

RESILIENCE IN BEREAVED ZULU FAMILIES

CLIFFORD MBIZANA

Resilience in bereaved Zulu families

by

Clifford Mbizana

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Supervisor : Professor S. D. Edwards

Co supervisor: Dr J. D. Thwala

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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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C. MBIZANA

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ABSTRACT

This study investigated resilience factors in thirty bereaved Zulu families who lost a family member between one and four years prior to the study.

The researcher used self-report questionnaires to access an array of information that could not be accessed through direct observations. In each family, one adolescent (n=30) and one parent (n=30) were interviewed. A standardized questionnaire gathered information regarding family composition, employment, level of education, income, age and gender of the respondent's nuclear family members. This questionnaire included an open-ended question which requested the respondents' opinion on which factors or strengths they believed helped their family through the stressful period. In addition to the use of the questionnaire, a focus group contextualized the following concepts; family, crisis and resilience.

The key coping strategies used by individuals, spouses, parents and siblings were seeking help from the relatives and community members; resistant personality traits or inner strengths; spiritual support from the church and for others, ancestral belief. However, there is still a need for more research on resilience in bereaved Zulu families; promotion of peer and professional support as well as for a refinement or adaptation of the measuring instruments that were herein used.

CHAPTER 1: INTRODUCTION

1.0 Introduction

This study emerged as a response to factors associated with changes in Zulu family composition, roles, relationships and economic circumstances as a result of death in the family.

Satir, Stachowaik and Taschman (1983) argue that the Industrial Revolution has had a major impact upon all institutions, including that of the family. The nuclear family, living in its privately owned home and making its solitary decisions, was substituted for extended families. Colonization and apartheid has had similar effects on the Zulus. Individuals used to be born, raised, celebrated, suffered and died in extended families. With the loss of extended families, the Zulus lost the core of their healing processes, information sharing and coherence which facilitated growth. In their book, Satir, Stachowaik and Taschman (1983:19) quoted a noted sociologist, Pitirim Sorokin who wrote the following:

The family as a sacred union of husband and wife, of parents and children, will continue to disintegrate. Divorces and separations will increase until any profound difference between socially sanctioned marriages and illicit sex relationships disappears. Children will be separated earlier and earlier from their parents. The main socio-cultural functions of the family will further decrease until the family becomes a mere incidental cohabitation of male and female while home will become a mere overnight parking place, mainly for sex-relationship.

The above quotation postulates the extinction of resilient factors that existed in traditional extended families. However, this study seeks to find those factors which still remain in Zulu families which can still facilitate recovery following tragedy.

In this study, the behaviour, feelings and thoughts of bereaved Zulu family members as influenced or determined by the death of a family member will be explored. The researcher will take a social psychological stance which focuses on the behaviour,

feelings, or thoughts of one individual as influenced or determined by the behaviour and or characteristics of others (Foster & Louw-Potgieter, 1991).

1.1 Statement of the problem

South Africa, like the rest of the world, is stricken by a mortality crisis. With the high incidence of crime, poverty and HIV/AIDS, life expectancy is gradually declining. The World Health Organization's life expectancy estimate for 1999, was 48 years, whilst the Actuarial Society of South Africa (ASSA) estimates a life expectancy of 40 years for the year 2010 (Gow & Desmond, 2002). Both these estimates show a gradual decline in life expectancy.

Houlbrooke (1989: 3) observes that, "Throughout the centuries of high mortality the prospect of an after-life offered the hope of compensation for the likely brevity of earthly existence and the disruption of human relationships by death." As a way of dealing or avoiding to deal with death most societies adopt this passive stance towards the disruptiveness of death.

'Uyadela wena osulapho', meaning 'you are happy for being on the other side', is a Zulu saying which is an expression of accepting and welcoming death. This used to be a slogan of the traditional Zulu warriors during the wars. In contrast, the complex society of 'today' fails to welcome death like their ancestors. Complicated bereavement, posttraumatic stress disorder (PTSD) and depression amongst bereaved Zulu families are now common in psychological practice. It was in that regard that the current researcher wanted to expand knowledge in resilience following death.

1.2 Motivation

According to Sadock and Sadock (2001) normal behaviour is an end product of interacting systems. Based on this argument, it is important to note how much interacting in a closed system can do for individuals therein. A family is an example of such an interacting system. For the purposes of this study, a family will be described as a group of people living together for the benefit and development of each member and the group as a whole.

This study will investigate resilience in bereaved Zulu families. Resilience means to bounce back. It is associated with an 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). Families come to share certain expectations about family roles and norms which are dynamic and ever changing (L'Abate, 1994). Individuals in a family are also as dynamic and ever changing. According to L'Abate (1994) family members are sometimes forced to reconsider and renegotiate family roles. This study will explore the strengths, personality traits and patterns of functioning which help families to 'bounce back' after a crisis.

Greeff (2003) argues that researchers who wish to expand knowledge in family resilience need to find answers to the following types of questions: Why does the family continue to function so well? What contributed to overcoming the crisis? What characteristics are present in the families that overcome trauma and those whose members continue to live satisfied lives?

1.3 Aim

The overall aim of this study is to make a contribution to the existing knowledge of Zulu speaking family life in South Africa. Secondary aims include further building of theory, the refinement of measuring instruments and, eventually, the development of programmes that will restore the identified qualities in families. Lastly, the project is directed towards the identification of those characteristics that are present within Zulu speaking families, that, in spite of the experience of a major crisis or trauma, stayed intact and the families reverted to their previous (or even better) level of functioning. Knowledge of resilience is extremely valuable for the future support of families in crises (Greeff, 2003).

The entire study will be guided by these two main questions:

- What are the qualities in Zulu speaking families that provide help and support in overcoming adversity and crises?

- What characteristics are present in the families that overcome trauma and allow members to continue to live satisfied lives?

1.4 Methodology

This is an exploratory study in which a cross-sectional research design will be used to fulfil the researcher's objectives. A researcher will use self-report questionnaires to access an array of information that cannot be accessed through direct observations. The study will consist of both the qualitative and quantitative components.

Welman and Kruger (1999) points out that exploratory research focuses in a relatively new field which lacks established theories or research findings. For such a study a specific research hypotheses may not be feasible. In this case, there is a dearth of literature on resilience in bereaved Zulu families.

All data will be collected at the same time, hence the design is referred to as a cross-sectional survey. This design attempts to understand a topic through collection of a cross-section of information relevant to the topic. A survey means a collection of information on a wide range of cases, each case being investigated only on the particular aspect under consideration (Bless and Higson-Smith, 1995). Self-report questionnaires consist of information that can easily be quantified, like the sample's biographical information – ages, total number of marriages and gender. Some other properties of data, for instance bereaved families' experiences of resilience, will not be quantified because their quantitative measurements would be meaningless.

1.5 Limitations of the study

This study is limited to Zulu families in which a member had died one to four years prior to the interview. At least two members of the family will be interviewed, including a parent and an adolescent. This study, therefore excludes situations whereby a family was survived by only one member, adults or orphans. It also excludes bereaved families from other cultural backgrounds.

1.6 Resume`

The study will try to weave together information from a focus group, a sample of affected families and already existing literature in an attempt to expand knowledge about resilience in bereaved families. Chapter two will be concerned with a review of relevant literature.

CHAPTER 2 - LITERATURE REVIEW

2.0 Introduction

While the previous chapter gave an overview of the motivation and aim of this study, this chapter discusses the key factors and variables associated with resilience in bereaved Zulu families. In discussing such key factors and variables, the researcher will briefly outline the culture and beliefs of the Zulus in relation to family, death and resilience.

2.1 A brief discussion about the Zulu culture

The Zulus, like any other population group, have their beliefs and rituals pertaining to bereavement. The Zulus predominantly live in KwaZulu Natal province and they believe that they are direct descendants of the patriarch Zulu, who was born to a Nguni chief in the Congo Basin. According to Krige (1965), the Zulus became the mightiest military force in Southern Africa during the reign of King Shaka (1816 – 1828). Although the contemporary Zulus are officially ruled by the government of South Africa, they often act as a dissenting voice on the national scene. They are popular for their linguistic clicking sounds, belief system and values – especially the values associated with ‘*ubuntu*’. In a western context ‘*ubuntu*’ can be equated to being ‘ones brother’s keeper’.

Rural Zulus used to raise cattle and farm corn and vegetables for subsistence purposes. A reasonably large number of Zulus now live and work in industrialized and or urban areas. It is mostly in urban areas that the Zulus are exposed to other diverse cultures and religions. Zulu religion predominantly includes a belief system which appreciate the existence of the creator, God (uNkulunkulu or uMvelinqangi) then ancestors (AmaDlozi). Msimang (1991) states that, the Zulus believe that it is only through invoking the ancestors that they can appeal to the spirit world. Although Christianity had gained a foothold among the Zulus, a doctrine founded by Isaiah Shembe, (considered the Zulu messiah), presented a form of Christianity which incorporated traditional customs.

2.2 Family

A family can be defined as a structure or a system which consists of two or more people, living together in the same household, who are related by blood, marriage, or adoption (L'Abate, 1994). However, at times we also refer to the wider circle of kin who do not necessarily share residence, such as grandparents, aunts, or other relatives (the extended family). In the Zulu culture, the latter is more common as a definition of family. In addition to the abovementioned two types of families, there are single parented families, where a parent and a child or children constitute a family. This is often due to factors such as death, divorce, being unmarried, etc.

Discussions about couples, marriage and families have shifted from traditional monogamous, heterosexual relationships to more convenient family structures. Bornstein and Bornstein (1986) suggest that among the options now available to individuals are: (a) cohabitation, (b) gay or lesbian, (c) remarriage, and a sexually active single life-style. However, in a traditional Zulu family the observations made by Bornstein and Bornstein (1986) were uncommon. Extended family structure systems were and are still preferred for the provision of social and emotional support.

Umndeni (a family) in a Zulu culture does not only include those who are living, but also the deceased. *Umndeni* means *abantu bakithi* (people of our own), whether they are dead or alive. In the Berglund's study (1976) a diviner-informant compared *umufi* (the deceased) with a bride. In his analogy, arguing about this other family member (*umufi*) he says, "He is like a bride who has left her father's house and goes to the bridegroom's house. She belongs somewhere. She does not belong to the father. She does not belong to the bridegroom. So where is she? The same with *umufi*, he has left the place where he lived but he is *not* in the earth. He is on the way, going somewhere." This analogy indicates that in Zulu culture, the family extends to the deceased ones.

2.3 Death

The inevitable end of a life cycle is death. Using simple language, Goldman (1996) describes death as a stage when the body stops working. Unlike other changes that

may occur in a family, death is permanent and cannot be easily mitigated. Loss, as experienced by different family members is conceptualised differently. For instance, a deceased male person might have been a husband, a father, or an uncle to the survived persons and his death would be conceptualised according to what the relationship was.

According to Berglund (1976), the Zulus have two concepts associated with death, the timely and untimely death. The timely death is commonly known as *ukugoduka* (going back home), *ukushona* (to pass away), *ukudlula emhlabeni* (to move on-leaving earthly life), or *ukuhamba emhlabeni* (to leave earth) is usually understood and accepted by those who survive the deceased. *Ukugoduka* (has gone home- joined the ancestral world) is an acceptable form of death as it involves elderly members of the family. *Ukuphumula* (have rested or has been relieved from pain by death) refers to a deceased member of the family who had been critically ill for a long period of time. The untimely death, on the other hand is expressed by terms such as *ukufa* (to die) and *ukubhubha* (to die due to a disaster). The latter are associated with extinction and are not acceptable. The death of a king is referred to as *ukukhothama* (to bow) and the whole Zulu tribe mourns for a king's death. These different types of death are conceptualised and reacted to in various ways by those who mourn the deceased.

Grosshandler-Smith (1995) suggests that moving or relocating, making new friends, discovering a new lifestyle, starting in a new school, a widowed parent's dating or remarrying, or living with guardians may be a few upheavals and changes that can be associated with death in a family. Death also leads to changes in family composition, family roles, family relationships, and economic circumstances. Regardless of its course, death as perceived by many is a traumatic event.

2.4 Crisis

There are some qualities that make an event to be regarded as traumatic. Tedeschi and Calhoun (1995) suggest that because death occurs *suddenly and unexpectedly*, it is likely to threaten the survivor's psychological well-being. This is not to say that trauma is less for those whose family members have died of chronic conditions. Another quality is that of a *perceived lack of control* over death. Deaths from

accidents, natural disasters, or violence can be regarded as *out of the ordinary* and they are more likely to be more difficult to handle or cope with. Unlike many other life situations, death is permanent, and so it is traumatic because of the degree to which it creates long-lasting problems. *Blame* is also characteristic of a traumatic event depending on the interpretation of circumstances leading to death. Following death some people blame themselves or find someone or something to blame. People who do not blame themselves following death are more likely to accept death and cope with their lives. Widowed persons, orphans and different age groups would have different perception towards crises associated with death.

2.5 Bereavement

Goldman (1996) argues that bereavement is the state of having lost something, whether it is a *significant other, significant thing, or our own sense of self*. Goldman (1996) further argues that there are two emotional states associated with bereavement, namely, grief and mourning.

The researcher in this study focuses on resilience after the loss of a family member. Grief is defined as a normal, internalised reaction to the loss of a person. It is a person's emotional response to loss and it may include different mental processes like thoughts, feelings, and emotions. Mourning on the other hand, means manifestations of internal emotional responses of grief in behaviour. In a Zulu culture mourning is often practiced through activities such as *visiting the family of the deceased, offer some prayer, words of encouragement, etc.* The process of mourning normally takes a period of about a month. If a married woman loses a husband she wears special mourning attire (*inzila*) for a period of twelve months. To remove this attire, a special cleansing ritual is performed (*ihlambo*).

The bereaved family members grieve and mourn as individuals or as groups. Religion and culture seem to be prescriptive on how people should grieve and mourn. For bereaved families who abide with the religious and cultural expectations, mourning can be shared with the relatives, congregations, and society. Sharing during the mourning process would make the mourning process shorter and more effective. For non-traditional families, on the other hand, the process of mourning can be too long or

many issues around death may remain unresolved. The examples of such non-traditional families include those mentioned earlier on in this chapter, namely cohabitation, gay or lesbian families, remarriage, and sexual active single's life-style.

2.6 Resilience

Clinical attention to bereavement has been focussed on individual mourning processes (Dugan & Coles, 1989; Luthar & Zigler, 1991; Masten, Best & Garmezy, 1990; Simeonsson, 1995; Werner-Wilson, Zimmerman & Whalen, 2000), much more than on grief reactions of the family (Walsh, 1998). Family resilience theory goes beyond a contextual view of individual resilience to a family-system level, focusing on relational resilience in the family as a functional unit (Walsh, 1996).

The way in which each individual copes with the death of a loved one is influenced by both internal and external factors. There is no single theory or approach which can clearly define how individuals or groups can 'bounce back' after death. Furman (1974) argues that any bereaved person needs to appreciate his or her strength, the limits of his or her helpfulness and the unique impact of each death. Individuals who have failed to recover following the loss of a loved one may suffer complicated grief which remains an unexpressed or unresolved important life issue (Goldman, 1996).

Resilience is conceptualised by Tedeschi and Calhoun (1995) as an ability or tendency to *perceive painful experiences constructively*. Resilience can be described as an ability to bounce back to functionality after a traumatic event. A traumatic event in this document refers to the death of a family member or implications thereof. It has been suggested that people's reaction to death differ, and so is their ability to bounce back. No two persons will pass through the changes brought by the death of a family member in the same way.

Dersheimer (1990) identified that personality variables seem to affect the resilience process. Amongst the characteristics of resilient people is hardiness. Hardiness is associated with an ability to resist stressful situations, like death.

Resilience in Zulu families can be associated with the positive regard that is at times given to death. This may be supported by Neimeyer (1994) who states that “The theory of the fully functioning person assumes that in an ideal individual there is a perfect harmony between self-experiences, the general actualizing and self-actualizing tendency, and the needs for positive regard and self-regard. This fully functioning person is completely open to experiences without a need to use intense defences.” (Neimeyer, 1994: 7).

Neimeyer (1994) suggests that a person construes events in order to be able to anticipate thematically similar events in the future. However the complexity of each bereavement situation may affect the resilience process. A family’s understanding and experience of each loss is determined by its disruptiveness and threat to the family’s functionality.

Coming to terms with death and loss is the most difficult challenge the love ones must confront in life. Reflecting from a family systems perspective, Sutcliffe, Tufnell and Cornish (1998) suggest that loss can be viewed as a transitional process involving the deceased with survivors in a shared life cycle that acknowledges both the finality of death and continuity of life. To enhance resilience during this phase, the extent and quality of social support is important

2.7 Death rituals

Imber-Black, Roberts & Whiting (1988) suggest that rituals to mark the loss of a life and a loved one, such as a funeral and anniversary visits to the grave, can bind the family together by sharing grief and receiving comfort in the supportive network of the community of survivors. This would be enhanced in a traditional Zulu culture, since a grave of a loved one used to be within a homestead. Burial in a kraal within a homestead still happens in some rural areas. Apart from the intense rituals associated with corpse disposal, daily routines, such as family dinner and bedtime stories provide the family members with regular contact and order (Hochschild, 1997).

A dynamic culture and advancement in technology has affected the significant aspects of human kind. Amongst the affected aspects, are the rituals and celebrations of death in different societies. Advancement in technology as well as the emergence of burial societies (*izitokofela*) has led to immediate removal of the deceased from the homestead to mortuaries and also a delay in burial.

Technological advancement and shortage of burial space in metropolitan areas has also contributed to the popular use of other alternatives to traditional burial such as cremation. Houlbrooke (1989) postulates that, cremation; the destruction of human corpse through burning had been only popular amongst the Romans during the early Christian era. Before the nineteenth century, cremation was practised only in exceptional circumstances, for instance in times of pestilence or as a form of execution.

“Centuries of religious practice and local custom condemned cremation as a method of disposing of the human corpse” (Houlbrooke, 1989: 118) however, problems of overcrowded burial land led to the consideration of alternative corpse disposal. Some Zulu families are using cremation to dispose their loved ones and that is still not well accepted by the extended families and other communities in both rural and urban settings.

2.8 Resume’

This chapter was concerned with a review of literature relevant to resilience following the loss of a family member. Concepts such a family, death, bereavement, resilience, etc., as contextualized by other researchers were discussed. Chapter three will give an overview of the methodology used to conduct the study after identifying the targeted population.

CHAPTER 3 – METHODOLOGY

3.0 Introduction

Any research report would not be complete without a clearly defined methodology. A research report without a methodology is like a traveller who knows his or her destination but does not know the correct mode of transport to use.

Bless and Higson-Smith (1995) suggest some factors which can be incorporated in the method. Firstly, this section covers all issues and information concerning the subjects. These issues include the characteristics of the target population and of the sample, the sampling procedure and the size thereof. Secondly, the task, instruction and instruments that were used will be described and the characteristics and rationale of the questionnaires will be given. Thirdly, the relationship between the tasks and the manipulation of the independent variable will be explained. Lastly, the procedure and research design will be specified, including the order of succession of the different tasks and their duration. Difficulties and problems encountered during data collection will also be mentioned in this section.

3.1 Research method

Triangulation method was used in this study. This included a focus group, cross-sectional survey and a qualitative open-ended question. The rationale for triangulation is to validate the study by the use of different methods.

3.1.1 Pilot study

Prior to the main quantitative investigation, a focus group was held with five local community members chosen in terms of qualitative research criteria with whom the researcher had established a relationship. All were experienced with regard to a Zulu culture and willing to participate.

The focus group consisted of five participants who had four scheduled meetings. The initial session was used for establishing rapport and structuring. Having introduced themselves, the researcher and the participants set the group's ground rules.

Two of the meetings were used to contextualize the three concepts which were mentioned earlier. The group unanimously associated crisis with the circumstances or events of loss and also emotional, mental and physiological upset. Regarding the concept of family, the themes of primary support system, companionship and biological relatedness emerged. Lastly, the group expressed their experience of resilience as the ability to 'bounce back' after a crisis; coming back to one's original or normal form; a process of adapting to change and/or survival.

The last meeting was used for 'wrapping-up' and summarizing the findings of the discussions. A debriefing session was conducted during which 'dehoaxing' and desensitising were done. Goodwin (2002:53) defines 'dehoaxing' as meaning a process of revealing the purpose of the experiment to the participants (in this case focus group members) and 'desensitising,' meaning a process of reducing any stress or other negative feelings induced by participation in research. It was evident that, with other group members, some emotions related to bereavement were evoked. Such members were referred to the University of Zululand Community Psychology Project for further management.

3.2 Main investigation

3.2.1 Participants

The sample consisted of thirty bereaved Zulu families who lost a family member between one and four years prior to the interview. In each family, one adolescent and one parent were interviewed. At least eight members of the community were used to form a focus group.

3.3 Procedure

Appointments were made with identified families in order to collect data. Issues of confidentiality were addressed and it was established if families were willing to give

consent. In cases where the family could not participate, another family was identified. The aim and method of investigation were explained to the participants. They were invited to ask questions if anything was unclear to them. The parents and adolescents were asked why they thought their families were able to work through the crises successfully. Every participant completed each questionnaire separately with the assistance of the researcher.

3.4 Measuring instruments

A qualitative focus group discussion guide gave definitions of the following concepts: family, crisis and resilience. A quantitative questionnaire was completed by each respondent to gather information regarding family composition, employment, level of education, income, age and gender of all nuclear family members. This questionnaire included an open-ended question requesting the respondents' opinion of which factors or strengths they believed helped their family through the stressful period.

The following standardized questionnaires were also included:

- The Family Hardiness Index (FHI), developed by McCubbin, Thompson and McCubbin (1996), measured the internal strengths and durability of the family unit. Hardiness refers to a sense of control over outcomes of life events and hardships, as well as an active rather than a passive orientation in adapting to stressful situations. The scale consists of three subscales (commitment, challenge and control), which require participants to assess the degree to which each statement (on the scale) describes their family situation;
- The Social Support Index (SSI) evaluated the degree to which families were integrated into the community and viewed the community as a source of support; in that the community can provide emotional support, esteem support and network support;
- The Relative and Friend Support Index (RFS) measured the degree to which families use support of relatives and friends as a coping strategy to manage stressors and strains;
- The Family Time and Routine Index (FTRI) assessed the type of activities and routines families use and maintain and the value they place upon these practices;

- The Family Problem Solving Communication (FPSC) index assessed the two dominant communication patterns in families during hardships and catastrophes (McCubbin, Thompson & McCubbin, 1996);
- The Family Attachment and Changeability Index 8 (FAC I8) measured ethnically sensitive family functioning which leads to resilience (Olson, Portner & Bell, 1989); and
- The Family Crises Oriented Personal Evaluation Scales (F-COPES) identified the problem-solving behavioural strategies utilized by families in crisis situations (Olson *et al.*, 1985).

3.5 Data analysis

This project was a part of a larger research project in collaboration with the Universities of Stellenbosch, The North, Fort Here and Cape Town. Senior statisticians at the Statistical Consultation Services at the University of Stellenbosch did all empirical analyses except for qualitative analysis. A phenomenological approach was used to analyse the qualitative data.

3.6 Resume`

This chapter gives an overview of the methodology used to conduct this study after identifying the targeted population. The methodology defined the sample and how it was selected, the methods and instruments that were used to collect data and approaches used in data analysis. Chapter four is concerned with the presentation of the results and discussions. The inferred themes, statistical tables and scatter graphs are different modes used to present the result in the following chapter.

CHAPTER 4 – RESULTS AND DISCUSSION

4.0 Introduction

In this chapter, the themes that emerged from the qualitative open-ended question, the analyzed data and discussions are presented.

4.1 Biographical data

A biographical data questionnaire was used to gather information pertaining to the gender, age, family composition, employment, level of education and total income of the participating families.

The study revealed that the majority of the parent respondents were females (93.3%) while 6.67% were males. Regarding the adolescents, 46.67% were females and 53.33% were males. The average ages of the parent and adolescent participants were 42 and 16 respectively. The average ages of both parents and adolescents were not significant to family adaptability (see Tables 4.1.1 and 4.1.2).

4.1.1 Adolescent age

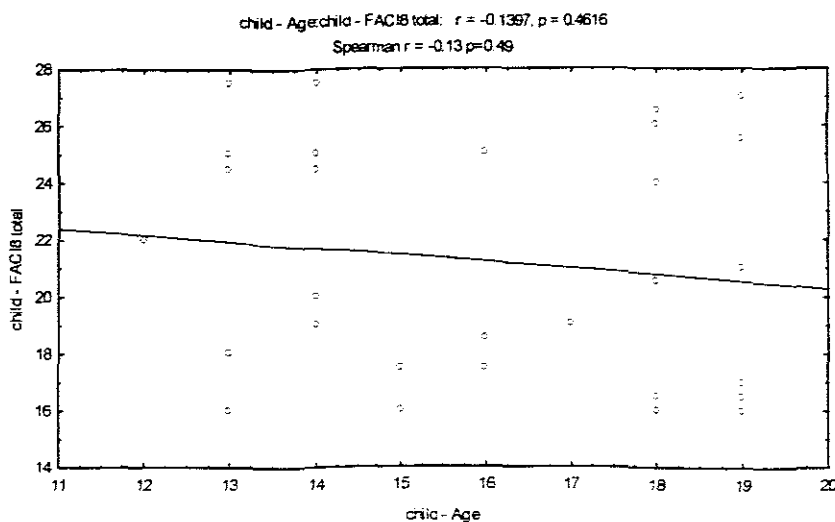


Table 4.1.1 revealed that there is no significance between adolescent age and family adaptability ($r = -0.3, p = 0.49$).

4.1.2 Parent age

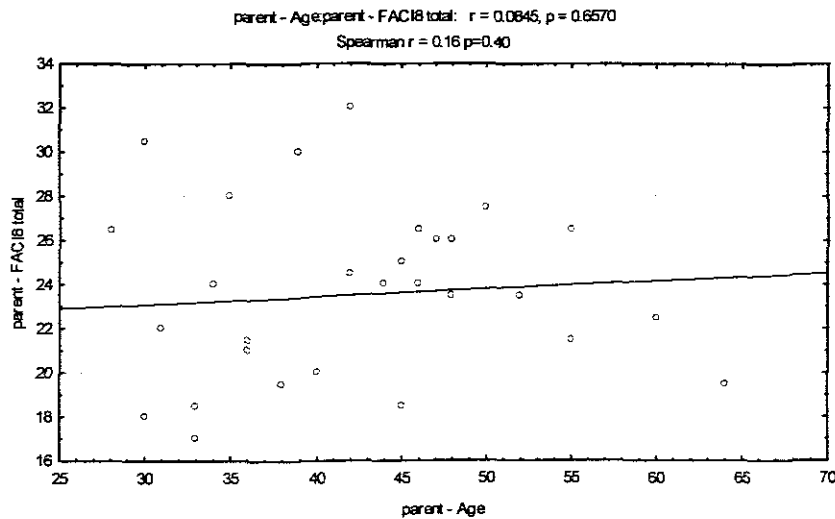


Table 4.1.2 revealed that there is no significance between parent age and family adaptability ($r = 0.16, p = 0.40$).

Fifty percent (50%) of the participants lived in extended family settings while 50% lived in nuclear family settings. The majority had permanent employment 56.67%; 20% were temporarily employed; 10% were unemployed; 6.67% were self-employed and the other 6.67% were pensioners. Computed lastly on the biographical data questionnaire was the participating families' income which varied as follows; 13.33% earned above R101 000 per annum; 13.33% earned between R81 000 and R100 000 per annum; 16.67% earned between R61 000 and R80 000 per annum; 26.67% earned between R41 000 and R60 000 per annum; 13.33% earned between R21 000 and R40 000 per annum; and 16.67% earned below R20 000 per annum.

Also reflected on the demographical data section were the parents' years in marriage which did not appear to be a significant resilient factor (see Table 4.1.3 below).

4.1.3 Years married

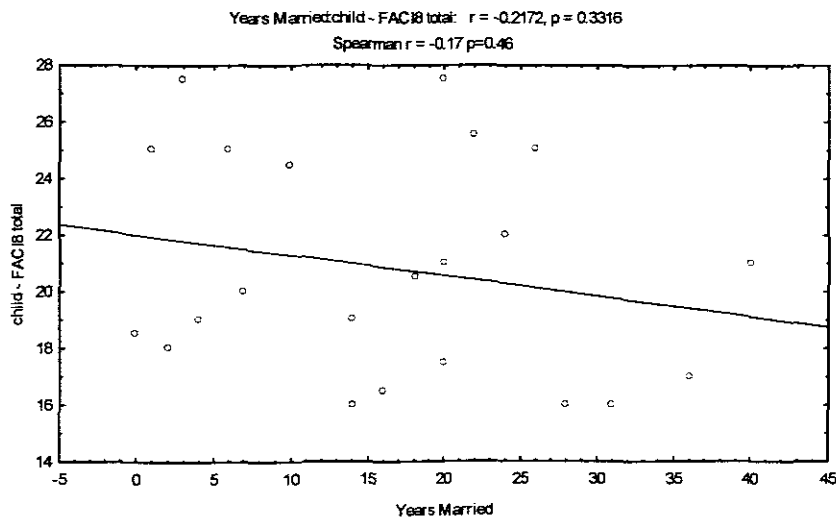


Table 4.1.3 revealed that there is no significance between parents' years married and family adaptability ($r = -0.17, p = 0.46$).

4.2 Qualitative findings

Qualitative themes were drawn from the individual family interviews during which each participant had to respond to the question; 'In your own words what are the important strengths which have helped your family lately?' When discussing their experiences of resilience, participants reported to have both intrinsic and extrinsic resilience factors to their families. Table 4.2 below indicated such factors according to different themes and frequency as reported by the participants:

Table 4.2

Themes that emerged	Frequency: adults (n=30)	Frequency: adolescents (n=30)	Percentage: adults %	Percentage adolescents %
Family support	25	13	83.33	43.33
Community support	18	9	60	30
Inner strengths	19	27	63.33	90
Prayer	17	16	56.67	53.33
Financial security	4	3	13.33	10
Ancestral beliefs	9	3	30	10
Professional help	0	2	0	6.67

4.3 Quantitative findings

The quantitative presentation format is in the following sequence, correlation table followed by parents and adolescents' graph presentations. The presentation shows different variables on each dimension that was measured.

4.3.1 The Social Support Index (SSI)

The SSI evaluated 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, esteem support and network support;

4.3.2 SSI Total

Cronbach alpha, full scale: .79928 Standardized alpha: --- (Spreadsheet3) Corr. 1st & 2nd half: .679807 Attenuation corrected: --- Split-half reliability: .809387 Guttman split-half: .795185		
N=60	Summary 1st Half	Summary 2nd Half
No.Items	8	9
Mean:	23.01667	23.18333
Sum:	1381.000	1391.000
Std.Dv.	3.894767	4.972779
Variance	15.16921	24.72853
Alpha	.6475460	.6776294
ITEMS 1:	SSI1	SSI9I
2:	SSI2	SSI10I
3:	SSI3	SSI11
4:	SSI4	SSI12
5:	SSI5	SSI13I
6:	SSI6	SSI14I
7:	SSI7I	SSI15
8:	SSI8	SSI16
9:		SSI17I

Table 4.3.2 refers to reliability analysis of the social support index which revealed a fairly high inter-item Cronbach alpha correlation of 0.80 and a split-half reliability of 0.81.

4.3.3 SSI Parents

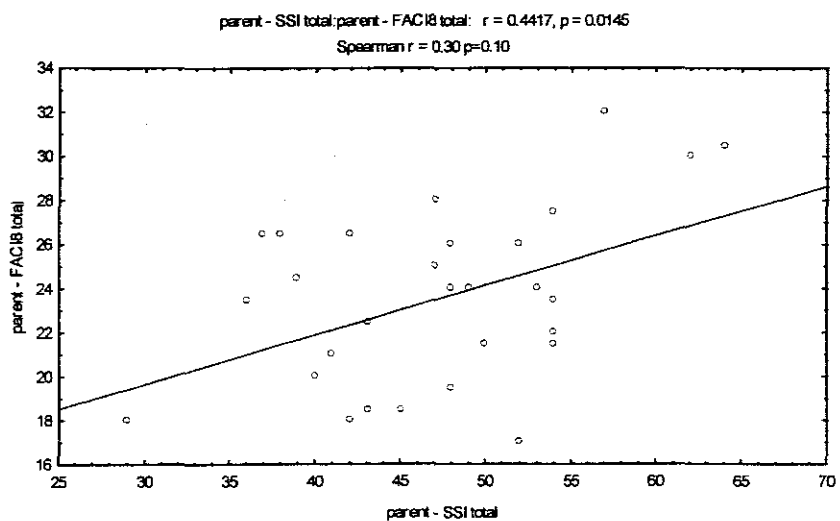


Table 4.3.3 indicated no significant relationship between parent's perceptions of community support and family adaptability ($r = 0.30, p = 0.10$).

4.3.4 SSI Adolescents

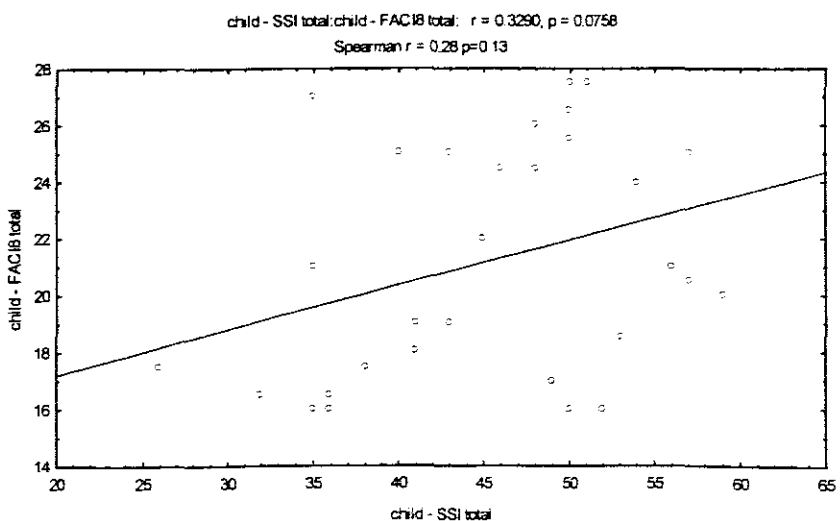


Table 4.3.4 indicated no significant relationship between adolescents' perceptions of community support and family adaptability ($r = 0.26, p = 0.13$).

4.3.5 Relative and Friend Support Index (RFS)

The RFS index measured the degree to which families use support of relatives and friends as a coping strategy to manage stressors and strains.

4.3.6 RFS total

Summary for scale: Mean=28.2333 Std.Dv.=5.43487 Valid N:60 (Spreadsheet6) Cronbach alpha: .800516 Standardized alpha: .797895 Average inter-item corr.: .346557					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
RFS1	24.63333	19.53222	4.419528	0.726898	0.738964
RFS2	24.55000	22.54750	4.748421	0.629182	0.762169
RFS3	24.35000	22.99417	4.795223	0.594581	0.767659
RFS4	24.58333	23.77639	4.876104	0.487205	0.781985
RFS5	24.65000	26.06083	5.104981	0.180155	0.825355
RFS6	24.28333	25.53639	5.053354	0.339157	0.800274
RFS7	25.50000	21.01667	4.584394	0.612416	0.761155
RFS8	25.08333	21.50972	4.637857	0.551172	0.772183

Table 4.3.6 refers to reliability analysis of the relative and family support scale which revealed a high Cronbach alpha correlation of 0.80 and an average inter-item correlation of 0.35.

4.3.7 RFS Parents

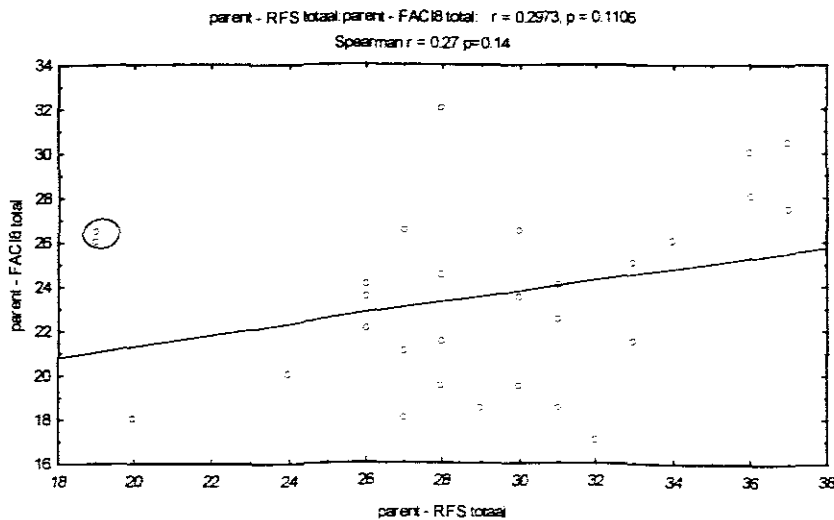


Table 4.3.7 indicated no significant relationship between parent's perceptions of relatives and friends' support and family adaptability ($r = 0.27, p = 0.14$).

4.3.8 RFS Adolescents

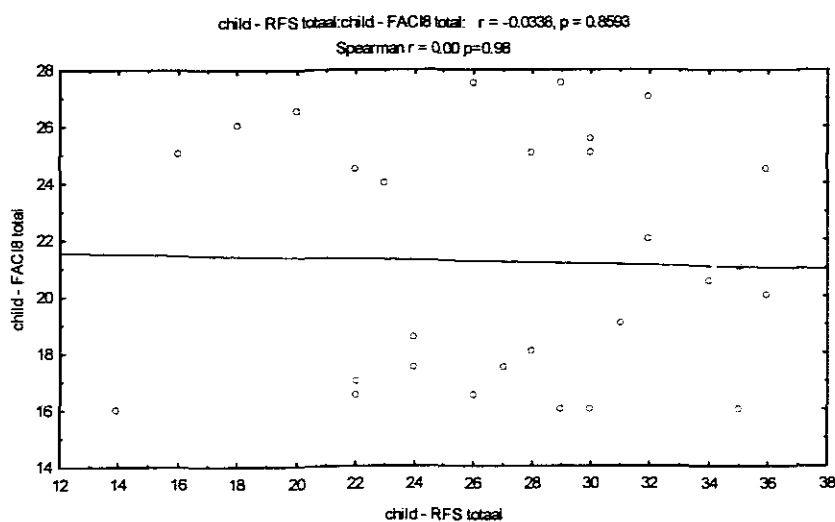


Table 4.3.8 indicated no significant relationship between adolescents' perceptions of relatives and friends' support and family adaptability ($r = 0.00, p = 0.96$).

4.3.9 Family Problem Solving Communication (FPSC)

The FPSC index assessed the two dominant communication patterns in families during hardships and catastrophes.

4.3.10 FPSC total

variable	Cronbach alpha=0.31				
	Mean if deleted	Var. if deleted	StDv. if deleted	Item-Totl Correl.	Alpha if deleted
FPSC Ondersteunend	5.700000	6.910000	2.628688	-0.020539	0.209519
FPSC opruiend	-0.500000	4.083333	2.020726	0.290946	0.000000

Table 4.3.10 refers to reliability analysis of the family problem solving communications scale which revealed a low inter-item Cronbach alpha correlation of 0.31.

4.3.11 FPSC Parents

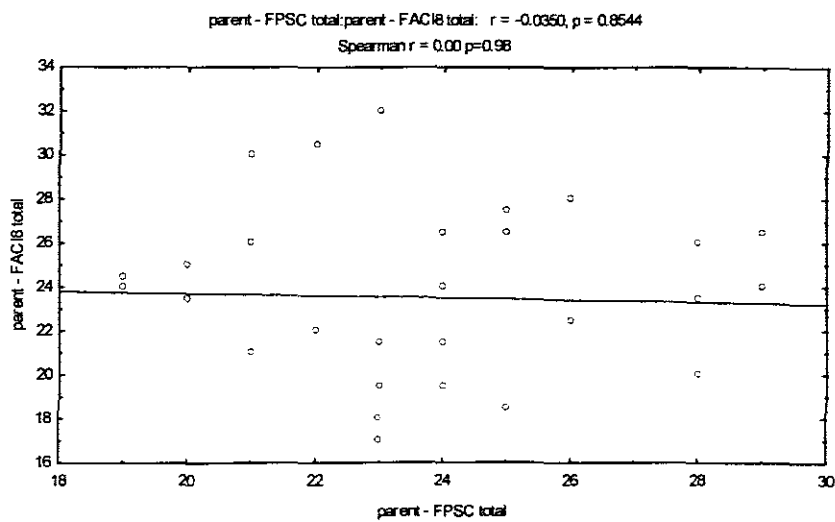


Table 4.3.11 indicated no significant relationship between parent's perceptions of family problem solving communications and family adaptability ($r = 0.00, p = 0.96$).

4.3.12 FPSC Adolescents

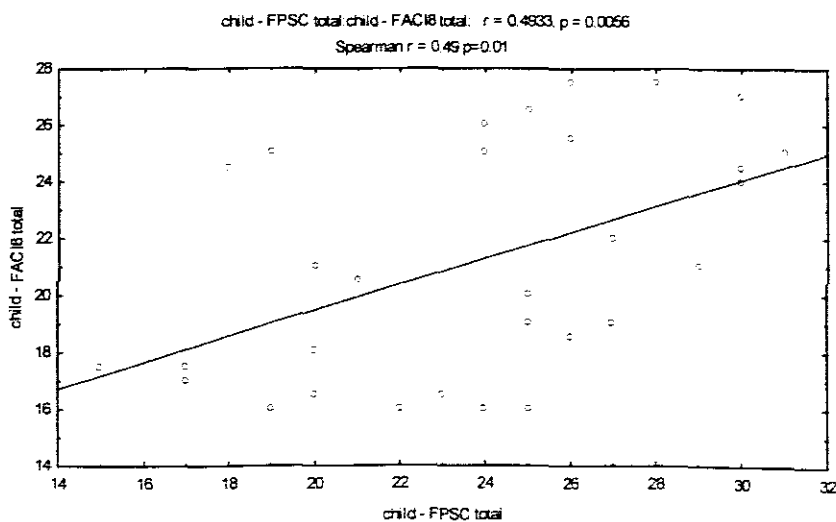


Table 4.3.12 indicated a significant relationship between adolescents' perceptions of family problem solving communications and family adaptability ($r = 0.49, p = 0.01$).

4.3.13 Family Hardiness Index (FHI)

The FHI measured the internal strengths and durability of the family unit.

4.3.14 FHI Total

Summary for scale: Mean=45.4333 Std.Dv.=7.62993 Valid N:60 (Spreadsheet26)					
Cronbach alpha: .545137 Standardized alpha: .550198					
Average inter-item corr.: .289775					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Itm-Totl Correl.	Alpha if deleted
FHI-Commitment	26.06667	32.46222	5.697563	0.371990	0.422234
FHI Challenge	31.56667	28.37889	5.327184	0.339048	0.482988
FHI Control	33.23333	32.84556	5.731104	0.365685	0.432191

Table 4.3.14 refers to reliability analysis of the family hardiness index which revealed a moderate Cronbach alpha correlation of 0.55 and an average inter-item of 0.29.

4.3.15 FHI Parents

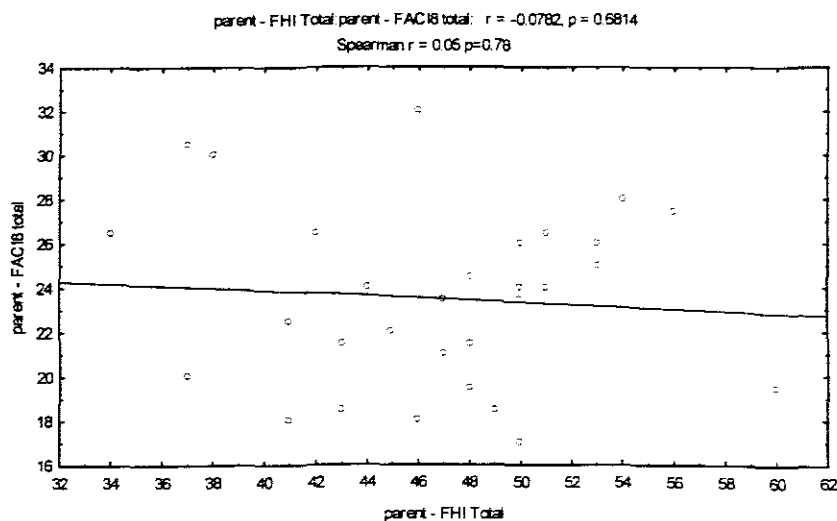


Table 4.3.15 indicated no significant relationship between parents' perceptions of family hardiness and family adaptability ($r = 0.05$, $p = 0.78$).

4.3.16 FHI Adolescents

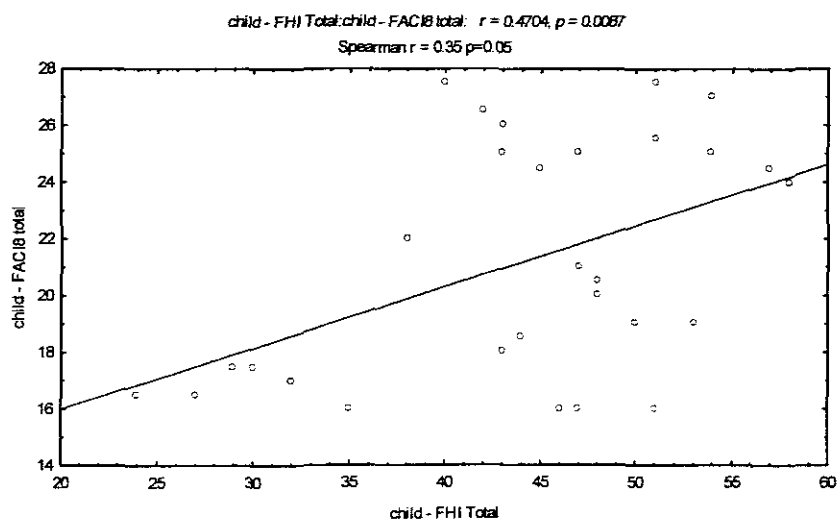


Table 4.3.16 indicated a significant relationship between adolescents' perceptions of family hardiness and family adaptability ($r = 0.35, p = 0.05$).

4.3.17 FHI Commitment (total)

Summary for scale: Mean=19.5085 Std.Dv.=3.15886 Valid N:59 (Spreadsheet23) Cronbach alpha: .538929 Standardized alpha: .607498 Average inter-item corr.: .168582					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Item-Totl Correl.	Alpha if deleted
FHI4	17.38983	8.475151	2.911211	0.053450	0.593496
FHI5	16.86441	7.879919	2.807119	0.533455	0.443189
FHI6	16.94915	7.573686	2.752033	0.483704	0.437478
FHI7	16.94915	7.946568	2.818966	0.238462	0.511508
FHI8I	17.30508	8.245907	2.871569	0.095985	0.576099
FHI9	17.00000	8.406780	2.899445	0.282443	0.500809
FHI11	17.11864	7.799482	2.792755	0.261831	0.502934
FHI18	16.98305	7.711578	2.776973	0.373167	0.466336

Table 4.3.17 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.54 and an average inter-item correlation of 0.17 for the FHI Commitment subscale.

4.3.18 FHI Commitment (parent)

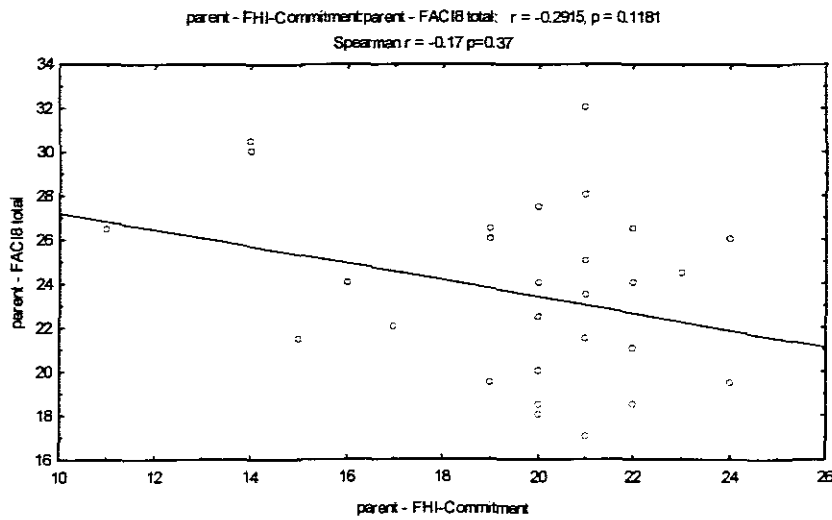


Table 4.3.18 indicated no significant relationship between parent's perceptions of commitment and family adaptability ($r = 0.17$, $p = 0.37$).

4.3.19 FHI Commitment (Adolescents)

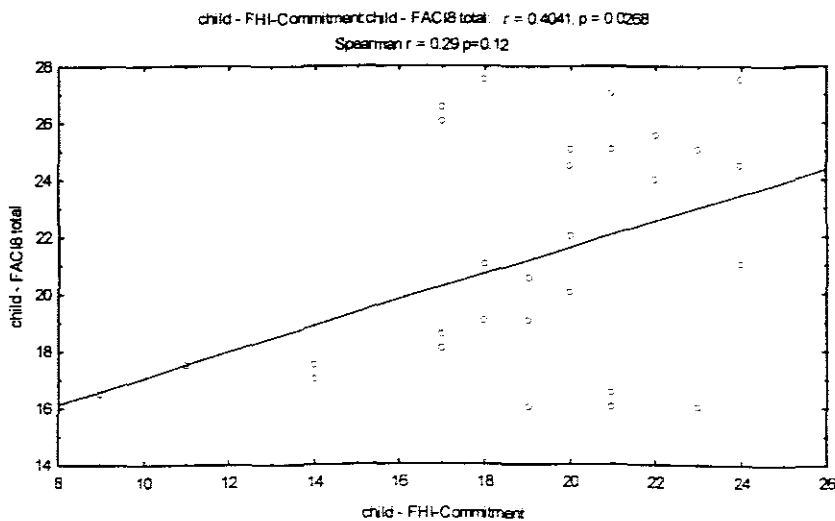


Table 4.3.19 indicated no significant relationship between adolescent's perceptions of commitment and family adaptability ($r = 0.29$, $p = 0.12$).

4.3.20 FHI Challenge total

Summary for scale: Mean=13.8667 Std.Dv.=3.89466 Valid N:60 (Spreadsheet18) Cronbach alpha: .732792 Standardized alpha: .749988 Average inter-item corr.: .343573					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FHI12	11.66667	9.32222	3.053231	0.674080	0.626862
FHI13	11.33333	12.22222	3.496029	0.413969	0.712216
FHI14I	11.48333	10.64972	3.263391	0.461393	0.697853
FHI15	11.53333	10.31556	3.211784	0.580399	0.662093
FHI16I	11.96667	11.49889	3.391001	0.239452	0.777068
FHI17	11.35000	11.46083	3.385385	0.555445	0.680215

Table 4.3.20 refers to reliability analysis which revealed a fairly high Cronbach alpha correlation of 0.73 and an average inter-item correlation of 0.34 for the FHI Challenge subscale.

4.3.21 FHI Challenge (parents)

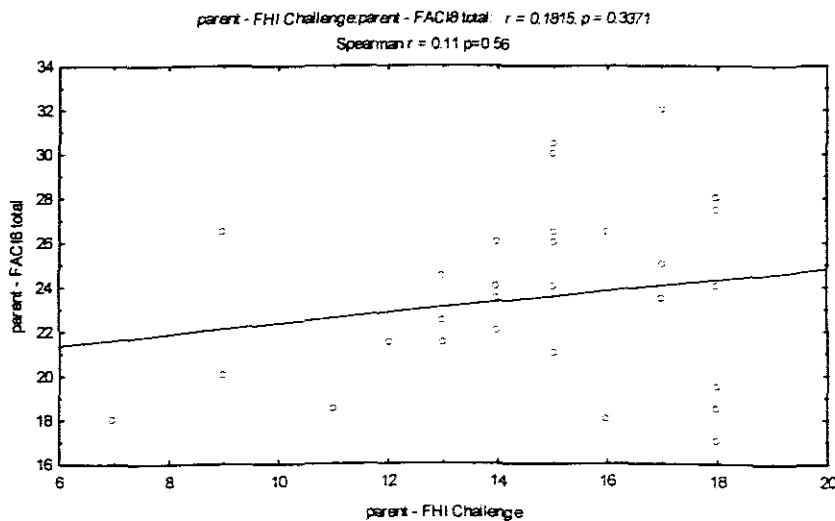


Table 4.3.21 indicated no significant relationship between parent's perceptions crisis as a challenge and family adaptability ($r = 0.11, p = 0.56$).

4.3.22 FHI Challenge (adolescents)

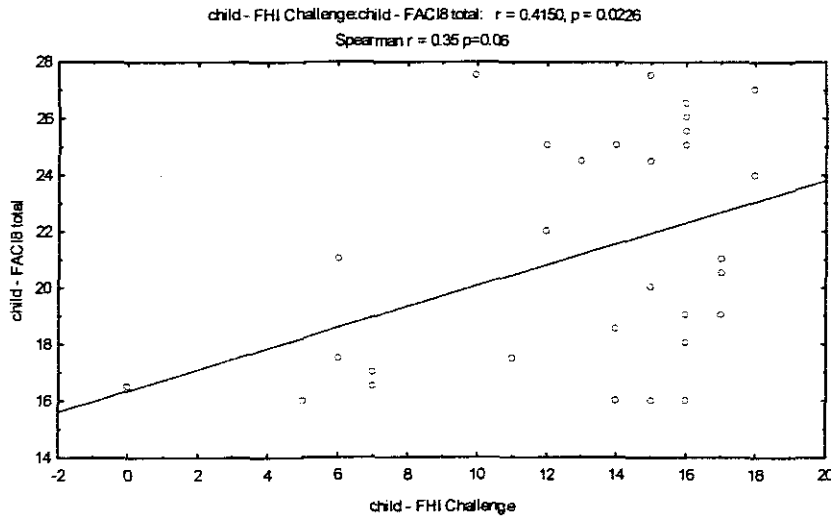


Table 4.3.22 indicated no significant relationship between adolescents' perceptions of crisis as a challenge and family adaptability ($r = 0.36, p = 0.06$).

4.3.23 FHI Control total

Summary for scale: Mean=12.2000 Std.Dv.=3.29766 Valid N:60 (Spreadsheet20) Cronbach alpha: .312095 Standardized alpha: .327923 Average inter-item corr.: .078281					
variable	Mean if deleted	Var. if deleted	StdV. if deleted	Item-Totl Correl.	Alpha if deleted
FHI1I	10.78333	10.93639	3.307021	-0.222471	0.533451
FHI2I	9.88333	7.86972	2.805303	0.330865	0.149395
FHI3I	9.86667	9.38222	3.063041	0.095976	0.300953
FHI10I	10.01667	8.98306	2.997175	0.068728	0.322907
FHI19I	10.45000	6.58083	2.565314	0.331014	0.092968
FHI20I	10.00000	6.93333	2.633122	0.370949	0.080729

Table 4.3.23 refers to reliability analysis which revealed a low Cronbach alpha correlation of 0.31 and an average inter-item correlation of 0.08 for the FHI Control subscale.

4.3.24 FHI Control (parents)

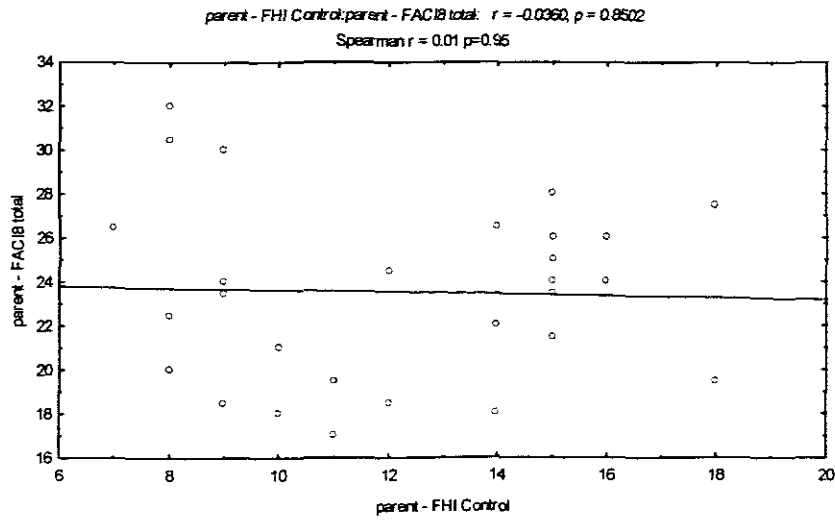


Table 4.3.24 indicated no significant relationship between parent’s perceptions of control over a crisis situation and family adaptability ($r = 0.01, p = 0.96$).

4.3.25 FHI Control (adolescents)

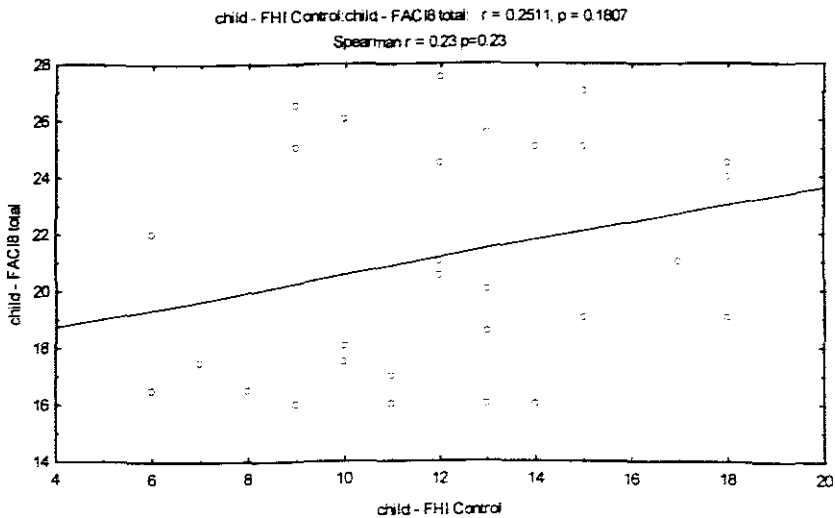


Table 4.3.25 indicated no significant relationship between adolescents’ perceptions of control over a crisis situation and family adaptability ($r = 0.23, p = 0.23$).

4.3.26 Family Crises Oriented Personal Evaluation Scales (F-COPES)

The F-COPES identified the problem-solving behavioural strategies utilized by families in crisis situations.

4.3.27 FC Mobilization (total)

Summary for scale: Mean=12.4500 Std.Dv.=4.30382 Valid N:60 (Spreadsheet30) Cronbach alpha: .725727 Standardized alpha: .725570 Average inter-item corr.: .400564					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
F-copes4	8.800000	11.49333	3.390182	0.486125	0.681337
F-copes6	9.600000	10.80667	3.287349	0.535309	0.652452
F-copes9	9.516666	11.54972	3.398488	0.501651	0.672527
F-copes21	9.433333	10.87889	3.298316	0.536145	0.651951

Table 4.3.27 refers to reliability analysis which revealed a fairly high Cronbach alpha correlation of 0.73 and an average inter-item correlation of 0.40 for the FC Mobilization subscale.

4.3.28 FC Mobilization (parents)

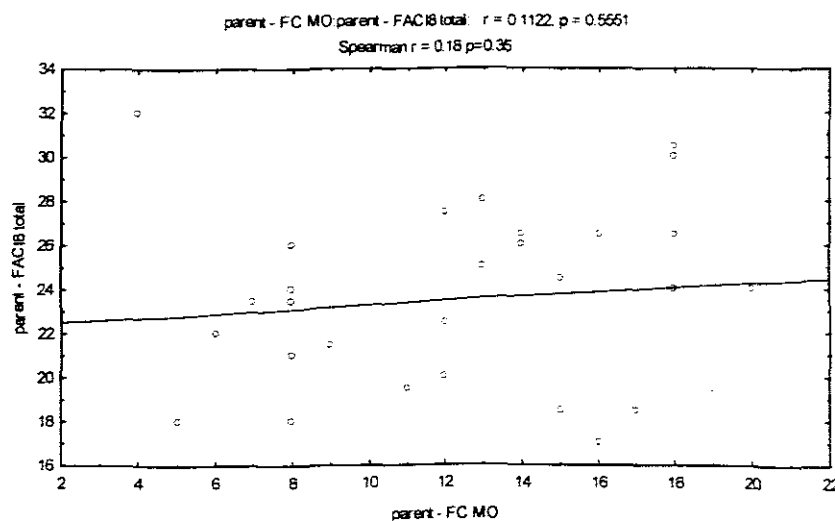


Table 4.3.28 indicated no significant relationship between parent’s perceptions of family mobilization following a crisis situation and family adaptability ($r = 0.18$, $p = 0.36$).

4.3.29 FC Mobilization (adolescents)

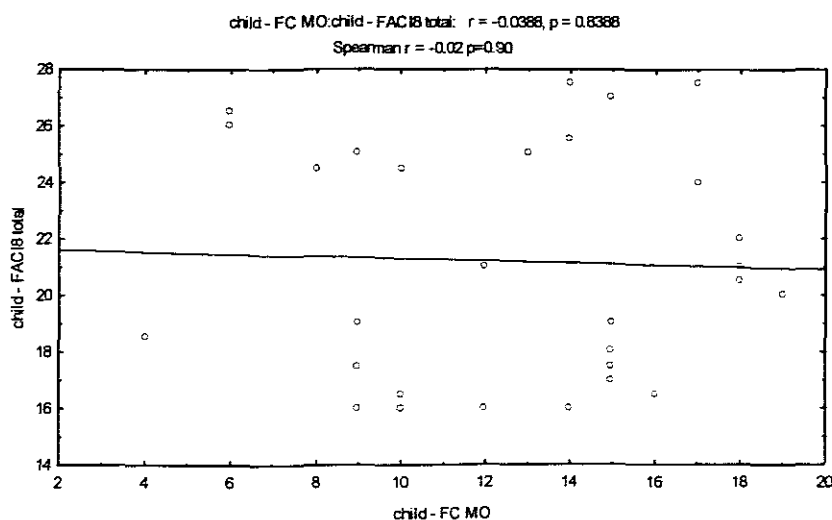


Table 4.3.29 indicated no significant relationship between the adolescents' perceptions of family mobilization following a crisis situation and family adaptability ($r = 0.02$, $p = 0.90$).

4.3.30 FC Passive appreciation (total)

	Summary for scale: Mean=14.4833 Std.Dv.=3.36226 Valid N:60 (Spreadsheet32) Cronbach alpha: .483704 Standardized alpha: .481985 Average inter-item corr.: .190080				
variable	Mean if deleted	Var. if deleted	StdV. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes12I	10.83333	6.138888	2.477678	0.336921	0.354163
F-copes17I	11.31667	7.916388	2.813608	0.223616	0.462016
F-copes26I	11.03333	7.032222	2.651834	0.384478	0.319126
F-copes28I	10.26667	8.228889	2.868604	0.189994	0.488827

Table 4.3.30 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.48 and an average inter-item correlation of 0.19 for the FC Passive Appreciation subscale.

4.3.31 FC Passive appreciation (parents)

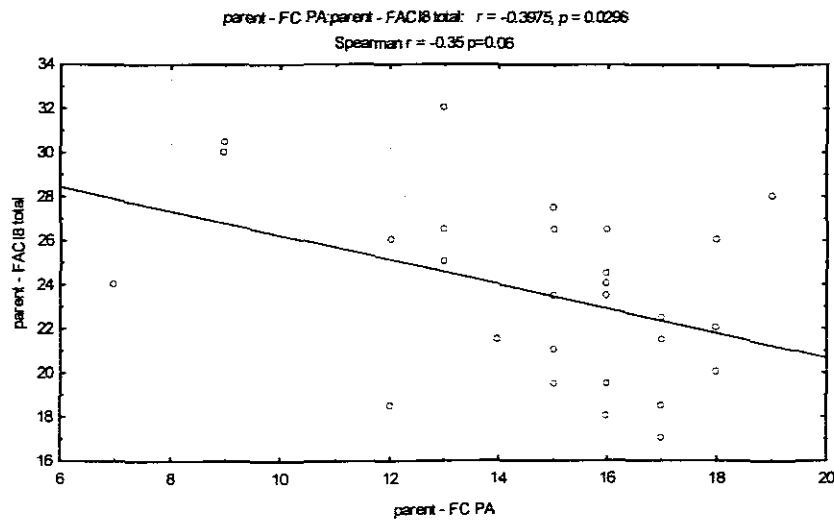


Table 4.3.31 indicated no significant relationship between parents' perceptions of passive appreciation of a crisis situation and family adaptability ($r = 0.35, p = 0.06$).

4.3.32 FC Passive appreciation (adolescents)

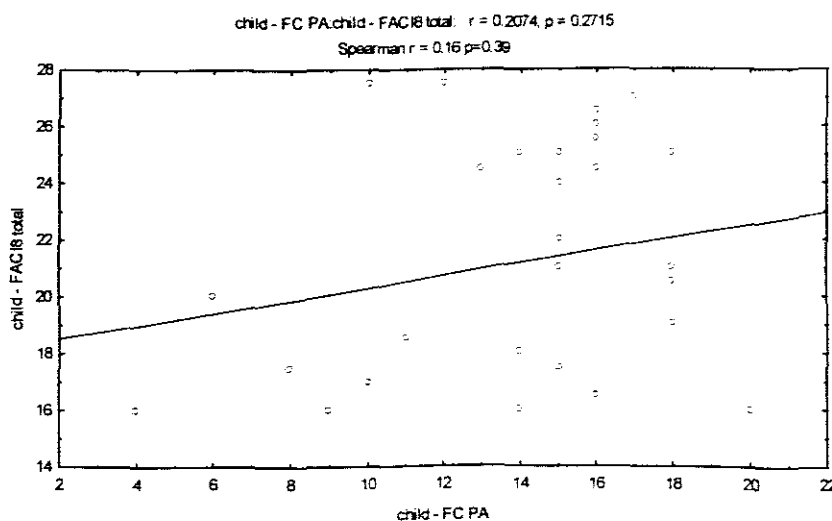


Table 4.3.32 indicated no significant relationship between adolescents' perceptions of passive appreciation of a crisis situation and family adaptability ($r = 0.16, p = 0.39$).

4.3.33 FC Reformulation Total

Summary for scale: Mean=32.2667 Std.Dv.=4.15736 Valid N:60 (Spreadsheet35) Cronbach alpha: .571018 Standardized alpha: .593314 Average inter-item corr.: .158364					
variable	Mean if deleted	Var. if deleted	StdV. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes3	27.96667	13.73222	3.705701	0.380715	0.510175
F-copes7	27.91667	14.37639	3.791621	0.259728	0.543716
F-copes11	28.15000	15.29417	3.910776	0.089147	0.594490
F-copes13	28.50000	12.18333	3.490463	0.447564	0.474806
F-copes15	28.60000	14.70667	3.834927	0.045073	0.636616
F-copes19	28.10000	14.82333	3.850108	0.226758	0.552901
F-copes22	28.36667	12.36556	3.516469	0.494274	0.464035
F-copes24	28.26667	12.99556	3.604935	0.404782	0.496003

Table 4.3.33 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.57 and an inter-item correlation of 0.16 for the FC Reformulation subscale.

4.3.34 FC Reformulation (parents)

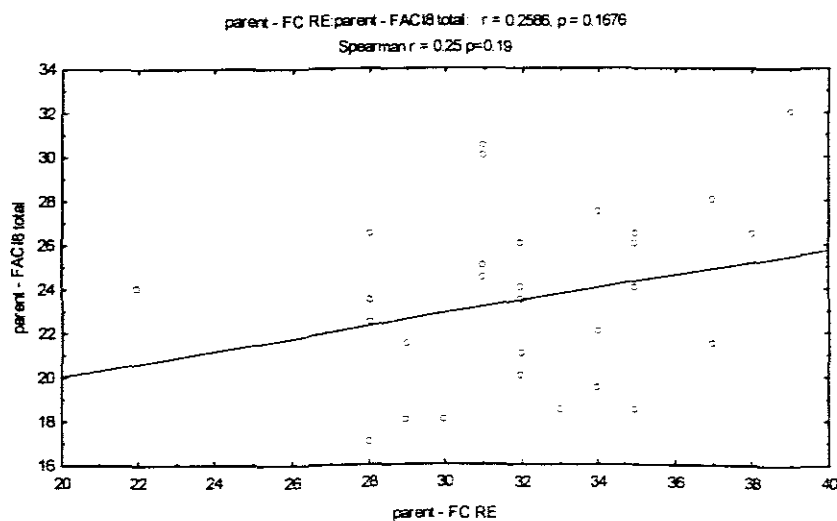


Table 4.3.34 indicated no significant relationship between parents' perceptions of family crises reformulation and family adaptability ($r = 0.25$, $p = 0.19$).

4.3.35 FC Reformulation (adolescents)

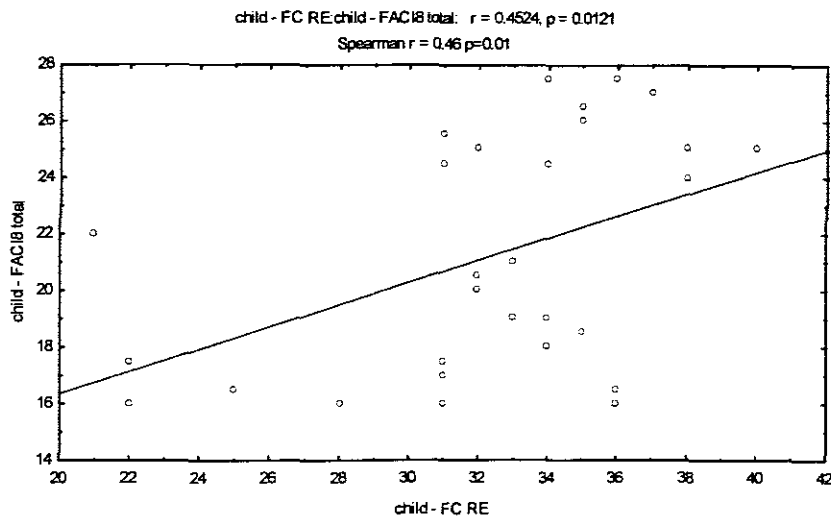


Table 4.3.35 indicated a significant relationship between adolescents' perceptions of family crises reformulation and family adaptability ($r = 0.46, p = 0.01$).

4.3.36 FC Social support (total)

Summary for scale: Mean=30.4833 Std.Dv.=6.96843 Valid N:60 (Spreadsheet38) Cronbach alpha: .813146 Standardized alpha: .806292 Average inter-item corr.: .326329					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes1	26.55000	38.21416	6.181761	0.628220	0.781759
F-copes2	26.61667	40.63639	6.374668	0.454728	0.801034
F-copes5	26.20000	44.26000	6.652819	0.225323	0.821811
F-copes8	27.86667	33.94889	5.826568	0.643632	0.775919
F-copes10	28.05000	37.64750	6.135756	0.482633	0.799092
F-copes16	26.53333	41.98222	6.479369	0.347874	0.811954
F-copes20	26.75000	39.32084	6.270633	0.517887	0.793860
F-copes25	27.23333	36.21222	6.017659	0.613753	0.780478
F-copes29	28.06667	35.26223	5.938200	0.652251	0.774677

Table 4.3.36 refers to reliability analysis which revealed a high Cronbach alpha correlation of 0.81 and an average inter-item correlation 0.33 for the FC Social Support subscale.

4.3.37 FC Social support (parents)

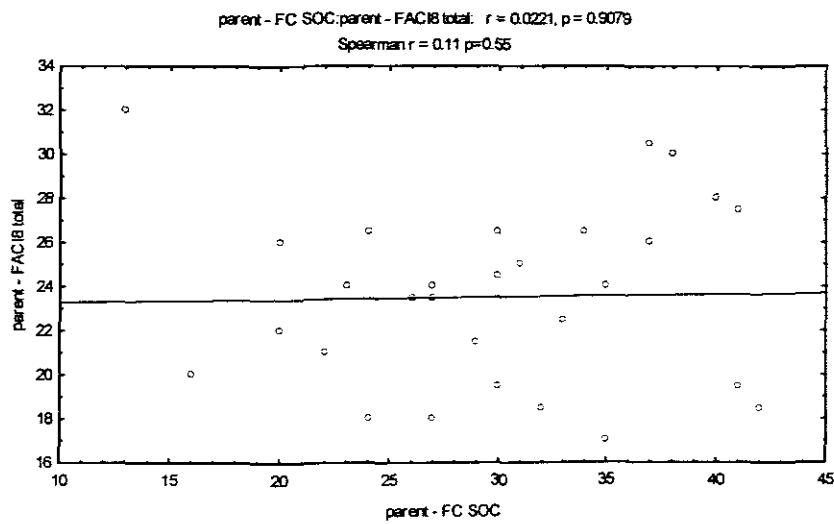


Table 4.3.37 indicated no significant relationship between parents' perceptions of social support and family adaptability ($r = 0.11, p = 0.55$).

4.3.38 FC Social support (adolescents)

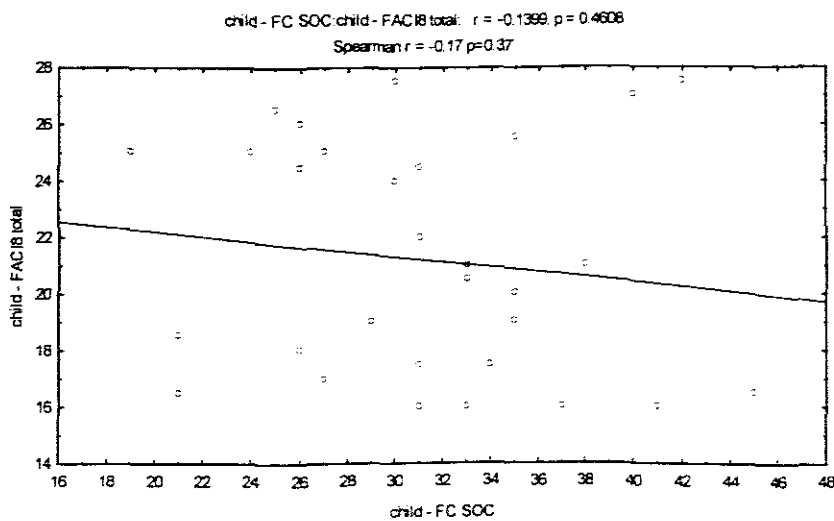


Table 4.3.38 indicated no significant relationship between adolescents' perceptions of social support and family adaptability ($r = 0.17, p = 0.37$).

4.3.39 FC Spiritual support (total)

Summary for scale: Mean=16.6333 Std.Dv.=4.49846 Valid N:60 (Spreadsheet41) Cronbach alpha: .379511 Standardized alpha: .567193 Average inter-item corr.: .273472					
variable	Mean if deleted	Var. if deleted	StdV. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes14	12.30000	15.41000	3.925557	0.385489	0.230100
F-copes23	12.65000	14.79417	3.846318	0.429221	0.190165
F-copes27	13.18333	4.81639	2.194627	0.242173	0.642252
F-copes30	11.76667	19.01222	4.360301	0.146595	0.396543

Table 4.3.39 refers to reliability analysis which revealed a low inter-item Cronbach alpha correlation of 0.38 and an average inter-item correlation of 0.27 for the FC Spiritual Support subscale.

4.3.40 FC Spiritual support (parents)

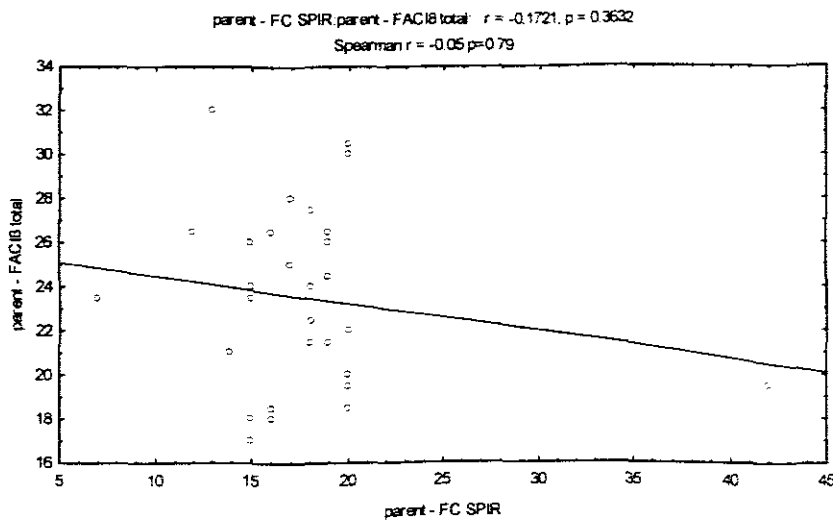


Table 4.3.40 indicated no significant relationship between parents' perceptions of spiritual support and family adaptability ($r = 0.05$, $p = 0.79$).

4.3.41 FC Spiritual support (adolescents)

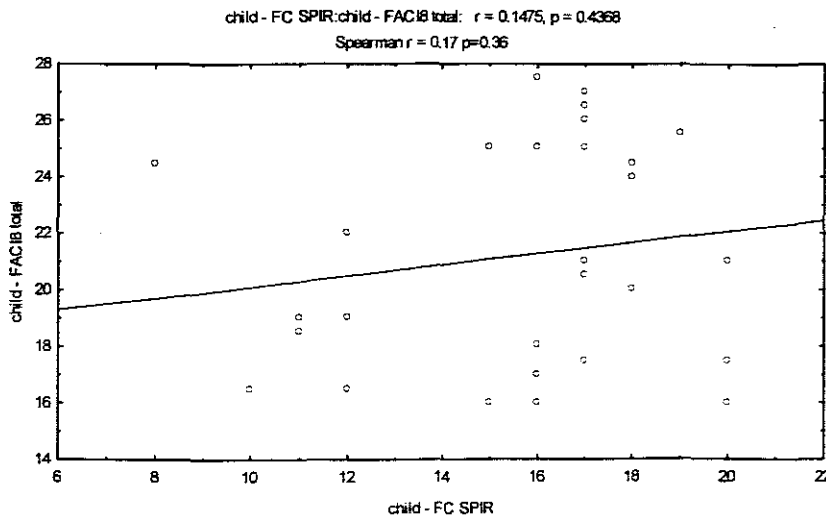


Table 4.3.41 indicated no significant relationship between adolescents' perceptions of spiritual support and family adaptability ($r = 0.17$, $p = 0.36$).

4.3.42 Family Time and Routine Index (FTRI)

The FTRI assessed the type of activities and routines families use and maintain and the value they place upon these practices. It consists of eight subscales, namely, Parent-Adolescent Togetherness, Couple Togetherness, Adolescent Routines, Meals Together, Family Time Together, Family Chores Routines, Relative Connection Routines, and Family Management Routines.

4.3.43 FTRI Adolescent Routines

Summary for scale: Mean=7.56667 Std.Dv.=2.96515 Valid N:60 (Spreadsheet55) Cronbach alpha: .570878 Standardized alpha: .556590 Average inter-item corr.: .242120					
variable	Mean if deleted	Var. if deleted	StdV. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI9	5.516667	5.683055	2.383916	0.355369	0.497971
FTRI10	5.266667	6.895555	2.625939	0.187989	0.608000
FTRI15	5.600000	5.306667	2.303620	0.400025	0.460270
FTRI16	6.316667	4.349722	2.085599	0.481372	0.377036

Table 4.3.43 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.57 and an average inter-item correlation of 0.24 for the FTRI Adolescent routines subscale.

4.3.44 FTRI Couple togetherness

Summary for scale: Mean=5.96667 Std.Dv.=3.63116 Valid N:60 (Spreadsheet57) Cronbach alpha: .712029 Standardized alpha: .706165 Average inter-item corr.: .399609					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
FTRI11	4.766667	7.34556	2.710268	0.622987	0.571207
FTRI12	4.300000	7.57667	2.752574	0.537196	0.625055
FTRI13	4.883333	6.86972	2.621016	0.686679	0.525009
FTRI25	3.950000	10.18083	3.190742	0.193557	0.808709

Table 4.3.44 refers to reliability analysis which revealed a fairly high Cronbach alpha correlation of 0.71 and an average inter-item correlation of 0.40 for the FTRI Couple togetherness subscale.

4.3.45 FTRI Meals together

Cronbach alpha=0.76					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
FTRI17	3.400000	3.273333	1.809236	0.576163	0.361507
FTRI18	3.533333	3.315556	1.820867	0.470014	0.477547

Table 4.3.45 refers to reliability analysis which revealed a fairly high inter-item Cronbach alpha correlation of 0.76 for the FTRI Meals together subscale.

4.3.46 FTRI Parent-adolescent togetherness

Summary for scale: Mean=8.48333 Std.Dv.=3.70749 Valid N:60 (Spreadsheet63) Cronbach alpha: .594700 Standardized alpha: .584255 Average inter-item corr.: .224584					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
FTRI1	6.216667	11.60306	3.406326	0.127988	0.637316
FTRI2	6.933333	9.12889	3.021405	0.395278	0.514687
FTRI3	6.500000	9.45000	3.074085	0.371115	0.528709
FTRI8	7.500000	8.68333	2.946750	0.476792	0.467904
FTRI14	6.783333	8.76972	2.961372	0.384052	0.521069

Table 4.3.46 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.59 and an average inter-item correlation of 0.22 for the FTRI Parent-adolescent togetherness subscale.

4.3.47 FTRI Family time together

Summary for scale: Mean=7.20000 Std.Dv.=2.39208 Valid N:60 (Spreadsheet66) Cronbach alpha: .242101 Standardized alpha: .240119 Average inter-item corr.: .073784					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
FTRI5	5.283333	3.436389	1.853750	0.207533	0.061596
FTRI6	6.333333	4.055555	2.013841	0.107088	0.209384
FTRI7	4.900000	4.023333	2.005825	0.147169	0.159693
FTRI26	5.083333	4.343055	2.084000	0.025265	0.313527

Table 4.3.47 refers to reliability analysis which revealed a low Cronbach alpha correlation of 0.24 and an average inter-item correlation of 0.07 for the FTRI Family time together.

4.3.48 FTRI Contact with family

Summary for scale: Mean=6.49153 Std.Dv.=2.88500 Valid N:59 (Spreadsheet69) Cronbach alpha: .408211 Standardized alpha: .398772 Average inter-item corr.: .150431					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
FTRI19	4.915254	5.501293	2.345484	0.197789	0.369870
FTRI20	4.491526	6.622810	2.573482	0.150241	0.406133
FTRI21	4.881356	5.087618	2.255575	0.272373	0.286110
FTRI22	5.186440	4.829647	2.197646	0.278770	0.276410

Table 4.3.48 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.41 and an average inter-item correlation of 0.15 for the FTRI Contact with family subscale.

4.3.49 FTRI Family chores routines

Cronbach alpha=0.72					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
FTRI29	4.433333	2.378889	1.542365	0.543895	0.308267
FTRI32	4.583333	2.209722	1.486513	0.428292	0.425393

Table 4.3.49 refers to reliability analysis which revealed a fairly high inter-item Cronbach alpha correlation of 0.72 for the FTRI Family chores routines subscale.

5.3.50 FTRI Family management routine

Summary for scale: Mean=10.2167 Std.Dv.=3.12503 Valid N:60 (Spreadsheet75) Cronbach alpha: .500926 Standardized alpha: .531397 Average inter-item corr.: .187851					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI23	8.166667	7.472222	2.733536	0.144660	0.529071
FTRI27	7.766667	7.112222	2.666875	0.362814	0.400875
FTRI28	8.116667	6.969723	2.640023	0.260040	0.453709
FTRI30	8.016666	5.983055	2.446028	0.554951	0.264822
FTRI31	8.800000	7.026667	2.650786	0.143713	0.546806

Table 4.3.51 refers to reliability analysis which revealed a moderate Cronbach alpha correlation of 0.50 and an average inter-item correlation of 0.19 for the FTRI Family management routine subscale.

4.3.51 FTRI Total family

Cronbach alpha, full scale: .79366 Standardized alpha: --- (Spreadsheet78) Corr. 1st & 2nd half: .678280 Attenuation corrected: --- Split-half reliability: .808304 Guttman split-half: .795180		
N=59	Summary 1st Half	Summary 2nd Half
No.Items	16	16
Mean:	26.18644	31.27119
Sum:	1545.000	1845.000
Std.Dv.	8.080360	6.389189
Variance	65.29223	40.82174
Alpha	.7118495	.5702755
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:	FTRI9	FTRI25
10:	FTRI10	FTRI26
11:	FTRI11	FTRI27
12:	FTRI12	FTRI28
13:	FTRI13	FTRI29
14:	FTRI14	FTRI30
15:	FTRI15	FTRI31
16:	FTRI16	FTRI32

Table 4.3.51 refers to reliability analysis which revealed a fairly high inter-item Cronbach alpha correlation of 0.79 and split-half reliability of 0.81 for the FTRI Total family subscale.

4.3.52 FTRI Total family (parents)

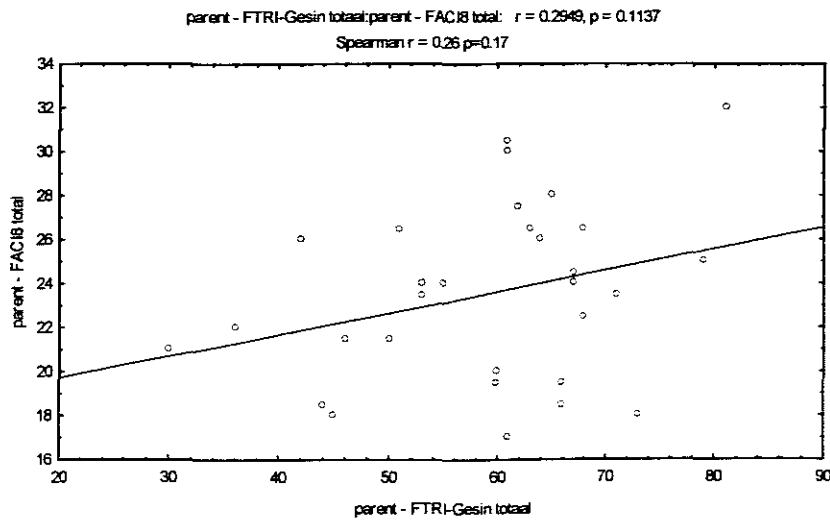


Table 4.3.52 indicated no significant relationship between parents' perceptions of family time and routines together and family adaptability ($r = 0.26$, $p = 0.17$).

4.3.53 FTRI Total family (adolescents)

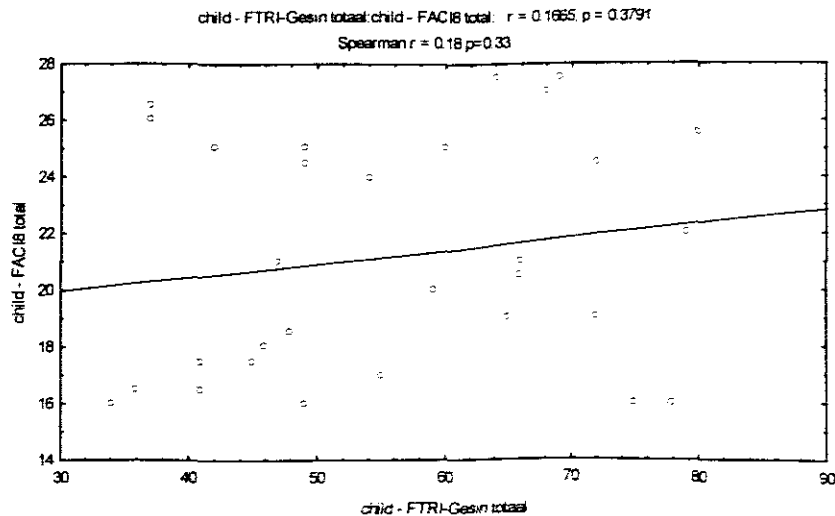


Table 4.3.53 indicated no significant relationship between adolescents' perceptions of family time and routines together and family adaptability ($r = 0.18$, $p = 0.33$).

4.3 Resume`

This chapter used two paradigms, the qualitative and quantitative approaches to communicate all the gathered data. The inferred themes, statistical tables and scatter graphs were different modes used to present the results. The following chapter will draw conclusions and recommendations based on the captured and analysed data.

CHAPTER 5 – CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The entire study was aimed at establishing the qualities and characteristics in Zulu speaking families that provide help and support in overcoming trauma, crises and allow members to continue to live satisfied lives. The qualitative information gathered from the sample gave participants an opportunity to share their grief experiences and benefit from the process.

Although all findings are considered important in this study, the results of the open-ended question discovered seven important resilience factors. The standardized questionnaires revealed a further three important resilience factors all of which were perceived by adolescents.

5.1 Main Findings

Families identified social support provided by extended family, friends and the community as the most important resilience factor (see Table 4.2). This was only revealed by the participants' responses to open-ended question but not the Social Support Index and Relative and Friend Support Index.

The second most important resilience factor perceived by the families was inner strengths, which was not only evident through the themes computed in Table 4.2, but also by the results obtained from the Family Hardiness Index (see Table 4.3.16).

Adolescents found family problem solving communication to be an important resilient factor (see Table 4.3.12).

Prayer, faith and spiritual support, particularly Christianity, were important resilience factors identified by the participants. Although this was not evident in the Family Crises Oriented Personal Evaluation Scale (see Table 4.3.39 & Table 4.3.40), 56.67 percent of the adults and 53.33 percent of the adolescent participants believed that spiritual support was important.

Thirty percent of the adults and ten percent of the adolescents considered ancestral belief and adherence to Zulu rituals as a resilience factor.

In contrast to adults' perceptions, adolescents perceived seeking professional help as one of the resilience factors (see Table 4.2).

Thirteen point three percent of the adults and ten percent of the adolescents believed that financial security is an important resilience factor (see Table 4.2). This finding is supported by Walsh (1998) who suggests that economic resources can buffer the family's experience of loss, especially if the finances have been drained by costly, protracted medical care and lost of income due to a death of a parent.

5.2 Limitations and implications

This study was limited to Zulu families in which a member had died one to four years prior to the investigation. It, therefore, excluded bereaved people from other cultural backgrounds and those Zulu families who had lost a member within a period of a year or beyond a period of four years.

At least two members of the family were interviewed, a parent and an adolescent. This meant exclusion to families where only one member survived.

The study used mostly self-report instruments. "In principle, self-report instruments are vulnerable to distortions" (Paykel & Kendler, 2006: 563). This may justify the fact that many resilience factors emerged from qualitative results compared to standardized self-report inventories.

5.3 Recommendations

Bucking and Huggards (1991) point out that everyone's experience with grief is different, and no one can tell you exactly how to cope with it. However, this study suggests some recommendations that were elicited from the important findings of this study as well as other studies. It is important to note that the recommendations herein

are not suggested as phases in bereavement but vital components of resilience during bereavement.

Coming to terms with reality: Cleiren (1993) recommends that the bereaved should develop an image of the circumstances of death, recognizing the reality of the loss. In cases where other family members (or the entire family) fail to come to terms with the reality of death, the family, relatives and community members should be able to attend to both practical needs and affective challenges of the concerned family.

Encourage expression of grief: Cook and Oltjebruns (1989) suggest that the members of a bereaved family need an opportunity to express their feelings of loss in a supportive environment. They further argue that it can be very helpful to communicate to the bereaved that it is normal, healthy and permissible to grieve. Carew Lesley (2006) points out that family members should respond with warmth, sensitivity and consistency to the emotional needs of others during challenging times of loss. Emotions associated with grief can be expressed through scripts, communication, poems, physical activity, drawing and playing in children.

Maintain open communication: Bereavement is a process that changes over time and without open communication, this process may be prolonged. It is understood that talking about the deceased or the issues of death may be taboo in some families (Dershimer, 1990). However, to avoid complicated bereavement, this research recommends direct and unmasked communication between family members. Open communication can facilitate discussions around future planning and change of roles amongst those who survive the deceased.

Communication is believed to facilitate the comprehensibility of a crisis. Sharing the experience of death, dying and loss can promote both immediate and long-term adaptation for family members, strengthening the family as a functional unit (Walsh, 1998).

Reassign roles: The family must reassign the roles which the deceased had performed. “The specific roles depend on the family’s stage in the family life cycle, which, in turn, will determine the roles that require reallocation” (Vess, Moreland & Schwebel, 1985: 2). The deceased might have been a breadwinner in the family, a role which may be somehow difficult if the deceased is survived by a child or children. Therefore the relatives, community and congregational members should play a part in reassigning other roles if necessary or taking responsibility of such roles.

Modify relationship with social networks: It transpired in the qualitative findings of this study that social support is one of the important resilient factors. It is, then, recommended that the surviving family members should focus on establishing or modifying relationships with other social networks. Unger and Powell (1980) suggest that the social networks may be informal or formal. Informal support networks refer to family members, friends, and neighbours. Formal support networks, on the other hand, refer to organizations such as organized peer support groups, community leaders or professionals such as psychologists, social workers, counsellors, etc. Traditional community leaders can exercise moral influence by encouraging relatives to fulfil their family responsibilities, protecting the rights of the survivors, especially orphans. They can also encourage the government and business ventures to channel direct material support through community groups to enhance the coping capabilities of the destitute families and assist communities in developing income-generating projects, Foster, G., Makufa, C., Drew, R., Mashumba, S. & Kambeu, S. (1997).

Post funeral rituals: Mourning and other post funeral rituals that have special significance to the bereaved families are encouraged. “Rituals can provide powerful therapeutic experiences for families and symbolize transition, healing, and continuity. For ritual to have optimal value, it must have meaning for its participants” (Cook & Oltjebruns, 1989: 112). Rando (1985) points that rituals need to help the family accept the reality of the loss, express feelings related to the loss and accomplish the tasks of a grief process.

Maintain or rebuilding psychological & physical health: Lastly, the researcher recommends that the bereaved families should take care of their physical and

psychological well-being. Bucking and Huggards (1991) argue that grief takes time and can affect both body and mind. They then encourage that the bereaved should eat right, sleep sufficient hours and get enough exercise to prevent physical illness.

Whilst this research encourages the bereaved families to seek professional help in cases of need, it also encourages the therapists to provide psychological health awareness presentations to the communities within their practice. Bereavement counselling or therapy is one of the resources that can help people to sort their feelings, identify and or establish coping skills that they have, either as individuals or family units. Psychological interventions may be offered at an individual, family or community level. Indications of interventions may vary from normal, avoided, and delayed to complicated grief.

5.4 Conclusion

This study revealed that family members continue to develop strategies to cope with distressing situations like death. The key coping strategies used by individuals, spouses, parents and siblings were seeking help from the relatives and community members; resistant personality traits or inner strengths; spiritual support from the church and for others, ancestral belief. However, there is still a need for more research on resilience in bereaved Zulu families; promotion of peer and professional support as well as for a refinement or adaptation of the measuring instruments that were herein used.

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Appendix

BIOGRAPHICAL INFORMATION

All information in this questionnaire is strictly confidential and your information will be anonymously processed.

Please cross the box most appropriate to you, or complete the statement in the space provided:

1. **Living in**(town or city)
2. **Marital status** (please tick the box which best describes your current status and fill in the number of years)

How many times had you been married? And your partner?

For how long have you been married to your current partner? years

3. **Family composition** (Clearly indicate which child will complete the questionnaires)

	Self	Spouse	Child 1	Child 2	Child 3	Child 4	Child 5
Age							
Gender							

Is there anyone else who lives permanently with you in your home?

No

Yes Please give details.....

4. **Job, Education, Income and Home Language**

Please give some detail about **your** job (e.g. Temporary/permanent? Nature of work?)

Please give a short description of **your partner's** work (e.g. Temporary/permanent? Nature of work?)

What is the highest level of education received by:

Yourself Primary school High school Diploma Degree

Other.....

Your Primary school High school Diploma Degree

Partner Other.....

What is your family's estimated gross income per year?

Less than R20 000 R21 000 - R40 000 R41 000 - R60 000

R61 000 - R80 000 R81 000 - R100 000 R101 000 or more

What is your home language? Xhosa Other (specify)

5. In your own words, what are the most important factors, or strengths, which have helped your family lately?

A series of horizontal dotted lines for writing.

Thank you again for your co-operation!

SSI

Please rate the following statements as they apply to your family	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Official use
1. If I had an emergency, even people I do not know in this community would be willing to help						
2. I feel good about myself when I sacrifice and give time and energy to members of my family						
3. The things I do for members of my family and they do for me make me feel part of this very important group						
4. People here know they can get help from the community if they are in trouble						
5. I have friends who let me know they value who I am and what I can do						
6. People can depend on each other in this community						
7. Members of my family seldom listen to my problems or concerns; I usually feel criticised						
8. My friends in this community are a part of my everyday activities.						
9. There are times when family members do things that make other members <i>unhappy</i>						
10. I need to be very careful how much I do for my friends because they take advantage of me.						
11. Living in this community gives me a secure feeling						
12. The members of my family make an effort to show their love and affection for me.						
13. There is a feeling in this community that people should not get too friendly with each other						
14. This is not a very good community to bring children up in						
15. I feel secure that I am as important to my friends as they are to me						
16. I have some very close friends outside the family who I know really care for me and love me						
17. Member(s) of my family do not seem to understand me; I feel taken for granted						

RFS

DIRECTIONS: Decide for your family whether you: STRONGLY DISAGREE; DISAGREE; are NEUTRAL; AGREE; or STRONGLY AGREE with the statements listed below. Indicate your choice in the appropriate space.

We cope with family problems by:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Official use
1. Sharing our difficulties with relatives						
2. Seeking advice from relatives						
3. Doing things with relatives (get together)						
4. Seeking encouragement and support from friends						
5. Seeking information and advice from people faced with the same or similar problems						
6. Sharing concerns with close friends						
7. Sharing problems with neighbours						
8. Asking relatives how they feel about the problems we face						

FPSC

<i>When our family struggles with problems or conflicts which upset us, I would describe my family in the following way:</i>	False	Mostly False	Mostly True	True
1. We yell and scream at each other	0	1	2	3
2. We are respectful of each others' feelings	0	1	2	3
3. We talk things through till we reach a resolution	0	1	2	3
4. We work hard to be sure family members are not hurt, emotionally or physically	0	1	2	3
5. We walk away from conflicts without much satisfaction	0	1	2	3
6. We share with each other how much we care for one another	0	1	2	3
7. We make matters more difficult by fighting and bring up old matters	0	1	2	3
8. We take time to hear what each other has to say or feel	0	1	2	3
9. We work to be calm and talk things through	0	1	2	3
10. We get upset, but we try to end our conflicts on a positive note	0	1	2	3

FHI

DIRECTIONS: Please read each statement below and decide to what degree each describes your family. Is the statement FALSE, MOSTLY FALSE, MOSTLY TRUE, TRUE, or NOT APPLICABLE about your family? Please indicate your choice in the appropriate space.

IN OUR FAMILY	False	Mostly False	Mostly True	True	Not Applicable	Official use
1. Trouble results from mistakes we make						
2. It is not wise to plan ahead and hope because things do not turn out anyway						
3. Our work and efforts are not appreciated no matter how hard we try and work						
4. In the long run, the bad things that happen to us are balanced by the good things that happen						
5. We have a sense of being strong even when we face big problems						
6. Many times I feel I can trust that even in difficult times that things will work out						
7. While we don't always agree, we can count on each other to stand by us in times of need						
8. We do not feel we can survive if another problem hits us						
9. We believe that things will work out for the better if we work together as a family						
10. Life seems dull and meaningless						
11. We strive together and help each other no matter what						
12. When our family plans activities we try new and exciting things						
13. We listen to each others' problems, hurts and fears						
14. We tend to do the same things over and over It's boring						
15. We seem to encourage each other to try new things and experiences						
16. It is better to stay at home than go out and do things with others						
17. Being active and learning new things are encouraged						
18. We work together to solve problems						
19. Most of the unhappy things that happen are due to bad luck						
20. We realise our lives are controlled by accidents and luck						

F-COPEs

DIRECTIONS

First, read the list of "Response Choices" one at a time.

Second, decide how well each statement describes your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then select the number 5 indicating that you **STRONGLY AGREE**; if the statement does not describe your response at all, then select the number 1 indicating that you **STRONGLY DISAGREE**; if the statement describes your response to some degree, then select a number 2, 3 or 4 to indicate how much you agree or disagree with the statement about your response.

1	2	3	4	5
Strongly disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Strongly agree

WHEN WE FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY, WE RESPOND BY:

- 1. Sharing our difficulties with relatives
- 2. Seeking encouragement and support from friends
- 3. Knowing we have the power to solve major problems
- 4. Seeking information and advice from persons in other families who have faced the same or similar problems
- 5. Seeking advice from relatives (grandparents, etc.)
- 6. Seeking assistance from community agencies and programs designed to help families in our situation
- 7. Knowing that we have the strength within our own family to solve our problems
- 8. Receiving gifts and favors from neighbours (e.g. food, taking in mail, etc.)
- 9. Seeking information and advice from the family doctor
- 10. Asking neighbours for favors and assistance
- 11. Facing the problems "head-on" and trying to get a solution right away
- 12. Watching television
- 13. Showing that we are strong
- 14. Attending church services
- 15. Accepting stressful events as a fact of life
- 16. Sharing concerns with close friends
- 17. Knowing luck plays a big part in how well we are able to solve family problems
- 18. Exercising with friends to stay fit and reduce tension
- 19. Accepting that difficulties occur unexpectedly
- 20. Doing things with relatives (get-together, dinners, etc.)
- 21. Seeking professional counseling and help for family difficulties
- 22. Believing we can handle our own problems
- 23. Participating in church activities
- 24. Defining the family problem in a more positive way so that we do not become too discouraged
- 25. Asking relatives how they feel about problems we face
- 26. Feeling that no matter what we do to prepare, we will have difficulty handling problems
- 27. Seeking advice from a minister
- 28. Believing if we wait long enough, the problem will go away
- 29. Sharing problems with neighbours
- 30. Having faith in God

FAMILY FUNCTIONING FACIS

Instructions

Decide how well each statement describes what is happening in your family. In the column headed *Now*, circle the number which best describes how often each thing is happening right now.

In my family...	<i>Now</i>				
	Never	Sometimes	Half the time	More than half	Always
1. In our family it is easy for everyone to express his/her opinion.	1	2	3	4	5
2. It is easier to discuss problems with people outside the family than with other family members.	1	2	3	4	5
3. Each family member has input in major family decisions.	1	2	3	4	5
4. Family members discuss problems and feel good about the solutions.	1	2	3	4	5
5. In our family everyone goes his/her own way.	1	2	3	4	5
6. Family members consult other family members on their decisions.	1	2	3	4	5
7. We have difficulty thinking of things to do as a family.	1	2	3	4	5
8. Discipline is fair in our family.	1	2	3	4	5
9. Family members feel closer to people outside the family than to other family members.	1	2	3	4	5
10. Our family tries new ways of dealing with problems.	1	2	3	4	5
11. In our family, everyone shares responsibilities.	1	2	3	4	5
12. It is difficult to get a rule changed in our family.	1	2	3	4	5
13. Family members avoid each other at home.	1	2	3	4	5
14. When problems arise, we compromise.	1	2	3	4	5
15. Family members are afraid to say what is on their minds.	1	2	3	4	5
16. Family members pair up rather than do things as a total family.	1	2	3	4	5

FTRI

Instructions

First, read the following statements and decide to what extent each of the routines listed below is false or true about your family: **False (0), Mostly False (1), Mostly True (2), True (3)**. Please circle the number (0, 1, 2, 3) which best expresses your family experiences.

Second, determine the importance of each routine to keeping your family together and strong: **NI = Not Important, SI = Somewhat Important, VI = Very Important**. Please circle the letters (NI, SI, or VI) which best express how important the routines are to your family. If you do not have children, relatives, teenagers, etc., please circle NA = Not Applicable.

Routines	False	Mostly False	Mostly True	True	How Important to keeping the Family Together and United			
					Not Important	Somewhat Important	Very Important	Not applicable
1. Parent(s) have some time each day for just talking with the children	0	1	2	3	NI	SI	VI	NA
2. Working parent has a regular play time with the children after coming from work	0	1	2	3	NI	SI	VI	NA
3. Working parent takes care of the children some time almost every day	0	1	2	3	NI	SI	VI	NA
4. Non-working parent and children do something together outside the home almost every day (e.g., shopping, walking, etc.)	0	1	2	3	NI	SI	VI	NA
5. Family has a quiet time each evening when everyone talks or plays quietly	0	1	2	3	NI	SI	VI	NA
6. Family goes some place special together each week	0	1	2	3	NI	SI	VI	NA
7. Family has a certain family time each week when they do things together at home	0	1	2	3	NI	SI	VI	NA
8. Parent(s) read or tell stories to the children almost every day	0	1	2	3	NI	SI	VI	NA
9. Each child has some time each day for playing alone	0	1	2	3	NI	SI	VI	NA
10. Children/teens play with friends daily	0	1	2	3	NI	SI	VI	NA
11. Parents have a certain hobby or sport they do together regularly	0	1	2	3	NI	SI	VI	NA
12. Parents have time with each other quiet often	0	1	2	3	NI	SI	VI	NA
13. Parents go out together one or more times a week	0	1	2	3	NI	SI	VI	NA
14. Parents often spend time with teenagers for private talks	0	1	2	3	NI	SI	VI	NA

Routines	False	Mostly False	Mostly True	True	How Important to keeping the Family Together and United			
					<i>Important to family</i>			Not applicable
					Not	Somewhat	Very	
15. Children have special things they do or ask for each night at bedtime (e.g. story, good-night kiss, hug, etc.)	0	1	2	3	NI	SI	VI	NA
16. Children go to bed at the same time almost every night	0	1	2	3	NI	SI	VI	NA
17. Family eats at about the same time each night	0	1	2	3	NI	SI	VI	NA
18. Whole family eats one meal together daily	0	1	2	3	NI	SI	VI	NA
19. At least one parent talks to his or her parents regularly	0	1	2	3	NI	SI	VI	NA
20. Family have regular visits with the relatives	0	1	2	3	NI	SI	VI	NA
21. Children/teens spend time with grandparent(s) quite often	0	1	2	3	NI	SI	VI	NA
22. We talk with/ write to relatives usually once a week	0	1	2	3	NI	SI	VI	NA
23. Family checks in or out with each other when someone leaves or comes home	0	1	2	3	NI	SI	VI	NA
24. Working parent(s) comes home from work at the same time each day	0	1	2	3	NI	SI	VI	NA
25. Family has certain things they almost always do to greet each other at the end of the day	0	1	2	3	NI	SI	VI	NA
26. We express caring and affection for each other daily	0	1	2	3	NI	SI	VI	NA
27. Parent(s) have certain things they almost always do each time the children get out of line	0	1	2	3	NI	SI	VI	NA
28. Parents discuss new rules for children/teenagers with them quite often	0	1	2	3	NI	SI	VI	NA
29. Children do regular household chores	0	1	2	3	NI	SI	VI	NA
30. Mothers do regular household chores	0	1	2	3	NI	SI	VI	NA
31. Fathers do regular household chores	0	1	2	3	NI	SI	VI	NA
32. Teenagers do regular household chores	0	1	2	3	NI	SI	VI	NA