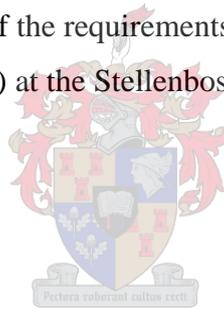


**RESILIENCE IN FAMILIES AFTER A CHILD'S SAME-SEX SEXUAL
ORIENTATION DISCLOSURE: THE CHILD'S PERSPECTIVE**

By

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

SUMMARY

Although same-sex attraction is more openly accepted by society, it is still perceived by some with immense negativity due to traditional and conservative ideas surrounding sexuality. Same sex-attracted individuals are at greater risk (than their heterosexual peers) for mental health problems such as depression, social anxiety, use and abuse of illicit substances, victimisation and even suicide. Families play a vital role in the life and development of any child and, even more so, in the healthy development of a same sex-attracted child. Unfortunately, most families initially react in a negative manner towards their child's disclosure of same-sex sexual orientation. Despite this, most families are able to adapt and cope, and later accept their child's same-sex sexual orientation.

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) was used as the theoretical framework for this study, which aimed to identify factors, attributes and resources that families have available to cope with and adapt to their same sex-attracted child's sexual orientation. A mixed-methods research design was utilised in which each participant completed seven self-report quantitative questionnaires and responded to an open-ended qualitative question. Fifty-four same sex-attracted participants were recruited as representatives of their families. The quantitative component comprised Pearson's product-moment correlation coefficients, analyses of variance and a best-subset regression analysis to determine resilience qualities that were best able to predict the dependent variable (the family's level of adaptation). The qualitative data were analysed according to thematic analyses to identify family resilience qualities.

The qualitative and quantitative results were combined to give a more in-depth understanding of the resilience qualities that the participants felt their families used to adapt to their child's disclosure of his/her same-sex sexual orientation. The following family resilience qualities were the combined results as identified from the qualitative and quantitative components, as well as the literature review: family hardiness; community support; social support from family, relatives and friends; positive communication; ability to redefine a stressor; ability to minimise reactivity; regular communication between parents and children; time since disclosure and time spent together (through events, quiet time and family time); and whether the child is employed as opposed to still studying. In addition, the following qualities were also identified (by the qualitative component and previous research): positive attributes that were identified within

the child, parents and the family; the use of media resources (literature, films, television); and exposure to same sex-attracted individuals and exposure to same-sex attraction as a topic of conversation.

The study therefore provides the child's perspectives of potential resilience qualities (all of the above-mentioned qualities) that families can implement when a child discloses his/her same-sex sexual orientation. The results can also be used by clinicians to help families that face the crisis of having a same sex-attracted child. As an exploratory study, this study also identified several recommendations for future, related studies on family resilience and the event of same-sex sexual orientation disclosure.

OPSOMMING

Al word aangetrokkenheid tot dieselfde geslag meer openlik in die samelewing aanvaar, word dit nog steeds grotendeels negatief beskou as gevolg van tradisionele en konserwatiewe idees oor seksualiteit. Individue wat tot dieselfde geslag aangetrokke is, is baie meer vatbaar (teenoor hul heteroseksuele eweknieë) vir gesondheidsprobleme soos depressie, sosiale angstigheid, die gebruik en misbruik van onwettige dwelms, viktimisasie en selfs selfmoord. Gesinne speel 'n baie belangrike rol in die gesonde ontwikkeling van 'n kind wat tot dieselfde geslag aangetrokke is. Ongelukkig het die meeste gesinne aanvanklik 'n negatiewe reaksie teenoor hulle kind se openbaarmaking van hulle selfde-geslag seksuele oriëntasie. Die meeste gesinne het egter die vermoë om aan te beweeg, aan te pas en later selfs hulle kind se seksuele oriëntasie te aanvaar.

Die *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996) is in hierdie studie gebruik as die teoretiese raamwerk om die faktore, eienskappe en bronne te identifiseer wat gesinne in staat stel om aan te beweeg en aan te pas by hulle kind se seksuele aangetrokkenheid teenoor dieselfde geslag. Die studie het gebruik gemaak van 'n gemengde metode navorsingsontwerp waarin elke deelnemer sewe self-voltooiingsvraelyste (kwantitatief) beantwoord het, sowel as 'n oopende- kwalitatiewe vraag. Vier-en-vyftig persone wat tot dieselfde geslag aangetrokke is, het as verteenwoordigers van hulle gesinne deelgeneem. Die kwantitatiewe data is met behulp van Pearson produkmomentkorrelasies, herhaalde metings variansieontleding (ANOVA) en 'n beste-substel regressieontleding ontleed om die veerkragtigheidskwaliteite te bepaal met die beste vermoë om die afhanklike veranderlike (die gesin se vlak van gesinsaanpasbaarheid) te voorspel. Die kwalitatiewe data is volgens 'n tematiese analise ontleed om veerkragtigheidskwaliteite te bepaal.

Die kwalitatiewe en kwantitatiewe resultate is gekombineer om 'n meer in-diepte begrip te skep van die veerkragtigheidskwaliteite wat die deelnemers geglo het hulle gesinne gebruik het om hul seksuele oriëntasie teenoor dieselfde geslag te aanvaar. Die volgende kwaliteite van gesinsveerkragtigheid is deur die kwalitatiewe en kwantitatiewe komponente van die studie geïdentifiseer, sowel as vanuit die literatuurstudie in hierdie studie: gesinsgehardheid; gemeenskapsondersteuning; ondersteuning deur die gesin, uitgebreide familie en vriende; positiewe kommunikasie; die vermoë om die krisis te herdefinieer; die vermoë om reaktiwiteit te minimaliseer; gereelde kommunikasie tussen die ouers en kinders; tyd wat verloop het vanaf

die kind se openbaarmaking en die tyd wat die gesin saam spandeer (d.m.v. gebeurtenisse, stiltetyd en gesinstyd); en of die kind voltyds werk teenoor 'n kind wat nog studeer. Die volgende kwaliteite is bykomend deur die deelnemers geïdentifiseer (binne die kwalitatiewe resultate en vorige navorsing op die gebied): positiewe eienskappe van die kind, ouers en die gesin; die gebruik van mediabronne (literatuur, films, televisie); en blootstelling aan persone wat tot dieselfde geslag aangetrokke is en aan gesprekke oor aangetrokkenheid tot mense van dieselfde geslag.

Die studie bied die kinders se perspektiewe van potensiële veerkragtigheidskwaliteite (wat hierbo genoem word) wat gesinne kan gebruik wanneer hulle kind sy/haar seksuele oriëntasie tot dieselfde geslag openbaar. Die resultate kan ook gebruik word deur persone wat binne die kliniese veld gesinsondersteuning bied om gesinne te help wat sukkel met hulle kind se aangetrokkenheid tot dieselfde geslag. Die studie bied ook verskeie aanbevelings vir toekomstige studies.

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Chapter 1

Introduction to, motivation for and aims of this study

1.1 Introduction

Same-sex attraction has become more of an accepted sexual orientation across the world today, but despite this, same-sex attraction is still seen by many in a very negative light (Harrison, 2003). Central to this topic have been major debates and discussions, which usually revolve around biological and social causes of a same-sex sexual orientation, which in turn are connected to moral, religious and social understandings of what it means to be human (Kelly, 2011). Kelly (2011) emphasises that same-sex attraction is a phenomenon that is evident in all cultures and that it does not seem to be related to societal climates, racial categories, family structures or developmental states. However, rules and social sanction, and even laws and regulations, have an effect on the prevalence with which people feel free to disclose their sexuality openly (Kelly, 2011). According to Parents, Families and Friends of Lesbians and Gays South Africa (PFLAG-SA, n.d.), any statistics on the occurrence of same-sex sexual orientation are very difficult to determine because of the discrimination against or oppression of same sex-attracted individuals. Many of these individuals feel an unease that has been created by society in terms of what is 'normal' and what is not. This picture is true just as much (and even more so) in a diverse country such as South Africa as it is elsewhere in the world (Lubbe-De Beer & Marnell, 2013).

Although some international research has started focusing on same-sex attraction as an at-risk group, there has been limited research on this topic in South Africa (Lubbe-De Beer & Marnell, 2013). Lubbe-De Beer and Marnell (2013) discuss the historical, social and political climates that have formed South Africa's initial and later views on same-sex attraction. It was illegal under the Apartheid government (1948 to 1994) and, even with the post-Apartheid constitution prohibiting any sexual discrimination, a large number of non-urban areas still have strong traditionalist and conservative views on same-sex attraction (Lubbe-De Beer & Marnell, 2013). Traditional and religious structures, therefore, still continue to marginalise same-sex identities, and South Africa as a country is still very much a homophobic one.

1.2 Disclosure of same-sex sexual orientation as a family crisis

Research has shown that individuals with a same-sex sexual orientation stand a much higher chance of experiencing mental health problems relating to suicidality and depression, and also greater use and abuse of illicit substances than their heterosexual peers (Burns, Kamen, Lehman & Beach, 2012; Busseri, Willoughby, Chalmers & Bogaert, 2006; Cohen & Savin-Williams, 1996; DiFulvio, 2011; Lubbe-De Beer & Marnell, 2013; Mustanski, Newcomb & Garofalo, 2011; Pearson & Wilkinson, 2013; Sadowski, 2010). These individuals face harsh, contradicting realities of what is expected of them by society (heterosexuality as the expected norm) and how they are feeling inside (being attracted to people from the same sex) (Lubbe-De Beer & Marnell, 2013; Robertson, 2011; Savin-Williams, 2001). The pressure of a heteronormative society also affects same-sex-attracted individuals in their closest and most intimate relationships and makes it very difficult for them to disclose their sexual orientation to family and friends (D'Augelli & Grossman, 2001).

“Adolescents, regardless of sexual orientation, value their families because they provide physical and emotional sustenance, connect us with our past, and provide a context within which we learn about the world” (Savin-Williams, 2001, p. 24). It is clear that the family plays an important role in any child’s development by creating a safe and supportive environment. Despite this, the initial reaction of the majority of families with children of same-sex sexual orientation, on learning that their child is attracted to the same sex, is negative (including being sad and angry, and displaying denying and self-blaming reactions). Some families even react with total rejection of the child (Sadowski, 2010; Willoughby, Doty & Malik, 2008). Any degree of negative reaction can have extreme outcomes, such as victimisation, homelessness and even suicide (Burns et al., 2012; D'Augelli, Hershberger, & Pilkington, 1998). Conversely, a positive family disclosure experience is very important for healthy development in same sex-attracted young people (Heatherington & Lavner, 2008; Willoughby et al., 2008).

1.3 Motivation for this study

It is very difficult for most same sex-attracted children to tell their family about their sexual orientation, and this disclosure event can create a crisis situation for the family (D'Augelli et al., 1998; Lubbe-De Beer & Marnell, 2013; Savin-Williams, 1998; 2001; Willoughby et al., 2008; Williamson, 1998). The disclosure event potentially poses extreme hardship for most families, so much so that Willoughby et al. (2008) have compared it to stressors like divorce

and remarriage, relocation, an unexpected pregnancy and illnesses (in terms of the effect it has on the family).

Willoughby et al. (2008, p. 73) further state that the predominant “conceptualisation of how parents react and adjust to their child’s same-sex sexual orientation suggests that parents evolve through a series of stages from initial shock to eventual acceptance”. There is no integrated model that has tried to encapsulate those factors that actually help a family to cope and deal with the fact that their child has a same-sex sexual orientation (Willoughby et al., 2008). In their research, Willoughby et al. (2008) explored the Family Stress Theory (developed by Hill, 1949; McCubbin & Patterson, 1983) and showed how the model can be utilised as an integrated theory to explain the disclosure of the same-sex sexual orientation of the child to the family from a holistic and positive perspective. Taking the underlying theory of the Family Stress Model a step further, the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) was formulated, and this serves as the theoretical basis for this study.

It is critical that the disclosure event of same-sex attraction (which is seen as a crisis and hardship for a family) is understood along cultural lines (Savin-Williams, 2001). The disclosure event cannot be separated from the family and its specific cultural heritage (which to a great extent influences the way families think, operate and react). Brown-Baatjies, Fouche and Greeff (2008) showed that the Resiliency Model of Family Stress, Adjustment and Adaptation is greatly concerned with ethnicity, culture and diversity (which makes it especially appropriate for both the South African context and the disclosure event). Therefore, the Resiliency Model of Family Stress, Adjustment and Adaptation was considered to be appropriate and applicable to what this study aims to achieve.

In family resilience studies, the aim is to identify factors, attributes and resources that are evident within a family to help them move on from untimely hardships or stressful events and situations towards adaptation and well-being (Greeff & Du Toit, 2009; Greeff & Human, 2004; Greeff, Vansteenwegen & Ide, 2006).

1.4 Aims of this study

The aim of this study was to identify attributes, factors and resources that are associated with the adjustment and adaptation of families after a child with a same-sex sexual orientation has

disclosed his/her sexual orientation to them. The study was done within a South African context, more specifically in the Western Cape province. Individuals (18 years and older) with a same-sex sexual orientation were approached and asked to comment on their families via quantitative questionnaires and an open-ended qualitative question. The Family Attachment and Changeability questionnaire (McCubbin, Thompson & McCubbin, 1996) was used in this study to measure the families' level of adaptation (dependent variable), which was then correlated with scores obtained with other quantitative measures (independent variables) to determine potential family resilience factors. These independent variables included the following: social support (within the community); relative and friend support; family time and routines; communication (positive and negative); problem-solving and behavioural strategies (focus on pile-up of stressors, family resources and meaning or perception); as well as family hardiness. For the purpose of this study, the variables that were significantly correlated with family adaptation were considered as family resilience qualities. In addition, an open-ended question was used to gather qualitative data in order to determine family resilience qualities, either supportive of or additional to the quantitatively identified variables.

This study aimed to identify and better understand qualities that help families to adapt to the initial disclosure by their child of his/her same-sex sexual orientation and to move on as a well-functioning family unit. Furthermore, the findings of this study will further our knowledge of family dynamics and qualities in families in which a child has come out about his/her sexual orientation to his/her family. The study thus aimed to pinpoint specific aspects of family life that may decrease risk factors (especially those that may originate within the family unit) for same-sex-attracted individuals and, at the same time, increase families' ability to adapt to the situation (McCubbin & McCubbin, 1996).

1.5 Thesis outline

The first chapter of this thesis aimed to introduce the problem around the disclosure by same sex-attracted individuals of their sexual orientation to the family. This disclosure event is experienced by many families as a crisis, which can cause the family to be unsupportive towards the child (during a time when the child needs the support most). It is the lack of support and understanding by the family that can cause a same-sex-attracted child to experience high levels of health-related problems. In order to identify those qualities that helped families to adapt to this disclosure event, the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) is introduced as a suitable theory to operationalise

and investigate a family's reaction in terms of adjustment and adaption after a child's same-sex sexual orientation disclosure.

In Chapter 2, the theoretical framework of this study is discussed. The chapter examines earlier theories and later developments that formed the basis of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) and the Family Resilience Framework (Walsh, 2012).

In Chapter 3, literature relevant to this study is dissected, as well as research based on the same-sex-attracted individual and, more specifically, the disclosure event of same-sex attraction to the family. Although the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) has not previously been applied in research involving the same-sex-attraction disclosure event, there have been some studies that made use of systemic family models to investigate the same-sex-attraction disclosure event to better understand how families cope and adapt to the disclosure situation. This chapter therefore shows how the literature has posed the need for a more encapsulating family theory/model to investigate family coping with and adaptation to the disclosure event of a same-sex-attracted child.

Chapter 4 discusses the methodology of this study, including the measurement instruments used, the participants, procedures followed as well as the analyses of the captured data.

The fifth chapter deals with the results from both the qualitative and the quantitative analyses, which are displayed with figures, tables and scatterplots. These results yield potential factors, attributes and resources (according to the child's perspective) that help a family cope and adapt after a same-sex-attracted child has disclosed his/her sexual orientation. The qualitative results are of particular interest in so far as they support, contradict or add new variables to the quantitatively identified variables.

Finally, in the sixth chapter I come to a conclusion about this study as a whole, indicate the limitations of this study, and make recommendations for future, related studies.

1.6 Conclusion

A child's disclosure of same-sex sexual orientation is still seen by many as an immense crisis event for the family, who often do not initially provide immediate support to the disclosing

child (some families may even reject the child altogether). This can make a child more susceptible to negative aspects (including the development of attachment disorders, academic issues, use and abuse of substances, depression, suicide) than their heterosexual peers (Burns et al., 2012; Willoughby et al., 2008). It also has been mentioned that a positive family reaction (supportive) to the sexual disclosure event of a same-sex-attracted child can support the child towards healthy development.

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) can help to identify potential factors, attributes and resources associated with family adaptation after a child's same-sex attraction disclosure event. The need for such a 'proactive, health-focused' framework is important in an underdeveloped country such as South Africa, with its limited resources (Der Kinderen & Greeff, 2003). In the context of limited resources it is important to recognise existing mechanisms and processes that are available to families within their immediate family, extended family and their community to help them overcome adversity (Der Kinderen & Greeff, 2003).

Chapter 2

Theoretical framework

2.1 Introduction

This chapter explores the development of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) and the Family Resilience Framework (Walsh, 2012), according to their positive and solution-based origins. The chapter firstly discusses positive psychology, followed by the salutogenic approach, and then it explores how these two approaches contribute to our understanding of resilience in general. Initially, the focus was only on an individual's ability to overcome adversity (the ability of a person to cope with and adapt to a stressor or hardship). Later developments broadened the idea of resilience (overcoming hardship) to the relational or familial level – meaning that adversity can be overcome by working together and being in relationship with others. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) is the most recent development in a series of models and was utilised practically in this study to identify attributes evident within families in order for them to overcome hardships and stressors.

2.2 Positive psychology

The term “Positive Psychology” was introduced in 1954 by Maslow and developed further by Seligman 40 years later (Lopez & Gallagher, 2009; Nicols, 2012). The central idea of positive psychology is that psychology and science, in general, have for too long been focusing on only one facet of human health (Lopez & Gallagher, 2009; Seligman & Csikszentmihalyi, 2000). The emphasis has predominantly been on shortcomings and negative influences that are attributive to the condition of a person (Lopez & Gallagher, 2009; Strümpfer, 2013). Positive psychology states that, on the opposite end of the health continuum, is an array of factors and attributes that are connected to positive and promotable aspects (positive emotions and character traits related to good health and well-being) (Koegelenberg, 2013; Lopez & Gallagher, 2009; Seligman & Csikszentmihalyi, 2000; Strümpfer, 2013).

Positive psychology is a discipline based on the basic assumption that, where there is fear and suffering, there is always hope (Lopez & Gallagher, 2009). The reality is that, no matter how severe a negative situation and event may be, the negative view of the situation avoids the potential support, prevention and promotion that go hand in hand with a positive paradigm

(Nicols, 2012; Seligman & Csikszentmihalyi, 2000; Strümpfer, 2013). Positive psychology is also not to be understood merely as an optimistic framework, because it encompasses both the negative and positive factors surrounding an illness or stressful event (Diener, 2009; Seligman & Csikszentmihalyi, 2000). The emphasis, however (according to positive psychology), should not be on the negative, but rather on the positive aspects (that are prominent despite such negatives), which help to support the individual in coping during adversity.

Early opposition criticised the theory of positive psychology as being focused too individualistically (Seligman & Csikszentmihalyi, 2000). Diener (2009) states that positive psychology initially put a lot of emphasis on the understanding of individual health promotion, but later developments saw a shift towards the relational understanding thereof. This means that positive psychology started to recognise that people could move on from adverse circumstances by working together. Therefore, recent developments within positive psychology aim to understand how groups, families and communities can overcome dire circumstances by pulling together all the positive mechanisms they have available to them (Diener, 2009).

2.3 Salutogenic approach

Salutogenesis, a term coined by Antonovsky about three decades ago, built on the idea of positive psychology (Greeff, 2013; Lindström & Eriksson, 2005; Nicols, 2012). Antonovsky was interested in how certain individuals manage to rise above stressful events, whereas others would fail to do so in similar situations. This made him challenge the pathological model's ultimate negative concern (Antonovsky, 1979; Nicols, 2012; Strümpfer, 2013). According to a pathological focus, human beings are susceptible to an endless amount of destructive entities. A pathology focus will fixate on disease, ill health and risks in order to help and support humans. This brought Antonovsky (1979) to conclude that it is impossible for humans to stay healthy in a reality where people are only fixated on the negative aspects of life (Strümpfer, 2013).

Salutogenesis is concerned with survival – the individual's ability to succeed despite having an illness or experiencing a stressful event. There are three primary premises to salutogenesis: Firstly, salutogenesis tries to shift the focus from the disease to the individual who is experiencing it. Secondly, it aims to find various solutions for illnesses. Finally, salutogenesis aims to place health and illness on a continuum, with the one not independent of the other (Antonovsky, 1979; Greeff, 2013; Strümpfer, 2013).

Early research by Antonovsky (1979) was concerned with how the poor or underprivileged succeeded in overcoming adversity (which included their poor state). Salutogenesis then broadened its scope to individuals within various socio-economical levels of society to determine specific ‘generalised resistance resources’ (those resources that were readily available for stress management) that can help them overcome a wide array of stressors (Antonovsky, 1979).

Salutogenesis entails a sense of coherence, which is the ‘comprehensibility, meaningfulness and manageability’ that a person can apply in a situation to, instead of falling victim to a stressor or illness, move beyond it and work towards health promotion (Greeff, 2013; Lindström & Eriksson, 2005; Strümpfer, 2013). Salutogenesis can be applied to different relational levels (individual, communal and societal) within society (Lindström & Eriksson, 2005). Resistant resources are important factors that can help people withstand illnesses and hardships (including cultural stability, coping strategy, social support, etc.) (Lindström & Eriksson, 2005). The salutogenic approach allows psychologists to start questioning how it is possible for some individuals to stay healthy during hardships, while other struggle to cope with similar hardships (hardships that include ill-health, crisis events and transformational periods) (Greeff, 2013).

2.4 Development of theories of resilience

Resilience theory drew its roots from positive psychology and salutogenesis, as it adopted the positive and solution-based assumptions of individuals who have the innate ability to withstand illnesses and hardships (Hawley & DeHaan, 1996; Holtzkamp, 2010; Richardson, 2002). Hawley and DeHaan (1996) further mention two other important factors relating to resilience: It is initialised by a hardship and it aims to bring a state of balance into the equation (an individual tries to ‘bounce back’ or ‘return to a previous way of functioning’). Resilience studies, therefore, aim at determining factors, characteristics and resources that may be used by human beings to be able to cope and adapt to stressors (Greeff, 2013; McCubbin & McCubbin, 1996; Strümpfer, 2013).

2.4.1 Individual resilience

Theories of resilience originally aimed to observe features, attributes and resources evident in aiding an individual to adapt and adjust to stressors (hardships, illnesses, obstacles) (Greeff,

2013; Masten, Cutuli, Herbers & Reed, 2009; Patterson, 2002; Walsh, 1996; 2012). ‘Hardiness’ was the first identified resilience trait which proved that some individuals fared better at coping and adapting, compared to others within similar situations (Walsh, 1996; 2012). The central idea was that stressful and negative events could be overcome through the use of certain positive factors (Walsh, 2012). Hawley and DeHaan (1996) state that this idea proposes that each person handles stressors differently. For a long time, the focus was on how individuals could rise above stressful and neglectful family situations, circumstances and events because of their positive attributes. Such individuals were coined as ‘invulnerable,’ ‘stress-resistant’ and later as ‘resilient’ (Greeff, 2013; McCubbin & McCubbin, 1996; Walsh, 1996; 2012).

Personal traits that are prominent in individuals who tend to show hardiness include happiness, being easy-going, having a high level of self-esteem, having a sense of hope and control, and optimism (Walsh, 1996). Research on resilience started to focus on the support (or lack of support) that individuals could draw from their relationships, including the lack of support from parental figures and the support children could receive from other social structures (Walsh, 1996). The attention, though, still remained on the individual and his/her ability to rise above stressors and crises (Walsh, 1996). An important prevalent factor for a child to rise above negative circumstances was a relationship with a significant other (like a parent, caregiver, friend, sibling or teacher) who acted as a role model of hardiness (Walsh, 1996; 2012).

Resilience-related studies gradually shifted their emphasis from an individual understanding to a relational understanding thereof, which viewed the family as a primary support system (Greeff, 2013). People (as toddlers, children, adolescents, adults and parents) develop and grow within family connections. Families face and experience hardships together. Researchers therefore recognised the importance of the family as a functional system, consisting of various interacting individuals who can work together to overcome adversity.

2.4.2 From individual to family resilience

Resilience within the family system was understood to operate similarly to individual resilience: just like individuals, families have the ability to overcome adversity (Bishop, 2014; Walsh, 1996). The emphasis in family resilience, however, is on the relational and collective ability of a family to cope and adjust to hardships together. Mental health and social science tried to determine how normal families succeeded to adjust successfully to adversity by focusing on how struggling families delineated these so-called ‘effective’ families (McCubbin &

McCubbin, 1996; Nicols, 2012; Walsh, 1996). Therefore the initial emphasis in family resilience studies was to distinguish ‘normal’ and ‘effective’ families (how such families were understood to function and act) from ‘abnormal’ and ‘ineffective’ families. Great strides were made during these early studies in finding common resilience factors, such as cohesion, communication, flexibility and problem-solving skills, which helped families to handle hardships together (Walsh, 1996).

The movement from a ‘deficit-based’ to ‘solution-focused’ psychology showed that families are diverse, unique and actual well-functioning relational systems that can support the individual members (Hawley & DeHaan, 1996; Nicols, 2012; Walsh, 2012). The family can be viewed from a systems perspective, as a unit, and therefore the family system as a whole is influenced by any change in the system (Nicols, 2012). This means that stressors affect the entire family and the family has to work together in dealing with such stressors to be able to move on (Nicols, 2012; Walsh, 2012).

Walsh (2012) states that a crisis event forces the family to re-evaluate its structures and goals to determine if adaptations are needed and whether change can be accommodated or not. Family resilience research no longer aims to view families from a negative perspective and to indulge in their shortcomings, but instead it emphasises positive attributes that are available to foster growth despite a stressor. No family, according to this approach, is viewed as perfect, but the focus is rather on how certain families make use of those attributes available to them to cope and adapt to disharmonious events (Patterson, 2002; Walsh, 2012).

2.5 Family resilience theories

Research on family resilience tries to determine why some families struggle to survive under the pressure of hardships and stressful events, whereas other families may cope effectively and adapt more easily to similar adversities. Researchers in the field of family resilience are interested in what exactly it is that families possess or fail to possess that will cause them to handle stressors differently. Although families differ from one to the other, researchers have found that there are certain patterns and developmental phases that commonly take place in families. Family resilience researchers try to determine the attributes that are apparent within families that help them to overcome crisis events together (Greeff, 2013; Hawley & DeHaan, 1996; Nicols, 2012; Walsh, 1996). Family resilience as a field of study, therefore, aims to

identify important processes of interaction between different family members that help the family to bounce back from adversity (Deist, 2013; Walsh, 1996).

Research on family resilience also stresses a wider system outside of the immediate family, which includes the neighbourhood, schools, churches, friends and extended family (Walsh, 2012). Along with the systemic view of family resilience, the ecological perspective is also important. This acknowledges the influences of the various spheres of life on a family: political, economic, social, cultural and spiritual (Hawley & DeHaan, 1996; Lawrence, 2009; Nicols, 2012; Walsh, 1996; 2012).

Although family resilience researchers aim to identify and describe similarities found in families, they also provide space for contextual factors and uniqueness of families. The field of family resilience acknowledges that each family has its own unique structure, history and processes that it uses in times of hardship. Families are also structured diversely due to various genders, personalities and extended family members (Greeff, 2013; Walsh, 2012). Therefore, not only do families experience adversity differently, but the number of adversities and complexity of various adversities differ from family to family (Walsh, 2012). Family resilience research tries to encapsulate these diverse factors, attributes and resources to understand how families may be aided to better cope and adapt after experiencing hardships.

2.5.1 Walsh's family resilience framework

Within her family resilience framework, Walsh (1996) emphasises key resilience processes used by families to overcome adversity. Families are viewed by the resilience framework as challenged, rather than broken or disrupted, when facing hardships. "Family resilience involves the potential for recovery, repair, and growth in families facing serious life challenges" (Walsh, 2012, p. 399). Walsh (2012) determined three important domains of family functioning, namely family belief systems, organisational patterns, and communication and problem solving. Processes within these three domains work together and affect each other. Each of the three domains contains three important family processes, and therefore Walsh's family resilience framework includes a total of nine important family functioning processes (Greeff, 2013).

2.5.1.1 Belief systems

Within the domain of family belief systems there are three main processes, namely making meaning of adversity, having a positive outlook, and transcendence and spirituality (Walsh, 2012).

Making meaning of adversity refers to families that are effectively able to work together (shared challenge) in overcoming adversity (Walsh, 2012). These families understand the normality of having issues and experiencing stressors, and thus are able to normalise and contextualise issues within an evolutionary sense of time (Walsh, 2012). This means that families are able to successfully contextualise a hardship within their unique family setup and within their unique context. Finally, making meaning out of adversity is to have a shared sense of coherence (Walsh, 2012).

At the heart of a positive outlook lies hope, which fuels people and keeps people focused in order to surmount the pressures and obstacles that face them (Walsh, 2012). A positive outlook also entails having an optimistic view of life. People experience that their actions can affect outcomes and events, as opposed to feeling helplessness and complete destruction during hardships (Walsh, 2012). Courage and determination play a vital role in building confidence to stay hopeful and to withstand adversity (Walsh, 2012). This can be furthered by mastering the art of the possible, whereby families work with what resources and abilities they already possess to effect the best outcome during difficult times (Walsh, 2012). The aim will not always be to overcome adversity, but instead to focus on how to manage it or make the best of the situation at hand. This means that, when a member is terminally ill, they will support and care for the ill member, but still provide support for the other members (Walsh, 2012).

Transcendence and spirituality entail a deeper connectedness to cultural, traditional and spiritual aspects of life. Families can make use of these connections as resources during stressful times (Walsh, 2012). According to Walsh (2012), the most gruelling of experiences can sometimes be the ones that really strengthen a family or an individual.

2.5.1.2 Organisational patterns

Families can also use organisational patterns, which include flexibility, connectedness, and social and economic resources, to help them overcome dire circumstances (Walsh, 2012).

Flexibility entails an openness to adaptive change, whereby a family understands that a stressor requires them to change in order for the family system to balance itself out again (Walsh, 2012). This balancing out is very important because, amidst the stressor's forceful change to the system, familiarity and sameness still need to be achieved throughout (specifically for members who are very vulnerable – like children) (Walsh, 2012). There must be some continuity, dependability and predictability through turmoil, and this can be achieved with routines and rituals (shared meals, family time during the day, consistent sleep patterns) (Walsh, 2012).

Connectedness is powered by mutual support, collaboration and commitment (Walsh, 2012). This includes the ability to support each other whilst allowing space for individual differences. Within separated families, this means keeping contact and supporting each other emotionally via media like the internet and telephone. Any kind of distant contact helps to support the family (Walsh, 2012).

Finally, social and economic resources (like kin and social networks, community groups, and faith congregations) can provide support from outside the family. Walsh (2012) puts great emphasis on financial security as an important resource for any family. The lack of monetary support can upset any family system.

2.5.1.3 Communication and problem solving

The communication and problem-solving domain entails clear, consistent messages, open and emotional expression, and collaborative problem solving within the family system (Walsh, 2012).

A big concern for a family during a traumatic event is that, when experiencing pain and suffering, it is easy to suppress feelings and avoid the issue altogether (Walsh, 2012). This may seem to the family as an effective coping mechanism to protect themselves and others from unnecessary hurt, but in reality it can cause great behavioural, or somatic, problems (Walsh, 2012). Clarity can be acquired by using clear and consistent messages. This is important in order to avoid ambiguities or any vagueness within the family during adversity, as these can worsen the situation.

Emotional expression is the need for family members to be openly emotional and truthful about intense fears and hurts (Walsh, 2012). Stereotypes, like men being unemotional, are mentioned

here as a typical issue within families during hardships. A lack of open and emotional expression may cause great strain and problems amongst members; it may even cause some members to fail to overcome stressors and heal completely (Walsh, 2012). Humour and laughter can also contribute to keeping families lively and well-functioning during adversity (Walsh, 2012).

Finally, collaborative problem solving involves working together at finding solutions for the family, where everyone has a role to play and goals are set together (Walsh, 2012).

2.5.2 The evolution of the Resiliency Model of Family Stress, Adjustment, and Adaptation

The family resilience model (McCubbin & McCubbin, 1996) is a further development of family stress theory developed by Hill in 1949 (Hawley & DeHaan, 1996). There are four family resilience models that have developed through the years, with the most recent being the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996). The Resiliency Model of Family Stress, Adjustment and Adaptation of McCubbin and McCubbin (1996) was operationalised in this study, because of its readily available measurability of different family variables, which are influential in family coping and adaptation in adverse situations (Greeff, 2013).

Hill developed the ABCX Model of family stress in the 1940s, and this provided the groundwork for family resilience theory, the understanding of family resilience and specifically family adjustment (Greeff, 2013; Hawley & DeHaan, 1996; McCubbin & McCubbin, 1996; Nicols, 2012; Walsh, 1996). These initial family resilience developments occurred during early 20th century times of war and focused on how families succeeded or failed to cope with a member having gone to war in terms of separation from and reunion with that member (Nicols, 2012). The ABCX Model focused on pre-crisis factors, which consisted of the stressor (A), resources (B) that the family possesses, and the definition of the stressor (C), which helps the family to recover from a crisis (X) (Greeff, 2013; McCubbin & McCubbin, 1996; Nicols, 2012; Walsh, 1996).

In the 1970s, McCubbin and various associates developed family resiliency theory further through a variety of models (McCubbin & McCubbin, 1996). From the initial ABCX Model, McCubbin and Patterson developed a family crisis framework – the Double ABCX Model (Greeff, 2013; Hawley & DeHaan, 1996; McCubbin & McCubbin, 1996; Nicols, 2012; Walsh,

1996). The Double ABCX Model emphasises the pre- and post-crisis factors (those factors that can support a family before and after a crisis), as well as coping and social support (Greeff, 2013; McCubbin & McCubbin, 1996; Nicols, 2012). This model includes a pre-crisis situation derived from the ABCX Model, which includes the stressor (A), existing resources (B), family perception of A (C) and the crisis period (X) (Nicols, 2012). The Double ABCX Model also includes the post-crisis situation, with the following phases: post-crisis period (aA) (pile-up of stressors), which is dealt with by perceptions (cC) of X, aA and bB (new resources), which finally unfold unto a state of bonadaptation (complete adaptation) or maladaptation (total lack of adaptation) (Nicols, 2012).

The FAAR (Family Adjustment and Adaptation Response) Model furthered family resilience theory by emphasising the balance between demands and resources within the family (Greeff, 2013; McCubbin & McCubbin, 1996; Nicols, 2012). At this stage, the importance of ethnicity, culture and diversity within various families became evident (Greeff, 2013). Seven changes were made to the FAAR Model and additions were coping, a consolidation phase, adaptive coping strategies, adjustment coping strategies, a resistance phase, a restructuring phase, and a balanced concept of family interactions (interactions between the family and the individual, and the family and the community) (McCubbin & McCubbin, 1996; Nicols, 2012). This model also aimed to clearly distinguish between the adjustment and adaptation phases (Nicols, 2012).

The Typology Model of Family Adjustment and Adaptation developed a new focus on family functional patterns, which included family typologies and levels of appraisal as buffers against dysfunction (Greeff, 2013; McCubbin & McCubbin, 1996; Nicols, 2012). This model further developed the adjustment and adaptation phases, along with other specific additions: family typologies were introduced; a family life cycle perspective according to families' typologies and adaptation was developed; vulnerability due to the pile-up of stressors; the importance of a life cycle was emphasised in terms of resilience and vulnerability; and, finally, family schema (shared views, values and beliefs) was also introduced as another level of family appraisal (McCubbin & McCubbin, 1996; Nicols, 2012). The different types of families included regenerative, resilient, rhythmic and balanced (McCubbin & McCubbin, 1996; Nicols, 2012).

These four models (the ABCX, Double ABCX, FAAR and Typology) have influenced the development of adjustment and adaptation factors to a great extent and have brought family resilience models to their most recent development.

2.6 The Resiliency Model of Family Stress, Adjustment and Adaptation

The most recent development within family resilience theory is the Resiliency Model of Family Stress, Adjustment and Adaptation, which highlights four domains of family functioning that are crucial for any recovery: interpersonal relationships; development, wellbeing and spirituality; community relationships and nature; and structure and function. The Resiliency Model of Family Stress, Adjustment and Adaptation also includes five levels of family appraisal: Schema (CCCCC), Coherence (CCCC), Paradigms (CCC), Situational Appraisal (CC) and Stressor Appraisal (C) (Greeff, 2013; McCubbin & McCubbin, 1996; Nicols, 2012). This model, therefore, tries to explain the family within its own level of functioning (where the various members interact together), but also how a family fits into a larger societal system (Greeff, 2013).

Family resilience researchers try to understand how a family can successfully attune themselves to recovering from a crisis or stressor (Greeff, 2013; McCubbin & McCubbin, 1996). The Resiliency Model of Family Stress, Adjustment and Adaptation is dynamic and multiphasic in its structure and function. It aims to consider all variables that may be influential on the family system when crisis events are experienced. The model is based on five basic assumptions: Firstly, crises within society are unavoidable and experienced by all families (McCubbin & McCubbin, 1996). Secondly, during their lifespan, families develop various patterns, skills and attributes that are used during such hardships. Thirdly, these competencies are also unique to each family (McCubbin & McCubbin, 1996). Fourthly, each family has a network of relationships and resources outside of the family, and this includes the surrounding and bigger community (McCubbin & McCubbin, 1996). Finally, a crisis or stressor causes disharmony within a family system. Therefore the stressor calls for change and harmony to occur in order for balance to be restored and some sense of order to return (McCubbin & McCubbin, 1996).

A great emphasis within the Resiliency Model of Family Stress, Adjustment and Adaptation is on the adjustment and adaptation phases, where the family is called into action to react and change accordingly, and to accommodate stressors and their impact on the family (Greeff, 2013; McCubbin & McCubbin, 1996).

2.6.1 The adjustment phase

The adjustment phase is concerned with the interacting forces that affect outcomes and processes in a family. These forces can be understood along a continuum of complete adjustment (bonadjustment) to zero adjustment (maladjustment) (Greeff, 2013; McCubbin & McCubbin, 1996). The aim of adjustment is not perfection, but rather to reach an optimum level of functioning (McCubbin & McCubbin, 1996).

The adjustment phase involves the following developments taking place within the family: The stressor (A) reacts with the family's vulnerability (V), which in turn reacts with the family's typology (T) (including regenerative, resilient, balanced and rhythmic typologies) (McCubbin & McCubbin, 1996). Next, resistance resources (B) (which are capabilities and strengths used to counteract stress) are used by the family to overcome stressors (McCubbin & McCubbin, 1996; Nicols, 2012). These resistance resources interact with the family's appraisal of the stressor (C), which finally reacts with the family's problem-solving and coping strategies (PSC) (McCubbin & McCubbin, 1996; Nicols, 2012). The family's response to stress is where the abovementioned T, B, C and PSC are used to overcome stress in order to reach a state of either eustress (where disharmony is desirable), or distress (where the stress is viewed negatively) (McCubbin & McCubbin, 1996). The degree of stress that a family encounters can be related to the severity, intensity and their anticipation of the stressor, as well as the family's available resources and well-being at the time of the stressor (McCubbin & McCubbin, 1996; Nicols, 2012).

Adjustment calls for restructuring and reorganisation of the family in order for balance and harmony to occur within the family again (McCubbin & McCubbin, 1996; Nicols, 2012). If balance is reacquired, bonadjustment is reached; but if the balance is not reacquired, maladjustment can be caused. Maladjustment is usually caused by too many strains and stressors for a family to handle, which cause a family to be unable to harmonise its members successfully. Such disharmony may ask of the family to re-organise themselves altogether to accommodate the stress as best they can (McCubbin & McCubbin, 1996). Sometimes a family may deliberately activate a crisis to cause change and it therefore can be a natural part of the family cycle (McCubbin & McCubbin, 1996). It is with this failure to adjust successfully and with planned changes in the family, in response to crises, that adaptation is initialised (McCubbin & McCubbin, 1996).

2.6.2 The adaptation phase

When a family is hit by a crisis situation, it causes imbalance and basically proves that the family is currently struggling to restructure itself and its patterns accordingly to deal with the stressor (Greeff, 2013; McCubbin & McCubbin, 1996). This situation is worsened by further pile-ups of demands (AA) (including previous family strains, new patterns, or a stressor built up over time), which cause even greater unrest (McCubbin & McCubbin, 1996). This state might cause the family to try to adapt and change in order for the members to reach a level of adaptation (XX) (McCubbin & McCubbin, 1996).

Successful adaptation is referred to as bonadaptation, which can be determined by the newly introduced patterns (TT), restoration and maintenance of viable patterns (T), the family's own internal resources (BB) (including individual, familial and community resources, as well as tangible and intangible resources); the network of social support (BBB); and the family's situational appraisal processes (McCubbin & McCubbin, 1996). These appraisal processes include schema (CCCCC) (shared values and beliefs), coherence (CCCC) (understanding of order and trust) and paradigms (CCC) (McCubbin & McCubbin, 1996). These appraisal levels affect the situation (CC) and the definition of the stressor (C) (McCubbin & McCubbin, 1996). The instituted patterns of functioning, resources and appraisal components are all affected by and affect problem-solving and coping abilities (PSC) (McCubbin & McCubbin, 1996). Unsuccessful adaptation is referred to as 'maladaptation' (McCubbin & McCubbin, 1996). In Figure 2.1 the adaptation phase is presented graphically.

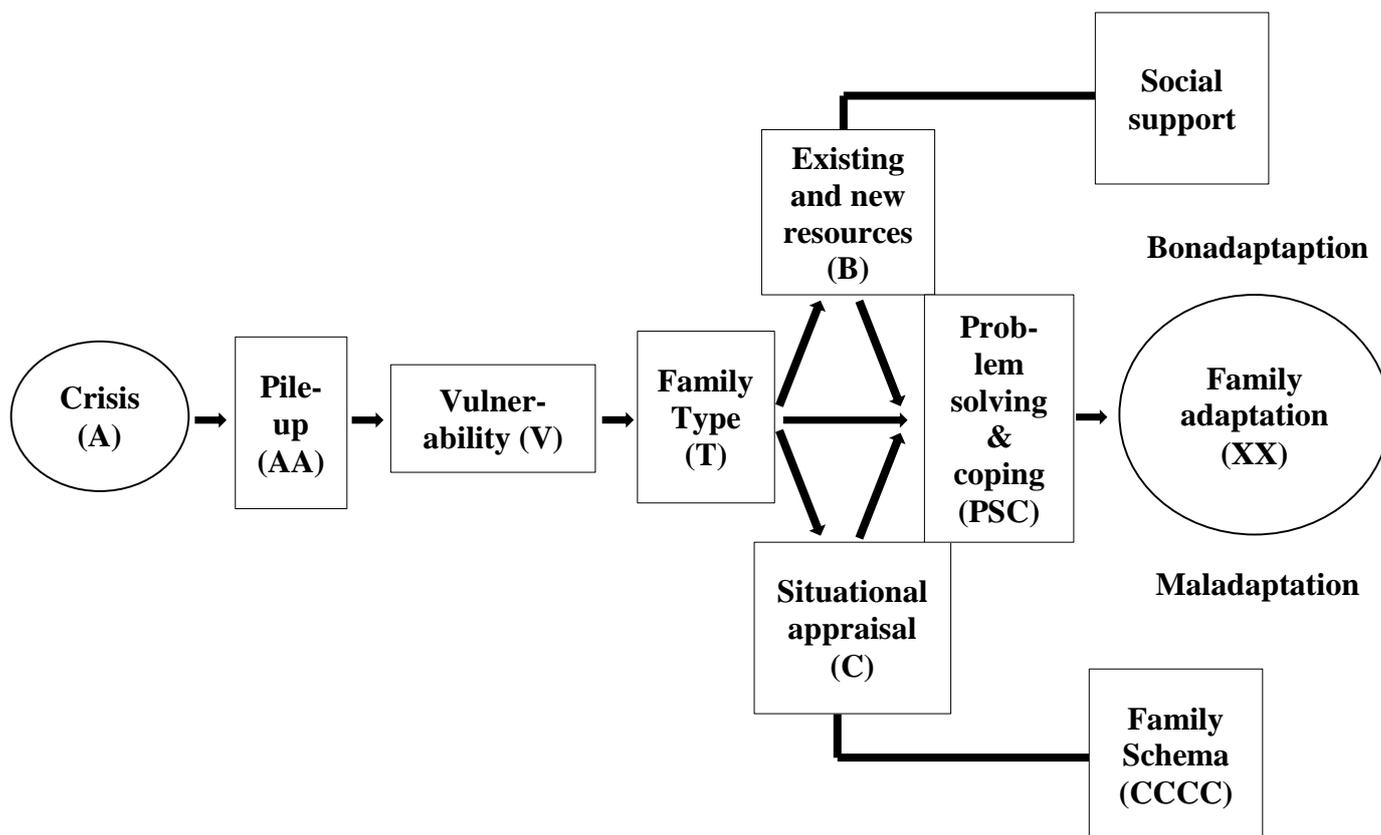


Figure 2.1. The adaptation phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996).

2.7 Conclusion

Resilience is becoming a very important family construct in modern times, as the idea of a family is challenged daily as a result of a lot of cynicism and destructive concepts of abuse, neglect and insecurity (Walsh, 1996). The pressure that is put on families today is highlighted by the magnitude of difficulties that face humanity today, not just individually, but specifically in their relational systems – within their families, communities and other group settings. These relational systems are also becoming all the more complex and integrated (Walsh, 1996). Resilience theory, and psychology as a discipline, aim to empower and support families in their eventful lives with potential skills and knowledge for bettering their relational systems.

Studies on family resilience can potentially contribute to the practical field of family life by identifying preventative and promotional mechanisms that aim to minimise/reduce the family’s vulnerability and to enhance its level of functioning (Walsh, 2012). What proves to be very effective about family resilience theories is that they are diverse and can be applied to a multitude of situations and stressors; they take into consideration the diversity that is found

within families, and thereby confirm that each family is unique and contextually bound (Walsh, 2012).

The disclosure of a same-sex-attracted child's sexual orientation is an event that is very personal to the family and an event that can be experienced as a crisis for a family (as seen in Chapter 1). The Resiliency Model of Family Stress, Adjustment and Adaptation provides a unique perspective on families that experience a crisis. This model enables researchers to explore factors, attributes and resources that families have readily available to them to help them cope and adapt to their child's same-sex sexual orientation.

In the next chapter I show that the Resiliency Model of Family Stress, Adjustment and Adaptation has not yet been applied to a family crisis event where a child discloses his/her same-sex sexual orientation. In Chapter 3 I report on a literature review of research within the field of same-sex attraction, specifically research on the child's disclosure of his/her sexual orientation to the family, as well as research within the field of family resilience.

Chapter 3

Literature Review

3.1 Introduction

In this chapter, research in the field of family resilience and the field of same-sex attraction, specifically research investigating the child's disclosure of his/her same-sex sexual orientation to the family, is investigated. Some of the same-sex sexual orientation-related studies (which will be discussed in this chapter) mentioned supportive factors that individual family members can use to better react to a child's disclosure of same-sex attraction. However, no strength-based research was found that investigated the family's ability to cope with and adapt to their child's same-sex sexual orientation. In other words, no study has applied the Resiliency Model of Family Stress, Adjustment and Adaptation or any other strength-based systemic model to the disclosure of same-sex attraction to the family.

In the first part of this chapter, research is reported that investigated same-sex-attracted individuals as at-risk groups within society. This will be followed by a discussion of how the disclosure event of a child's same-sex sexual orientation is usually dealt with by his/her family, as well as other factors that also affect the event during which same-sex attraction is disclosed. The effect of culture and tradition on families, and how this affects the reaction to the child's disclosure event, will also be reported.

In the second part of this chapter, research that has been done in the field of family resilience is reported. This is followed by a discussion on the Resiliency Model of Family Stress, Adjustment and Adaptation and how it has been utilised in family research covering various crisis events, specifically in South African contexts. There have been some studies relating to same-sex attraction (which will be discussed) that have mentioned qualities that can help a child to be better supported by his/her parents. These supportive factors agree with some family resilience qualities that were identified utilising the Resiliency Model of Family Stress, Adjustment and Adaptation. In the latter part of this chapter, relevant family resilience factors found in different South African studies are compared with supportive factors that have been identified by studies on same-sex attraction. At this stage, these factors may be considered as potential predictors of the findings of this study, which are reported in Chapter 5.

3.2 Same-sex sexual orientation research and issues regarding the disclosure event

Same-sex sexual orientation research thus far has focused mainly on the hardship of a child's disclosure and how it affected individual members of the family (i.e. the disclosing child, mother, father, siblings) (Lubbe-De Beer & Marnell, 2013; Savin-Williams, 2001; Willoughby et al., 2008). This part of the review aims, firstly, to report on studies that show how or why same-sex-attracted individuals are an at-risk minority group. In the second part of this section, research is reported on the same-sex sexual orientation disclosure event and the various role players before, during and after the disclosure event.

3.2.1 Same-sex attraction - an at-risk minority group

The reality is that, although society at large acknowledges the existence of the same-sex sexual orientation, same-sex-attracted individuals are still not a truly accepted group (Harrison, 2003; Kelly, 2011; Lubbe-De Beer & Marnell, 2013). As a result of this, although young people with a same-sex sexual orientation develop according to similar developmental lines than their heterosexual peers, same-sex-attracted individuals also have distinctly different life experiences and developmental processes (Saewyc, 2011; Savin-Williams, 2001). "Many non-heterosexual youths experience psychological and behavioural difficulties, such as feelings of isolation and a lack of acceptance by peers, as a result of strict heterosexual socialisation" (Lubbe-De Beer & Marnell, 2013, p. 271).

Research has shown that individuals with a same-sex sexual orientation have a much higher chance of experiencing mental health problems relating to suicidality, depression and social anxiety, as well as greater use and abuse of illicit substances, than their heterosexual peers (Burns et al., 2012; Halpern, 2011; Lubbe-De Beer & Marnell, 2013; Mustanski et al., 2011; Pearson & Wilkinson, 2013; Rosario, Schrimshaw, & Hunter, 2009; Sadowski, 2010; Sanders & Kroll, 2000; Teasdale & Bradley-Engen, 2010). More than half of the participants in Lubbe-De Beer and Marnell's (2013) study, for example, stated that they considered committing suicide at some point or another, with three participants actually having attempted suicide.

3.2.2 The same-sex sexual orientation disclosure event

Same-sex-attracted individuals usually move through the following phases in realising and later accepting their sexual orientation: self-awareness (partnered with negativity); revelation, self-affirmation and self-empowerment (immersion in same-sex and sexual minority culture and

community); and disclosure (Lubbe-De Beer & Marnell, 2013; Matthews, 2002; Savin-Williams, 2001). This disclosure event in no way marks the end of adversity and oppression, as the life of the same-sex-attracted individual is overtly filled with hardships and challenges throughout (Henry, Awondo, Fugon, Yomb & Spire, 2012; Savin-Williams, 1998; Teasdale & Bradley-Engen, 2010). It is with ultimate feelings of being their true and honest selves (to not suppress their same-sex attraction any more) that same-sex-attracted young people are motivated to disclose their sexual orientation (Lubbe-De Beer & Marnell, 2013). During this stage, fears typically arise that include being rejected, failing one's parents and being blamed (Lubbe-De Beer & Marnell, 2013). The harsh reality is that most same-sex-attracted young people do not know exactly how their parents might react and they more often than not expect a negative reaction (Willoughby et al., 2008).

Therefore, for a predominant number of sexual-minority youths, it is the most difficult thing to tell their family about their sexual orientation (Lubbe-De Beer & Marnell, 2013; Matthews, 2002; Savin-Williams, 2001; Willoughby et al., 2008). The family's initial reaction, especially by the parents, towards a child's disclosure of his/her same-sex sexual orientation is more often than not negative and can even be understood as a crisis event for the family (Ferula, 1999; Goldfried & Goldfried, 2001; LaSala, 2000; Lubbe-De Beer & Marnell, 2013; Williamson, 1998; Willoughby et al., 2008). In their study, Lubbe-De Beer and Marnell (2013) found that most of their participants received a negative reaction from their parents once they disclosed their same-sex sexual orientation to the family, including reactions of verbal or emotional abuse and sometimes even physical abuse.

3.2.2.1 Familial coping and adaptation to the disclosure event

Not only is a family the core influential structure for an individual from a very young age, but a family is also expected to be supportive of the child, no matter the circumstances (McKie & Callan, 2011; Sussman, 2012). Despite initial negative reactions, most families seem to be able to move beyond the negativity and succeed in coping and adapting to the disclosure of a same-sex-attracted child's sexual orientation together as a family (Lubbe-De Beer & Marnell, 2013; Rothman, Sullivan, Keyes & Boehmer, 2012; Savin-Williams, 2001). The process of adapting to and coping with such a disclosure event has been compared and understood primarily according to the stages people move through during periods of grief (according to Kübler-Ross's theory of death and dying): denial, anger, bargaining, depression and acceptance (Lubbe-De Beer & Marnell, 2013; Savin-Williams, 2001; Willoughby et al., 2008).

This mourning or grief has to do with the first realisation that the child no longer fits in with the heterosexual parental dream (finding someone from the opposite sex, getting married, having children, grandchildren and in-law children) (Savin-Williams, 2001). Therefore, similar to the child's same-sex-attracted disclosure event, the parents have their own process of dealing with their child's disclosure (Baptist & Allen, 2008). The individual's coming out process actually becomes the family's coming out process. This mourning process was initially understood in terms of the mentioned Kübler-Ross stages of grief, according to which a family is expected to move through the different phases to finally reach acceptance of their child's same-sex sexual orientation. This sequential grief model was later found to inadequately explain the intense and complex emotions and feelings that go along with the parental reaction to a child's disclosure of same-sex sexual orientation (Savin-Williams, 2001; Willoughby et al., 2008).

Savin-Williams (2001) listed the stages that families go through in dealing with their child's same-sex sexual orientation disclosure, which actually can be better understood as an array of various initial reactions and emotions that are in interaction with one another – shock, denial and isolation, anger (mainly because of formed stereotypes and ideas that parents have of same-sex-attracted and sexual-minority individuals and groups), bargaining (following up on the child's decision), depression (hurt and failure as parent) and acceptance. Therefore, parents are not expected to move through pre-set stages of grief after their child's disclosure of same-sex sexual orientation, but instead experience and go through a variety of different overlapping emotions and stages, as mentioned above (Savin-Williams, 2001; Willoughby et al., 2008).

The major approaches (mentioned above) to understanding the child's same-sex sexual orientation disclosure to the family in the past viewed it as a period of grief that the family had to work through. Willoughby et al.'s (2008) biggest critique of categorising the parental reaction to a child's same-sex sexual orientation disclosure as a period of grief was that this understanding did not aim to explain the reason for the negative familial reaction to a child's disclosure.

In other words, research in the past only tried to explain how families reacted to the same-sex disclosure event, and not why they reacted in such a manner, or how they could move on from such a crisis event. By understanding why parents react the way they do, one can develop supportive factors for families to better react to their child's same-sex sexual orientation

(Busseri et al., 2006; Willoughby et al., 2008). Utilising the Resiliency Model of Family Stress, Adjustment and Adaptation helps to shift the focus from the family's problem/crisis at hand (their same-sex-attracted child's sexual orientation disclosure event) towards the positive attributes that they may already possess that helped them to adapt to their hardship or stressor.

3.2.2.2 The disclosure event – a positive reaction and support from family

In all people there is an inevitable and biological longing to be accepted and supported by primary caregiver(s)/parent(s) (Willoughby et al., 2008). The love and acceptance received from parents are connected to a child's self-image (self-love), and this love and acceptance also underlie the ability to love others (Goldfried & Goldfried, 2001; Savin-Williams, 2001; Willoughby et al., 2008). Cohen and Savin-Williams (1996), supported by Willoughby et al. (2008) and Mohr and Fassinger (2003), therefore made a direct link between a positive parent-child relationship and the high self-esteem of the child. Holtzen et al. and Ferula (cited in Matthews, 2002) found that, if parents react positively and supportively, the child will have a clear psychological support base developed from deep-rooted social structures, which allow the child to be emotionally stronger and assured of his/her identity.

The family's (specifically the parents') reaction to the child's same-sex sexual orientation is one of the most influential factors in the social and emotional development of a same-sex-attracted individual (Willoughby et al., 2008). An initial resistant attitude from the parents causes great unrest within the child, as the parents' love suddenly becomes conditional: the parents may accept the child's same-sex sexual orientation, but not accept the sexual aspect of it (therefore without having further discussions on or wanting further knowledge of the child's sexuality) (Matthews, 2002; Willoughby et al., 2008). On the other hand, if the family reacts with support and acceptance towards a child's disclosure of same-sex sexual orientation, the coming-out process can be one that has meaning and happiness for the child, the parents and the family as a whole.

3.2.2.3 Factors affecting the disclosure event

Same-sex-attracted individuals usually first disclose their sexual orientation to a close friend, after which they may consider disclosing it to their family (Savin-Williams, 2001; Savin-Williams & Cohen, 1996). This is done mainly because of the true sincerity that exists among friends (people that one can actually choose to be part of one's life) as opposed to the relationship one has with family (a group of people permanently part of one's life) (Matthews, 2002).

The first family member a same-sex-attracted child discloses his/her sexual orientation to is most often a sibling (Hilton & Szymanski, 2011). Siblings play a vital role in the disclosure event of a child, as they can act as an initial test of how the rest of family might react, as well as provide support when the individual discloses to the rest of the family (Hilton & Szymanski, 2011). Although the family consists of various members, it seems the parents are the most important family members to which a child with a same-sex sexual orientation discloses his/her sexual orientation (Goldfried & Goldfried, 2001; Heatherington & Lavner, 2008; Willoughby et al., 2008). Therefore, for the purpose of this study, the disclosure event to the family will be understood as a same-sex-attracted child having disclosed to one or both of the parents.

Mothers are usually the first or sometimes the only parent to be told (if, for example, the parents are divorced) (Boon & Miller, 1999; Heatherington & Lavner, 2008; Lubbe-De Beer & Marnell, 2013; Merighi & Grimes, 2000; Savin-Williams, 2001; Savin-Williams & Cohen, 1996). Research has found that gender is a strong variable that affects the disclosure event: a mother has a tendency to be more warm and caring, and thus also to be the one to accept and support the child better, whereas the father and male siblings often show greater resistance to the child's same-sex identity (Heatherington & Lavner, 2008; Matthews, 2002; Miller & Boon, 1999; Savin-Williams & Cohen, 1996).

Savin-Williams (2001) mentions factors that influence the reactions that parents have towards the disclosure of their same-sex-attracted child's sexual orientation: Firstly, the age of the child (the younger the child, the greater the upset for parents), the age of the parents (younger parents usually react more positively), parenting style, family culture, religion, ethnicity, sex-role orientation of the parents and the quality of the parent-child relationship before the disclosure (Heatherington & Lavner, 2008). Heatherington and Lavner (2008) also found the following individual factors (supported, however, by limited research), relating to the same-sex-attracted child, which affect the parents' reaction to the child's sexual orientation disclosure to the family: the child's status in the home, the child's place of residence, involvement in a romantic relationship, pride in sexual orientation, gender-atypical behaviour before disclosure, disclosing with a positive attitude, and the nature of what is additionally disclosed (still monogamous in their sexuality). Finally, family unity is also understood to affect how the family deals with a child's disclosure of same-sex attraction (Savin-Williams, 2001).

3.2.2.4 The effect of culture on the same-sex disclosure event

It is critical that the disclosure event of a same-sex-attracted child (which is seen as a crisis and hardship for a family) is understood along cultural lines (Savin-Williams, 2001). One cannot separate the event itself from the family and their specific cultural heritage (which, to a great extent, influences the way families think, operate and react).

Cohen and Savin-Williams (1996) made the assumption that non-Caucasian groupings or ‘ethnic cultures’ (such as African-Americans, Cubans, Jews) usually have negative views on the same-sex sexual orientation (in a North American context). Heatherington and Lavner (2008) partly agree with this and state that non-Caucasian same-sex-attracted individuals are less likely to disclose their sexual orientation to their families. Merighi and Grimes (2000), as well as Heatherington and Lavner (2008), rather support the notion that the family’s level of tradition and conservatism affects the family’s attitude towards same-sex attraction and their reaction towards their same-sex-attracted child’s disclosure of sexual orientation.

Highly traditional and conservative families emphasise the importance of religion, and the importance for children to marry and have children (Heatherington & Lavner, 2008). Therefore, traditional and conservative families more often than not react in a negative manner when their same-sex-attracted child discloses his/her sexual orientation to them (Cohen & Savin-Williams, 1996; Heatherington & Lavner, 2008; Henry et al., 2012; Merighi & Grimes, 2000; Mohr & Fassinger, 2003). However, exceptions also exist: some traditional families uphold strong values of family closeness and togetherness, to such an extent that they will accept their child’s same-sex sexual orientation unconditionally (Merighi & Grimes, 2000). Heatherington and Lavner (2008) explain that a family’s level of cohesiveness before the same-sex sexual orientation disclosure event greatly affects the manner in which a family will react after the disclosure event, irrespective of their traditional, conservative or religious nature.

3.3 Family resilience research on the same-sex-attraction disclosure event

In this section, research is reported on that has tried to understand the same-sex-attracted disclosure event of a child according to how the family deals with it and tries to move on with life.

Heatherington and Lavner (2008) did a review of the same-sex sexual orientation disclosure research they could find until 2007. The bulk of research on the same-sex sexual orientation

disclosure event provided individual factors that cause for a positive outcome of the disclosure event (Heatherington & Lavner, 2008). Heatherington and Lavner (2008) found some same-sex sexual orientation studies that examined the dyadic relationship (between the parent and the same-sex-attracted child) concerning positive outcomes from the same-sex sexual orientation disclosure event to the family. Even fewer studies were found in which the focus was on variables that the family as a whole could use to help it adjust to the disclosure event (Heatherington & Lavner, 2008). Heatherington and Lavner (2008) therefore emphasised the need for a broader systemic family model to investigate how a child's same-sex sexual orientation disclosure event influences the family's reaction.

In a study by Baptist and Allen (2008), a systemic model was used to understand the family's reaction in coping with and accepting the child's disclosure of same-sex sexual orientation. This systemic-based approach emphasised the complexities of family life and how families respond to stressors (specifically to a same-sex-attracted child disclosing his/her sexual orientation to the family for the first time). Baptist and Allen (2008) largely focused on communication and social resources (discussed later as resilience factors) that support families in adapting to their child's disclosure of same-sex attraction. In its entirety, the study focused on the various levels of functioning of a family, taking into consideration its unique composition and emphasising how the individual, familial, societal and even political levels are all affected by such a disclosure event.

The study by Willoughby et al. (2008) was the one study that succeeded in posing a resilience theory, the Family Stress Theory (developed by Hill, 1949; McCubbin & Patterson, 1983), as an integrated framework for understanding the parental and familial reaction to a child's disclosure of same-sex sexual orientation. The article emphasises the importance of the disclosure event, not just in terms of the disclosing individual's point of view, but also how it affects the entire family (Willoughby et al., 2008). Willoughby et al. (2008) posited family stress theory as potentially being applicable to investigate the child's same-sex sexual orientation disclosure to the family, but did not operationalise the theory practically in their study. However, their study created an adequate point of departure for further resilience studies on a child's disclosure of same-sex sexual orientation to the family.

To date, no family resilience study had applied the Resiliency Model of Family Stress, Adjustment and Adaptation to the disclosure event of same-sex sexual orientation. Similarly,

no same-sex attraction-based study has tried to focus on the crisis event of same-sex-attraction disclosure from a positive and resilient paradigm. In other words, no previous study, when examining the crisis of a same-sex sexual orientation disclosure event and how the family deals with it, has focused on emphasising the family and the positive factors, attributes and resources that it has available, despite the crisis event.

3.4 A comparison of family resilience qualities found within South African families and supportive factors as identified in same-sex disclosure research

There has been a lot of family resilience studies in which the Resiliency Model of Family Stress, Adjustment and Adaptation has been applied appropriately in a South African context. These South African family resilience studies were done to identify factors, attributes and resources that potentially may be applicable to a family once a same-sex-attracted child has disclosed his/her sexual orientation to the family. The studies that were reviewed related to resilience factors that were evident in helping families overcome the financial and economic burden of having a family member being retrenched (Der Kinderen & Greeff, 2003), families in which a parent had passed away (Greeff & Human, 2004), poor single-parent families (Greeff & Fillis, 2009), remarried families (Greeff & Du Toit, 2009), families that experienced heart-related trauma (Greeff & Wentworth, 2009), families that experienced a shack fire (Greeff & Lawrence, 2012), families in which the husband had prostate cancer (Greeff & Thiel, 2012), families living with people with mental illnesses (Jonker & Greeff, 2009) and families in which a child had been bullied (Greeff & Van Den Berg, 2013).

All these studies were cross-sectional in their design and used open-ended (qualitative) and closed-ended (quantitative) self-report questionnaires. The open-ended questions utilised in these studies proved to be very useful in identifying aspects of family resilience that might have been missed in the closed-ended questionnaires. These reported studies confirmed that the Resiliency Model of Family Stress, Adjustment and Adaptation can be utilised to identify familial factors, resources and attributes that are associated with family adaptation to crisis events, specifically in a South African context.

It became clear that previous research on the same-sex-attraction disclosure event (Baptist & Allen, 2008; Burns et al., 2012; Cohen & Savin-Williams, 1996; Heatherington & Lavner, 2008; Henderson, 1998; Kaufman & Raphael, 1997; Pearson & Wilkinson, 2013; Williamson, 1998; Willoughby et al., 2008) emphasised supportive factors that can help the family in coping with

and adapting to their child's disclosure of his/her same-sex sexual orientation. These supportive factors, as identified in same-sex-attraction research, correspond with family resilience factors, resources and attributes (found in the reviewed family resilience studies). Therefore, in the next section, the resilience qualities that were highlighted in family resilience studies on South African families (previously mentioned) are compared to and combined with the supportive family factors identified from the same-sex sexual orientation disclosure research. The combined resilience qualities (family resilience) and supportive factors (same-sex-attraction supportive factors) can, at this stage, be considered as potential predictors of the factors, attributes and resources that were identified in this study by the participants in helping a family cope and adapt to their child's same-sex sexual orientation.

3.4.1 Family resilience factors, resources and attributes

It is evident that the following factors are potentially influential family resilience factors when a child disclosed his/her same-sex sexual orientation to the family (these are factors that were found in South African family resilience studies in which the family crisis was not the self-disclosure, and also in same-sex-attraction studies in which supportive factors were identified that helped the family to better accept their child's sexual orientation).

3.4.1.1 Social support

Firstly, internal support (between close family members) and external support (extended family and the community) have been found to be important resilience factors amongst South African families (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van Den Berg, 2013). The reviewed articles all agree that intra-familial support (emotional and practical) is one of the most important resilience resources in families after crisis events (Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van Den Berg, 2013). Greeff and Thiel (2012, p. 186) describe social support within the family as "assisting, encouraging, reassuring, looking out for one another". Internal family support also entails the immediate family members (parents and children) feeling comfortable to ask for support from and offer support to each another.

Internal (between family members) and external social support (between the family and extended family and community) were also found to be very effective support and coping mechanisms for families coping with the disclosure event of a child's same-sex sexual

orientation (Baptist & Allen, 2008; Burns et al., 2012; Heatherington & Lavner, 2008; Pearson & Wilkinson, 2013; Williamson, 1998). The family (parents and siblings) is the same-sex-attracted child's primary base of support (Pearson & Wilkinson, 2013). Therefore, the manner in which the family supports the child can directly influence how the child will expect support from the rest of his/her social world (Pearson & Wilkinson, 2013).

Henderson (1998) explains that parents initially find it hard to hear that their child is attracted to the same sex because of societal presuppositions about the same-sex-attracted individual (stigma of promiscuity, prominence of sexual diseases, unfavourable social pressures). The family's prior experience with same-sex attraction (being acquainted with someone who is a same-sex-attracted individual) proves to be a very important supportive factor for parents when their same-sex-attracted child discloses his/her sexual orientation (Hilton & Szymanski, 2011). The reality is that parents are usually ill-equipped and uneducated in terms of knowledge about the world of same-sex attraction and sexual minority groups (Henderson, 1998; Willoughby et al., 2008).

External resources, specifically formal and informal sources of information about the crisis event, have proven to help South African families adapt to an unfamiliar crisis – like an illness about which little is known (autism or cancer) (Greeff & Thiel, 2012). Hilton and Szymanski (2011) state that, through support groups, exposure to sexual-minority individuals and also acquiring in-depth knowledge about non-normative sexual orientations, families could understand the sexual orientation of same-sex-attracted individuals better. Williamson (1998) adds that the use of therapy as an external resource can help a family understand their child and cope with the disclosure event. Such a disclosure event might even cause the family to re-evaluate certain understandings and preconceived ideas about sex, sexuality and religion (Willoughby et al., 2008).

3.4.1.2 Communication

Family communication includes positive and negative forms of communication (McCubbin et al., 1996). Negative and destructive communication is known as 'incendiary communication' (which causes non-supportive behaviour), whereas positive and supportive communication is known as 'affirming communication' (which can aid coping with and adaptation to the child's disclosure event) (McCubbin et al., 1996). With affirming communication, importance is attached to clear, open, honest and direct communication that aims to show care and support

towards the family members, especially those who are experiencing the trauma or are directly affected by the crisis (Greeff & Human, 2004; Greeff & Lawrence, 2012; Greeff & Van Den Berg, 2013).

Communication has been shown to be an important resilience factor for South African families with regard to hardships they may experience (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Thiel, 2012; Greeff & Van Den Berg, 2013; Jonker & Greeff, 2009). Supportive and affirming communication, as a family resilience factor, plays an important part in resolving grief in families during crises (Greeff & Du Toit, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012). Open and supportive communication, similarly, was found in same-sex-attracted studies to be a way of counteracting rejection after the disclosure event (Sadowski, 2010). Families use discussions within their immediate family (internal) as platforms of communication to be able to support their child once he/she has disclosed his/her same-sex sexual orientation (Baptist & Allen, 2008).

3.4.1.3 Religion and spirituality

Religion and spirituality are resilience factors that have helped families to adapt to a crisis event (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van der Walt, 2010; Jonker & Greeff, 2009). In most cases (if not all), religion and spirituality have proven not just to be positive and supportive factors, but also among of the most important resilience factors for families, specifically in a South African setting (Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van der Walt, 2010). Religion has proven to be especially applicable as a coping mechanism to help families reframe crises and make sense of suffering (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Human, 2004). It should be noted that, in most of the reviewed resilience studies, religion was confirmed as a resilience factor for families by means of the open-ended qualitative question, and not from the quantitative questionnaires (Greeff & Du Toit, 2009).

In contrast, religion and spirituality have been found to have a negative effect on a family's reaction to a child's disclosure of his/her same-sex sexual orientation (Heatherington & Lavner, 2008; Kaufman & Raphael, 1997; Willoughby et al., 2008). This can be ascribed to the fact that religious and traditional cultural views, more often than not, view same-sex attraction negatively (Cohen & Savin-Williams, 1996; Heatherington & Lavner, 2008).

3.4.1.4 Family time and routines

Family time and routines (Greeff & Du Toit, 2009; Greeff & Wentworth, 2009; Greeff, Vansteenwegen & Gillard, 2012) have also been identified as prominent resilience factors in South African families (Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Lawrence, 2012; Greeff & Van den Berg, 2013; Greeff et al., 2012). Family routines can include a daily routine as common as having dinner together, or the telling of bedtime stories, as well as traditions that are practised within the specific culture to which the family belongs (Greeff & Human, 2004; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009; Greeff et al., 2012). Family routines are important because they cause family members to come into regular contact with each other and thus enable them to support each other (Greeff & Human, 2004). Williamson (1998) identified family time, along with trust, as a supportive factor in a family's reaction to a same-sex-attracted child's disclosure event.

3.4.1.5 Hardiness

Family hardiness was identified as an important family resilience trait helping South African families to better adapt to and cope with crisis events (Greeff & Du Toit, 2009; Greeff & Wentworth, 2009; Greeff et al., 2012). Family hardiness includes commitment to work together, challenging the members to handling stressors in new ways and being able to exercise a level of control over family life (McCubbin et al., 1996).

3.4.1.6 Cohesiveness

Cohesiveness is a 'critical systemic variable' that affects the disclosure event of a same-sex-attracted child within the family (Heatherington & Lavner, 2008). Once the child has disclosed his/her sexual orientation to the family, even if it is a shock to them, cohesiveness helps a family to be able to deal effectively with the disclosure event (probably because they are used to being open to and sharing with each other) (Heatherington & Lavner, 2008). Cohesiveness has the ability to counteract cultural (as mentioned earlier), traditional and religious aspects of the family – the family can work together to make meaning, solve the problem together and adapt to the child's same-sex sexual orientation (Heatherington & Lavner, 2008). Cohesiveness as an important family resilience quality is supported by Walsh (2012), as discussed in the previous chapter. Walsh (2012) explains cohesiveness within family resilience as a 'connectedness' within families to mutually support, collaborate with and commit to each other during times of hardship.

3.5 Conclusion

The disclosure of a same-sex-attracted child's sexual orientation to his/her family can cause initial negative reactions and create a crisis in the family (Willoughby et al., 2008). However, research has shown that most families have the ability to cope and adapt to this crisis event (Lubbe-De Beer & Marnell, 2013; McCubbin & McCubbin, 1996; Savin-Williams, 2001; Walsh, 2012).

It has become apparent from the literature review that there are a lack of studies trying to identify and describe family resilience qualities that can help a family to cope with their child's disclosure of his/her same-sex sexual orientation. The most recent research (Baptist & Allen, 2008; Heatherington & Lavner, 2008; Willoughby et al., 2008) has only theorised about implementing a systemic-based model to better understand the phenomenon (of how the family is able to organise itself to move on from the crisis of their child's same-sex-attraction disclosure), but has not gone further and practically applied it to identify and describe these supportive aspects. The Resiliency Model of Family Stress, Adjustment and Adaptation potentially can help to fill this gap within research on the disclosure of same-sex sexual orientation to the family by investigating how the family can effectively use resilience factors, attributes and resources to cope with and adapt to this crisis event.

In this study, factors, attributes and resources were investigated that are relevant to the family as a unit, and that will enable us to better understand how families cope with and adapt to the disclosure event (from the perspective of the disclosing child). Not only can the findings of this study be used to support families that are struggling with the disclosure of their same-sex-attracted child, but they can also be used to support same-sex-attracted individuals (a minority group that is very susceptible to ill-health and psychosocial underdevelopment).

The methodology of the current study is discussed in detail in Chapter 4.

Chapter 4

Methodology

4.1 Introduction

The methodology used in this study is discussed in this chapter. The chapter starts with a description of the research design and the sampling method used in the study, after which the sample of participants is discussed in detail. The different measures that were used, as well as the procedure followed in collecting data, are then described. Further, the methods of data analysis used for both the qualitative and quantitative components of the study are discussed. To conclude, there is a discussion of the ethical considerations regarding this study.

4.2 Research design

Willoughby et al. (2008) clearly highlight the familial reaction to the same-sex-attraction disclosure as an exploratory field in which there has been no research that has tried to understand the family's ability (as an integrative system) to cope with and adapt to such a stressful event or crisis (Singleton & Straits, 2010). For this study I therefore aimed to operationalise the Resiliency Model of Family Stress, Adjustment and Adaptation in studying the same-sex-attracted child's sexual orientation disclosure to his or her family, with a specific focus on the coping and adaptation of families after the disclosure of the child's same-sex sexual orientation.

The study made use of a mixed-methods approach with a cross-sectional (once-off) survey research design, therefore combining the strengths of both the qualitative and quantitative approaches. The mixed-method approach in research recognises that all methods have limitations and that, by combining methods, the biases and limitations found in the different methods can be neutralised or minimised (Creswell, 2009; Singleton & Straits, 2010). The mixed-methods approach is especially appropriate in the study of marginalised groups such as same-sex communities and individuals (Creswell, 2009).

As mentioned in the previous chapter, it was evident from the review of South African family resilience studies that the open-ended qualitative question (and mixed-method approach in general) was very useful in identifying aspects of family resilience that might have been missed in the closed-ended questionnaires. The mixed-methods approach is thus very applicable to

answer this study's research questions, using the Resiliency Model of Family Stress, Adjustment and Adaptation as theoretical framework (Walsh, 2012).

The relational strengths between the dependent variable (family adaptation) and several independent variables (family hardiness, coping skills, communication patterns, family time and routines, friend and relative support, and community support) were quantitatively investigated in this study. The study, therefore, is also correlational in nature. The correlations found within this study are not to be understood as direct causal resilience factors. Instead, the significant correlations found in the study, which are described in the study as resilience qualities, should rather be understood as being related to the level of family adaptation after a same-sex-attracted child disclosed his/her sexual orientation (specifically from the child's perspective).

4.3 Participants

4.3.1 The unit of analysis

The unit of analysis for this study was the family. Families and the way people function within their households vary to a large degree (McKie & Callan, 2011; Walsh, 2003). The traditional or conventional idea of a family (a married, heterosexual couple with children) no longer fits the general understanding of what a family is in society (Walsh, 2003). Firstly, the relationship patterns within the parental structure of a family are very diverse in these modern times. For example, parents may live together, be separated, cohabitating, remarried or single. In addition, the people that make up the relationships within a family are very diverse, and modern families can include parents, grandparents, friends, children, siblings and even colleagues (McKie & Callan, 2011).

Nam (cited in Deist, 2013) describes the modern family as two or more individuals (connected through kinship, marriage/domestic partnership, or adoption) who live together in the same household. This study focuses on this closely knit, immediate family grouping. This study therefore includes single-parent families, remarried families and families in which a grandparent acts as a parent.

4.3.2 Sampling strategy and procedure

The study faced a unique challenge in terms of recruiting its participants. The topic of same-sex-attraction disclosure is still a sensitive one in South African families, and there seems to be a lack of institutional and organisational support for same-sex-attracted individuals and their families, as well as research on this topic (Lubbe-De Beer & Marnell, 2013). I therefore had to approach families on a personal and individual level.

I made use of snowball sampling (non-probability sampling), in which a group of same-sex-attracted individuals known to me were approached as participants. According to this method, the initial participants are used in the first round of data collection and then, through their contacts and references, more individuals are contacted, until an acceptably large sample is established (Singleton & Straits, 2010; Terre Blanche, Durrheim & Painter, 2006). Although snowball sampling usually is more effective for qualitative studies, it can also be used in an exploratory study (Terre Blanche et al., 2006). Snowball sampling is also a great sampling method when dealing with smaller subgroups of the population, such as minority groups (Singleton & Straits, 2010).

The criteria for participating in this study were:

- Men or women currently studying or working in the Western Cape province, South Africa
- The person's age range between 18 and 32 years
- Individuals need to have disclosed their same-sex sexual orientation to their family, specifically their parents
- Time period since disclosure to the family should be at least six months, but no longer than 10 years

After the data collection with a participant was completed, the participant was asked whether he/she was willing to identify further participants for the study. If so, the participant was asked to first ask the friend(s) or acquaintance(s) he/she had in mind if they would be willing to participate in the study. Only after the friend or acquaintance identified by a participant agreed to participate did I send them a message with information about the study. I approached these individuals via SMS, WhatsApp or email. I firstly introduced myself to them and then explained to them the aim of the study, namely to identify qualities in their families that helped

their family to adapt to the same-sex sexual orientation disclosure event. Secondly, I explained to the participants what was expected of him/her: To fill out a biographical questionnaire, along with an open-ended question and seven self-report questionnaires. Thirdly, I emphasised aspects like privacy, consent and anonymity. In total, 68 people were approached through this method. Finally, a total of 55 same-sex-attracted individuals were willing to participate in the study. One of these individuals was excluded (exceeded age limit), and therefore the final sample for the study was 54 participants. The biographical details of the participants are presented in Table 4.1.

Table 4.1

Biographical Information of Participants (N = 54)

	Category	Frequency	Percentage
Gender	Male	46	85.2
	Female	8	14.8
Employment status	Full-time	26	48.1
	Part-time	1	1.9
	Unemployed	2	3.7
	Student	25	46.3
Home language	Afrikaans	37	68.5
	English	16	29.6
	Other (Sotho)	1	1.9
Race	Black	1	1.9
	Coloured	7	12.9
	White	42	77.8
	Indian	4	7.4
Participants' estimated monthly family income	R5 000 – R10 000	1	1.9
	R10 001 – R15 000	6	11.1
	R15 001 – R50 000	22	40.7
	R50 000 or more	25	46.3
Parents' marital status	Single	5	9.3
	Cohabiting	1	1.9
	Married	40	74.1
	Widowed	1	1.9
	Divorced	5	9.3
	Other	2	3.7

The participants were predominantly white ($n = 42$, 77.8%) and male ($n = 46$, 85.2%), with ages ranged from 19 to 32 and a mean age of 24.67 ($SD = 3.5$). The majority of participants were students ($n = 25$, 46.3%), or employed full time ($n = 26$, 48.1%). Thirty-seven (68.5%) participants had Afrikaans as home language and 16 (29.6%) spoke English at home.

The time since the participant had disclosed his/her same-sex sexual orientation was indicated in months and ranged from six months to 120 months, with a mean of 52.46 (SD = 32.55). Twenty-five (46.3%) families had a monthly income of R50 000 or more, and 22 (40.7%) had an income of between R15 001 and R50 000. Masemola, Van Aardt and Coetzee (2011) state that more than half of families in the South African population earn less than R12 500 per month, which means that most of the participants in this study were from families ranging from middle-class to affluent.

Most of the families represented in the study had parents who were married (n = 40, 74.1%). In the category 'other' there were two (3.7%) three-generation family structures. The one family was a married couple with children, but the grandmother also lived with the family (she therefore was part of the immediate family). The other family had a single mother (the father had passed away), but the grandmother also lived with the family and acted as a second parent to the children.

4.4 Measures

All families experience stressors (see Figure 2.1, Chapter 2), which affect the family's vulnerability. The family's resources and situational appraisal of the stressor interact with the family's problem-solving and coping capabilities. This is affected by the family's schema (shared values and beliefs) and social support (support from individuals, internal and external family members, the community and society in general). The processes that the family moves through result in one or other level of adaptation (ranging from bonadaptation to maladaptation). The level of adaptation is an indication of the family's resilience towards this specific stressor (in this case, a child disclosing his/her same-sex-attracted sexual orientation), as well as any other pile-up of stressors. The level of family adaptation, as the dependent variable, was measured in this study with the Family Attachment and Changeability Index (FACI8). Family adaptation scores were correlated with the obtained scores of the independent variables. A statistical significant correlation was interpreted as a family resilience quality.

4.4.1 Biographical questionnaire

A biographical questionnaire (see Addendum B) was administered to collect personal information, including age, gender, race, whether the person was working or studying, time since their disclosure, family's home town/city, and family composition. Along with this, a

separate, open-ended qualitative question (see Addendum C) was added at the end of the biographical questionnaire.

4.4.2 Qualitative question

The qualitative question was posed as an open-ended question (see Addendum C). Participants were asked to identify, to their best of their knowledge, supportive attributes, factors and resources that helped their families to adapt to or cope with their disclosure of their same-sex sexual orientation. The open-ended question was completed in writing by the participants and these texts were then used within the qualitative analysis. This open-ended question was included because of its successful use in prior studies, in which the question elicited aspects that were not identified by the quantitative questionnaires.

4.4.3 Quantitative measures

Seven self-report questionnaires were used to operationalise aspects of the Resiliency Model of Family Stress, Adjustment and Adaptation (see Addendum D). The dependent variable, family adaptation, was measured with the Family Attachment and Changeability Index 8, while the other questionnaires measured potential family resilience qualities (McCubbin et al., 1996).

4.4.3.1 The Family Attachment and Changeability Index 8 (FACI8)

This measure, adapted by McCubbin, Thompson and Elver for multicultural use, measures family functioning with 16 items by means of a five-point Likert scale (occurrence of an event, ranging from “Never” to “Always”) (McCubbin et al., 1996). The FACI8 has two subscales: the attachment subscale, which measures the strength of the relationship between the different family members, and the changeability subscale, which measures the flexibility that family members have in their relationships with one another. FACI8 has an internal reliability of .73 for attachment and .80 for changeability (McCubbin et al., 1996). Only the total score (sum of the two subscales) was used throughout the study as an indication of the family’s level of adaptation. In this study the two subscales had internal reliabilities (coefficient alpha) of .81 for attachment and .79 for changeability. The internal reliability of the total scale was .81.

4.4.3.2 The Family Hardiness Index (FHI)

The FHI (developed by McCubbin, McCubbin and Thompson) measures family hardiness, which is an indication of the family’s internal strengths as well as their durability to help

overcome hardships and stressors (McCubbin et al., 1996). The FHI consists of 20 items, with three subscales that measure commitment, challenge and control (McCubbin et al., 1996). Commitment is the ability of the different family members to work together, utilising their internal strengths in overcoming hardships (McCubbin et al., 1996). Challenge is the ability of a family to look for new and innovative ways of handling a stressor (McCubbin et al., 1996). Lastly, the control subscale measures the extent to which the family feels in control of its own family life, instead of being susceptible to outside effects (McCubbin et al., 1996). Each item is rated on a four-point Likert scale with the following range of responses: “False”, “Mostly false”, “Mostly true” or “True”. The FHI has an internal reliability of .82 and a validity coefficient of between .20 and .23 when correlated with family flexibility, satisfaction, time, routine and adaptability variables (McCubbin et al., 1996). The Pearson’s correlation reliability coefficients for the three subscales in this study were .81 (challenge), .61 (control) and .87 (commitment). The Cronbach’s alpha for the total FHI scale was .76.

4.4.3.3 The Social Support Index (SSI)

The SSI is a 17-item instrument, developed by McCubbin, Patterson and Glynn, which measures the level of community-based support a family experiences (McCubbin et al., 1996). It measures how integrated the family is with their community, how it finds support within this community and uses community resources for emotional, esteem and network support. The SSI has a five-point Likert-type scale, varying from “Strongly disagree” to “Strongly agree” (McCubbin et al., 1996). It has a proven internal reliability (Cronbach’s alpha) of .82 and a validity coefficient of .40 (McCubbin et al., 1996). The internal reliability (Pearson correlation coefficient) for this study was .84.

4.4.3.4 The Relative and Friend Support Index (RFSI)

The RFSI, developed by McCubbin, Larsen and Olson, measures the support families draw from friends and extended family members in order to deal with stressors and hardships (McCubbin et al., 1996). This measure determines the relative and friend support by means of eight items on a five-point Likert rating scale (the responses range from “Strongly disagree” to “Strongly agree”) (McCubbin et al., 1996). It has an internal reliability of .82 and a validity coefficient of .99 when correlated with the original Family Crisis Oriented Personal Evaluation Scales (F-COPES) (Der Kinderen & Greeff, 2003; McCubbin et al., 1996). In this study the RFSI obtained an internal reliability (Pearson correlation coefficient) of .72.

4.4.3.5 The Family Crisis Oriented Personal Evaluation Scales (F-COPES)

This measure, developed by McCubbin, Olson and Larsen, focuses on problem solving and other behavioural strategies operationalised by families to overcome hardships (McCubbin et al., 1996). It has 30 five-point Likert-type items ranging from “Strongly disagree” to “Strongly agree” (Greeff & Du Toit, 2009; McCubbin et al., 1996). The scale has five subscales divided into two groups. The first two subscales measure internal coping strategies that the family can utilise. These are ‘reframing family problems’ (being able to manage the stressor at hand) and ‘family passivity’ (proneness of a family to accept a dire situation and minimising their reactivity towards it). The other three subscales measure external coping strategies, or sources of support outside the family: ‘seeking spiritual or religious support’; ‘acquiring social support’ from extended family, friends and neighbours; and ‘mobilising social support’ (to seek support from the community) (McCubbin et al., 1996).

The reliability coefficients (Cronbach’s alpha) for the internal coping strategies are as follows: The reframing subscale has an internal reliability of .82 (McCubbin et al., 1996), and it was .78 in this study. The passive appraisal subscale has a reliability coefficient .63 (McCubbin et al., 1996), and it was .67 in this study. Below are the Pearson’s reliability coefficients for the external strategies: the spiritual and religious support subscale has an internal reliability .80 (McCubbin et al., 1996) and it was .88 in this study; acquiring social support subscale showed a reliability coefficient of .83 (McCubbin et al., 1996), and .75 in this study; and the mobilisation of social support subscale has a Cronbach’s alpha of .71 (McCubbin et al., 1996) and it was .50 in this study.

4.4.3.6 The Family Problem Solving and Communication Index (FPSC)

This measure was developed by McCubbin, Hamilton and Thompson to measure both the negative and positive forms of communication with which a family addresses hardships (McCubbin et al., 1996). On the one hand, families can exercise a pattern of negative and destructive communication in reaction to a hardship. This type of communication is known as ‘incendiary communication’ (McCubbin et al., 1996). On the other hand, families can use positive and supportive communication to deal with a hardship, which is known as ‘affirming communication’ (McCubbin et al., 1996). The FPSC is a 10-item measure, with a four-point Likert scale (0 = False, 1 = Mostly false, 2 = Mostly true and 3 = True). The internal reliability for the instrument as a whole is .89, with .78 for incendiary and .86 for affirming

communication (McCubbin et al., 1996). The internal reliability for this study was .84 for the total scale, and .81 and .85 for incendiary and affirming communication respectively.

4.4.3.7 The Family Time and Routines Index (FTRI)

This measure, developed by McCubbin, McCubbin and Thompson, aims to measure the activities and routines used by families, as well as the value they attributed to these activities and routines (McCubbin et al., 1996). The FTRI is a 30-item scale that is rated twice on a four-point Likert scale – “False”, “Mostly false”, “Mostly true” and “True”. The first rating determines how applicable the participants currently find the item or statement to be to their family. The second rating is posed to the participants in relation to whether the previous item or statement was something that could help their family stay united (McCubbin et al., 1996). The FTRI has eight subscales that measure predictable routines in the family with regard to ‘parent-child togetherness’ (regular and predictable communication between children and parents), ‘couple togetherness’ (predictable routines to promote communication between spouses), ‘child routines’ (child routines that promote order and autonomy), ‘meals together’ (togetherness through mealtime), ‘family time together’ (family time spent together, including special events, quiet time and family time), ‘family chores routines’ (having predictable routines that promote child responsibility), ‘relatives connection routines’ (regular contact with relatives) and ‘family management routines’ (family efforts to establish predictable routines to create order within the family) (McCubbin et al., 1996).

The internal reliability for this measure is .88 (McCubbin et al., 1996). The internal reliability for the total scale for this study was .85. The internal reliabilities for the various subscales for this study were .89 for the ‘Importance attributed to family time and routines’ subscale; .68 for the ‘Parent-child togetherness’ subscale; .47 for the ‘Couple togetherness’ subscale; .33 for the ‘Child routine’ subscale; .64 for the ‘Meals together’ subscale; .58 for the ‘Family time together’ subscale; .88 for the ‘Family chores routines’ subscale; .83 for the ‘Relatives connection’ routines; and .44 for the ‘Family management routines’ subscale.

4.5 Procedure

The study first had to go through an ethical evaluation by the Departmental Ethics Screening Committee. Thereafter, clearance was obtained from the Research Ethics Committee (Humanities) of Stellenbosch University (National Health Research Ethics Committee number:

REC-050411-032, protocol number HS1117/2014). Only then could data collection start. This was in November 2014, and data collection ended in March 2015.

After individuals who were willing to participate in the study were identified, they were contacted regarding the study. Participants were approached via email, SMS or through the social media platform WhatsApp. If initial participation was agreed to, an appointment at a private home or quiet public place was arranged. I met up with each participant and firstly introduced myself. The first few minutes were used to become better acquainted with one another. The structure and purpose of the study was then explained to the participant. We went through the consent form together (see Addendum A), which included all the necessary information about the study. The consent form informed participants (a) of their right to refrain from answering a question or withdrawing from the study completely; (b) of the intention of the study and questions to be asked (merely to gain insight into their family dynamics and interactions); (c) that their information would be dealt with with complete care; and (d) that, if they felt emotional or uneasy at all, information was provided at the end of the consent form (see Addendum A) to indicate available counselling support. Only after they had finished reading the consent form, or had it explained to them, and felt at ease to continue, did they sign it and were they handed the different questionnaires to fill out.

The participants were firstly handed the biographical questionnaire, in which they had to fill out basic information about their family (see Addendum B). Next, the participants were asked to respond to the open-ended question, which asked them to relate factors, attributes and resources that helped their family to cope and adapt to their disclosure of their same-sex sexual orientation (see Addendum C). Finally, the participants were handed the seven self-report questionnaires (see Addendum D).

Each participant signed the consent form, completed the biographical questionnaire, and filled out the qualitative open-ended question and the seven self-report questionnaires. The meetings took 30 to 60 minutes of the participants' time. At the end of each meeting (after the participants had filled out the questionnaires), the participant was reminded that, if he/she felt uncomfortable or emotional about any aspects surrounding the questions, the consent form contained specific counselling and crisis-counselling contacts. None of the participants expressed any emotional discomfort after completing the questionnaires. If any of the participants had shown emotional distress after completing the surveys, they would have been

referred according to whether they were students (in which case they would have been referred to Stellenbosch University's crisis line and counselling centre – Welgevallen Community Psychology Clinic), or working full time (in which case they would have been referred to Lifeline/Childline, Western Cape – an independent organisation for counselling and crisis intervention).

After the data collection had ended, all the written responses to the open-ended question were typed as Microsoft Word documents in order to undertake the qualitative analyses with the Atlas.ti software program (Dowling, 2008). A data file was prepared on Microsoft Excel into which all the responses from the quantitative questionnaires were entered. This data file was then used for statistical analyses with the Statistica (Statsoft Incorporated, 2011) software program.

4.6 Data analysis

4.6.1 Qualitative analysis

Responses to the open-ended question were analysed according to thematic analysis procedures (Braun & Clarke, 2006). This has proven to be a very flexible analysis technique that aims to identify and clarify patterns found in datasets (Braun & Clarke, 2006). I analysed the open-ended answers according to Braun and Clarke's (2006) steps to thematic analysis. Firstly, I familiarised myself with the data by reading through all the texts several times while making notes about patterns in the text. Secondly, I generated initial codes by grouping the data into units of meaning (Braun & Clarke, 2006). I then grouped these codes into categories within larger themes (Braun & Clarke, 2006). The next stage involved revising the themes to determine if they were unique from one another, as well as if they fit into the larger dataset. From these themes I created further sub-themes. This revision process continued to the next step until the final write-up and analysis took place. The software programme, Atlas.ti (Dowling, 2008) was used as an aid to ease the process of coding words, phrases and sentences and easily keeping track of the developed themes and sub-themes).

The following qualitative question was posed to the participants: What factors, attributes and resources (to the best of your knowledge) might have helped your family to adapt to your same-sex sexual orientation disclosure? (see Addendum C). Because 'factors', 'attributes' and 'resources' were used explicitly within the qualitative question, the themes and sub-themes

were explicitly coded and grouped according to these categories. This is discussed in greater detail in the next chapter.

4.6.2 Quantitative analyses

The dependent variable, family adaptation, was measured with the Family Attachment and Changeability Index 8 (FACI8) (McCubbin et al., 1996). Pearson's product-moment correlation (r) was calculated as a measure of the strength of the linear associations between family adaptation and all the measured independent variables. Pearson's product-moment correlation is the most widely used method for describing the correlation between two variables. It is applicable to measurements of interval scales, and is usually affected by outliers (Chen & Popovich, 2002; Hauke & Kossowski, 2011). The Pearson correlation coefficient therefore was most applicable for this study, as all the variables were measured according to intervals and there were no outliers in the data. Scatterplots are shown in Chapter 5 to illustrate the relationships among the measured variables.

The association between the biographical variables and the dependent variable were also investigated by use of both analyses of variance (ANOVA) (to determine if any significant differences could be identified between the different subgroups in the sample) and correlation coefficients (the association of a single independent variable with the dependent variable).

A best-subset regression analysis was done to determine the combination of independent variables that best explained the variance in the dependent variable (family adaptation) (Tredouw & Durrheim, 2013). Within a best-subsets regression analysis, each of the predictors are placed in a model where the contribution of each predictor to the criterion (family adaptation) is determined by the significance value of the t-test for the predictor (Walters, 2009). This significance value is then compared to a removal criterion and, if the predictor does not make a significant contribution to help the model's prediction level, the predictor is removed and the remaining predictors are estimated similarly within the model (Walters, 2009).

The quantitative data analysis component was administered with the help of a senior statistician at the Statistical Consultation Service of Stellenbosch University. All analyses were done with the Statistica software program (Statsoft Incorporated, 2011).

4.7 Ethical considerations

Ethical requirements in the social sciences entail that the researcher not only use the correct techniques, but also that the techniques are used in the correct manner (Singleton & Straits, 2010). Four important ethical principles were taken into consideration in this study: informed consent, confidentiality, avoiding harm, and beneficence and justice (Gibson & Brown, 2009; Terre Blanche et al., 2006).

4.7.1 Informed consent

Informed consent entails participants' freedom to choose whether or not to participate in a study (Gibson & Brown, 2009; Singleton & Straits, 2010; Terre Blanche et al., 2006). All the participants received a consent form (see addendum A) at the beginning of the meeting with me. This form informed them of the study's goals, their role in the study, how their identity would be kept anonymous and other relevant information. The participants were expected to give written consent (see addendum A) for their participation by signing the form. I also signed the form to ensure that all the details and procedures given were adhered to accordingly and all the participants' information was respected and protected. The consent could have been withdrawn by the participants at any time during the meeting, or afterwards, by informing me (in such instances the participant and his/her information would be removed completely from the study).

4.7.2 Confidentiality

Confidentiality entails that all information shared by the participant will be dealt with anonymously and with the utmost care (Gibson & Brown, 2009; Terre Blanche et al., 2006). Only the research supervisor and I were able to view the questionnaires and the written responses. All the data were stored safely in a locked drawer at my home and in password-secured cloud storage. No specific information, such as names of individuals, are mentioned anywhere in the thesis. The physical copies of the completed questionnaires, as well as the electronic copies thereof, will be destroyed after a period of five years.

4.7.3 Avoiding harm

Research should not cause any harm to research participants (Gibson & Brown, 2009; Singleton & Straits, 2010; Terre Blanche et al., 2006). Of specific concern in the social sciences are the various forms of harm: personal, psychological, social and physical (Singleton & Straits, 2010). The manner in which questions were posed to the individuals in the questionnaires

aimed to focus merely on the understanding of family functioning on a daily basis – mostly focusing on positive aspects of the family. The participants in the study were provided with information on available counselling and psychological services (see Addendum A) should they have experienced any form of distress or emotional harm or felt a need to talk to someone afterwards (see Addendum A). The study dealt with both students and non-students. In the case of a participant who felt that feelings of hurt surrounding their disclosure event had been stirred up, students would have been directed to Stellenbosch University's crisis line. Non-student participants feeling the need for further counselling were directed to Lifeline's crisis line, where such issues could be discussed with trained counsellors. The Welgevallen Community Psychology Clinic at Stellenbosch University was also an available point of psychological service, free of charge, should the participants have felt any need for psychological support.

None of the participants in the study showed any sign of distress or harm during or after participating in the study. All the participants, in fact, were very excited and eager to talk about their family's coping and adaptation abilities.

4.7.4 Beneficence and justice

Beneficence and justice entail that the study must in some way be of benefit to the participants or broader society, and that it must have a goal directed towards a greater good in general (Creswell, 2009; Terre Blanche et al., 2006). The rationale behind this study was to investigate how families are able to cope and adapt to their same-sex-attracted child's disclosure of his/her sexual orientation. The disclosure event is seen as a crisis situation that a lot of families struggle with, specifically in the South African context (as seen from the literature review and also mentioned by most participants). Many families struggle to adapt to and cope with their same-sex-attracted child's sexual orientation disclosure event, and many families view this disclosure event as a crisis for the family (D'Augelli et al., 1998; Lubbe-De Beer & Marnell, 2013; Savin-Williams, 2001; Williamson, 1998; Willoughby et al., 2008). The potential resilience factors found in this study may help families that find themselves in similar situations in the future (for example these potential resilience factors can be used by clinicians to provide practical advice to a family struggling with their child's same-sex sexual orientation).

As mentioned previously, the participants were very eager and very excited to participate in a study that aimed to investigate factors or qualities that help families to adapt to the disclosure

event. The participants saw the great benefit and the need for more research, especially in the South African context, on the disclosure of same-sex attraction and how families deal with it.

4.8 Conclusion

In this chapter, a detailed description has been provided of the study's research methodology: the sample, sampling procedures used, measures administered as well as ethical aspects related to this study. The participants for the study were all from the Western Cape (South Africa), between the ages of 18 and 32, had disclosed their same-sex sexual orientation within the previous 10 years, and all were either working or still studying at tertiary level. An exploratory, mixed-methods design was used to allow for the qualitative and quantitative components to complement each other.

In the next chapter, Chapter 5, the results from the qualitative and quantitative analyses will be reported on in detail.

Chapter 5

Results

5.1 Introduction

This chapter reports on the results of both the qualitative and quantitative components of the study. The chapter firstly reports on the quantitative results of the study. Pearson correlations of all the independent variables with the dependent variable (measured with the FACI8 scale) are presented. All the significant correlations ($p < .05$) are considered as potential family resilience qualities as viewed from the child's perspective. The significant correlations are visually presented as scatterplots. Analyses of variance (ANOVAs) were done to test for possible mean differences between relevant subgroups of the sample. To complete the quantitative analyses, a best-subsets multiple regression analysis was done to identify the combination of independent variables that best predicted variance in the dependent variable. Finally, I discuss the qualitative results of the study. The qualitative results were developed as repetitive codes that were categorised into themes and subthemes based on the open-ended question that was posed to the participants.

5.2 Quantitative results

The results of the Pearson correlations between the dependent variable, family adaptation – measured with the Family Attachment and Changeability Index (FACI8), and the independent variables, measured by the rest of the quantitative scales, are shown in Table 5.1. The independent variables, as potential family resilience variables, are family hardiness, social support, relative and friend support, problem-solving and behavioural strategies, family patterns of communication, and family routines and time spent together.

Table 5.1

Pearson Correlations Between the Independent Variables and Family Adaptation (N = 54)

Variables	r	p
Family Hardiness Index (FHI)		
Family's sense of internal strength, dependability and ability to work together (FHI: Commitment)	.56	.00**
Family's efforts to be innovative, active and to experience and learn new things (FHI: Challenge)	.68	.00**
Family's sense of being in control, rather than shaped by outside events (FHI: Control)	.60	.00**
Family stress resistance and durability of family unit (FHI: Total)	.74	.00**
Social Support Index (SSI: Total)		
Family's ability to acquire emotional, esteem and network support from their communities	.51	.00**
Relative and Friend Support Index (RFSI: Total)		
Family's ability to utilise support from family and friends	.31	.02*
Family Crises Oriented Personal Evaluation Scale (F-COPES)		
Family acquiring support from relatives, friends, neighbours and extended family (F-COPES: Social support)	.20	.14
Family's ability to redefine the stressor, thus managing it better (F-COPES: Reframing)	.49	.00**
Family's ability to utilise spiritual support (F-COPES: Spiritual Support)	-.10	.45

(Table continues)

Table 5.1 (*continued*)

Variables	r	p
Family's ability to seek out and accept community resources (F-COPES: Mobilisation)	.13	.36
Family's ability to minimise reactivity – better accept stressor (F-COPES: Passive appraisal)	.49	.00**
Total problem-solving and behavioural strategies (F-COPES: Total)	.38	.00**
Family Problem Solving and Communication Index (FPSC)		
Pattern of supportive and caring communication between family members (FPSC: Affirming communication)	.64	.00**
Pattern of destructive and exacerbating communication between family members (FPSC: Incendiary communication)	-.59	.00**
Quality of communication in the family (FPSC: Total)	.66	.00**
Family Time and Routine Index (FTRI)		
Family allowing predictable routines for children to help establish order and autonomy (FTRI: Child routine)	.15	.28
Allowing for predictable routines in terms of communication between spouses (FTRI: Couple togetherness)	.24	.08
Predictable routines that promote togetherness through mealtimes (FTRI: Meals together)	.12	.38

(Table continues)

Table 5.1 (*continued*)

Variables	r	p
Predictability in terms of communication between the children and parents (FTRI: Parent-child togetherness)	.36	.01**
Acquiring togetherness through events, quiet time and family time (FTRI: Family togetherness)	.33	.02*
Acquiring predictable and meaningful connections with relatives (FTRI: Contact with relatives)	.04	.76
Emphasis on routines that promote child responsibilities (FTRI: Family chores)	.17	.21
Routines that promote family organisation and accountability (FTRI: Family management)	.22	.11
Family routines and activities (FTRI: Family total)	.32	.02*
Importance the family attaches to time and routines together (FTRI: Importance total)	.13	.35

* $p \leq .05$

** $p \leq .01$

The results in Table 5.1 indicate that 14 of the independent variables were significantly positively correlated with the dependent variable, family adaptation (FACI8: Total). However, there was a significant negative correlation between family adaptation and incendiary family communication (FPSC: Incendiary communication).

5.2.2 Scatterplots

The scatterplots visually present the most significant relationships between the independent variables and the dependent variable, family adaptation (FACI8), which proved strongest and most relevant to be family resilience variables once a child has disclosed his/her same-sex-attracted sexual orientation to the family. The scatterplots therefore show those independent variables that were best able to predict the dependent variable as determined by Pearson's correlations (see Table 5.1).

Figure 5.1 graphically presents the correlation between the level of family adaption (FACI8) and family hardiness.

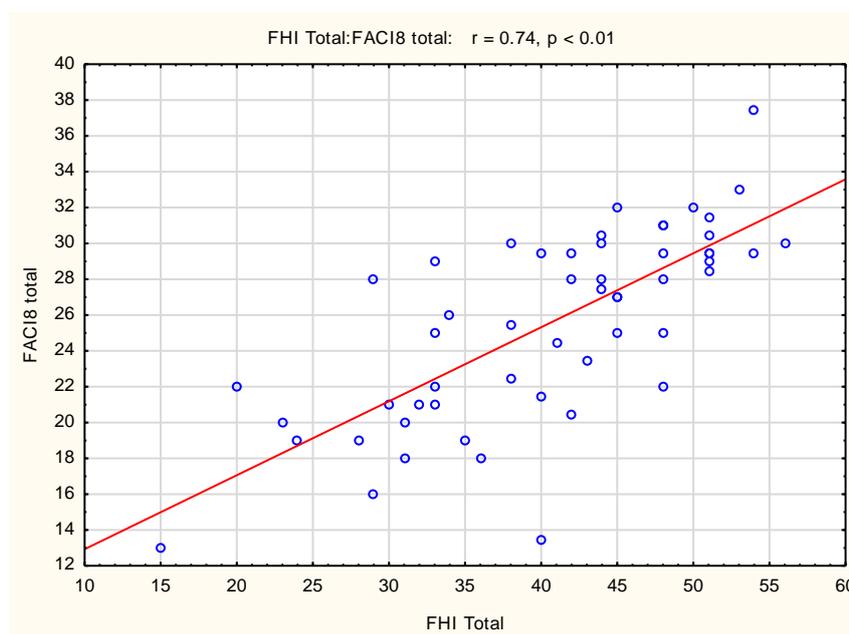


Figure 5.1. The correlation between Family Adaptation (FACI8 scores) and Family Hardiness (FHI total score).

Figure 5.1 shows a significant positive relationship between the dependent variable, family adaptation, and Family Hardiness (total score FHI) ($r = .74, p < .01$). This means that the independent variables from the three subscales of the FHI are all potentially related to family adaptation to stressors according to the child's perspective. These subscales (with corresponding correlations) were commitment ($r = .56, p < .01$), family challenge ($r = .68, p < 0.01$) and family control ($r = 0.60, p < 0.01$).

The correlation between family adaptation and social support is presented visually in Figure 5.2.

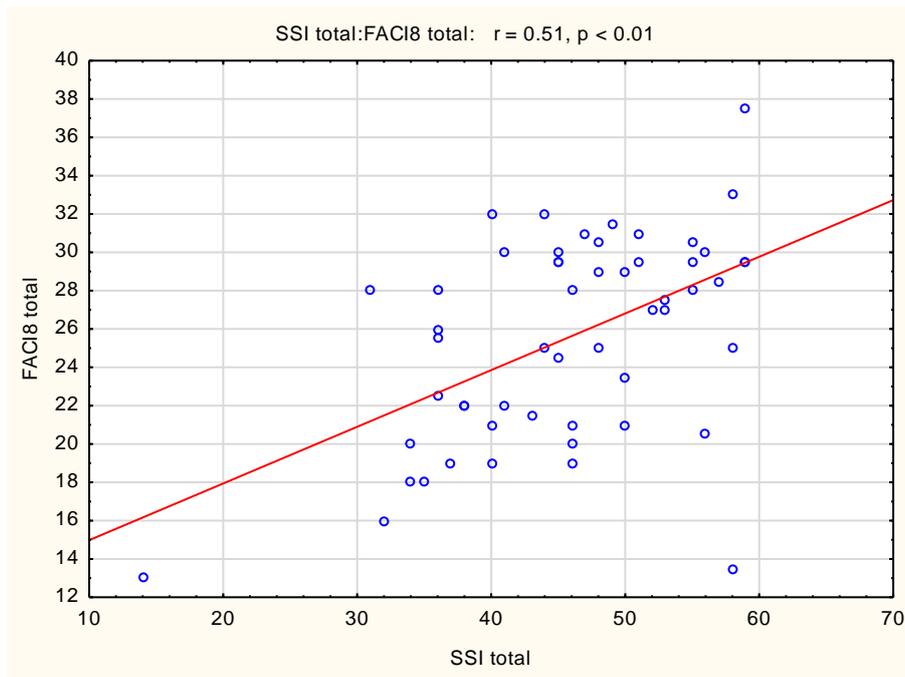


Figure 5.2. The correlation between Family Adaptation (FACI8 score) and Social Support (SSI total score).

Figure 5.2 shows the statistically significant positive correlation ($.51, p < .01$) between family adaptation and family social support (SSI: Total). This means that the family's ability to acquire emotional, esteem and network support from their communities is significantly related to the families' adaptation after their same-sex child's sexual orientation disclosure.

Figure 5.3 visually represents the correlation between family adaptation and family problem solving and communication.

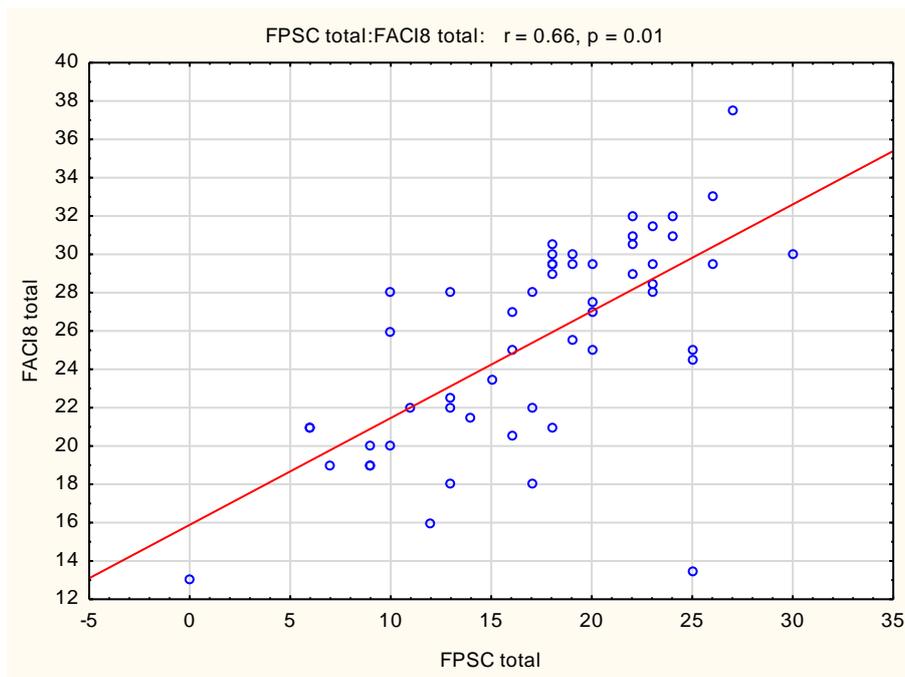


Figure 5.3. The correlation between Family Adaptation (FACI8 score) and Family Problem Solving and Communication (FPSC total score).

Figure 5.3 shows a statistically significant positive correlation between family adaptation and family problem solving and communication ($r = .66, p < .01$). Affirming communication, one of the subscales of the FPSC, similarly shows a significant positive correlation with family adaptation ($r = .64, p < .01$). A family potentially can cope with and adapt better to their child's same-sex sexual orientation disclosure event by using positive and supportive communication patterns, according to the perspective of the same-sex-attracted child. Incendiary communication, the other FPSC subscale, also shows a significant correlation, but in a negative direction ($r = -.59, p < .01$). In this instance, according to the child's perspective, negative communication practices and patterns are negatively related to the coping and adaptation of the family to their child's same-sex disclosure event.

5.2.3 The relationship between family adaptation and biographical variables

This part of the analysis aimed to determine whether subgroups of participants differed with regard to their families' adaptation levels (FACI8 total scores). The following measures within the variables were organised according to an ordinal scale, which meant that their relationship to the dependent variable could be determined with the Pearson product-moment correlation coefficient: age of the child, time since disclosure and income. These correlations between the biographical variables and family adaptation are presented in Table 5.2.

Table 5.2

Pearson's Correlations Between Biographical Variables and Family Adaptation (N = 54)

Variables	<i>r</i>	<i>p</i>
Age	.04	.78
Time since disclosure	.02	.90
Income of family	.13	.33

None of the above-mentioned biographical variables (age of participant, time since disclosure, or income of family) showed a significant correlation with family adaptation.

Analyses of variance (ANOVAs) were done to test for possible mean differences between subgroups of the participants. The results of the ANOVAs are shown in Table 5.3.

Table 5.3

Analyses of Variances of Subgroups of Biographical Variables with Regard to Family Adaptation Scores (N = 54)

Variables	<i>F</i> -statistic	<i>p</i>
Gender	.21	.65
Employment	7.32	.01
Home language	.50	.48

The only variable that differed significantly with regard to family adaptation between subgroups was the employment status of the participant. It seems that, according to the participant's perspective, the fact that he/she was employed (instead of still studying) was related to the family's coping and adaptation to their same-sex-attraction disclosure event. This relationship, between the employment status of the child and family adaptation, is graphically presented in Figure 5.4.

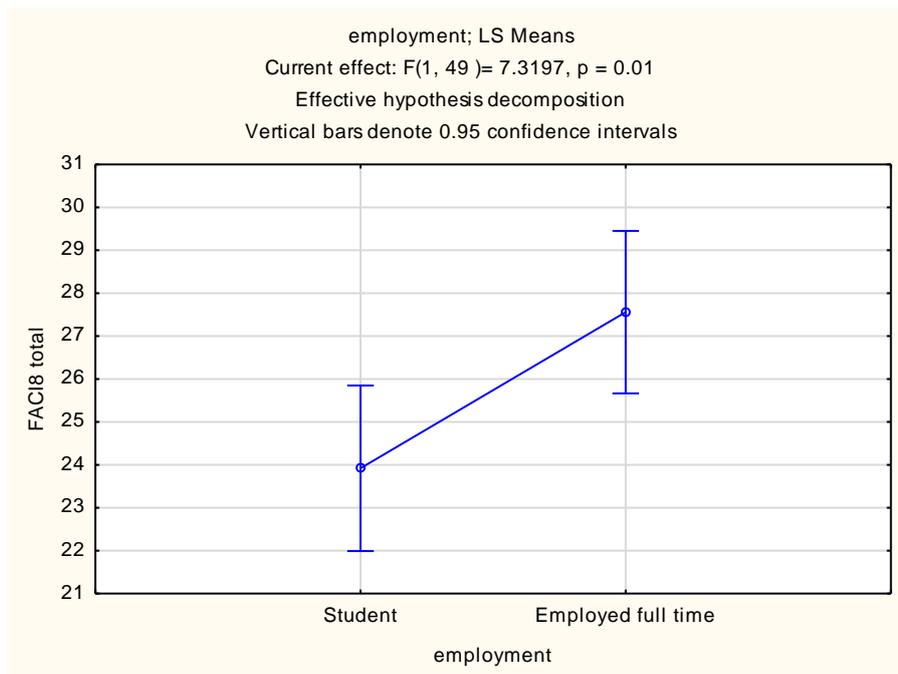


Figure 5.4. A box and whisker plot diagram displaying the difference in family adaptation in families with a child who is still a student and a child employed full time.

Figure 5.4 shows that the adaptation levels of the families of the participants who were working full time were significantly higher than the adaptation levels of the families of the participants who were students ($F(1, 49) = 7.32, p = .01$).

5.2.4 Regression analysis

A best-subset multiple regression analysis was done to determine the combination of independent variables that best predict the level of adaptation (as perceived by the child) in families in which a child has disclosed his/her same-sex-attracted sexual orientation. A combination of four independent variables was best able to predict the dependent variable. The results of the analysis are shown in Table 5.4.

Table 5.4

The Best Subset of Predictor Variables for Family Adaptation (N = 54)

	B	t (48)	p
Intercept		2.76	.0**
Family stress resistance and durability of family unit (FHI total score)	.83	6.51	.00**
Family's ability to redefine the stressor and manage it (F-COPES: Reframing)	.16	1.29	.20
Family's ability to seek out and accept community resources (F-COPES: Mobilisation)	-.19	-1.90	.06
Family routines and activities (FTRI: Family total)	-.25	-1.83	.07

* $p \leq .05$ ** $p \leq .01$

The combination of the following four independent variables was the best predictor of Family Adaptation: family hardiness (FHI: Total); family's ability to reframe problems (F-COPES: Reframing); family's ability to seek out and acquire community resources (F-COPES: Mobilisation); time and routines families engage in together (FTRI: Family Total).

Family hardiness proved to be the most statistically significant predictor of the level of family adaptation for this subgroup, at $B = .83$, $t(48) = 6.51$, $p < .01$. The other variable in the subset were not significant contributors to the variation in family adaptation for this subgroup.

The best subset as determined by the multiple regression analysis had a multiple R value of .78, which indicates that there was a significant positive correlation between the true FACI8 scores and the estimated FACI8 scores, as predicted by the independent variables. The Multiple R^2 value of .60 indicates that the independent variables, as presented in Table 5.4, account for 60% of the variation in the FACI8 scores. The predicted r-squared value shows how well the regression equation can predict family adaptation scores for future observations. The R^2 of the best subset might be found to differ slightly from other subsets, which could indicate that the variables that best predict the level of family adaptation might be due to chance. Therefore the variables identified by the 20 best subsets of repeated regression analyses were compared to each other, and the results are displayed in Figure 5.5.

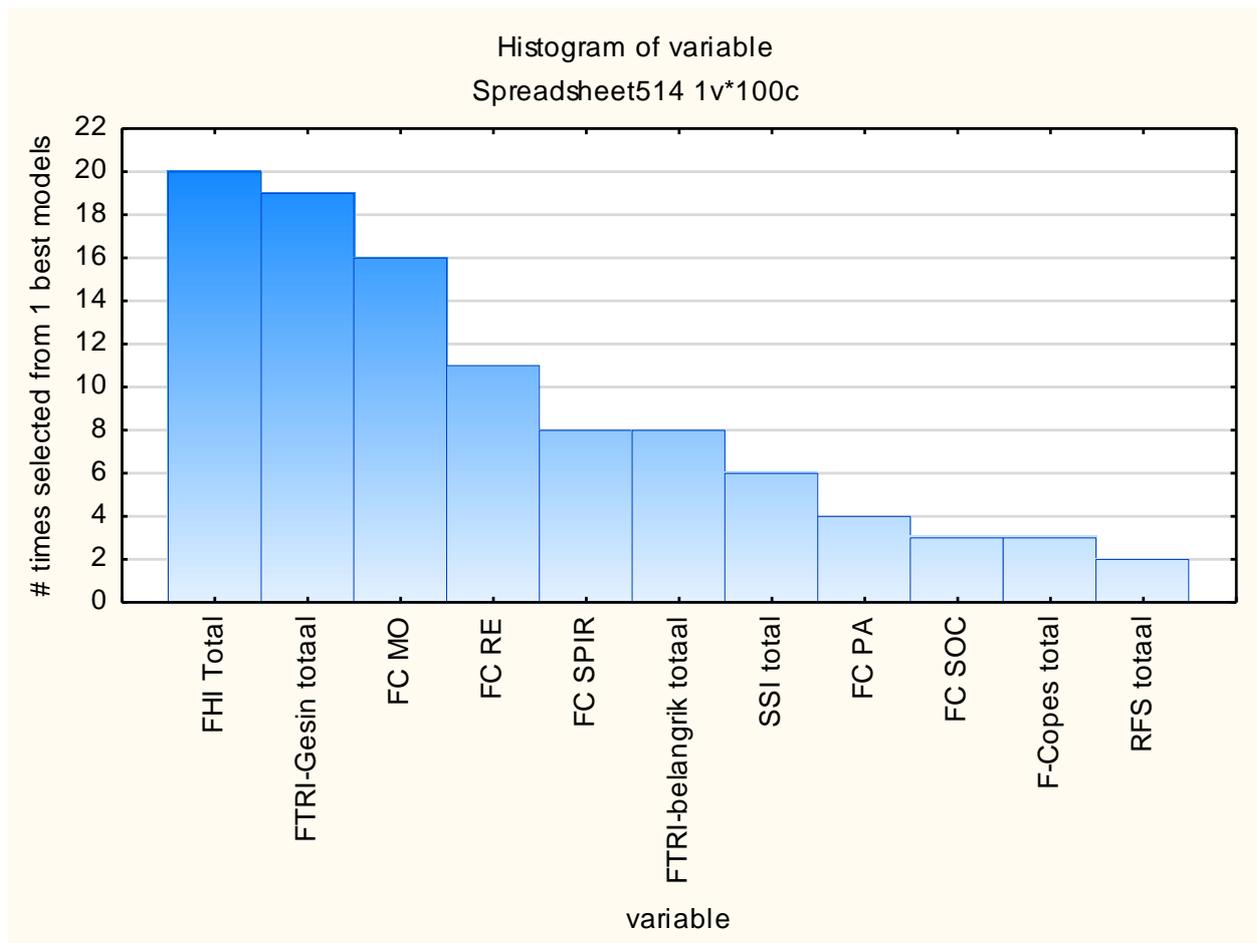


Figure 5.5. Histogram: Comparison of the 20 best subsets from the multiple regression analysis

Figure 5.5 shows the number of times the independent variables were identified as predictor variables of family adaptation in the 20 best subsets of the multiple regression analysis. Only one independent variable (family hardiness) was represented in the 20 best models. This validates that family hardiness (internal strengths and durability of the family) is a strong predictor of family adaptation according to the child's perspective. Family routines and activities (FTRI: Family Total) was identified in 19 of the 20 best models, which suggests that this variable contributes as a coping mechanism to the variance in family adaptation, even though this variable did not significantly contribute to family adaptation. Finally, the family's ability to seek out and accept community resources (F-COPES: Mobilisation) was represented in 16 of the 20 best models. This implies that this variable contributes to the variance in family adaptation, even if it did not contribute significantly to family adaptation.

5.3 Qualitative results

The qualitative results in this study contributed to a more in-depth understanding of resilience qualities that the participants viewed to helping their families cope and adapt to their same-sex-attraction disclosure event. As mentioned, asking participants an open-ended question about what they think helped their families to adapt to a crisis has proven to be effective in similar South African family resilience studies in contributing, along with the quantitative results, to a more holistic view of family resilience qualities. In fact, in most of the studies that used both the qualitative and quantitative research approaches, the qualitative results showed certain family resilience qualities that the quantitative results failed to identify.

Presented below are the relevant themes and subthemes that were identified by implementing the steps suggested by Braun and Clarke (2006) and with the aid of the Atlas.ti (Dowling, 2008) software package. The answers to the open-ended question were grouped according to broad themes and then, with further analysis, divided into subthemes that were understood as resilience qualities comparable to the quantitative variables.

Table 5.5 provides a summary of the themes identified in the qualitative analysis. The discussion of these themes is done in the paragraphs below. It is important to note that the factors, attributes and resources that are discussed were mentioned by the participants and not by other members of the families. It should therefore be understood as the participants' opinion of their family and what they felt had helped their families to cope and adapt better to their same-sex sexual orientation disclosure.

Table 5.5

Family Resilience Attributes, Factors and Resources as Derived from the Themes and Categories in the Qualitative Data Analyses (N = 54)

Variables	Frequency	(%)
Attributes		
Family attributes	30	55.6
Acceptance, positive attitude towards child, love, open-mindedness, patience, peaceful, sense of humour, high socio-economical level, spirituality, strong family bond, trust, warmth		
Same-sex-attracted child's attributes	22	40.7
Older age, confrontational (with parents), happy and self-assured, not stereotypical, outspoken (liberal), plays pivotal role in the family, responsible, relationship status, not changed as person (same person), successful, truthful		
Parent attributes	13	24.1
Older age, higher education level and parents educating themselves		
Resources		
Media	19	35.2
Internet (websites and videos), film (informational or educational), literature (books or magazines), music, research materials, television		
Urban setting	6	11.1
Social support		
External		
Extended family	14	25.9
Aunts, uncles, cousins, grandparents		
Outside of family	35	64.8
Colleagues, friends, psychologists		

(Table continues)

Table 5.5 (*continued*)

Variables	Frequency	(%)
Internal	33	61.1
Mother, father, grandmothers, parents (together), same-sex-attracted child, sibling		
Factors		
Communication	18	33.3
Positive communication, open communication		
Exposure to same-sex attraction	28	51.9
Exposure to same-sex attraction as a topic or exposure to a same-sex-attracted individual		
Family structure	2	3.7
Number of people in the family		
Time	10	18.5
Spending time with family and time that has passed since disclosure		

5.3.1 Attributes

It became evident in the qualitative analysis that the participants were describing individual and family characteristics that had helped their families to cope and adapt to their same-sex sexual orientation disclosure. The Penguin Dictionary of Psychology (Reber, Allen & Reber, 2009a) describes an ‘attribute’ as a particular characteristic, trait, emotion or motive that is ascribed to a person or group. The first theme that the participants mentioned in the qualitative answers was therefore classified as ‘attributes’. These attributes were explained by the participants as shared attributes within the family, attributes relating specifically to themselves and attributes relating specifically to their parents. Therefore the subthemes of ‘family attributes’, ‘same-sex-attracted child’s attributes’ and ‘parent attributes’ were used.

In total, 30 (55.6%) participants mentioned at least one family attribute that helped their family to adapt and move on from the initial disclosure event. Most of these attributes referred to shared family attributes (attributes that family members exhibit): acceptance, attitude, love, open-mindedness, patience, peacefulness, sense of humour, socio-economic level of family,

spirituality, strong family bond, trust and warmth. These family attributes were described by the participants as positive attributes that caused the family to react in a positive manner towards their same-sex sexual orientation disclosure, as opposed to negative attributes that may have caused further estrangement between the family and their same-sex-attracted child (causing the child to be more at risk of mental health problems). Therefore, the participants felt that, when their family exhibited accepting behaviour, a positive attitude, a loving nature, an open-minded perspective, patience, a peaceful nature, a sense of humour, and had a high socio-economic level, a spiritual nature, a strong family bond and were trusting and warm, it helped the family to cope with and adapt to their child's same-sex attraction. Open-mindedness was the most prevalent family attribute indicated by the participants to help the family better cope with and adapt to their child's same-sex sexual orientation. Two examples of how participants conveyed their family's open-mindedness are: "They are very open-minded about sex life, relationships, etcetera," and "My family is liberally inclined".

Thirteen participants (24.1%) specified that there were certain attributes that related to their parents that helped the family to better cope with and adapt to the child's same-sex sexual orientation: the parents' age, parents' level of education and parents' initiative to educate themselves. The participants explained that younger parents, parents with a high education level and parents who educated themselves on same-sex attraction all helped their families to cope with and adapt to the child's same-sex sexual orientation. Here are examples of how the participants conveyed their parents' age, education level and self-education as family resilience attributes: "My parents are younger than 'normal' parents, so they are more open to my sexuality than for example my grandparents"; "My parents are well-educated"; and "... magazines – my mom bought *You* and *Huisgenoot* editions with 'coming out' articles, to educate herself".

Twenty-two (40.7%) of the participants also mentioned specific attributes relating to themselves (as a child in the family) that they felt had helped their families cope with and adapt to their same-sex sexual orientation: the child's age (an older age), child's confrontational attitude (confronting the parents to talk about his/her sexuality), the child being happy and self-assured, the child not being stereotypical (acting in a feminine manner or talking in a high-pitched voice), the child being outspoken (not scared to speak his/her mind), the child playing a pivotal role in the family, the child being responsible, the child's relationship status (being in

a committed relationship), the child remaining the same person (after his/her disclosure), the child being successful, and the child being honest and truthful.

The most mentioned child attributes were being happy and self-assured, a confrontational attitude, and being successful. Following are three examples of how the participants explained these attributes in themselves as helping their family. Firstly, being happy and self-assured: “The fact that I am a lot more at ease and happier around them” and “Knowing that I can still be the same person, and a happier person, has helped them to accept who I am”. Secondly, having a confrontational attitude: “The best is to sort of make the conversation happen if my parents didn’t want to talk about stuff” and “Confrontation, for example, ‘You have to start accepting my friends otherwise you won’t be part of my life’”. Thirdly, being successful: “My accomplishments – which helped them to still stay proud,” and “My own success helped them to accept me for who I am”.

5.3.2 Resources

The Merriam-Webster Dictionary (2015) describes a ‘resource’ as “a source of supply or support that enhances the quality of life”. The participants mentioned a number of physical and social sources (according to their perspective) that their families used to adapt to and cope with their child’s same-sex sexual orientation (to enhance their family’s quality of life), and these were grouped within the theme of ‘resources’. These resources were further grouped into the subthemes ‘media’, ‘urban setting’ and ‘social support’.

Nineteen (35.2%) of the participants mentioned media resources which they felt their family used to cope with and adapt to their same-sex sexual orientation: books, films, magazine articles, television shows, research materials, internet articles, internet videos and music. These resources caused the family to be exposed to same-sex-attracted individuals and same-sex attraction as a topic (as discussed as a resilience factor in the next section). For example, families were exposed to same-sex-attracted individuals and same-sex attraction as a topic in books, magazine articles, research materials and internet articles they read. Similarly, the participants felt that films and television shows (with same-sex-attracted roles played by actors and educational shows on same-sex attraction) that the family members watched and music (same-sex-attracted artists) that the family listened to led the family to be exposed to same-sex-attracted individuals and same-sex attraction as a topic.

The most widely used media resources, as cited by the participants, were television and literature. Below, the participants explain how television and literature were used by their family as resources to better adapt to their same-sex sexual orientation. Firstly, the “TV shows helped a lot, especially to make my parents feel more comfortable and just to get the idea going”. Secondly, literature (e.g. books and magazines): “My mom bought magazine editions with ‘coming out’ articles, to educate herself.”

Six (11.2%) of the participants also mentioned that the geographical setting (specifically an urban setting) of their family had helped the family to adapt to and cope with their same-sex sexual orientation. An urban setting provided exposure to same-sex-attracted individuals and same-sex attraction as a topic of conversation (and was connected to being a more open-minded and liberal setting). For example, two participants explained: “My parents are very open-minded and try to objectively approach situations, quite possibly as a result of their lives after they left their parents’ homes in the countryside for the city” and “We lived in a cosmopolitan city – large exposure to other same-sex relationships for parents at school and in society (open culture)”.

Social support was seen by many participants as an important resource to help their family cope with and adapt to their sexual orientation. This subtheme was developed into two further subthemes, namely internal (within the immediate family) and external (outside of the immediate family) social support. Internal social resources that the participants (n = 33, 61.1%) mentioned included various immediate family members (father, mother, siblings) who helped other members in the family to better understand and support the same-sex-attracted child. The most discussed (by the participants) internal resource was maternal support. The participants mentioned, for example: “...especially in terms of my mom, my dad doesn’t easily talk about it” and “... a close maternal family structure – mom was very compassionate in my formative years”.

External resources that the participants identified included extended family members (aunts, uncles, cousins, grandparents) and also outside members (colleagues, friends, psychologists) who had helped the immediate family members better deal with their child’s disclosure of their same-sex sexual orientation (to expose the family to same-sex attraction as a topic). Fourteen (25.9%) individuals identified their extended family as a social support source, while 35

(64.8%) participants mentioned outside sources helping their family to better deal with their disclosure of same-sex attraction.

The participants emphasised the role a same-sex-attracted individual (specifically a same-sex-attracted individual other than the child) can play in providing the family with exposure to same-sex attraction. Many of the families initially did not have exposure to or know much about same-sex attraction as a sexual orientation. Other same-sex-attracted individuals as sources of support and exposure were identified by the participants within their immediate family (siblings), extended family (cousins, aunts, uncles) as well as external individuals to the family (child's friends, child's partner, colleagues, parents' friends and psychologists). Participants, for example, said: "Exposure in the form of meeting gay people ... where they could see that there exist other similar cases where coming out was positive" and "Soon after coming out and making new gay friends, I would introduce my mom to them, which I think helped to break any preconceived notions and stigmas about gay people".

5.3.3 Factors

The Penguin Dictionary of Psychology (Reber et al., 2009b) describes a 'factor' as "generally anything that has some causal influence or some effect on a phenomenon". The following qualities were grouped into the theme of 'factors' because they were described as having an effect and influence on the family. In this case the influence was specifically that it helped the family to cope with and adapt to their child's same-sex sexual orientation. Therefore, the following factors were identified by the participants as having helped the family adapt to and cope with their child's disclosure of his/her same-sex sexual orientation: Communication, time and exposure (in terms of exposure to same-sex attraction as a topic or exposure to a same-sex-attracted individual).

Eighteen (33.3%) participants mentioned communication as a supportive factor that, according to their understanding, their families had made use of to communicate amongst themselves, with extended family members, as well as with members outside of the family (e.g. community members, friends). The participants described communication within this context as either talking about same-sex attraction as a topic, or to talk directly to a same-sex-attracted individuals in order to better understand his/her sexual orientation. Some examples where the participants mentioned communication as a family resilience factor were: "Open communication about my sexuality was key, because my parents did not understand until we

had an open conversation about it” and “Once we talked about it, they had greater understanding for the situation”.

Time (time since disclosure and time spent with the family) was mentioned by 10 (18.5%) participants as an important factor to help their family cope with the child’s same-sex sexual orientation. Here are some examples where the participants explain how time, as a factor, helped their family to cope with and adapt to their same-sex disclosure: “Time over the years helped my parents to better accept it” and “The time spent and socialising with people who are ‘out’ in a normal manner also had a softening contribution – for both my parents and my brother/sister to get used to it”.

Finally, exposure to same-sex attraction was mentioned as an important factor to help families understand and cope with their child’s disclosure of his/her same-sex sexual orientation. Twenty-eight (51.6%) participants mentioned that exposure to same-sex-attracted individuals and to same-sex attraction as a topic had helped their families cope and deal with the child’s same-sex sexual orientation disclosure.

Communication, time and exposure to other people who are attracted to the same sex or to same-sex attraction as a topic all seemed to be important factors. They are, however, related to each other and intricately linked to the other mentioned attributes and resources. Exposure to same-sex attraction (whether it be a same-sex-attracted individual or as a topic of conversation) is the one factor that seems to be linked to all other variables. It was mentioned throughout the interviews that exposure (which was usually supported by communication) over time caused a family to understand their child better (by experience the positive attributes of their child). Such an understanding caused a change in perception, which caused the family to become more liberal in their thoughts and understanding of same-sex attraction. This, finally, resulted in a family that was better able to accept the child and his/her same-sex sexual orientation. One of the participants explained it as follows: “I think the normalised exposure over time (several years) to me and my gay friends really helped my mom and the rest of my family come to terms with my sexuality.”

5.4 Conclusion

In this chapter the results of the two (qualitative and quantitative) components of the study were reported in terms of the factors, attributes and resources helping families to adapt to their

child's disclosure of his/her same-sex sexual orientation. According to the quantitative results, the following resilience qualities are of importance: family hardiness (which includes the family's commitment, sense of challenge and sense of commitment); the family's ability to acquire support from its communities; and family problem solving and communication (positive communication as productive and negative communication as destructive). The biographical variable that was relevant was the child's employment status (being employed full time as opposed to still studying or being unemployed). Other relevant resilience qualities were the family's ability to reframe their problems; time and routines families engage in together; and spending time together and having family routines.

The qualitative results included: family attributes, child attributes, communication in the family, the family's exposure to same-sex attraction, time (time since disclosure and time spent together as a family), as well as family resources (media, urban setting and internal and external social support).

In Chapter 6 the qualitative and quantitative results of this study will be discussed in combination with the literature as discussed in Chapter 3. The chapter will conclude with the limitations of this study, as well as recommendations for future studies.

Chapter 6

Discussion and Conclusion

6.1 Introduction

In this chapter, the results of the study (the qualitative and quantitative findings as presented in Chapter 5) are discussed together with findings of previous studies (reported in Chapter 3). The results further our knowledge of children's perspectives of how families arrange themselves to cope and adapt to their child's disclosure of his/her same-sex sexual orientation. The chapter concludes with the limitations of this study, as well recommendations for future studies on family resilience and the same-sex sexual orientation disclosure of a child in the family.

6.2 Discussion

The study acquired information from same-sex-attracted individuals about resources utilised by their families to adapt to their (the participating child's) orientation of their sexual orientation. During times of crisis, disharmony is caused within a family, to such an extent that the family may be completely overwhelmed and, consequently, may define itself according to the crisis it experiences (McCubbin et al., 1996). Resilience studies try to shift the focus from the family crisis or problem towards positive factors, attributes and resources that families have available to them, despite the stressor (McCubbin et al., 1996). A family resilience focus therefore aims to re-attune the focus from what is damaged or broken to positive and reparative qualities that families use towards achieving health and well-being (Walsh, 1996).

McCubbin et al. (1996) and Walsh (1996; 2003; 2012) state that every family has the potential to overcome adversity and that a family acquires the skills and abilities to adapt to stressors naturally over its lifespan. When family members work together in overcoming adversity, they invest in each other and therefore they develop a loving and caring nature within their relationships (Koegelenberg, 2013). The child's same-sex sexual orientation is an event that creates a crisis for most families (D'Augelli et al., 1998; Lubbe-De Beer & Marnell, 2013; Savin-Williams, 1998, 2001; Willoughby et al., 2008; Williamson, 1998). The child, more often than not, is initially rejected or treated in a negative manner by the family (Ferula, 1999; Lubbe-De Beer & Marnell, 2013; Williamson, 1998; Willoughby et al., 2008). Consequently, the child may provide a unique perspective on how the family has dealt with his/her disclosure

of same-sex sexual orientation and how the family coped with and adapted to his/her sexual orientation.

This study's results confirm families' ability to overcome stressors according to the Resiliency Model of Family Stress, Adjustment and Adaptation. In the following sections of this discussion, important variables identified in the qualitative and quantitative components of the study are compared with findings reported in previous studies in the field of family resilience and research on the disclosure of same-sex attraction.

6.2.1 Family hardiness: family's internal strengths and durability

Family hardiness is the family's ability to show commitment towards each other, to challenge themselves during dire circumstances and to be able to exert a sense of control over their circumstances. The quantitative results reported a significant positive correlation between family hardiness and family adaptation (see Table 5.1). This was further supported by the multiple regression analysis, in which family hardiness was confirmed to be the most significant positively correlated independent variable with family adaptation (see Table 5.4). This suggests that, according to the participants, the family's internal strengths and durability enabled them to better cope with their same-sex-attraction disclosure event. Family hardiness has also been found by a variety of researchers to contribute to family resilience (Greeff & Du Toit, 2009; Greeff & Lawrence, 2012; Greeff & Thiel, 2012; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009; McCubbin & McCubbin, 1996; Walsh, 2012).

6.2.2 Social and community support

The quantitative results reported a significant positive correlation between family adaptation and social support (see Table 5.1). This means that, according to the participants, who had disclosed their sexual orientation to the family, the family's level of integration within their community and the family's use of the community as a resource of emotional, esteem and network support is directly related to the degree to which they coped with and adapted to their child's disclosure event. Social support was identified in previous research as a coping mechanism for families in South African settings to overcome crises such as a retrenched family member, remarried families, families in which a parent passed away, poor single-parent families, families in which a husband had prostate cancer and families in which a child had been bullied (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Fillis, 2009;

Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van den Berg, 2013). Also, in the same-sex-related literature, a few studies have reported evidence of social support as an important coping mechanism for the family in reaction to a child's same-sex-attraction disclosure event (Baptist & Allen, 2008; Burns et al., 2012; Heatherington & Lavner, 2008; Pearson & Wilkinson, 2013; Williamson, 1998).

Greeff and Thiel (2012), as well as Hilton and Szymanski (2011), explain that families make use of formal and informal external resources of gaining information about unfamiliar crisis events (like same-sex attraction, autism, cancer). Previous research explained that support groups, therapy, exposure to same-sex attraction and acquiring in-depth knowledge of non-normative sexual orientations all helped families to better accept their child's same-sex sexual orientation (Hilton & Szymanski, 2011; Williamson, 1998; Willoughby et al., 2008).

In the qualitative component of this study, social support was identified as an important supportive resource for families after a child disclosed his/her same-sex sexual orientation. The external social resources that the family made use of, according to the participants in this study, included members of the extended family (uncles, aunts, cousins, grandparents), as well as individuals outside of the family (friends of the family, counsellors, psychologists). In many instances, the external resources were same-sex-attracted individuals, or the external resource was an individual who also had a same-sex-attracted family member.

6.2.3 Support from family, relatives and friends

In the quantitative results, a significant positive correlation was found between family adaptation and the family's ability to utilise support from relatives and friends (see Table 5.1). Social support from extended family members was also identified within the qualitative results and is supported by previous research (Greeff & Fillis, 2009; Greeff & Human, 2004; Greeff & Thiel, 2012; Greeff & Van den Berg, 2013; McCubbin & McCubbin, 1996) as an important coping mechanism for the family after a child has disclosed his/her same-sex sexual orientation. The participants emphasised in their qualitative responses that their families had made use of friends and relatives as coping and supportive mechanisms after their same-sex sexual orientation disclosure. Extended family members such as cousins, aunts, uncles and grandparents were explicitly mentioned as supportive individuals to the family. Further, there were various other people outside of the family that helped and supported the family to cope

and adapt to their same-sex-attracted child's disclosure event: friends of the child, friends and colleagues of the parents, and friends of the siblings.

The same-sex-attracted participants explained that their families also made use of internal sources of social support by which members within the immediate family (the mother, father, parents as a couple, and siblings) supported the other family members. The participants mentioned that their mothers reacted more positively towards their sexual orientation than their fathers. This was in agreement with prior research about maternal warmth and maternal care as a great social support resource to the family, and that the mother tends to be more warm and caring towards the child's same-sex disclosure event than the father (Heatherington & Lavner, 2008; Matthews, 2002; Savin-Williams & Cohen, 1996).

Internal social support encompasses that the different immediate family members work together in supporting each other during stressful times. Similarly, external social support entails that the external family members and members outside of the family support the family. The use of social resources by the family therefore means that the family can be supported in dealing with their child's same-sex attraction. When the family is supported to deal with their child's same-sex sexual orientation, the child can also be better supported in a time when he/she needs the support the most.

6.2.4 Communication

Family problem solving and communication were identified as significant family resilience qualities in this study that helped families to cope and with adapt to their child's same-sex sexual orientation disclosure. The quantitative results show that affirming communication within the family had a significant positive correlation with family adaptation (see Table 5.1). Conversely, incendiary communication had a significant negative correlation with family adaptation. This means that the participants who had disclosed their same-sex sexual orientation to their family felt that, when their families communicated supportively and compassionately amongst each other, this was related to their family's ability to better adapt to and cope with their sexual orientation. On the other hand, the participants also felt that destructive and exacerbating communication were negatively related to the family's ability to cope with and adapt to their sexual orientation.

These findings are supported by the qualitative results, where a number of participants mentioned open communication as a coping and adaptation mechanism after their disclosure of their same-sex attraction to their family. Similarly, communication, as a prominent family resilience factor (especially in South African families), has also been identified in various other studies (Der Kinderen & Greeff, 2003; Greeff & Du Toit, 2009; Greeff & Thiel, 2012; Greeff & Van den Berg, 2013; Jonker & Greeff, 2009). Researchers in the field of same-sex attraction have also found that communication is an important supportive mechanism for the family to cope with and adapt to the child's same-sex sexual orientation disclosure event (Baptist & Allen, 2008; Sadowski, 2010).

The fact that the participants felt that incendiary communication affected the family in a negative manner and that positive communication was strongly related to family adaptation emphasises the importance of families to listen to, respect and understand each other's opinions and feelings during times of hardship. Therefore, a family with a higher level of family adaptation would be open to talk to the child about his/her sexual orientation, even if they do not agree with it or do not understand it initially. Positive and supportive communication creates an environment of trust and care between the child who has disclosed his/her sexual orientation and the rest of the family, so that the child can feel safe to be him-/herself within the family.

6.2.5 Problem-solving and behavioural strategies

The family's ability to make use of problem-solving and behavioural strategies during a crisis event also had a significant positive correlation with family adaptation (see Table 5.1). Of specific interest is the ability of a family to redefine the stressor and the ability of the family members to minimise their reactivity towards the stressor.

6.2.5.1 Ability to redefine the stressor

The quantitative results reported a significant positive correlation between the family's ability to redefine a stressor and family adaptation (see Table 5.1). This means that the participants felt that, if their families were able to redefine the stressor and have a positive view of it, their families were more likely to cope with and adapt to their same-sex sexual orientation (McCubbin et al., 1996). The family's ability to reformulate a stressor was also identified through the multiple regression analysis (see Table 5.4), where the family's ability to redefine

a stressor was identified as one of the four independent variables that were best able to identify the dependent variable (although it was not a statistically significant predictor variable).

The ability of a family to redefine a stressor can prove to be important, specifically within the crisis event of a child disclosing his/her same-sex sexual orientation. Initially, most families have a negative view of their child's same-sex sexual orientation after his/her disclosure event (D'Augelli et al., 1998; Lubbe-De Beer & Marnell, 2013; Savin-Williams, 1998; 2001; Willoughby et al., 2008; Williamson, 1998). This can convey an immensely negative message to the child, namely that his/her sexual orientation is wrong and a bad thing. If the family can then redefine their view about the disclosure they can actually start viewing the child positively, which can allow the child to acquire the necessary self-respect and self-confidence to face a world that might also react negatively towards him/her.

6.2.5.2 Ability to minimise reactivity

The ability of a family to accept its dire situation (a family crisis) and thereby minimise their reactivity towards it also had a significant positive correlation with family adaptation (see Table 5.1). This means that families that did not react too much to their child's disclosure of his/her same-sex attraction were better adapted according to the child's perspective. McCubbin and McCubbin (1996) explain that families may sometimes have a lack of confidence in themselves to resolve a problem or crisis. In such instances the family would actively avoid the situation as a method of dealing with it (McCubbin et al., 1996). In the case of a child's disclosure of his/her same-sex sexual orientation to the family, the quantitative results showed that the participants indicated that their family's avoidant behaviour towards their disclosure was highly related to the family's ability to cope with and adapt to the crisis of their disclosure of their sexual orientation.

6.2.6 Family time and routines

The family's current use of family routines and activities had a positive correlation with family adaptation (see Table 5.1). The family time and routines of families refer to how they work together effectively and create stability within the family, which can prepare them to meet new demands during times of hardship (McCubbin et al., 1996). Therefore, according to the participants, their families' use of family routines and activities was directly related to the family's ability to cope better and adapt to the same-sex sexual orientation disclosure. Family

routines and activities can create stability, which can help to neutralise a stressor within the family.

6.2.6.1 Regular communication between the children and parents

Predictability within the family in terms of communication between the children and parents had a significant positive correlation with family adaptation (see Table 5.1). This finding was also supported by previous research as a supportive factor after a child's disclosure of his/her same-sex sexual orientation to the family (Heatherington & Lavner, 2008; Savin-Williams, 2001). Heatherington and Lavner (2008), as well as Savin-Williams (2001), further confirm that the quality of the child's relationship with his/her parents may influence the family to better accept the child's same-sex sexual orientation. Therefore, if parents already have a close relationship with their child before the child's same-sex-attraction disclosure, the adaptation after the disclosure may be more positive for the family as a whole.

6.2.6.2 Togetherness through events, quiet time and family time

The family's ability to acquire togetherness through events, quiet time and family time was positively correlated with family adaptation (see Table 5.1). According to the participants, the more time the family spent together, did activities together and also had separate quiet times was directly related to the families' ability to adapt to and cope with their same-sex sexual orientation disclosure.

The qualitative results also supported family time as an important family resilience factor after a child disclosed his/her same-sex sexual orientation. The participants felt the time that had passed since their disclosure (in terms of months and years) and the time that they spend together as a family helped their families to cope with and adapt to their same-sex sexual orientation. One participant stated the importance of spending time and discussing the topic of same-sex sexual orientation, while two other participants explicitly mentioned that their families held a family meeting (a specific family event) to discuss together his/her same-sex-attraction disclosure. Family time together can create the necessary opportunities to communicate, exchange ideas and feelings and bring stability and harmony to the family.

6.2.7 Family and individual attributes

Among the qualitative findings, participants identified specific attributes that their family members exhibited that helped the family to adapt to and cope with their same-sex sexual

orientation. Attributes mentioned by the participants were acceptance, attitude, love, open-mindedness, patience, peacefulness, a sense of humour, socio-economic level of family, spirituality, strong family bond, trust and warmth (as discussed in the previous chapter). Positive attributes created a positive family atmosphere in which the child could be supported and accepted better in terms of the disclosure of his/her same-sex sexual orientation and in which family members can feel safe and wanted.

The participants also identified three parent-specific attributes that they felt helped their families to cope with and adapt to their same-sex sexual orientation. These were the parents' age (younger parents), parents' education level (high level of education) and parents' ability to educate themselves with regard to the topic of same-sex sexual orientation. Therefore, the participants reported that the younger their parents, the higher their parents' education level, and the ability of their parents to educate themselves in the area of same-sex attraction all helped their family to adapt to and cope with their same-sex sexual orientation.

The participants also felt that the following attributes (discussed in detail in the previous chapter) that they themselves possessed helped their families to accept them easier after they disclosed their same-sex sexual orientation: their age (the older the child, the easier for the family to accept), being happy and self-assured, not being stereotypical, being outspoken, playing a pivotal figure in the family, being responsible, their relationship status, still being the same person (as before the disclosure), and being successful and truthful. Once again, these attributes relating to the child are specific positive attributes that the participants explained had helped their families (who mostly viewed their child's same-sex sexual orientation as negative) to adapt to their of same-sex sexual orientation.

Previous research is in agreement with the fact that specific attributes relating to the child (the age of the child, pride in sexual orientation, gender atypical behaviour, relationship status), attributes relating to the parents (age of parents), and attributes relating to the family (family culture, ethnicity, quality of parent-child relationship, family unit) better support the family to adapt and cope to the child's same-sex sexual orientation (Heatherington & Lavner, 2008; Savin-Williams, 2001).

6.2.8 Employment status of same-sex-attracted individual

The analyses of variance identified a statistically significant difference between individuals who were studying full time and those who were employed full time with regard to their family's level of adaptation (see Table 5.3). Therefore, according to the participants' perspectives, the families of participants who were working full time adapted better than the families of participants who were studying full time.

The families of same-sex-attracted individuals often have negative presuppositions about a same-sex sexual orientation (Henderson, 1998; Hilton & Szymanski, 2011; Willoughby et al., 2008). The qualitative results of this study and previous studies explain that positive attributes of the child (for example being successful) help the family to better attune themselves to the child's sexual orientation (Heatherington & Lavner, 2008; Savin-Williams, 2001). In the qualitative data, the participants reported that these positive attributes exhibited by them helped to break down the negative judgements of their families regarding their same-sex sexual orientation. This might act as a potential explanation for why full-time employed participants felt that their families had higher levels of family adaptation than participants who were still studying.

6.2.9 Media resources

According to the qualitative results, the participants identified specific media resources that were used by their families to adapt better to their same-sex sexual orientation. Different media were the main sources of support that the participants identified as helping their families cope and adapt to their sexual orientation. The participants felt that their families used these media resources as means of exposure to better understand the child's sexual orientation. The media resources included books, films, articles, television shows, research materials, internet (videos and websites) and music. The most widely used source was television (movies, sitcoms, comedies).

The media used by the families as supportive resources exposed them to same-sex sexual orientation individuals and same-sex attraction as a topic (as discussed in the next section). The families therefore read books, watched films and television shows and listened to music, read research materials, watched internet videos and visited websites where they were exposed to same-sex-attracted individuals and same-sex attraction as a topic.

6.2.10 Exposure to same-sex attraction

In the qualitative research component, the same-sex-attracted participants emphasised that their families' exposure to same-sex attraction (exposure to same-sex-attracted individuals or exposure to same-sex attraction as a topic) was an important coping and adaptation mechanism after they had disclosed their same-sex sexual orientation to their family. This means that, when the family met same-sex-attracted individuals within or outside the family, or when the family had a discussion with people inside and outside the family about same-sex attraction, their families coped and adapted better to their child's disclosure of his/her same-sex sexual orientation. Previous research found that families usually are very ill-equipped to deal with and have negative presuppositions about a same-sex sexual orientation (Henderson, 1998; Hilton & Szymanski, 2011; Willoughby et al., 2008). Acquiring knowledge about same-sex sexual orientation as a topic of discussion, and being exposed to same-sex-attracted individuals, were found to help families to adapt their knowledge about the topic of same-sex attraction and thus being able to better accept their own child (Henderson, 1998; Hilton & Szymanski, 2011; Willoughby et al., 2008).

Exposure to same-sex attraction as a topic and exposure to same-sex-attracted individuals seemed to connect all the other qualitatively identified variables. Exposure to same-sex attraction (as a topic or an individual) through communication (with internal and external social sources to the family) and resources in the media (television shows, music, books, magazines, newspapers) over time can be related to the family's ability to better accept their child's same-sex sexual orientation. This is further supported by family attributes (accepting, positive attitude, loving, open-minded, warm and trusting), parent attributes (age, education level, self-education about topic) and positive attributes in the child (successful, older age, committed relationship, happy and self-assured).

6.3 Limitations of this study and recommendations for future studies

A limitation of the study was that the sample was small (N = 54) and unrepresentative of the South African population. All the participants were from the Western Cape province. Most of the participants were white males from affluent middle-class families. Statistics South Africa (2015) reported that the estimated racial composition of the South African population in July 2015 was African (80.5%), coloured (8.8%), Indian/Asian (2.5%) and white (8.3%). This study used predominantly white middle-class participants and the results may be more reflective of

similar families experiencing a similar crisis. It is recommended that future studies on family resilience and same-sex sexual orientation try to investigate participants from other socio-economic levels, and from other races and cultures (including samples from other provinces in South Africa).

This study made use of a cross-sectional research design. Future studies should incorporate bigger samples with a longitudinal design, which will allow for a wider dispersion of participants. Longitudinal family resilience studies will be able to investigate how family adaptation fluctuates or changes over time (Heatherington & Lavner, 2008).

Heatherington and Lavner (2008) state that, in most studies that have investigated the same-sex sexual orientation disclosure event, the participants were predominantly same-sex-attracted individuals who reported on their own characteristics and feelings, as well as on their perspective of their families' attitude and characteristics. This was also the case in this study, where only one family member (the same-sex-attracted child) was asked to reflect on his/her family's resilience qualities. Therefore, it is recommended that future studies include two or more family representatives, which will give a more comprehensive reflection of the families' perceptions and understanding of family adaptation to a child's sexual orientation disclosure. If, for example, a study incorporated two or more family members, it could be determined whether and how family members differ and agree in terms of the identified family resilience qualities.

It was also evident from previous research that the parent-child dyadic relationship plays an important role in the disclosure of the child's same-sex sexual orientation (Heatherington & Lavner, 2008). A recommendation for future studies on the disclosure of same-sex attraction would be to investigate how and why the parents' perspectives of family resilience would agree with or differ from the child's perspective of the family's resilience qualities.

Most of the previous studies that focused on the disclosure of same-sex attraction to the family sampled their participants from lesbian, gay and bisexual (LGB) organisations and support groups (Heatherington & Lavner, 2008). However, a big concern regarding researching this theme (same-sex sexual orientation) is that same-sex attraction is a sensitive topic, which makes it difficult to approach individuals outside of formal organisations. Sensitivity regarding the disclosure of same-sex sexual orientation to the family in society therefore also was a

challenge in this study. Consequently, I obtained participants for this study according to a snowball and convenience sampling method. I was successful in obtaining sufficient participants and would recommend a similar strategy for future studies.

According to the literature, tradition and conservatism affect families to a great extent. Conservative, traditional and religious families more often than not have hetero-normative ideas of gender, sex and relationships and therefore such families react in a negative manner towards their same-sex-attracted child's sexual orientation (Cohen & Savin-Williams, 1996; Heatherington & Lavner, 2008; Henry et al., 2012; Merighi & Grimes, 2000; Mohr & Fassinger, 2003; Savin-Williams, 2001). In most of the same-sex sexual orientation studies that were reviewed, religion and culture were shown to have a negative effect on the family's perception of same-sex attraction (because of the negative perceptions by a lot of religions and cultures of same-sex attraction). Future studies are recommended to investigate the association between the family's religious and cultural views and family adaptation in families in which the child disclosed his/her same-sex sexual orientation.

This study included a sample of only same-sex-attracted individuals. None of the other sexual minority groupings were included because reactions towards different sexual orientations and identities may be experienced differently by families. Future studies are recommended to investigate homogenous groups in terms of other sexual minority groups (for example bisexual or transgender individuals) and their families' adaptation to the disclosure event.

6.4 Conclusion

The aim of this study was to identify resilience qualities (resilience factors, attributes and resources) that are associated with family adaptation in families in which a same-sex-attracted child disclosed his/her sexual orientation. Research about the social and health risks of sexual minority groups has proven to be very limited in the South African context (Lubbe-De Beer & Marnell, 2013). Most of the research that has investigated the same-sex-attraction phenomenon predominantly examined same-sex sexual orientation individuals as an at-risk group, with little research utilising a systemic or strength-based framework focusing on how families coped with and adapted to their child's same-sex sexual orientation disclosure (Heatherington & Lavner, 2008).

Although a family provides an important support base for any child, most same-sex-attracted children are initially rejected and unsupported after their disclosure to the family (Ferula, 1999; Lubbe-De Beer & Marnell, 2013; Savin-Williams, 2001; Williamson, 1998; Willoughby et al., 2008). Heatherington and Lavner (2008), as well as Willoughby et al. (2008), expressed the need for an integrative model that aims to encapsulate factors, attributes and resources that can help a same-sex-attracted child to be better supported by his/her family after his/her sexual orientation disclosure. Baptist and Allen (2008) and Willoughby et al. (2008) posed theoretical systemic-based family frameworks to investigate how the family can support the same-sex-attracted child after his/her disclosure, but did not apply these frameworks practically in their studies. The systemic-based family frameworks proposed by Baptist and Allen (2008) and Willoughby et al. (2008) in their studies provided a unique point of departure for the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), which was used as a theoretical framework in this study.

This study identified the following family resilience qualities (from the child's perspective) that help a family cope with and adapt to their child's same-sex sexual orientation disclosure: family hardiness, community support, positive family communication, support from family, relatives and friends, ability to redefine a stressor, ability to minimise reactivity towards the stressor, and the importance of having family time (specific events and quiet time) and routines (specifically regular communication between children and parents). The participants also emphasised the importance of their own employment status, personal attributes within themselves (being successful, happy, self-assured), positive attributes within their family (for example being open-minded, loving, having a sense of humour, being trusting and warm), attributes that their parents possess (for example being younger, having a higher level of education level), media resources (television, internet, reading material) and exposure to same-sex sexual orientation (same-sex-attracted individuals or same-sex attraction as a topic of conversation).

The sampling method used and the size of the sample for this study limit its generalisability to a larger population. However, previous research confirmed this study's contribution towards a better understanding of family adaptation after a same-sex-attracted child has disclosed his/her sexual orientation to the family. This study ultimately provides potentially applicable factors, attributes and resources that a family can use to better adapt to and cope with their same-sex sexual orientation child. Should other families in a similar situation as the participating families

in this study find it difficult to adapt to the disclosure event, the findings of this study may be helpful and utilised as the basis for interventions.

Many of the participants indicated in their qualitative responses that their family reached out to formal sources of support: psychologists, counsellors, reverends, pastors and support organisations within their community. Therefore, the findings of this study can be utilised as a resource by professionals (counsellors, psychologist and social workers) to help families that approach them with the crisis of having a child with a same-sex sexual orientation.

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ADDENDUMS

Addendum A: Consent form (English and Afrikaans)



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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Resilience in families after a child's same-sex sexual orientation disclosure: The child's perspectives

You are invited to participate in a study conducted by Laing de Villiers from the Faculty of Arts and Social Sciences at Stellenbosch University. With the successful completion of this study I will obtain an MA (Psychology) degree. The following aspects make you eligible to be a participant in this study: You are a same-sex attracted individual (attracted to someone of the same sex as you) who is between the ages of 18 and 30, either studying at tertiary level or working full or part time, and you have disclosed your sexual orientation to your parents and family no fewer than six months or more than ten years ago.

If you agree to all these requirements and feel comfortable at this stage to participate, please continue reading the important information related to the study and your role in it.

1. PURPOSE OF THE STUDY

The purpose of the study is to investigate, identify and describe resilience factors in a family in which a child has disclosed his/her same-sex sexual orientation to parents and family members. Resilience refers to a family's positive and supportive characteristics that help them overcome obstacles faced as a family together. It is an unfortunate reality that many parents in South Africa find it very hard to hear of their child's 'different' sexual orientation, for various reasons. The study aims to determine what factors have helped a family to move on from their child's initial coming out.

Furthermore, the findings of this study will support the practical field with information that can help families in which a child has come out about his/her sexual orientation to his/her parents. The results of the study can aid therapeutic interventions with families in a similar situation by strengthening the qualities identified in this study. The study thus will aim to pinpoint specific aspects of family life that may minimise risk factors (especially those that may originate within the family unit) for same-sex sexual orientation individuals.

2. PROCEDURES

If you take part in this study you will be asked to complete straightforward questionnaires that are related to the dynamics of your family and how your family functions on a day-to-day basis. The data collection process will take about 30 to 60 minutes. The following questionnaires are used in the study:

- A biographical questionnaire

This questionnaire collects data about your gender, occupation, family composition, and how long ago you told your family about your sexual orientation. These facts will allow the researcher to form a picture of who the participants are and what the relationship between these aspects and family dynamics is. (Bear in mind: information will not be shared with anyone and it will not be possible to be identified once the study has been completed).

- A qualitative question

This entails an open-ended question and probing questions that will allow you to give your own opinion and thoughts on what aspects have helped your family to be able to cope and adapt to your disclosure to them.

- Seven self-report questionnaires

In these questionnaires you are asked to tick/mark a box according to the degree that you agree with a statement or not. These questionnaires are used to determine factors and attributes that may have helped families to adapt after a child has disclosed his/her sexual orientation. The names of the questionnaires are: the *Family Attachment and Changeability Index*, the *Social Support Index*, the *Family Hardiness Index*, the *Relative and Friend Support Index*, the *Family Crisis Oriented Personal Evaluation Scales*, the *Family Problem Solving and Communication Scale*, and the *Family Time and Routine Index*.

3. POTENTIAL RISKS AND DISCOMFORTS

This study will not put you in any physical harm, but it may be that emotions are sparked relating to your personal experience of coming out of the closet. The study will mainly try to

focus on the positive aspects of your family. Should you feel at any point that you do not want to continue, you can just let the researcher know and you can stop immediately.

We do not want you to feel uncomfortable or unhappy about any of the questions when answering them. Information will be available if you feel you want to talk to someone afterwards. Please don't hesitate to ask questions or state your worries if you are unsure about anything. The counselling support available depends on whether you are a student or a full-time working individual, and psychological services will also be available to all participants free of charge.

Counselling information – student:

University of Stellenbosch's Centre for Student Counselling and Development

Crisis line: 082 557 0880

Counselling information – working person:

Lifeline/Childline – Western Cape

Crisis: 021-461 1111

Email: info@lifelinewc.org.za

Website: <http://www.lifelinewc.org.za>

Psychological services – all participants:

Welgevalen Community Psychology Clinic

Tel: 021 808 2696

Email: wpcp@sun.ac.za

Address: Welgevalen House, Suidwal Street, Stellenbosch

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR SOCIETY

This study unfortunately will not have personal gains for you as individual. You will also not be compensated for your contribution. However, the contribution you will be able to make is to further research on how families can be better supported when a same-sex attracted child plans on coming out to them (which can indirectly support the child).

5. CONFIDENTIALITY

Any information that is obtained in the course of this study and that can be identified with you will remain confidential and will be disclosed only with your permission, or as required by law. Confidentiality will be maintained by means of assigning random numbers to each participant that will allow for no connection to be made between you and your responses. The number will basically become your name, so there will be no way for anyone to get hold of your information.

All information from your answers will only be viewed by the researcher and the research supervisor, and all the data will be kept safe by the researcher in a locked cupboard at his home and at the Stellenbosch University Department of Psychology.

6. PARTICIPATION AND WITHDRAWAL

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study. The researcher may withdraw you from this study if circumstances arise that warrant doing so.

7. IDENTIFICATION OF RESEARCHERS

If you have any questions or concerns about the research, please feel free to contact:

Researcher: Mr B.L. de Villiers
Cell: 082 420 4267
Email: laingdevil@gmail.com

Supervisor: Prof. A.P. Greeff
Department of Psychology, Stellenbosch University
Tel: 021 808 3464 / 072 273 3905
Email: apg@sun.ac.za

8. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development at Stellenbosch University.

SIGNATURE OF PARTICIPANT

The information above was described to me by Laing de Villiers in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Signature of Participant

Date

SIGNATURE OF RESEARCHER

I, Laing de Villiers, declare that I explained the information given in this document to _____ (name of participant). He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Researcher

Date

Toestemmingsbrief



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TOESTEMMING VIR DEELNAME AAN NAVORSINGSPROJEK

Veerkrachtigheid in gesinne nadat 'n kind se selfde-geslag seksuele oriëntasie bekend gemaak is: Die kind se perspektiewe

Jy word vriendelik uitgenooi om deel te neem aan 'n navorsingsprojek van Laing de Villiers in die Universiteit Stellenbosch se Fakulteit Lettere en Sosiale Wetenskappe. Die uitkomstes en resultate van hierdie studie sal bydra tot bogenoemde student se finale tesis vir die MA (Sielkunde) graad. Die volgende kriteria word vereis om deel te neem aan die projek: Jy is 'n persoon met 'n selfde geslag seksuele oriëntasie (aangetrokke tot dieselfde geslag), tussen 18 en 30 jaar oud, studeer op tersiêre vlak of werk voltyds/deeltyds, en jy het jou seksuele oriëntasie aan jou gesin bekendgemaak binne 'n tydperk niks minder as ses maande en niks meer as tien jaar gelede nie.

Indien jy voldoen aan voorafgaande vereistes en gemaklik voel om voort te gaan, lees dan asseblief die volgende belangrike inligting (te make met die studie en deelname daaraan).

1. DOELSTELLINGS VAN DIE NAVORSINGSPROJEK

Die studie beoog om veerkrachtigheidsfaktore te identifiseer en te beskryf van gesinne waar 'n kind sy/haar selfde geslag seksuele oriëntasie aan die lede van die gesin bekendgemaak het. Veerkrachtigheid verwys na die vermoë van 'n gesin om deur middel van positiewe en ondersteunende eienskappe moeilike gebeure saam te bowe te kom. As gevolg van verskeie redes is dit vir baie ouers moeilik om vir die eerste keer te hoor dat hulle seun of dogter aangetrokke is tot dieselfde geslag. Die studie beoog om faktore te identifiseer wat 'n gesin help om met die lewe aan te beweeg nadat hulle kind sy/haar selfde geslag seksuele oriëntasie aan hulle bekendgemaak het. Die resultate van die projek sal prakties aangewend kan word om gesinne te help wat hulle in 'n soortgelyke situasie bevind.

2. PROSEDURES

Deelname aan die studie sal vereis dat jy vraelyste invul wat verband hou met jou gesin en hoe hulle op 'n daaglikse basis funksioneer. Die vraelyste sal 30 tot 60 minute neem om te voltooi en behels die volgende:

- 'n Biografiese vraelys

Hierdie vraelys beoog om meer inligting omtrent jou gesin te bekom, en sluit in aspekte soos geslag, jou werk, die gesinsamestelling, en hoe lank gelede jy aan jou gesin vertel het van jou seksuele oriëntasie is. Hou in gedagte dat hierdie inligting met niemand gedeel sal word nie en dat dit ook nie in die finale verslag moontlik sal wees om jou of jou gesin te identifiseer nie.

- 'n Kwalitatiewe vraag

'n Oopende-vraag sal aan jou gestel word wat van jou sal verwag om self na te dink oor aspekte wat jou gesin gehelp het om aan te beweeg nadat jy aan hulle vertel het wat jou seksuele oriëntasie is.

- Sewe self-voltooiingsvraelyste

Die vrae in hierdie vraelyste vereis van jou om per vraag aan te dui tot watter mate 'n sekere stelling op jou gesin van toepassing is. Op grond van hierdie metings kan eienskappe geïdentifiseer word wat verband hou met faktore en eienskappe wat gesinne kan help om aan te pas na 'n kind sy/haar selfde geslag seksuele oriëntasie aan sy/haar gesin bekendgemaak het. Die name van die vraelyste is: *Family Attachment and Changeability Index*, *Social Support Index*, *Family Hardiness Index*, *Relative and Friend Support Index*, *Family Crisis Oriented Personal Evaluation Scales*, *Family Problem Solving and Communication Scale*, en *Family Time and Routine Index*.

3. MOONTLIKE RISIKO'S EN ONGEMAKLIKHEID

Die studie sal jou nie enige fisiese pyn of skade berokken nie. Dit mag egter dalk gebeur dat van die vrae emosie by jou ontlok. Die studie fokus egter op positiewe aspekte van jou gesinslewe. As jy enige tyd gedurende deelname ongemaklik voel en nie met die projek wil voortgaan nie, kan jy dadelik die navorser laat weet en jou aan die studie onttrek.

Ons wil nie hê dat jy enigsins ongemaklik moet voel oor vrae waarop jy moet antwoord nie. Inligting is beskikbaar indien jy nodig het om na die tyd met iemand te praat. Moenie huiwer om vrae te vra nie, of om jou bekommernisse bekend te maak nie. Indien jy wel na die tyd met iemand oor persoonlike sake wil praat, kan jy gerus die volgende instansies skakel:

Berading vir Student:

Stellenbosch Universiteit Sentrum vir Studente Voorligting en Ontwikkeling

Krisislyn: 082 557 0880

Berading vir werkende persoon:

Lifeline/Childline – Wes-Kaap

Krisislyn: 021-461 1111

E-pos: info@lifelinewc.org.za

Webtuiste: <http://www.lifelinewc.org.za>

Sielkundige dienste– beskikbaar aan alle deelnemers:

Welgevallen Gemeenskapsielkunde Kliniek

Tel: 021 808 2696

Epos: wpc@sun.ac.za

Adres: Welgevallen Huis, Suidwalstraat, Stellenbosch

4. MOONTLIKE VOORDELE VIR DEELNEMERS EN/OF VIR DIE SAMELEWING

Hierdie studie bied ongelukkig nie enige persoonlike voordele of wins vir jou as deelnemer nie. Jy sal ook nie vir deelname vergoed word nie. Jou bydrae is wel direk gekoppel aan die doel van die studie, wat daarop gemik is om kennis oor gesinne en dit wat hulle help om aan te pas, te verbreed.

5. VERTROULIKHEID

Enige inligting wat deur middel van die navorsing verkry word en wat met jou verbind kan word, sal vertroulik bly en slegs met jou toestemming bekend gemaak word, of soos deur die wet vereis. Vertroulikheid sal verseker word deur 'n nommer aan elke deelnemer toe te ken. Hierdie nommer sal jou identiteit word, terwyl jou naam slegs gehou word indien enige verdere kontak benodig word. Die inligting wat ingewin word, sal slegs deur die navorser en studieleier gesien word. Alle inligting sal veilig in 'n sluitkas by die Departement Sielkunde, Universiteit Stellenbosch, asook in 'n sluitkas by die navorser se huis weggebêre word.

6. DEELNAME EN ONTTREKKING

Jy kan self besluit of jy aan die studie wil deelneem of nie. Indien jy inwillig om deel te neem, kan jy enige tyd jou daaraan onttrek, sonder enige nadelige gevolge. Jy kan ook weier om op bepaalde vrae te antwoord, maar steeds aan die studie deelneem. Die navorser kan jou wel van die studie onttrek indien omstandighede dit vereis.

7. IDENTIFIKASIE VAN ONDERSOEKERS

Indien jy enige vrae het, kan enige van die volgende individue gekontak word:

Navorsers: Laing de Villiers
 Sel: 082 420 4267
 E-pos: laingdevil@gmail.com

Studieleier: Prof. Awie Greeff
 Departement Sielkunde, Universiteit Stellenbosch
 Tel.: 021 808 3464 / 072 273 3905
 E-pos: apg@sun.ac.za

8. REGTE VAN DEELNEMERS

Jy kan enige tyd as deelnemer onttrek, sonder enige nadelige gevolge vir jou. Deur deel te neem aan die navorsingsprojek doen jy geensins afstand van enige wetlike regte, eise of regsmiddel nie. Indien jy vrae oor jou regte as deelnemer aan die studie het, skakel gerus me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] van die Afdeling Navorsingsontwikkeling by die Universiteit Stellenbosch.

**VERKLARING DEUR DEELNEMER OF SY/HAAR
REGSVERTEENWOORDIGER**

Die bostaande inligting is in Afrikaans aan my gegee en verduidelik deur Laing de Villiers en ek is dié taal magtig. Ek is die geleentheid gebied om vrae te stel en my vrae is tot my bevrediging beantwoord. Ek wil hiermee vrywillig in om deel te neem aan die studie. 'n Afskrif van hierdie vorm is aan my gegee.

Handtekening van deelnemer

Datum

VERKLARING DEUR ONDERSOEKER

Ek, Laing de Villiers, verklaar hiermee dat ek die inligting in hierdie dokument vervat verduidelik het aan _____ (*naam van die deelnemer*). Hy/sy is aangemoedig en oorgenoeg tyd gegee om vrae aan my te stel. Dié gesprek is in Afrikaans gevoer en geen vertaler is gebruik nie.

Handtekening van ondersoeker

Datum

Goedgekeur Subkomitee A 25 Oktober 2004

Addendum B: Biographical Questionnaire (English and Afrikaans)

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

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

1. Unique identification number:.....
2. Age:
3. Gender:
 Male Female
4. What do you do for a living?
 Student Employed full time Employed part time
 Unemployed
5. Home language:
 Afrikaans English Other(state language)
6. Race:
 Black Coloured White Other(state race)
7. Time since disclosure of sexual orientation to family:(as accurate as possible)
8. Currently I live in(town/city)
9. I am originally from(town/city where your parents reside)
10. Your family's estimated gross monthly income:
 Less than R1 000
 R1 001 – R2 000
 R2 001 – R5 000
 R5 001 – R10 000
 R10 001 – R15 000
 R15 001 – R50 000
 R50 000 or more

11. Family composition:

a. Parents' marital status:

- Single Cohabiting Married
 Widowed Divorced Other.....

	Age	Gender (male / female)	Relationship to you (parent, grandparent, step-parent, etc.)	Education level (none/primary school/high school/diploma/degree/other)	Employed (yes/no)	Primary caregiver/parent (yes/no)
Adult 1						
Adult 2						
Adult 3						
Adult 4						
Adult 5						
Adult 6						

b. Siblings (start from eldest to youngest)

	Age	Gender (male/ female)	Relationship to you (brother, sister, stepbrother, etc.)
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Biografiese Vraelys

Alle inligting in hierdie vraelys word as streng vertroulik beskou en jou besonderhede sal anoniem verwerk word.

Merk asseblief die boksie wat mees toepaslik is **vir jou**, of voltooi die stelling in die spasie wat voorsien word.

1. Unieke identifikasie nommer:.....
2. Ouderdom:
3. Geslag:
 Manlik Vroulik
4. Wat doen jy vir 'n lewe?
 Student Werk voltyds Werk deelyds Werkloos
5. Huistaal:
 Afrikaans Engels Ander
6. Ras:
 Swart Kleurling Wit
 Ander.....
7. Tyd vanaf ek my seksuele oriëntasie aan gesin openbaar het.....(so akkuraat moontlik)
8. Tans is ek woonagtig in.....(dorp/stad)
9. Ek is oorspronklik van(dorp/stad waar jou ouers woonagtig is)
10. Wat is jou gesin se geskatte bruto inkomste per maand?
 Minder as R1 000
 R1 000 – R2 000
 R2 001 – R5 000
 R5 001 – R10 000
 R10 001 – R15 000
 R15 000 – R50 000
 R50 000 of meer

11. Gesinsamestelling:

c. Ouers se huwelikstatus:

- Enkel Saambly Getroud
 Geskei Maat oorlede Ander.....

	Ouder- dom	Geslag <i>(manlik / vroulik)</i>	Verhouding met jou: <i>(ouer, oupa/ ouma, stiefouer, ens.)</i>	Opvoeding <i>(geen/primêre skool/hoërskool/ diploma/graad/ ander)</i>	Werk <i>(ja/nee)</i>	Primêre versorger/ ouer <i>(ja/nee)</i>
Volwassene 1						
Volwassene 1						
Volwassene 3						
Volwassene 4						
Volwassene 5						
Volwassene 6						

d. Broers/susters (van oudste na jongste)

	Ouder- dom	Geslag <i>(manlik/ vroulik)</i>	Verhouding met jou <i>(broer/suster/stief- broer/stiefsuster)</i>
Kind 1			
Kind 2			
Kind 3			
Kind 4			
Kind 5			
Kind 6			

Addendum D: Quantitative Questionnaires (English and Afrikaans)**Family Attachment Changeability Index 8 (FACI8)**

INSTRUCTIONS: Decide how well each statement describes what is currently happening in your family and circle the number that best describes how often each thing is happening.

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

Family Hardiness Index (FHI)

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

In my 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 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						

In my family ...	False	Mostly false	Mostly true	True	Not applicable	Official use
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						

Family Problem Solving and Communication Scale (FPSC)

When my family struggles with problems or conflicts that upset us, I would describe my family in the following way:	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 bringing up old matters	0	1	2	3
8. We take time to hear what each other have 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

Relative and Friend Support Index (RFSI)

INSTRUCTIONS: Decide in relation to 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-togethers)						
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						

Family Time and Routine Index (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. Please circle the number (*False (0), Mostly false (1), Mostly true (2), True (3)*) that best expresses your family experiences.

Second, determine the importance of each routine to keeping your family together and strong. Please circle the letters (*NI = Not important, SI = Somewhat important, VI = Very important*) that 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	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

Routines	False	Mostly false	Mostly true	True	How important to keeping the family together and united			
					<i>Not important</i>	<i>Somewhat important</i>	<i>Very important</i>	<i>Not applicable</i>
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 quite 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
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

Routines	False	Mostly false	Mostly true	True	How important to keeping the family together and united			
					<i>Not important</i>	<i>Somewhat</i>	<i>Very important</i>	<i>Not applicable</i>
20. Family has 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

Social Support Index (SSI)

Please rate the following statements as they apply to your family (Tick the appropriate box)	Strongly	Disagree	Neutral	Agree	Strongly	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 unhappy						
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						

Family Crisis Oriented Personal Evaluation Scales (F-COPES)

INSTRUCTIONS: First, read the list of “Response Choices” one at a time. Second, decide how well each statement describes your attitudes and behaviour in response to problems or difficulties. If the statement describes your response very well, then select number 5, indicating that you STRONGLY AGREE; if the statement does not describe your response at all, then select number 1, indicating that you STRONGLY DISAGREE; if the statement describes your response TO SOME DEGREE, then select number 2, 3 or 4 to indicate how much you agree or disagree with the statement.

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 programmes 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 favours from neighbours (e.g. food, taking in mail, etc.)
- ___ 9. Seeking information and advice from the family doctor
- ___ 10. Asking neighbours for favours 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

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:

- ___ 18. Exercising with friends to stay fit and reduce tension
- ___ 19. Accepting that difficulties occur unexpectedly
- ___ 20. Doing things with relatives (get-togethers, dinners, etc.)
- ___ 21. Seeking professional counselling 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

Kwantitatiewe Vraelyste
Family Attachment Changeability Index 8 (FACI8)

INSTRUKSIES: Besluit hoe goed elke stelling beskryf wat in jou gesin gebeur en omkring die nommer wat die beste beskryf hoe gereeld elke stelling huidiglik (m.a.w nou) gebeur.

In my gesin...	Nooit		Halfre van kere		
In ons gesin is dit vir almal maklik om sy/haar opinie te gee.	1	2	3	4	5
Dit is makliker om probleme met mense buite die gesin as met ander gesinslede te bespreek.	1	2	3	4	5
Elke lid van die gesin het 'n sê in belangrike gesins-besluite.	1	2	3	4	5
Gesinslede bespreek probleme en voel goed oor die oplossings.	1	2	3	4	5
In ons gesin doen elkeen sy/haar eie ding.	1	2	3	4	5
Lede van die gesin beraadslag met ander gesinslede oor hul besluite.	1	2	3	4	5
Ons vind dit moeilik om aan dinge te dink wat ons as 'n gesin kan doen.	1	2	3	4	5
Dissipline is regverdig in ons gesin.	1	2	3	4	5
Gesinslede voel nader aan mense buite die gesin as aan ander gesinslede.	1	2	3	4	5
Ons gesin beproef nuwe maniere om probleme te hanteer.	1	2	3	4	5
In ons gesin deel almal verantwoordelikhede.	1	2	3	4	5

In my gesin...	Nooit	Soms	Helfte van kere	Meer as helfte	Altyd
In ons gesin is dit moeilik om 'n reël te verander.	1	2	3	4	5
Gesinslede vermy mekaar by die huis.	1	2	3	4	5
Wanneer probleme ontstaan, kom ons tot 'n vergelyk.	1	2	3	4	5
Gesinslede is bang om te sê wat hulle op die hart het..	1	2	3	4	5
Gesinslede paar af eerder as om dinge as 'n hele gesin saam te doen.	1	2	3	4	5

Family Hardiness Index (FHI)

INSTRUKSIES: Lees asseblief elke stelling hieronder en dui aan tot watter mate dit u gesin beskryf. Maak 'n merkie in die toepaslike blokkie. Is die stelling **ONWAAR**; **MEESTAL ONWAAR**; **MEESTAL WAAR**; **WAAR**, of **NIE VAN TOEPASSING**, ten opsigte van u gesin?

In ons gesin ...	Onwaar	Meestal Onwaar	Meestal Waar	Waar	Nie van toepassing	Kantoor
1. Spruit probleme uit foute wat ons maak						
2. Is dit onwys om vooruit te beplan en te hoop, want dinge werk buitendien nie uit nie						
3. Word ons werk en moeite nie waardeer nie, ongeag hoe hard ons probeer en werk						
4. Balanseer die goeie en slegte dinge wat met ons gebeur, mekaar op die lange duur uit						
5. Al staar ons groot probleme in die gesig, het ons 'n gevoel dat ons sterk is						
6. Voel ek dikwels ek kan vertrou dat dinge selfs in moeilike tye sal uitwerk						
7. Alhoewel ons nie altyd saam stem nie, kan ons op mekaar staatmaak om mekaar in tye van nood by te staan						
8. Voel ons dat indien 'n verdere probleem ons tref, ons dit nie sal oorleef nie						
9. Glo ons dat as ons saamwerk as 'n gesin, dinge beter sal uitdraai						
10. Voel die lewe eentonig en sonder betekenis						
11. Strewe ons saam en help ons mekaar, kom wat wil						
12. Probeer ons nuwe en opwindende dinge wanneer ons aktiwiteite beplan						
13. Luister ons na mekaar se probleme, vrese en pyn						

In ons gesin ...	Onwaar	Meestal	Meestal	Waar	Nie van	Kantoor
14. Is ons geneig om dieselfde dinge oor en oor te doen...dit is vervelig						
15. Blyk ons mekaar aan te moedig om nuwe dinge en ondervindinge te probeer						
16. Is dit beter om tuis te bly as om uit te gaan en dinge saam met ander te doen						
17. Word dit aangemoedig om aktief te wees en nuwe dinge te leer						
18. Werk ons saam om probleme op te los						
19. Gebeur meeste van die hartseer dinge weens slegte geluk						
20. Besef ons dat ons lewens deur ongelukke en geluk beheer word						

Family Problem Solving and Communication Scale (FPSC)

Wanneer ons gesin worstel met probleme of konflik wat ons ontstel, sal ek my gesin op die volgende wyse beskryf:	Vals	Meestal vals	Meestal waar	Waar
1. Ons gil en skree op mekaar	0	1	2	3
2. Ons respekteer mekaar se gevoelens	0	1	2	3
3. Ons praat dinge deur totdat ons 'n oplossing vind	0	1	2	3
4. Ons probeer hard om te verseker dat gesinslede nie emosioneel of fisies seerkry nie	0	1	2	3
5. Na konflik gaan ons sonder baie bevrediging uitmekaar	0	1	2	3
6. Ons deel met mekaar hoeveel ons vir mekaar omgee	0	1	2	3
7. Ons bemoeilik sake deur te baklei en ou sake weer op te haal	0	1	2	3
8. Ons maak tyd om te hoor wat elkeen te sê het of voel	0	1	2	3
9. Ons probeer hard om kalm te bly en sake deur te praat	0	1	2	3
10. Ons raak ontsteld, maar probeer om ons konflikte op 'n positiewe noot te beëindig	0	1	2	3

Relative and Friend Support Index (RFSI)

INSTRUKSIES: Besluit vir u gesin of u: **BESLIS VERSKIL**; **VERSKIL**; **NEUTRAAL** is; **SAAM STEM**; of **BESLIS SAAM STEM** met die stellings hieronder. **Maak 'n merkie in die toepaslike blokkie.**

** In hierdie vraelys verwys familieledede na familie buite die huisgesin*

Ons hanteer gesinsprobleme deurdat ons:	Beslis verskil	Verskil	Neutraal	Saam stem	Beslis saam stem	Kantoor gebruik
1. Ons probleme met familieledede deel						
2. Advies by familieledede soek						
3. Dinge saam met familieledede doen (bymekaar uitkom)						
4. Aanmoediging en ondersteuning by vriende soek						
5. Inligting en advies by mense met dieselfde of soortgelyke probleme soek						
6. Bekommernisse met goeie vriende deel						
7. Probleme met bure deel						
8. Familieledede uitvra oor hoe hulle voel oor die probleme wat ons ervaar						

Family Time and Routine Index (FTRI)

INSTRUKSIES: Eerstens, lees die volgende stellings en bepaal dan tot watter mate elk van die roetines waar of onwaar vir jou gesin is. Omkring die syfer (*Onwaar (0), Meestal Onwaar (1), Meestal Waar (2), Waar (3)*) wat jou gesinservaringe die beste beskryf.

Tweedens, bepaal die belangrikheid van elke roetine om jou gesin bymekaar en sterk te hou. Omkring die letters wat die beste aanduiding is van hoe belangrik die roetines vir jou gesin is (*NB = Nie Belangrik, DB = Deels Belangrik, BB = Baie Belangrik*). Indien julle nie kinders, familie, tieners, ens., het nie, moet jy *NVT (Nie Van Toepassing)* omkring.

Roetines	Onwaar	Meestal Onwaar	Meestal Waar	Waar	Hoe belangrik om gesin bymekaar en verenigd te hou			
					<i>Nie Belangrik</i>	<i>Deels Belangrik</i>	<i>Baie Belangrik</i>	<i>Nie Van Toepassing</i>
1. Ouer(s) het êrens elke dag tyd om sommer net met die kinders te gesels	0	1	2	3	NB	DB	BB	NVT
2. Werkende ouer het op gereelde basis speelyd met die kinders nadat hy/sy terug is van die werk	0	1	2	3	NB	DB	BB	NVT
3. Werkende ouer staan bykans elke dag 'n tydjie af aan die versorging van die kinders	0	1	2	3	NB	DB	BB	NVT
4. Nie-werkende ouer en kinders doen omtrent elke dag saam dinge buite die woning (bv. inkopies, stap, ens.)	0	1	2	3	NB	DB	BB	NVT
5. Gesin het elke aand 'n tyd wanneer elkeen praat of rustig speel	0	1	2	3	NB	DB	BB	NVT
6. Gesin gaan elke week saam na 'n spesiale plek toe	0	1	2	3	NB	DB	BB	NVT
7. Gesin het elke week 'n spesifieke tyd wanneer hulle as 'n gesin iets saam by die huis doen	0	1	2	3	NB	DB	BB	NVT

Roetines	Onwaar	Meestal Onwaar	Meestal Waar	Waar	Hoe belangrik om gesin bymekaar en verenigd te hou			
					<i>Nie Belangrik</i>	<i>Deels Belangrik</i>	<i>Baie Belangrik</i>	<i>Nie Van Toepassing</i>
8. Ouer(s) lees of vertel omtrent elke dag stories vir die kinders	0	1	2	3	NB	DB	BB	NVT
9. Elke kind het elke dag 'n tydjie om op sy/haar eie te speel	0	1	2	3	NB	DB	BB	NVT
10. Kinders/teners speel daaglik met vriende	0	1	2	3	NB	DB	BB	NVT
11. Ouers het 'n sekere stokperdjie of sport wat hulle gereeld saam beoefen	0	1	2	3	NB	DB	BB	NVT
12. Ouers bring heel dikwels tyd bymekaar deur	0	1	2	3	NB	DB	BB	NVT
13. Ouers gaan een of meer kere per week saam uit	0	1	2	3	NB	DB	BB	NVT
14. Ouers spandeer dikwels tyd met teners vir privaat gesprekke	0	1	2	3	NB	DB	BB	NVT
15. Kinders het spesiale dinge wat hulle doen of vra wanneer hulle gaan slaap (bv. storie, lekker-slaap-soen, drukkie)	0	1	2	3	NB	DB	BB	NVT
16. Kinders gaan omtrent elke aand dieselfde tyd slaap	0	1	2	3	NB	DB	BB	NVT
17. Gesin eet omtrent dieselfde tyd elke aand	0	1	2	3	NB	DB	BB	NVT
18. Die hele gesin eet daaglik een ete saam	0	1	2	3	NB	DB	BB	NVT
19. Ten minste een ouer praat gereeld met sy of haar ouers	0	1	2	3	NB	DB	BB	NVT
20. Gesin besoek die familie gereeld	0	1	2	3	NB	DB	BB	NVT
21. Kinders/teners bring heel dikwels tyd by die grootouer(s) deur	0	1	2	3	NB	DB	BB	NVT
22. Ons praat met of skryf vir die familie omtrent een keer per week	0	1	2	3	NB	DB	BB	NVT

Roetines	Onwaar	Meestal Onwaar	Meestal Waar	Waar	Hoe belangrik om gesin bymekaar en verenigd te hou			
					<i>Nie Belangrik</i>	<i>Deels Belangrik</i>	<i>Baie Belangrik</i>	<i>Nie Van Toepassing</i>
23. Gesinslede verwittig mekaar wanneer hulle die huis verlaat of terugkom	0	1	2	3	NB	DB	BB	NVT
24. Werkende ouer(s) kom elke dag dieselfde tyd terug van die werk af	0	1	2	3	NB	DB	BB	NVT
25. Gesin het sekere dinge wat hulle omtrent altyd doen as hulle mekaar groet aan die einde van die dag	0	1	2	3	NB	DB	BB	NVT
26. Ons wys omgee en liefde op 'n daaglikse basis aan mekaar	0	1	2	3	NB	DB	BB	NVT
27. Ouer(s) het sekere dinge wat hulle omtrent altyd doen elke keer as een van die kinders oortree	0	1	2	3	NB	DB	BB	NVT
28. Ouers bespreek nuwe reëls met kinders/tieners heel dikwels	0	1	2	3	NB	DB	BB	NVT
29. Kinders doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT
30. Ma doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT
31. Pa doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT
32. Tieners doen gereeld huishoudelike take	0	1	2	3	NB	DB	BB	NVT

Social Support Index (SSI)

Evalueer asseblief die volgende stellings soos van toepassing op u gesin (Merk die toepaslike blokkie)	Verskil beslis	Verskil	Neutraal	Stem saam	Stem beslis saam	Kantoor gebruik
1. Indien ek nood sou ervaar, sal selfs mense in hierdie gemeenskap wat ek nie ken nie, bereid wees om te help						
2. Ek voel goed oor myself as ek opofferings maak en tyd en energie bestee aan lede van my gesin						
3. Die dinge wat ek vir lede van my gesin doen en hulle vir my doen laat my deel van hierdie baie belangrike groep voel						
4. Mense hier rond weet dat hulle hulp van die gemeenskap kan kry indien hulle in die moeilikheid is						
5. Ek het vriende wat my daarvan bewus maak dat hulle my waardeer vir wie ek is en wat ek kan doen						
6. Mense in hierdie gemeenskap kan op mekaar staatmaak						
7. Lede van my gesin luister selde na my probleme of bekommernisse; ek voel gewoonlik gekritiseerd						
8. My vriende in hierdie gemeenskap is deel van my alledaagse aktiwiteite						
9. Daar is tye wanneer gesinslede dinge doen wat ander lede ongelukkig maak						
10. Ek moet baie versigtig wees hoeveel ek vir my vriende doen, want hulle maak misbruik van my						
11. Om in hierdie gemeenskap te woon, gee my 'n gevoel van sekuriteit						
12. Die lede van my gesin doen moeite om hul liefde en toegeneentheid vir my te wys						
13. Daar is 'n gevoel in hierdie gemeenskap dat mense nie te vriendskaplik met mekaar moet raak nie						
14. Hierdie is nie 'n baie goeie gemeenskap om kinders in groot te maak nie						
15. Ek voel versekerd dat ek net so belangrik vir my vriende is as hulle vir my						
16. Ek het 'n paar baie goeie vriende buite die gesin wat ek weet regtig vir my omgee en my liefhet						
17. Dit lyk of lede van my gesin my nie verstaan nie; ek voel asof ek vanselfsprekend aanvaar word.						

Family Crisis Oriented Personal Evaluation Scales (F-COPES)

INSTRUKSIES: Eerstens, lees die lys van "Voorkeurreaksies" een op 'n slag. Tweedens, besluit hoe goed elke stelling jou houdings en gedrag in reaksie op probleme of moeilikhede beskryf.

Indien die stelling jou reaksie baie goed beskryf, kies nommer 5 om aan te dui dat jy HEELHARTIG SAAMSTEM. Indien die stelling glad nie jou reaksie beskryf nie, kies nommer 1 om aan te dui dat jy GLAD NIE SAAMSTEM NIE. Indien die stelling jou reaksie TOT 'N SEKERE MATE beskryf, kies 'n **nommer 2, 3 of 4** om aan te dui in hoe 'n mate jy saamstem, al dan nie, met die stelling oor jou reaksie.

1	2	3	4	5
Stem glad nie saam nie	Stem nie saam nie	Het nie 'n stand- punt nie	Stem saam	Stem heelhartig saam

Wanneer ons gesin deur probleme of moeilikhede gekonfronteer word, reageer ons deur:

- _____ 1. Ons moeilikhede met familieledede te deel
- _____ 2. Aanmoediging en ondersteuning by ons vriende te soek
- _____ 3. Te weet dat ons die vermoë het om groot probleme op te los
- _____ 4. Vir inligting en raad te soek by persone in ander gesinne wat al deur dieselfde of soortgelyke probleme gekonfronteer is
- _____ 5. Raad by familieledede (grootouers, ens.) te soek
- _____ 6. Hulp by verenigings vir die gemeenskap (gemeenskapsdienste) en gemeenskapsprogramme, wat ontwerp is om gesinne in ons situasie te help, te soek
- _____ 7. Te weet dat ons die vermoë om ons probleme op te los, binne ons eie gesin het
- _____ 8. Geskenke en gunste van bure te ontvang (bv. kos, pos ontvang, ens.)
- _____ 9. Inligting en raad by die gesinsdokter te soek
- _____ 10. Gunste en hulp van bure te vra
- _____ 11. Die probleme reguit in die gesig te staar en die oplossing onmiddellik te probeer vind
- _____ 12. Televisie te kyk
- _____ 13. Te wys dat ons sterk is

1	2	3	4	5
Stem glad nie saam nie	Stem nie saam nie	Het nie 'n stand- punt nie	Stem saam	Stem heelhartig saam

Wanneer ons gesin deur probleme of moeilikhede gekonfronteer word, reageer ons deur:

- _____ 14. Kerkdienste by te woon
- _____ 15. Spanningsvolle gebeure as die verloop van die lewe te aanvaar
- _____ 16. Bekommernisse met intieme vriende te deel
- _____ 17. Te weet dat geluk 'n groot rol speel in hoe goed ons daartoe in staat is om gesinsprobleme op te los
- _____ 18. Saam met vriende te oefen om fiks te bly en spanning te verminder
- _____ 19. Te aanvaar dat moeilikhede onverwags voorval
- _____ 20. Dinge saam met familie te doen (byeenkomste, aandetes, ens.)
- _____ 21. Professionele voorligting en hulp vir gesinsprobleme te soek
- _____ 22. Te glo dat ons, ons eie probleme kan hanteer
- _____ 23. Aan kerkaktiwiteite deel te neem
- _____ 24. Die gesinsprobleem op 'n meer positiewe manier te definieer sodat ons nie te veel ontmoedig word nie
- _____ 25. Familielede te vra hoe hulle voel oor probleme wat ons in die gesig staar
- _____ 26. Te voel dat nieteenstaande wat ons doen om voor te berei, ons dit moeilik sal vind om probleme te hanteer
- _____ 27. Raad by 'n dominee te soek
- _____ 28. Te glo dat die probleem sal weggaan indien ons lank genoeg wag
- _____ 29. Probleme met bure te deel
- _____ 30. Geloof in God te hê