and relationship networks, have the responsibility to provide the structure

(organizational patterns) to support the integration and adaptation of the family unit and its members. Families need to have a *flexible structure* for stability, which can change and adapt to new circumstances during disruption. This ability is essential for effective family functioning, especially when under stress.

Families must be able to evolve together through the family life cycle and cope with the multitude of internal challenges and external forces in their lives. Families do best when they construct relationships with a flexible or an adaptable structure.

But, what does a flexible structure mean? The term flexibility captures the essence of adaptability, "being able to roll with changes, being cooperative, amiable and tolerant and having an easy temperament" (Earvolino-Ramirez, 2007:77). Family organizational patterns are maintained by external and internal norms, influenced by cultural and family belief systems. In order to assist the family to reshape to fit its needs and challenges over time a routine with regard to the family's daily functioning is important. Disruption in family structure and daily routine (for example in a separation or divorce situation, or where something traumatic happened to one of the family members) compounds distress and confusion amongst family members and impacts negatively on the organizational patterns of the family (Walsh, 2006:85). Families need to be able to re-organise and rebound to ensure positive adaptation – thus the need for a flexible family structure.

Furthermore, family rituals and routines assist in maintaining a sense of continuity over time, linking the past, present and future through shared traditions and expectations (such as a family dinner or a birthday celebration).

Walsh (2006:87) states that sound *balanced* structural arrangements, (clear role definition of family members and the family rules that govern the family), lay the foundation for healthy family life. On a continuum, families under stress and low in structure tends to become more chaotic and out of control, whilst families high in structure become inflexible.

Routine, as category of flexibility (to have a flexible structure to be able to change and adapt to new circumstances) should be viewed as an essential part of the day to day living (Walsh, 2006:87). Without the routine of the day, the one step put in front or after each other, family progression is not maintained. Annie remarked "The family has a routine that determines how they function daily" (ANNI:A27-28).

Mieke and the children, after having been removed from their home in Pretoria and placed with the protective housing scheme, under close supervision of the social worker, could re-organise "I try to keep them in routine as far as I can. My children are much happier now" (MIC:C18-19).

The family should provide the structure to support the integration and adaptation of the family unit and its members, maintained by external and internal norms, influenced by cultural and family belief systems (Watzlawick, Beavin and Jackson in Walsh, 2006:83). The researcher, supported by the data derived from the interviews, has reached the conclusion that the family should be viewed as an small organizational unit that functions effectively only if there is role clarification (role definition, role structure), task definition (who does what) and infrastructure (provision for basic needs, physical and emotional) or connectedness assessed more specifically in terms of proximity and hierarchy. Should the day to day practicalities not be adhered to, the functioning of such a unit is seriously jeopardized.

5.4.1.2   *Family organisational styles*

When comparing the organizational patterns of those families that indicated that they view themselves either as resilient, less resilient or not resilient, the following was found:

Table 5.3   Organisational pattern of the social work client families compared to their family resilience status

Resilient	
Annie's family	• "The children all have tasks. I work, take care of the children and the grandchild. Jenny works until 6 o'clock at nigh. My husband is the actual breadwinner • "Andre and I make joint decisions" (ANNI:A22-23, A25)
Gwenith's family	• "Each one of us has tasks. However, there are times that I do everything, but at times they help me. When they feel like helping then they do, but sometimes they will say that you are the girl, you should wash the dishes" (GWEN:A22-23)
Anita's family	• "My husband works and fulfils his responsibilities and obligations towards the family. I never sit down during the day, on the move the whole day, everything must be in order, walk up and down. I feel it is my responsibility to clean the house, but it is never good enough. I am always afraid I will do something wrong, afraid I will forget something (ANITA:A25-29)"
Peter and Elzette's family	• "It works like this: I go out to work and Elzette stays at home to see to the organization of the family and the home" (PET&ELZ:B9-10) • "We have a system; you must make arrangements beforehand. When one of the children wants to do something over the weekend, they start the arrangements on Monday. On Thursday I will ask what the arrangements are. It they have arranged something, that is in order. There are rules and everyone knows exactly how it works" (PET&EL:B12-16)
Less resilient	
Sunette's family	• "Each family member has tasks. Sometimes I must talk

	more than once before they would do it. They do their tasks with quarreling and back chat. When Big Ben is at home, everybody's attitude changes. "Hulle mors eintlik met my" (They play around with me)" (SUN:B14-16)
Zodwa's family Petrie and Beatice's family	• Question was not asked • "The children listen to us as foster parents" (P&B:C4) • "I regard myself as the head of the house, then Beatrice and then the children" (P&B:A26) • "I teach the them (the children) to help" (P&B:B11)
Not resilient	
Mieke's family	• "When Mieke and the children arrived at the centre, she was dirty and neglected' (SW;MIC:B13) • "Since they have been living here, there has been much more routine and order" (SW;MIC:B2)

For families to fulfill their care and protective role toward family members, strong authorative leadership within the family is crucial. Leadership is also needed to provide for the basic needs of the family such as a monthly income to be able to put food on the table and to manage the many pressures and demands of everyday life (Estein et al in Walsh, 2006:87).

In well-functioning families leadership is strong and clear and adults in charge do not abdicate their authority or responsibilities.

Families need effective methods of behaviour control to keep the behaviour of family members within bounds and neither dangerous nor destructive. Authoritive yet flexible behaviour control has been found to be the most effective style (Olson & Gorell in Walsh, 2006:87).

The roles of family members need to be appropriate and well-defined. Families in crisis experience an immediate period of rapid disorganization which is disorienting and chaotic. A fear of 'runaway' change and a sense of being out of control are common at such times. Crises events often require a family to reorganize as basic shifts in family roles and rules may be needed. In highly disruptive crisis situations, strong leadership is essential to maintain or restore order and direction in the midst of chaos or overwhelming stress. Sadly, many families at risk, start off with having ill-defined role definition and a lack of leadership within the family (Walsh, 2006:83–92).

Mutual decision making is also important and assists with the buy-in of family members to mutually take responsibility for effective family functioning

5.4.1 3   *Family connectedness/cohesion*

Connectedness or cohesion refers to the emotional and structural bonding among family members. Deavers and Hampson (in Walsh, 2006:94) found in their studies that families with a highly connected (centripetal) style, orientate their lives inward. Family members seemed to find satisfaction and connection, primarily within the family.

The emotional connection between family members is crucial to the functioning of families. Families that have good emotional bonds are better able to face challenges and overcome adversities. (Mackay, 2003:2). A well-functioning family provides what attachment theorists describe as a "holding environment" that offer a context of security, trust and nurturance to support individual development (Walsh, 2006:94). In well-functioning families, family members take an active interest in what is important to each other and respond empathically to others' distress. These families realize that pulling together is one of the most important processes in weathering crises.

Well-functioning families enable individuals to be both differentiated and connected. In less connected, though supportive families, there may be considerable emotional

separateness and time spent apart, yet members still share some time together, make joint decisions and support one another.

Connectedness can be assessed more specifically in terms of proximity and hierarchy. Family boundaries are rules that define who participates how. Family boundaries clarify and reinforce roles and protect the differentiation of one family system from another.

Boundaries must be formed, yet also be flexible enough for both autonomy and interdependence to ensure the psychological growth of family members.

High-functioning families strive to maintain clear boundaries and to be tolerant to one another. Members take responsibility for their own ideas, thoughts feelings and actions. For well–rounded human functioning and the ability to form and sustain collaborative and intimate relationships, connectedness is necessary across life's course.

Whittaker & et al (1990:182) indicated, that several factors related to the family and its functioning, have been found to be shared antecedents of teenage problem behaviour. Poor family management practices with extreme family disorganization were highlighted as important contributory factors for teenage behavioural problems.

Patterson (2002:233-246) states that much of the normative tension experienced at the adolescent phase of development, is about renegotiating the balance between connectedness and separateness in the family, as well as the degree of flexibility that represents the degree of cohesiveness within the family.

5.4.1 4   *Social and economic resources*

Families without social and economic resources struggle. In times of crisis family and social networks are natural "shock absorbers" and valuable resources. Dolan (2008:83)

explores the greater utilization of informal social networks in building resilience in children, families and communities. He finds that the children who can cope have reciprocally positive connections to their community, housed within supportive and caring familial relationships. It is in the natural relationships that the family members' "lives occur" whilst the social networks can be considered as the "playing pitch of life" and thus the centre of where and how they can become resilient (Hardiker, Exton & Baker in Dolan, 2008:87).

Patterson (2002:233-246) states that families fulfill important functions to address the needs of their members such as family formation and membership, economic support, nurturance and socialization and protection of vulnerable members. For the family to successfully fulfill its economic function, individual resources (education, skills training) and community resources (employment opportunities) are important.

Gardner (2003: 2-15) describes the family support undertaken with parents and children by the project staff of the National Society of the Prevention of Cruelty to Children (NSPCC) between 1998 and 2001. Gardner translated the support provided by NSPCC into activities that intend to prevent (by early intervention) children coming to harm or unnecessarily having to be removed from the family and to promote the strengths and aspirations of family members. Support networks of families on three levels were identified, namely: informal level (family and friends), semi-informal (the community and other community resources) and the formal support networks (professional networks such as health and social services). The researcher is of the opinion that all families are in need of these support networks to fulfill their responsibilities. Depending on the challenges the family has to face, some families need more support than others. Support (depending on the family's needs) should be provided on the different levels of the service delivery model (Service Delivery model for Developmental Social Services, 2004). Gardner (2003:155) emphasizes the importance of specific preventative targets for social and health services in relation to children and families.

During the interviews on social support mechanisms (divided into familial support, community support and professional support) Anni stated:

- "No, my father is not supporting us. I was a Children's Home child. There is no father-daughter bond" (ANNI:C22-23)

- "The people at work were a great support. It eases the load to a great extend" (ANNI:C25-26)

- "The social worker was there when I needed her. She was very good to us. She helped helped me a lot with the children (ANNI:C29-D1).About the family's financial resources Anni states: "With my finances (income) I should say we are independent, although we are still staying here (staying for the last 18 years in protective accommodation provided by the SAVF) (ANNI C9-10)

- Sunnette stated "The Christian Bikers Cell-group gives support. I believe that the Lord will keep and help us on our way forward" (SUN:E32-33)

Although social support is an important aspect in rendering families empowered, financial support and financial resources deem to be equally important. No therapeutic intervention could be ultimately successful should the basic needs of the family not be taken into consideration. There are various definitions for poverty. Most definitions for families existing under deprived conditions, however, do not capture the many challenges in the day-to-day living practices of these families that could unleash a set of factors and events that pose great risk to the families' well-being (Hanson, 2004:129).

- Sunnette states with regard to their financial situation after her husband was sentenced to imprisonment: "That was the worst time in my life and then to be all of a sudden a single parent of 5 children. I never finished school. Therefore, I cannot enter the labour market, because I am not qualified for anything. That was the financial "low" in my life. You as a single parent and your father as a car guard; and he has to provide. That was very bad for me (SUN:C2-6).

5.4.2   CENTRAL THEME 2:   ADAPTABILITY

The stress and coping theory of McCubbin states that the family's ability to adjust to stress is influenced by its:

(a)   vulnerability to increased stresses

(b)   current family problem solving capacities

(c)   the meaning that the family ascribes to this stress; and

(d)   presence of supportive resources

Maladjustment can lead to an intolerable increase in stressors that could push a family into crisis. This could challenge the competence of family members to function effectively (Coyle: 2005:ii).

5.4.2.1   *Personality characteristics that mediate the ability to cope*

The Risk and Resilience theory refers to personality traits within individuals that mediate physiological processes that enable them to cope adaptively and remain healthy (Walsh, 2006:9).

Taking the systems theory into consideration, that indicate family members as components of the family as a whole, the individual family members with their own capacities should be taken into consideration when discussing the adaptability of the family.

In the discussion on how individual resilience should be defined it was stated that the belief of the family members that they are in control, despite facing challenges and difficult circumstances, contribute to the family's ability to adapt to changing circumstances.

Family members need to feel deeply involved in, or committed to the activities of the family during daily life and when facing challenges. The saying 'charity begins at home'

needs to be put into practice for family members to take up their family responsibilities and to portray sincere caring and commitment to the family.

Hetherington (1996:7) states that one of the central challenges of developmental psychopathology is to explain the discontinuity in people's lives. Risk research as conducted by Hetherington (1996), represents a search for continuity and discontinuity between risk and its either positive or negative outcomes.

By investigating and indentifying firstly the buffering or protection factors that protect some children from psychological harm in the presence of risk and, secondly those vulnerability factors that result in some children developing disturbances despite their circumstances and family environments that should have held more positive expectations, he wanted to explain the different outcomes of people's lives.

Heatherington & Clingempeel (in Heatherington, 1996:7) emphasize that in real life, people move in and out of their risk status and diagnostic classifications. Although many demographic indicators are fixed (race) or relatively stable (social class) psychological risks may fluctuate as life circumstances change in accordance with the individual and family life cycle. With the exception of severe mental illness or retardation, an individual's diagnostic status or level of adaptation is likely to shift over time. As time goes by, individuals will be faced with new risks that could lead to new vulnerabilities and to new opportunities to develop resilience. Despite the risks or severe trauma, individuals and their families could be facing or be subjected to or even being dysfunctional at various points during their life cycle, the possibility of healing and forward progression will always be there.

Those individuals who consider change as an exciting challenge to be dealt with, find ways, through optimism and confidence, gained from mastering the struggle over internal and external difficulties, to cope.

Heatherington (1996:8) in his risk paradigm identified the following regulative processes which could determine which pathways individuals could follow "in their journeys toward adaptation or dysfunctioning":

- Individuals and families start off well and stay well

- Some start off at risk or in distress and stay that way

- Some start of well and then develop a disorder

- Some start off at risk or in distress, but function well later on

- Some start off with specific problems and remain in stress, but the nature of the problems shift over time

- Some individual and families cycle in and out of risk and actual distress

Families and their members must be able to adapt to changing developmental and environmental demands. A dynamic balance between stability (homeostasis) and change (morphogenesis) enables a family structure to be stable whilst allowing for change in response to life's challenges (Olson & Gorall, Beavers & Hanpson in Walsh, 2006:84).

In times of upheaval, families commonly lose structure, daily routines get disrupted and established patterns become disorganized. Resilience is fostered when family members have the perseverance to struggle well in order to regain stability.

This becomes easier when the family has reliable resources in place and if the family has supportive relationships within a climate of warmth and affection, as well as predictable, consistent and acceptable family rules, role definition and patterns for interaction within the family.

Like skiing down the slopes, families should navigate themselves through stressful life challenges, counterbalancing stability and change (Walsh, 2006:91). For families to be resilient they require the ability to counterbalance stability and change as family members deal with adversity.

The researcher initially did not consider the functioning of individual members and individual resilience as an intrinsic part or aspect of family resilience. However, the researcher realized that individual resilience gives impetus to the identification of family resilience and is part of important family processes, within the family, and should therefore form part of discussions on family resilience.

The personality of individual family members can mediate the ability of a family to cope, adapt and be resilient. Annie states that "The mother must have a strong personality and not all members are equally strong (ANNI: A12-13). Annie's social worker, Ilze, confirms the strong characteristics of Annie and states: "She (Annie) has unbelievable leadership characteristics" (SW;ANNI: A11).

Adaptability as domain of family resilience was explained to the research participants by the following statement: 'Life is subject to change', and the question was: *Give examples of changes that affected or are affecting your family'*, The above-mentioned provided the social work clients the platform and opportunity to truly engage with those issues that are of concern to them. Through real life experiences as example the social work clients could reflect on how they as families adjust to change. The question: "*How does the family react when confronted with change*", offered the opportunity to focus on specific challenges they knew their families had been confronted with and which were addressed through the intervention process.

Annie stated that circumstances that had greatly impacted on the family were: "When my daughter fell pregnant. She was in Grade 11 and we all had to adapt to that. It was a very difficult time for me….She is now in the same situationas I was – I warned her against that (ANNI:B1-2, B5-6).

Gwenith stated that the changes their family had been subjected to due to the death of her parents had a huge impact: "Being a parent at an early age with my baby and my brothers. I am responsible for everyone and the household…we adjusted with difficulty" (GWEN: A29-30, B9).

Anita, although she initially identified various concerns that impacted on the family, highlighted the life cycle transition of her son leaving school and entering the working environment as a change that had affected the family: "Eric was bad, you could not deal with him. He also had temper outbursts. He is now much better. He does not smoke (dagga) when he has to go to work" (ANITA:E19-20; E29).

Sunette stated that the change that had the most impact on their family was: "Definitely what my husband had done. That was the worst time in my life and then to be all of a sudden a single parent of 5 children (SUN:C2-3). It happened 2 and a half years ago - when the children had to go to the Children's Home" (SUN:C11-12). The social worker states that Sunette approached the social worker at the Children's Home and said: "Here they (the children) are, I know that you will look after my children well, but I want them back. That was how she reasoned from day one" (SW;SUN:A34-35). In accordance with the risk paradigm of Heatherington (1996:8), Sunette started her journey on a pathway leading her family into the process of adaptation and resilience. Through positive change with a clear vision where she was heading to, she brought about stability.

5.4.2.2 *Family transitions*

The meaning of adversity is filtered through to the generations to come, through family transitions. Carter & McGoldrick (1998:3) states that the individual life cycle takes place within the family life cycle which is the primary context of human development. This perspective is crucial in understanding the emotional aspects family members encounter as they move together through life.

How families make sense of crisis situations and the meaning they endow to them, is most crucial for resilience. A critical event or disruptive transition (such as a divorce situation) can catalise a major shift in a family's belief system, with reverberations for immediate reorganization and long-term adaptation (Walsh, 2006:53). Normal life cycle transitions (midlife or old age) could also pose a challenge to the family. However, life cycle transitions should be viewed as milestones and not as challenges.

Shared beliefs shape interactional patterns and are fundamental to family identity and coping strategies and is closely linked with family belief systems and family norms. Expressed family norms such as "We never give up when the going is tough" direct actions taken and the realization that over time, mutual expectations need to be reappraised and rules altered due to changing needs and constraints. Shared beliefs develop and are reaffirmed or altered over the course of the family life cycle and across the multi-generational network of relationships.

Walsh (2006:51) states that shared beliefs shape family norms which serve as basis for family rules to govern the family, as well as facilitating the role expectations of family members. In well-functioning families, relationship rules organize interaction and maintain system integration through which the behaviour of family members is regulated.

5.4.2.3   *Family processes that influence the family's ability to cope*

Patterson (2002:233-246) highlights the fact that to link resilience to the family stress theory implies consideration of whether family demands, giving rise to stress, is equivalent to risks in terms of mechanisms or family processes rather than risk factors. This imputes to the "life-as-risk" perspective that has been "articulated primarily by practitioners whose interest has been the encouragement of a new approach to prevention and intervention that focuses on individual and family strengths rather than deficits".

Family processes can influence the family's ability to cope. A breakdown in communication between Petrie and his family and their extended family (due to the changing of the foster care placement of his sister's two children from his brother's care to his), caused Petrie heartache and sorrow and the loss of a support system. Petrie expressed his feelings by saying: "We feel very sad about the whole situation. We tried, we asked grandmother to come, but they stay away. The situation brings pain in return" (P&B:C2-3).

5.4.2.4 *Dynamic balance between stability and change*

With reference to the Resilience Model of Family Stress, Adjustment and Adaptation (FAAR Model) as discussed on chapter 2 (page 42) the researcher is of the opinion that families are engaged in a continuous process of balancing stability with change, dependant on the variables that impact on family functioning on daily basis.

5.4.2.5 *Working together to overcome challenges*

Family cohesion and flexibility and the relationships within families will, amongst other factors, determine the degree to which the family is capable of working together in order to overcome challenges. Patterson (2002:233-246) states that interventions that strengthen family capabilities will better the family's position to successfully adapt - and to be resilient.

Meaningful kin and community connections are lifelines in times of distress. Investment in affiliation and collaboration increases a family's potential to surmount to overwhelming challenges. A relationship is strengthened when a crisis is viewed as a shared challenge. Families are best able to weather adversity when members have an abiding loyalty and faith in one another, rooted in a strong sense of trust (Beavers & Hampson in Walsh, 2006: 57).

However, the ability to be trustful of the world and to view others as caring or compassionate can be impaired by repeated experiences of discrimination, exploitation or abuse. Positive family ties may be overshadowed by past disappointment and conflict. Yet resilience and growth involve family members coming to terms with their past and integrating meaningful understanding into their current lives and future hopes and dreams (Walsh, 2006:57-59).

5.4.3   CENTRAL THEME 3:
PROTECTIVE PROCESSES (RISKS, STRENGTHS AND PROTECTIVE/BUFFERING FACTORS)

The assumption can be made that there is interaction between risk factors, protective mechanisms and family strengths (internal and external support networks and resources) and its positive or negative outcomes for a family. McCubbin and McCubbin (in Coyle, 1990:2) describe these dynamic interaction processes between risk and protective mechanisms/family strengths as the enablers for the family to adjust and adapt to stressful life events.

As was previously stated, there is interaction between risk factors, protective mechanisms and family strengths and their positive or negative outcomes for a family. The case study of Annie will be utilized to illustrate the different aspects of this theme.

It proved to be not too difficult for the families to identify the challenges they are confronted with. However, to focus on and to identify individual and family strengths were experienced as being more challenging.

5.4.3.1   *Family risks*

It is important for families and their service providers to identify the risks and or stresses they are facing. In The Manual (2008:95) risk factors are defined as those conditions that increase the likelihood of a family's dysfunctionality or family member/s with behavioural challenges. Strengths of the family can be found either within the family relationship network or within the family context and community. The following domains of risk are identified in the Manual namely: individual risk factors, peer risk factors, family risk factors, school/work related risk factors and community risk factors.

Annie previously identified, under theme 1, as being resilient, could clearly identify family risks factors, as well as family strengths.

During the interview she mentioned the following challenges that posed to be risks to the family:

- "My husband and I have separated four times already because the children did not want to accept him" (ANNI:B13-14)

- "My eldest daughter has now decided that she is gay" (ANNI:B15)

- "Daniel does not accept my discipline" (ANNI:C18)

- Usually communication ends up in conflict, which ends up in an eruption of rage (ANNI:D6)

- He (my husband) does not like the fighting, but when he is under the influence of alcohol. Then he will explode and it becomes a "helse" (terrible) fight (ANNI:D12-13)

5.4.3.2   *Family strengths*

Family strengths lie in the strengths of its members as well as in the inter-relationships within the family, as well as in the intra-relationships with the community and broader society. The ability of families and their members to identify their strengths, will assist the family to develop coping mechanisms to shift from helplessness and despair when facing challenges or risk situations towards believing in their own potential to better the situation.

In The Manual it is stipulated that the identification of family strengths could be a complicated process. The Manual suggests that family strengths should be identified in accordance with specific domains, namely: (1) family resources; (2) family functions; (3) family interaction; (4) the family life cycle; (5) self-identity; (6) family affection and, (7) education and vocational strengths. A proposed framework based on these domains was developed to assist with the identification of family strengths. The Manual states that knowledge of the strengths of a family would assists with the identification of family resources and with the improvement of the self-concept of a family, as well as with the building of confidence in family capabilities, to the benefit of the family and its service provider/s (The Manual, 2008:108-116).

DeFrain (1999:6-13) states that "If researchers study only family problems, they are likely to find only family problems. Similarly, when educators, community organizers, therapists and researchers are interested in family strengths, they look for them. When these strengths are identified, they can become the foundation for continued growth and positive change in a family and a society."

As family strengths, Annie identified the following:

- "My husband has good insight into the children" (ANNI:B20)
- "With my finances I should say we are independent, although we are still staying here (ANNI:C9-10)
- "We talk in a comfortable way to each other – what is to be said is said in a humoristic way" (ANNI:D28-29)
- "I think positively. They (my family) want to move forward with me" (ANNI:E26-27)
- "At the end we compromise" (ANNI:D24)
- "My husband is a gentle person" (ANNI:F15)
- "We stand together as a family to address life's challenges" (ANNI:F16)
- "We have a strong family bond. I have a good relationship with my children" (ANNI:F18-19)

5.4.3.3 *Identifying buffering/protective factors and processes*

To deal effectively or cope with crises or persistent adversity, families must mobilize and organize their resources, buffer stresses and reorganize to fit changing conditions. Aneshensel (1992:15-38) defines *coping* as the cognitive and behavioural efforts of the family to master, tolerate or reduce external and internal demands and conflicts. She furthermore stipulates that coping and social support are functionally isomorphic concepts. Where coping refers to actions taken on own behalf, social support refers to actions undertaken by others. Coping and social support perform parallel functions, influencing the occurrence and impact of stressful life experiences.

Pecora (in Jenson & Fraser, 2006: 29) states that risk and protective factors are those elements that respectively influence the chances of adverse or positive outcomes.

She identifies three categories as protective factors namely:

- Individual characteristics - including attributes such as self-sufficiency, high self-esteem and altruism

- Family characteristics - include supportive relationships with adult family members, harmonious family relationships, expressions of warmth between family members and mobilization of support in times of stress

- The presence of supportive others - community support refers to supportive relationships with people or organizations external to the family. These external supports provide positive and supportive feedback to the child and act to reinforce and reward the child's positive coping abilities

Most importantly protective factors arise from the family and community context such as parental competence, positive disciplinary approaches, caregivers and advocates, social support, positive peer networks and the presence of extended family members. Inclusion in community activities is the availability of family resources such as, medical, educational and financial resources, to the family.

Protective factors or processes are also commonly called buffering factors or processes-lessening the impact by being present or not, contributing to a positive outcome.

All families need support to be able to function effectively and to be resilient. Linkages with the social world are vitally important for family resilience, especially in times of crisis. When strong families cannot solve problems on their own, they are more likely to turn to social resources such as the extended family, friends, neighbours, community services and therapy or counseling. Conversely, family isolation and lack of social support contribute to dysfunction under stress. Stinnett & Defrain (in Walsh, 2006:99) found that strong families have the strength to admit that they have difficulties and will request psycho-social intervention if necessary.

In many South African traditional cultures, a culture of "Ubuntu" - your child is my child - is advocated for. This implies that communities, in accordance with cultural values, take co-responsibility for families by providing them with a support network.

However, social fragmentation and self reliance inroad on these practices, depleting families from vital support networks for resilience.

Boyd-Franklin (in Walsh 2006:100) states that formal and informal kin networks in African American and many ethnic and immigrant families are lifelines for resilience and enable struggling families to survive the negative effects of poverty, racism and inner-city violence.

Satir, Whitaker & Keith Beavers & Hamson (in Walsh 2006:99) view well-functioning families as open systems with clear yet permeable boundaries, much like a living cell that is cohesive within its borders yet permeable enough for satisfying interchange with the outside world. Members are actively involved in the world and relate to it with optimism and hope and bring varied interests and resources back into the family.

Rutter (in Walsh, 2006:140) identifies the general protective mechanisms that could, through interventions, be strengthened to repair and prepare families to meet future challenges. Key processes in family resilience can be mobilized to strengthen families and reduce vulnerabilities within family by:
- decreasing risk factors;
- reducing negative chain reactions that heighten risk for sustained impact and further crises
- bolstering family and individual pride and efficacy through successful problem mastery such as gaining competence, confidence and connectedness through;
- collaborative efforts, managing the challenges over time for sustained competence and endurance

Green (2007:41) states that "protective factors are those circumstances that moderate the effects of risk and heighten the probability of successful developmental outcomes. Protective factors may be internal, such as self-esteem or external such as a supportive family milieu. Depending on assessment outcomes, social workers can work to strengthen a client's natural healing processes and bolster support networks.

The researcher is of the opinion that a clear distinction should be made between protective factors and protective processes. Green firstly refers and defines protective factors as factors which the researcher also considers as family strengths. Green also refers to family processes, which can be considered as "something that is there, that interacts with something else to bring about a specific outcome". (Green, 2007:43)

Various family protective/buffering factors and processes were identified in the Conceptual Framework of Family Resilience Theory. Utilizing the case study of Annie and her family, the researcher will identify protective processes that contribute to the functioning of the family.

- "We try to work through it (the eldest daughter's decision to be gay). You cannot go about with a grudge in your heart. It just leads to conflict. What then?" (ANNI:B27-28)

The researcher views this as part of the adaptation process as described in the theme: Adaptability. Annie question could be reformulated as: "Should we not accept and adapt to this situation, what would happen then?" This question could bring about various reactions and choices with consequences such as: "Should we not accept my daughter's choice, would we have to reject her?"

- "She (the social worker) helped me a lot with the children. Elze was very difficult at a stage" (ANNI:D2-3)

Annie considers the social worker to be a support system to the family. However, it was the social work intervention process and the engagement in a therapeutic relationship, which brought about the change in the family situation.

The communication patterns of Annie and her family will be discussed under the theme: Communication Process. However, successful problem mastery has been listed as a category of the sub-theme protective factors and processes. Annie describes her family's process of solving problems.

- "There is an outburst and afterwards we do not have contact for some time. But at the end we come to a compromise. I usually sent my daughters messages by cellular phone and try to solve and straighten things out" (ANNI:D23-25)

The researcher views future orientation as a lifelong process with specific drivers that motivate family members to persevere across the family life cycle.

- "I motivated the children to learn at school to obtain better security in life, I try to give to my children that which I never had" (ANNI:E16, F20)

In the Conceptual Framework it states, as sub-theme, that there should be a functional balance between family challenges/risks and family strengths and resources. Annie illustrates this balance.

- "We as family become stronger as we handle negative circumstances" (ANNI:E12)

5.4.4   CENTRAL THEME 4: COMMUNICATION PROCESSES

5.4.4.1   *Clear communication*

Clear communication, open emotional expression, collaborative problem solving and relationship building within the family is vital for effective family functioning and resilience (Epstein et al in Walsh, 2006:107).

Communication within the family needs to be clear, emotions should openly be shared and collaborative problem solving needs to take place.

Effective communication processes within families entail that clear, consistent messages (words and actions) should be given in order to clarify ambiguous information and to ensure seeking the truth and speaking the truth.

5.4.4.2   *Open emotional expression*

It is important that a range of feelings (love, joy, pain, hope and fear) be shared within the family and its supportive social networks. In order to portray sincerity mutual empathy for each other and tolerance for differences should be communicated.

Family members should be taught through effective communication processes to take responsibility for their own feelings and behaviour and to avoid blaming as one of the negative communication patterns. For the well-being of family members and for family well-being pleasurable interactions; respite, humor should form part of the family's communication patterns which could enhance the ability of family members to openly express emotional feelings towards each other.

Black & Lebo (2008:42) states that open emotional sharing is expressed in families through behaviour, tone, words, availability and communication patterns in a climate of mutual trust. However, tension within families, as non-verbal communication, is often

bred by attempts such as secrecy or silence to protect one another from painful or threatening information and often brings about negative feelings of mistrust and anger**.**

5.4.4.3   Collaborative problem solving

Creative brainstorming through effective communication processes enhances the family's resourcefulness in solving problems and finding solutions.

Collaborative problem solving also leads to shared decision making where the buy-in of family members into the decisions made brought about the taking of co-responsibility for the execution of decisions.

Alternative conflict resolution methods and negotiation skills ensure that family members continue to feel secure within the family environment despite misunderstanding. Conflicts that are positively resolved leave family members feeling fairly treated and leave them with a feeling that their voices had been heard. Effective conflict resolution of family disputes within families also ensures that the parties to the conflict experience a feeling of reciprocity and of a win-win outcome.

Similar to the flight plan of a pilot with the end destination clearly established, focusing on the goals towards which the communication process progresses, assists to ensure effective communication. In this process, concrete steps as milestones will be identified that could path the way to build the successful achievement of goals. Furthermore, the communication process also provides an opportunity to learn from failure and for a proactive stance in addressing challenges. Preventative measures can avert crises and prepare the family for possible future challenges they could be facing.

Hetherington (1996:107) states that supportive families are those families characterized by effective family communication. Through communication family members are taught skills to cope, as well as strategies to address challenges.

5.4.4.4.   *Relationship building*

With regard to this important aspect, the researcher was struck by the fact that this important sub-theme had to be added as an "after thought" to the conceptual framework. The researcher came to the conclusion that relationship building is such a natural process that it is often taken for granted. But, the building of relationships, through effective communication and maintaining them through meaningful interaction with one another, is hard work and therefore requires special emphasis.

The saying "no man is an island" is very relevant as the relational network of individuals with themselves, their family, community (including working environment), broader society and lastly higher powers (spirituality) and the specific roles of the individual (eg mother, sister, daughter ect), is very much the essence of the individual's existence. Longres (2000:408) states that the self (the individual) first emerges in childhood, but it is subject to continual change and reshaping through life as a function of interaction with others. As one of the basic social processes, interaction operates along with recruitment, socialization, innovation and control. Longres furthermore, states that people understand themselves and others only through their social positions, the roles and status they occupy. 'Status' refers to the position itself (family member, mother, parent student ect) whilst 'role' refers to the dynamic aspects of the position and the interactions and actions it brings about.

In order to build relationships it is essential to establish rapport with one another. In The Manual (2008:154) it is stated that building rapport means building the initial bridge between two parties, which they will be able to cross as they come to know each other better. The relationship that service providers establish with their clients becomes a tool to be used in delivering effective services.

Relationship building requires trust, honesty, sincerity and commitment as important elements of a meaningful lasting relationship.

Communication processes, are regarded as one of the most important processes in family functioning. Without communication, relationships cannot be built and maintained. Human beings need meaningful relationships to give impetus to their existence.

Communication processes facilitate family functioning. Zietlin (1995:56) states that communication facilitates cohesion (emotional bonding) and the ability of the family to adapt and move on in life. DeFrain (in Black & Lobo (2008:33-55) states that harmonious communication is the essence of how families create a shared sense of meaning, develop coping strategies and maintain agreement and balance. Unclear communication can bring about confusion and misunderstanding and establish mistrust and insecurity. Positive family communication can be defined as one of the distinguishing characteristics of strong families as it facilitates coping and resilience processes. Furthermore, family communication behaviour is largely the result of cognitive processes that stem from family relationship networks and the beliefs that family members hold about family communication (Koerner & Fitzpatrick in Schrodt, 2009:173).

The researcher is of the opinion that communication verbal and non-verbal is the "gel" that ensures family cohesion, family closeness, belonging and a loving relationship between family members. When comparing family functioning with the functioning of a vehicle engine – the essential parts of the engine would not be able to operate without lubrication, (the oil) that is poured into the engine to ensure the smooth running thereof. The less the lubrication, the higher the risk of the engine seizing. Petrol or diesel fuels the engine and can the engine not run without it. However, a fuel problem is much easier to solve.

The lubrication of family functioning is the communication processes within the family, community and broader society. A breakdown in communication within the familial network and structure of the family will eventually result in the complete breakdown of the family unit and family relationships. Fuelled on by common goals and objectives and with effective communication processes within the family, the family could ensure the

well-being of the family and its members. Carew (2006:39) refers to the MacMaster model of Family Functioning which defines six important areas that influence family adjustment namely, problem solving ability, communication, roles, affective responses, affective involvement and behaviour control. Although communication is mentioned here as one of the essential areas, communication provides the tool to ensure that the other areas, as mentioned, are addressed.

Communication not only refers to communication with others, but also refers to inner communication and spiritual communication. The ways in which families communicate have important implications for the social development and well-being of family members. Core communicative processes and relationships, when evaluated as family strengths, serve as coping mechanisms and resources during times of stress and adversity (Koerner &Fitzpatrick in Schrodt, 2009:172).

In the table below, some of the communication patterns and relationships networks of the social work client family participants will be reflected.. The responses are grouped according to how the families presented themselves namely: as resilient; less resilient; or not resilient at all.

Table 5.4   Communication Processes and Family Relationships in Families

Resilient (sic)	
Annie's family	• "We communicate by either showing no reaction or over-reaction. Adaptation without insight" (ANNI:C6) • "We (as family) are very close, except Daniel. He does not accept my discipline. My husband is very reserved and does not share his feelings easily" (ANNI:C18-19) • "No, my father and family are not supporting us (as family). I was a Children's Home child. There is no father-daughter bond " (ANNI:C22-23) • "..conflict ends up in an eruption of rage. The children fight so much. Sometimes, I just walk out of the house. Our communication is: snapping at each other which upsets me. I do not like the in-fighting. We are always arguing" (ANNI:D6-10) • "Not much. But we hug and kiss at special occasions. We do trust each other" (ANNI:D16-17)

Gwenith's family Anita's family Peter and Elzette's family	• "We talk in a comfortable way to each other – what is to be said is said in a humoristic way" (ANNI:D28) • "My brother does not respect me. He steals money. I went to the psychologist so that he could assist me. My brother always wants to have the final say. We cannot control this child. He wants to be one of the adults but he is not. When he goes to church he is different, you will never say that he creates so many problems" (GWEN:A12-15) • "Stand together when something serious has happened. Can talk together and can get help if needed. Love each other and care for each other. .We are still together. There is a willingness to take responsibility for each other" (GWEN:B12-13) • "Conflict resolution? Gw: We cry to ease the pain and pray. We will then sit together and talk together" (GWEN:C2) • "There is a lot of love (in this family). We also express out love for each other – it is like a habit to us. Love keeps us together and then respect as well. There is respect in our house" (ANITA:A11-14) • "Communication? Yes, we agree or differ from each other and then we talk to each other. (We do) not a lot of conflict, even if I call a spade a spade. I do not talk easily about myself. We make joint decisions especially about finances. I shall not buy something without consulting my husband about it. We are fair in our decision making. Each of us will give an opinion, try to give advice" (ANITA:G7-12) • "Love. We try to be humoristic when there is tension. It is nice to do things together. Ph: There is tension and then there is joy" (PET&ELZ:A17-19) • "Peter's children go to their mother every third week. There is a reasonable relationship between us and her"(PET&ELZ:B5-6)
Less resilient	
Sunette's family	• "My family is very cross-grained. Ben is the rebel. Gideon is easy-going, so is Tercia. Tilla holds her position. They do not want to accept my discipline. Ben took a drug overdose. When the policeman asked him whether he loves his mother, he did not say anything" (SUN:B8-11) • "Big Louis knows my background. He knows my children do not respect me, especially the boys. So when he is around, they listen. Sometimes they listen to me even when he is not around" (SUN:B19-21) • "He feels that I am siding with the children and tries to cover up their weaknesses and faults. Especially when he is angry, I try to protect them because their father would have hit them with the fist

	or sjambok. Big Ben says I must talk to him about the children's behaviour. He will listen to me – I should not see him in the same light as my ex-husband" (SUN:D32-33, E1-3) • "I think all of us have a place in this house. Big Ben' presence brings stability. People can rely on him. They can also rely on me. My word is my honour. Although there is at times high level of conflict in the house, the fact that we communicatei s a strong point. It is the way how we communicate, that will have to be addressed" (SUN:E22-26)
Zodwa's family	• "My husband is very strict, you know how Christians can be. He wants things to be straight. I always say to him he should try to understand the bigger children. They do not necessary think like him. I told my husband that one should listen to the children also. He thinks that I am too soft with the kids" (ZOD:C19-23) • "I feel I do not have the authority to handle these adolescents. You know my own children are still much younger. When I take of my shoe for my young children know what it means, but these teenagers just look at me and I do not know what they are thinking. I do not have enough power to discipline them. I wish they would cooperate and see things differently" (ZOD:A30-35)
Petrie and Beatice's family	• "My grandmother is not here and we struggle. The family live in Sebokeng. We call them, but they do not come to show us the way" (P&B:B23-24) • "My brother has money. He does not come because he thinks that we want money from him. They do not bring the children either. My children do not know their children. I talked to my grandmother, but she did not do anything about it". (P&B:B26-29) • "We are too isolated and that causes us to feel alone. We keep on talking with the heart" (P&B:C12-13) • "I am a person who want peace – when there is fighting I do not feel "right." I badly want to have peace. I listen when others talk to each other. I look into their hearts to see how they feel and then I say it in a nice way. I believe you have to talk about a matter to get to a solution; into look at the heart, and listen when someone says something" (P&B:D30-34)
Not resilient	
Mieke's family	• "At this point I do not know, I really do not know. Between my husband and me self, we do not have the understanding we need and we both feel that maybe the problems will go away by itself. My husband has this problem, when we have an argument and he will walk away and will not discuss it, he will give me this silent treatment for two or three days and will never turn back and say I

	am sorry, which makes me feel worse. I am different, if there is a problem I want to talk about it, but he is different, he will not talk" (MIC:B1-7)
	• "Still very hard to cope with the children. Look I am on medication but have not had medication for the last three weeks" (MIC:D26-27)
	• "I know that the medication helps but I can now say that I am more in control of myself and my aggressive behaviour. Previously I would grab or do something to them (the children) but now I have more self-control. I can now think twice before I act. I sit there and I start tapping my feet, that sometime helps or I will start crying. They will then ask " Mommy wat is fout". I tell them to leave me alone and then go out of the room for 10 – 20 minutes and then I will go back. I do not have the tendency now to be abusive towards my children" (MIC:E25-31)
	• "I want to get started on sorting "my kop uit" even if it takes a long time. I want to sort the children out and my emotions" (MIC:H16-17)

Walsh (2006:53) states that a relational view of a family is expressed in its organizational connectedness and communication processes. This statement under-scribes the view of the researcher that communication in all its forms is an essential element for establishing relationships. Also, that the communication processes should be regarded as the heart and soul of all relations.

Through these processes, insight into situations or the lack thereof is reflected. As in the case of Petrie, a breakdown in communication leads to isolation and unhappiness and feelings of rejection by the extended family. Unclear communication, based on misunderstanding, poses a risk to this family and its ability to remain resilient.

In the case of Sunette's family, unresolved conflict and the opportunity to express anger led to aggressive behaviour by the boys towards their mother.

Anita's family clearly illustrates the family's method of problem solving, namely discussing different views, brainstorming until there is common understanding, ending in joint decision making.

The communication patterns reflected above, could have been described and assessed for further research, through the Family Communication Environment Instrument (FCEI) that have three dimensions namely family expressiveness, structural traditionalism (family conformity) and conflict avoidance that summarise individuals' views of their family relationships. It should be noted that whilst family expressiveness is positively associated with family strengths, structural traditionalism and conflict avoidance are inversely associated with family strength (Fitzpatrick and Ritchie in Schrodt, 2009:174)

Greater levels of family conformity could lead to a reduction in the family's ability or desire to adapt, to try new ideas and experiences and to willingly change in response to adversity (Schrodt, 2009:181).

5.4.5   CENTRAL THEME 5:
BELIEF SYSTEMS

Walsh (2006:49) states that family belief systems "as the heart and soul of resilience"are at the core of all family functioning and are powerful forces in resilience. Beliefs are the lenses through which we view the world whilst moving through life, influencing what we see or do not see and what we make of our perceptions.

Beliefs define our reality. Belief systems broadly encompass values, convictions, attitudes, biases and assumptions which unifiedly form a set of basic premises that trigger emotional responses, inform decisions and guide actions. Facilitative beliefs increase options for problem resolution, healing and growth, whereas constraining beliefs perpetuate problems and restrict options (Wright, Watson & Bell in Walsh, 2006:49). Beliefs and actions are intertwined: our actions and their consequences can reinforce or alter our beliefs.

Our beliefs are socially constructed, evolving in a continuous developmental process through transactions with significant others and the larger world. We experience commonalities not only because of similar events, but also when we construe and

interpret the implications of events in a similar way (Hoffman; Wright et al in Walsh, 2006:50).

From this perspective the researcher evaluated the families interviewed, to establish firstly, how they "make meaning" of adversity, secondly their outlook on life and thirdly, what role their transcendent beliefs and spirituality/religiosity play in their overall functioning as family units.

5.4.5.1   Making meaning of adversity

Shared beliefs of families are anchored in cultural values and are influenced by their position and experiences in the social world over time (Falicov et al in Walsh, 2006:51). Family belief systems provide coherence and organize experience to enable family members to make sense of crisis situations.   Shared beliefs provide a meaningful orientation for understanding one another and for approaching new challenges.

While sharing a congruent mythology, members of well-functioning families maintain openness to many differing viewpoints, lifestyles and perceptions.   Truth is seen as relative rather than absolute which permits family members to approach human experience as subjective and unique for each person and situation.   Although not all will be shared beliefs in the family, the dominant beliefs in a family system and its culture, most strongly influence how the family, as a functional unit will deal with adversity (Walsh, 2006:51).

Core beliefs are fundamental to family identity and coping strategies.   In times of crisis, families function best when members rally together and know they can count on each other. The belief of family members that they have the ability to cope and overcome the odds assists families in making sense of a crisis situation. Shared beliefs govern family response to stressful events.   Pulling together is one of the most important processes in weathering crises and assists in endowing the crisis situation with meaning.   This creates

a sense of coherence within which the family is able to view a crisis as a meaningful, comprehensible and manageable challenge.

Through these processes the family is able to normalize and contextualize adversity and distress and to provide explanatory attributions to stressful or crisis situations. How families make sense of a crisis situation and the meaning they endow to it, is most crucial for resilience.

Peter and Elzette feel that you can only make meaning of adversity when you tackle the problem upfront. Peter therefore says: "You should not only try to get up (following adversities), but you should succeed in getting up. You have to get up a better person than you were. That is the idea. It is not about trying but doing" (PET&ELZ:A5-7). As an example Peter told the researcher that: "on 13 February 2008, their whole house was swept away by flood water. We had to rebuild everything from scratch….now everyone is building together" (PET&ELZ:A28-31).

Although Anita considers her family as resilient and able to make sense of crisis situations, she has difficulty in coping as she blames herself for everything that goes wrong with the family. This brings about feelings of not being good enough for her family and depression. As she does not disclose these feelings to the family, they are usually not able to reassure her to the contrary.

Anita said: "I feel it is my responsibility to clean the house, but it is never good enough. I am always afraid I will do something wrong, afraid I will forget something. (ANITA:A28-29). "Life is chasing me. It feels as if I cannot find my feet, I am off-balance" (ANITA:B7).

However, Anita has a strong belief that her family would be able to cope and make a success despite her fears such as that her daughter, Toeks, might have contracted HIV and AIDS through a blood transfusion". "Now I am scared that she might have contracted AIDS. The story of the blood worries me a lot" (ANITA:D18-20).

She states, "We are actually a strong family" (ANITA:F5). She has however, insight into the fact that her reactions might me inappropriate: "I think my over-reactions are a frustration for him (my husband). I think even the children notice how I feel" (ANITA:F5-7).

Gwenith views the challenges that they, as a family, are faced with as manageable and she contexualises them when she states "Everybody (in our family) needs respect and commitment. I know everybody can work together for the good of us and also to sort out our problem" (GWEN:C4-5).

Sunette views Big Ben as a stabilizing factor in the lives of her and the children and the multiple challenges they had to face in the past. She honours Big Ben's ability to view their complicated situation as comprehensible and manageable when she states that: "Big Ben feels that my ex-husband is in the middle of a ball game with us and the children. The result is that we do not form a unit. He feels we have to build bridges to overcome the feelings" (SUN:D29-31). She however, has a realistic view of the family when she says that she believes that the family is resilient, "Although there are matters that have to be addressed and worked on" (SUN:E30-31).

5.4.5.2   *Outlook on life*

A positive outlook in overcoming adversity has been found to be vitally important for resilience. Key elements involve hope "to leap with expectation" and optimism "with a leap of faith"; focus on strengths and potential; initiative and perseverance; courage and "en-courage-ment"; and active mastery and acceptance. All are essential in forging the strength needed to withstand and rebound from adversity. Perseverance – the ability to "struggle well" and persist in the face of overwhelming adversity is a key element in resilience (Walsh, 2006:65-69).

High-functioning families recognize that success in human endeavours depends on variables beyond their control, yet they share the conviction that with goals and purpose, they can make a difference in their lives (Beavers & Hampson in Walsh, 2006:64).

Peter and his family could make sense of the crisis they went through and endowed it with meaning, he therefore states: "I think everything that happens has a purpose although one does not always understand the why. It takes time to work through everything. Through what had happened to our family we learned a lot" (PET&ElZ:C22-32).

On they other hand, Zodwa clearly struggles to make sense of her suffering and to establish the meaning of it all. She also does not feel as if she is coping with the situation. "…I sometimes think: 'what did I do wrong in life to deserve this suffering?' Sometimes I think why did I not leave them alone as my parents did to me? Sometimes I blame my parents, but then I think, they did not want to die. I feel like asking why but there is no why (answer)" (ZOD:B40-43).

Anita expresses strong hope for the future of the family when she states: "Yes a person learns through experience. I have a good feeling about the future of my family. If only I could help myself" (ANITA:H18-19).

Gwenith states that: "I believe that God has great things for my family, we need to grow spiritually and stand together and be dependent on each other" (GWEN:C12-13). Her positive view on the future reflects hope and willingness to persevere despite the challenges the family is faced with.

5.4.5.3 *Transcendence and spirituality*

Walsh (2006:72) states that transcendent beliefs provide meaning, purpose and connections beyond the individual, their families and their troubles. They provide continuity from the past into the future, with generations before and those that will come thereafter. The need to find greater meaning in life is more commonly met through spiritual faith and cultural heritage. It may also be expressed through deep philosophical, ideological or political convictions. A transcendent value system, whether conventional or unique, enables the definition of own life in relationship with others as meaningful and

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significant. Individuals prosper within significant relationships and families thrive when connected to larger communities and value systems.

Longres (2000:22-29) states that individuals should be considered as a human system within the broader systems of family, community and society. He states that not only are individuals basic human systems within their own right, they also constitute the basic element and the driving force or energy of all social systems. True to the systems theory individuals, like all other systems, comprise of dynamic parts or processes that together make up a larger domain. The two domains of the human system are the biophysical and the psychological domains. Longres (2000) suggests that spirituality should also be considered as a domain as all individuals have a need for spiritual development.

Most of our fundamental beliefs are founded in spirituality and religion. Spirituality involves an active investment in internalized beliefs that bring a sense of meaning, wholeness and connection with others. Most spiritual orientations see human experience as socio-centric, embedded within the family and larger community. Spirituality provides the opportunity to expand personal awareness of local and universal concerns and with it, responsibility for and beyond oneself.

Spirituality can be experienced either within or outside formal religious structures. Religion and religiosity is the degree to which one is attached to the spiritual values and beliefs of an institutionalized religion (Longres, 2000:29).

Transpersonal psychologists believe that spirituality is not necessarily tied to religion. Although the two might go hand in hand they do not need to. Blumfield & Cowley (in Longres, 2000:29) supports the idea that people who do not practice a religion can nevertheless be spiritual. Out of this perspective, spirituality is not defined in terms of any particular religious belief system, but as an "experience of wholeness and integration". Spirituality has to do with one's sense of "overall personal fulfillment and satisfaction with life, a sense of peace with oneself and the world…a sense of unity with

the cosmos or a personal closeness to God, or with Nature". However, not all spiritual beliefs lead to mental well-being. (Longress, 2000:30)

Suffering invites us into the spiritual domain. Religion and spirituality offer comfort and meaning beyond comprehension in the face of adversity. Personal faith ties people's strengths to the ability to endure hardship, overcome challenges and to turn their lives around. Faith is inherently relational, from early in life to the end of life. It is within these caring relationships where fundamental convictions about life and death are shaped and nourished   Within this context, institutional religion offers congregational support in the form of an extended spiritual family to families at community level. Spiritual beliefs and practices have been found to foster strong family functioning, especially in times of crisis (Walsh, 2006:73-74).

Helen Keller (in Walsh, 2006:81) states that it has been found that resilient individuals and families often emerge from shattering crises with a heightened moral compass, a sense of purpose in their lives and more compassion for the plight of others. However, sometimes people just cannot overcome adversity and "pick up the pieces" which is not contributed to an inability to overcome the odds or insufficient positive beliefs or willpower or spiritual purity.

Elzette and Peter mentioned that they participate in the church activities of the Apostolic Faith Mission (AFM) although they do not belong to the church. In times of trouble they receive support from the AFM (after the destruction of their house by floods, the church assisted the family, financially and materially).

Anita is aware of her spirituality, although she not necessarily portrays that her faith is a strength for her to draw upon: "Now a days I do not read the Bible. At night when it is quiet, I shall talk to the Lord" (ANITA:H5-6).

Gwenith states: "……When he goes to church he is different, you will never say that he creates so many problems" (GWEN:A14-15). Gwenith as head of a child-headed family,

struggles with her 17 year old brother. She experiences disciplinary problems as he does not want to accept her authority in the family. However, the fact that her brother does attend church where he behaves appropriately, gives her hope that things could turn for the better in future.

Sunette feels that the Christian Bikers Cell-group will give them support. "I believe that the Lord will keep and help us on our way forward" (SUN:E32-33).

5.4.5.4 Family rituals

A family's identity and beliefs imprinted and conveyed through family rituals and family celebrations. Celebrations during holidays, rites of passage (eg weddings, graduations and funerals), family traditions (anniversaries, reunions), as well as routine family interactions (eg dinner time) reflect a family's identity and belief system. Family rituals facilitate life cycle transitions and the transformation of organized belief systems. ***The meaning of adversity is filtered through the transactions within the family life cycle, from one phase to the other.*** A critical event or disruptive transition (such as divorce) can catalise a major shift in a family belief system, with reverberations for immediate reorganization and long-term adaptation (Walsh, 2006:53).

SUMMARY

The findings of the empirical study confirm that the conceptual framework, developed from the literature study on the family resilience theory, provide a holistic view on what family resilience processes entails.

Furthermore the interview guide, as well as the conceptual framework for family resilience, proved to be a useful tool in the interviewing process. In the next chapter the collective findings, followed by the recommendations, will be presented.

The aim of the chapter will be to provide a summary of the research process, to draw conclusions from the findings and make recommendations. The researcher will present the summary, conclusions and recommendations in accordance with the following aspects of the research process namely:

- The goal of the study
- The objectives of the study
- Conclusions
- Recommendations
- Recommendations regarding further study

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

The aim of the chapter will be to provide a summary of the research process, to draw conclusions from the findings and make recommendations. The researcher will present the summary, conclusions and recommendations in accordance with the following aspects of the research process namely:

- The goal of the study
- The objectives of the study
- Conclusions
- Recommendations
- Recommendations regarding further study

6.1 GOAL AND OBJECTIVES

The researcher is of the opinion that the goal and objectives, as outlined below, have been achieved for the following reasons:

6.1.1 Goal
To explore the manifestation of resilience in the South African social work client family, that enables them to be strong, functional and self-reliant.

The research study provides a broad overview of family resilience processes that in synergy with one another, on a continuum over time, render families either more or less resilient in its strive for family well-being and the well-being of its members.

6.1.2 Objectives

Objective 1

To conduct a literature study to identify those characteristics, family processes and institutions which contribute to family resilience.

A literature review on family resilience theory has been conducted as foundation for a holistic understanding of family resilience, its characteristics, the family processes that it involves and the institutions (resources and support mechanisms) which contribute towards family resilience. Not only was the different characteristics and family processes of family resilience explored, but its synergetic nature was also highlighted.

Attention was also given to the role that the resilience of individual family members play, in rendering families resilient with a focus on positive adaptive strategies, .

It was establish that resilience entails ordinary human development and positive adaptation that does not compromise its protective systems. Family resilience entails a relational view on the family as system where the interactive nature of key family and protective processes versus risk factors result in some level of family adaptation, rendering the family either more or less resilient in facing life's challenges.

As integral part of the literature review, different models, and approaches to family interventions were interrogated, for a clear understanding of how intervention processes could contribute to family resilience and family well-being.

From the information gathered the researcher developed a conceptual framework for Family Resilience Theory with 5 central themes that correlate with the domains (family processes) of family resilience as keys in the family resilience process.

Objective 2

To explore the perspectives of social workers and their social work client families on family resilience within the South African context through qualitative research.

For achieving this goal, the researcher actively involved the social workers, identified as sample group, to give their views on what family resilience entails in broader terms, but also why they consider the social work client families, whom they had identified as sample group, as being resilient. This method provided the opportunity to explore not only the perceptions of social work client families, but also of those social workers delivering services to these families.

The social workers were able to convey that changes had been brought about in these families through the identified family resilient processes that interactively rendered the families to be more resilient. Furthermore they were able to identify risks, as well as strengths to underpin the effectiveness of the strengths-based approach.

An interview guide based on the conceptual framework for family resilience theory was utilized to conduct in-depth semi-structured interviews with both the social workers and their social work client families as sample groups.

Objective 3

To highlight the correlation between a family resilience perspective and a strengths-based approach for social work practice.

The correlation between a family resilience perspective and a strengths-based approach in service rendering, was illustrated and highlighted. Seven social work client families and their social workers were interviewed with the family resilience theory as the reference framework. The interviews provided the researcher with the opportunity to clearly establish and illustrate how the empirical data, derived from the interviews on the resiliency of the families, compliments the family resilience theory and the strengths-

based approach. The familial networks, as well as the external family support networks and resources as strengths of the family were discussed in terms of family resilience.

The understanding of family resilience by service providers, is a prerequisite for a strengths-based approach to services delivered to families.

The empirical data, (coded interviews with the social work clients and the social workers) highlights the importance of a knowledge base for social work practice on the family resilience processes (the risks, strengths, protective factors, as well as adaptation processes unique to each family) in rendering integrated and holistic services to families. A thorough knowledge base on family resilience and its processes could also assist when conducting a family developmental assessment, as well as developing a family developmental plan as guide for social work intervention.

Furthermore, a knowledge-base on family resilience could be indispensible and of great assistance to families to function optimally.

Objective 4

To explore the manifestation of resilience in the South African family as contributory to strong families, so as to support South African policy directives that advocate for the promotion of family life and the strengthening of families, for family well-being.

In Chapter 3, the contribution of family policy to the general well-being of families and its members was explored. The importance of an ecological or systems perspective on the family was highlighted to illustrate family members as components of the family system; and families as components of communities; and the broader society. Furthermore, the family as focal point for all services (services to the family, as well as to its individual family members) deems to be of the utmost importance.

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The importance of a family policy and other family-focused policies as guide in providing policy directives to enhance family resilience for family well-being, was illustrated and discussed.

The in-depth discussions on family resilience and family well-being, as outcome for social service delivery, as per policy directives, contribute to the contextualization of family resilience as an integral part of social work practice.

6.2   CONCLUSIONS

The following conclusions and assumptions could be made, derived from the research conducted:

6.2.1   Defining families should not pose a challenge, as family are those you consider to be your family – not the pre-conceived idea of what a family should be.

6.2.2   Families should be viewed as a social system considered from an ecological/systems perspective. This approach lays the foundation for integrated service delivery to families.

6.2.3   All families are subjected to challenges or risk factors. However, all families have strengths and protective processes that could serve as empowering mechanisms to address these challenges or risk factors. Family resilience processes thus is universally applicable to all families in rendering families either more or less resilient at certain stages of the family life cycle.

6.2.4   The resilience process is a complex interactional process. Therefore one risk factor versus one protective factor does not necessarily have the same outcome. Variables that impact on the process will be found within individual family members, the family unit, the community and the broader society.

6.2.5   Family resilience is a process and implies a relational perspective on resilience. Family resilience refers to the coping and adaptational processes of the family as functional unit.

6.2.6   The strengths-based approach in rendering services to families, combined with the family resilience perspective, serves as a valuable conceptual map for rendering a wide range of services.

6.2.7   In accordance with family resilience theory, five domains of family resilience were identified that collectively and in synergy with each other, render families resilient.

6.2.8   The interactive communication processes of the family should be viewed as the lubrication of the family resilience processes. The family belief systems of the family need to be considered as the fuel for perseverance and commitment to family adaptability over time for family well-being.

6.2.9   The organizational patterns of the family, as well as its social and economic resources provide the structure for the family as functional unit. Family resources and support networks provide support mechanisms to strengthen families.

6.2.10 Policy directives should recognize family resilience as an outcome for service delivery to families and a prerequisite for family well-being.

6.2.11 Policy should advocate for a strengths-based approach in service rendering and for family-focused interventions.

6.2.12 Family policy should be regarded as important as it provides choices into which family considerations are deliberately structured. Family policy constitutes a collection of separate, but interrelated policy choices and agreed-upon courses of

action that aims to address perceived problems or challenges families experience in society.

6.2.13 Strengthening of families, (building resources and support networks for families whilst addressing family risks and challenges) will ultimately result in stronger resilient families.

6.2.14 Services rendered from a strengths-based approach will impact positively on family empowerment and well-being as outcomes of service delivery.

6.2.15 Challenges faced by families should be interpreted and converted into Government policies and programmes that take cognizance of the principles of risk, protection and resilience in policy design, implementation and evaluation with the end goal as family resilience for family well-being.

6.2.16 For purposes of this research, the qualitative research design was utilised. Qualitative research was found as the most appropriate for building an understanding of what family resilience entails. The real life experiences of South African social work clients could clearly illuminate the processes of family resilience.

6.3   RECOMMENDATIONS

The following recommendations are made emanating from the research findings:

6.3.1   The information on the identified family resilience processes captured in the Conceptual Framework for Family Resilience Theory should be disseminated to social service professionals and be included in the social work curriculum.

6.3.2 The strengths-based approach, as well as family resilience perspective, should be advocated for in policies and strategies, with family resilience and family well-being as outcomes of social work intervention.

6.3.3 The Collaborative model for Integrated Service to Families should be utilized to ensure that the needs of families are holistically addressed. The interactive relationship between the family, politics and the economy should be highlighted, to ensure the general well-being of families and communities, as well as broader society.

6.3.4 The White Paper for Services to Families in South Africa be finalized.

6.4 RECOMMENDATIONS REGARDING FURTHER RESEARCH

Finally it can be recommended that:

6.4.1 Training in resilience-based family intervention to be promoted by social work organizations, that serve families.

6.4.2 Research be undertaken to assess the general applicability of the developed tools (the Conceptual Framework for Family Resilience Theory and the interview guide on family resilience) so as to streamline resilience-based interventions with families.

6.4.3 A comparative analysis to be conducted on family resilience between the South African family and families in other demographic allocations around the world.

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INTERVIEW GUIDE ON FAMILY RESILIENCE

If researchers study only family problems they are likely to find only family problems. Similarly, if educators, community organizers, therapists and researchers are interested in family strengths, they look for them. When these strengths are identified, they can become the foundation for continued growth and positive change in a family and a society.

John DeFrain (2000)

Looking at children and families through the deficit lens obscures the recognition of their capacities and strengths, as well their individuality and uniqueness.

Bernard (1999:99)

The interview guide advances a systemic view of resilience in ecological and developmental contexts, attending to interactional processes that over time strengthen individual family members and families.

The aim of this questionnaire is to investigate the perspectives of service providers and families on family resilience, in accordance with the conceptual framework for family resilience theory.

The questionnaire is divided into four sections, namely:
- The first section concentrates on the level of understanding the participants have on family resilience

- The second section focuses on what research participants consider a family to be

- The third section focuses on the different themes identified for family resilience in accordance with the domains for family resilience as identified in the Conceptual Framework for Family Resilience Theory

We shall be looking at the following:
- ♣ Organisational patterns
- ♣ Adaptability
- ♣ Protective Processes (Risks and strengths, as well as protective/buffering factors)
- ♣ Communication processes and family relationships
- ♣ Family belief systems

- The last section focuses on establishing what the semi-structured interviews meant to the research participants.

This interview guide will be utilized when conducting the semi-structured interviews with families, as well as their social workers.

SECTION 1

KNOWLEDGE AND UNDERSTANDING OF FAMILY RESILIENCE AND ITS CHARACTERISTICS, BY RESEARCH PARTICIPANTS

1.1 What do you think a resilient family is?

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1.2 What do you think are the characteristics/sources of a resilient family:

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1.3 When you think of your own family, would you consider your family as   being resilient/not being resilient.
      Why:

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SECTION 2

DESCRIPTION OF THE FAMILY STRUCTURE AND FAMILY FORM

2.1 Please define a family:

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2.2 Information to be gathered around the family structure:
- **Family life cycle**
- **Type of family**
- **Family members, in different phases of their life cycles, which could create additional challenges**

Indicate where your family is placed when considering the Family Life Cycle
Indicate where your family is placed when considering the Family Life Cycle

Young couple	Married couple without children	Married with young children	Married with primary aged children	Married with adolescent children	Couple with children to launch	Couple In the process of launching children	Couple within their midlife	Elderly couple extended family member

SECTION 3

QUESTIONS GROUPED IN ACCORDANCE WITH THE CENTRALTHEMES IDENTIFIED IN THE CONCEPTUAL FRAMEWORK FOR FAMILY RESILIENCE THEORY

3.1 ORGANISATIONAL PATTERNS

The day to day functioning of the family.
- **Tasks**
- **Role definition**
- **Decision making/who makes the decisions with regard to the daily organization(eg the mother?)**
- **Day planning/routine/ability to organize/objectives/understanding/the achievements of the day/what prompted my objectives of the day/fulfillment of the basic needs of the family members**
- **Understanding that these tasks have to be done on a regular basis**
- **Cognitive processes**

3.1.1. Family Organisational patterns (working together). The way families carry out essential tasks for growth and well-being

3.1.2 Define the tasks your family has to fulfill.

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3.1.3 Do all family members have tasks?

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3.1.4   Who is responsible for what, within the family?

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3.1.5   Resources

(a) Financial resources

(i) Can your family fulfill its financial responsibilities.
 (b) Social and Emotional Resources (your family support mechanisms):

(i) Own family members (are they a social and emotional resource to your family)

Dependent	Mostly Independent	Independent

(ii) Financial resources to utilize when the need arises

	1) Does not provide support	2) Provides limited support	3) Provides regular support	4) Provides adequate support most of the time	5) When the need arises support is given
Family Members					
Extended family					
Friends					
Community Members					
Social Security					

(b) Social and Emotional Resources (your family support mechanisms):

(i) Own family members (are they a social and emotional resource to your family)

1) Not at all	2) To a certain Extent	3) Some family members supportive others not so	4) Family members provide either emotional or social support sporadically	5) Family members provide continuous social and emotional support

(Own family members as social and emotional resources for the family cont….)
Explain your answer

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(ii) Extended family members

1) Not at all	2) To a certain extent	3) Some extended family members supportive, others not	4) Extended Family members provide either emotional or social support sporadically	5) Extended Family members provide continuous social and emotional support

Explain your answer

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(iii) Friends

1) Not at all	2) To a certain extent	3) Some friends supportive, others not so	4) Friends provide either emotional or social support sporadically	5) Friends provide continuous social and emotional support

Explain your answer

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(iv) Community members

- **What community activities do you participate in?**

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What kind of emotional and social support is offered

1) No support	2) To a certain extent	3) Some community members are supportive, others not	4) Community members provide either emotional or social support sporadically	5) Community members provide continuous social and emotional support

Explain your answer

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(v) Therapeutic services

- **Are you or were you and your family engaged in therapeutic services?. Please describe the service/services.**

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- **To what extent did/does this service, in your opinion, provide therapeutic assistance?**

  Please evaluate on a continuum from 1 to 5 with 1 as no assistance and support to 5 as supportive and capacitating in order to manage future challenges.

No assistance   --supportive and capacitating

1	2	3	4	5

Explain your answer

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…………………………………………………………………

- **Will you make use of therapeutic services in future?**

Explain your answer

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ADAPTABILITY

Adaptability is the ability to adjust to changing circumstances that impact on the family:
- **Previous experiences of family members impact on how challenges are dealt with either positively or negatively**
- **Consideration of the impact of the experiences on the family and on all the family members – confirm the perpective of a family centred approach/ intervention**
- **Changes in family structure, family organization patterns, family roles and responsibilities**
- **Stress and coping theory; Stress factors/risks/disruptive- constructive (When does it become disruptive and when does it become constructive)**

3.2.1 Life is subject to changes. Give examples of changes that affected your family.

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3.2.2 How did your family respond to these changing situations?

Please indicate on a scale from 1 to 5 with 1 as not at all and 5 as well, the following:

Please indicate on a scale from 1 to 5 with 1 as not at all and 5 as well, the following:

Not at all--well

1) Not at all	2) With difficulty	3) Reasonably	4) Fairly	5) Well

3.2.3 Flexibility: How does your family adapt to change, should your family be confronted with changes?

Explain your answer:

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3.2.4 Connectedness. When something distressing has happened to your family, how does your family members react to it?

1) Family members distanciate themselves from the problem Over reaction without insight into the problem	2) Rationalisation/ denial phase	3) Intellectualisation	4) React with concern without communicating with each other	5) Family members mutually address the problem Have empathy with each other and are supportive of each other

Explain your answer:

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3.3   PROTECTIVE PROCESSES (RISKS AND STRENGTHS, AS WELL AS PROTECTIVE FACTORS)

All families experience stressful events at certain times during the family life cycle. This includes normative events such as illness or death and also non-normative hardships, such as substance abuse, employment problems or natural disasters.

3.3.1 Describe the risks (challenges) you consider your family to be subjected to either in the past or at present:

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3.3.2 What impact did the risks/challenges, you mentioned above, have on your family functioning?

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3.3.3 How did your family cope with the risk factors/challenges you mentioned?

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3.3.4 Family Strengths

3.3.4.1 What do you regard as the strengths of the family?

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3.3.5 Protective factors of the family (Those factors that support, protect and strengthen the family).

3.3.5.1 What would you consider the protective factors to be, within a family:

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3.3.5.2 Please indicate the protective factors within your family. (Internal factors such as self-esteem and external factors such as support mechanisms).

3.3.5.2 Internal capacities of family members

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3.4   COMMUNICATION PROCESSES

Communication processes: discussing, listening and solving problems and building relationships

3.4.1   Clarity: Are you of the opinion that clear communication exists within your family, please explain:

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3.4.2   In times of crises, does your family discuss these painful events or does your family go into denial or cover-up what happened. Give an example

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3.4.3 Open emotional expression: Is your family capable of expressing emotion?

On a continuum of 1 to 5, what climate of trust, empathy and tolerance exists between your family members.

**Low level of trust, empathy   High level of trust,
and tolerance   empathy and tolerance
between family members   between family members**

1	2	3	4	5

3.4.4 Expressing emotions results in:

Clarity	Mixed reactions	Conflict

3.4.5 Collaborative problem-solving: Do you think that joint decision making exists within your family? Describe the decision making process within your family.

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3.4.6 Do you think that decision making in your family is a shared and fair process?

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3.4.7 Do you think your family has conflict resolving skills and that they can defuse misunderstandings? Explain

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3.4.8 When communicating with one another, which principles are considered as important by your family?

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3.4.9 Which principles are not honoured by your family and what effect does it have on your family's communication patterns?

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3.5   FAMILY BELIEF SYSTEMS

3.5.1 Family belief systems. (Describe your understanding of family belief systems):

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3.5.2 How does your family view problems? Indicate where applicable or add your own description.

► **One cannot do anything about what happens to you in life** ☐

► **Our family experienced situations, in the past, that had detrimental effects on the family** ☐

► **There must be some meaning to the incidents that happen in life** ☐

► **What happens in life has to have meaning, although I do not understand the meaning of it right now** ☐

Own description:

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3.5.3 Do you think adversities/problems are part of family life or do you think only some families experience adversities/problems?

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3.5.4 Do you think it is possible for your family to learn from and be strengthened by the difficulties of life (have a positive outlook)? Please motivate your answer.

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3.5.5 What do you foresee the future of your family to be?

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3.5.6 Does your family have specific family rituals? Please describe them.

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3.5.7 To what extent does your family participate in family rituals?

Never	Seldom	Often	Always

Why:

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3.5.8 Does your family have a positive or negative outlook on life?

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3.5.9 What impact does this outlook on life have on the life of your family?

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3.5.10 Transcendence (going beyond or exceeding usual limits) and spirituality. Do you regard spiritual aspects as important within your family?
Why?

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3.5.11   What role does spirituality play in the lives of your family members?

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3.5.12   What role does it play in the functioning of the family?

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3.5.13   Does your family have hope and a long term vision? Explain

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SECTION 4

4.1 CONCLUSION
This section is used to establish the feelings of the social work client family and understanding of the interview. This section also serves as a debriefing opportunity and a possible referral opportunity, should it be the wish of the client.

4.1.1 After having evaluated which risks, family strengths and protective factors impact on your family, do you still think that your family will/cannot cope with the challenges they encounter?

Yes   ☐

No   ☐

4.1.2 Do you think your family is capable/not capable of addressing the challenges they may encounter?

Yes   ☐

No   ☐

Explain your answer.

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4.1.3 If not, what additional support mechanisms (from outside the family) do you think will assist the family in coping?

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4.1.4 Do you think that your family's ability to cope with change/risk factors/challenges will impact on the long term goals of your family?

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4.1.5 My family is resilient/not resilient as,

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INTERVIEW CONDUCTED BY:

NAME:

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LOCATION:

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DATE OF INTERVIEW:

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INTERVIEWS CONDUCTED BY THE RESEARCHER   NOVEMBER 2009
INDEX

1. ANNIE'S FAMILY

1.1 ILZE (SOCIAL WORKER) REGARDING ANNIE'S FAMILY (SW;ANNI)

A1 Re: How do you see Annie's family?

A2 Il: I know her family well. She has four children. The eldest is 19-20 years.
A3 That is the one with the baby; then she has a son who at this stage is not living
A4 with her – he is staying with a friend. Ilze, her other daughter, is in Roodepoort school.
A5 The previous social worker placed her there as a result of her behavioural problems.
A6 However, she is actually too clever for the school. Jean Pierre, her youngest son lives at
A7 home.

A8 Il: Annie raised the four children on her own. There are three different fathers for the
A9 four children. She has always raised them alone, even though she did not earn a lot of
A10 money. Though all these years she earned about R800 – R900 per month.

A11 Il: She has unbelievable leadership characteristics. She kept the children at school,
A12 bought presents for Christmas. She really battled and fought for her children.

A13 Re: Does the family have any other support except social work support?

A14 Il: Jean Pierre's father, Christo is rather supportive. Jean Pierre visits his father who
A15 pays maintenance. The fathers of the other children do not pay any maintenance.
A16 Three years ago she married for the first time. Her husband is supportive of them.

A17 Il: The people who work here, are friends and very close. In that way they form strong
A18 support systems for each other.
A19 She gets no support from her parents. As a matter of fact, she grew up in a
A20 Children's Home. There is some relationship with her brothers and sisters, but they
A21 are not really supporting her. The SAVF was her only real support over the years.

A22 Re: For how long has she been at the Centre (housing scheme)?

A23 Il: I do not know, but I think about 18 years. There are people who have been here
A24 longer than that.

A25 Re: Can you identify any changes that impacted on the family?

A26 Il: One of the major changes was when she got married to Andre. Daniel was very
A27 affected and left home. It influenced the family. Perhaps she can tell you more about
A28 how it influenced her. Annie told me yesterday that she told her children that their
A29 stepfather is doing more for them than their own fathers ever did. He maintains them.
A30 To my mind the impact is positive and negative. For the first time there was also an
A31 extra salary. However, Andre drinks and then there are huge fights. She once laid a
A32 complaint at the police station because of his aggressive behaviour.

B1   Re: If you look at the situation, what do you think will happen - will this marriage last?

B2   Il: In the long term it is positive that Annie is married now. There is a male in the house,
B3   although I do not know what authority he has over the family. There is more money
B4   available for the household, thus they can maintain a better quality of life. That is
B6   positive.

B7   Re: If you look at the type of risks and challenges the family had to face, do you
B8   still regard them as resilient.

B9   Il: When Jennifer fell pregnant she left the boyfriend. She told me that she is gay now. I
B10   know there are issues to keep the child, as the father now claims that she is an unfit
B11   mother and he wants the baby to be removed.

B12   Re: The impact on the family?

B13   Il: Ilze said that everything is about Jennifer and the baby. Daniel did not want to be part
B14   of the mess and he chose to live with a friend. Ilze is busy fighting with the whole family
B15   and Jean Pierre has to handle everything. Yes, it definitely has an impact on the family.
B16   All the children fight and there is conflict between them.

B17   Re: The family's communication patterns?

B18   Il: However, the communication within the family is fairly good, but on a different level.
B19   There is a high level of conflict within the family.

B20   Il: They do stand together in times of problems and challenges. There is a high level of
B21   trust and tolerance.

B22   Re: Can they communicate with each other on an emotional level.

B23   Il: Yes, but again, it is accompanied by a high level of conflict.

B24   Re: Tell me more about the family's organizational patterns and how adaptable the
B25   family is.

B26   Il: They can adapt well. Look at where the family came from and where they are now.
B27   When Annie got married it was a great adjustment, but the family did adapt to the new
B28   circumstances.

B29   Re: The relationships within the family?

B30   Il: This family stands together when something happens. It unites them. I do not know
B31   why Daniel moved out. It could have been a step father/son
B32   relationship problem.

B33   Re: How are they coping financially?

B34   Il: They are financially independent. Jenny at first, after having had the baby, stayed
B35   home but she was told that she now has a family and that if she wishes to stay, she will
B36   have to contribute to the household. She cannot live on others.

C1 <u>Re:</u> Community support systems?

C2 <u>Il:</u> SAVF is a strong support system for the family. The family experiences a sense of
C3 belonging, especially due to the fact they make use of the housing provided by the
C4 organization. They live in a school that was converted into flats.

C5 <u>Il:</u> Annie listens to advice and she is comfortable to come and ask for advice.

C6 <u>Re:</u> The mother's problem solving skills?

C7 <u>Re:</u> She has good problems solving skills. She acts pro-actively, but sometimes
C8 she reacts too strongly to what takes place. She is able to handle her own emotions.

C9 <u>Re:</u> Her vision for the future.

C10 <u>Il:</u> I feel that her vision might be blurred. She is not really actively involved in the
C11 church. She is able to learn through experience.

_____

1.3 INTERVIEW WITH ANNIE ABOUT HER FAMILY (ANNI)

A1   Re: I work with families. My interest originates from the fact that my own family also
A2   had challenges to overcome. My study is about family resilience: the ability to bounce
A3   back. The ability of the family to beat the odds and to bounce back after having faced
A4   challenges. The belief is, problems do arise, but they can be overcome. Unfortunately
A5   there are families that at times cannot recover and be resilient. These families will need
A6   additional support to become resilient again.

A7   Re: During this interview, I would like you to indentify the interactional processes and
A8   factors that are at work in the functioning of your family.

A9   Re: How would you describe a resilient family?

A10   An: A family that is strong.

A11   Re: And the characteristics of such a family?

A12   An: The mother specifically should have a strong personality. Not all members are
A13   equally strong. The family stands together.

A14   Re: How do you define a family?

A15   An: A mother, father and children. You look at the family as who they are,
A16   some families do not have children.

A17   An: All my children are "illegitimate" children.

A18   Re: In what family life cycle is your family at present?

A19   An: Married with children in primary school and out of school. My eldest daughter,
A20   Jennifer, who has a child, is also staying with us – we are a family within a family!

A21   Re: How does your family function? Do the members have tasks?

A22   An: The children all have tasks. I work, take care of the children and the a grandchild.
A23   Jennifer works until 6 o'clock in the evening. My husband is the actual breadwinner.

A24   Re: Who makes the decisions?

A25   An: Andre and I make joint decisions.

A26   Re: What are the individual members' responsibilities?

A27   An: The children must do their homework and bath. The family has a routine
A28   that determines how they function daily. The family usually has supper at six thirty.

A30   Re: Life brings about changes. What circumstances have had the greatest impact on
A31   your family?

B1   An: When my daughter fell pregnant. She was in grade 11 and we all had to adapt to
B2   that. It was a very difficult time for me.

B3   Re: What effect did it have on the family?

B4   An: It was very disruptive, especially at first. The children were very disappointed in
B5   their sister. We had to adapt to the situation – there was nothing you could do about it.
B6   We all had to adapt. She is now in the same situation as I was – I warned her against it.

B7   An: My husband was adamant: no abortion.

B8   Re: If you think back, what was the outcome?

B9   An: I think it went well. However, the youngest son was pushed aside a bit.

B10   Re: All families experience difficult circumstances at times, that is part of life.

B11   Re: Apart from the pregnancy and the birth of your grandson, what other risk factors
B12   can you identify within your family?

B13   An: My husband and I have already separated four times, because the children did not
B14   want to accept him. It was very difficult for them to adapt to my marriage.

B15   An: My eldest daughter has now decided that she is gay. I still find it difficult to accept.
B16   I told my youngest son that it was unacceptable. She used to bring gay people home,
B17   something which I could not accept. I feel it is a sin. She had one boyfriend and now
B18   she feels it is the end of the world. It is very difficult. My husband and I fight because
B19   he believes it is her choice. He feels she has to learn the hard way (Sy moet haar kop
B20   maar stamp). My husband has good insight regarding the children.

B21   Re: It is true, she must make her own decisions. She also has to take responsibility for
B22   her choices.

B23   An: Yes, it is true, but her girlfriend does not live with us – I have put my foot down.

B24   Re: Certainly, you can indicate what is acceptable in your home and she has to
B25   abide by and accept your decision.

B26   Re: How do you as family cope with the situation?

B27   An: We try to work through it. You cannot go about with a grudge in you heart.
B28   It just leads to conflict. What then?

B29   Re: There are similarities between the functioning of an organization and a family.
B30   Feelings and issues need to be sorted out for family well-being.

B31   Re: How do you see your family? Is your family adaptable?

B32   An: It is difficult, but we have to get through it. It took a long time to accept the
B33   situation with my daughter and her being gay.

C1   <u>Re</u>: Try to support and understand your daughter. Perhaps she should see a professional?

C2   <u>An</u>: I told Jennifer that she is acting the same why my mother did: My mother pushed us
C3   aside for men, now she is doing the same.

C4   <u>Re</u>: You said that your family communicate with each other. How did the family handle
C5   the situation.

C6   <u>An</u>: There was either no reaction or an over-reaction. Adaptation without insight.

C7   <u>An</u>: We have not discussed issues around Jennifer as a family. We still need to do
that.

C8   <u>Re</u>: What support systems do you have? Financially?

C9   <u>An</u>: With my finances (income) I should say we are independent, although we are
C10   still staying here.

C11   <u>Re</u>: If you experience a crisis who will be supporting you?

C12   <u>An</u>: The people I work with.

C13   <u>Re</u>: Do they give support most of the time?

C14   <u>An</u>: No, only when there is a crisis.

C15   <u>Re</u>: Do you feel you can ask them for support?

C16   <u>An</u>: Yes, I can.

C17   <u>Re</u>: How as a family, are you involved with each other.

C18   <u>An</u>: We are very close, except Daniel. He does not accept my discipline. My husband is
C19   very reserved and does not share his feelings easily. The children accept him as the head
C20   of the family.

C21   <u>Re</u>: You say that your extended family is not very supportive. And your father?.

C22   <u>An</u>: No, my father is not supporting us. I was a Children's Home child. There is no
C23   father-daughter bond.

C24   <u>Re</u>: Friends?

C25   <u>An</u>: Only friends at work, we support each other.

C26   <u>Re</u>: The people at work, as well as those families staying here in the community centre?

C27   <u>An</u>: They are a great support. It eases the load to a great extent.

C28   <u>Re</u>: Therapeutic services? Did you see the social worker.

C29   <u>An</u>: Yes , she was very good to us.
D1   <u>Re</u>: In your opinion, did she support you, was she there for you when you needed her?

D2   <u>An</u>: She helped me a lot with the children. Ilze was very difficult at one stage.
D3   The social worker was a great help.

D4   <u>Re</u>: How is the relationship between the family members?

D5   <u>Re</u>: How do you communicate in the family?

D6   <u>An</u>: Usually communication ends up in conflict, which ends up in an eruption of rage.
D8   There are a lot of these eruptions in our house. The children fight so much. Sometimes, I
D9   just walk out of the house. Our communication is: snapping at each other which upsets
D10   me. I do not like the in-fighting. We are always arguing.

D11   <u>Re</u>: And your husband?

D12   <u>An</u>: He does not like the fighting, but when he is under the influence of alcohol. Then he
D13   will explode and it becomes a "helse" (terrible) fight.

D14   <u>An</u>: These outbursts of him happen once a month. One must learn to handle it.

D15   <u>Re</u>: Do you show your emotions to each other.

D16   <u>An</u> Not much, but we hug and kiss at special occasions.

D17   <u>Re</u>: Do you trust each other.

D18   <u>An</u>: We trust each other sometimes, but sometimes not. Jennifer did not want to tell me
D19   or discuss the fact that she now regards herself as gay.

D20   <u>Re</u>: How do you express your feelings

D21   <u>An</u>: Mixed reactions.

D22   <u>Re</u>: How do you resolve problems or disputes.

D23   <u>An</u>: There is an outburst of anger and afterwards we do not have contact for some time.
D24   But at the end we compromise. I usually sent my daughters messages by cellular phone
D25   and try to solve and straighten things out.

D26   <u>Re</u>: Do you think you make fair decisions.

D27   <u>An</u>: I think it is fair, because we involve everyone.

D28   <u>An</u> We talk in a comfortable way to each other – what is to be said is said in a humoristic
D29   way.

D30   <u>Re</u>: What principles and values are being honoured in you family.

E1   <u>An</u>: I think that the children should regard Andre with more respect – he is the bread
E2   winner of the family and they should learn to trust us and communicate more with Andre.

E3   <u>Re</u>: What are your beliefs as a family?

E4   <u>An</u>: My children think I should not work, they feel Andre alone should work.

E5   <u>An</u>: My children believe that there should be food and milk in the house.

E6   <u>Re</u>: How does you family view problems.

E7   <u>An</u>: I try to give meaning to something traumatic that happened. This is necessary to
E8   ensure that the children have a positive outlook on life. I tell them constantly that things
E9   will get better.

E10   <u>An</u>: I believe that all families have problems, we learn through our mistakes.

E11   <u>Re</u>: Do these challenges strengthen your family.

E12   <u>An</u>: We as family become stronger as we handle negative circumstances.

E13   <u>Re</u>: How do you see the future of the family.

E14   <u>An</u>: Much different from what I once believed it would be, but I am sure we shall get
E15   through this.

E16   <u>An</u>: I motivate the children to do well at school to obtain more security in life.

E17   <u>An</u>: I feel the children must be happy and independent.

E18   <u>An</u>: I myself, would like to have my own house. Sometimes it is rather difficult.

E19   <u>Re</u>: We must always have our dreams.

E20   <u>Re</u>: Certain traditions?

E21   <u>An</u>: I feel that my children should be home on special occasions like a birthday.
E22   The tradition is that I bake cake for them.

E23   <u>Re</u>: Do your children partake?

E24   <u>An</u>: Yes, the children do partake. Usually they are always at home on such occasions.

E25   <u>Re</u>: Do you regard your family as having a positive or negative attitude towards life.

E26   <u>An</u>: I think positive. They want to move forward with me. Jean Pierre as well. He
E27   is a clever child.

E28   <u>An</u>: Daniel is now in Grade 10 for the third year. I told them that I would drag them to
E29   school if necessary. They have to go to school.

F1   Re: Do you go to church?

F2   An: We do, although we seldom go at the moment. They must pick us up and then we
F3   have to wait at the church for almost three hours, which makes it difficult.

F4   Re: Do you think there is a higher meaning to life for each of us?

F5   An: You have to walk your path with its ups and downs, but I do not think that it plays
F6   a big role in my religion and religious beliefs.

F7   An: What are the long term goals of the family?

F8   An: I hope that my children will leave home at some time and have their own homes. I
F9   want a new house very badly.

F10   Re: Involvement in church activities? The church is one of the community's support
F11   systems. .

F12   An: I would like to get involved again, but the people at church look at me when Andre
F13   smells of liquor on a Sunday morning.

F14   Re: What are the strong points (strengths) of your family.

F15   An   I have a strong personality. Andre is a gentle person. We can stand together as a
F16   family to address life's challenges.

F17   An: Jean Pierre loves sports and is doing very well at school.

F18   An: We have a strong family bond. I have a good relationship with my children,
F19   something that I never experienced with my parents.

F20   An: I try to give to my children that which I never had.

F21   Re: What other challenges do you experience? Perhaps the alcohol abuse of your
F22   husband?

F23   An: Yes, I think so. He had a stepfather who expected him, at the age of 10, to drink.

F24   Re: Another challenge is the feelings about Jenny and the fact that she says she is gay.

F25   An: I will discuss it with someone and she must also talk to Jennifer.

F26   Re: You have so many positive aspects in your family. Do you feel it can be bettered?

F27   An: Yes, I think so, we must be able to discuss matters without anger outbursts.

F28   Re: Do you think your family has resilience and will reach its goals.

F29   An: Absolutely, I am positive I am convinced that we shall make it.

_____

2. GWENITH'S FAMILY

2.1 PETUNIA (SOCIAL WORKER) ABOUT GWENITH'S FAMILY (SW;GWEN)

A1   Re: How do you describe family resilience.

A2   Pet: To get your life back on track, after having experienced problems and to deal
A3   and learn to deal with situations. Communication between the family members,
A4   one of the building blocks of resilience.

A5   Re: Tell me about Gwenith's family.

A6   Pet: Both parents of Gwenith died in 2006. The mother died in July and the father in
A7   November 2006. The following year the brother died in July 2007. The children went
A8   through a lot and are still going through a lot. Not one of the paternal or maternal family
A9   is interested in Gwenith and her family.

A10   Re: The family has no contact with the extended family, although they are in Mamelodi?

A11   Pet: No, and not one of Gwenith's family is employed. In the family there are only
A12   siblings. Gwenith, the eldest sister is 22 years, another brother, 21 years, one brother of
A13   17, with whom they have problems and one brother of 12. Gwenith has a son of two.

A14   Re: Why did you identify Gwenith's family as a resilient family?

A15   Pet: They have problems amongst themselves. They do not respect each other.
A16   I have observed that they do not cope with what happened and they do not want
A17   help. Especially the sister needs help as she does not know how to handle the
A18   boys. These are risk factors. However, I do think that the family would be able to
A19   get back on track and be resilient.

A20   Re: Do they get any support from professionals?

A21   Pet: I have tried, but they did not want to go.

A22   Re: What are the strengths of the family?

A23   Pet: The sister is trying very hard to be a good guardian. That is the family's only
strength.

A24   Pet: The younger boys are still attending school. The boys are rude to the sister. The
A25   older boy attends another school and now demands R15 from the sister everyday
A26   for transport, which she does not have. He insists that he gets the R15 every day.

A27   Re: Why did he move to another school. Why did he want to go?

A28   Pet: The peer group influenced him. The peer group convinced him to go to that
A29   school, but at the end they themselves did not attend the school. He is now in grade 9.

B1   Pet: I feel that they are a negative influence on him as they do not go to school anymore,
B2   However, he still goes to school, that is positive.

B3   Re: What income does the family have?

B4   Pet: They receive a pension of R1000 from their inheritance left by the father for the
B5   youngest children. That is why the 17 year old demands the money. He says that the
B6   money is theirs, it is his and his brother's money. He says the older brother and sister
B7   must go out and find work. He also steals from his sister, money that she cannot afford to
lose.

B8   Re: Does he use drugs?

B9   Pet: No

B10   Pet: The 17 year old at least goes to church every week. This is a strength.

B11   Re: He steals the money as he feels it is his money?

B12   Re: Why do the sister and brother not work?

B13   Pet: They are trying to get work. The 21 year old
B14   brother studied last year.

B15   Re: It is not good that the brother who tried to study last year is not studying now.

B16   Re: How is the youngest brother coping?

B17   Pet: He is coping but he is also rude, specifically towards his sister.

B18   Re: Maybe the two younger children do not realize that to care for a family carries a lot
B19   of responsibility. The money plays a role as they feel it is their money. However,
B20   the whole household has to be run on the R1000. The younger children do not see the
bigger picture.

B22   Re: Do you still feel that the family can be resilient?

B23   Pet: I still feel that the family is resilient. However, there is a need for support.

B24   Re: I agree, there is definitely a need for support.

B25   Re: If you look at the whole family, it appears as if the family roles are
B26   blurred. The children do not respect the older siblings for what they actually stand for
B27   namely, their parents. I think that they do not understand the fact that they are together
B28   and are supposed to function as a family.

B29   Re: Do they help with home chores?

C1   Pet: No they do not help.

C4   Re: Family therapy could assist them to function like a family. They need to work together and be clear on their roles within the family, for the family to function effectively.

C8   Re: Do you think that the sister specifically, needs assistance with getting work?

C9   Re: What do you think of the communication patterns in the family? It seems as if the family members do not feel that they belong to this newly formed family.

C12   Re: Does the brother of 21 years need assistance to continue studying should he wish to do so?

C13   Pet: Yes I think so, but it is the 17 year old who is a concern.

C14   Re: What are his plans for the future? I think he must get clarity on these issues. It will also be important for him to have a longterm vision. It seems as if he does not have it at all.

C16   Re: The 12 year old, now has the example of a sister and brother who
C17   cannot cope and a 17 year old brother who is disruptive. It really seems as if all the family members need professional assistance to cope with the situation.

C19   Re: It could be that the family members have not adjusted as yet, to the new family
C20   structure. They do not understand the functioning of their family and that places the family at risk.

C22   Pet: If they refuse to get help, I shall not be able to help them.

C23   Pet: Their support systems are not fine. Their parents separated before they died.
C24   The father only came home after he became ill. He died three months later. Then the mother passed away. It is only the neighbours who support the family now.

_____

2.2 GWENITH'S FAMILY (GWEN)

A1   Re: What do you think resilience means?

A2   Gw: If the family stays together regardless of the pain. The family stands
A3   together and share their pain with one another.

A4   Re: What characteristics does a resilient family have?

A5   Gw: Trust, love, respect.

A6   Re: What do you think a family is?

A7   Gw: A family can be other persons, like your neighbors, those who are meaningful
A8   to you.

A9   Re: Your family is a child-headed family?

A10   Gw: Yes, it is my brother and I. My younger brother's still in school. I have a A11
child of 2 years.

A12   Gw: My brother (17 years) does not respect me. He steals money. I went to the
A13   psychologist so that he could assist me. My brother always wants to have the final say.
A14   We cannot control this child. He wants to be one of the adults, but he is not. When he
A15   goes to church he is different, you will never say that he creates so many problems.

A16   Re: Your brother must understand your family structure in order to solve these problems.

A17   Re: Do you think your family is resilient?

A18   Gw: There are times that things are great in the family and we stick together when
A19   there is a problem. However, sometimes everyone takes his own direction when
A20   there is problems.

A21   Re: Do each of you have certain tasks?

A22   Gw: Yes, but there are times that I have to do everything, at times they help me. When
A23   they feel like helping they do. Sometimes they will say that I am the girl I should
A24   wash the dishes.

A25   Gw: I feel that my parents spoiled my brothers. Now they do what they want when
A26   they want. I am here because I choose to be here. I could have chosen to be with
A27   my boyfriend, but I chose to be here.

A28   Re: Tell me about changes that affected your family.

A29   Gw: Being a parent at an early age with my baby and my brothers. I am
A30   responsible for everyone and the household

A31   Re: Do you still have contact with the father of your baby.

B1   <u>Gw:</u> He does come to visit at times, but I do not get any support from him. I have
B2   full responsibility for the baby. He quit his job, so he does not pay maintenance.

B3   <u>Re:</u> Other changes?

B4   <u>Gw:</u> The death of my mother and father, especially my mother and shortly thereafter
B5   my father left all of us in shock; and then we lost our brother, we were so shocked.
B6   I feel overburdened by all the responsibilities it brought about.

B7   <u>Re:</u> Do you think your family is flexible and how do you as a family adjust to changing
B8   circumstances?

B9   <u>Gw:</u> I think we are flexible, but we adjust with difficulty.

B10   <u>Re:</u> Your connectedness?

B11   <u>Gw:</u> The problems we have usually draw us closer, but it can also draw us apart.

B12   <u>Re:</u> Let us talk about the risks and strengths of the family.

Risks	Strengths
Relationship problems especially with Tabisu	Stand together when something serious happens.
Communication problems	Can talk together and can get help if needed
	Love each other and care for each other
Challenges they faced drew them apart	We are still together
	There is a willingness to take responsibility for each other
The children do not have tasks, so they do not function like a family	
Many things influence the family	

B13   <u>Re:</u> What are your supporting systems?

B14   <u>Gw:</u> The church and SAVF.

B15   <u>Re:</u> How do your friends support you.

B16   <u>Gw:</u> I do have friends that visit me, but some of my brothers do not like
B17   my friends.

B18   <u>Re:</u> How do you evaluate the family's problem solving skills?

B19   <u>Gw:</u> Sometimes the problems are too much to handle, but somehow we do get to work
B20   them out. Tabiso, however, is another story.

B21   <u>Re:</u> Is there open communication within your family?
B22   <u>Gw:</u> We do have trust and tolerance for each other, we take responsibility for each other,
B23   although with difficulty.

C1   Re: How do you resolve conflict.

C2   Gw: We cry to ease the pain and we pray. We will then sit together and talk.

C3   Re: Respect for each other?

C4   Gw: Everybody needs respect and commitment. I know
C5   our family can work together for the good of us and also to sort out our problems. I think
C6   we will need assistance to deal with Tabiso and the way he behaves.

C7   Re: How do you see the future of your family?

C8   Gw: We are going through difficult times. Most of us are angry at present.
C9   However, I want my family to stand together.

C10   Re: Do you still think that your family is resilient, how do you see the future of
C11   the family?

C12   Gw: I believe that God has great things ahead for my family, but we need to grow
C13   spiritually and stand together and depend on each other.

_____

3.   ANITA'S FAMILY

3.1   WILMIE (SOCIAL WORKER) REGARDING ANITA'S FAMILY (SW;ANITA)

A1   <u>Re:</u> Why do you feel the family is resilient?

A2   <u>Wil</u> You know, this is one of our success stories. Intensive preventative
A3   services were rendered. The family succeeded, with guidance, to function
A4   satisfactorily, and is now living independently from the intermediate housing
A5   scheme of the SAVF.   They are renting a house. The house is however, for
A6   sale, but it could still take some time to be finalised.

A7   <u>Wil</u>:   Anita's family is one of the social work client families that cooperated well.
A8   Therefore, should they have to come back, we will gladly accept the family
A9   back into the intermediate housing scheme. At this stage, their income will not be
A10   enough to afford another house easily. Luckily Ernst's uncle financially assists
A11   them by paying the rent. This uncle has no children of his own. He designated
A12   Ernst, as his heir. He is a good support system to the family.

A13   <u>Re:</u> What were the initial problems the family presented with?

A14   <u>Wil:</u> The family came here without housing, thus homeless. Ernst did not have a job at
A15   that stage and the family had no income. They had no food and shelter like the
A16   rest of the people who are assisted through the intermediate housing scheme.

A17   <u>Re:</u> The structure of the family?

A18   <u>Wil</u>: It is Anita, Ernst, Eric and then Liza. The older children are
A19   independent. Eric is working, but he still depends on his parents.
A20   Eric was in Anker Special School and is presently learning a trade. His
A21   work often sends him to different places. Liza will be attending high school next year.
A22   The two older children do not live with the parents.
A23   They are a very tight-knit family.

A24   <u>Wil:</u> I am of the opinion that Anita has a strong personality. She keeps the family
A25   going. Ernst was in a car crash and his leg was injured. It affected his ability to
A26   work. He got a job where fish cakes are manufactured. At one stage there were
A27   marital problems between him and Anita. Anita left him and took Liza with.
A28   Then the car accident happened. After the accident they reconciled.
A29   Anita is still blaming herself for the accident.

A30   <u>Wil:</u> Anita is very talented. At this stage she makes cushions and does
A31   bead work for an income. We have used her in projects where she taught the
A32   residents to make straw hats. In the past we often requested her to come and assist at
A33   the community centre. In this way she generates her own income.

A34   <u>Wil:</u> Anita worked in a liquor store for two weeks but could not stand the
A35   swearing.

A1   Wil: The family is open to guidance. Anita discussed her work situation with me and I
A2   told her to give it another chance. It was her own decision not to keep on
B3   working there. It shows that she thinks independently. Anita has a big issue
B4   about the death of her sister as a result of HIV and AIDS. She assisted in taking care
B5   of her until she passed away. I arranged three sessions for her with the pastoral
B6   psychologist to address her feelings. The sessions were of great help to her.

B7   Wil: Anita is inclined to be depressed, however, not too seriously. She always
B8   strives towards bettering herself. That is one of the reasons why they moved to a bigger
B9   house but now complains that she cannot manage the house. This feeling being out of
B10   control really upsets her.

B11   Wil: Liza was also in a car accident. Stef, Liza's nephew who stayed with them at
B12   that time took the car without consent. He did not have a driver's license. Liza went
B13   with him and was in the car when the accident happened. Liza was hurt in the accident.
B14   She hurt her pelvis. The incident upset Anita terribly. She blamed herself for it.
B15   Liza is doing very well at school and Anita is very supportive of her.

B16   Wil: However, Anita had endless problems with Eric. He used dagga. We had the police
B17   here and they confirmed it. Eric also had a relationship with a girl who was staying here,
B18   but attended an industrial school. This girl came to me and told me that she was
B19   pregnant. At the end it was not the case, but this all caused a lot of problems. Anita
B20   tried to deal with it all as best as she could.
B21   Re: Any other risk factors in the family?

B22   Wil: Both Anita and Ernst are very attached to their children. I am of the opinion
B23   that Anita must relax a bit. She clings to the children like a hen to her chicks. Ernst
B24   might lose his job again and the house they are living in is for sale. So, there is a strong
B25   possibility that they might move back here, even if it is only on a temporary basis. I am
B26   still rendering social work services to the family. Ernst might have to go for another leg
B27   operation.

B28   Wil: Anita and her family members have strong Christian beliefs. Unfortunately they do
B29   not have a car to be able to attend church.

B30   Wil: Another risk is that the family relies too much on Anita, which could be a
B31   contributing factor to her depression.

B32   Re: Other support systems?

B33   Wil: The uncle in Cape Town. If it was not for him, they would not have been able to
B34   live outside the intermediate housing scheme. Eight months ago they still
B35   received food parcels from our organisation.

B36   Re: Their strengths?

B37   Wil: Anita and Ernst have strong Christian values and have a positive future vision for
B38   their family. However, their children did disappoint them at times. The oldest daughter
B39   has two children born out of wedlock. Their eldest son is in the process of becoming a
B40   successful businessman. They believe in the education of their children.

C1   <u>Wil</u>: Anita's family is a disciplined family and open to guidance. They are not
C2   pigheaded. There is stability within the family and they tend to consider the pros and
C3   cons of decisions before jumping in.

C4   <u>Wil</u>: There are setbacks, but the family gets up and recovers. They are proud and there is
C5   independency, so they can sustain themselves, however, with assistance.

C6   <u>Re:</u> They made the most of their situation. They succeeded in moving from being
C7   dependent to independency.

C8   <u>Wil</u>: Annette told me what the assistance from the intermediate housing scheme meant to
C9   them. They experienced their stay here as meaningful. In that period they could identify
C10   their support systems and make use of them. The family is open for guidance and
C11   we are proud of them.

_____

3.2 INTERVIEW WITH ANITA (ANITA)

A1   Re: We are going to look at the organizational patterns. A family functions like
A2   an organization. We want to look at the family's ability to adjust to
A3   circumstances, risks, strengths and protective factors. Life is not ideal, protective factors
A4   assist with positive outcomes. The same with communication patterns and belief
A5   systems.

A6   Re: Do you think your family is resilient?

A7   An: I should say yes and no. There are changes. It feels the past few
A8   months as if nothing makes sense. Accidents and my child with problems at
A9   work- this month is a crisis month. That is why I say yes and no.

A10   Re: What are the characteristics of a resilient family?

A11   An: Standing together and then we have strengths, but the strengths have
A12   broken down or vanished altogether. There is a lot of love. We also express out
A13   love for each other – it is like a habit to us. Love keeps us together and then
A14   respect as well. There is respect in our house.

A15   Re: Describe a family?

A16   An: People that stand together, are concerned about each other and are
A17   always there for each other.

A18   Re: Describe your family structure.
A19   An: My husband, Ernst, is a strong person, then me, Anita, then the twins
A20   who are independent. Next Eric, he is working and then Liza who is 14 years
A21   old and going to high school next year. One of the twins, Toeks has two babies.
A22   My mother lives in Rustenburg. I do not see her as part of the family.

A23   Re: Describe the organizational patterns of your family and the tasks and
A24   responsibilities.

A25   An: My husband works and fulfills his responsibilities and obligations
A26   towards the family. I never sit down during the day, on the move the whole day,
A27   everything must be in order, walk up and down. I feel it is my responsibility to
A28   clean the house, but it is never good enough. I am always afraid I will do
A29   something wrong, afraid I will forget something.

A30   Re: That would make you tired. Are you very worried?

A31   An: Yes I am very tired "lewensmoeg", and I am worried

A32   An: We went through a lot of stressful events. The accident of Liza and
A33   Toeks's pregnancy in Grade 11. At one stage I blamed myself.

A34   Re: What did you blame yourself for?

B1   An: I blamed myself for the fact that Toeks fell pregnant. I felt I should have
B2   prevented it, been more strict.

B3   Re: Do you think that you deserve all the blame you put on yourself? Not one of us is
B4   perfect.

B5   Re: It could be that you are tired or depressed, as a mother has to be strong. She
B6   usually is the centre figure – keeping the family together.

B7   An: Life is chasing me. It feels as if I cannot find my feet, I am off-balance.

B8   Re: Things were becoming too much for you; did you take any medication?

B9   An: No I only pray every day.

B10   Re: Perhaps you should look at and evaluate whether it has not become necessary to take
B11   medication – sometimes you just have no choice.

B12   An: I went with to the scene of the accident. When I got there and wanted to
B13   help she pushed me away whilst she accepted her father.

B14   Re: That upset you very much and because you were upset, your voice perhaps
B15   sounded different. Now you have the feeling that your daughter rejected you.

B16   An: I know.
B17   Re: The child most probably did not recognize you but you felt the child had rejected
B18   you. It might be that the feelings you experienced are rooted in the
B19   past somewhere and then surfaced. The thought that you could have lost your child and
B20   the shock to see your child like that contributed to these feelings. An accident in itself
B21   causes trauma.

B22   An: At one stage I fled from my family because the family that we had stayed with was
B23   medling.

B24   If I think of my family, in spite of the fact that Toeks fell pregnant too
B25   young and Eric smokes dagga again – he stopped and did not use it for a
B26   long time, but now he is using it again and taking everything into account, I did not
B27   do a bad job of raising the children. I think I did well, but it feels as if I must
B28   keep on doing things for them, later on. I do not know what else to do. It came
B29   to my mind that I am losing my mind. I only live for the children.

B30   Re: What about you?

B31   An: I am also scared that the children will meet with an accident. I am also
B32   scared that Toeks is not a good mother.

B33   Re: It is important for you to look after yourself. We have to discuss this issue again. It
B34   is imperative that you take stock, as you can have a breakdown if you do not address
B35   these feelings timeously.

C1   You have to start thinking positively about yourself. There are   specific reasons for you
C2   to feel like this. We should discuss the matter.

C3   <u>Re:</u> Do the children have tasks to perform? .

C4   <u>An:</u> Yes, the children have responsibilities. Liza prepares food without
C5   complaints. The children perform their tasks without problems. Liza performs
C6   her tasks and responsibilities faithfully. They do it without complaining.

C7   <u>Re:</u> Routine in you home?

C8   <u>An:</u> I function only on routine, I do not think my family ever relaxes.
C9   Especially my husband and I never relax.

C10   <u>Re:</u> Relaxation is essential. It could be a risk if there is no time allocated for
C11   relaxation as it can cause your family to lose its ability to bounce back when faced with
C12   challenges.

C13   <u>An:</u> At first we lived in a small house. We handled our money very well so
C14   that we fulfill our obligations. Eric buys his own stuff. Then we moved to a
C15   bigger house because it was a one bedroom house. Since we lived in the three
C16   bedroom house , I have these negative feelings. The house drives me against the walls.
C17   You clean and the house is always dirty. You work and work with no result. I discussed
C18   with my husband. He said I must relax. At night I feel as if I have achieved or done
C29   nothing. He said, I must relax and not worry too much. Perhaps I cannot cope any
C30   longer. It feels as if there is more dirt every day.

C31   <u>Re:</u> Why do you feel that after you have cleaned, nothing is clean?

C32   <u>An:</u> The wind blows in. The house does not stay clean. I am not that kind of person.
C33   Everything must be clean.

C34   <u>Re:</u> There is a reason for you to feel this way. I believe that you are under a lot of stress
C35   When we discuss change, we need to come back to this, as it can be an indication that
C36   you are not coping at the moment.

C37   <u>An:</u> I must say, the small house was always meticulously clean. I was so
C38   happy there. I feel as if the house we live in at the moment, is not my home.

C39   <u>Re:</u> What happened in the past? Why can you not "own" your house?

C40   <u>An:</u> No, nothing happened and I am not scared of the finances, we do not
C41   believe in luxuries, we never overspend.

D1   An: Everybody in the neighborhood knows about everything. I feel that my
D2   backyard is invaded. There is always a thorough fare. Even if I am in the lounge
D3   I can hear them gossiping in the back yard. It makes me crazy, when I have
D4   guests over the weekend, every body in the vicinity just walks in and out of the house.

D5   Re: Is it possible that you are affected by your environment. Is there a fence
D6   around the house?

D7   An: No they talk all around me; I hear them gossiping and a continuous
D8   walking in and out of the house. There is no fence around the house, only a low wall.
D9   That does not keep them out.

D10   Re: I think your environment is bothering you. That may be the reason why you feel the
D11   house is not yours and that you find your own situation to be more and more stressful.
D12   Your home is important to you, you want to feel it belongs to you.

D13   An: I feel that everyone who stays with me, has the right to a clean
D14   and tidy home. A place where they can be safe. (very emotional)

D15   Re: From what you have told me I think that you may be suffering from post traumatic
D16   stress, as a result of the accident of your child. These aspects should be addressed by
D17   your social worker.

D18   An: I want to tell you something else. When my daughter gave birth, she
D19   had to receive blood transfusion. Now I am scared that she might have
D20   contracted HIV and AIDS. The story of the blood worries me a lot.

D21   Re: Why such a strong reaction?

D22   An: my sister died of HIV and AIDS and I saw how she suffered.

D23   Re: Do you see now that you have put everything together, where these reactions
D24   and feelings come from? You are afraid that your daughter might have HIV and AIDS,
D25   why do you not ask her to go for a test, for your own peace of mind.

D26   An: I was against the transfusion, but she had to receive it- it saved her life.

D27   Re: Your must consider what her reaction will be if you ask her to go for a test, but the
D28   possibility to have picked up the virus is minimal.

D29   An: She is a very sensible person, but I do not know how she will react.

D30   Re: Will the knowledge that she has been tested be less threatening that the insecurity of
D31   not knowing for sure? Your have to address it. You are afraid that these feelings will
D32   affect your ability to be resilient. Everything that happened over the past months
D33   contributed to what your are experiencing now.

E1   Re: Life is subjected to change. Is there an example of a change that had an
E2   impact on your family.

E3   An: Eric was bad, your could not deal with him. He also had temper outbursts. He is
E4   now much calmer. Especially since he started working in Ogies and lives there during
E5   the week. I do not have a problem with him. He is now the best child on earth. He gave
E6   us the courage and hope to go on and continue. People can change no matter the
E7   situation.

E8   Re: Does it worry you that he has started smoking dagga again?

E9   An: No, he is calmer as before. The time he did not smoke he was very
E10   temperamental.

E11   Re: Are you aware of the fact that the use of cannabis can lead to stronger and more
E12   potent drugs.

E13   An: He does not smoke when he has to go to work. They are not allowed
E14   to, they are being tested every morning. When he comes home over weekends he
E15   smokes, but not as much as he used to – once or twice a day. My son-in-law told me
E16   that he is smoking again.

E18   Re: At the time when things were so difficult with Eric how did it affect the
E19   family?

E20   An: It was very difficult. I shed lots of tears, discouraged; it was as if our
E21   whole family was disrupted.

E22   Re: Any support from outside.
E23   An: I have supported him in spite of what he has done.

E24   Re: It seems as if he cannot handle his general stress levels.

E25   Annette: I think it was rather the influence of his friends. He started smoking
E26   then. He changed schools and then he left school. He only has grade 9.

E28   Re: Has he not expressed the desire to continue his schooling?

E29   An: He is an apprentice, qualifying as a boilermaker and welder.

E30   Re: I still think Eric's dagga smoking is a risk factor and that you must regard it as such.

E31   An: He progresses in his work. He has now been working for 8 months.

E32   Re: Perhaps you should arrange for an outsider to discuss it with him. It is positive that
E33   he, with a grade 9, has progressed this far. He must be motivated to stop smoking dagga.

E34   Re: How flexible is your family? Do they adjust easily?

F1   An: yes I think very well.

F2   Re: When something serious happens, do the family members become closer to another
F3   or not.

F4   An: They became closer and we can discuss the problem.

F5   An: We are actually a strong family. My husband is the strongest in our
F6   family. I think my over-reactions are a frustration to him. I think even the
F7   children notice how I feel.

F8   Re: Any other risks?

F9   An: No do not think so. I am of the opinion that we form a unit. After the
F10   accident I withdrew a bit from the family because I felt my husband might think
F11   that I did not look after Liza well enough. My husband is actually a very
F12   positive person.

F13   Re: What are the strengths within your family?

F14   An: Togetherness. We communicate a lot. My husband plays with the
F15   children. In that respect I am not very involved with the children. I teach them certain
F16   crafts like beadwork and I talk a lot to Eric.

F17   Re: How is your marital relationship?

F18   An: We support each other. Our marriage is now much stronger after the car
F19   accident. He does not complain often but he feels on occasions that I neglect him.
F20   The past month I preferred not to have sex wit him. I gave it some thought, what would
F21   happen if he should leave me because of this. He is very good to me and the
F22   children.

F23   An: At night I look for something to keep me busy instead of going to
F24   bed. I do not sleep that much and will then wake up very early in the morning.

F25   Re: Tell me about your support systems and resources.

F26   An: We are financially independent. My husband's uncle helps us when we
F27   have problems.

F28   Re: Emotional support?

F29   An: My mother. She is a reborn Christian. I have learnt the value of prayer from
F30   her.

F31   Re: Involvement in community activities?

F32   An: I was always involved in the activities of the Centre, but I do not have
F33   the time now. I used to teach as well, but not any longer.

G1   Re: Therapeutic services, do you go for help and counseling?

G2   An: Yes I go to the social worker. I go when I need help. I want to be the
G3   Anita I used to be.

G4   Re: Communication?

G5   An: Yes, we agree or differ from each other, but we talk to each other about it.

G6   Re: Emotions; conflict or mixed reactions

G7   An: Not a lot of conflict, even if I call a spade a spade. I do not talk easily
G8   about myself. We make joint decisions especially about finances. I shall not buy
G9   something without consulting my husband about it. We are fair in our decision
G10   making.

G11   An: Each of us will give an opinion, try to give advice.

G12   Re: Principles in the family that are not applied?

G13   An: Liza is inclined to play us off against each other. When I refuse something, she will
G14   go to her father.

G15   Re: Regarding the belief systems?

G16   An: I ask the question why do things happen, but I know the Lord has layed our
G17   path.

G18   Re: Any family problems?

G19   An: All families have problems.

G20   Re: Just try not to worry too much.

G21   Re: Do you think one learns through difficulties and how do you see your family's
G22   future.

G23   An: Yes a person learns through experience. I have a good feeling about the
G24   future of my family. If only I could help myself. Sometimes I feel like a dog when my
G25   husband leaves for work, especially when I have gone to bed so late and did not
G26   pay any attention to him. I feel hurt if I do not give attention to him.

G27   Re: Family rituals?

G28   An: We do things together. We often 'braai' together and say grace before we
G29   eat. That I taught my children over the years.

G30   Re: Your family, a positive or negative outlook on life?

H1   <u>An:</u> I think my family is positive, but I am negative. I think if I do not pull
H2   myself together, it will have a negative effect on the family. I think Liza knows
H3   that I have problems.

H4   <u>Re:</u> Religion?

H5   <u>An:</u> Now a days I do not read the Bible. At night when it is quiet, I shall
H6   talk to the Lord. When my grand children visit me I feel, for the time, as if I do
H7   not have problems.

H8   <u>An:</u> I had a very close relationship with my eldest grand child. Then my
H9   son-in-law had a talk to me and told me that Toeks feels that I am taking over her
H10   role as mother. After that I discussed it with Wilmie, the social worker and
H11   started to withdraw. I was afraid I might lose my child.

H12   <u>Re:</u> Hope and long term vision for your family. Is your family resilient?

H13   <u>An:</u> Only the best. I feel if it is going well now, I will only get better. Yes
H14   I think my family is resilient.

H15   <u>An:</u> I feel that I am not good enough for them, I have lost two children already.

H16   <u>Re:</u> Keep in mind that when your children become independent and become
H17   involved in relationships, you get more children to add to your family.
H18   Do a mind shift – you win children – it is only your role that changes. Think
H19   about what you have achieved and the strengths within your family to move
H20   forward and to overcome obstacles.

H21   <u>An:</u> I feel better now.
H22   <u>Re:</u> I am glad.

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4.   PETER & ELZETTE'S FAMILY

4.1   TILANI (SOCIAL WORKER) REGARDING ELZETTE AND PETER'S FAMILY (SW;PET&ELZ)

A1   Re: Why do you regard Elzette and Peter's family as resilient or being in the process
A2   of becoming resilient.

A3   Ti: Elzette, Peter's second wife was sexually molested as a child-she is not
A4   aware of the fact that I know. This is Elzette's third marriage. She had no children from
A5   the first marriage. Two children were born from the second marriage.

A6   Elzette's second husband abused her and they divorced later. Only after some time
A7   she married Peter.

A8   Peter was previously married and has three children from that marriage.
A9   They got divorced later. She had a relationship with a man who sexually
A10   molested their two eldest daughter. Children's Court Proceedings were started and
A11   the Court gave custody to the father although the divorced ruling allocated
A12   custody to the mother. Peter and Elzette got married a month before the Children's Court
A13   case.

A14   Peter has a very good relationship with his mother. She is a medical
A15   representative. She bought the place where they stay for them. Previously they stayed in
A16   a mobile home.

A17   The two of them are willing to struggle ahead and to build a home for the
A18   children. They look ahead and are working hard to achieve realistic short term
A19   goals. That is the reason why I regard the family as resilient.

A20   The couple is willing and has the perseverance, as well as vision of the future to
A21   be successful. Peter's children have already been in their care for two years.

A22   Ti: Peter has now adopted Elzette's two children. The
A23   children immediately changed their surname.

A24   Peter is the area manager of a departmental store. He is now working in the
A25   community to empower people. They both reach out to other people.

A26   Ti: Peter still has this deep-rooted rage against the man who
A27   molested his children. He still blames himself for not fighting harder, during his
A28   divorce case, for the custody of the children.

A29   Re: Do these feelings affect his functioning and behaviour?

A30   Ti: Peter's behaviour was unacceptable for some time, as a result of
A31   the rage he experienced. To such an extent that it was considered to let the
A32   children go back to their mother. (The man who molested the children no longer
A33   live with the mother). An ultimatum was put to him: pull yourself together or the
A34   children will be have to be removed.

B1   Ti: The psychologist, who evaluated the children, found that the children were
B2   not capable of working through the trauma, as the father was still so angry about the
B3   situation.

B4   Re: Who is their support system?

B5   Ti: The parents of both Peter and Elzette support them. Peter's former wife and
B6   mother of his children is very supportive. Elzette and Peter also regard her as such
B7   and are appreciative of her contribution.

B8   Ti: Peter loves all the children. He makes no distinction between the
B9   children.

B10   Re: Is there open communication amongst the family members?

B11   Ti: There is communication between the children. There is a bond of love
B12   amongst the family members. They are now building their own swimming pool

B13   Re: What other risks are there?

B14   Ti: I feel there are no other risks.

B15   Re: Strengths and protective factors?

B16   Ti: Mother is a real stay-at-home. She cares for the children. She keeps them
B17   under her wing. Father is inclined to be rigid, but he is head of the family. He
B18   takes the final decision. They love each other. They believe that the family
B19   should do activities together. The children orgnise themselves and each other.

B20   Re: What is the relationship between the children.

B21   Ti: They love each other. The parents seem to have good parenting skills.
B22   The father is proud of his family and their ability to handle their situation.

B23   Re: Is there any other support system that could perhaps support the parents?

B24   Ti: They ought to be more actively involved in church activities.

B25   Ti: This family is definitely resilient. Father must work through his feelings
B26   regarding the two older daughters in order to overcome later problems. The
B27   children sense his feelings and it could have an impact later.

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4.2 INTERVIEW WITH PETER AND ELZETTE (PET&ELZ)

A1   Re: Please explain the meaning of resilience?

A2   Re: Tilani (the social worker) indicated that you have the ability to pull things together
A3   and keep it that way.

A4   Re: What do you regard as a resilient family?

A5   Pe: That is somebody who not only tries to get up, but who succeeds in getting
A6   up. You have to get up and be a better person than you were. That is the idea. It is not
A7   about trying but doing.

A8   El: It has its ups and downs, but proceeds. He does not lie down, but gets up and
A9   then it must be better than it was.

A10   Re: Resilient family?

A11   Pe: Our children are now working on bettering their school results. We feel we all
A12   helped to push the bus through. We all tried to make the family structure better.
A13   We got together and everyone tried.

A14   El: We have friction, but we go on again. You become angry now, but later you
A15   go on again, its no use remaining angry.

A16   Re: What characteristics would you regard as being part of resilience?

A17   El: Love. We try to be humoristic when there is tension. It is nice to do things
A18   together.

A19   Pe: There is tension and then there is joy.

A20   Re: How do you define the family?

A21   El: A family is where everyone stands together. When something happens to one
A22   member everyone else helps to make it easier.

A23   Pe: It is like team building. Like a group that have to work together in order to
A24   reach a goal. If one member pulls the other way you do not reach the goal in the end.

A25   Pe: Things are falling into place now. It took some time.

A26   Re: Changes bring adjustment. Was your family confronted with changes that brought
A27   about adjustment?

A28   Pe: The whole house was washed away. On 13 February 2008, the whole house
A29   was swept away. The water destroyed everything. We had to rebuild everything
A30   from scratch. We did not have insurance. Now everyone is helping, we are building
A31   together.

B1   Pe: Our family has a project and we build everything together. We received help from
B2   the church – that strengthened the team spirit greatly. We as a family are
B3   building our own swimming pool.

B4   El: My ex-husband has no contact with the children. My children calls Peter
B12   Daddy.

B5   El: Peter's children go to their mother every third week. There is a reasonable
B6   relationship between us and her.

B7   El: I do not work, I run the household.

B8   Re: What tasks must be done?

B9   Pe: It works like this: I go out to work and Elzette stays at home to see to the
B10   organizing of the family and home.

B11   El: When a child asks something I always confirm with Philip first.

B12   Pe: We have a system; you must make arrangements before hand. When one of the
B13   children wants to do something over the weekend, they start the arrangements on
B14   Monday. On Thursday I will ask what the arrangements are. If they have arranged
B15   something, that is in order. There are rules and everyone knows exactly how it works.
B16   That is part of our disciplinary system.

B17   El: Not everybody has tasks, but everyone has responsibility in the family.

B18   Re: We are now going to look at what family resilience entails. We will be looking at
B19   your long term vision and the family's ability to adjust. Also, at the strengths and
B20   challenges your family is facing.

B21   Re: Your remarriage and the disaster at the beginning of the year. What other changes in
B22   your life had an impact on your family life

B23   El: The most important event was the house that was swept away and that we rebuilt.

B24   Pe: We were deeply shocked. Both Elzette and I cried. The girls were in shock –
B25   there was nothing left. You would not believe it. Elzette's parents supported us, as
B26   well as the church.

B27   Pe: We rebuilt the house in two months with the aid of the church and others.

B28   Re: What other risks are there in the family.

B29   El: The main concern is about the children who have to go by bus to school and
B30   come home safely.

B31   Re: But there is also the fact that the children were sexually abused while they were in
B32   the care of the mother.

C1   Pe: The children are in their right mind. I think they have learnt from this awful
C2   experience. I cannot say that their behariour is bad or that they are up to mischief.

C3   Re: It is difficult for parents to trust after such an experience, but the children too.
C4   Their trust in people was badly shaken.

C5   Pe: You cannot change what had Happen, but I feel the children can heal again and trust
C6   again.

C7   Re: But you as the parents must have trust that the children will hold their own or
C8   else the children feel that you do not trust them. That in itself can create huge
C9   relationship problems.

C10   El: The mother agreed that the children could stay here, the children are not legally in
C11   our care

C12   El: That what had happened to the children and the fact that the biological mother works
C13   night shifts, made her agree that the children could stay with us. The mother comes and
C14   fetches the children regularly and we do not try in any way to keep the children away
C15   from her.

C16   Re: Was the man prosecuted after the alleged sexual abuse?

C17   Pe: No. Nothing came of it. When the children see the man, who lives near us
C18   they get nightmares.

C19   Re: Your future vision for the family?

C20   Pe: We have a strong belief that we will survive and that we and all the children will be
C21   reaching our dreams, and we have many for our family.

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5　SUNETTE'S FAMILY

5.1　DORETTE (SOCIAL WORKER) REGARDING SUNETTE'S FAMILY (SW:SUN)

A1　<u>Do</u>: The father raped his own two daughters. He was sentenced in 2005 and has been in
A2　jail, for molestation and rape, since December 2006.

A3　<u>Do</u>: The father put the eldest daughter on the pill at the age of 15. She was his
A4　target.

A5　<u>Do</u>: The mother was sentenced to 10 years suspended imprisonment, as it
A6　was put to the court that she had turned a blind eye on what was happening as she was
A7　emotionally too distraught to handle the situation.

A8　<u>Do</u>: The younger daughter told her mother about the molestation and rape, but the
A9　mother only said: "If Daddy does it again, be sure the Lord will allow justice to
A10　prevail" The mother did not take any further steps regarding this matter- she most
A11　probably did not know what she had to do. The mother was also very submissive to the
A12　father and most probably did not know how to handle the situation. She agreed to
A13　everything he said. However, she is now much more assertive. She has worked
A14　through that whole process. The daughters are doing well – they received
A15　therapy.

A16　<u>Do</u> At this stage it is she and her partner and the children who live together.

A17　<u>Do</u>: At one stage all the children were removed except the eldest child. The
A18　mother came to the office and said that the father is in jail and she cannot handle
A19　the behaviour of the children – so the children were removed and placed in a
A20　Children's Home. The two daughters first returned to the care of the mother and
A21　then Hennie the eldest son. Gideon returned a little later (Sept 2008). Small Ben
A22　returned a while ago.

A23　<u>Do</u>: Gideon returned on condition for 6 months. We do follow-up visits regularly.
A24　He is doing well, but is always covering up for his older brother's mistakes.

A25　<u>Do</u>: The eldest brother takes after his father. The two girls are doing well, so is
A26　Gideon, but Ben (17) has problems. He is angry with his mother because his
A27　father is in jail. That is his crisis. He cannot go back to school, as he was
A28　expelled. We now have to decide how to handle the situation.

A29　<u>Re</u>: Why do you feel this family is resilient or is in the process of becoming
A30　resilient.

A31　<u>Do</u>: They were not at first but the fact that the mother came for help, stating that
A32　the father is in jail and she is unable to cope with the four children should be seen
A33　as an indication of the first step taken towards growth and resilience.

A34　<u>Do</u>: The mother said "Here they are, I know that you will look after my children
A35　well, but I want them back". That was how she reasoned from day one. She
A36　wanted to get financially stronger. She went for parenting guidance and for
A37　counseling.

B1   Do: That in itself is, to my mind, building blocks towards resilience.

B2   At this stage she is much more self confident and she handles the boys' moods and
B3   behaviour.

B4   Do: She has somewhat of a support system in her cohabitant partner, but I do not
B5   think he is the source of her resilience. I think she now has more insight which
B6   she did not have before. When Ben says certain things to her, she does not
B7   experience it as a personal attack, as was previously the case.

B8   Do: The two daughters are resilient. They must have had it in them as they have been
B9   success story since they were removed. They received treatment and therapy and
B10   they supported each other. Gideon is a go-getter and thus is also resilient. He
B11   cooperates very well. If things go well he will be placed in his
B12   mother's care permanently.

B13   Re: If you look at the family, do you regard them as resilient?

B14   Do: Yes, I think so, but there is still a long way to go, especially if you look at the
B15   levels of resilience of the individual family members. It is within this family
B16   structure that Ben presents himself different from the others. The cohabitant
B17   partner, Big Ben, stands apart form the rest of the family. He is not part of the
B18   disciplinary structure and the education of the children: That is negative.
B19   Big Ben needs to become involved to enhance the resilience of the
B20   family.

B21   Re: Does he have children of his own staying with the family?

B22   Do: No.

B23   Re: It seems to me one of the most significant motivational factors is the fact that
B24   the mother is willing to ask for help. She follows advice and takes initiative. She
B25   has grown, this was not previously the case.

B26   Do: A negative factor is Ben and his functioning. He was expelled from the
B27   Children's Home in 2007 and was placed back into his mother's care. He resists
B28   authority. He is disrespectful towards his mother. He really has behavioural problems
B29   and is not in school at present.

B30   Do: We consider putting him in a hostel. He really has a negative influence on the
B32   family functioning.

B33   Re: Could the mother's cohabitant partner be a risk factor?

B34   Do: Big Ben has a good relationship with most of the children, but he leaves the
B35   discipline to the mother. The mother is not strong enough regarding Ben. Big Ben
B36   does not support her. Furthermore she is afraid Ben may turn around and say to
B37   Big Ben: " You are not my father". She does not know what will happen when Big Ben
B38   takes on the role of the father.

C1   Re: Did small Ben have a good relationship with his biological father?

C2   Do: I think so, because he will say: "Do not talk badly of my father" or " Mom it is your
C3   fault that my father is in jail" He does not take into consideration the fact that the father
C4   had raped his sisters.

C5   Re: What impact will it have on the family if the situation is not addressed?

C6   Do: An in-depth interview must be held with the Big Ben to ascertain whether he is
C7   willing to play a role in the disciplining of the children. As far as I know he does not
C8   want to play a role. He feels it is the task of the mother of the children. The disciplining
C9   of Ben is really a challenge. We are afraid that he may negatively influence Gideon.
C10   The two girls will remain strong.

C11   Re: The family's strong points?

C12   Do: Between the daughters and their mother and Gideon, there is a strong bond, but
C13   I feel Ben is on the periphery. The fact that the mother is willing to ask for help
C14   is a strong point. She is also willing to let small Ben out of the family structure in
C15   order to keep the rest of the family together. The mother has good insight into the
C16   situation. The fact that the daughters are survivors is also a strong point, as well as the
C17   family structure especially if Ben is no longer there.

C18   Do: One of the risk factors is the fact that the father might be released sooner. I do
C19   not know whether the family will be able to handle it.

C20   Re: I think we can assume that it will not happen before the children are
C21   grown-ups.

C22   Do: Furthermore, Gideon is easily influenced and small Ben has a very negative
C23   influence on Gideon.

C24   Re: Was there any drug abuse?

C25   Do: Yes, that is the reason why the school does not want to take him back. The school
C26   said that Ben would not be able to proceed in the school mainstream. He
C27   did not pass any of his subjects this year.

C28   Do: During the last disciplinary hearing he was told that he would have to go to an
C29   Industrial School if anything happens again, but he is no longer of school going age, he
C30   knows it and verbalizes it.

C31   Do: The mother is strong enough to view and evaluate the situation as a whole.
C32   She reaches out to the community and is involved as a volunteer.

C33   Re: What is the major turning point for the family?

C34   Do: I think the fact that the mother's sentence was suspended had a great impact on the
C35   family. The mother is working very hard to prove herself.

D1   Re: The family's support systems?

D2   Do: The SAVF is the mother's greatest support system, as well as the people she
D3   works with. The Children's Home, where the children were, knows the mother very
D4   well and they always try to help.

D5   Re: On a religious level?

D6   Do: I think so, but I do not really know.

D7   Re: Any contact with the father in jail?

D8   Do: No, not at all, not even Ben.

D9   Do: Small Ben's behaviour makes him an outsider.

D10   What protective factors are present in the situation?

D11   Do: Perhaps it is the mother's feelings of guilt that made her ask for help right from
D12   the beginning. Sort of "take my hand and guide me through these difficulties".
D13   She always had contact with the children.
.
D14   Re: Small Ben never developed his coping mechanisms. He was identified by the
D15   psychologist as being depressed and I think he is still depressed. Gideon as well,
D16   although I think he is no longer depressed. Small Ben also has an unbelievable inferiority
D17   complex. He isolates himself from the supporting systems that are available to
D18   him. Perhaps he feels that he had to protect his sisters in some way, but he could
D19   not. Furthermore his poor scholastic achievements put him in a poor position, because
D20   the other children are really doing well.

D21   Re: What other challenges have you identified?

D22   Do: The mother says that she has told Ben that he is not pulling his weight and if
D23   he does not improve, he will have to look for somewhere else to stay. The
D24   children at school influence him as well.

D25   Re: How does this influence Big Ben?

D26   Do: It has happened that fights between Big Ben and small Ben have broken out.

_____

5.2   INTERVIEW WITH SUNETTE (SUN)

A1   Re: Do you work?

A2   Sun: No, I am working from home.

A3   Re: What do you think a resilient family is?

A4   Sun: If they stand together and the members do not pull in different directions.
A5   When a family stands together no matter what.

A6   Re: What are the characteristics of a resilient family?

A7   Sun: The members must stand together. In my family it is not the case; they will
A8   only stand together later on and then take decisions. There must be no blame.

A9   Re: What is a family?

A10   Sun: Mother, father and children.

A11   Re: Are there different types of families.

A12   Sun: Single parent families. Mother and father must both be capable of disciplining the
A13   children. It is difficult to be a single parent.

A14   Sun: Mother Sunette, in a relationship with Big Ben. We have now been together more
A15   than three years. Big Ben has 5 daughters who visit on a regular basis. I have children:
A16   Tilla 21 years, Hennie 20 years and independent, Tercia 17 years, Ben 16 years and
A17   Gideon 14 years.

A18   Re: The father is in prison.

A19   Sun: Have no contact with him. No letters are written. He appealed but nothing
A20   came of it.

A21   Re: Father's sentence?

A22   Sun: Two life sentences plus an additional 6 years. Altogether 62 years.

A23   Re: Father will not be released before the children are grown-up.

A24   Sun: No, he will not be released within 25 years.

A25   Re: The children have no contact with the father in jail.

A26   Re: Any relatives who might play a role in your lives?

A27   Sun: My mother plays a role only when we see her. My brothers and sisters are not really
A28   supportive.

B1   Re: The parents of Big Ben?

B2   Sun: I see them only once in a while.

B3   Sun: I do not have any friends, just my CMA friends (Christian Motorcycle
B4   Association). But we do not visit each other.

B5   Re: Your children are in high school, except the eldest. Tercia is finishing
B6   Grade 12 tomorrow.

B7   Re: Do you regard your family as resilient?

B8   Sun: My family is very cross-grained. Ben is the rebel. Gideon is easy-going, so is
B9   Tercia. Tilla holds her position. They do not want to accept my discipline. Ben took a
B10   drug overdose. When the policeman asked him whether he loves his mother, he did not
B11   say anything.

B12   Re: This upset you. We must talk about it again.

B13   Re: Do your family members have tasks – your family as an organization

B14   Sun: Yes, they do have. Sometimes I must talk more than once before they do it. They
B15   do their tasks even with quarreling and back chat. When Big Ben is at home,
B16   everybody's attitude changes. "Hulle mors eintlik met my" (they play around with me).

B17   Re: Each family member within a family has a role to play. How does big Ben
B18   and the children fit in.

B19   Sun: Big Ben knows my background. He knows my children do not respect me,
B20   especially the boys. So when he is around, they listen. Sometimes they listen to me even
B21   when he is not around.

B22   Re: Are they rebelling against him?

B23   Sun: Sometimes, but not against him as such, they take it out on me.

B24   Re: Responsibilities?

B25   Sun: The girls must help in the kitchen and the boys outside and also with the dogs.

B26   Re: The finances?

B27   Sun: Big Ben pays the house and I pay the electricity and see to it that there is food on
B28   the table.

B29   Re: Do you have an income.

B30   Sun: I have a small carpet cleaning business. From House Judia, a welfare
B31   organisation, I receive an income if I help them.

C1   Re: Life brings changes, what change had the most impact on your family?

C2   Sun: Definitely, what my husband had done. That was the worst time in my life and then
C3   to be all of a sudden a single parent of 5 children. I never finished school. Therefore, I
C4   cannot enter the labour market, because I am not qualified for anything. That was the
C5   financial "low" in my life. You as a single parent and your father as a car guard; and he
C6   has to provide. That was very bad for me.

C7   Re: The court case also had a negative effect. You received a suspended sentence?

C8   Sun: Yes, but three years have passed. On 3rd Dec 2008 I only had one year left.

C9   Re: That had a great impact on your family. Not having the finances to care for
C10   the children – you had to let them go to the Children's Home?

C11   Sun: It happened 2 and a half years ago – when the children had to go to the
C12   Children's Home.

C13   Re: Do you think that can also be a reason for the children's disrespectful
C14   behaviour? Especially the boys?

C15   Sun: You see, Tercia had to work through her issues, especially the fact that I did not
C16   want to believe her at first. She had to work though the issues to be able to trust me
C17   again. But my sons, especially Ben, has a lot of his father's characteristics. He is
C18   ill-tempered, flares up and blames. Hennie has more insight into the situation.

C19   Re: Why the resentment and blame?.

C20   Sun: The reproach is more indirect and is reflected in behaviour. Like small Ben who
C21   told the policeman that he does not know whether he loves me. If he asks me for a
C22   cigarette, and I refuse, he starts throwing things around. He expects me to give it to him.
C23   He expects me to do it for him, because he is a victim. What he forgets, is that we are all
C24   victims.

C25   Re: Where do you think the reproach (blaming) comes from? As a result of the court
C26   case or the removal?

C27   Sun: I think it is because I said "I cannot cope, please help me". At that stage the
C28   elder boy (Hennie) was very rebellious. He would have thrown me in a cupboard
C29   or with bricks.

C30   Re: Was that the behaviour he saw from his father?

C31   Sun: No, my ex husband did throw me with things now and then and pushed me around,
C32   but he abused me more emotionally.

C33   Re: Do you understand why the boys feel this way?

D1   Sun: Yes I understand it. They have inner anger – about what their father did, because
D2   children forget the reason why things happened, they see only the obvious. They feel that
D3   if their father had not done it, we would still be a family.

D4   Re: How do you feel?

D5   Sun: When I have such a struggle with the children, I become very angry still – I
D6   have this anger within me. To think one person can destroy the lives of 6 others.

D7   Sun: What else could I have done? My father lived in a government house. Later
D8   they built a Wendy house in the back yard so that I could have the children with
D9   me.

D10   Re: If you look at your family, do you think they are adaptable?

D11   Sun: Yes I think so. When I ask them to do something, they will come back and
D12   do it at the end. However, only after a lot of quarreling.

D13   Re: The children were placed in your care again, in a gradual way. Was that a big
D14   adjustment?

D15   Sun: Yes, I had the children every weekend. It was always the understanding that
D16   the children would come back as soon as I am ready.

D17   Re: If Ben was not expelled, would he have come back?

D18   Sun: Yes, it just happened sooner than we through as a result of Ben's adjustment
D19   problems in the Children's Home

D20   Re: Big Ben's involvement?

D21   Sun: Yes he is involved, but he is not the father of the children. It is not his duty to
D22   provide for my children, but he is doing it because he says he loves me.

D23   Re: That is a strong point. How is the relationship within the family? Is "glue"
D24   (cohesion) for bonding present?

D25   Sun: The children are very involved with one another. Three of the children call him
D26   Dad: Tilla, Tercia and Gidoen. At times Ben may also calls him Dad.

D27   Re: If you view your family objectively, where will the central point be and where
D28   will the children fit in?

D29   Sun: Big Ben feels that Hendrik (ex-husband) is in the middle of a ball game with us and
D30   the children. The result is that we do not form a unit. He feels we have to build bridges
D31   to overcome the feelings.

D32   Sun: He feels that I am siding with the children and tries to cover up their
D33   weaknesses and faults. Especially when he is angry, I try to protect them because

E1 their father would have hit them with the fist or sjambok. Big Ben says I must talk
E2 to him about the children's behaviour. He will listen to me - I should not see him in the
E3 same light as my ex-husband.

E4 Re: You do not talk to Big Ben because of a lack of trust in him?

E5 Sun: No, I trust Big Ben, but I struggle due to what my ex-husband had
E6 done and the fact that he went to prostitutes - that is why it is so difficult.

E7 Re: Connectiveness problems result in a lack of trust which causes an inability to let the
E8 family function properly.

E9 Sun: My ex-husband always said that he needed sex everyday and also for snacks
E10 (sometimes more that once a day). But I never knew that he turned to my children and
E11 prostitutes. I felt I was just being used, and actually only considered as a nuisance.

E12 Re: There is another problem: the fact that Ben feels he is not part of the family.

E13 Sun: Ben molested the grand daughter of Big Ben.

E14 Sun: That aggravates the situation so much more. There was a lot of intense
E15 conflict between the two. Clarise, his daughter, wanted to go to the police, but at
E16 the end she did not.

E17 Re: It is important that the issue be dealt with, as it places the whole family
E18 at risk.

E19 Sun: Yes, the social worker and I are addressing the issue. Ben will most
E20 probably be put in Transvalia hostel.

E21 Re: What are the strengths of the family?

E22 Sun: I think all of us have a place in this house. Big Ben's presence brings
E23 stability. People can rely on him. They can also rely on me. My word is my
E24 honour. Although there is high level of conflict in the house at times, the fact that
E25 we communicate is a strong point. It is the way how we communicate, that will
E26 have to be addressed.

E27 Re: The respect the children show you, or the lack thereof should be
E28 addressed, as well as the unresolved feelings of small Ben.

E29 Re: Do you regard your family as resilient.

E30 Sun: Yes, I think so, although there are matters that have to be addressed and
E31 worked on.

E32 Sun: The Christian Bikers Cell-group gives support. I believe that the Lord will
E33 keep and help us on our way forward.
_____

6.   ZODWA'S FAMILY

6.1   ELNA (SOCIAL WORKER) REGARDING ZODWA'S FAMILY (SW;ZOD)

A1   Re: What is the structure of the family?

A2   El: Zodwa is the elder of two. She has a younger brother. Their mother died in 2001.
A3   They had no contact with the father. She has cared for her younger brother since she was
A4   16. She is now 26 years old and her brother 17. Just before her mother died she had a
A5   child, a boy, who is now 10 years old. Zodwa finished her Grade 12 and married the
A6   father of her son in 2006. They now also have a 3 year old girl.

A7   El: Alfred, Zodwa's brother, presented with behavior problems when he was in his early
A8   teens, but now his behaviour is much better and it seems as if he has sorted himself out.

A9   El: Zodwa also has two cousins in the children's home who visit her over weekends and
A10   holidays. Their parents have also died.

A11   Re: Why do you regard this family as resilient?

A12   El: Zodwa attended a counseling course offered by SAVF and is now a lay councilor.
A13   She is actively involved in church activities. She is also willing to ask for help and will
A14   accept advice.

A15   Re: Why is the family resilient.

A16   El: As has been stated Zodwa is willing to ask for help when necessary and always gives
A17   her cooperation.

A18   Zodwa and her husband really work hard to make their family situation work. They
A19   support each other.

A20   Re: How will you evaluate Zodwa and her husbands's parenting skills and ability to deal
A21   with this rather complicated family composition?

A22   El: She is good with the younger children, but finds it difficult to handle the older
A23   children. Her husband is very strict, specifically with Alfred.

A24   Re: The family's protective factors? Protective factors are those factors that enable the
A25   family to function effectively and to maintain proper functioning

A26   El: The discipline regarding Alfred was not effective, but is now corrected. Alfred did
A27   not want to subject himself to Zodwa's husband's authority and would not listen to him.
A28   However, al this has no changed. The two risk factors, the relationship between Alfred
A29   and Zodwa's husband and their way of disciplining have been changed to protective
A30   factors.

A31   Re: Strength factors of the family?

B1   El: The support they received from the church and their willingness to ask for
B2   help and assistance. One of Zodwa's strengths is that she takes responsibility for the
B3   extended family as well.

B4   El: Zodwa really tries to ensure a stable family life for her family, her brother and the
B5   two nephews in the Children's Home.

_____

6.2   INTERVIEW WITH ZODWA (ZOD)

A1   Re: The interview on family resilience will be covering aspects such as how your
A2   family is organized; what the patterns in your family are; how do you cope and
A3   manage your family. Some times within a family it is necessary to make changes.
A4   We are going to talk about how your family reacts and handles such changes.
A5   What are the risks, and protective factors and strengths of your family. How do you
A6   communicate within the family and what are your family's belief systems.

A7   Zod: Please explain resilience.

A8   Re: I will explain it like this: A ballpoint pen, has a coil that makes it function and
A9   enables you to write with it. However, if not treated properly the spring can be
A10   damaged and it will not function properly as it loses its elasticity and the pen will either
A11   not function effectively or not at all. Your will have to physically repair it to let it
A12   regain its elasticity. It can even break and become non repairable.

A13   We can compare our family situation with the functioning of the ballpoint pen. Usually,
A14   when we are faced with difficulties or adversities we are able to rebound and be resilient.
A15   However, when a family becomes overburdened by the challenges and problems they
A16   are confronted with, the family loses its ability to change, adjust, bounce back and be
A17   resilient. The family will not be able to function effectively. The outcome of the
A18   situation could be family disintegration with negative consequences for its members. The
A19   family will not be able to make the changes which the circumstances require.

A20   Re: Now, what will your understanding of resilience be.

A21   Zod: A resilient family has good communications, love, understanding of each
A22   other. Lack of communication in the family, the family cannot solve problems.

A23   Re: What will the characteristics be of being resilient.

A24   Zod: Respect for each other, caring for one another.

A25   Re: Please define your own family.

A26   Zod: I am married with one child. My brother now a teenager has been placed in my
A27   care due to my parents who passed away. My aunt also passed away. Her two children,
A28   a teenage boy and girl who were placed in a Children's Home, come to me some
A29   weekends and the school holidays. I also regard them as part of my family.

A30   Zod: However, I had problems, this holiday, with my niece and it upset me a lot.
A31   I feel I have not got the authority to handle these adolescents. You know my own
A32   children are still much younger. When I take off my shoe for one of my young
A33   children, they know what it means, but these teenagers just look at me and I do not know
A34   what they are thinking. I do not have enough power to discipline them. I wish they
A35   would cooperate and see things differently.

A36   Zod: I feel very upset as I have always had long terms goals to better the life of my
A37   family, including my brother and my niece and nephew. My parents could not, now I
A38   want us to have a good life.

B1   Re: You should not be too upset. You know teenagers, you were given the
B2   responsibility to care for them at a very young age. You yourself nearly did not have
B3   proper adolescent years due to your circumstances. Teenagers can be very taxing to
B4   deal with and to keep maintaining a meaningful relationship with them.

B6   Re: You will have to work on that. It is not only going to happen by itself. Most
B7   teenagers are self-centred and cannot see the bigger picture. Especially if they feel that
B8   you really care. They take advantage of situations and can be very demanding, especially
B9   with regard to   disciplining them. I get the impression that they believe that you will
B10   always be there to care for them and they take liberties. You should actually see this as a
B11   good sign, but you must deal with the situation. You care, therefore you want them to do
B12   the right thing. As you have said, you are still only a young mother with young children.
B13   Teenagers test you and your patience, you should take control again. I can, however,
B14   understand that the situation upsets you.

B15   Zod: I understand my younger brother, he was very naughty, but I handled him. I
B16   was there for him in those difficult early years. I thought of the scenario without them,
B17   but I cannot picture it, we have had this bond for 8 years. I do not want to be without
B28   them.

B29   Re: As I have said, you need to take control. You should say: " I love you and want you
B30   to be part of the family, but you cannot behave like this in my house". You, as well as
B31   your husband have the right to say that. Make it very clear that you will not tolerate this
B32   kind of behavior. Do you think it will work?

B33   Zod: I do love them, therefore I do think that it can work.

B34   Re: When last did your nephew and niece visit the family?

B35   Zod: The last time they visited was during the September holidays. I feel so upset.

B36   Re: You feel disheartened because of the problems, and disappointed. However, if you
B37   did not care for them, you would not have been disappointed.

B38   Re: Are you afraid that the problems you now encounter will break the relationship
B39   between you and them?

B40   Zod: I do not think so. However, I sometimes think: 'what did I do wrong in life to
B41   deserve this suffering'. Sometimes I think why did I not leave them alone as my parents
B42   did to me. Sometime I blame my parents, but then I think, they did not want to die. I feel
B43   like asking why, but there is no why (answer).

B44   Re: You will not be getting any answers, but don't you think it is natural to ask
B45   such questions when things are so tough?

B46   Re: I think it is natural, but I feel so disheartened.

B47   Re: Do you believe that there is a higher meaning for our suffering on earth?

B48   Zod: Yes, I believe in God

C1   Re: If I ask you the following, which answer would you choose: The questions are 'One
C2   cannot do anything about what happens in life' or 'our family experienced a bad
C3   situation in the past, there must be some meaning to it' or 'what happens in life has
C4   meaning, although I do not understand the meaning of it right now'.

C5   Zod: My life has meaning although I cannot see the meaning now.

C6   Zod: Trials and tribulations are not easy to deal with.

C7   Re: Let us look at your problem solving skills. These discipline problems with your
C8   brother, and nephew and niece can be regarded as a risk. How do you think you are
C9   going to address the situation?

C10   Zod: I think that we will now be able to think more clearly about the situation. I will go
C11   to them and speak to them. I will tell them that I love them and that I want to protect
C12   them. When we communicate, I will explain why I reacted so strongly.

C13   Re: Do you think that you could ask your husband for assistance?

C14   Zod: No, I would rather do it alone. You know I have not been raised by a man, I
C15   do not trust them so much. I believe they will also feel like that. They were also not
C16   raised by a man. Maybe they would not be comfortable if I speak to them with my
C17   husband present. I want to know what the problems are, but thereafter, I will involve
C18   my husband.

C19   Zod: My husband is very strict, you know how Christians can be. He wants things
C20   to be straight. I always say to him he should try to understand the bigger children. They
C22   do not necessarily think like him. I told my husband that one should listen to the children
C23   also. He thinks that I am too soft with the kids.

C24   Zod: My husband was very strict with my brother, Alfred. The kids want money that we
C25   cannot afford.

C26   Re: You will need to explain the situation to the children to let them understand. You
C27   will need the support and understanding of your husband to effectively deal with the
C28   situation.

C29   Re: Do you think that maybe a church youth group can be engaged as support for you to
C30   deal with the children?

C31   Zod: They used to attend youth groups. Alfred is involved and plays an instrument
C32   in the church band.

C33   Re: What do you believe about your family? That your family could disintegrate?

C34   Zod: I believe that my family can work, despite the difficulties. I always believed that.

C35   Re: Proper communication within the family provides the "glue" to keep the family
C36   together.

C37   Zod: If I am angry, I can control myself.

D1   Re: That is a strength. Furthermore, you try your best with your family.

D2   Zod: I shall be able to cope, despite the fact that I still feel bad at the moment.
D3   I shall keep standing, the situation is not as helpless as I thought.

D4   Zod: Thank you for being here and listening to me.

D5   Re: Please be reminded that family life has its ups and down. All the best
D6   for the way forward.

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7.   PETRIE AND BEATRICE'S FAMILY

7.1   MAGGIE (SOCIAL WORKER) REGARDING PETRIE AND BEATICE'S FAMILY (SW;P&B)

A1   Mag: This family has foster children. Petrie's sister died and shortly thereafter their
A2   grandmother and grandfather, Petrie's parents. Three children were involved, but only
A3   two children are in foster care.

A4   Mag: After the death of their sister, Petrie and the other brothers took responsibility for
A5   the children. The eldest brother, Aron, at first took the children into his care as a foster
A6   care placement. The eldest child, Rebecca, went to live with Petrie.

A7   Mag: All three children are now in Petrie's care. Petrie lives in a stylish neat house.

A8   Re: What do you consider resilience to be?
A9
A10   Mag: I think I can compare resilience with two tennis balls. When one of the balls has a
A11   hole, only the one without the hole will be able to bounce back, when thrown. When
A12   families, we work with, can bounce back after facing challenges, we can regard them as
A13   resilient.

A14   Re: Why do you consider Petrie and Beatrice's family as resilient?

A15   Mag: The strongpoint of this family is their sense of responsibility and the
A16   communication between Petrie's family and his extended family. The foster care
A17   placement of the two children was moved to Petrie as Aron had difficulty in dealing
A18   with the children. He also observed that the children could communicate better with
A19   Petrie. They jointly decided that Petrie should be the foster parent for the children in
A20   future.

A21   Mag: Aaron felt that he, as the eldest brother, had his share of struggling with the
A22   children and that the children should be put in the foster care of Petrie.

A23   Mag: The two children are doing well at school.

A24   Re: The brothers took the responsibility of the children seriously.

A25   Mag: When the children were with Aron they stayed in an informal settlement with no
A26   water and electricity.

A27   Mag: The family made a plan with the children.

A28   Re: Other risk factors?

A29   Mag: Petrie does not drink. Aron does not actually drink, but he was very strict
A30   with the children and they did not like it.

A30   Mag: Petrie works as a gardener for the farmer where he stays. The farmer
A31   supports them.

B1   <u>Mag:</u> Joyce, the elder of the two foster children, came to the social worker and
B2   complained that their foster care grant is being misused by the uncle. From this
B3   scenario a communication breakdown developed between Aron and the children, which
B4   led to the changing of the foster care placement.

B5   <u>Re:</u> What protective factors are there in the family?

B6   <u>Mag:</u> Petrie and Beatrice, though not married, really care for the children and treat the
B7   children as their own. They are also able to deal effectively with the teenage children.

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7.2   INTERVIEW WITH PETRIE AND BEATRICE (P&B)

A1   <u>Re:</u> It is beautiful here on the farm.

A2   <u>Pet:</u> It is a long time; it is 9 years that I have been living here.

A3   <u>Re:</u> What is resilience? Resilience is like the spiral coil of a ballpoint pen (spring) that
A4   has been overstretched. It loses its elasticity and cannot function anymore.
A5   It will take real hard work to get the coil back into working order. I am here to
A6   evaluate how your family functions and if you feel that your family is in good working
A7   order - and not overstretched. I want to know how your family deals with life's
A8   challenges.

A9   <u>Re </u>What do you think, what is it that lets a family cope?

A10   <u>Pet:</u> If we could get together and have a meeting it would be better. The biggest
A11   problem is this meeting, which cannot be held with my family (extended family).
A12   The children do not understand what is going on.

A13   <u>Re:</u> Why can this meeting not be held?

A14   <u>Pet:</u> Why we do not have meetings any more? That is something that we do not know.
A15   We do not know what is going on.

A16   <u>Re:</u> Do you think your family is resilient?

A17   <u>Pet:</u> We are struggling.

A18   <u>Re:</u> What is a family?

A19   <u>Pet:</u> The people who are together and hold meetings and talk to each other and
A20   help each other.

A21   <u>Pet:</u> Beatrice and I are not married and Camela our child is staying with her
A22   grandmother. Beatrice and I and the two foster children live here.

A23   <u>Re:</u> How do you see these children?

A24   <u>Pet:</u> We regard them as our own. My sister's children are also my children.

A25   <u>Re:</u> Do the members in your family have responsibilities.

A26   <u>Pet:</u> The children listen to us as foster parents.

A27   <u>Re:</u> Is Aron still involved with the children?
A28   <u>Pet:</u> Aron has no contact with Joseph and Rebecca, he only greets them.

A29   <u>Re:</u> How do they feel about it?

B1   Pet: Thy have chosen me to be their foster parent. I do not think they have a
B2   problem with that.

B3   Re: How is their relationship with Beatrice?

B4   Pet: They call her aunty. It is therefore not so difficult for them and they have respect
B5   for her.

B6   Re: Tell me how your family functions. (Researcher explained to Petrie that a family can
B7   be regarded as a small organization. Everyone who works there has a role to play and
B8   responsibilities)

B9   Pet: I regard myself as the head of the house, then Beatrice and then the children.

B10   Re: Do they have tasks, do they help in the house?

B11   Pet: Yes, I teach them to help.

B12   Re: And your other two children.

B13   Pet: They come and visit over they holidays.

B14   Re: Let us talk about change: Sometimes things happen that bring about change.

B15   Pet: If you do not understand each other and cannot reach an agreement, then it makes
B16   life difficult.

B17   Re: It must have been difficult to adjust after your parents died.

B18   Pet: It was not that difficult. Especially my mother was sick for a long time and she
B19   always said we must not worry and that we have to continue with our lives. These
B20   things made us stronger in life. Life went on.

B21   Re: How do you feel: Did it draw the family closer or push the family apart.

B22   Pet: Pushed apart.

B23   Pet: My grandmother is not here and we struggle. The family live in Sebokeng. We
B24   call them, but they do not come to show us the way.

B25   Re: Why?

B26   Pet: My brother has money. He does not come because he thinks that we want to
B27   get money from him. They do not bring their children either. My children do
B28   not know their children anymore. I talked to my grandmother, but she did not do
B29   anything about it.

B30   Re: I feel that the adults in my family do not support each other.

C1   Re: This situation causes your family to be without the extended family support network.

C2   Pet: We feel very sad about the whole situation. We tried, we asked
C3   grandmother to come, but they stayed away. The situation brings a lot of pain.

C4   Re: Perhaps you should organize a celebration. Invite them and enquire about their
C5   health and life. This could assist in bringing the family together again. Bring them
C6   together not only to talk about problems, but about the celebration. You need to be
C7   rebuilding the relationship.

C8   Pet: Also, for example when we want to get married, how should we go about it.
C9   Perhaps Beatrice, brings all her family, then I shall feel as if they side with each other
C10   because I do not have any of my family there.

C11   Re: What are the risks in the family?

C12   Pet: I do not think there are any other problems. However, we are too isolated
C13   and that causes us to feel alone. We keep on talking with the heart.

C14   Re: What are the strong points of the family.

C15   Pet: We do not attend church services, but I believe in God – it makes me feel strong.
C16   Something else, my brother Michael helps me a lot. If I have a problem, I go to him.

C17   Pet: What I cannot understand, we all decided that I will be the best foster care parent for
C18   now. The family cannot leave me alone now.

C19   Re: what do you regard as protective factors for the family: You already told me
C20   that the Lord makes you stronger. What other resources make the family stronger?

C21   Pet: Beatrice gets angry easily. I have not asked her yet what the problem is.
C22   But I believe "tomorrow brings recovery, I believe that tomorrow will be better, even if
C23   things are not fine today. That gives me strength.

C24   Re: Resources?

C25   Pet: Finances, I receive a grant.

C26   Re: When there are problems, will you go the social worker for help?

C27   Pet: I do go to Tilani, the social worker, when there is a problem.

C28   Re: Communication?

C29   Pet: Yes we talk. I can talk to the children, but they do not talk back.

C30   Pet: The children talk about their father and mother.

C31   Re: Do you think you trust each other?

D1   <u>Pet:</u> Yes we tolerate each other, we do not fight a lot.

D2   <u>Re:</u> And Beatrice, can she talk about how she feels.

D3   <u>Pet:</u> Yes, but she is short tempered. We are together almost 5 years now.

D4   <u>Pet:</u> Beatrice's mother gives us a lot of support. She wants us to stay together.
D5   Beatrice is now looking for work. I she works, we will be better off.

D6   <u>Pet:</u> I have talked to Beatrice's brother about her short temperedness. When she finds
D7   work it will be better.

D8   <u>Pet:</u> She now has a piece job, once a week.

D9   <u>Re:</u> When you have problems, how do you solve disputes?

D10   <u>Pet:</u> The problems bring tension.

D27   <u>Pet:</u> When we have a problem, we talk until we find a solution.

D28   <u>Pet:</u> It is tension that lets people act as they do.

D29   <u>Re:</u> What are the principles in your house.

D30   <u>Pet:</u> I am a person who wants peace – when there is fighting I do not feel "right."
D31   I badly want to have peace. I listen when others talk to each other. I look into their
D32   hearts to sense how they are feeling and then I speak to them in a nice way. I believe you
D33   have to talk about a matter to get to the solution; look into the hearts, and listen when
D34   someone says something.

D35   <u>Pet:</u> The children do not always listen. I try to teach them; I tell them not to be in
D36   a hurry, do what you do, do well. Talk nicely, do not scowl.

D37   <u>Re:</u> You say you do not go to church, but that the Lord is important to you. Do you
D38   think that the church can be supportive of the family.

D39   <u>Pet:</u> I do agree that the church can support. Furthermore, I believe that there must be
D40   a reason for what is happening.

D41` <u>Pet:</u> We do not look after the children just for the money. All four of them are my
D42   children. When I die everything will go to all the children. We cared for the
D43   children for a whole year before we received the grant.

D44   <u>Re:</u> How will the family be in the future?

D45   <u>Pet:</u> I think everything is going to be all right. I am hoping for more, but that will
D46   come. You never know what the future will bring, but I hope it will be all right.

E1   Re: Do you think your family is resilient? The problem remains the relationship
E2   between your family and your extended family.

E3   Pet: I am going to ask Tilani to arrange a meeting with the family, then we will restore
E4   the relationships. If Tilani helps, perhaps they will understand better.

E5   Re: I can see that you really care about the children and that you believe that God
E6   will help.

(Beatrice arrived and joined the interview)

E7   Bea: I appreciate what Petrie and the children do. Things are not too difficult.

E8   Re: Please mention something within your family situation that should be
E9   addressed.

E10   Bea: Things that need to be said, communication and not having contact with the
E11   extended family.

E12   Re: Petrie said that he believes in God. Furthermore, that your mother is a support.

E13   Pet: We work at a problem until it is sorted out, but she is short tempered, it is not
E14   always easy. We have to talk to Maggie (social worker) about it.

E15   Re: Yes, you should address communication problems before it becomes a really big
E16   problem. Every family has tensions that need to be addressed.

E17   Re: You as a family will succeed. I sincerely believe that.

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8   MIEKE'S FAMILY

8.1   INTERVIEW WITH WILMIE, SOCIAL WORKER, REGARDING MIEKE'S FAMILY (SW;MIC)

A1   <u>Re:</u> Describe the family structure.

A2   <u>Wil:</u> Father, Petrus, lives in Pretoria and the mother, Mieke, 35 years and the
A3   children, live in the intermediate housing scheme of the SAVF that provides
A4   temporary housing for the destitute and in crises families. They were married for 11
A5   years but are now estranged and separated. She and the children were removed by the
A6   police and were brought here, because they had nowhere to go.

A7   <u>Wil:</u> The father showed violent behaviour. He threatened to shoot himself and pushed
A8   Mieke. The children saw all of that. She called for help from the social worker, in
A9   Pretoria, who sent the police to remove her and the children.

A10 <u>Re:</u> The family is not in line with the sample criteria, identified for this study, which
A11 required that the family structure of the social work client research participants, should
A12 have at least one child within the age group 14- 22 years of age.

A14 However, I can use the family as a case study to indicate that the different family life
A15 phases differ from each other. Their children are still very dependent compared to older
A16 children who are capable of taking more independent decisions.

A17 <u>Wil</u> I saw the father shortly after the removal of the children. But at that stage, he just
A18 wanted a divorce. Mieke now says that she wants to reconcile, but with certain
A19 conditions. They must have their own home. At the moment they live in Pretoria with
A20 family. The situation is not in the best interest of Mieke or the children – a lot of
A21 interference from others in the household.

A22 <u>Wil:</u> Jenny's school situation should be sorted out as soon as possible. I do not think
A23 she is in the right school now in the light of her problems. She has an attention deficit
A24 and is hyper active; uses Rittelin and then she also has a depression disorder. She was
A25 diagnosed by Weskoppies Psychiatric Hospital. The child acts out and is difficult to
A26 handle, which affects Mieke, the mother. She drains all the mother's energy.

A27 Nicole is a cute little thing, but dependant on attention and is very demanding – there is
A28 something worrying about her. There is also something wrong with the CJ, the youngest
A29 child. He falls down while walking. I do not know whether it is epilepsy.
A30 So he has his own demands. We plan to have him seen by a pediatrician at
A31 Sebokeng hospital for an assessment and a brain scan. On one occasion he was laying in
A32 my office on the floor – he would bang his hand on the floor and hurt himself.
A33 Mieke is using an anti-depressant as prescribed by the doctor, but the children's demands
A34 are just too much. I do not think there is structure and discipline in the family.

A35 <u>Wil:</u> I give her parental guidance on the attention deficit problem and that the child
A36 should be given a lot of love and caring.

B1   <u>Re:</u> The functioning of the family?

B2   <u>Wil:</u> Since they have lived here, there has been much more routine and order. Specific
B3   time to get up and to have meals. At first Jenny did not do her homework in the
B4   afternoons. Now it is better. Nicolle and CJ attend a nursary school, this gives Mieke
B5   more time. For Mieke there is also more structure. They get up at 6h00, and the room is
B6   inspected at 8h00.

B7   <u>Re:</u> Perhaps the fact that there was no structure and routine previously is the children's
B8   biggest problem?

B9   <u>Wil:</u> I sense that the mother feels more relieved since living here, although she still
B10   thinks she cannot cope with the children.

B11   <u>Re:</u> The children's behaviour is most probably as a result of what happened to the
B12   family.

B13   <u>Wil:</u> When Mieke arrived here she was dirty and neglected – most probably as a result of
B14   her depression. She says that she looked like that as a result of her marriage. She was
B15   tramped on by her husband. When he came home everything had to be clean and
B16   just right. She had no assistance at all. She wanted to please everybody, but did not have
B17   support.

B18   <u>Re:</u> What are the risks?

B19   <u>Wil:</u> The negative side is that she will have to control herself to prevent hurting the
B20   children –especially Jennifer who does not listen to her at all. Yes, violence.
B21   is a possibility.

B22   <u>Re:</u> If she does not live here, will she be able to function independently?

B23   <u>Wil:</u> No, even in the therapeutic relationship she is very dependent. Somewhere within
B24   her there is also a dependency problem.

B25   <u>Re:</u> Is there any alcohol abuse?

B26   <u>Wil:</u> No, not by anyone. There were extra-marital affairs on the husband's side that
B27   created a crisis for Mieke. He denies it, but she says she has proof. The house they lived
B28   in, was an inheritance of her husband. That is why all the homeless family members live
B29   there. It is a mixed-up situation and has an impact on Mieke.

B30   <u>Wil:</u> Her parents live in another town. The husband feels that her parents always
B31   know best and that Mieke depends on them. It is no longer the case, but perhaps
B32   she now turns to the organization and the residents for support.

B33   <u>Re:</u> Positive, as well as negative factors in the family?

B34   <u>Wil:</u> Positive: she is prepared to work at stabilizing the marriage, but she wants a
B35   counselor who can guide them. He once threatened to shoot himself and now she fears
B36   that he will do it again.

C1   Re: The marriage relationship is negative, but she wants to work at it and that is
C2   positive.

C3   Wil: Another negative aspect is that she may lose her children and she does not
C4   want to, which is positive. She needs a lot of guidance.

C5   Re: The general functioning of Michelle?

C6   Wil: She walks very fast and has a hurried personality. Everything must be just right.
C7   Her room however, is untidy and nothing is in place. She has a good relationship with
C8   the residents here. She likes to be with people, reaches out and has a likeable personality,
C9   an extrovert, but finds it difficult to cope with demands and responsibilities.

C10   Wil: Another factor is her difficulty to handle the children.

C11   Wil: She has no income. This matter must be addressed by the social worker in
C12   Pretoria, the father must make a contribution regarding maintenance for the mother and
C13   children. The father has visited a few times – he wants to reconcile, but Mieke will
C14   only do it on certain conditions.

C15   Re: How adaptable is the family?

C16   The family adapted well here, but she does not adapt well to the marriage situation.

C17   Re: Family structure and family organization?

C18   Re: What circumstances drive them from each other? Possibility of removal of the
C19   children? How does the family handle it?

C20   Wil: I would say that there is definitely a mother-child bonding (relationship). They rely
C21   on the mother, but she cannot give them what they need. If they should be removed, it
C22   will be very traumatic for them. They are young children and the mother is the core of
C23   the unit. Nicole will run to the mother when she is hurt. Mieke does not demonstrate a
C24   lot of mothering. When CJ cries, she will leave him crying. I do not know whether it is
C25   all the stress, that prevents her from giving herself.

C26   Re: Resources? Father, grandmother and grandfather.

C27   Wil: Grandparents do not really visit. They sometimes come and fetch her. She has a
C28   close-knit family, good people, gave 10 loaves of bread to the house. They cannot
C29   accommodate Mieke and the children as her brother lives with them. Rosemary, Mieke's
C30   sister is also staying here.

C31   Re: No support from the father. Does she have friends here.

C32   Wil: Yes, they try to support her, listen to her when she talks.

C34   Re: The church and your organization?

D1   Wil: She does not go to church, but church services are regularly held here.

D2   Mieke takes part in the job-creation projects. Mieke is talented and attractive. Her
D3   circumstances prevented her from reaching her potential. She was in a special school and
D4   has a Grade 10.

D5   Wil: She has a relationship of trust with me, tends to be dependent. I render
D6   preventative services. I tried to support her over the past four months, but she came to
D7   me yesterday and said that it would be best if the children were to be removed.

D8   Re: Possible places for placement?

D9   Wil: The Children's Home. Foster care will bring too many demands. The
D10   Children's Home will be best for the children - a more neutral placement.
D11   The grandmother and grandfather will not be able to provide structure for the
D12   children. The parents have a laid-back attitude.

D13   Re: Communication: Problem solving ability.

D14   Wil: She listens when I talk to her, open communication. Does not tell lies. She has a
D15   very naïve way of presenting herself.

D16   Re: In the family there is a low level of trust, tolerance, and empathy amongst the
D17   members.

D18   Wil: It is almost as if the five people stand apart from each other. The children adore
D19   their father, but they are apart. Mieke can show her feelings; she writes letters, but
D20   cannot express herself. She is scared of her husband.

D21   Re: Another risk, the violence?

D22   Wil: It is not easy for her to make decisions. She will make a decision, but will
D23   come for approval. She definitely has a lack of self-confidence.

D24   Re: What principles does she follow?

D25   Wil: Respect, people regard her with respect. I do not really know how she reacts
D26   amongst her friends. Here and there she shows empathy and helps others. She cares and
D27   is caring.

D28   Re: How does she see the problems?

D29   Wil: I think she hopes that her family will be able to function like other families. She is
D30   also disillusioned by her husband. She relies heavily on counseling.

D31   Wil: She has said before that it will help if she could get away for a while (from her
D32   situation). She has a lot of anxiety over the children and she gets these outbursts. She
D33   needs to get it out of her system.

E1   Re: Without support systems she will not be able to cope.

E2   Re: Rituals?

E3   Wil: The family regards it as important to celebrate birthdays.

E4   Re: Has the family got hope? Does she have longterm goals and a vision or is she
E5   overwhelmed by the present.

E6   Wil: I think so, she does not want to go back, she wants to stay here. She
E7   experiences safety and regards her circumstances, in the shelter, as a luxury.

E8   Re: Her strengths as an anchor for the family?

E9   Wil: I think the fact that she is looking for solutions. She has dreams for her and her
E10   family as well as a future vision.

E11   Re: Protective factors within the family?

E12   Wil: The fact that she does not want to go back. She knows things are not what they
E13   should be at home, she tries to protect the children.

E14   Re: What further help could better the situation?

E15   Wil: The problem is that we do not know for how long Mieke will be able to carry on
E16   under all the pressure. For how long we will be able to continue with the children, before
E17   we have to take statutory steps.

E18   Re: Support? All the children need support.

E19   Re: What was the recommendation of Weskoppies Hospital, regarding Jenny.

E20   Wil: Only that she has to use her Rittelin regularly and that her school needs must be
E21   addressed.

E22   Re: Which school?

E23   Wil: A school for children with learning problems. There is Eureka, but I am of the
E24   opinion that she is too clever for this school. The requirement is an IQ of 55. She
E25   must also receive therapy.

E26   Re: Removal of all the children?

E27   Wil: The Manager feels that all the children should be removed. If the children get a
E28   Children's Home placement, Jenny especially, should be assessed. The mother feels E30
        that she would like to keep the younger child. But I feel at the end of the day, if
E31   circumstances do not change, it will just repeat itself. What is going to happen to Jenny
E32   is going to happen to Nicole and eventually to CJ.

F1   <u>Re:</u> The biggest problem is that the children have such intense problems.
F2   Perhaps one should work with her within the family. Take note of improvements over
F3   the past four months.

F4   <u>Wil:</u> I wish a volunteer could be involved, in that way her burden will be lighter and there
F5   will be someone to support her. Especially regarding the small place they are staying in
F6   and her family organization abilities. Furthermore, that some-one from "outside" could
F7   be a friend. We feel all the family members must be assessed and then we can decide
F8   whether or not to intervene. We do have a fund at head office for therapy.

F9   <u>Wil:</u> Do you also think that we should try to address the situation within the family
F10   instead of statutory intervention?

F11   <u>Re:</u> I think you should rethink, evaluate and reconsider very carefully, especially if she
F12   would want to return to the situation she was in and does not stay here anymore. I
F13   should say there is a possibility that she could rebound from these adversities, but only
F14   with intense support. There are quite a number of factors of grave concern, especially
F15   regarding the children.

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INTERVIEW WITH MIEKE (MIC)

A1   R: What do you think a resilient family means?

A2   Mic: They must be close-knit. They must be able to understand each other,
A3   they must be able to communicate. They must not have grudges. They must be
A4   able to sit together and speak about problems.

A5   R: If you summarise: I define a resilient family as…..

A6   Mic: It is understanding and loving.

A7   R: What is a family?

A8   Mic: Happy parents, happy children.

A9   R: Any specific structure?

A10   Mic: It depends on how they define their own family, they will indicate how many
A11   family members there will be in the family, how many children etc. They structure their
A12   family according to their need. They structure their roles and
A13   responsibilities.

A14   R: Describe your family structure.

A15   Mic: I am married but separated. It is me, Mieke 35 years, Petrus 39 years and our three
A16   children, Jennifer 8years (Grade 2), Nicole 5 years and CJ 2years.

A17   R: Any other significant people in your life as part of the family?

A18   Mic: No, our family is our family. We do not want to involve anyone else in our lives
A19   and our problems. We try to solve the problems in our own way.

A20   R: Your parents?

A21   Mic: Petrus's parents have passed away. With my parents we do communicate and
A22   they see the children, but we do not involve them, only in happy events.

A23   R: Other brothers and sisters?

A24   Mic: my eldest sister, Rosemary, who is also a resident of the SAVF housing scheme,
A25   helps me a lot with my children. She helps me to handle the children, because I am worn
A26   out she helps me deal with the children.

A27   R: If you think of your family, would you consider your family as being resilient
A28   or not.

B1   Mic: At this point I do not know, I really do not know. Between my husband and myself
B2   we do not have the understanding we need and we both feel that maybe the
B3   problems will go away by itself. My husband has this thing, when we have an
B4   argument and he will walk away and will not discuss it, he will give me this silent
B5   treatment for two or three days and will never turn back and say I am sorry, which makes
B6   me feel worse. I am different, if there is a problem I would want to talk about it, but he is
B7   different, he will not talk.

B8   R: Something else, about your children, do you think they are part of this
B9   problem?

B10   Mic: What about my children (very defensive)?

B11   R: Do you consider them part of the problem when you say that you feel you wonder if
B12   your family is resilient?

B13   Mic: I can't say, because both my daughters are saying that they would want to go
B14   back to their father, but are not allowed to. They miss their father, although they did not
B15   have a lot of communication with their father.

B16   R: Let us discuss this later.

B17   R: If you can define your family: Think now, there are two scenario's: Your family
B18   together with your husband or the reality, without your husband. How do you see your
B19   family now, who is making the decisions? Who is fulfilling the family functions, roles
B20   and responsibilities?

B21   Mic: My husband is married to a bachelor's life. He is very seldom around, I had to
B22   make sure that there is food, washing is done. If he is there he says " Ek is moeg (I am
B23   tired).

B29   Mic: He does not share the responsibly of the family.

B30   R: Does he care for the family's basic needs?

B31   Mic: Yes, if I tell him that I need something he will give me money.

B32   R: Does he give you any emotional support?

C1   Mic: No

C2   R: Help you with the children?

C3   Mic: If they got an hour, it was a lot, does not help with the discipline of the children.

C5   I want to tell you something confidential. My children were taken away from us. My
C6   husband made some kind of threat to us. He is suicidal and threatened to pack their
C7   bags and send them away, and the welfare came and took the children away from us. I
C8   said I am not going anywhere without my children because they were not taken away
C9   from me, but from my husband. When they took my children, I went with them, but have
C10   not been back since to see my husband. I can go back to him, but I do not want to go back
C11   without the children.

C12   I am the children's guardian but the welfare is their "mother and father". What the
C13   welfare says goes. I am just here to ensure that things are fine. Also, to ensure that the
C14   mother-child relationship is kept-up. You know, we have so many problems, I just
C15   cannot handle this and am trying to rectify what went wrong.

C16   R: The present situation is that you are now staying with your children. What is it like?

C17   Mic: You know my children and I we found happiness and freedom and we do not have
C18   pressure as was the case was when we were with my husband. I try to keep them in a
C19   routine as far as I can. My children are much happier. The communication, I am not sure
C20   about it, we are still working on that. My husband comes and visits and we do
C21   communicate, my husband and I, although it is too late now. He is trying to rectify the
C22   situation.

C23   R: How do you feel about it?

C24   Mic: You know, I really am not interested now, because after the 11 years of hell that
C25   he put me through - I do not want to go back to the guy.

C26   R: Though, it is not easy to be a single parent.

C27   Mic: I am not interested in going back as I know it will only be three months before
C28   things are back to what they were. I told my husband that I will never keep the children
C29   away from him. The way we are living now, I am very happy. He would not be able to
C30   care for the children on his own.

C31   R: Why not?

C32   Mic: Because of the threats he made to the children: He is going to burn them, throw
C33   their suitcases out, and chase them away. He abused me in front of my daughter.

C34   R: Is he on treatment?

C35   Mic: I think so, I know that he sees a social worker, but as far as taking medication goes,
C36   I do not know.

C37   R: What kind of treatment?.

D1   Mic: I do not know, I have tried to figure him out for the last 16 years.

D2   R: Is he seeing a psychologist?

D3   Mic: I do not know.

D4   R: Does he still have a job?

D5   Mic: Yes, as far as I know.

D6   R: He reacts more at home than at work?

D7   Mic: It feels as if he has given up on life.

D8   R: When did this removal take place?

D9   Mic: Six months ago.

D10   R: How are the children coping with all this? Did it upset you that the children
D11   are now saying that they want to go back to their dad.

D12   Mic: When the children said that they wanted to go back to their dad, I tried to explain
D13   that they cannot go back. It is not so easy to explain that they cannot go back

D14   R: Do you not think that this reaction of the children is a very natural one?

D15   Mic: I do know that it could be a phase. They have now been away from their dad for
D16   only 6 months. The children do talk about the reasons why they are not with their dad.
D17   They do know that the welfare took them away. They say that if they do not behave
D18   the welfare will take them away from their mother as well. The children have very
D19   mixed feelings. I myself can hardly cope with the situation.

D20   R: Children in a divorce situation experience mixed feelings. They long for both parents.

D21   Mic: I do not want my children to be alone with him because I know what he is capable
D22   of. Nothing that bad has happened as yet, but I know what he is capable of doing.
D23   These threats are a start of bad things. Even though he will go for treatment, I do not
D24   want to let my children go through that again.

D25   R: Now, let us look at the present situation, how do you and the children cope with it?

D26   Mic: Still very hard to cope with the children. Look I am on medication but have not
D27   had medication for the last three weeks.

D28   R: Why?

D29   Mic: I could not get to town to get my medication. I am on anti-depressants and on
D30   epilum. Presently all my muscles are tense and I am getting back the feeling that
D31   everything that is going wrong is my fault.

E1 Mic: My eldest daughter has ADHD (attention deficit syndrome). At least she has her
E2 medication and stuff. There are times when the medication has worn off that she is
E3 difficult to handle.
E4 She is hyperactive and on Rittelin, Suprilim and Epilum.

E5 R: So she becomes difficult to deal with at times.

E6 Mic: Once the Rittilin wares off she gets out of hand or gets cheeky, "Ek will dit nie
E7 doen nie (I do not want to do that)". When she starts acting like that, I start losing my
E8 temper.

E9 Mic: When that happens I do not do anything to her I just walk away. There was a
E10 time that things did happen. I just walked out and told my sister please to come and talk
E11 to her. (Sister also is staying here).

E12 R: And the younger daughter? Nicole?

E13 Mic: My youngest daughter, I am not sure.. She is stubborn, she does not listen,-
E14 my way or your way. I cannot establish if she also has a tendency towards
E15 ADHD or if it is only a phase she is going through.

E16 R: Could the uncertainty of the present situation affect her?

E17 Mic: She is just like her father, she just decides that she is doing her own thing. I am not
E18 going to listen to my mother because I want to stay with my father.

E19 R: The children are small and their ages should be taken into consideration when looking
E20 at the situation. It is important to remember that you are the adult and they are still small
E21 children. It is necessary to remember the family structure in dealing with the children.
E22 You are the adult and they the children.

E23 R: Risks your family is facing? I will highlight one risk, the fact that you are not
E24 on your medication at the moment. This poses a risk.

E25 Mic: I know that the medication helps, but I can now say that I am more in control
E26 of myself and my aggressive behaviour. Previously I would grab or do something to
E27 them, but now I have more self-control. I can now think twice before I act. I just sit
E28 there and I start tapping my feet, that sometimes helps or I will start crying. They will
E29 then ask " Mommy wat is fout (Mommy what is the matter)". I tell them to leave
E30 me alone and then I walk out of the room for 10 to 20 minutes before going back.
E31 **I do not have the tendency now to be abusive towards my children**.

E32 When the welfare took us away I was only taking my medication every second
E33 or third day, but now that I do not have the medication at all, I am starting to get those
E34 feeling again.   I am starting to feel very tense and I am very emotional. Things are
E35 getting too much for me.

E36 R: Other risks: The relationship between you and your husband?

E37 Mic: We have decided that my husband will go for treatment.

F1   <u>Mic</u>: If my husband wants to come back to us and if he really cares about us, I am
F2   going to put down certain conditions. He must come here, that will ensure that
F3   I and my children stay stable. We have everything that we need here.

F4   <u>R</u>: Other risk factors:

F5   <u>Mic</u>: No drinking, but he is suicidal. My husband says that should we get divorced, he
F6   will get the children.

F7   <u>R</u>: The court always considers the best interests of the children as the first priority.

F8   <u>Mic</u>: I do not work. But I will be working for the SAVF intermediate housing scheme.
F9   We are happy here.

F10   <u>Mic</u> My husband works shifts. Sometimes he works nightshifts, how is he
F11   going to look after the children?

F12   Re: Let us look at your relationships within the family. Do you have a close
F13   relationship with your children?

F14   <u>Mic</u>: I do not think so. My youngest daughter sometimes comes and speaks to me, but
F15   my eldest daughter does not speak to me about her problems. She will come to me
F16   saying mommy this and mommy that. She really is withdrawn. I explained to her that if
F17   she has a problem, she should come and speak to me about it. Maybe she is scared that I
F18   will shout at her or be angry with her.

F19   <u>R</u>: Do you actually feel distant from the children.

F20   <u>Mic</u>: Look my eldest daughter, when it comes to personality and stuff, when she is
F21   excited about something, she can carry on. She will sometimes come and fetch me to
F22   play with her. When she wants to brush my hair, I let her brush it, but with regard to her
F23   emotions, she does not speak to me. It is not about something I do or did not do, in
F24   herself she does not want to speak about her feelings.

F25   <u>Mic</u>: If I am not capable of caring for my children, the children will go to a Children's
F26   Home, for a time period of six months. Thereafter we will evaluate what needs to be
F27   done.

F28   <u>R</u>: Do you think it is possible that you can work at improving your family situation to
F29   prevent the removal of the children?.

F30   <u>Mic</u>: You see the whole thing is because of what the children went through. You
F31   see, I have come up with this scenario: I have lots of mixed feelings, but we can send
F32   my two daughters to the Children's Home where they can get more discipline and routine
F33   and psychological help. I can also get therapy and help for myself. When we reunite we
F34   will have the mother-daughter relationship that we should have, I will be able to
F35   understand my daughters better and they will be able to understand me, then there will
F36   not be so much conflict.

F37   <u>R</u>: Would you be able to do this all whilst the children are with you.

G1   <u>Mic:</u> No, no, I cannot!

G2   <u>Mic:</u> I am now actually doing reading a book on hyperactivity. I do not want the
G3   children to be taken away from me. I have this feeling that they will declare me an
G4   unfit mother.

G5   <u>Mic:</u> That is the reason why I am asking them (the social worker) to place the
G6   children into alternative care. I am requesting professional assistance so that the
G7   children and I can get the therapy and support that we need.
G8   We will then be able to recover so that we actually can have a normal family life.
G9   I really do not want them to be taken away, but at the end of the day, when I think
G10   about it, it is the best way to sort out the situation. Only my two daughters
G11   will be taken and then I will only have my son with me. I will then be able to attend to
G12   my son and give him the attention he needs.

G13   Re: Should I discuss what you told me with Wilmie (the social worker)?

G14   <u>Mic:</u> Yes, please.

G15   <u>R:</u> With regard to your emotions. What kind of support do you get from your family. In
G16   what way, extended family, do they support you?

G17   <u>Mic:</u> My mother does.

G18   <u>R:</u> How does she feel about the present situation?

G19   <u>Mic:</u> I have no idea. I discussed my ideas with her and all she said was that "I will stand
G20   by you whatever you decide". She has not given her opinion, I am not going to drag it
G21   out of her.

G22   <u>R:</u> You sister's view:

G23   <u>Mic:</u> I have no idea. We talk a lot, but it is more about Jenny did this or Jenny did that.
G24   I do not want to hear about the wrong they have done, rather about what they did right.

G25   <u>R:</u> Friends?

G26   <u>Mic:</u> I only have friends who chat to me at the gate. I do not have friends.

G27   <u>R:</u> Therapeutic services?

G28   <u>Mic:</u> I often see my social worker.

G29   <u>R:</u> What is the communication, within the family like?

G30   <u>Mic:</u> I do not trust my husband. My children, we are still teaching them to trust.

G32   <u>R:</u> When expressing your emotions, is there any understanding?

H1   Mic: Only my mom understands me, the others run me down.

H2   R: How do you see the future of the family?

H3   Mic: There are two different views. I still believe that my husband will come back.
H4   I will get a home ect, or, he will be stubborn and that he will not abide by my conditions.

H5   R: In 10 years time, how would you like your family to be?

H6   Mic: Healthy, disciplined children who will listen to us when we speak. There will be
H7   understanding love and support.

H8   R: About your family structure?

H9   Mic: All my children in one happy household.

H10   R: If your husband does not come back?

H11   Mic: I will most probably be stuck in some ditch. I am serious, you wanted the truth.

H12   R: This shows that you are really depressed about the situation and it really should be
H13   addressed. You must first sort out your mental state of mind.

H14   Mic: Ek moet sielkundige hulp kry om my kop uit te sort (I must get psychological help
H15   to address my emotional problems).

H16   Mic: I want to get started on sorting "my kop uit" even if it takes a long time. I want to
H17   sort the children out and my emotions. This may ensure my husband moving here.

H18   R: That is the recommendation, which I shall make to Wilmie (social worker),   You
H19   should get your medication and should be referred for psychological therapy, as soon as
H20   possible.

H21   R: What do you consider as your strengths?

H22   Mic: I do not know. I do not have any. I am serious.

H23   R: We all have strengths

H24   Mic: But what are mine?

H25   R: One of your strengths is that you want to change your situation.

H26   Mic: I am determined!

H27   R: Now, that is a very strong point.

H28   Mic: Determination.

J1   <u>R:</u> You can express yourself so well. That is good, as you will be able to
J2   express yourself in a therapeutic situation.

J3   <u>R:</u> You need to discuss your feelings with Wilmie. You must try to visualise what you
J4   would want your family to be like in the long term. What do you want in life and what
J5   do you want for your family.

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