Resilience in Swazi families in which a member has passed on

by

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Declaration

I hereby declare that this is my own work and all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

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T. Mngomezulu
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ABSTRACT

The purpose of the study was to identify resilient factors in thirty Swazi families who had experienced death of their member. The researcher used a questionnaire that included qualitative components as well as the following measurement scales: Social Support Index, Relative and Friend Support index, Family Problem Solving Communication Index, Family Hardiness Index, The Family Attachment and Changeability Index 8, Family Time and Routine index. Thirty families were given questionnaires which one adult and one adolescent had to complete.

Prior to the main study responses were elicited from a small focus group as to the meaning of the concepts of family, crisis and resilience. Participants' understanding of family was not confined to the immediate, biological nuclear family, but extended to those people from whom one gives and receives unconditional love, trust, support, and with whom there is a sense of togetherness. Crisis was defined by the participants as a highly emotional state of psychological turmoil which the person concerned feels totally unable to cope. Personal resources which would normally be used are overwhelmed and the accompanying feelings of helplessness lead to bewilderment, distress, despair and even panic. Resilience was understood as having inner strength and the ability to overcome and move forward in times of crises.

Qualitative results indicated that Swazi families perceived the following rank ordered strengths to have helped them during their bereavement; having a supportive community, respect of family members, support of relatives, open communication between family members, religion, support of friends, trust within family members, understanding within the family, intra family support, understanding and love within the family, financial stability and inner strength.
This study indicated the following significant resiliency factors in Swazi families: both child’s and parent’s perceptions of: social support; reformulation of the problem, mobilization of the family to get and accept help and family time and routines such as having meals together. Other significant resiliency factors included children’s perceptions of control, and parents’ perceptions of family importance.
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1.1 Introduction

A positive attitude and healthy lifestyle cannot protect a person from all bad events. At some stage one may experience frailty, loss of independence or an unexpected crisis. When this happens, some individuals display poor coping mechanisms such as sleeping constantly, blaming others, drinking excessively or over/under eating (Frost, 2000).

Resilience can be described as “lifting yourself up” or coping with circumstances that would normally get a person down. Resilient individuals deal with life’s problems and losses better than others who are in the same situation. Experts suggest that effective coping skills can be learned and strengthened in later life. This strength may have come from surviving the storms of life (Goldenberg, 1998).

Resilience is viewed as a salutogenic orientation in which strengths, rather than deficits, are emphasized and seen as resources which enable individuals and families to overcome adversity (Hawley, 2000). Most definitions of resilience assume that individuals and families exhibit a capacity to overcome difficult circumstances through the use of inherent and/or acquired resources and strengths.

The concept of family resilience increases our understanding of healthy families which function in situations of adversity. Resilience not only entails managing stressful conditions, but also involves the potential for personal growth, which can be forged out of adversity. While some families may be shattered by crises or persistent hardships, it is remarkable that others emerge strengthened and more resourceful in meeting future challenges and developing new insights and abilities. Challenges are a fact of life. Making adjustments in each life stage, coping with unexpected setbacks or handling the daily stresses of life, can turn a crisis into an opportunity (Dunst, Carl, Trivette, Carol, Deal & Angela, 1988).
1.2. Motivation

Frogge (2000) describes the notion of resilience as the ability to successfully cope in the face of adversity, which is a significant factor on how some people are able to overcome devastating obstacles and setbacks.

All families encounter the death of a family member. It is a powerful experience that shakes the foundation of family life and generally leaves no member unaffected (Jordaan, Kraus and Ware, 1993; Walsh, 1998). This makes this experience one of the most stressful life events which families face (McKenry & Price, 1994). Goldberg (2000) argues that certain families overcome their hardships, despite crises, pain and difficult life experiences. These families have the power to bounce back i.e. manifest resilience.

In Swaziland there are few scientific studies on family resilience after a member has passed on. This study intends to investigate families under stress and what makes them resilient.

1.3.1 Aim

The main aim of this study is to investigate resilience within families in the Manzini region in Swaziland. The second aim is to identify factors that help Swazi families cope with death. This study aims to contribute towards a basic knowledge, concerning characteristics of Swazi families’ ability to recover from a crisis and adapt in order to function well.

1.4 Method

This study used qualitative and quantitative methods. The qualitative method consisted of open-ended questions and structured interviews, which were used to gather qualitative data on the meaning of concepts as family, crisis and resilience, as well as factors that helped families through difficult times.

The quantitative method involved a non-probability convenience sample of thirty Swazi families, who had experienced a death of a member in the previous three years and responded to a questionnaire collecting biographical information regarding family composition, employment, level of education, income, age and gender of the respondents’ family members and various measurement scales as well as the
The abovementioned qualitative meanings of the terms family, crisis, and resilience. This questionnaire also involved an open-ended question seeking participant's views on resilient factors which helped them through difficult times.

The measurement scales included the Social Support Index (SSI), Relative and Friend Support (RFS), Family Problem Solving Communication (FPSC), Family Hardiness Index (FHI), Family Crises Oriented Personal Evaluation Scales (F-COPES), Family Attachment and Changeability Index 8 (FACI8) and Family Time and Routine Index (FTRI). These were administered to one parent and one adolescent of each selected family.

1.5 Resume

Family resilience is the ability to bounce back and which surfaces during difficult times. This involves the manner in which families respond to hardships. In general terms, resilience can be defined as strengths, which normally helps them in difficult times. This study will contribute towards the knowledge of the characteristics of Swazi family's ability to heal after crisis. By identifying more resilient factors, families will be more equipped. The following chapter discusses literature review.
CHAPTER TWO: LITERATURE REVIEW

1.1 Introduction

This chapter reviews previous research findings on resilience with special reference to families in which a member has passed away.

Resilience is associated with a salutogenic orientation towards psychological health. Resilience means to jump or bounce back, thus implying ability to return to an original form after being bent, compressed or stretched, as well as being able to rise above adversity and to survive stress (Hawley & DeHaan, 1996; Walsh, 1996). Family resilience theory emphasizes the role that family characteristics, behaviour patterns and capabilities play in cushioning the impact of stressful life events and assisting the family to recover from crises (McCubbin, Thompson & McCubbin, 1996). The few studies that have been conducted have focused on the coping patterns and sources of resilience in single-parent families (Health & Orther, 1999). Thus any research of this nature can add to the understanding of why some families are resilient and how they are able to embrace family crises as manageable challenges rather than insurmountable tragedies. Furthermore, a paucity of research exists that look at how the family as a unity may be resilient and how that may affect therapy (Hawley, 2000). This calls for more studies, since the concept of resilience can be presented as a valuable framework to guide research, intervention and prevention efforts. Therefore, this study aims to identify resilience factors that enable families to move through bereavement by adapting and adjusting successfully, despite the loss.

2.2 Support of the community and existence of resilience within a family

Goldenberg (1998) defines a community as a group of individuals sharing common bonds and interacting with one another. He further suggests that a family as a whole, or one or more of its members, may manifest dysfunctional behaviour during periods of crises or persistent stress. Communities might be resilience when they respond to a crisis or to significant adversity and this can strengthen the community. This doesn’t mean that the system or its component members is necessarily without strength and resources, or lacks those interactive processes that strengthen family hardiness.
Goldenberg (2000) suggests that resilience should not be thought of as a static set of strengths or qualities, but a development process unique to each family that enables families to create adaptive responses to stress and, in some cases, to thrive and grow in their response to the stressors. He further suggests that all families face challenges during their life cycle; some are expectable strains (brought on by such potential crisis as retirement, divorce and marriage), while others are sudden and untimely such as a sudden job loss or the unexpected death of a key family member. Thus a family organizes itself, to retain its cohesion.

Goldenberg (1998) is of the view that an affirming belief system aids the process. The support of a network of friends, extended family, clergy, neighbours, fellow employees and availability of community resources often contribute to family recovery. This can result in a family buffering stress, effectively reorganizing itself and moving forward with life, which will influence immediate and long-term adaptation for all family members and the family unit.

Frost (2000) confirms that a sense of connectedness within the community and extended family is vital to any family. A sense of belonging within the community can serve as a protective factor as well as a recovery factor. Mentors can also play major roles in the learning of new coping skills.

A family's closeness, commitment and support from the community help make this family resilience. A families' ability to perform in this way depends strongly on factors that lie outside of the family, such as support from extended family, friends, and the institution (Hawley & DeHaan, 1996). Dragadze (1998) notes that visitors come and embrace or shake hands with the people who have lost their loved ones. The latter author adds that women visitors address the corpse as they enter the room, praise the deceased person and recite their distress at the death, then cry and embrace the women who are sitting. Dragadze (1998) further postulates that the community members in the Swazi community setting, bring firewood and other utensils that help the family that has lost the loved one. Food is also sent by neighbours and some is cooked usually without meat. This is an indication that community members not only support the bereaved family morally but also in material form.
It is believed that once a community has intervened in comforting a family, the family then masters effective problem solving strategies. The resilience contract challenges the family therapist to attend to the family’s resources that can be mobilized to deal with a present crisis or adversity (as opposed to focusing on what is wrong with the family). It is intended to have an empowering or enabling effect, as it encourages the family to search for sources of resilience, some previously untapped, within its network of relationship. Successfully managing a crisis together depends on the family bond and can strengthen its confidence in preventing or managing future adversities (Goldenberg & Goldenberg, 2000). According to Leslie (1980), death may be regarded as inevitable as evidenced by people who fail to plan ahead for funerals or mourning.

2.3. Extra-family group and influences

The resilience model of family adjustment and adaptation, developed by McCubbin et al. (1996) attempts to explain why, when faced with transitions and crises, some families are able to recover, while other family systems fall apart and deteriorate under the same circumstances (McCubbin et al., 1996).

According to Rawson (1986), if the family unit cannot survive, various other units are developed to fulfil a supportive role of the natural family. Rawson affirms that religion which won many followers at this time must also have provided members with many of the things traditionally associated with the family togetherness such as a feeling of belonging, spiritual comfort, and the opportunity to be one’s self. He states that many of the extra family activities of Roman society affected families through their impact on the individuals.

2.4. Coping strategies of families that suffered losses through death

Strong and Sayed (1998:434) postulates that the nature and extent of feeling and fears about death have to do with who we are, our age, sex, personality, spiritual beliefs etc. The study affirms that our feelings also have to do with the person who has died, whether he or she was young or old, whether or not the death was expected, and what our relationship was to him or her. Leslie (1980) mentions that the cultural and religious context is important in determining the responses to death. The study suggests that bereavement is one’s response to the death of a loved one. This therefore includes the customs and rituals that people practice within our culture or subculture.
In addition the emotional responses and expressions of feeling are called a grieving process. The study has highlighted some coping skills that enable a family to bounce back to normal life such communal support and religious group bringing in prayers.

2.5. Mourning rituals

It must be noted that culture, religion and personal beliefs all influence the type of rituals we participate in after someone dies. Religions are organized belief systems with shared moral values and beliefs and include involvement in a religious community (Wright et al., 1996). By prescribing a specific set of formalized behaviours, bereavement rituals can give us security and comfort; we do not have to think, “What do I do now?” Social rituals, such as funerals and wakes, give us the opportunity to share our sorrow, to console and be consoled. A funeral also clearly marks the end of life. Thus people face up to the fact that an important person in their lives is gone, they can begin to move ahead to their “new” life. Religious rituals affirm a spiritual relationship for those who believe in them, for those who do not, they may be a source of tension. For example, for some Americans, rituals having to do with the dead consist basically of a funeral service followed by burial, entombment, or cremation. For others there are important practices to be observed long after the burial (or creation). Under Jewish law (e.g. Shiva) is a seven-day period during which immediate family undergoes certain austerities, such as refraining from haircutting, shaving, and using combs; going to work, or engaging in sexual relations (McKenry & Price, 1994).

2.6. Grief as a healing process

Frost (2001) describes dying and grieving as a process. There are certain emotions or psychological states that may be commonly expected. These are shock, denial, depression, anger, loneliness and feeling of relief to name but a few. Guilt is also often experienced as part of the grieving process. If people felt guilt towards the person they have lost, the common conviction is that they somehow have caused the death.

Strong et al (1998:43-439) and McCubbin et al. (1996), state that if people are spared and another dies in an accident they may feel guilty for surviving, as if the deceased was a burden to them while alive, they feel compelled to shoulder a load of guilt now that the burden has been lifted. Additionally, some of the grieving processes are
resolved in a matter of weeks or months. The first year will undoubtedly be the most
difficult as holidays; birthdays and anniversaries are experienced without the loved
person. Grieving may occur sporadically for years to come touched off by memories,
evoked by particular dates as special piece of music or a beautiful view that can never
be shared. Healing which is the goal of grieving does not appear as the reward to all
our sufferings. Rather it comes bit by bit as we work through grief, until they look at
themselves one day and find they are whole.

2.7 Compensatory (empowerment) model

According to Brubaker (1993), environment enhances the possibilities for people to
control their own lives, including the ability of people to influence individuals and
organization that affects their lives and the lives of those whom they care for. The
author is of the idea that empowerment is based on no deficit model, that is, one that
assumes that all individuals, families, and communities have strength upon which
they can build. A second assumption of the empowerment model is that people are
thoughtful of their needs, their values and their own goals and that these can be put
into action. A third assumption of this model is that diversity is useful and adaptive.
It must be known that empowerment should be based on divergent reasoning, since
this concept encourages diversity through the support of many different local groups,
rather than one centralized social agency or institution.

The aforesaid said sentiments are shared by Walsh (1998) who adds that belief
systems organize experience to empower family members to bounce back after a
powerful experience that has shaken the foundation of the family. This enables the
family to utilize all its resources in order to cope with event adequately and to
maintain balance and harmony.

2.8 Medical model

According to Saxton (1996) when one’s spouse dies, emotions commonly evoked by
the bereavement are regret and guilt. The emotions are accompanied by a higher
dergree of stress.

Thus a high stress level causes severe psychological problems, such as clinical
depression, which can render a person almost incapable of sleeping, eating or being
interested in any activity. The author asserts that high stress is also related to such bodily effects as high blood pressure, stroke, and heart disease. Moreover; the body’s immune system is affected, with people under stress less resistance to a wider variety of illness. People under stress consequently have significantly higher mortality rates than average. Brubaker (1990) concurs with Saxton (1996) by observing that life-span family life educational interventions founded upon the medical models are based on different assumptions. In this case, the educators identify the need of individuals and families and develop appropriate treatment to correct this deficit. The medical model and resulting programme assume that individuals are not responsible for their problems; rather, people are seen as victims of forces beyond their control. A program could also have a family wellness approach, contending that individuals and families in the communities can be strengthened by strengthening the community. At this level of analyzing, the professionals would work at strengthening groups providing insight so that communities, neighbourhoods, schools and social agencies could provide an environment in which health families can develop.

2.9 Communications

Frost (2001) states that people communicate both with and without words, through gestures, posture, facial expression, tone of voice and physical stance. Most human communication consists of both verbal and non-verbal signals; and these two kinds of signals provide different information and serve different purposes. Frost (2001) suggests that it is important to keep the line of communication open, while engaging in effecting listening skills. This skill allows families to construct perception about their own crisis. In this time of crisis, family resilience depends on family members being able to speak for themselves openly, confirming each other’s importance, which minimizes dysfunction.

2.10 Reorganization and flexibility

Frost (2001) refers to adaptability as an ability of a family to remain structural but possess flexibility. In times of crisis, families are likely to change their structure, roles, rules, and functioning pattern in order to achieve a balance between stability and changes.

According to Frogge (2000) unfortunately, there is no single trait or characteristic that can make the trauma following an impaired driving crash any easier to deal with.
However, resilient individuals and families may have a coping style that enables them to ultimately find joy and meaning in their lives even after an overwhelming loss. In order to obtain a state of equilibrium that is conducive to balance, harmony and recovery, the family is compelled to manage these challenges and distortions by organizing and reinvesting in other relationships and life pursuits and by changing its patterns of functioning, including roles, rules, meanings and lifestyles.

This process of management is influenced by the family’s ability to be flexible. Flexibility is the capacity to change when necessary, an element that encourages high functioning in couples and families (Satir, 1998). Family resilience requires the ability to be flexible enough to counterbalance stability and change as family members go through crises and challenges (Walsh, 1998). Some families allow for too much change and became chaotic. On the other hand, some families allow too little change after the family structures have been altered by loss. Thus an overly rigid family structure will resist modifying set patterns to make the necessary accommodations to loss (Walsh, 1980).

Walsh (1998) further adds that families can cope with crisis and adversity by making meaning of their experience through linking it to their social world, cultural and religious beliefs, multigenerational past, and hopes and dreams for the future. The author cautions that families develop shared belief systems that are connected to cultural values and influenced by their position and experiences in the social world over time. Such shared belief systems organize experience to enable family members to make sense of crises situations.

### 2.11 Commitment

Frost (2000) suggested that commitment includes people’s obligation to other family members to build loyalty, trust and dependability. During times of crises, this may include self-sacrifice, persistence and loyalty to one another. How families make sense of crises such as the loss of family member, and endow it with meaning, is crucial for families’ resilience (Antonovsky & Sourani, 1988). A family sense of loss can be influenced by its sense of coherence. A family sense of coherence can be defined as a global orientation to life as comprehensible, manageable and meaningful.
A strong sense of coherence fosters confidence in the family's ability to clarify the nature of problem so that they seem orderly, predictable and explicable. Viewing crisis as comprehensible and meaningful can assist a family to adapt to events that affect and transform family and social structure (Patterson & Garrwch, 1994). A high sense of family coherence can promote stability and health, helping families to reach higher levels of reorganization and adjustment after the crisis (Antonovsky & Sourani, 1988).

2.12. Spirituality

Spirituality is a fundamental form of resilience in that it provides the individual with the ability to understand and overcome stressful situation (Angell, Dennis & Dumain, 1998). Spirituality, on the other hand, can be equated with interval values that provide a sense of meaning, inner wholeness and connection with others.
CHAPTER THREE: METHODOLOGY

3.1 Introduction

The purpose of this chapter is to present the research design and methodology adopted in the study. Neuman (2003) defines methodology as a research plan of action or procedures for measuring variables of interest. It must be noted that some of the pertinent procedures of research methodology and design include: population, sample and sampling techniques, data type and a description of instruments or tools to be used to collect data, the research protocol, ethics and the analysis.

3.2 Method

This study used a triangulated approach in an attempt to validate the research by the use of different methods. These consisted of focus groups, cross sectional survey and qualitative open-ended questions.

3.2.1 Participants

The study included thirty Swazi families who had lost a family member over the last three years. In each family two people were interviewed, that is, an adult and an adolescent. In most families there was only one parent and these families were headed by females. Males did not show interest in participating in the study which is typical of Swazi males who spend most of their time attending matters pertaining to the running of the country. Virtually all the families which participated in the study were coming from the extended family structure.

A biographical questionnaire was compiled to gather information regarding family composition, employment, level of education, income, age and gender of the respondent's family members and the qualitative meanings of the terms family, crisis and resilience. This questionnaire included an open-ended question requesting the respondent's opinion on which factors or strengths they believed helped their family through the stressful period.
3.2.2 Procedure

Manzini region forms the heart of Swaziland and it contains the largest portion of the population. Three focus groups were selected in such a way that both the parents that worked the night as well as the day shift were included.

The researcher handed the questionnaires to the participants. Issues of confidentiality were discussed to put the subjects at ease. The aims and objectives of the study were outlined. Clarity seeking questions were also entertained to help those who did not understand. Family members consented to participate in the study. Participants were allowed to complete each questionnaire separately with the assistance of the researcher. In the case of families who were not willing to participate, another family was identified.

3.2.3 Measuring instruments

The following measurement scales were also used: Social Support Index (SSI), Relative and Friend Support (RFS), Family Problem Solving Communication (FPSC), Family Hardiness Index (FHI), The Family Crises Oriented Personal Evaluation Scales (F-COPES), The Family Attachment and Changeability Index 8 (FACI8) and Family Time Routine Index (FTRI). All these instruments had been used in various study populations in South Africa (Kinderen & Greeff, in Press; Greeff, 2000a; Greeff, 2000b). These were administered to the parent and the adolescent of each selected family.

The Social Support Index (SSI) developed by McCubbin, Patterson and Glynn (McCubbin et al., 1996), were used to evaluate the degree to which families are integrated into the community and view the community as a source of support; in that the community can provide emotional support (such as recognition and affirmation), esteem support (affection), and network support (relationships with relatives) (McCubbin, McCubbin, & Thompson, 1993). According to Parry (1990), the social network or community is a natural help system. The mobilization of support within the persons' own natural social system is a vital part of effective helping (Parry, 1990). This scale consists of 17 statements that are rated on a five-point scale of agreement, ranging from “strongly disagree” to “strongly agree”. This scale has an
internal reliability of 0.82, a test-retest reliability of 0.83, and a validity coefficient of 0.40 (McCubbin et al., 1996).

The Relative and Friend Support Index (RFS) developed by McCubbin, Larsen and Olson, were used to measure the degree to which families use the support of relatives and friends as a coping strategy to manage stressors and strains (McCubbin et al., 1996). This scale consists of eight items relating to sharing problems or seeking advice from neighbours or relatives, each requiring a response on a five-point Likert rating scale ranging from "strongly disagree" to "strongly agree". This scale had an internal reliability of 0.82 and a validity coefficient of 0.99 (McCubbin et al., 1996).

The Family Problem Solving Communication (FPSC) index was developed by McCubbin, et al., (1996) to assess the two dominant communication patterns in families during hardships and catastrophes. The FPSC is a 10 item instrument with a four-point Likert scale (False, Mostly false, Mostly true, True). The two subscales are Incendiary and Affirming communication. The alpha reliability of the subscales are 0.78 (Incendiary) and 0.86 (Affirming), and the alpha coefficient for the total scale is 0.89. The validity of the scale was confirmed in several large studies of families under stress, within various ethnic groups (McCubbin et al., 1996).

The Family Hardiness Index (FHI), developed by McCubbin, et al., (1996), was used to measure the internal strengths and durability of the family unit. This scale consists of 20 items, with three subscales (commitment, challenge and control), which require participants to assess, on a four-point Likert rating scale, the degree (False, Mostly false, Mostly true, True, or Not applicable) to which each statement describes their current family situation. The internal reliability is 0.82 and the validity coefficients range from 0.2 to 0.23 with regard to criterion indices of family satisfaction, time and routines, and flexibility (McCubbin et al., 1996).

The Family Crisis Orientated Personal Evaluation Scales (F-COPES) were used to identify the problem-solving and behavioural strategies used by families in crisis situations. This measuring instrument focuses on two levels of interaction, namely:

- a) individual to family system – the way in which the family manages crises and problems internally among family members, and
b) family to social environment – the way in which the family manages problems outside its boundaries, but which still has an influence on the family as a unit.

The F-COPES consists of 30 five-point Likert-type items. High scores are an indication of effective positive coping behaviour. The scale consists of five subscales, which are the obtainment of social support, the redefinition of the problem, the seeking of spiritual support, the mobilization of the family to obtain and accept formal support, and the passive appraisal of the crisis. The five subscales are divided into two dimensions, namely:

a. internal coping strategies of the family, and
b. external coping strategies of the family.

Internal coping strategies of the family define the way in which crises are managed by using support resources inside the nuclear family system (McCubbin et al., 1996). The internal strategies are: (1) reformulation or redefining the problem in terms of the meaning it has for the family (Cronbach Alpha = 0.64) and (2) passive appreciation (the family’s tendency to do nothing about crisis situation based on a lack of confidence in own potential to change the outcome) (Cronbach Alpha = 0.66).

External strategies refer to the active behaviour that the family adopts to elicit support resources outside the nuclear family system. The external strategies are: (1) use of social support, for example friends (Cronbach Alpha = 0.74), family members (Cronbach Alpha = 0.86) and neighbours (Cronbach Alpha = 0.79); (2) the search for religious support (Cronbach Alpha = 0.87); and (3) the mobilization of the family to obtain and accept help (Cronbach Alpha = 0.70). A test-retest reliability coefficient of 0.71 was obtained for the total scale. The construct reliability of the questionnaire was shown with a factor analysis and a varimax rotation of the axes. Five factors were isolated with the items’ factor loadings between 0.36 and 0.74. All five factors had Eigen values larger than one (Olson et al., 1985).

The Family Attachment and Changeability Index 8 (FACI8) is a measure of family functioning which is ethnically sensitive. In this study FACI8 is considered as the depended variable, according to the theoretical model developed by McCubbin, Thompson and McCubbin (1996). The FACI8 consists of 16 items (six-point Likert scale) measuring the family’s level of Attachment (cohesion) and Changeability (flexibility). The Attachment subscales measure the strength of family members’ attachment to each other and the Changeability subscale relates to how flexible the family members are in their relationships with each other. Reliability for the subscales
varies between 0.75 and 0.8. Validity was established by determining the FACIB’s relationship to a treatment programs’ successful outcome (McCubbin et al., 1996).

The Family Time and Routine Index (FTRI) was developed by McCubbin, et al., (1996) to assess the type of activities and routines families use and maintain and the value they place upon these practices. The FTRI is a 30 item scale consisting of the following eight subscales: parent-child togetherness, couple togetherness, child routines, meals together, family time together, family chores routines, relatives’ connection routines, and family management routines. Respondents assess the degree to which each statement (False, Mostly false, Mostly true) describes their family behaviour. The overall internal reliability is 0.88 and the validity was confirmed through significant correlations with various criterion indices of family strengths (McCubbin et al., 1996).

3.2.4 Data analysis

Statistical Package of Social Science (SPSS) was used to analyze the data collected. The data collected was analyzed by SPSS specialists at the University of Stellenbosch.

3.2.5 Ethical conduct

Ethical consideration is important in every study conducted. According to Mugenda and Mugenda (1999) unethical research practice can have adverse effects on the participants, thereby causing serious problems to the subject and the community in general.

In order not to violate the rights of those involved in the research process, research must be guided by unwritten standards and principles. Therefore, ethical considerations must be kept in mind when conducting field work. Respondents must be assured of their privacy. Neuman (2003) is of the view that even if anonymity is not possible, researchers should protect confidentiality.

Another ethical issue considered was the integrity of the researcher. According to Sarantakos, cited by Ikoja (2002), there are various elements a researcher must follow to do faithful and thorough work. These include accuracy in data collection and
processing, use of appropriate research methodology, appropriate interpretation of the data, accurate reporting, and non-fabrication of data.

3.3 Resume

This chapter presented the detailed procedures that were followed to conduct this study. The methodology defined the sample and how it was selected, the methods and instruments that were used to collect data, design and approaches to data analysis. The next chapter deals with data presentation, analysis and interpretation.
CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter is concerned with the presentation interpretation and discussion of both qualitative and quantitative results.

4.2 Qualitative results

Open-ended questions were administered to the respondents with regard to the following research questions: a) Briefly state the most important factors or strengths, which have helped your family in a tragedy?” b) What do the following concepts mean: “family” ”crisis” and” resilience”? The aforementioned questions are firstly reported in this chapter.

The responses to the first question are ranked according to the themes that were indicated through thematic content analysis by the sixty participants (30 patents and 30 adolescents) most often and are summarized in Table 4.1. This type of qualitative analysis was chosen as it is easy to access and it works on one level of meaning, the content of the data texts (Henning, 2004).
4.2.1 Strengths which have helped bereaved as indicated by both parents and children families

Note: Religion refers to a strong belief in a supernatural power or powers that control human destiny. Intra-family support refers to support which the immediate family members provide each other.

The responses to the second open-ended question are summarized on the basis of themes that were indicated by the participants most often.

Most respondents viewed “family” as a social unit living together. In other words, family referred to as people whom one could give and receive unconditional love, trust, support, and in which there is a sense of togetherness. ‘Crisis’ was taken as an unstable situation of extreme danger or difficulty. “Resilience” was viewed by most participants as the ability to recover from (or to resist being affected by) some shock, insult, or disturbance.

4.3 Quantitative results

The results that follow indicate the relationship between the biographical data and/or psychological measures with the family adaptation (FAC18) score for children followed by parents. All results are presented in the form of graphs, followed by tables and relevant interpretation of structural analyses. Two correlations are given: Pearson and Spearman. For parsimony and convenience only the Spearman
correlation will be interpreted. In terms of the theoretical model, family resilience factors are indicated when biographical and psychological variables are significantly related to family adaptation. In all statistical calculations the significance level was set at $p<0.05$.

4.3.1 Child – Age

Table 4.3.1 indicated no significant relationship between child’s age and family adaptability. ($r=0.26, p=0.17$)

4.3.2 Child – SSI total

Table 4.3.2 indicated a significant relationship between child’s perceptions of social support and family adaptability. ($r=0.65, p=0.00$)
4.3.3 Child - RFS total

Table 4.3.3 indicated no significant relationship between child’s perceptions of relative and friends support and family adaptability. (r=0.26, p=0.16)

4.3.4 Child - FPSC total

Table 4.3.4 indicated no significant relationship between child’s perception of family problem solving communications and family adaptability. (r=0.16, p=0.39)
Table 4.3.5 indicated no significant relationship between child’s perception of commitment and family adaptability. ($r = -0.07$, $p=0.73$)
Table 4.3.6 indicated no significant relationship in between child’s perception of challenge and family adaptability. (r=0.19, p=0.32)

Table 4.3.7 indicated a significant relationship in between child’s perception of challenge and family adaptability. (r= -0.44, p=0.00)
4.3.8 Child - FHI Total

Table 4.3.8 indicated no significant relationship in between child’s perception of control and family adaptability. (r = -0.19, p = 0.31)

4.3.9 Child - FC Social support

Table 4.3.9 indicated no significant relationship between child’s perceptions of obtaining social support and family adaptability. (r = 0.16, p = 0.41)
4.3.10 Child - FC Reformulation

Table 4.3.10 indicated a significant relationship between children’s perceptions of redefinition of the problem and family adaptability. ($r = 0.38, p = 0.04$)

4.3.11 Child - FC Spiritual support

Table 4.3.11 indicated no significant relationship between child’s perceptions of seeking spirituality and family adaptability. ($r = 0.11, p = 0.57$)
4.3.12. Child - FC Mobilisation

Table 4.3.12 indicated a significant relationship between child’s perceptions of the mobilization of the family to get accept help and family adaptability. \((r = 0.45, \ p = 0.01)\)

4.3.13 Child - FC Passive appreciation

Table 4.3.13 indicated no significant relationship between child’s perceptions of passive appraisal and family adaptability. \((r = -0.24, \ p = 0.21)\)
4.3.14 Child - FTRI-Family total

Table 4.3.14 indicated no significant relationship between child’s perceptions of family and family adaptability. (r = 0.10, p = 0.60)

4.3.15 Child - FTRI-Important total

Table 4.3.15 indicated no significant relationship between child’s perceptions of importance and family adaptability. (r = 0.24, p = 0.20)
4.3.16 Child – Child routine

Table 4.3.16 indicated no significant relationship between child’s perceptions of routines and family adaptability. \((r = -0.33, p = 0.07)\)

4.3.17 Child – Couple togetherness

Table 4.3.17 indicated no significant relationship between child’s perceptions of couple togetherness and family adaptability. \((r = 0.01, p = 0.97)\)
4.3.18 Child – meals together

Table 4.3.18 indicated a significant relationship between child’s perceptions of meals together and family adaptability. \( r = -0.37, p = 0.05 \)

4.3.19 Child – parent child togetherness

Table 4.3.19 indicated no significant relationship between child’s perceptions of parent child togetherness and family adaptability. \( r = 0.26, p = 0.17 \)
4.3.20 Child – family togetherness

Table 4.1.20 indicated no significant relationship between child’s perceptions of family togetherness and family adaptability. ($r = 0.08$, $p = 0.68$)

4.3.21 Child – Contact with family

Table 4.3.21 indicated no significant relationship between child’s perceptions of relatives connections and family adaptability. ($r = 0.05$, $p = 0.81$)
4.3.22 Child – Family chores routines

Table 4.3.22 indicated no significant relationship between child’s perceptions of chores and family adaptability. \( r = 0.21, p = 0.27 \)

4.3.23 Child – Family management

Table 4.3.23 indicated no significant relationship between child’s perceptions of family management and family adaptability. \( r = -0.13, p = 0.49 \)
4.3.24 Parent - Years Married

Table 4.3.24 indicated no significant relationship between parent’s years of marriage and family adaptability. \((r = 0.27, p = 0.16)\)

4.3.25 Parent - Age

Table 4.3.25 indicated no significant relationship between parent’s age and family adaptability. \((r = 0.26, p = 0.16)\)
4.3.26 Parent - SSI total

Table 4.3.26 indicated no significant relationship between parent’s perception of social support and family adaptability. ($r = 0.42, p = 0.02$)

4.3.27 Parent - RFS total

Table 4.3.27 indicated no significant relationship between parent’s perception of relative and friend support and family adaptability. ($r = 0.24, p = 0.21$)
Table 4.3.28 indicated no significant relationship between parent’s perception of family problem solving communications and family adaptability. (r = 0.26, p = 0.17)

Table 4.3.29 indicated no significant relationship between parent’s perception of commitment and family adaptability. (r = -0.26, p = 0.17)
4.3.30 Parent - FHI Challenge

Table 4.3.30 indicated no significant relationship between parent's perception of commitment and family adaptability. \( r = 0.15, p = 0.42 \)

4.3.31 Parent - FHI Control

Table 4.3.31 indicated no significant relationship between parent's perception of control and family adaptability. \( r = -0.05, p = 0.78 \)
4.3.32 Parent - FHI Total

Table 4.3.32 indicated no significant relationship between parent’s perception of commitment, challenge and control and family adaptability. ($r = -0.17$, $p = 0.38$)

4.3.33 Parent - FC Social support

Table 4.3.33 indicated a significant relationship between parent’s perception of obtaining social support and family adaptability. ($r = 0.44$, $p = 0.01$)
Table 4.3.34 indicated a significant relationship between parent’s perception of the problem and family adaptability. \((r = 0.56, p = 0.00)\)

Table 4.3.35 indicated no significant relationship between parent’s perception of seeking spiritual support family adaptability. \((r = 0.34, p = 0.07)\)
4.3.36 Parent - FC Mobilisation

Table 4.3.36 indicated a significant relationship between parent’s perception of the mobilization of family to get accept help and family adaptability. \( r = 0.51, p = 0.00 \)

4.3.37 Parent - FC Passive appreciation

Table 4.3.37 indicated no significant relationship between parent’s perception of passive appraisal and family adaptability. \( r = 0.09, p = 0.62 \)
4.3.38 Parent - FTRI-total family

Table 4.3.38 indicated no significant relationship between parent’s perception of family routines and family adaptability. ($r = -0.11, p = 0.56$)

4.3.39 Parent - FTRI-Important total

Table 4.3.39 indicated a significant relationship between parent’s perception of importance and family adaptability. ($r = 0.55, p = 0.00$)
4.3.40 Parent - Routines

Table 4.3.40 indicated no significant relationship between parent’s perception of routines and family adaptability. \((r = -0.21, p = 0.28)\)

4.3.41 Parent – Couple togetherness

Table 4.3.41 indicated no significant relationship between parent’s perception of couple togetherness and family adaptability. \((r = 0.06, p = 0.76)\)
4.3.42 Parent – Meals together

Table 4.3.42 indicated a significant relationship between parent’s perception of meals together and family adaptability. ($r = -0.40, p = 0.03$)

4.3.43 Parent – Child togetherness

Table 4.3.43 indicated no significant relationship between parent’s perception of parents-child togetherness and family adaptability. ($r = -0.03, p = 0.88$)
4.3.44 Parent – Family togetherness

Table 4.3.44 indicated no significant relationship between parent’s perception of family togetherness and family adaptability. \( r = -0.16, \ p = 0.39 \)

4.3.45 Parent – Contact with family

Table 4.3.45 indicated no significant relationship between parent’s perception of relatives’ connection and family adaptability. \( r = 0.22, \ p = 0.23 \)
4.3.46 Parent - Family chores routines

Table 4.3.46 indicated no significant relationship between parent’s perception of chores and family adaptability. \((r = 0.19, p = 0.32)\)

4.3.47 Parent - Family management

Table 4.3.47 indicated no significant relationship between parent’s perception of management and family adaptability. \((r = 0.11, p = 0.57)\)
**4.3.48 SSI**

Table 4.3.48 refers to reliability of the social support scale which revealed low inter-item Cronbach alpha correlation of 0.40 and a split half reliability of 0.38.

**4.3.49 RFS**

Table 4.3.49 refers to reliability analysis of relative and friend support scale which revealed high Cronbach alpha correlation of 0.73.
### 4.3.50 Family problem solving communications

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Table 4.3.50 refers to reliability analysis of family problem solving, communications measure which revealed low Cronbach alpha correlation 0.31.

### 4.3.51 Family problem solving communication

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Table 4.3.51 refers to reliability family problem solving, communication measure which revealed low Cronbach alpha correlation 0.40.

### 4.3.52 Total

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Table 4.3.52 refers to reliability analysis of the family problem solving, communications measure which revealed high Cronbach alpha correlation 0.68.
4.3.53 FHI Challenge

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Table 4.3.53 refers to reliability analysis of the family hardiness scale which revealed a low Cronbach alpha correlation 0.24.

4.3.54 Control

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Table 4.3.54 refers to reliability analysis of family control scale which revealed a low Cronbach alpha correlation 0.28.

4.3.54 Commitment

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Table 4.3.54 refers to reliability analysis of family commitment scale which revealed a high Cronbach alpha correlation 0.63.
### 4.3.55 Total

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Table 4.3.55 refers to reliability analysis of the family hardiness scale which revealed a low Cronbach alpha correlation 0.44 and inter-item correlation of 0.21.

### 4.3.56 FC Mobilization (total)

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<td>2.265588</td>
<td>0.064717</td>
<td>0.193084</td>
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</table>

Table 4.3.56 refers to reliability analysis of the mobilization of the family to get and accept help scale which revealed a low Cronbach alpha correlation 0.18 and low inter-item correlation of 0.05.

### 4.3.57 FC Passive appreciation (total)

<table>
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<th>Alpha if deleted</th>
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<tr>
<td>F-copes12l</td>
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<td>F-copes17l</td>
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<td>6.550000</td>
<td>2.559297</td>
<td>0.233199</td>
<td>0.155089</td>
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<td>F-copes26l</td>
<td>8.716666</td>
<td>8.436389</td>
<td>2.904546</td>
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<td>F-copes29l</td>
<td>8.716666</td>
<td>6.895555</td>
<td>2.625939</td>
<td>0.255108</td>
<td>0.136199</td>
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</table>

Table 4.3.57 refers to reliability analysis of the passive appraisal scale which revealed a low Cronbach alpha of 0.31 and inter-item correlation of 0.10.
4.3.58 FC Reformulation (total)

Summary for scale: Mean=30.0500 Std.Dev.=5.63712 Valid N:60 (Spreadsheet91)
Cronbach alpha: .624060 Standardized alpha: .628260
Average inter-item corr.: .176946

<table>
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<th>StdDev. if deleted</th>
<th>Itm-Totl Correl.</th>
<th>Alpha if deleted</th>
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<td>5.216853</td>
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<td>0.627606</td>
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<tr>
<td>F-copes7</td>
<td>26.26667</td>
<td>24.76222</td>
<td>4.976165</td>
<td>0.415697</td>
<td>0.567602</td>
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<tr>
<td>F-copes11</td>
<td>26.15000</td>
<td>24.52750</td>
<td>4.952525</td>
<td>0.432565</td>
<td>0.562834</td>
</tr>
<tr>
<td>F-copes13</td>
<td>26.21667</td>
<td>24.73639</td>
<td>4.973569</td>
<td>0.305224</td>
<td>0.596965</td>
</tr>
<tr>
<td>F-copes15</td>
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<td>24.73639</td>
<td>4.973569</td>
<td>0.345256</td>
<td>0.584702</td>
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<td>F-copes19</td>
<td>26.18333</td>
<td>26.94972</td>
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<td>0.605225</td>
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<tr>
<td>F-copes22</td>
<td>26.36667</td>
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<td>0.601384</td>
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<tr>
<td>F-copes24</td>
<td>26.41667</td>
<td>24.10972</td>
<td>4.910185</td>
<td>0.339158</td>
<td>0.586674</td>
</tr>
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</table>

Table 4.3.58 refers to reliability analysis of redefinition of the family scale which revealed a moderate Cronbach alpha of 0.62 and inter-item correlation of 0.18.

4.3.59 FC Social support (total)

Summary for scale: Mean=31.9333 Std.Dev.=5.94285 Valid N:60 (Spreadsheet94)
Cronbach alpha: .651727 Standardized alpha: .658360
Average inter-item corr.: .179820

<table>
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<th>StdDev. if deleted</th>
<th>Itm-Totl Correl.</th>
<th>Alpha if deleted</th>
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<td>0.363121</td>
<td>0.617522</td>
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<tr>
<td>F-copes2</td>
<td>27.95000</td>
<td>32.44750</td>
<td>5.696271</td>
<td>0.092641</td>
<td>0.668763</td>
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<tr>
<td>F-copes5</td>
<td>27.63333</td>
<td>29.23222</td>
<td>5.406683</td>
<td>0.481571</td>
<td>0.603335</td>
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<tr>
<td>F-copes8</td>
<td>28.33333</td>
<td>26.98889</td>
<td>5.195083</td>
<td>0.451374</td>
<td>0.595048</td>
</tr>
<tr>
<td>F-copes10</td>
<td>28.63333</td>
<td>27.79889</td>
<td>5.272485</td>
<td>0.397608</td>
<td>0.608406</td>
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<tr>
<td>F-copes16</td>
<td>28.08333</td>
<td>30.84305</td>
<td>5.553652</td>
<td>0.210471</td>
<td>0.648218</td>
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<tr>
<td>F-copes20</td>
<td>28.36667</td>
<td>25.33222</td>
<td>5.033113</td>
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<td>F-copes25</td>
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<td>26.77639</td>
<td>5.174591</td>
<td>0.342647</td>
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<tr>
<td>F-copes29</td>
<td>29.43333</td>
<td>29.44555</td>
<td>5.426376</td>
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<td>0.660547</td>
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Table 4.3.59 refers to reliability analysis of having social support scale which revealed a Cronbach alpha correlation 0.65 and a moderate inter-item correlation of 0.17.

4.3.60 FC Spiritual support

Summary for scale: Mean=15.3333 Std.Dev.=3.08450 Valid N:60 (Spreadsheet97)
Cronbach alpha: .274188 Standardized alpha: .289302
Average inter-item corr.: .093272

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<th>Itm-Totl Correl.</th>
<th>Alpha if deleted</th>
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<tr>
<td>F-copes14</td>
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<td>2.495496</td>
<td>0.181782</td>
<td>0.163522</td>
</tr>
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<td>F-copes23</td>
<td>11.63333</td>
<td>5.732223</td>
<td>2.394206</td>
<td>0.230832</td>
<td>0.089988</td>
</tr>
<tr>
<td>F-copes27</td>
<td>12.35000</td>
<td>7.027500</td>
<td>2.650943</td>
<td>0.005617</td>
<td>0.401044</td>
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<tr>
<td>F-copes30</td>
<td>10.66667</td>
<td>7.155556</td>
<td>2.674987</td>
<td>0.165315</td>
<td>0.196331</td>
</tr>
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</table>

Table 4.3.60 refers to reliability analysis which revealed a low Cronbach alpha correlation 0.27 and moderate inter-item correlation of 0.09.
4.3.61 Parent child togetherness

Table 4.3.61 refers to reliability analysis of the parent-child together scale which revealed a high Cronbach alpha correlation 0.84.

4.3.62 Family attachment

Table 4.3.62 refers to reliability analysis which revealed a low Cronbach alpha correlation 0.22 and a low inter-item correlation of 0.54.

4.3.63 Total

Table 4.3.63 refers to reliability analysis of the family attachment and changeability scale which revealed a low Cronbach alpha correlation 0.
4.3.64 Routines

Summary for scale: Mean=6.66667 Std.Dv.=2.34822 Valid N:60 (Spreadsheet10)
Cronbach alpha: .041120 Standardized alpha: .107337
Average inter-item corr.: .029315

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<th>Alpha if deleted</th>
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<tr>
<td>FTRI10</td>
<td>4.400000</td>
<td>4.206667</td>
<td>2.051016</td>
<td>0.195854</td>
<td>0.000000</td>
</tr>
<tr>
<td>FTRI15</td>
<td>4.750000</td>
<td>4.854167</td>
<td>2.203217</td>
<td>-0.178126</td>
<td>0.352961</td>
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<tr>
<td>FTRI16</td>
<td>5.666667</td>
<td>3.488889</td>
<td>1.867857</td>
<td>0.062836</td>
<td>0.000000</td>
</tr>
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</table>

Table 4.3.64 refers to reliability analysis of the routines scale which revealed a low inter-item Cronbach alpha of 0.04.

4.3.65 Couple togetherness

Summary for scale: Mean=7.36667 Std.Dv.=2.64874 Valid N:60 (Spreadsheet12)
Cronbach alpha: .348312 Standardized alpha: .354928
Average inter-item corr.: .123716

<table>
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<th>Itm-Totl Correl.</th>
<th>Alpha if deleted</th>
</tr>
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<tbody>
<tr>
<td>FTRI11</td>
<td>6.100000</td>
<td>4.523333</td>
<td>2.126813</td>
<td>0.160978</td>
<td>0.316875</td>
</tr>
<tr>
<td>FTRI12</td>
<td>5.200000</td>
<td>4.793334</td>
<td>2.189368</td>
<td>0.168729</td>
<td>0.303199</td>
</tr>
<tr>
<td>FTRI13</td>
<td>5.433333</td>
<td>4.445555</td>
<td>2.108449</td>
<td>0.307623</td>
<td>0.149962</td>
</tr>
<tr>
<td>FTRI25</td>
<td>5.366667</td>
<td>5.132223</td>
<td>2.265441</td>
<td>0.114171</td>
<td>0.361117</td>
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</table>

Table 4.3.65 refers to reliability analysis of the couple togetherness scale which revealed a low inter-item Cronbach alpha of 0.35.

4.3.66 Meals together

Cronbach alpha=0.03

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<th>Alpha if deleted</th>
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<td>1.701225</td>
<td>0.244626</td>
<td>0.230348</td>
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Table 4.3.66 refers to reliability analysis of the meals together scale which revealed a low Cronbach alpha of 0.03.
4.3.67 Parent child togetherness

Summary for scale: Mean=9.06667 Std.Dv.=3.61197 Valid N:60 (Spreadsheet18)
Cronbach alpha: .695208 Standardized alpha: .697793
Average inter-item corr.: .351059

<table>
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<th>Alpha if deleted</th>
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<tr>
<td>FTRI1</td>
<td>7.133333</td>
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<td>FTRI2</td>
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<td>0.498351</td>
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</tr>
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<td>FTRI3</td>
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<td>10.49889</td>
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<td>0.210728</td>
<td>0.734540</td>
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<tr>
<td>FTRI4</td>
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Table 4.3.67 refers to reliability analysis of the parent-child togetherness scale which revealed a high inter-item Cronbach alpha 0.70.

4.3.68 Family togetherness

Summary for scale: Mean=6.68333 Std.Dv.=2.56767 Valid N:60 (Spreadsheet21)
Cronbach alpha: .164531 Standardized alpha: .226536
Average inter-item corr.: .069606

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<th>Alpha if deleted</th>
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<td>5.466667</td>
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<td>FTRI7</td>
<td>4.616667</td>
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<td>4.883056</td>
<td>2.209764</td>
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Table 4.3.68 refers to reliability analysis of the family togetherness scale which revealed a low inter-item Cronbach alpha correlation 0.16.

4.3.69 Contact with family

Summary for scale: Mean=6.23333 Std.Dv.=2.75783 Valid N:60 (Spreadsheet24)
Cronbach alpha: .217006 Standardized alpha: .238211
Average inter-item corr.: .074927

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<th>Alpha if deleted</th>
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Table 4.3.69 refers to reliability analysis of the relatives connection scale which revealed a low inter-item Cronbach alpha 0.22.
4.3.70 Family chores routines

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Table 4.3.70 refers to reliability analysis of the family chores routines scale which revealed a low Cronbach alpha 0.48.

4.3.71 Family management

<table>
<thead>
<tr>
<th>variable</th>
<th>Summary for scale: Mean=10.1333 Std.Dv.=2.84317 Valid N:60 (Spreadsheet30) Cronbach alpha: .577212 Standardized alpha: .604046 Average inter-item corr.: .239197</th>
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<tbody>
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Table 4.3.71 refers to reliability analysis of the family management scale which revealed a high inter-item Cronbach alpha 0.58.
**4.3.72 Total family**

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<tr>
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<tr>
<td>Variance</td>
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<table>
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Table 4.3.72 refers to reliability analysis of the family scale which revealed a family high inter-item Cronbach alpha correlation of 0.80 and a split half reliability of 0.65.
### 4.3.73 Important total

Cronbach alpha, full scale: .82743 Standardized alpha: — (Spreadsheet36)
Corr. 1st & 2nd half: .590776 Attenuation corrected: .830216
Split-half reliability: .742752 Guttman split-half: .721740

<table>
<thead>
<tr>
<th>Item</th>
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<th>2nd Half</th>
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ITEMS 1: FTRI1 FTRI17
2: FTRI2 FTRI18
3: FTRI3 FTRI19
4: FTRI4 FTRI20
5: FTRI5 FTRI21
6: FTRI6 FTRI22
7: FTRI7 FTRI23
8: FTRI8 FTRI24
9: FTRI6 FTRI25
10: FTRI10 FTRI26
11: FTRI11 FTRI27
12: FTRI12 FTRI28
13: FTRI13 FTRI29
14: FTRI14 FTRI30
15: FTRI15 FTRI31
16: FTRI16 FTRI32

Table 4.3.73 refers to reliability analysis of the importance scale which revealed a high inter-item Cronbach alpha correlation 0.83 and a split half reliability of 0.74.
CHAPTER FIVE: CONCLUSION

5.1 Introduction

This study aimed at identifying those strategies that contribute to the bouncing back of Swazi families in which the death of a member had taken place.

In this study, resilience has been defined as the ability to recover from (or to resist being affected by) some shock, insult, or disturbance. It is worth mentioning that resilience is used quite differently in different fields. Within the salutogenic paradigm the focus is on strengths and positive characteristics that contribute to the growth and development of a family, therefore, the resilience factors are those variables that are related to family adaptability (Hawley & DeHaan, 1996; Smith, 1999).

5.2 Main findings

The results of the first open-ended question indicated that the most important factors which helped families during the death of a family member were community support between family members. Community is defined as a group of individuals sharing common bond and interacting with one another. Communities might be resilient when they respond to a crisis or to significant adversity in a way that strengthens the community. Sharing the experience of death, dying and loss can promote both immediate and long-term adaptation for family members. Frost (2000) affirms that a sense of connectedness within the community and extended family is vital to any family. A sense of belonging within the community can serve as a protective factor as well as a recovery factor. Mentors can also play major role in the learning of new coping skills.

Beavers and Hampson (1990) reported that religious beliefs can provide meaning and purpose in times of crises. During times of loss, religion may help bind together the fragments of ones life, restoring some sense of coherence and meaning (Parrot, 1999; Jordaan, Krause & Ware, 1993).
Religion and spiritual beliefs are sets of beliefs and practices, relating to the sacred, which create social bonds between individuals. They play a positive role in coping with grief.

The responses to the second open-ended question revealed that the participants’ understanding of family is not confined to the immediate, biological nuclear family. It is extended to those people whom one gives and receives unconditional love, trust, support, and with whom there is a sense of togetherness.

Crisis was defined by the participants as a highly emotional state of psychological turmoil which the person concerned feels totally unable to cope. Personal resources which would normally be used are overwhelmed and the accompanying feelings of helplessness lead to bewilderment, distress, despair and even panic. Resilience was understood as having inner strength and the ability to overcome and move forward in times of crises.

This study indicated the following resiliency factors in Swazi families: child’s and parent’s perceptions of: social support; relative and friend support; family problem solving communications; mobilization of the family to get and accept help; redefinition of the problem; family time and routines such as having meals together; parent-child togetherness, having family time, family hardiness in terms of control, parents perception of family hardiness in terms of challenge and adolescents perception of family hardiness in terms of commitment.

Social support as a resilient factor in this study indicated no significant relationship between parent’s perception of social support and family adaptability. One or more of its members may manifest dysfunctional behaviour during periods of crises or persistent stress, but that is not to say that the system or its component members is necessarily without strength and resource or lack those interactive processes which strengthen family hardiness (Goldenberg, 1998).

The family problem solving communication resiliency factor involves engaging in effecting listening skills. This skill allows families to construct perception about their own crisis. In times of crisis, family resilience depends on family members being able to speak for themselves openly, confirming each other’s importance, which minimizes
dysfunction. It also refers to an active rather than a passive orientation in adjusting to and managing stressful situations.

Family hardiness includes a shared commitment, people’s obligation to other family members to build loyalty, trust and dependability. During times of crises, this may include self-sacrifice, persistence and loyalty to one another. How families make sense of crises such as the loss of a family member, and endow it with meaning, is most crucial for family’s resilience (Antonovsky & Sourani, 1988).

The family time and routine resilience factor involves all members of the family making time to participate in certain activities together, for example, having meals together, parent and children spending time together and having family time together. Daily routine can provide the family members with regular contact and order.

5.3 Limitations

This study represents a very small portion of the Swazi families of the total Swaziland population.

5.4 Recommendations

What is specifically needed are interventional studies with Swazi families in order to implement the knowledge gained from this dissertation. Furthermore, a larger sample is necessary to confirm the nature of the coping strategies used by Swazi families in general. In order to gain more in-depth knowledge of how Swazi families cope with adversities, future studies should go beyond collecting data from a parent and a child only but should include the whole family (i.e., nuclear as well as the extended family members).
5.5 Conclusion

Resiliency factors play a major role in families that have experienced the death of a family member. This is normally achieved through the social, emotional, spiritual and financial support provided by the immediate family, neighbours, religious groups and community members.
References


