

Resilience in Indian families in which a member has died

by

Nirvana Harakraj

Student number : 032000

Proposed degree: Masters of Arts in Counselling Psychology

Faculty : Arts

Supervisor: Prof. S. D. Edwards

Co-supervisor : Dr. J. Thwala

University of Zululand

Kwa-Dlangezwa

South Africa

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Co-Supervisor: Dr. J. Thwala

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CONTENTS

Abstract	1
Introduction	
Motivation	3
Aim	3
Method	4
Conclusion	4
Literature review	
Introduction	6
Individual resilience	6
Genetic predisposition of resilience	10
Family resilience	10
Conclusion	13
Methodology	
Introduction	15
Participants	15
Measuring instruments	15
Procedure	19
Results	20
Conclusion	
Introduction	44
Main findings	44
Limitations and implications	47
References	49

Abstract

The present study aimed to identify those resiliency factors that enabled Indian families to transform and adapt after the loss of a family member. Using a convenience sampling method, thirty families were identified. Open-ended questions and the following measurement scales were completed by the parent and an adolescent of each selected family: a biographical questionnaire, Social Support Index, Relative and Friend Support Index, Family Problem Solving Communication Index, Family Hardiness Index, The family Attachment and Changeability Index 8, and Family Time and Routine Index. Results show that open communication between family members, religion, support of relatives and friends, problem solving communication, family hardiness, mobilization of the family to get help, redefinition of the problem, family time and routine were the resiliency factors identified in this study.

CHAPTER 1 : INTRODUCTION

1.1 Introduction

As the ability to withstand and rebound from disruptive life challenges, resilience has become an important concept in mental health theory and research over the past two decades. It involves positive adaptation within the context of significant adversity such as the loss of a loved one (Walsh, 2003). Families inevitably encounter the death of an immediate family member. This is one of the most stressful life events that families experience (Walsh, 1998). It calls on the family to utilize all its resources in order to cope with the event adequately and to maintain balance and harmony. These strengths and resources enable individuals and families to respond successfully to stressful crises and persistent challenges, and to recover and grow from those experiences. Some who have suffered traumatic experiences, such as the loss of a loved one, become trapped in a victim position by anger or blame. In contrast, resilience involves key processes over time that enable individuals and families to heal from painful experiences, and go on to live and love fully (Walsh, 2003).

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

Viewing families as resilient offers an alternative paradigm. A resiliency perspective affirms the family's capacity for self-repair. According to Hawley (2000), most of the psychologists' best work is done by amplifying the strengths rather than repairing their patients' weaknesses. This strength based approach focuses on helping clients access these resources by developing clear, specific therapeutic goals and then searching for ways in which they are already meeting the goals.

The concept of family resilience extends our understanding of healthy family functioning in situations of adversity. Resilience not only entails managing stressful conditions, but it also involves the potential for personal growth that can be forged out of adversity. Although some families maybe shattered by crises or persistent hardships, what is remarkable is that many

others emerge strengthened and more resourceful in meeting future challenges and develop new insights and abilities. Challenge is 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).

For the purpose of this study, a family is defined as a group of people living together (minimum members of which include a parent and an adolescent) for the benefit and development of each member and the society as a whole. This research is part of a large-scale research project conducted in collaboration with the following universities: University of Stellenbosch, The North, Fort Hare, Port Elizabeth and the University of Zululand.

1.2 Motivation

Resilience focuses on strengths forged under stress, in the context of adversity. It involves processes over time which may vary depending on adverse conditions and available resources. Therefore, by identifying and developing factors which enhance resilience in families as they experience and resolve problems, the family becomes more equipped to face future challenges. Being aware of the qualities that contribute to the strengthening of families in times of crisis, such as death, will help families to adapt, deal with stressors and facilitate effective functioning. The concept and understanding of resilience and the recovery process can guide theory, research, practice, intervention and the prevention of personal or family problems after a loss. The utilization and development of resilience can promote future remedial help to families and family members and may relieve the burden on limited medical funds.

1.3 Aim

The aim of this study is to identify factors that contribute to the maintenance and restoration of Indian families in which the death of a member has taken place in a previous time period of one to three years. It is hoped that this research will contribute towards the basic knowledge of characteristics of Indian families' ability to recover after a crisis and to adapt in order to keep functioning well. A strong and healthy family forms the basis of a community and therefore also a country. There is a critical need to use the collective strengths of individuals, communities, organizations and governments to respond to the stresses faced by today's

children, youth and families. Despite changes in their structure, families remain the most basic unit of society. Today's families need support to build the resilience necessary to meet life's challenges head-on.

1.4 Method

Both qualitative and quantitative methods were used. Qualitative methodology consisted of open-ended questions for cultural contextualization of the concepts: family, crisis and resilience. Qualitative data was gathered through semi-structured interviews on factors that helped the family through the crisis.

A non-probability convenience sampling method was used, as the participants were identified from nearby crisis centers. Thirty Indian families in which a death of a family member took place in a previous time period of three years formed the sample group.

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

The following measurement scales were 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 and Routine Index (FTRI). These were administered to the parent and the adolescent of each selected family.

1.5 Conclusion

The concept resilience encompasses a number of implications. Resilience surfaces in the face of hardship. It involves the manner in which individuals adapt and respond to difficulties. It assumes that individuals exhibiting resilience are able to bounce back from adversity, reaching or surpassing a pre-crisis level of functioning. Resilience is generally described in terms of wellness rather than pathology i.e. salutogenic orientation. Strengths rather than deficits are emphasized and are viewed as the resources that allow individuals to overcome adversity (Hawley, 2000). It is hoped that this study will contribute towards our knowledge of

the characteristics of Indian family's ability to recover after a crisis. By identifying and strengthening these characteristics, families will become more equipped to face future crises. Research and literature on family resilience are discussed in the following chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Most research on death has focused on the experience of death and dying and its negative implications for the family (Janosik & Green, 1992). Few studies have focused on the coping patterns and sources of resilience in families that have experienced a death of a family member (Heath & Orthner, 1999; Parry, 1990). A clear definition of what family resiliency entails or how it can be operationalized has not emerged. Family resilience is a relatively new concept. The focus on individual resilience had blinded researchers and clinicians to the resilience that can be found in families. Interest in resilience has focused on the strengths found in individuals who have mastered and adapted to adversity. These resiliencies have usually been viewed in terms of personality traits and coping strategies that enable a child or adult to overcome challenging life experiences (Sorensen, 1993). Although individual resilience has increasingly come to be seen in terms of an interaction between nature and nurture, few have considered the family as a potential source of resilience. This has occurred because the traditional clinical perspective on family influences has been deficit-based and ignored family strengths. Most studies on resilience have focused on survivors of mentally ill parents and dysfunctional families, and have not recognized the resiliencies and potential that can be found and encouraged in troubled families (Walsh, 1996). In contrast to the theory and research that has focused on individual resilience, this research builds on the concept of resilience, applying it to the Indian family as a system.

A focus on family resilience seeks to identify and foster key processes that enable families to cope more effectively and emerge hardier from crises or persistent stresses, whether from within or from outside the family. In building family resilience, we strengthen the family as a functional unit and enable the family to foster resilience in all its members (Walsh, 1996).

2.2 Individual resilience

Most research to date has focused on individual resilience and has identified several unique features that could inform an understanding of family resiliency (Walsh, 1998). Wolin and

Wolin (1993) interviewed twenty-five resilient survivors and from these interviews developed seven resiliencies one should have to be resilient and can be seen as contributing to family resilience. These are: insight; independence; relationships; initiative; creativity; humor and morality.

Insight is the mental habit of asking searching questions and giving honest answers. The development of insight begins with sensing or an intuition that family life is strange and untrustworthy. Alert to danger, resilient children see the meaning of telltale changes in a parents walk, dress, breath or tone of voice with the intellectual growth of adolescence, sensing deepens into knowing the full extent of the family's troubles including its personal implications. In adulthood, the psychological awareness of resilient survivors ripens into a penetrating understanding of themselves and other people. Resilient adults do not take people, themselves or life at face value. Striving to always understand that they process their experiences, look for meaning hidden beneath the surface of events and confront themselves honestly (Wolin & Wolin, 1993).

The first sign of independence in young children according to Wolin and Wolin (1993), is straying away from painful family scenes. Realizing that distance feels better than closeness, older children and adolescents work at disengaging from their families emotionally. As adults, resilient survivors relate to their family and succeed in separating themselves from their troubled families. With achievement of separateness, survivors relate to their family out of freely chosen, rational beliefs rather than conforming to their parent's unreasonable demands.

Relationships are intimate and fulfilling ties to other people. They are proof that one can love and be loved and are a direct compensation for the affirmation that troubled families deny their children. Resilient children first search out love by connecting or attracting the attention of available adults. With the development of confidence they branch out into active recruiting i.e. enlisting a friend, neighbour, teacher or policeman. Overtime, recruiting rounds out to attaching, an ability to form and to keep mutually gratifying relationships. Attaching involves a balanced give and take and a mature regard for the well-being of others as well as oneself.

Initiative is the determination to assert oneself and master ones environment. Resilient survivors prevail by carving out a part of life they can control and the swirling confusion of upheavals of the troubled family. As pieces of the world bend to their will, they build

competence and a sense of power. Initiative is seen initially when resilient children turn away from the frustration of their troubled parents and follow the call of their curiosity to go exploring. By school age, exploring evolves into working. Though not all resilient children become outstanding students, the random activities of their earlier years become focused, organized and goal-directed over a wide range of activities. In adults, the gratification and self-esteem associated with completing jobs become a lifelong attraction to generating projects that stretch the self and promote a cycle of growth (Wolin & Wolin, 1993).

Creativity and humor are safe harbors of the imagination where one can take refuge and rearrange the details of their life to their own pleasing. In contrast, to the resiliencies that keeps the world of reality rolling, creativity and humor turn reality inside out. With time the imaginative energy that drives playing is channeled into shaping or making art. In adolescence, they may dabble in writing, music, painting or dance to break the constraints of their troubled families and their own hurt feelings. In some adults, shaping evolves into composing or skilled creative activity. However, most resilient survivors direct the urge to play into humor, mixing the absurd and the awful and laughing at the combination. Related resiliencies, creativity and humor are tangible proof that they have stopped the course of destruction and have emerged whole from shattering experiences.

The seeds of morality are sown early when strong children in troubled families feel hurt, want to know why, and begin judging the rights and the wrongs of their daily lot. In adolescents, judging branches out into valuing principles such as decency, compassion, honesty and fair play. Restoring themselves by responding to suffering in others, they champion the underdog, dedicate themselves to causes, and try to impose order at home. In adults, morality becomes more a matter of obligation than of private satisfaction or personal repair. By serving or devoting time and energy to institutions, community and the world, resilient survivors join their individual selves to the selfhood of humanity (Wolin & Wolin, 1993).

Hawley and DeHaan (1996) distinguishes between risk and protective factors which contribute to individual resilience. Risk factors are those that, if present, increase the likelihood of a person developing an emotional or behavioural problem at some point. Protective factors are defined as attributes of individuals and environments which serve as buffers between a person and stressful situations. Categories of risk factors include poverty and death, divorce or mental illness. Protective factors include possessing what is considered

an “easy” temperament, or having a flexible and adaptable personality. Protective factors which are provided through family (including extended family in Indian cultures, who share the responsibility of child care), schools and the community, enable children to alter or reverse negative outcomes that might have been predicted for them, fostering the long-term development of resilience. Another important protective factor is the presence of at least one adult who takes a strong interest in the child. The individual possesses skills and uses them to develop relationships outside of the family. The cultural identity, spirituality, elders, ceremonies and rituals, humor, oral tradition, family and support networks are essential protective strategies for Indians. These resources foster their resilience. Another key construct is the idea of adaptability of coping styles. Resilient children are considered more able to adapt their coping styles flexibly to a specific situation, as well as evaluate the effectiveness of their coping efforts. Resilient individuals also have a sense of being focused and purposeful. They are looking beyond the present and possess goals for the future (Barnard, 1994). The practices of spirituality, religion and prayer found in Indian families are important in fostering resilience.

In traditional cultures there are four bases of self-esteem which is seen as fostering resilience.

1. “Belonging.” From the time they were born, children were looked after by caring adults. Everyone in the community treated others as related, so children developed a sense of respect and concern for others and experienced a minimum of friction. All of this fostered good will.
2. “Mastery.” Indian families told stories, provided nurture, and acted as role models to foster balance in spiritual, mental, emotional and physical competence.
3. “Independence.” Many traditional cultures placed a high value on individual freedom and young people were given training in self-management. Young people were never offered rewards for doing well. Practicing appropriate self-management was seen as the reward in itself.
4. “Generosity.” Giving to others and giving back to the community were fundamental core values in many cultures, where adults stressed generosity and unselfishness to young people (Masten, 2001).

Cultural teachings unearth individual resilience as documented with many personal stories in *Wounded Warriors* by Doyle Arbogast. These interviewed individuals found – “what their ancestors always knew – that the pathways to peace, balance and living are found by taking

responsibility to honor the beauty, spirit and the mystery of their own heritage” (Arbogast, 1995, p1). Cultural practices unlock our human potential.

2.3 Genetic predisposition of resilience

Initially resilience was viewed as innate. The current interest in resilience appears to be part of the wider discourse about dominance and sub ordinance with particular reference to issues of normal and abnormal development. According to Smith (1999), we are pre-programmed to be resilient in the highest interest of the survival of the species. Resilience is therefore seen as a necessary evolution, adaptation and accommodation to stress. Resiliency extends from genetic predispositions such as temperament and intelligence to contextual as in family or community variable. Researchers moved towards recognition of an interaction between nature and nurture in the emergence of resilience, yet tended to hold a pessimistic, narrow view on family influence (Smith, 1999).

2.4 Family resilience

Both individual and family growth can be forged through collaborative efforts in the face of adversity. Individual resiliency is a unique blend of heredity, learning and support. From an early age, individuals learn resilient behaviour at home and in their communities. Children’s resilience to hardship is greater when they have access to at least one caring parent or another supportive adult in their extended family. A supportive family is seen as enhancing self-esteem, improving self-reliance and personal efficacy, and supporting the individual in his or her bid for independence and control over his or her environment (Angell, 2000). Even the emergence of genetically individual traits occurs in relational context. Self-esteem and self-efficacy are promoted, above all else, through supportive relationships. The National Longitudinal Study of Adolescent Health (NLSAH), reported that healthy youth who avoided risky behavior and viewed as resilient, felt strongly connected with their families. They felt they were understood, loved, wanted and paid attention to by family members. A strong connection by the individual to his or her family and culture are essential to the development of personal resilience. It is important for children to have people in their lives who nurture their spirit, stand by them, encourage and support them. This traditional process is called fostering resilience. Our worldview is the cultural lens through which we understand where we came from, where we are today and where we are going. Our cultural identity is our source of strength (Brown, 1988).

Adaptation is influenced by the meaning of experience, which is socially constructed, for example, the effect of an emotionally significant experience, like death, depends largely on how the child interprets these events. Therefore, the family has a positive mediating influence on the individual. Family factors that are associated with resilience is a good fit between parent and child, maintenance of family rituals, proactive confrontation of problems, minimal conflict in the home during infancy, the absence of divorce during adolescence and a productive relationship a child has with his or her mother. Resiliency is also highly correlated with families that exhibit warmth, cohesion and stability (Hawley & DeHaan, 1996).

Culture plays a valid and positive role in supporting Indian youth and tapping their resilience. Culture comprises of shared rules, beliefs, values and attitudes, which shape our perception and interpretation of life events (Angell, 2000; Hill, 1990). Not only does culture shape our thought processes and understanding through distinctive linguistic interpretation, forged by experience and environment, it facilitates our creation of a unique and comprehensive worldview. A culture's worldview is grounded in fundamental beliefs which guide and shape life experiences of young people (Nooney & Woodrum, 2002). Spirituality is a fundamental, continuous part of our lives. Spirituality is at the core of Indian survival. Spirituality has been the cornerstone of Indian survival through generations of adversity. Spirituality is one of four essential parts of Indian worldview philosophy. The others are the mental, emotional and physical aspects of life which are mentioned below. The holistic approach to mental, physical, spiritual and emotional wellness is based on healing concepts and traditions, having prayer as the basis of all healing. All four dimensions must be kept in balance. A child is borne with a natural capacity or resilience evidenced in all four dimensions. This resilience is their innate capacity for well-being. Enroute to unlocking community resilience, the goal is for children to recognize when they are out of balance, understand what caused the imbalance and learn how to regain balance. Indians have a variety of strategies or cultural ways to teach healthy balance. These include using traditional languages, ceremonies, dances, music/arts, medicine, foods, clothing and more. Children's cultural strength or resilience can also be fostered by the oral tradition of storytelling. They are protective factors that convey culturally specific high expectations, caring, support and opportunities for participation. The traditional Indian family unit is the extended family. Each child has an abundance of relatives to share the responsibility of child-rearing. Elders hand down cultural legends, history and traditions and therefore are treated with tremendous respect (Brown, 1988).

Family resilience is supported by role models, community norms and the roles of elders and natural helpers or healers (D'ercole, 1988). The context within which Indian families function is one filled with strength producing or harmonizing resources. The richness of their histories and heritage provide anchors, which hold them to who they are. The relations, relatives or kin often form systems of care that are interdependent. Healthy interdependence is the core of the Indian extended family. Feeling good about their culture, participation in cultural activities, strong positive feelings of belonging to a family, appreciation of the influences of elders, grandparents and parents, foster resilience. Being well groomed and connected to their Indian culture adds to their resilience. Traditional spiritual ways (prayer, rituals and ceremonies) play a significant role in shaping the spiritual practices of the family (Brown, 1988).

Another factor which is highly correlated to resilience is a sense of coherence. This is consistent with the salutogenic orientation discussed in the previous chapter. There are three components to sense of coherence: comprehensibility, or the degree to which the events surrounding a situation makes sense cognitively; manageability, or the degree to which one perceives he or she has adequate resources to meet their demands; and meaningfulness, or the degree to which one feels that life makes sense emotionally. A high sense of coherence is viewed as a prominent factor influencing ones ability to adapt to life demands. This family coherence has been defined as a shared worldview expressing the family's feelings of confidence. Hawley and DeHaan (1996) found that families with a strong family sense of coherence were more likely to be well-adapted than those with lesser levels of family sense of coherence.

The theoretical framework of this study is based on the Resilience model of family Stress, Adjustment and Adaptation of McCubbin and McCubbin (1996). The focus of this model is on understanding those family strengths and capabilities which buffer the family from the disruptions associated when encountering crises and help the family recover. Within this model, resilience is viewed as involving two distinguishable but related family processes: (1) adjustment, which involves the influence of protective factors in facilitating the family's ability and efforts to maintain its integrity, functioning and fulfill development tasks in the face of risk factors, and (2) adaptation, which involves the function of recovery factors in promoting the family's ability to "bounce back" and adapt in family crisis situations (McCubbin & Thompson, 1991).

The resiliency model of family stress, adjustment and adaptation emphasizes four major domains of family functioning which is vital for their recovery from crises. These are: interpersonal relationships, well-being and spirituality, community relationships and nature, and structure and functioning. The resiliency model provides a theoretical basis for understanding a family's adjustment to demands placed upon the family in times of crises. The ability of the family to successfully adjust to a stressor is determined by the family's vulnerability, resources, appraisal and problem solving and coping strategies (McCubbin et al., 1996).

2.5 Conclusion

There has not been much research conducted on resilience in Indian families or in families that have experienced the death of a family member. The little amount of literature conducted found that Indian cultural traditions helped foster resilience in family members. The concept of family resilience goes beyond a contextual view of individual resilience to a family-system level focusing on the family with its culture and traditions as a functional unit. It enables us to understand the mediating influence of family processes in overcoming crisis or prolonged hardship. How the Indian family confronts and manages a disruptive experience, buffers stress, effectively reorganizes and moves forward with life will influence immediate and long-term adaptation for all family members and for the family unit. Resilience is mutually constructed and shared by the Indian family as a whole. There are multilayers of resilience which are combined and interact to help the family to positively adapt and bounce back from stressful circumstances. Traditionally resilience has been cultivated by focusing on four developmental areas:

1. "spirituality" – living according to the belief in the interrelatedness of all things.
2. "mental well-being" – having clear thoughts.
3. "emotional well-being" – balancing all emotions.
4. "physical well-being" – attending to the physical self (Brown:1988).

Multiple layers of resilience provide for a range of combinations to resilient outcomes where recovery from traumatic events such as death, is more likely. Several interactive variables including flexibility and cohesion and a variety of family strengths have been associated with

resilience in families. It is through culture and its medium, the family, that individuals learn how to cope with adversity.

CHAPTER 3: METHODOLOGY

3.1 Introduction

Qualitative and quantitative data collection methods were used to identify the resilience factors. Firstly, existing instruments developed by McCubbin, Patterson and Glynn were used (McCubbin, Thompson & McCubbin, 1996). This data was supplemented with qualitative data gathered through open-ended questions focusing on cultural contextualization of the concepts family, crisis and resilience.

3.2 Participants

A non-probability convenience sampling method was used, as the participants were identified from three nearby community crisis centers in Kwa-Zulu Natal i.e. Child welfare, a local community assessment and therapy center and the community police station's voluntary crisis unit. The management of these centers was approached and the research explained. Due to the sensitivity of the study, management had identified and contacted the families themselves. Only those families who consented to participate in this study were contacted by the researcher. The criteria for the identification of the families were (1) they had to be Indian, (2) the family had to have experienced a death of a family member in a previous time period of three years, and (3) the family had to consist of at least a parent and an adolescent.

A total of 30 families participated in this study. Of the participating parents, 20% were male and 80% were female. The majority of the participating parents (56%) had attending high school as their highest level of education. 36,6% of the participating families gross income per annum was within the range of R81 000 – R100 000; 20% had an income range of R61 000 – R80 000, 16,6% had an income range of R41 000 – R60 000, and R21 000 – R40 000 respectively; with 6,6% earning R100 000 or more per year and 3,3% earning less than R20 000 a year. 63,3% of the participating adolescents were female, while 36,7% were male. The average size of the families was 4.3 members, ranging from 4 to 6 members per family.

3.3 Measuring Instruments

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.

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 neighbors 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, Thompson and McCubbin (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, Thompson and McCubbin (1996), were 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 behavioral 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 behavior. 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 behavior 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 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 FACI8's relationship to a treatment programs' successful outcome (McCubbin et al., 1996).

The Family Time and Routine Index (FTRI) was developed by McCubbin, Thompson and McCubbin (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, True) describes their family behavior. 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).

3.4 Procedure

Each of the thirty families were contacted by telephone and then visited at home. After the aim of the research project had been explained to the family they were asked if they were willing to participate in the project. In cases where the family did not want to participate, another family was identified. During the visits, the confidentiality of the information and the anonymity of the participants were re-emphasized. The aim and method of the investigation were then explained to the participants. The participants were allowed to ask questions if there were anything that was unclear.

The participants were asked what the terms "family", "crisis" and "resilience" meant to them and why he/she thought their family had been able to work through the crisis successfully. Once the responses to these open-ended questions were obtained, questionnaires were given to the parent and the adolescent of the same families to complete. Most families (n = 23) requested the questionnaires to be left with them and collected at a later stage. After a week of handing over the questionnaires to the 23 families, they were contacted to confirm a time for the collection of the questionnaires. It was difficult getting the completed questionnaires from the participants. They had to be contacted several times before the participants had the questionnaires completed. It took approximately four months to collect all completed questionnaires.

CHAPTER 4: RESULTS

The participants' responses to the open-ended questions "In your own words, what are the most important factors or strengths, which have helped your family lately?" and "What does the terms, family; crisis and resilience mean to you respectively?" are reported first.

The responses to the first question is ranked according to the themes that were indicated through thematic content analysis by the sixty participants (30 parents and 30 adolescents) most often and is 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).

4.1 Factors which have helped families (n = 30) who experienced a death of one of their members.

Rank	Theme	Frequency
1	Open communication between family members	29
2	Religion	18
3	Support of friends	14
4	Support of relatives	14
5	Respect for family members	14
6	Trust within family members	14
7	Intra - family support	12
8	Understanding and love within the family	4
9	Having a supportive community	4
10	Financial stability	3
11	Inner strength of family members	3

Note: Religion refers to cultural belief in a higher power. Intra-family support refers to support which the immediate family members provide each other.

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

Most participants viewed family as people whom one can give and receive unconditional love, trust, support, can depend on, and with whom there is a sense of togetherness.

Crisis was viewed by the majority of the participants as testing situations which threaten ones well being and emotional stability, hardships in which one have to be strong for the people they love, and situations in which there is an ability to move forward.

Resilience was viewed by most participants as having inner strength; the ability to overcome hardships and to move forward in times of crises.

The results that follow indicate the relationship between the biographical data and/or psychological measures with the family adaptation (FAC18) score. 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 $p = 0.05$.

4.2 Gender

4.2.1 Adolescents' gender; weighted means

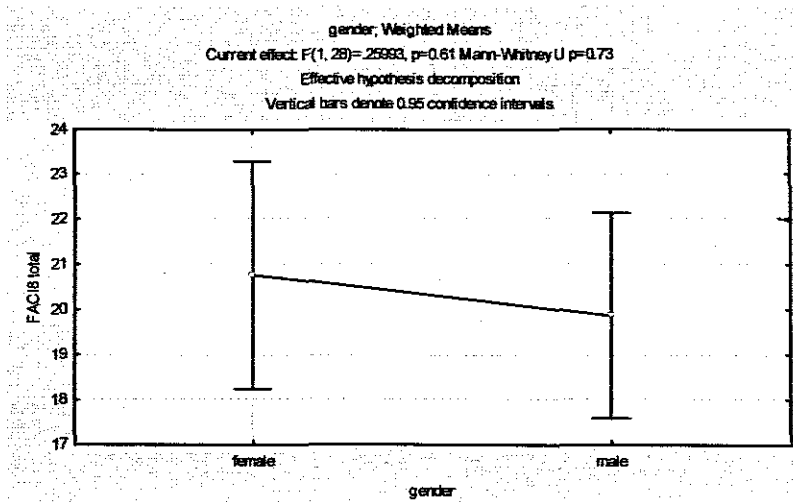


Figure 1

4.2.2 Adolescent's gender; unweighted means

gender, Unweighted Means (indier kinders data.sta)						
Current effect: $F(1, 28) = .25993$, $p = 0.61416$						
Effective hypothesis decomposition						
Cell No.	gender	FACI8 total Mean	FACI8 total Std. Err.	FACI8 total -95.00%	FACI8 total +95.00%	N
1	female	20.76316	1.068368	18.57471	22.95161	19
2	male	19.86364	1.404110	16.98745	22.73983	11

Table 4.2.2 indicated no significant relationship between adolescent's gender and family adaptability. ($F = 0.26$, $p = 0.6$)

4.2.3 Parents gender; weighted means

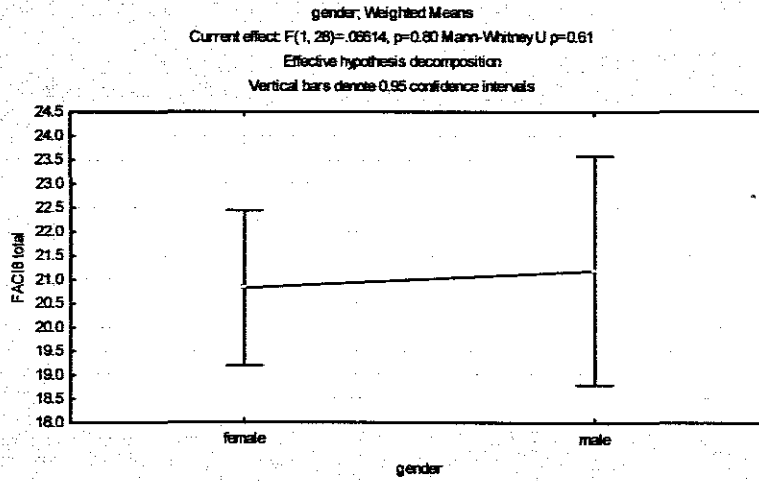


Figure 2

4.2.4 Parents gender; unweighted means

gender; Unweighted Means (indier ouers data.sta)						
Current effect: $F(1, 28) = .06614, p = .79892$						
Effective hypothesis decomposition						
Cell No.	gender	FACI8 total Mean	FACI8 total Std.Err.	FACI8 total -95.00%	FACI8 total +95.00%	N
1	female	20.81818	0.741556	19.29917	22.33719	22
2	male	21.18750	1.229731	18.66851	23.70649	8

Table 4.2.4 indicated no significant relationship between parents' gender and family adaptability. ($F = 0.07, p = 0.8$)

4.3 Age

4.3.1 Adolescent's age

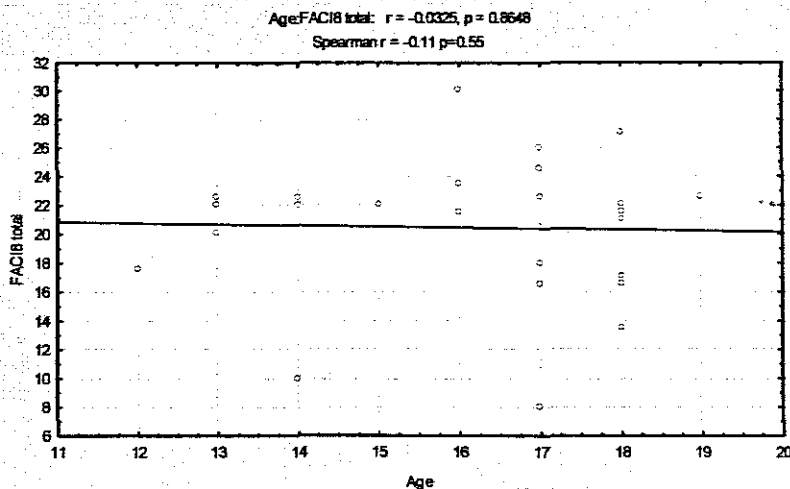


Figure 3

Figure 3 indicated no significant relationship between adolescent's age and family adaptability. ($r = 0.11$, $p = 0.6$)

4.3.2 Parent's age

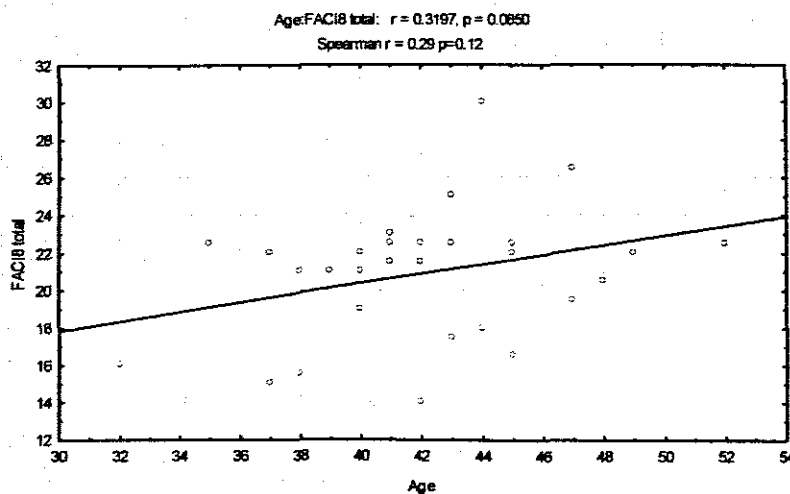


Figure 4

Figure 4 indicated no significant relationship between parent's age and family adaptability. ($r = 0.29$, $p = 0.12$)

4.4 Years married (parents)

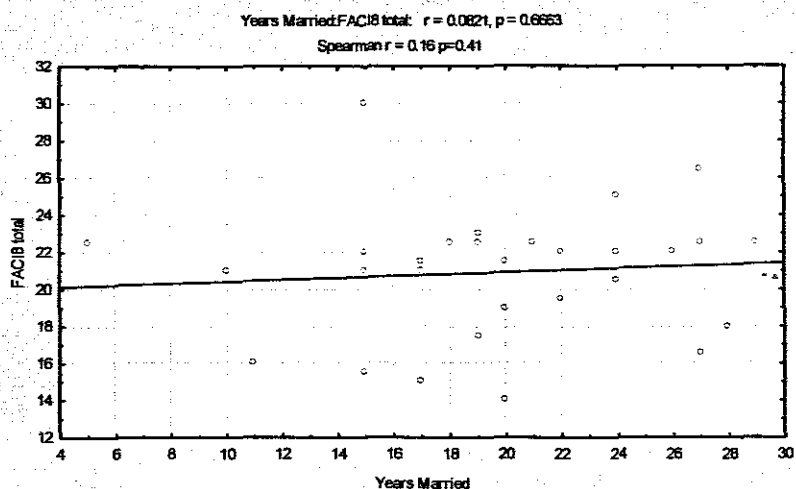


Figure 5

Figure 5 indicated no significant relationship between parents' years of marriage and family adaptability. ($r = 0.56, p = 0.0$)

4.5 Social Support Index (SSI)

The above scale was used to evaluate the degree to which the families were integrated into the community and view the community as a source of emotional, esteem and network support.

4.5.1 SSI Adolescent's total

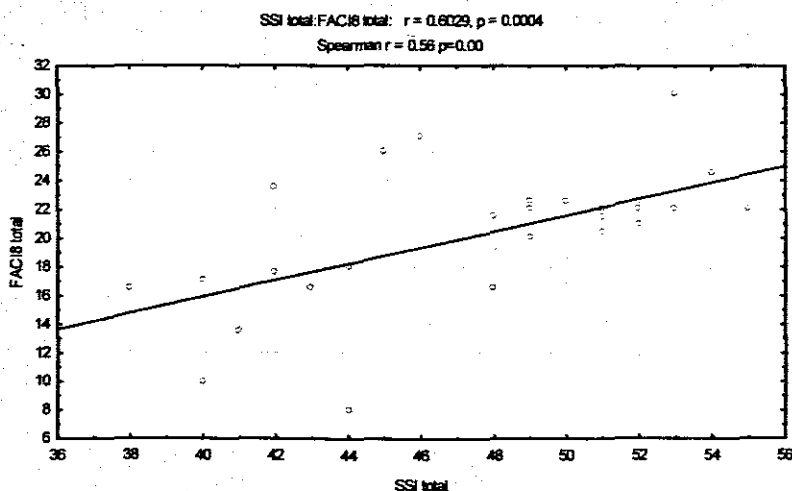


Figure 6

Figure 6 indicated a significant relationship between adolescent's perceptions of social support and family adaptability. ($r = 0.56, p = 0.0$)

4.5.2 SSI Parents total

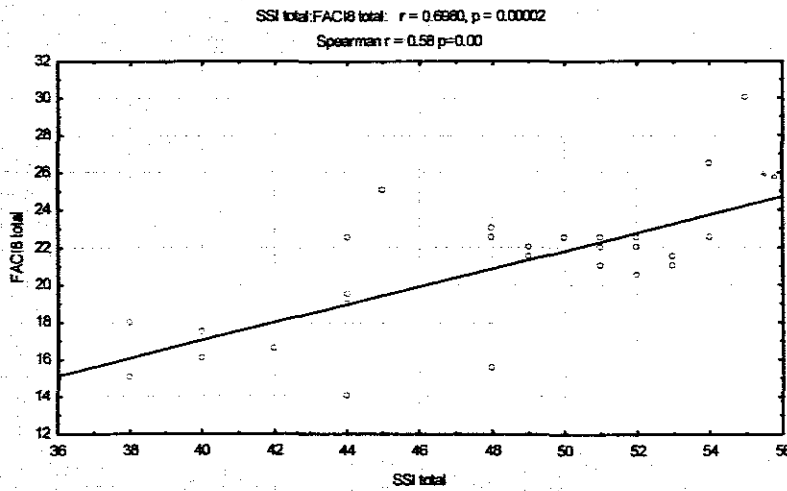


Figure 7

Figure 7 indicated a significant relationship between parents' perceptions of social support and family adaptability. ($r = 0.58, p = 0.0$)

4.5.3 SSI total

Cronbach alpha, full scale: .67950 Standardized alpha: — (Spreadsheet169)		
Corr. 1st & 2nd half: .520723 Attenuation corrected: —		
Split-half reliability: .684836 Guttman split-half: .683789		
N=60	Summary 1st Half	Summary 2nd Half
No. Items	8	9
Mean:	22.88333	25.15000
Sum:	1373.000	1509.000
Std. Dv.	2.712755	2.904263
Variance	7.359040	8.434746
Alpha	.6005802	.4369034
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 4.5.3 refers to reliability analysis of the social support scale which revealed a fairly high inter-item Cronbach alpha correlation of 0.68 and a split half reliability of 0.68.

4.6 The Relative and Friend Support Index (RFS)

The R.F.S. was used to measure the degree to which families use the support of relatives and friends as a coping strategy to manage stressors and strains.

4.6.1 RFS adolescents total

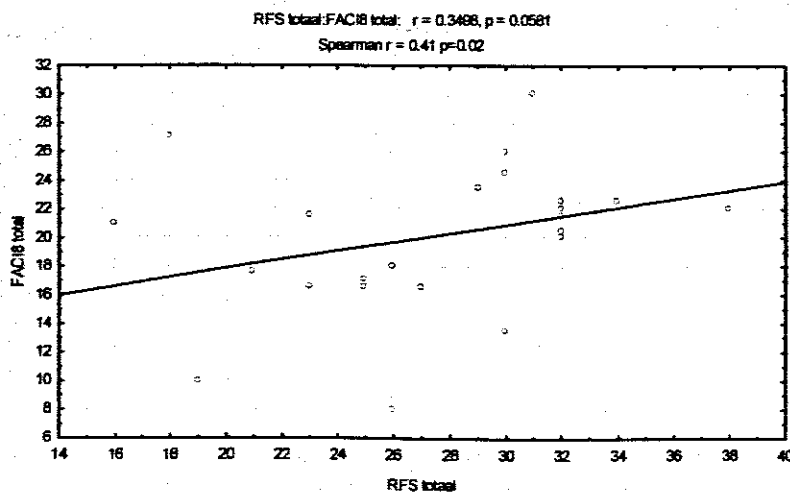


Figure 8

Figure 8 indicated a significant relationship between adolescent's perceptions of relative and friend support and family adaptability. ($r = 0.41, p = 0.02$)

4.6.2 RFS Parents total

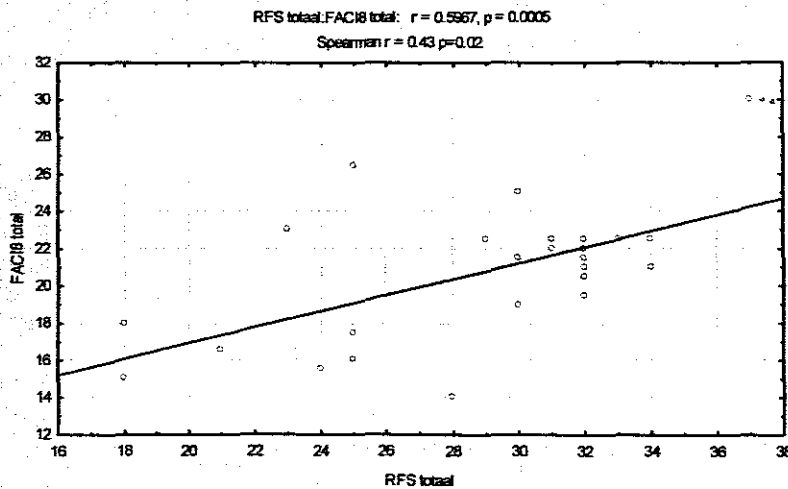


Figure 9

Figure 9 indicated a significant relationship between parents' perceptions of relative and friend support and family adaptability. ($r = 0.43, p = 0.02$)

4.6.3 RFS Total

Summary for scale: Mean=28.9167 Std.Dv.=4.99590 Valid N:60 (Spreadsheet172) Cronbach alpha: .860166 Standardized alpha: .862844 Average inter-item corr.: .460790					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
RFS1	25.31667	16.64972	4.080407	0.841071	0.811814
RFS2	25.28333	18.23639	4.270409	0.741496	0.827263
RFS3	25.05000	21.34750	4.620336	0.466688	0.857599
RFS4	24.95000	20.31417	4.507124	0.585838	0.846663
RFS5	25.18333	21.11639	4.595257	0.453050	0.858636
RFS6	25.01667	20.68305	4.547863	0.529291	0.851869
RFS7	25.98333	17.54972	4.189239	0.565558	0.855865
RFS8	25.63333	17.43222	4.175191	0.730322	0.827501

Table 4.6.3 refers to reliability analysis of the relative and friend support scale which revealed a high Cronbach alpha correlation of 0.8.

4.7 The family problem solving communications index (FPSC)

This scale was used to assess the two dominant communication patterns in families during hardships and catastrophes. The two dominant communication patterns are incendiary and affirming communication.

4.7.1 FPSC Adolescent's total

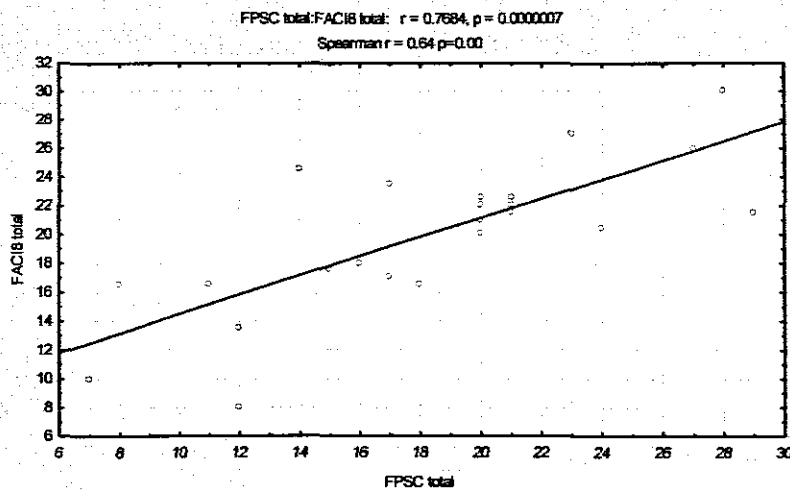


Figure 10

Figure 10 indicated a significant relationship between adolescent's perceptions of family problem solving communications and family adaptability. ($r = 0.64, p = 0.00$)

4.7.2 FPSC Parent's total

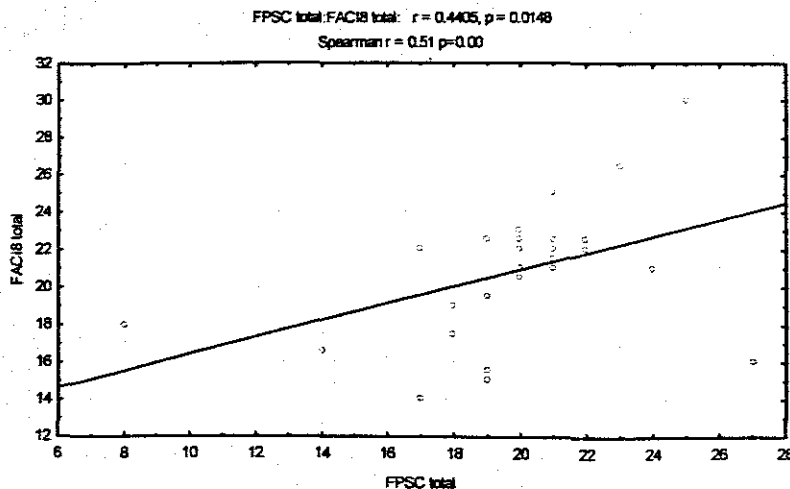


Figure 11

Figure 11 indicated a significant relationship between parent's perceptions of family problem solving communications and family adaptability. ($r = 0.51, p = 0.00$)

4.7.3 Total

variable	Cronbach alpha=0.86				
	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FPSC Ondersteunend	7.81667	5.31639	2.305730	0.717236	0.000000
FPSC opruiend	6.83333	2.87222	1.694763	0.735448	0.000000

Table 4.7.3 refers to reliability analysis of family problem solving communications measure which revealed a high Cronbach alpha correlation of 086.

4.8 The family hardiness index (FHI)

The family hardiness index was used to measure the internal strengths and durability of the family unit. The three important variables that were measured were: commitment, challenge and control.

4.8.1 FHI Adolescent's commitment

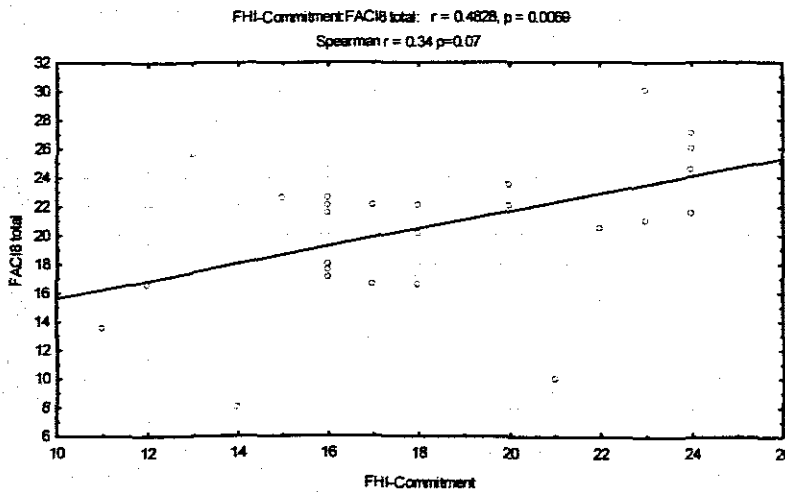


Figure 12

Figure 12 indicated no significant relationship between adolescent's perceptions of commitment and family adaptability. ($r = 0.34, p = 0.07$)

4.8.2 FHI Parent's commitment

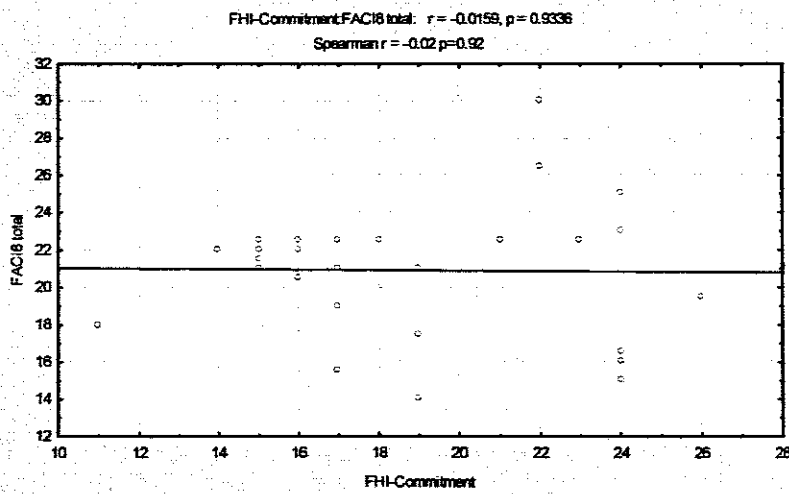


Figure 13

Figure 13 indicated no significant relationship between parent's perceptions of commitment and family adaptability. ($r = 0.02, p = 0.92$)

4.8.3 FHI Adolescent's challenge

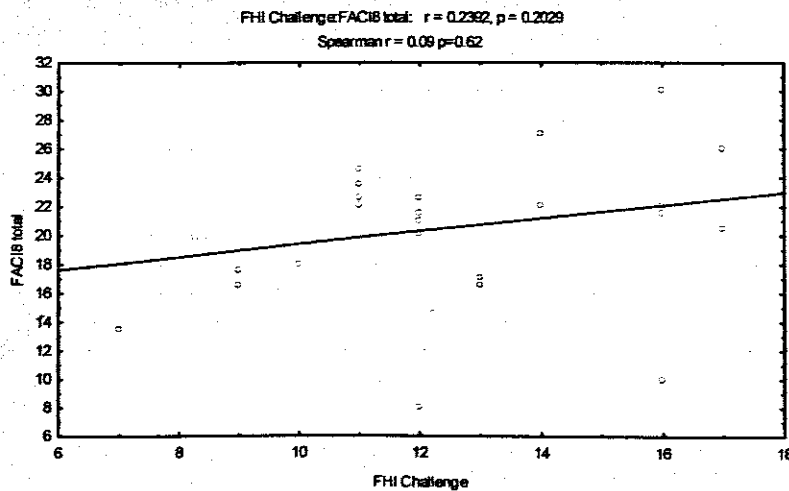


Figure 14

Figure 14 indicated no significant relationship between adolescent's perception of challenge and family adaptability. ($r = 0.09, p = 0.62$)

4.8.4 FHI Parent's challenge

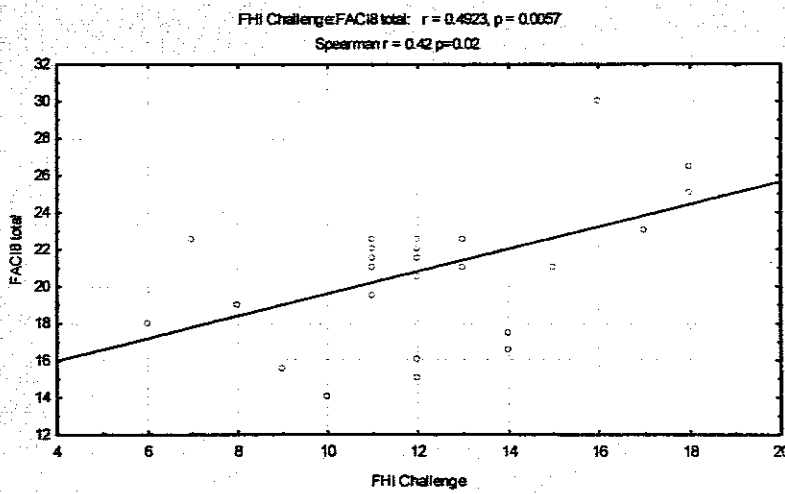


Figure 15

Figure 15 indicated a significant relationship between parent's perception of challenge and family adaptability. ($r = 0.42, p = 0.02$)

4.8.5 FHI Adolescent's control

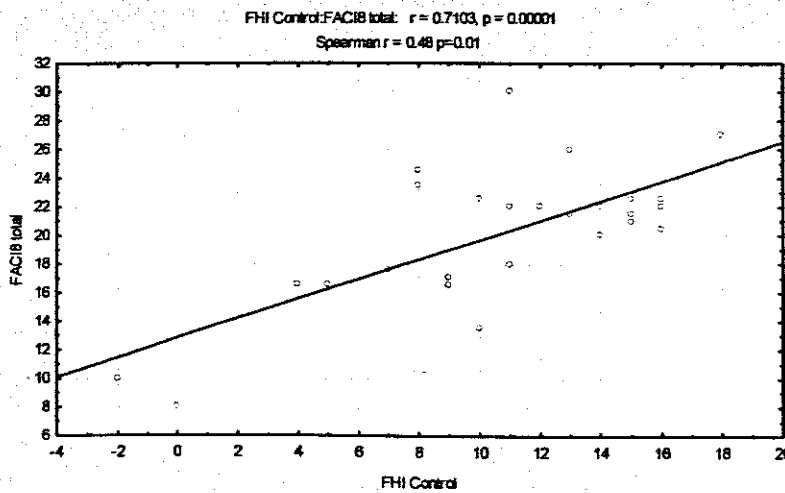


Figure 16

Figure 16 indicated a significant relationship between adolescent's perception of control and family adaptability. ($r = 0.48, p = 0.01$)

4.8.6 FHI Parents control

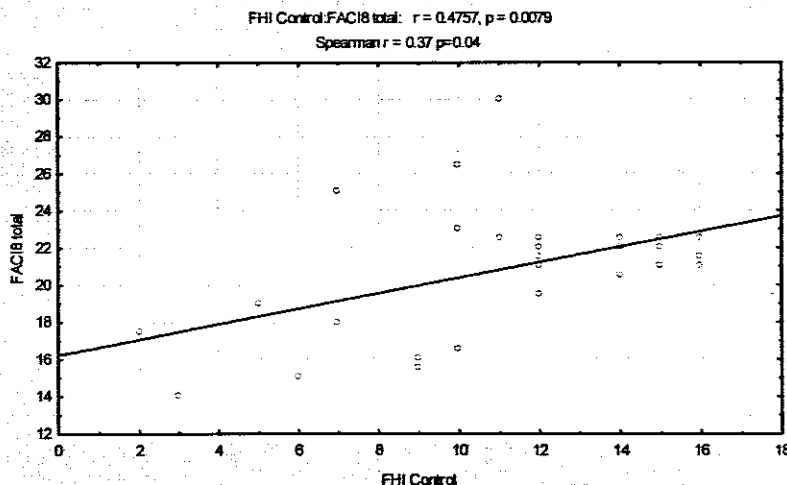


Figure 17

Figure 17 indicated a significant relationship between parent’s perceptions of control and family adaptability. ($r = 0.37, p = 0.04$)

4.8.7 Total

Summary for scale: Mean=41.7000 Std.Dv.=6.99952 Valid N:60 (Spreadsheet98)					
Cronbach alpha: .279440 Standardized alpha: .384310					
Average inter-item corr.: .196635					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FHI-Commitment	23.45000	25.88083	5.087321	0.217201	0.054094
FHI Challenge	29.45000	29.48083	5.429626	0.423135	0.000000
FHI Control	30.50000	32.01667	5.658327	-0.046660	0.702238

Table 4.8.7 refers to reliability analysis of the family hardiness scale which revealed a low Cronbach alpha of 0.28 and an inter-item correlation of 0.2.

4.9 The crisis orientated personal evaluation scales (F-COPES)

The F-COPES was used to identify the problem solving and behavioral strategies used by families in crisis situations. This scale focuses on two levels of interaction which are individual to family system and family to social environment.

The F-COPES is also divided into two dimensions, which is, internal coping strategy and external coping strategies of the family. There are five subscales used to measure the above, namely, 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.

4.9.1 FC Mobilization of the family to obtain and accept formal support (adolescent)

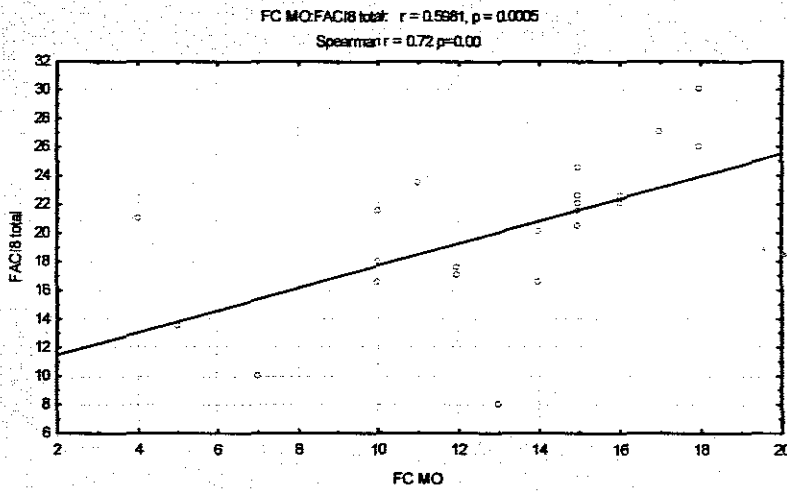


Figure 18

Figure 18 indicated a significant relationship between adolescent's perceptions of the mobilization of the family to get and accept help and family adaptability. ($r = 0.72$, $p = 0.00$)

4.9.2 FC Mobilization of the family to obtain and accept formal support (parents)

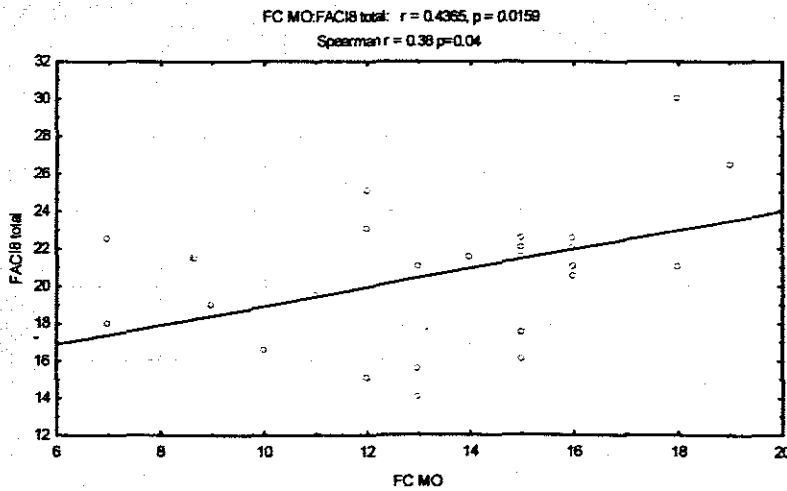


Figure 19

Figure 19 indicated a significant relationship between parent's perceptions of the mobilization of the family to get and accept help. ($r = 0.38$, $p = 0.04$)

4.9.3 FC Mobilization of the family to obtain and accept formal support (total)

Summary for scale: Mean=13.7333 Std.Dv.=3.23575 Valid N:60 (Spreadsheet175)					
Cronbach alpha: .812936 Standardized alpha: .819800					
Average inter-item corr.: .537126					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Itm-Totl Correl.	Alpha if deleted
F-copes4	10.08333	6.909723	2.628635	0.637617	0.771136
F-copes6	10.56667	5.545556	2.354900	0.625923	0.775246
F-copes9	10.20000	6.160000	2.481935	0.623710	0.768804
F-copes21	10.35000	5.994166	2.448299	0.672570	0.745447

Table 4.9.3 refers to reliability analysis of the mobilization of the family to get and accept help scale which revealed a high Cronbach alpha correlation of 0.8 and a moderate inter-item correlation of 0.5.

4.9.4 FC Passive appraisal (adolescents)

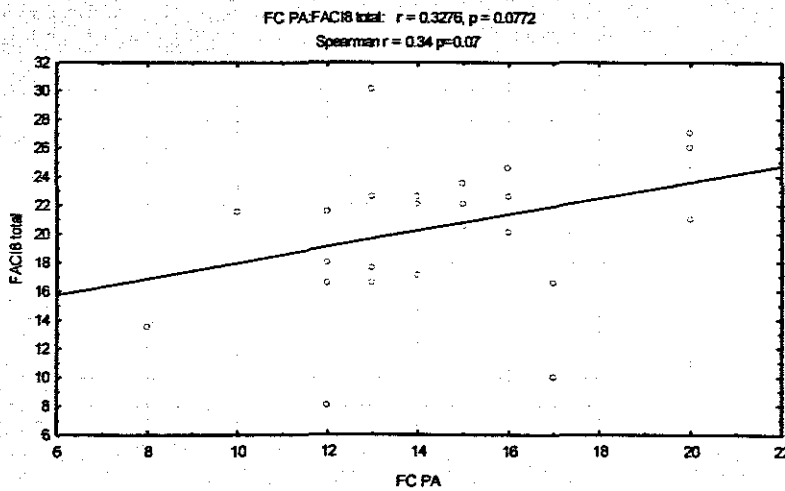


Figure 20

Figure 20 indicated no significant relationship between adolescent's perceptions of passive appraisal and family adaptability. ($r = 0.34$, $p = 0.07$)

4.9.5 FC Passive appraisal (parents)

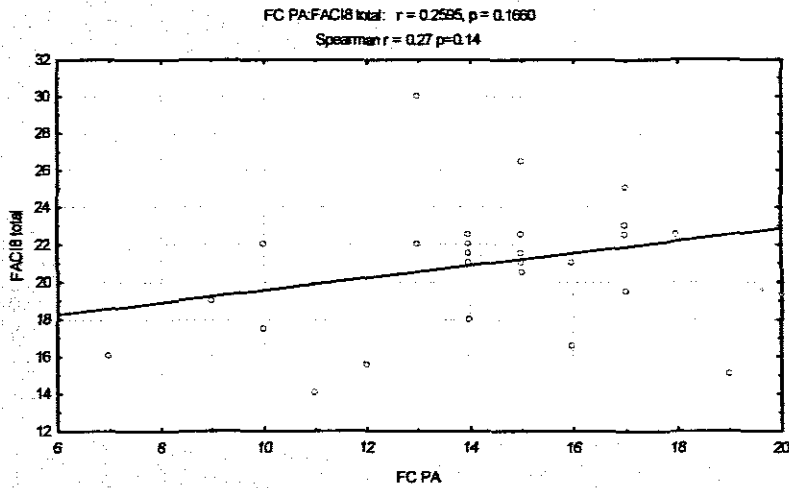


Figure 21

Figure 21 indicated no significant relationship between parent's perceptions of passive appraisal and family adaptability. ($r = 0.27$, $p = 0.14$)

4.9.6 FC Passive appraisal (total)

Summary for scale: Mean=14.2333 Std.Dv.=2.67675 Valid N:60 (Spreadsheet177)					
Cronbach alpha: .281869 Standardized alpha: .290436					
Average inter-item corr.: .097005					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes12I	10.21667	4.336389	2.082400	0.214901	0.125681
F-copes17I	10.43333	4.945556	2.223861	0.150955	0.217198
F-copes26I	11.11667	5.136389	2.266360	0.189140	0.180088
F-copes28I	10.93333	5.228889	2.286676	0.035614	0.367988

Table 4.9.6 refers to reliability analysis of the passive appraisal scale which revealed a low Cronbach alpha of 0.3 and an inter-item correlation of 0.09.

4.8.7 FC Redefinition of the problem (adolescent)

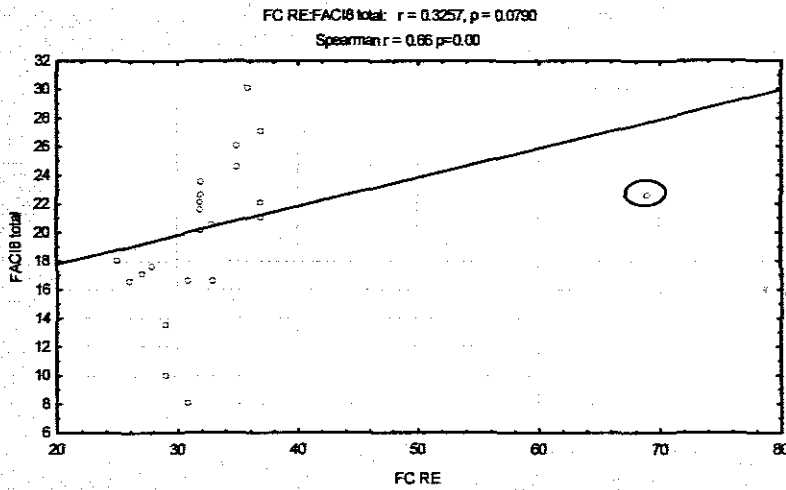


Figure 22

Figure 22 indicated a significant relationship between children's perceptions of redefinition of the problem and family adaptability. ($r = 0.66, p = 0.00$)

4.9.8 FC Redefinition of the family (parent)

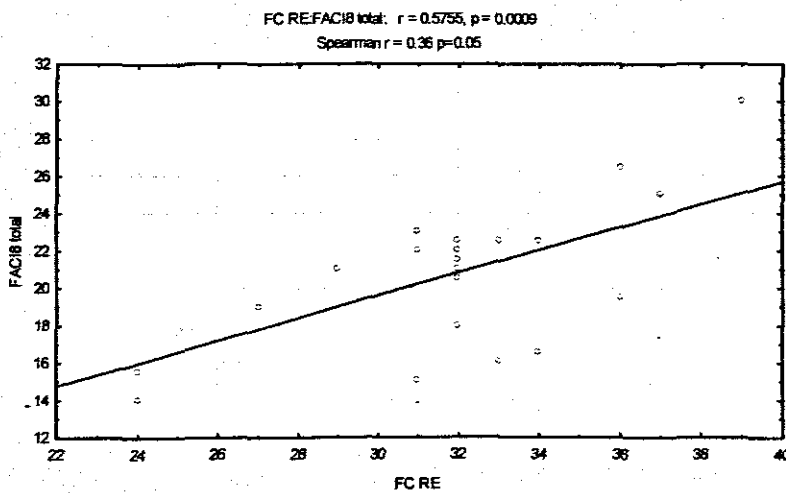


Figure 23

Figure 23 indicated a significant relationship between parent's perceptions of redefinition of the problem and family adaptability. ($r = 0.36, p = 0.05$)

4.9.9 FC Redefinition of the family (total)

Summary for scale: Mean=32.5593 Std.Dv.=5.70623 Valid N:59 (Spreadsheet180) Cronbach alpha: .191905 Standardized alpha: .569737 Average inter-item corr.: .154766					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes3	28.42373	30.00689	5.477855	0.236375	0.146227
F-copes7	28.55932	28.92445	5.378145	0.271750	0.119719
F-copes11	27.86441	7.30365	2.702526	0.062068	0.601046
F-copes13	28.64407	28.90721	5.376543	0.233539	0.124961
F-copes15	28.64407	31.72077	5.632120	-0.040119	0.211124
F-copes19	28.49153	31.23298	5.588647	0.060139	0.185534
F-copes22	28.66102	31.10543	5.577224	0.112854	0.177481
F-copes24	28.62712	29.48808	5.430293	0.326636	0.127478

Table 4.9.9 refers to reliability analysis of the redefinition of the family scale which revealed a low Cronbach alpha of 0.19 and an inter-item correlation of 0.15.

4.9.10 FC Social support (adolescent)

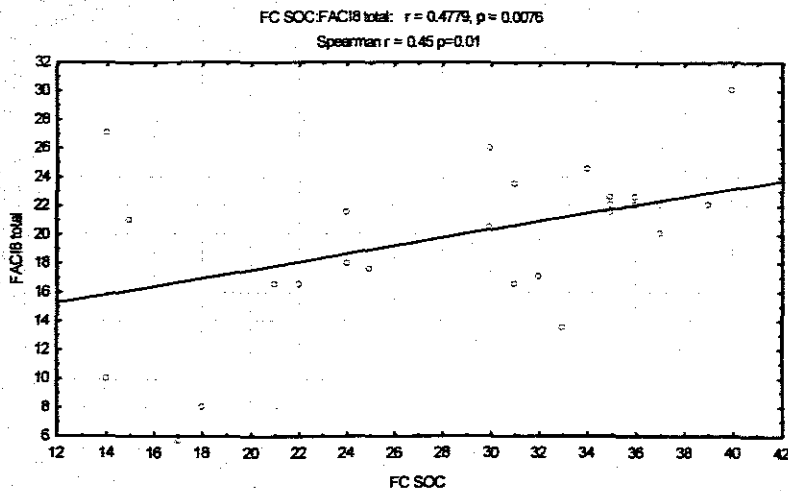


Figure 24

Figure 24 indicated a significant relationship between children's perceptions of obtaining social support and family adaptability. ($r = 0.45$, $p = 0.01$)

4.9.11 FC Social support (parent)

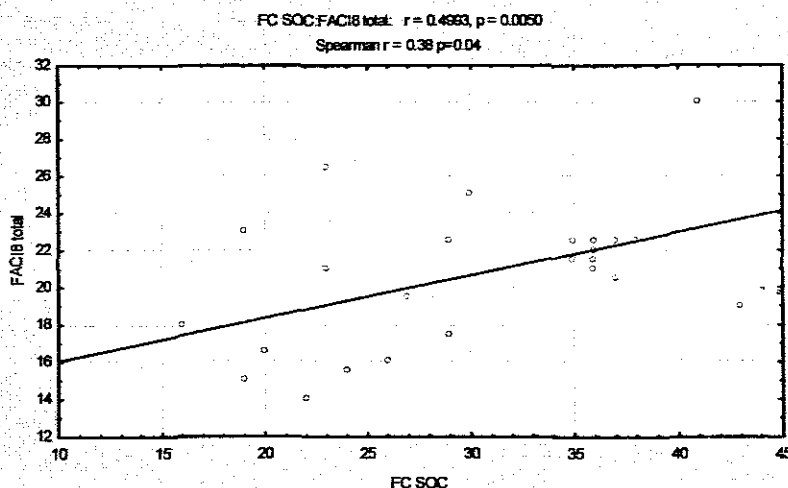


Figure 25

Figure 25 indicated a significant relationship between parent’s perceptions of obtaining social support and family adaptability. ($r = 0.38$, $p = 0.04$)

4.9.12 FC Social support (total)

Summary for scale: Mean=30.6833 Std.Dv.=7.54308 Valid N:60 (Spreadsheet183) Cronbach alpha: .906428 Standardized alpha: .906171 Average inter-item corr.: .531397					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes1	27.25000	43.15416	6.569183	0.708287	0.894144
F-copes2	26.93333	45.39555	6.737622	0.686645	0.895731
F-copes5	26.98333	47.04972	6.859280	0.639510	0.899299
F-copes8	27.68333	42.71639	6.535778	0.685420	0.896619
F-copes10	27.66667	42.45555	6.515793	0.767621	0.889266
F-copes16	26.71667	50.30306	7.092465	0.459833	0.909497
F-copes20	27.05000	46.58083	6.825015	0.654481	0.898210
F-copes25	27.38333	44.06972	6.638503	0.769935	0.889745
F-copes29	27.80000	40.79333	6.386966	0.787763	0.887898

Table 4.9.12 refers to reliability analysis of the having social support scale which revealed a Cronbach alpha correlation of 0.9 and a moderate inter-item correlation of 0.5.

4.9.13 FC Spiritual Support (adolescent)

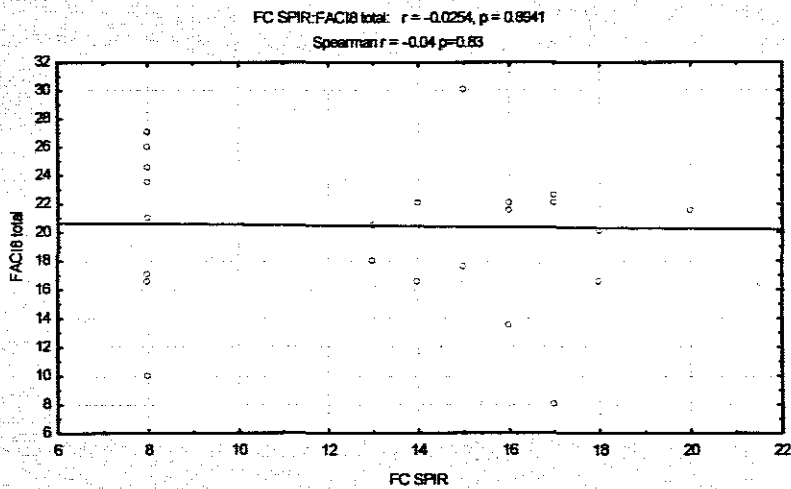


Figure 26

Figure 26 indicated no significant relationship between adolescent's perceptions of seeking spiritual support and family adaptability. ($r = 0.04$, $p = 0.83$)

4.9.14 FC Spiritual support (parent)

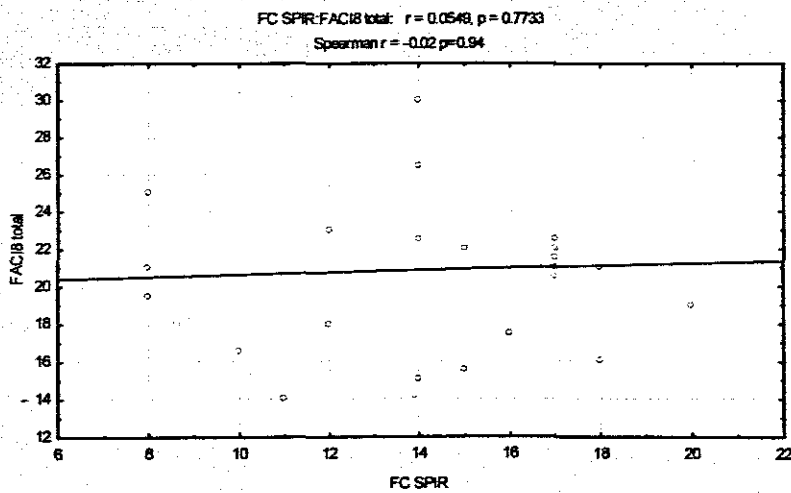


Figure 27

Figure 27 indicated no significant relationship between parent's perceptions of seeking spiritual support and family adaptability. ($r = -0.02$, $p = 0.94$)

4.9.15 FC Spiritual support (total)

Summary for scale: Mean=14.4068 Std.Dv.=3.63469 Valid N:59 (Spreadsheet186) Cronbach alpha: .857429 Standardized alpha: .819845 Average inter-item corr.: .668288					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
F-copes14	11.16949	5.93737	2.436673	0.912471	0.717196
F-copes23	11.22034	6.00230	2.449959	0.943096	0.701398
F-copes27	11.16949	6.81873	2.611270	0.817755	0.766178
F-copes30	9.66102	11.85119	3.442556	0.188273	0.958743

Table 4.9.15 refers to reliability analysis which revealed a high Cronbach alpha correlation of 0.86 and a moderate inter-item correlation of 0.67.

4.10 The family attachment and changeability index (FACI8)

The FACI8 was used to measure the family's level of attachment (cohesion) and changeability (flexibility).

4.10.1 Total

Cronbach alpha=0.75					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FACI-gehegtheid	27.93333	19.56222	4.422920	0.511809	0.000000
FACI veranderlikheid	17.11667	14.40306	3.795136	0.619714	0.000000

Table 4.10.1 refers to reliability analysis of the family attachment and changeability scale which revealed a high Cronbach alpha of 0.75.

4.11 The family time and routine index (FTRI)

This scale was used to assess the type of activities and routines families use and the value they place upon them. It consists of eight subscales, namely, Parent-Child Togetherness, Couple Togetherness, Child Routines, Meals Together, Family Time Together, Family Chores Routines, Relative Connection Routines, and Family Management Routines

4.11.1 Parent-child togetherness (total)

Summary for scale: Mean=8.85965 Std.Dv.=2.65544 Valid N:57 (Spreadsheet58) Cronbach alpha: .757286 Standardized alpha: .771928 Average inter-item corr.: .414295					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI1	6.824562	5.302555	2.302728	0.552700	0.716972
FTRI2	7.210526	4.481994	2.117072	0.641625	0.672252
FTRI3	7.192983	5.103108	2.259006	0.439033	0.742099
FTRI8	7.315790	4.251154	2.061833	0.464595	0.752775
FTRI14	6.894737	4.374885	2.091623	0.606514	0.682520

Table 4.11.4 refers to reliability analysis of the parent-child together scale which revealed a high inter-item Cronbach alpha of 0.76.

4.11.2 Couple togetherness (total)

Summary for scale: Mean=6.39130 Std.Dv.=2.23585 Valid N:46 (Spreadsheet52) Cronbach alpha: .555856 Standardized alpha: .581516 Average inter-item corr.: .272077					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI11	4.847826	2.998582	1.731642	0.345286	0.480378
FTRI12	4.565217	2.637051	1.623900	0.723359	0.182258
FTRI13	5.021739	3.325614	1.823627	0.277476	0.534603
FTRI25	4.739130	3.671077	1.916006	0.125270	0.658471

Table 4.11.2 refers to reliability analysis of the couple togetherness scale which revealed a moderate inter-item Cronbach alpha correlation of 0.56.

4.11.3 Child routines (total)

Summary for scale: Mean=7.47368 Std.Dv.=2.08828 Valid N:57 (Spreadsheet50) Cronbach alpha: .351724 Standardized alpha: .386505 Average inter-item corr.: .141206					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI9	5.526316	2.284395	1.511422	0.557000	0.000000
FTRI10	5.561403	3.298861	1.816277	0.134057	0.341482
FTRI15	5.982456	3.175131	1.781890	0.092815	0.393176
FTRI16	5.350877	2.964605	1.721803	0.063860	0.455669

Table 4.11.1 refers to reliability analysis of the child routines scale (total score) which revealed a low inter-item Cronbach alpha correlation of 0.35.

4.11.4 Meals together (total)

Cronbach alpha=0.81					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI17	4.120690	3.037158	1.742744	0.810921	0.654595
FTRI18	4.551724	3.247324	1.802033	0.625858	0.821311

Table 4.11.3 refers to reliability analysis of the meals together scale which revealed a high Cronbach alpha of 0.8.

4.11.5 Family time together (total)

Summary for scale: Mean=7.00000 Std.Dv.=2.41404 Valid N:59 (Spreadsheet61) Cronbach alpha: .772641 Standardized alpha: .771732 Average inter-item corr.: .463822					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI5	5.203390	3.890836	1.972520	0.451627	0.777466
FTRI6	5.406780	2.987073	1.728315	0.665516	0.666763
FTRI7	5.423729	3.261132	1.805860	0.623441	0.691332
FTRI26	4.966102	3.727664	1.930716	0.575002	0.721101

Table 4.11.5 refers to reliability analysis of the family time together scale which revealed a high inter-item Cronbach alpha of 0.78.

4.11.6 Family chores routines (total)

Cronbach alpha=0.82					
variable	Mean if deleted	Var. if deleted	StDv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI29	4.607143	1.059949	1.029538	0.502243	0.490975
FTRI32	4.553571	0.925701	0.962134	0.671233	0.245264

Table 4.11.7 refers to reliability analysis of the family chores routines scale which revealed a high Cronbach alpha of 0.8.

4.11.7 Relatives connection routines (total)

Summary for scale: Mean=7.23636 Std.Dv.=2.11663 Valid N:55 (Spreadsheet64) Cronbach alpha: .606243 Standardized alpha: .622992 Average inter-item corr.: .296299					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI19	5.345455	2.589752	1.609271	0.479890	0.461833
FTRI20	5.236363	3.089587	1.757722	0.445992	0.511984
FTRI21	5.381818	2.672397	1.634747	0.394861	0.529565
FTRI22	5.745454	2.844297	1.686504	0.270663	0.635286

Table 4.11.6 refers to reliability analysis of the relatives' connection routines scale which revealed a moderate inter-item Cronbach alpha of 0.6.

4.11.8 Family management routines (total)

Summary for scale: Mean=10.7273 Std.Dv.=2.09500 Valid N:44 (Spreadsheet70) Cronbach alpha: .462428 Standardized alpha: .478277 Average inter-item corr.: .160752					
variable	Mean if deleted	Var. if deleted	Stdv. if deleted	Item-Totl Correl.	Alpha if deleted
FTRI23	8.795455	3.117252	1.765574	0.288098	0.379564
FTRI27	8.590909	3.923554	1.980796	0.086768	0.485870
FTRI28	8.886364	3.327996	1.824280	0.238475	0.413472
FTRI30	8.159091	2.406508	1.551292	0.526090	0.173428
FTRI31	8.477273	2.794938	1.671807	0.145727	0.523871

Table 4.11.8 refers to reliability analysis of the family management routines scale which revealed a moderate inter-item Cronbach alpha correlation of 0.46.

CHAPTER 5: CONCLUSION

5.1 Introduction

The aim of this study was to identify those factors that contribute to the maintenance and restoration of Indian families in which the death of a member had taken place, i. e. resilience.

Resilience is a term used to describe a set of qualities that foster a process of successful adaptations and transformation despite risk and adversity. Within the salutogenic paradigm the focus is on strengths and positive characteristics that contribute to the growth and development of a family, therefore, the resiliency factors are those variables that are related to family adaptability (Hawley & DeHaan, 1996; Smith, 1999). In this study the resiliency factors were those variables that had a significant correlation with family adaptability.

5.2 Main findings

The results of the first open-ended question indicated that the most important factors which have helped families during the death of a family member were open communication between family members. *Communication facilitates the comprehensibility of a crisis. Sharing the experience of death, dying and loss can promote both immediate and long-term adaptation for family members. Open and honest communication is an essential element in grief resolution (Gilbert & Smart, 1992).* The participant's responses also emphasized the importance of religion (Walsh, 1998; Reed & Sherkat, 1992) as a resiliency factor, followed by support of friends (Hawley & DeHaan, 1996); support of relatives; respect for family members and trust within family members. 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; Jordan, Krause & Ware, 1993). Religion and spiritual beliefs are related to positive coping with grief (Frantz, Trolley, & Johll, 1996; Park & Cohen, 1992; Brubaker, 1990).

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 viewed by the participants as hardships or testing situations which threaten one's well being and emotional stability.

Resilience was understood as having inner strength and the ability to overcome and move forward in times of crises.

According to this study the following are indicators of resiliency factors in Indian families: adolescent'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 resiliency factor involves the family's integration into the community and view the community as a source of various support such as emotional support (e.g. sharing information of caring), esteem support (e.g. sharing of information affirming the value of

family members and what they do), network support (e.g. sharing of information that members belong to a larger group to whom they have a responsibility and from which they get something in return) (McCubbin et al., 1996). Social supports are considered to be a buffer against negative outcomes arising from general adversity (Hernandez, 2002; Oe, 1995; Sonn & Fisher, 1998; Procidano & Heller, 1983).

The relative and friend support resiliency factor involves the family's use of support from relatives and friends as a copying strategy to manage stressors and strains (McCubbin et al, 1996).

The family problem solving communication resiliency factor involves the use of incendiary communication (patterns of family communication that conveys support and caring and exerts a calming influence, such as talking things through to reach a solution).

The family hardiness resiliency factor involves the family's internal strengths and durability in terms of challenge and being in control in times of stressors and strains. It also refers to an active rather than a passive orientation in adjusting to and managing stressful situations. Family hardiness includes a shared commitment to work together to attack and to solve the presenting problem. The family reframes and defines the hardships it experiences as challenges. The family view itself as having a sense of control and influence over the outcome (McCubbin et al., 1996). It is interesting to note that in this study the adolescents did not view challenge as a resiliency factor while the parents did not view commitment as a resiliency factor.

interventions focusing on strengthening the above resiliency factors will help clients accept the loss and live fulfilling and productive lives. Resiliency factors encourage growth.

5.4 Conclusion

Healing and resilience in the face of loss depends not only on individual characteristics, but also on a combination of all family processes. Family resilience in death depends on the degree of successful adaptation to the loss.

Internal strengths, such as a family's problem solving communications, perceptions of challenge and control, family's attachment and changeability, family time and routine, and the external support from relatives, friends and the community can facilitate adaptation to the death of a family member.

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