THE DEVELOPMENT AND ASSESSMENT OF A FAMILY RESILIENCE-ENHANCEMENT PROGRAMME

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DECLARATION

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the authorship owner thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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SUMMARY

A probe into resilience research has revealed that psychologists have taken on the role of “keepers of the crypt”, where our attained knowledge has been “entombed” by virtue of our reluctance to allow it to bear practical fruition. Consequently, the impetus of the research is a response to the aforementioned gap and is explicated in four phases: Phase 1: A detailed literature review consisting of the review and integration of appropriate preceding resilience research, thereby serving as a possible reference guide for future studies; Phase 2: Provision of a succinct, comprehensive framework for programme development within the field of psychology; Phase 3: Family hardiness was selected as the resilience quality to be attended to via the development of a universal, multidimensional resilience-enhancement programme; Phase 4: An assessment of whether the resilience-enhancement programme is successful in developing the selected resilience quality in families. Following the salutogenic approach, the main theoretical foundation of the investigation resides in the Resiliency Model of Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991). The significant contribution of the research is its provision of a framework for programme development within the field of psychology. Self-report questionnaires and open-ended questions were completed by mothers as representatives of their families. Therefore, the research amalgamated both qualitative and quantitative measures in its quasi-experimental, pretest-posttest natural control-group research design. A total of fifty families living in the Western Cape, South Africa participated in the research. The statistical trends observed in the study hinted at the enhancement potential of family hardiness. It became evident that gender, level of education, income and occupation, emotional intelligence and the time frame of interventions affected the enhancement potential of family hardiness. Age may also play a role, but

the conflicting research results render conclusions about the correlation between age and hardiness questionable. Comparative studies would clarify this aspect. Future studies attempting to develop these findings further, need to consider the influence of factors such as gender, level of education, income and occupation, emotional intelligence and the time frame of interventions. Family hardiness is but one of the identified resilience qualities. An exploration of the enhancement potential of other identified resilience qualities will provide a plethora of interventions for service providers to choose from, enabling them to meet families and communities at their point of need.

OPSOMMING

Nadere ondersoek van veerkragtigheidsnavorsing het aangedui dat sielkundiges die rol van “bewaarders” aangeneem het, waar ons versamelde kennis verberg word as gevolg van ons onwilligheid om dit prakties toe te pas. Gevolglik is hierdie navorsing gedoen in respons op bogenoemde gaping in die navorsing, en word dit in vier fases gelewer: Fase 1: ’n literatuuroorsig wat die voorafgaande veerkragtigheidsnavorsing integreer en hersien ten einde as verwysingsgids te dien vir toekomstige studies; Fase 2: Die voorsiening van ‘n omvattende raamwerk vir programontwikkeling binne die veld van die sielkunde; Fase 3: Gesinsgehardheid is gekies as die veerkragtigheidsfaktor om deur middel van ’n universele, multidimensionele program verryk te word; Fase 4: ‘n Bepaling om te ontdek of die veerkragtigheidsverrykingsprogram suksesvol is om die geselekteerde veerkragtigheidsfaktor in families te verryk. Die studie is gedoen vanuit die salutogeniese benadering. McCubbin en Thompson (1991) se “Resiliency Model of Family Stress, Adjustment and Adaptation” is as teoretiese basis benut. Die navorsing se betekenisvolle bydrae lê in die voorsiening van ‘n raamwerk vir programontwikkeling binne die veld van sielkunde. Selfbeskrywingsvraelyste en oop vrae is deur moeders as verteenwoordigers van hulle gesinne voltooi. Die navorsing het dus van beide kwalitatiewe en kwantitatiewe metings gebruik gemaak in die kwasi-eksperimentele voortoets-natoets, natuurlike kontrolegroep navorsingsontwerp. ’n Totaal van vyftig families wat in die Wes-Kaap van Suid Afrika woonagtig is, het aan die navorsing deelgeneem. Die statistiese neigings wat in die navorsing waargeneem is, sinspeel op die verrykingspotensiaal van gesinsgehardheid. Dit het aan die lig gekom dat geslag, opvoedkundige vlak, inkomste en beroep, emosionele intelligensie en die tydsduur van intervensies die

verrykingspotensiaal van gesinsgehardheid beïnvloed. Ouderdom kan ook ‘n invloed hê, maar die teenstrydige navorsingsresultate in dié verband maak gevolgtrekkings oor die korrelasie tussen ouderdom en gesinsgehardheid twyfelagtig. Vergelykende studies sal die bogenoemde kan uitklaar. Toekomstige studies wat poog om die bevindinge van hierdie navorsing verder te ontwikkel, moet die invloed van faktore soos geslag, opvoedkundige vlak, inkomste en beroep, emosionele intelligensie en die tydsduur van intervensies in ag neem. Gesinsgehardheid is maar een geïdentifiseerde veerkragtigheidsfaktor. Verdere ondersoeke na die verrykingspotensiaal van ander veerkragtigheidsfaktore sal ‘n oorvloed van intervensies aan dienslewerraars beskikbaar stel, ten einde in die behoeftes van families en gemeenskappe te voorsien.

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All thanks be to my Lord, who qualified the called. You birthed my dream and I live only to serve Your purpose.

Oupa Piet 10 January 1918 – 24 June 2008

TABLE OF CONTENTS

LIST OF ADDENDUMS

LIST OF FIGURES

LIST OF TABLES

CHAPTER 1

INTRODUCTION AND MOTIVATION FOR THE STUDY

Chapter 1 introduces and explains the concept of resilience and describes the problem statement from which the study originated. Finally, the chapter concludes with a chapter-by-chapter outline of the content covered in the study.

Victor Frankl (1984) captured the essence of resilience when he argued that meaning can be found in even the direst of circumstances:

> We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation – just think of an incurable disease such as inoperable cancer – we are challenged to change ourselves… In some way, suffering ceases to be suffering at the moment it finds a meaning. (p. 135)

Generally, triumph and failure stand in binary opposition to each other. As such, in accordance with logical thinking, risk-factors should make us susceptible for failure and vulnerability (Siqueira & Diaz, 2004; Vasquez, 2000). Yet there are families who thrive despite risk and who rise above adversity – a phenomenon which confounds our "logical thinking" and understanding of risk and pathology. Observations of the former have enthused researchers to enquire into this happening labelled resilience: what causes some families to thrive, while others are weakened under stress? How is it possible that a dysfunctional environment can become a breeding ground for

uncommon vigour and valour? What underpins this concept? Where is it situated? How is it activated and can it be enriched by practical intervention programmes? (Glantz & Johnson, 1999; Sumsion, 2003; Wolin & Wolin, 1993).

Risk factors are not restricted to one domain, but could be situated in the individual, the family or social environments. No single factor, however, is capable of unequivocally predicting risk (Siqueira & Diaz, 2004). It is also true that not all risk factors can be eliminated or changed. The goal then is to moderate the effects of those risks that cannot be eliminated. Resilience research amplifies the powerful role protective factors play in helping individuals and families overcome risks, stress and adversity and lead healthy and successful lives (Vasquez, 2000). Unfortunately, a focus on pathology and repairing the broken has somehow prevailed. A depiction of families as purely pathological is, however, especially marginalising and undermining of South African families and the adaptations they have made (Cornille & Brotherton, 1993; Holtzkamp, 2004; Walsh, 1996). As such, resilience is representative of a paradigm shift (Aspeling, 2004; Greeff & Human, 2004; Greeff & Ritman, 2005; Hawley & DeHaan, 1996; Loubser, 2005; Norman, 2000), and its rise is representative of a saturation point, signifying that pathogenesis (causes of illness) has been tapped for all its worth. It is an answer to the felt need in the healing professions for possibilities to be opened up and for emancipation from the more restrictive, traditionalist medical model. Therefore, the present study in its entirety emanates from the salutogenic perspective (referring to the origins of health). First proposed by Antonovsky, the salutogenic perspective considers family strengths as the milieu of development and healing it epitomises (Antonovsky, 1987; Hawley & DeHaan, 1996; Holtzkamp, 2004; Van der Merwe & Greeff, 2003). Subsequently, it extends our understanding of normal family functioning and offers a revolutionary

framework within which programme development can take place. Chapter 2 expands on the aforementioned by examining various theoretical frameworks concerned with the primary factors and processes contributing to the safeguarding of the family from threats, whilst enhancing the family's ability to recover in the face of adversity. Of special mention is the Resicliency Model of Stress, Adjustment and Adaptation, which will serve as the main theoretical framework of this investigation (see Chapter 2).

1.1 Resilience defined

Various definitions of resilience exist in the literature, encompassing the broad depth of character, properties and capacity associated with it. These definitions emphasise the fluid nature of resilience and discourages its classification as a mere fixed attribute (Glantz & Johnson, 1999; Sumsion, 2003). Family resilience implies a special emphasis on a family's ability to surmount crisis, prevail in the face of adversity, rebound strengthened and emerge victorious. It is restorative in that it has the potential to restore a certain family status (Vasquez, 2000; Wolin & Wolin, 1993). Resilience is also constructive in terms of restructuring lives, and innovative in terms of opening up possibilities. When possibilities are generated, hope is instilled and a sense of pride is bred. The concept of resilience implies both inner psychological well-being and a capacity for successful adaptation and healthy development under conditions that favour failure and deterioration (Grados & Alvord, 2003; Siqueira & Diaz, 2004). It encompasses a relational phenomenon (Robinson, 2000; Vasquez, 2000), since (i) its development is embedded in a person-to-person process (Vasquez, 2000) and (ii) its outcome is reliant on its inherent ability to enhance systems. Resilience also proves to be liberating, as it emancipates people from past restraints, enabling them to function in the present, whilst scripting preferred self-

constructed futures (not predetermined by past events). Furthermore, resilience facilitates understanding and encourages introjection, culminating in a better sense of self. As such, it is more than a mere concept. It has evolved into a treatment approach, reframing lives based on strengths (Wolin & Wolin, 1993).

1.2 Relevance of the research

In the light of the aforementioned, the research is born out of a responsibility, a felt need and a hope expressed in previous studies (Aspeling, 2004; Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Fillis, 2005; Holtzkamp, 2004; Loubser, 2005; Van der Merwe & Greeff, 2003; Wentworth, 2005) to practically apply the knowledge that has been attained through extensive resilience research in the recent past. The hope is that the depth and extent of resilience theory and research will culminate in practical, efficient and culturally-sensitive intervention programmes. Werner (cited in Vasquez, 2000) provides scientific evidence that protective factors are more powerful than risk factors. Shamai and Lev (1999) contend that interventions related to normal family processes are more attractive, because they facilitate the maintenance of regular daily life. Furthermore, according to Vasquez (2000) and Walsh (2003b), the resilience concept is easily adaptable across disciplines and settings because it is context specific (i.e. family functioning is gauged relative to each family's unique context). Resilience's adaptability highlights its applicability and effectiveness within a multicultural and multi-challenged society like that of South Africa. The conclusion can therefore be drawn that programme development within the resilience framework harbours the potential of being an influential and effective intervention approach in relation to families (De Mot, 2002; Van der Merwe & Greeff, 2003). The relevance and efficacy of resilience research, coupled with the worldwide decline in healthcare

subsidies, highlights the need for research of this nature (Todd & Worrell, 2000). Responsible service delivery should therefore take heed and deliver accordingly.

1.3 Fissures in the literature: the need for a South African focus on family resilience

Even though the literature on resilience is well established in the fields of psychology and social work, it has proved to be lacking due to two overriding factors. Firstly, past research's indulgence in individual resilience has blinded healthcare professionals to the resilience found within the family. Denton (1986) says the role of the family is amongst the most important social support systems for the well-being of its members. Greeff (1995) encapsulates the importance of families by defining the family as the smallest functional unit of the community, while Silberberg (2001) goes a step further by describing families as the best social welfare system there is. The aforesaid alludes to the reciprocal nature of families and communities, as the fortification of the one leads to the fortification of the other (Cole, Clark, & Gable, 2001; Der Kinderen & Greeff, 2003; Holtzkamp, 2004). A community could therefore only be healthy if the families within that community are healthy. Given the incomprehensive nature of service delivery, especially within the welfare sector, a focus on families is not only warranted, but mandatory. Consequently, as our grasp of the concept of resilience has evolved (through extensive research over the past few decades), we have come to understand resilience as an interplay of various risk and protective processes, encompassing individual, family and larger socio-cultural influences (Patterson, 2002). Therefore, the choice of subject matter, i.e. families, is made in response to (i) identified fissures in the literature regarding resilience as a family-level construct (Aspeling, 2004; Ben-David & Lavee, 1996; De Mot, 2002; Fillis, 2005; Hawley, 2000; Heath & Orthner, 1999; McCubbin & McCubbin, 1996; McCubbin, McCubbin,

Thompson, Han & Chad, 1997; Robinson, 2000; Van der Merwe, 2001; Walsh, 1996), (ii) an excessive indulgence in individual resilience (Haggerty, Sherrod, Garmezy & Rutter, 1996; Robinson, 2000; Walsh, 1996; Walsh, 2003a) and (iii) the notion of family as an important concept, especially within the African cultural heritage (Barker, cited in Hanks & Liprie, 1993; Denton, 1986; Der Kinderen, 2000; Greeff, 1995; Silberberg, 2001; Van der Merwe, 2001).

Secondly, existing resilience research falls short in terms of a dearth of relevant South African research. Research excluding cultural consideration is devoid of rich substance and quality. Culture imbues each family's resilience with uniqueness and distinctiveness. In other words, resilience factors within one culture do not necessarily apply to another culture (Demmer, 1998; Holtzkamp, 2004; McCubbin & McCubbin, 1996; McCubbin, Thompson & McCubbin, 1996; Silberberg, 2001; Smith, 1999; Van der Merwe, 2001; Van der Merwe & Greeff, 2003). When we blindly draw conclusions about the family life of one culture based on assumptions of families from a different culture, the existing expertise and vigour in families are easily overlooked (Silberberg, 2001). Given our cultural diversity and the unique contextual challenges facing South African families, embedded within an extraordinary political, economic and social climate, unique family adaptation is expected (Holtzkamp, 2004). Therefore, this research intends to incorporate cultural consciousness in its programme development by means of (i) sample-utilisation encompassing a wider diversity of the heterogeneous South African population and (ii) use of locally relevant literature on family resilience.

1.4 Contribution to programme development

A probe into resilience research has revealed that psychologists have taken on the role of “keepers of the crypt”, in which our attained knowledge has been “entombed” by virtue of our reluctance to allow it to bear practical fruition. Examining the available research has highlighted the need for programme development within the field of resilience (Aspeling, 2004; Der Kinderen & Greeff, 2003; Holtzkamp, 2004). However, what has been lacking is a set of guidelines to consider when attempting programme development. In the absence of “programme scaffolding” (which describes the steps inherent to programme development), important aspects can be overlooked, rendering programmes less effective. These steps include aspects such as the theoretical underpinnings; the use of relevant, workable models; responsibilities; considerations; and logistical tasks. Therefore, a vital contribution of this research is its exploration and mapping of programme development. Such mapping is beneficial in creating universalism amongst programmes and enabling measurement by the same set of guidelines. In so doing, it provides direction via a focused, methodological approach.

1.5 Problem statement and focus

Resilience research and clinical observations frequently allude to (i) scarce available resources, (ii) repeatedly articulated requests for programme development, and (iii) remarkable resilience characteristics located in challenged families. Therefore, the focal point of this research was decided on in response to the aforementioned gaps and is explicated in four phases, namely:

Phase 1: A detailed literature review consisting of the integration and recapitulation of preceding applicable resilience research in an attempt at exhuming and dissecting

the identified resilience qualities in detail. This may serve as a reference guide for future studies.

Phase 2: Provision of a succinct, comprehensive framework for programme development in the field of psychology.

Phase 3: The selection of an identified resilience quality (family hardiness), to be attended to via the development of a universal, multidimensional resilience-enhancement programme.

Phase 4: An assessment of whether the resilience-enhancement programme is successful in enriching the selected resilience quality in families.

The primary purpose of the study is concerned with laying the necessary groundwork from where programme development in the field of psychology can take place. The research therefore intends to serve as a reference guide for future researchers who ambitiously seek to bring knowledge to practical fruition (i.e. through the development of intervention programmes), instead of generating knowledge as an end in itself.

1.6 Chapter review

Chapter 1 serves as an introduction and provides the motivation for the study by defining resilience, exploring gaps in the literature and highlighting the relevance of the research in terms of our time and the South African context.

Chapter 2 centres on the theoretical foundation in which the study is grounded and provides an outline of the research questions and objectives guiding the research.

Chapter 3 is concerned with tracking the evolvement of resilience research from its inception as a focus of theoretical investigation to its practical application in the form of programme development. Special emphasis is placed on the concept of family hardiness, as it is one of the main focus areas of investigation in this study.

Chapter 4 makes a significant contribution to the research by delineating programme development through an exploration of its history, existing programme development models, as well as the steps that need to be considered when developing a programme.

Chapter 5 provides an outline of the details of the research procedures, methods and approach utilised to answer the research questions and objectives of the study. It includes a description of the measuring instruments included, as well as the statistical techniques applied.

Chapter 6 reviews the aim of the intervention phase and continues to report on the research sample, as well as on the quantitative and qualitative results based on the statistically analysis of the pre-test, post-test and three-month follow-up measures.

Chapter 7 discusses the research findings and contextualises them by linking them with previous research and theories.

Chapter 8 identifies the limitations of the study and provides guidelines for future research and concluding remarks regarding the research.

1.7 Chapter conclusion

This chapter reviewed the relevance of approaches based on the concept of family resilience and programme development. It highlighted the inspiration for the research, emanating from (i) critical gaps in the literature (Aspeling, 2004; Hawley, 2000; McCubbin & McCubbin, 1993; Robinson, 2000; Van der Merwe & Greeff, 2003; Walsh, 1996), (ii) the movement in psychology advocating the endorsement of broader concepts than the focus provided by the medical model (Barnard, 1994; Greeff & Ritman, 2005; Hawley & DeHaan, 1996; Holtzkamp, 2004; Norman, 2000; Van der Merwe & Greeff, 2003; Walsh, 1996), (iii) the recognition of family as an important concept, especially in the African cultural legacy (Der Kinderen & Greeff, 2003; Greeff, 1995; Silberberg, 2001); (iv) increasing cultural and family heterogeneity (Swartz, 1998; Van der Merwe & Greeff, 2003), (v) strains of social, economic and political upheaval (Der Kinderen & Greeff, 2003; Holtzkamp, 2004; Swartz, 1998), (vi) the potential of resilience to assist the functioning of the entire family system (Hawley & DeHaan, 1996; McCubbin *et al*., 1997; Robinson, 2000; Walsh, 2002), (vii) the ease with which the resiliency concept can be adapted across disciplines and settings (Vasquez, 2000), as well as (viii) the lack of applied dimensions of the field at the level of the family (Aspeling, 2004; Der Kinderen & Greeff, 2003; Holtzkamp, 2004). It also attempted to structure the research by describing the problem statement and delineating the chapter content to be covered in the study.

CHAPTER 2

THEORETICAL UNDERPINNINGS OF FAMILY RESILIENCE

Chapter 2 explores various ways in which scholars have defined resilience and examined resilience in families. The theoretical frameworks depicted below, describes the primary factors and processes contributing to the safeguarding of the family from threats, whilst enhancing the family's ability to recover in the face of adversity. The main theoretical framework of the investigation resides in the Resiliency Model of Stress, Adjustment and Adaptation.

2.1 The salutogenic approach

Pathogenesis has been the predominant paradigm in shaping stress research over the past few decades (Kortokov, 1998). It proposes that various risk factors (e.g. microbiological, psychosocial) cause disease by disrupting the mechanisms that are responsible for maintaining the homeostasis of the individual (Antonovsky, 1987). The pathogenic approach to "health" has benefited many people. However, when paradigms fail to adequately explain variation in human behaviour, new paradigms arise to provide answers not adequately accounted for by the prevailing paradigms. The 1970s marked the beginning of an ideological transition from disease prevention to health promotion (Kortokov, 1998). Salutogenesis (the concept of positive health) rose as an important response to pathogenesis (the way disease develops).

Salutogenesis focuses on how and why people stay well. It can be seen either as a model in its own right or as an example of the biopsychosocial approach (Antonovsky, 1987). Antonovsky designed the salutogenic model with the aim of advancing the understanding of the relationship between stressors, coping and

health. In contrast to pathogenesis, the underlying assumption governing salutogenesis is not homeostasis, but dynamic heterostatic disequilibrium, characterised by both entropy and senescence (Kortokov, 1998).

Antonovsky identified a sense of coherence as central to people's ability to cope with stress. Antonovsky (1987, p. 19) defines the sense of coherence as:

> a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (i) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (ii) the resources are available to one to meet the demands posed by these stimuli; and (iii) these demands are challenges, worthy of investment and engagement.

The substantive structure of the sense of coherence comprises three components: meaningfulness, manageability and comprehensibility. The author proposed that generalised resistance resources (social support, cultural stability, wealth and ego strength) can promote this sense of coherence (Antonovsky, 1987).

Unlike concepts such as locus of control, self-efficacy and problem-oriented coping, the sense of coherence model is intended to be a construct that is universally meaningful and cuts across divisions of gender, social class, religion and culture (Antonovsky, 1987). Antonovsky's model highlights the inadequacy of pathogenic explanatory factors and concentrates on the adaptive coping mechanisms underscoring the movement to the healthy end of the "ease-disease" spectrum. Therefore, it is unlike previous health research on stress, which looked at different kinds of stressors and the conditions most likely to lead to stress. The salutogenic

model stresses health as a balance and recognises that optimal functioning requires social stability, rewarding occupations and freedom from anxiety, stress and persecution.

2.2 Family systems theory

Walsh (1996) suggests that an examination of resilience from a family systems perspective is needed in order to understand resilience in families. Family systems theory originated from general systems theory, developed by Ludwig von Bertalanffy (Family Systems Theory, n.d). By the close of the twentieth century, empirical family systems theory had become one of the foremost theoretical foundations guiding investigations into the study of families and aiding the development of clinical interventions and programmatic work with families (Family Systems Theory, n.d.). The application of the systems perspective has particular relevance to the study of the family. This is due to the fact that families are comprised of individual members who have some degree of emotional bonding, who share a history, and who develop strategies for meeting the needs of both individual members and the family as a whole (Anderson & Sabatelli, 1999). Family systems theory allows for an understanding of the interactive patterns guiding family interactions and of the organisational complexity of families (Family Systems Theory, n.d.).

A central premise of family systems theory is that family systems organise themselves to adjust to the developmental needs of their members, as well as to carry out the daily challenges and tasks of life. Critical to this premise is the notion of holism, which argues that, in order to understand a family system, the family must be viewed as a whole (Family Systems Theory, n.d.).

Families also organise themselves into various smaller subsystems that together comprise the larger family system. This is referred to as hierarchies (Minuchin, 1974). The subsystems are often organised according to gender or generation. Practitioners have generally focused on three primary subsystems, namely marital (or couple), parental and sibling (Family Systems Theory, n.d.). Each subsystem is distinguished by the tasks or focus of the subsystem, as well as the members who comprise the subsystem. Families are often viewed as having difficulties when the members or tasks associated with each subsystem becomes blurred with those of other subsystems (Family Systems Theory, n.d.).

The concept of boundaries relates to those of holism and hierarchies. Boundaries occur at every level of the system, and between subsystems. They distinguish between what is included in the family system and what is external to the system. Boundaries regulate the movement of people in and out of the system and also regulate the flow of information in and out of the family (Family Systems Theory, n.d.). The permeability of these boundaries often distinguishes one family from another. The permeability of boundaries will also often change with the developmental age and needs of the family members (Family Systems Theory, n.d). The concept of interdependence is implicit in the discussion of the organisational nature of family systems. Both individual family members and the subsystems that comprise the family system are mutually influenced by and mutually dependent upon one another (Bertalanffy, 1975; Whitchurch & Constantine, 1993).

A second central premise underlying family systems theory is that families are dynamic in nature and their interactions are governed by patterns or strategies and rules. The dynamic nature of families assists in meeting the challenges associated

with daily living and the developmental growth of the family members (Family Systems Theory, n.d.). According to family systems theory, families strive for a sense of balance between the challenges they are confronted with and the resources of the family. In order to attain that balance, families are constantly changing, adapting or responding to daily events, as well as to more long-term developmental challenges and changes. The concept of morphostasis refers to the ability of the family system to maintain consistency in its organisational characteristics despite the challenges that may arise over time (Steinglass, 1987). In contrast, morphogenesis refers to the system's ability to grow systemically over time to adapt to the changing needs of the family. Therefore, in all families there is a continuous dynamic tension between maintaining stability and introducing change (Family Systems Theory, n.d.).

The channels or patterns of interaction that facilitate movement toward morphogenesis or morphostasis are explained by the concept of feedback loops. Negative feedback loops help to maintain homeostasis and refer to the patterns of interaction that maintain constancy or stability whilst minimising change. In contrast, positive feedback loops refers to patterns of interaction that facilitate movement or change toward either dissolution or growth (Family Systems Theory, n.d.). The words negative and positive are not meant to characterise the communication as bad or good, but merely are terms used to describe the two patterns of interaction.

In summary, family systems theory views the family as an open system that functions in relation to its broader socio-cultural context and evolves over the multi-generational life cycle. Family systems theory is guided by a biopsychosocial systems orientation – with an understanding that problems and their solutions are found in the reciprocal relationships between individuals, families and larger social

systems (Walsh, 2002). It combines ecological and developmental perspectives. Problems are seen as the result of interactions between individual and family vulnerability (which are affected by life experiences and social contexts). Stressors can be either internal or external and, if they accumulate, the family may be overwhelmed, which increases the risk for problems (Walsh, 2002). As complex interactive systems, families are seen as being goal-oriented – striving to reach certain objectives and goals. Patterns of interaction, such as positive and negative feedback loops, make the achievement of the goals more or less attainable. Equifinality refers to the ability of the family system to accomplish the same goals through different routes (Bertalanffy, 1975). It proposes that the same beginning can result in many different outcomes and that an outcome may be reached through many different pathways.

2.3 Family stress theory

The Resiliency Model was influenced largely by family stress theory and its counterpart framework, family resilience theory. The stress model is often used in research on resilient families (McCubbin & McCubbin, 1988). It makes five assumptions about family life: (i) hardships and changes are a natural part of family life; (ii) in the face of changes, families develop basic skills, patterns of functioning and abilities to promote the growth and development of family members and protect them against major stressors; (iii) such competencies are likewise developed to foster the family's recovery following a major crisis or transition; (iv) families draw from and contribute towards the network of resources and relationships in their community, particularly during stressful periods; and (v) families faced with a crisis situation strive to restore harmony, balance and order even in the midst of change.

Family stress theory and the study of resilient families are linked in that family strengths, resources and coping are central to both. In applying family stress theory, two general propositions have guided the study of resilient families. Firstly, when a resilient family faces a normative stressor, it will use the instrumental and expressive resources within the family to protect itself from damage and to promote adequate adjustment. Similarly, the second proposition suggests that when a resilient family faces a non-normative stressor, it will also employ these resources to prevent damage and promote adjustment.

2.4 The Family Adjustment and Adaptation Response Model (FAAR)

The Resiliency Model is the zenith of two decades of research (McCubbin & Lavee, 1986; McCubbin & McCubbin, 1993; McCubbin & Patterson, 1982; McCubbin & Thompson, 1991; McKenry & Price, 1994; Rungreangkulkij & Gilliss, 2000) concerned with the development of resilience theory, originating in Hill's pioneering ABCX model, formulated in 1949. According to this model, a stressor event (A) interacts with the family's resources and strengths for dealing with the stressor (B), and shows how the family defines or perceives the event (C), producing stress or crisis (X) (Der Kinderen & Greeff, 2003). The major variables of Hill's ABCX model remained almost unchanged in later models of family resilience, such as the Double ABCX Model of Family Adjustment and Adaptation and the Family Adjustment and Adaptation Response Model (FAAR).

The Family Adjustment and Adaptation Response Model (FAAR) suggests that families engage in active processes to balance the demands placed on the family with their capabilities (Patterson, 2002). This, in turn, interacts with family meanings to arrive at a level of family adjustment and adaptation. Capabilities and demands

can arise from three different levels of the family ecosystem, namely: (i) the individual family members, (ii) the family unit, and (iii) from various community contexts. Demands may include normative and non-normative stressors, ongoing family strains and stresses, as well as daily problems. Capabilities may include what the family has (psychological resources) and what the family does (coping behaviours). Family adaptation is observed when the balance between capabilities and demands is restored. Patterson (2002) refers to this restoration of balance (reducing demand, increasing capabilities, and/or changing meanings) as regenerative power. On the other hand, families can become vulnerable, meaning that they employ processes that lead to poor adaptation.

Patterson (2002) also emphasises the meaning a family attaches to a situation, as utmost important, since their appraisal will influence their coping. Three levels of family meanings have been described in the FAAR model: (i) situational meanings; (ii) family identity; and (iii) family world view (how they see their family in relationship to systems outside of their family) (Patterson, 2002). Therefore, the process of adapting to major, non-normative stressors often involves changing prior beliefs and values.

2.5 Key processes in family resilience

Walsh approached the subject of family resilience systematically by introducing the concept of relational resilience (Hawley, 2000). The author advocates that relational resilience emphasises family processes and describes the manner in which families link these processes to their unique adversities (Hawley, 2000). Walsh's (2003a) family resilience framework is embedded in ecological and developmental perspectives in order to view family functioning in relation to its broader socio-cultural

context and evolution over a multigenerational life cycle. It attempts to serve as a theoretical map that targets key family processes. It aims to reduce vulnerability and stress, foster growth and healing, and empower families (Walsh, 2003).

Walsh's (2003a) family resilience framework is rooted in findings from numerous studies, identifying and fusing key processes across three domains of family functioning: family belief systems, organisation patterns, and communication processes. Consistent with this paradigm, a family's recuperation under conditions that favour corrosion is determined by their ability to tap into these domains.

According to Walsh (2003a), the key processes constituting belief systems include (i) generating meaning in the midst of adversity, (ii) adopting an optimistic viewpoint and (iii) spiritual grounding. Generating meaning in the midst of adversity involves normalising and contextualising the adversity and viewing resilience as relationally based. In other words, the adversity is seen as a shared challenge and the belief is held that, in joining together, individuals are strengthened in their ability to overcome adversity. The propensity for shame, pathologising and blame is reduced if the family is able to view their reactions to a challenge as "normal" (Walsh, 2003a). The development of a sense of coherence (Antonovsky, 1987) is also of relevance, as it recasts a crisis as a challenge that is meaningful to address, manageable and comprehensible. Through causal or explanatory attributions, family members attempt to make sense of how things have happened (Walsh, 2003a).

High-functioning families have been found to hold a more optimistic view of life (Beavers & Hampson, 1990). However, to be sustained, a positive outlook must be accompanied by a nurturing community context, successful experiences and

confidence in overcoming the odds (Walsh, 2003a). Affirming family strengths and potential in the midst of difficulties reinforces confidence, pride, active initiative and perseverance. As such, a sense of helplessness, blame and failure is counteracted. Higgins (1994) says mastering the art of the possible is a hallmark of resilience. This not only entails taking stock of the family's challenges and resources, but also accepting what cannot be changed (Walsh, 2003a).

Transcendent beliefs provide purpose and meaning (Beavers & Hampson, 1990). As such, adversity can become a catalyst for inspiration (where new possibilities are envisioned and creative expression and social action are mobilised) and transformation (leading to learning, change and growth) (Walsh, 2003a). Spiritual resources, such as rituals, ceremonies, prayer or meditation, and religious or congregational affiliation have also been found to be wellsprings of resilience (Werner & Smith, 1992).

In order to meet the challenges they face, families must organise in various ways. Organisational patterns are determined by (i) flexibility (ii) relational connections and (iii) mobilisation of external resources. Flexibility requires being open to change. This allows the family to rebound and reorganise in order to adapt to and fit with new or changing circumstances. At the same time, flexibility requires maintaining a sense of stability amidst the adaptations, through continuity, dependability and follow through (Walsh, 2003a). Firm yet flexible authoritative leadership, involving the provision of nurturance, protection and guidance, is the most effective for family functioning (Walsh, 2003a). Connectedness or cohesion is the glue that bonds family members together. Cohesion is created through mutual support, collaboration and commitment, as well as respect for individual needs, differences and boundaries. It

also entails actively seeking reconnection and reconciliation (Walsh, 2003a). The mobilisation of external resources, such as kin and social and community networks, as well as financial security can buffer families in times of crisis, as it provides vital practical and emotional support (Walsh, 2003a).

Finally, communication or problem solving is determined by (i) the lucidity of the communication, (ii) the level of emotional expression and (iii) concerted problem-solving efforts. Clarifying and sharing crucial information (through clear, consistent messages entailing both words and actions) about crisis situations and future expectations facilitate meaning-making, authentic relating and informed decision making. On the other hand, ambiguity or secrecy has the potential to block understanding, closeness and mastery (Boss, 1999). Open communication, in a climate of empathy, mutual support and tolerance for differences, enables family members to share their feelings aroused by a crisis situation. Finding pleasure and moments of humour in the midst of a crisis can also offer valuable respite (Walsh, 2003).

Collaborative problem solving and conflict management are essential for family resilience. Creative brainstorming opens new possibilities. Shared decision making and conflict resolution, involving the negotiation of differences with fairness and reciprocity over time, allow family members to accommodate each another. Setting clear goals and taking concrete steps in achieving these allows families to build on successes and learn from failure. Shifting from a crisis-reactive mode to a proactive stance enables families to prevent problems, avert crises and prepare for future challenges (Walsh, 2003).

Widespread concern about the breakdown of the family calls for useful conceptual models, such as a family resilience framework, to guide efforts to strengthen couple and family relationships. A family resilience perspective provides a crucial shift in emphasis from family shortfalls to family challenges, to confidence in the potential for growth and recovery out of adversity (Walsh, 2003).

2.6 The Resiliency Model

Following the salutogenic approach, the main theoretical foundation of the investigation resides in the Resiliency Model of Stress, Adjustment and Adaptation. The Resiliency Model's unique contribution is encapsulated by four factors. It (i) highlights the four domains of family functioning crucial to family recuperation (namely interpersonal relationships and development, well-being and spirituality, community ties, structure and functioning); (ii) introduces the objectives of balance and agreement in the face of hardship; (iii) accentuates the importance of the five levels of family appraisal in shaping family recovery; and (iv) focuses on the importance of the family's relational processes of adjustment and adaptation (McCubbin *et al*., 1996).

The Resiliency Model (see Addendum A) involves two related phases of family response to stress – the adjustment phase and the adaptation phase. The adjustment phase describes the family's functioning prior to the crisis and the influence of protective or resistance factors (Der Kinderen & Greeff, 2003). When the family is faced with everyday, normative stressors and strains, the family makes minor, short-term adjustments to manage demands with as little disruption to the family as possible. The family enters crisis when these adjustments become insufficient to meet demands. The adjustment process ends and there is a need for

more permanent changes to restore the family's stability (Der Kinderen & Greeff, 2003).

With the advent of a crisis, an accumulation of demands on the family ensues and the family enters the adaptation phase. This requires the family to adapt to its new situation by introducing restorative changes to its internal functions and structures in order to restore stability and achieve a family-environment fit (Der Kinderen & Greeff, 2003; McCubbin, 1988; McCubbin, 1997; McCubbin & Thompson, 1991; McCubbin, *et al*., 1996; McKenry & Price, 1994). During this process the family utilises (or fails to use) resources from within and outside the family that foster or hinders their adaptation process. The outcome of the adaptation phase is either bonadaptation – successful adaptation implying an exit from crisis – or maladaptation – unsuccessful adaptation, characterised by remaining in crisis (McCubbin & Patterson, 1983; McKenry & Price, 1994).

The Resiliency Model suggests that a number of factors interact to predict a family's level of adaptation to crisis (Hawley, 2000). According to Der Kinderen and Greeff (2003), these include:

- The pile-up of pre- and post-crisis stressors and strains. If not managed, these deplete the family's resources and lead to further tension and stress in the family.
- The pile-up of demands on the family, which contribute to the family's vulnerability. A family's vulnerability is increased, as the pile-up of stains and stressors increases.

- Family type, which refers to a set of basic qualities of the family system that describe how it typically functions. Four main family types exist, namely traditionalistic, rhythmic, resilient and regenerative.
- Existing and new resources, which assist in adapting to the crisis. These include (i) traits and strengths of individual family members, such as intelligence; (ii) internal resources of the family, such as adaptability and cohesiveness; (iii) social support, involving network and esteem support; and (iv) cognitive coping strategies relating to the perception of the crisis situation.
- Social support, which warrants special mention as it is a particularly vital crisis-meeting resource. Families who develop and use social support, for example assistance offered by organisations, family and friends, are more resistant to stressors and are better able to recover after a major crisis.
- The family's situational appraisal or perception of their situation, which is a critical factor in predicting family adaptation. This implies that a family's view of the stressful situation will largely influence their reaction to it.
- Family schema, which is broader than the situational appraisal, and refers to the family's appraisal of their circumstances in general, their sense of the manageability of life events, and the sense of control that the family has over upcoming life events. Family schema is generally viewed as a stable construct. However, under drastic circumstances it may be reshaped to incorporate the various adaptations that the family has undergone.
- Family coping, which refers to the attempts made by the family system to decrease or manage demands it is faced with.

Finally, all the aforementioned factors interact to determine the quality of family adaptation on a maladaptation-bonadaptation continuum. This refers to the outcome

of family efforts to bring about a new level of balance, harmony and functioning in the face of the crisis situation.

Therefore, according to the Resiliency Model, families adjust by changing their pattern of functioning. This is accomplished by modifying their family schema and situational appraisal and by changing their relationship to the outside world (McCubbin *et al*., 1996).

2.7 Chapter conclusion

Chapter 2 positioned the research within a theoretical framework. The Resiliency Model of Stress, Adjustment and Adaptation has proven itself applicable for the study because of its thorough research base. It provides the most comprehensive model of family resilience to date. The model encourages professionals to recognise family resilience and the healing nature of family life, which, if understood and identified, could became focal points in interventions. This is echoed by Werner and Johnson (1999), who affirm that (i) resilience research offers a promising knowledge base for the practice; (ii) the findings of resilience research have many potential applications; and (iii) building bridges between clinicians, researches and policymakers is crucial. However, it must be noted that several other approaches to the construct also exist.

CHAPTER 3

LITERATURE REVIEW

The literature review attempts to track the evolvement of resilience research from its inception as a focus of theoretical investigation, to its practical application in the form of programme development. Special emphasis is placed on the concept of family hardiness, as it is one of the main focus areas of investigation in this study.

3.1 Investigations into family resilience

The various South African studies consulted were carried out across a broad range of South African population groups, including black (Loubser, 2005; Holtzkamp, 2004; Van der Merwe & Greeff, 2003), coloured (Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004) and white (Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Greeff & Human, 2004; Greeff & Ritman, 2005; Holtzkamp, 2004). The findings from the variety of locally relevant studies have not disappointed, signifying an assortment of distinct family resilience factors. The results indicate that the family's potential to meet the demands of stressors and strains is determined by a combination of factors, some of which are already in existence and accessible, and others which are developed, strengthened or managed by means of the family's coping behaviours (McCubbin & Thompson, 1991). A review of the literature has uncovered the following recovery-enhancing resources as pivotal in fostering family adaptation: (i) resilience traits and abilities of individual family members, such as optimism, humour and the ability to support oneself; (ii) internal resources and support available to the family system, such as cohesion, affirming communication (problem-solving ability) and management of resources; (iii) the family unit's utilisation of their internal strengths and durability to

manage problems outside of its boundaries; (iv) family integration and stability, fostered by family time togetherness and routines; (v) social support, involving network and esteem support in terms of being loved and cared for, as well as (vi) a passive appraisal coping style in the midst of the crisis. These proved to be key factors in mitigating the effects of stressors and demands and facilitating adjustment and adaptation over time.

3.1.1 Resilience traits and abilities of individual family members, such as optimism, humour and the ability to support oneself

As stated earlier, the focus of this study is on family resilience. Nevertheless, individual resilience qualities contribute to the occurrence of family resilience (Hawley & DeHaan, 1996; Siqueira & Diaz, 2004) and therefore merit mention.

A spirit of optimism has been found to be the most important personal characteristic fundamental to a family's ability to recover in the face of hardship (Du Toit-Gous, 2005; Greeff & Human, 2004; Greeff & Ritman, 2005; Holtzkamp, 2004; Johnson Grados & Alvord, 2003; Siqueira & Diaz, 2004; Van der Merwe, 2001; Walsh, 1993; Wentworth, 2005). It entails a freshness of appreciation and the propensity to see the positive and potential in a situation (Hoopes, Hagan & Conner, 1993). This characteristic enjoys theoretical support in the form of Walsh's (2003b) key processes in family resilience.

According to Pearlin, Lieberman and Menaghan (1981), an internal locus of control is related to the regulation of self, since the resolution of a problem is seen as dependent on the person instead of on fate or external circumstances. This is in accordance with the concept of "control" (as measured by the Family Hardiness

Index), which is discussed below. Research conducted by Hetherington and Elmore (2003), Rutter (1987), Siqueira and Diaz (2004), Sumsion (2003), and Van der Merwe and Greeff (2003) has highlighted the importance of an internal locus of control in the enhancement of resilience.

3.1.2 Internal resources and support available to the family system

Several studies have identified intrafamily emotional and practical support as a very important recovery-enhancing resource (Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Van der Merwe & Greeff, 2003; Thiel, 2005; Walsh, 2003a; Wentworth, 2005). This implies that family members' involvement with and support of each other are facilitative of family adaptation and pivotal in creating a safeguard against hardships. The affirmation of this recovery-enhancing resource as a resilience factor is not only confirmed by previous research, but also enjoys theoretical support in the form of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991), as well as Walsh's (2003b) identification of the key processes in family resilience.

Financial stability has been regarded as an important predictor of healthy family adaptation and functioning, as it determines the capacity of the family to control and support children and other family members through a crisis situation (Bennett & Boshoff, 1997; Mederer, 1998; Sagy & Antonovsky, 1998; Short & Johnston, 1997; Walsh, 1998). Findings on this topic are rather discrepant, however. Factors such as the families' financial stability at the time the research was conducted, the participants' perception of financial stability as recovery enhancing, as well as the nature of the measurements (quantitative or qualitative) employed to assess the specific factor need to be taken into consideration. Nonetheless, the results obtained

from studies conducted by Aspeling (2004), Der Kinderen and Greeff (2003), Van der Merwe (2001), as well results obtained from children by Du Toit-Gous's (2005) study, emphasise the buffering feature inherent to financial stability.

Spirituality in the context of the family is significant, since the family parameters provide a holding environment where spiritual discovery and development can take place, whilst simultaneously setting the stage where religious values can be acted out. Even though some discrepant results were obtained with regard to the facilitation by spirituality and religion of family resilience, spirituality and religion is generally considered pivotal in terms of its meaning-making capacity, its ability to encourage a sense of purpose, and its cultivation of feelings of belonging by way of unifying moral values and beliefs (Angell, Dennis & Dumain, 1998; Beavers & Hampson, 1990; Ben-David & Lavee, 1996; Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Greeff & Ritman, 2005; Holtzkamp, 2004; Loubser, 2005; Park & Cohen, 1992; Parrot, 1999; Reed & Sherkat, 1992; Shamai & Lev, 1999; Silberberg, 2001; Silliman, 1994; Smith, 1999; Toliver, 1993; Van der Merwe, 2001; Walsh, 1993; Walsh, 1998; Walsh, 2002; Wright, Watson & Bell, 1996). The role of spirituality and religion in family resilience also enjoys theoretical underpinning in the form of Walsh's (2003b) key processes in family resilience. The discrepancy of results across studies could possibly be attributed to the phrasing of questions, and/or to the difference in the scoring procedure of the subjective open-ended questions and the questionnaires employed across the studies, and/or to the use of only one subscale in measuring the particular factor. Given the inconclusive results pertaining to the recovery-enhancing potential of religion and spirituality, it is in need of a more extensive investigation.

Both research (Ben-David & Lavee, 1996; Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Greeff & Human, 2004; Greeff & Ritman, 2005; Holtzkamp, 2004; McCubbin *et al*., 1997; Mederer, 1998; Silliman, 1994; Thiel, 2005; Van der Merwe, 2001; Walsh, 1998; Walsh, 2002; Wentworth, 2005) and existing theories, specifically the Beavers Systems Model, the Circumplex Model of Marital and Family Systems, the McMaster Model (Walsh, 1993), the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991), as well as Walsh's (2003b) key processes in family resilience, have emphasised the supportive and adaptive value of open, honest and affirming communication. Quality communication (as measured by the Family Problem Solving Index and Parent-Child Togetherness subscale of the Family Time and Routine Index) bears the potential of clarifying ambiguous situations, fostering concerted problem solving, facilitating meaning making and encouraging emotional expression and empathic responses. Open, honest and affirming communication creates a measure of predictability, conveys support and caring and exerts a calming influence. Therefore, it is safe to conclude that the quality and nature of family communication determine to a measurable degree how families manage tension and strain and acquire a satisfactory level of family functioning, adjustment and adaptation.

The former is in contrast with research conducted by Ben-David and Lavee (1996), who found that stressful periods could be demarcated by a reduction in communication. The decline in communication could be beneficial in terms of its underlying avoidance tendency, whereby explosive arguments are bypassed and family unity preserved. Therefore, some avoidance of discussion of highly volatile issues may be effective in relationships when dealing with ongoing stress (Ben-David & Lavee, 1996; Shamai & Lev, 1999). Shamai and Lev (in their qualitative and

quantitative comparison of couples who choose to cope by ignoring) acknowledge that repressing and ignoring may be functional to some extent in coping with long-term stress situations, but warn that it is necessary to assess its intensity to discover whether it detracts from the welfare and psychological well-being of the family. Conversely, Ben-David and Lavee (1996) contend that the reduction in communication could be ascribed to the concept of "intrafamily agreement", signifying an agreement amongst family members about most issues.

The aforesaid alludes to a family's sense of cohesion, which has been identified as an important internal family resilience variable. This is in accordance with the Circumplex Model of Marital and Family Systems (Walsh, 1993), the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991) and previous research (Antonovsky, 1987; Antonovsky & Sourani, 1988; Aroian, 1990; Ben-David & Lavee, 1996; Bennett *et al*., 1997; Der Kinderen & Greeff, 2003; Fillis, 2005; Hawley & DeHaan, 1996; Hawley, 2000; Heath & Orthner, 1999; Holtzkamp, 2004; McCubbin & McCubbin, 1993; McCubbin *et al*., 1996; Mederer, 1998; Sagy & Antonovsky, 1998; Shamai & Lev, 1999; Silliman, 1994; Walsh, 1993; Walsh, 1996; Walsh, 1998; Walsh, 2002; Wentworth, 2005). Family cohesion implies a strong sense of togetherness and collaboration as important aids in strengthening family relationships and coping abilities. It permits problems to be defined as the concern of the entire family, instead of only of a particular individual, which would support intra-family divide.

3.1.3 The family's utilisation of their internal strengths and durability to manage problems outside their boundaries

The value of intra-family emotional and practical support as a significant family stress-resistance and adaptation resource is echoed in results signifying (i) a sense of commitment and (ii) a sense of challenge as fostering resilience (Aspeling, 2004; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Thiel, 2005; Van der Merwe, 2001; Wentworth, 2005). A sense of commitment refers to the family's sense of their internal strengths, their utilisation of their internal support resources, and their ability to collaborate and to rely on each other (as measured by the commitment subscale of the Family Hardiness Index). A sense of challenge refers to the family's efforts to be innovative, willing to learn, to be active and to view the situation as challenging instead of defeating (as measured by the challenge subscale of the Family Hardiness Index, as well as the total scale of the Family Crises Oriented Personal Evaluation Scales).

3.1.4 Family hardiness

A sense of commitment and challenge (as mentioned in the previous section), coupled with a sense of control (i.e. the family's sense of being in control of family life), is what McCubbin, McCubbin and Thompson (1993) brand family hardiness. Of the former, the family's sense of control warrants special mention because of its identified consistency in enhancing resilience (Aspeling, 2004; Bennett *et al*., 1997; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Mederer, 1998; Thiel, 2005; Van der Merwe, 2001; Van der Merwe & Greeff, 2005). Cornille (1993) and Drapeau, Samson and Saint-Jaques (1999) support the aforementioned by identifying a family's perceived control over a situation as the core feature in research on resilience. A feature of perceived control includes adequate preparation. Cornille and

Brotherton (1993) and Frude (1991) stress the importance of allowing sufficient preparation in order to reduce elements of surprise. The latter implies that if a stressful event is foreseen, the family will be better able to cope with it. This anticipatory effect buffers families against stress.

Earlier research into hardiness focused mainly on the relationship between individual hardiness and psychosomatic health outcomes, such as mental and physical illness (Kobasa, Maddi & Kahn, 1982; Roth, Wiebe, Fillingim, & Shay, 1989) and depression (Ganellen & Blaney, 1984; Hull, Van Treuren, & Virnelli, 1987). The early research produced rather conflicting results with regard to the ability of hardiness to moderate the stress-illness relationship. Studies conducted by Funk and Houston (1987) and Roth *et al*. (1989) did not find support for the moderator effects of hardiness. Hull *et al*. (1987) suggested that the buffering effect of hardiness was weak and situation specific. Bigbee (1992) found some support for hardiness as a moderator of illness and stress. Kobasa *et al*. (1982) concluded that hardiness had a main effect on health and moderated the stress-illness relationship, whilst Nowack (1986) found hardiness to be protective against psychological distress and helpful in buffering type-A individuals from burnout.

During the 1990s, nursing research started to probe into family hardiness and found consistent, albeit modest, relationships between hardiness and health outcomes (for a review of nursing research, consult Ford-Gilboe and Cohen, 2000). Huang (1995) emphasised the growing evidence that family hardiness is an important resistance resource for families that have a member with disability or chronic illness. Failla and Jones (1991) found that family functioning in these families is strengthened by positive associations between coping skills and family hardiness. In his research on

families with a child with disability, Judge (1998) found that parents who proactively sought informational and social support tended to be stronger in components of family hardiness. In a study focussing on American and Icelandic parents' provision of care for children with chronic asthma, Svavarsdottir and Rayens (2003) found that family demands and the mothers' perceptions of their children's health status was mediated by family hardiness. In Clark's (2002) study of individual and family hardiness among caregivers of disabled older adults, it was found that family hardiness was related to fewer behaviour and memory problems for the disabled adult who was receiving the care. It appears that family hardiness is especially relevant for families that have a member with a disability, in terms of their use of effective coping skills.

Although family hardiness has emerged as a potentially important resistance resource in family stress literature, it has received only modest attention in empirical studies to date. Family stress theory was utilised by Stephenson and Henry (1996) in their study of high school students' substance-use patterns. The authors contended that family hardiness provided an important safeguard effect. A study of the hardiness of farm and ranch families in Idaho in the USA found that family hardiness was related negatively to married couples' reports of marital discord and distress. On the other hand, family hardiness was related positively to their reports of quality of life in the family (Carson, Araquistain, Ide, Quoss & Weigel, 1994). Campbell and Demi (2000) examined emotional distress in adult children with a deceased or absent father. Their study indicated that the commitment and control components of family hardiness were related to thoughts of the deceased and avoidance, while feelings of existential loss were related to the challenge and control components of family hardiness.

Theoretically, hardiness has been incorporated into research focusing on aspects of family schema and sense of coherence. The concept of sense of coherence was developed by Antonovsky (1998), in his work on the salutogenic model of health. The salutogenic model emphasises health and recovery as opposed to pathogenesis. For a more detailed discussion, refer to Chapter 2. The sense of coherence denotes an orientation where an individual or family views the world as meaningful (extent to which demands are worth coping with), comprehensible (extent to which the problem is clear), and manageable (availability of necessary resources). Antonovsky connects the meaningfulness component with the commitment dimension of Kobasa's hardiness construct. Patterson and Garwick (1998) relate their family-level construct of family worldview (level 3) with Kobasa's construct of hardiness (individual level). They also found some similarity between the dimensions of hardiness and the dimensions of the family global meanings construct. Specifically, they drew comparisons between shared purpose and commitment, shared control and control and frameability and challenge. In research done with Hawaiian families, McCubbin, Thompson, Thompson, Elver and McCubbin (1998) identified family hardiness to be an important explanatory resistance resource in family dysfunction. They not only suggested that family schema might contribute to shaping resistance resources such as hardiness, but some of their findings also suggested that coherence and family schema affected dysfunction indirectly through hardiness.

3.1.5 Family integration and stability, fostered by family time together and routines

During times of crisis, disruptions in set patterns of functioning, such as rituals and daily routines, could intensify distressing situations and perplexity. As such, the resilience merit of family rituals and participation in household chores has been

established by both locally relevant and international resilience research (Ben-David & Lavee, 1996; Cornille & Brotherton, 1993; Du Toit-Gous, 2005; Hawley & DeHaan, 1996; Holtzkamp, 2004; McCubbin & McCubbin, 1993; Mederer, 1998; Silberberg, 2001; Silliman, 1994; Walsh, 1998; Wentworth, 2005). Maintaining set patterns of functioning provides a sense of predictability and stability that could help a family manage upheavals. It signifies the importance of family routines adopted and practised (as an attempt at promoting child/teen's autonomy and order) and family time together (both measured by the Family Time and Routine Index) as relatively reliable indices of family integration and stability.

3.1.6 Social support, involving network and esteem support of being loved and cared for

Social support (as measured by the Social Support Index and the social support and mobilisation subscales of the Family Crises Oriented Personal Evaluation Scales) has been identified as a valuable external resource (Aspeling, 2004; Der Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Mederer, 1998; Thiel, 2005; Toliver, 1993; Van der Merwe & Greeff, 2003; Van der Merwe, 2001; Wentworth, 2005), as it affords emotional and practical sustenance in response to a family's depleted resources. Family utilisation of quality social support holds the potential to significantly enhance self-esteem, reduce depression, promote positive feelings and brighten prospects of the future (Reed & Sherkat, 1992). Consequently, it serves as the foundation of vital community connection, a sense of security and solidarity.

International and local research (Aspeling, 2004; Bennett *et al*., 1997; Berlin, Brooks-Gunn, Leventhal & Fuligini, 2000; Cornille, 1993; Cornille & Brotherton, 1993; Der

Kinderen & Greeff, 2003; Du Toit-Gous, 2005; Fillis, 2005; Garvin, Kalter & Hansell, 1993; Gordon Rouse, Longo & Trickett, 2000; Greeff & Human, 2004; Hawley, 2000; Holtzkamp, 2004; Jurich, Collins, & Griffin, 1993; Kemp, 2000; Rutter, 1987; Settles, 1993; Silberberg, 2001; Thiel, 2005; Toliver, 1993; Van Breda, 1988; Van der Merwe & Greeff, 2003; Walsh, 1998; Wentworth, 2005), as well as existing theories (i.e., the Resiliency Model of Family Stress, Adjustment and Adaptation and Walsh's identification of key processes in family resilience), point to the presence of a support system (whether formal or informal) as a significant factor in the prevention and amelioration of functional problems, implying that it is one of the most significant predictors of successful adaptation (McCubbin & Thompson, 1991). Generally, the distinction is made between formal support systems (consisting of professionals, community agencies and institutions) and informal systems (comprising neighbours, friends and relatives). Jurich *et al*. (1993) are of the opinion that informal helping networks are crucial to the adjustment of the family. It is in the realm of the informal helping system that the family feels most secure. This is supported by local findings generated in studies conducted by Aspeling (2004), Der Kinderen and Greeff (2003), Fillis (2005) and Van der Merwe and Greeff (2003).

Nonetheless, inconsistencies in the results were obtained in the above regard. Greeff and Human's (2004) and Holtzkamp's (2004) respective studies on resilience in families in which a parent has died and in relocated families (amongst primarily white and coloured families in the Western Cape) yielded relatively insignificant results with regard to parental utilisation of informal community resources (as measured by the Social Support Index, the Relative and Friend Support Scale and mobilisation and social support on the Family Crises Oriented Personal Evaluation Scales). Conversely, adolescent participants perceived family utilisation of relative and friend

support as pivotal in the development and expansion of the family's stress-management repertoire (Aspeling, 2004; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Van der Merwe, 2001). Similarly, in the studies by Aspeling (2004) (resilience in South African and Belgian single parent families), Der Kinderen and Greeff (2003) (resilience amongst families where a parent accepted a voluntary teacher's retrenchment package), Van der Merwe and Greeff (2003) (coping mechanisms employed by unemployed African men with dependants) and Thiel (2005) (resilience in families of husbands with prostate cancer), the importance of informal communal resource utilisation as an effective stress and coping mediator was reiterated.

The discrepancy in the aforementioned results points to the variance in family resilience as a result of (i) personal developmental stages and cultural differences (Aspeling, 2004; Demmer, 1998; Holtzkamp, 2004; McCubbin *et al*., 1996; Smith, 1999), and (ii) the accessibility of community resources and provision of services (Holtzkamp, 2004). A possible explanation for the discrepant results lies in the consideration of the adolescents' developmental stage, characterised by, amongst others, a greater focus and significance placed on interpersonal contact outside of the family parameters (Louw, Van Ede & Louw, 1998). Furthermore, it would seem that certain groups harbour a stronger sense of community and place more emphasis on informal support networks and extended family systems (Van der Merwe & Greeff, 2003). This seems to be especially true for African communities and communities located in hostels and squatter areas, where the critical life circumstances and common rural descent compel families to unite for the sake of survival and mutual support (Der Kinderen & Greeff, 2003). As a consequence, the utilisation of community resources is amplified (Van der Merwe & Greeff, 2003).

In contrast, nuclear family systems seem to place higher value on intra-family support and a greater reluctance to acquire and make use of help from outside the family parameters (especially from unfamiliar sources/institutions) (Fillis, 2005; Holtzkamp, 2004; Wentworth, 2005). This reflects to a large extent the isolated nature of the nuclear (as opposed to the aforementioned extended) family configuration in South African society. According to Steyn (cited in Louw *et al*., 1998) the prevalence of the nuclear family configuration in South Africa is estimated at 54.8%. However, according to Walsh (1998) and Munton and Reynolds (1995), the nature of the relationships within a family is more important than the family structure when facing crises. It also needs to be considered that, when intra-family support proves sufficient, less need arises for the mobilisation of support from outside the family parameters. The aforementioned affirms Der Kinderen and Greeff's (2003) observation that social support is a resource that can be deliberately managed or controlled, amplified or reduced, as and when necessary. Additionally, the importance of social support in Holtzkamp's (2004) study could have been downplayed, due to modern communication systems mediating contact between significant others, despite their geographical separation (Mederer, 1998; Toliver, 1993).

Related to the concept of social support is that of career and community-based social support (i.e. formal support), both deemed important family resilience factors in the literature (McCubbin *et al*., 1996; Van der Merwe & Greeff, 2003). The utilisation of community resources requires an active process of reaching out to resources in the community, as well as the ability to identify and accept appropriate help (McCubbin & Thompson, 1991). The utilisation of formal support was identified as being rather insignificant in a family's resilience enhancement (Aspeling, 2004; Fillis, 2005; Greeff

& Human, 2004; Holtzkamp, 2004). The specific results echo the possible inaccessibility (either logistically or financially) of community-based and professional resources, necessitating the revision of service provision (Fillis, 2005; Holtzkamp, 2004).

The quality of the marital relationship (characterised by clearly defined roles, equality and reciprocal support) has been deemed an important coping resource, since it functions as a readily-available support network (Du Toit-Gous, 2005; Lev-Wiesel, 1999; Shamai & Lev, 1999). Moreover, Visher, Visher and Pasley (2003) and Wamboldt, Steinglass and De-Nour (cited in Lev-Wiesel, 1999) found that spouses' coping abilities were crucial to family resilience. Consistent with the majority of research investigating the effect of social support on family resilience, results pertaining to the significance of the couple's relationship in resilience enhancement were rather contradictory, which warrants further investigation.

3.1.7 A passive appraisal coping style in the midst of crises

The ability of families to be passive as and when necessary is essential for family resilience and functional in terms of minimising reactivity and enhancing recovery (Aspeling, 2004; Greeff & Human, 2004; Holtzkamp, 2004; Van der Merwe, 2001). Van der Merwe and Greeff (2003) are of the opinion that the ability to be passive as and when necessary, is a possible indication of inner strength in the family, enabling the assimilation of the crisis. Wolin and Wolin (1993) refer to the notion of "distancing" and describe its functionality in terms of its ability to foster independence and relating to others on your own terms.

According to Bennett *et al*. (1997), acceptance is comprised of two complementary processes, identified as (i) accommodation (i.e. the adaptation of desires to meet the situation) and (ii) the changing of the situation (i.e. attempts at bringing the situation in line with desires). The latter correlates with the identification of family schema and appraisal or reframing (i.e. a family's capacity to redefine the situation, in an attempt at making it more manageable (Olson, 1993)), as important strategies in a family's recuperation from crisis (Aspeling, 2004; Der Kinderen & Greeff, 2003; Fillis, 2005; Olson, 1989; Thiel, 2005; Van der Merwe & Greeff, 2004; Wentworth, 2005). Family schema can be explained in terms of the families' positioning in relation to the crisis situation they are facing. The position the family takes with regard to the crisis situation is determined by the meaning they construct for it. The meaning-making is birthed in the context of the family schema, where family schema refers to the shared values (including spirituality), beliefs and expectations harnessed by the family (McCubbin & McCubbin, 1996). In so doing, hope is instilled, adaptation is facilitated, meaning is created and problem solving is inspired.

The literature on individual resilience is vast, yet there is a relative paucity of research on family resilience. Given the relational nature of resilience (Robinson, 2000; Vasquez, 2000; Walsh, 2003a), it is necessary to pay attention to the development of family resilience and research signifying it as a family-level construct. The literature review underscores Walsh's (2003a) observation that pathways to adaptation are complex and differing, as no single coping response is necessarily most successful. As such, the summary of previous findings serves as a valuable reference guide for future enquiries into resilience qualities.

3.2 Programmes venturing resilience enhancement

Research needs to evolve into practical application to be of true value to the populace it serves. Theory development and empirical investigations into resilience over the past two decades (described above) have offered a solid knowledge base. This has set the stage for the obligatory evolvement into practical application. What follows is a review of the development of programmes within the field of resilience.

The International Resilience Research Project (IRRP) was launched in the early 1990s to discover how children become resilient and how service providers incorporate the promotion of resilience into their programmes (Grotberg, 1997). Data for the IRRP was gathered from parents and children in 27 sites across 22 countries, including South Africa. A total of 1 225 target children (in specific age groups: 0 to 3; 4 to 6; and 9 to 11 years) and their families participated. Three instruments were used to measure resilience and/or its promotion. The Social Skills Rating Scale was used to measure cooperation, assertion, responsibility, empathy and self-control. The Nowicki-Strickland Locus of Control Test was used to measure whether or not a child believes that reinforcement comes to him or her by chance or fate (external control) or because of his or her own behaviour (internal control). The Parental Bonding Inventory is composed of two factorially derived scales, Care and Overprotection, and assesses adults' perceptions of their parent's child-rearing behaviour and the nature of the parent-child relationship (Grotberg, 1997). The results of the data gathered from 1993 to 1997 were briefly: (i) one-third of the respondents exhibited resilience or its promotion; (ii) by the age of nine years, children can promote their own resilience at the same rate as adults; (iii) socio-economic status has an insignificant impact on resilience promotion and behaviour; (iv) boys and girls have the same frequency of resilience promotion and behaviours, with girls relying more on interpersonal skills in

dealing with adversities and boys relying more on pragmatic problem-solving skills; (v) cultural differences exist, but do not prevent the promotion of resilience, and (vi) the role of adults in the promotion of resilience in children is significant (Grotberg, 1997). The aforementioned findings were translated into workshops for staff, psychologists and caregivers of children, with the primary intent to prepare participants for promoting resilience in children by incorporating resilience-promoting behaviour in their work. The workshops aimed to achieve the following goals for the participants: (i) to use the language of resilience; (ii) to apply resilience-promoting responses to adverse situations; (iii) to give examples of the dynamics of promoting resilience; (iv) to report accurately on when they have and have not promoted resilience in their work; and (v) to present examples of how they will incorporate the promotion of resilience into their work with children and families (Grotberg, 1997). The IRRP concluded that resilience can be promoted and programmes for children in disaster are feasible. According to IRRP, programmes can be adapted across cultures to fit children, adults, service providers, students, and those working with children in disaster situations. These programmes can be run independently or incorporated into existing service programmes (Grotberg, 1997).

The Penn Resilience Programme (PRP) is a school-based intervention curriculum designed to promote adaptive coping skills, teach effective problem solving and build resilience (Gillman & Reivich, 1997). The PRP is a manual-based intervention comprised of twelve 90-minute group sessions. It teaches cognitive-behavioural and social problem-solving skills (Gillman & Reivich, 1997). PRP has been evaluated in at least 13 controlled studies with more than 2 000 children and adolescents between the ages of 8 and 15 over the course of 12 years (Gillman & Reivich, 1997; Shearon, 1997). Most of the studies used randomised controlled designs. All of the studies

assessed the effects of PRP on depressive symptoms. Several studies assessed the effects of PRP on cognitive styles that are linked to depression, and three studies examined the effects on anxiety symptoms. Although some inconsistent findings were reported, on the whole the existing studies suggest that PRP prevents symptoms of anxiety and depression. The effects of PRP also appear to be long lasting. In studies that include long-term follow-ups, the effects of PRP sometimes endure for two years or more. Several studies reported that PRP prevented elevated or clinically relevant levels of anxiety and depression symptoms. A study conducted by Gillham, Hamilton, Freres, Patton and Gallop (2006), examining the effects of PRP on clinical diagnoses, found significant prevention of depression, anxiety and adjustment disorder (combined) across a two-year follow-up period among children with high (but not low) levels of baseline symptoms. Studies examining the long-term effects of PRP on behavioural (externalising) problems found significant prevention of disruptive behaviours 24 to 36 months following the intervention (Cutuli, 2004; Cutuli, Chaplin, Gillham, Reivich & Seligman, 2006 Shearon, 1997). According to Gillman and Reivich (1997), current research is focused on extending the PRP programme to a new parent programme designed to accompany the adolescent intervention. Parents are taught to use the PRP skills in their own lives and to encourage their children's use of these skills.

The Reaching IN…Reaching OUT Project (RIRO) (developed in 2002) evolved from the Penn Resilience Programme (PRP). RIRO attempts to adapt the PRP school-age model, for use with younger children, by training the adults to model resilient thinking styles/skills in their everyday interaction with 2½ to 6 year olds and to evaluate the outcome. RIRO attempts to introduce children to resilience skills that promote accurate and flexible thinking (reaching in) in order to prepare them to deal with

inevitable adversity, inoculate them against depression and support them in taking on new opportunities (reaching out) (Hall & Pearson, 2003). It claims to be distinct from other resilience-promotion programmes in terms of its focus on thinking processes in the development of resilience. Echoing the results of Grotberg (1997), which indicate that caregivers play significant roles in the promotion of resilience in children, the Reaching IN…Reaching OUT Project offers specialised resilience skills training to early childhood educators to model resilient behaviours to children (Hall & Pearson, 2003). RIRO also offers parent-information sessions and resource materials to increase parents' awareness of the importance of promoting resilience.

RIRO consists of three stages and projects: RIRO-1: model-testing pilot (2002-2004); RIRO-2: skills training programme development (2004-2006); and RIRO-3: train-the-trainer programme development project and regional dissemination (2006-2009). Research and evaluation were woven throughout all three stages, incorporating both quantitative and qualitative approaches (Hall & Pearson, 2004). The primary research questions were: (i) what is the impact of training adults working with young children in the PRP model? and (ii) can the PRP school-age model be adapted for use with young children? Twenty-seven Early Childhood Educators (ECEs) working in four diverse child-care centres in Ontario participated in the RIRO project. Teachers piloted the resilience skills in their work with approximately 225 children between the ages of 2½ and 6 years. Data sources included structured questionnaires, structured interviews and reflective journals. Three surveys were developed by RIRO researchers to measure the impact of the programme, as no structured tools existed previously to measure the outcomes of the adult skills training (Hall & Pearson, 2004). The surveys contained both open- and closed-ended questions, as well as Likert-type scales.

The results indicated that more than 80% of ECEs rated the impact of the programme as “moderate” to “high” on: (i) understanding their own behaviour; (ii) interacting with children; (iii) understanding child behaviour; and (iv) increasing teamwork in their centres. All of the ECEs responded positively when asked whether they had observed changes in child behaviour that they believe could be attributed to the ECE skills training (“yes” = 50%, “probably” = 50%) (Hall & Pearson, 2004). Furthermore, Hall and Pearson (2003) report that the RIRO Project has (i) assisted teachers to change their approach and language when talking with children about conflict situations and daily frustrations; (ii) cultivated a greater understanding of the importance of beliefs and inquiring about them; and (iii) helped educators to ask about children’s thinking in addition to their feelings. The aforementioned has spill-over effects on teachers’ observations, their assessments of children and their interventions (Hall & Pearson, 2003). According to Hall and Pearson (2004), ongoing evaluation over a four-year period during RIRO-2 and RIRO-3 has confirmed the major findings of the original pilot study.

An evaluation of RIRO highlights the need to create partnerships within and between sectors, and to support the development and implementation of effective training programmes across the age spectrum from birth to 19 years of age (Hall & Pearson, 2003). A further development in need of attention is training for adults (Hall & Pearson, 2003), who are the primary role models of resilience for children. This is an important guideline, as it is not feasible to expect children to promote their own resilience in a vacuum, i.e. independent from the primary caregivers with whom they spend most of their time. Criticism of RIRO includes that the research findings were deduced from a very small sample size (n = 27). This limits generalisation possibilities. The sample was also not representative, as it included only participants

with higher education levels, which may have affected the way they answered the questionnaires (see Chapter 7). Although the researchers accounted for threats to validity, no formal reliability and validity data are available for the questionnaires employed in the research.

The Integrated Youth Offender Programme (IYOP) is the collaborative result of the vision of NGOs in Johannesburg to integrate the different services offered in prison (Dissel, 2004). The programme duration is eight months and it is structured to provide continuity between different components, whilst simultaneously building and reinforcing lessons learned in prior sessions (Dissel, 2004). IYOP builds on the theory of risk and resilience. It aims to develop psychological and emotional resilience through developing a better understanding of the self, building self-esteem, developing an internal locus of control, building sustainable relationships, reconnecting with family members, and providing anger management and non-violence training. In so doing, it attempts to counteract thinking, attitudes and behaviours that support criminal conduct (Dissel, 2004). The programme also includes a staff component. This consists of regular meetings with prison management and training focusing on (i) alternatives to violence; (ii) trauma awareness; (iii) impact of trauma on the work of the correctional officer; (iv) vicarious trauma and self-care; (v) discipline and effective use of authority; and (vi) the role of correctional officers as rehabilitators (Dissel, 2004).

IYOP was piloted at the Boksburg Juvenile Correctional Centre with 20 young male offenders aged 18 to 21 years. An integrated review and evaluation was built into the programme. The overall purpose was to determine if IYOP is an effective and appropriate way of preventing re-offending in young offenders. The investigation was

guided by the following research questions: (i) What has changed in the young offender as a result of the programmes? (ii) What impact did the training focused on the staff of the correctional centre have, and did this have an effect on their treatment of offender participants of the programme? (iii) Is the IYOP model of intervention appropriate and have the correct programme components been selected? The method used was a participative action-reflection approach for the pre- and post-evaluation (Roper, 2005). Prior to the first programme intervention, baseline questionnaires and demographic surveys were completed by the 20 participants. Midway through the programme, one-on-one interviews were conducted with a sample of participants to gather feedback on the process. Subsequent to the programme, 15 participants completed a post-intervention questionnaire (baseline revisited), and a post-intervention rating and feedback sheet was completed. In order to gather qualitative and reflective data from the participants, one focus group was held with all the participants.

According to Roper (2005), the findings clearly indicated the impact of the programme on the participants in meeting the expected outcomes. The programme managed a change in attitudes towards the key factors addressed by the programme: taking personal responsibility for their lives, employment, a sense of purpose, education, healthy living, building family networks, conflict resolution, improved life skills for coping, and developing an internal resilience to face the difficulties that they may face. It was also found that the participants were more hopeful about their lives after prison, as well as about their ability to engage in non-criminal income generation. However, the results also indicated that the programme was less successful in its communication with prison staff, as not everyone was on board. Furthermore, it has been revealed that IYOP is a relatively expensive and

resource-intensive process. It still has to be determined whether it is feasible and sustainable in the long run.

The limitations of the study include the small sample size (n = 20), which limits conclusions based on the results. The instruments used were only available in English. Consequently, programme facilitators translated the tools while they were being implemented, in addition to translating participant responses from isiZulu to English. There may be some variance between the actual and the translated meanings (Roper, 2005). A further limitation is that no longitudinal study was incorporated, as the post-evaluation was conducted immediately after the final session, just before the graduation ceremony. The impact on recidivism – which is what the programme ultimately aimed to achieve – could therefore not be determined.

The Wellbeing and Resilience Programme targets primary school children in grades five and/or six (Taylor, 2007). It aims to promote resilience in children and support their transition from primary to secondary school. It runs over eight consecutive weeks and consists of a two-hour session once per week. Sessions are co-facilitated by a school staff member and a Youth Development Officer in the classroom. Session topics include (i) low self-esteem; (ii) identification of feelings; (iii) anger management; (iv) communication; and (v) choices and consequences (Taylor, 2007). No research regarding the empirical evaluation of this programme could be found.

The Resourceful Adolescent Program (RAP) was developed in 1994 at Griffith University in Australia, specifically for the prevention of depression. Its development was a response to research demonstrating that depression in young people can be

prevented when their psychological resilience or resourcefulness is increased (Shochet *et al*., 2001). RAP targets children aged 12 to 16. The programme design focuses on strengths rather than deficits, with the major theoretical bases being Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT). The CBT component provides techniques of keeping calm, cognitive restructuring and problem solving, whereas the IPT component stresses the importance of promoting harmony and dealing with conflict by developing an understanding of others (Wurfl, n.d.). The RAP programme consists of 10 to 11 sessions, with each session running for approximately 45 to 60 minutes (Shochet *et al*., 2001; Wurfl, n.d.). The efficacy of RAP has been supported through several randomised controlled trials that statistically analysed intervention effects and clinical significance (Wurfl, n.d.). The results have shown that RAP programmes are instrumental in providing increased psychological resilience and resourcefulness, thus preventing the development of adolescent depression. It has also proved successful as a crime-prevention strategy in some schools (Shochet *et al*., 2001). An evaluation of the programme has indicated the need for more practical activities to be incorporated into it. It was found that there was too much reading and discussion, especially for the male participants, who preferred more practical sessions. School counsellors felt that more was needed in the areas of testing and feedback/effect of referrals (Shochet *et al*., 2001).

To conclude, programme development in the field of resilience has generally targeted children as the recipients of interventions. However, the IRRP (Grotberg, 1997), RIRO project (Hall & Pearson, 2003), IYOP (Dissel, 2004) and Penn (Gillman & Reivich, 1997) stress the importance of modelling by parental figures and caregivers in the development of resilience in children. Consequently, it would seem that the most effective way to promote family resilience is to develop programmes for

parents/primary caregivers. It is not feasible to expect children to keep up the promotion of their own resilience in a vacuum. Furthermore, the research into programme development has highlighted the need for cost-effective programmes (Dissel, 2004), carried out in partnership with contributing sectors (Hall & Pearson, 2003) and inclusive of practical activities (Shochet *et al*., 2001), to ensure the long-term sustainability of these programmes. This section also highlighted the importance of proper programme evaluation and reporting on programme results. In the absence of proper evaluation, the stage is set for haphazard statements regarding the impact and effectiveness of these programmes, blindsiding potential users.

CHAPTER 4

PROGRAMME DEVELOPMENT

"*As for the future, your task is not to foresee, but to enable it.*"

Antoine de Saint-Exupery

Previous research has foreseen. The time has come for its enablement by means of practical intervention programmes. The development of a resilience enhancement programme signifies the shift from the hypothetical to practicality at the level of the family. In other words, the programme's undertaking is to extend research-generated information to people and encourage appropriate application of it by families. Chapter 4 thus aims to "dissect" programme development by giving an outline of its history, exploring existing models of programme development, as well as outlining the steps that need to be considered when developing a programme.

4.1 The historical inception of programme development

The development of a family resilience enhancement programme stems from the field of family psychoeducation. The wide, loose use of the term psychoeducation has proved confusing. It is an evidence-based practice referring to approaches that combine multiple strategies of intervention (Brendtro & Long, 2005; "Family psychoeducation", n.d.) and includes a process of psychological assessment and the subsequent design of intervention programmes (Wood, Brendtro, Fecser & Nichols, 1999). It affords direction by defining professionals' roles as change agents, by mapping the assessment domains (skills to be acquired), delineating the contents to be learned and offering practices grounded in empirical research (Wood *et al*., 1999). It is not a single event, but rather a series of planned learning experiences designed to bring about behavioural, emotional and interpersonal change over time (Marshall,

1990). According to Marshall, learning includes the process of acquiring knowledge, skills and/or attitudes involving new ways of thinking or doing things.

In the past, family psychoeducation was customarily applied to aid recovery in families who have a member with a severe mental illness or behavioural disorder ("Family psychoeducation", n.d.; Griffiths, 2006; Mullen & Murray, 2000; Wood *et al*., 1999). Existing applications now extend to emotional literacy, knowledge mapping, reading, passive-aggressive behaviour, attachment and separation, grief therapy, mentoring, children's angst (Wood *et al*., 1999), stress reduction (Griffiths, 2006; Wood *et al*., 1999), relaxation training, sexual aggression, peer counselling (Wood *et al*., 1999) and empowerment (Griffiths, 2006; Wood *et al*., 1999). As a result, the application of family psychoeducation in a resilience paradigm is innovative and largely unexplored.

According to Wood *et al*. (1999), the value of psychoeducation lies in its inherent ability to synthesise relevant applications and constructs grounded in well-established theory and practice. In other words, programme developers' efficacy is dependent on an understanding of manifold theories and their applications (Reeves & Bednar, 1994; Wood *et al*., 1999). The authors warn that when a solitary theory becomes the primary foundation for an intervention programme or a set of strategies, the stage is set for limited effectiveness. This is because of the small probability of a compatible match and a truly relevant application. The success of this new eclecticism within psychoeducation is therefore dependent on the combination of theoretically derived, proven practices.

4.2 Theoretical approaches to psychoeducation

Theory is concerned with providing a clear summation of a set of ideas as it pertains to a specific phenomenon (Ragin, 1994). Within the context of programme development, the theoretical standpoint guides the focus and nature of the programme, whilst determining to a large degree how the programme content will be approached. What follows is a brief discussion of theoretical approaches within the field of psychoeducation.

Psychodynamic psychoeducation emerged from a tradition of individual psychology (Griffiths, 2006; Wood *et al*., 1999), which stresses the influence of unconscious fears, desires and motivations on thoughts, behaviours and the development of personality traits and psychological problems later in life. More recently, this approach has been extended by applying cognitive, behavioural, ecological and sociological concepts, in addition to the psychodynamic and developmental principles (Wood *et al*., 1999). The original focus on isolated therapy gave way to a focus on problems in a dynamic context and solutions in both individual and group situations. The archetypal Life Space Crisis Intervention (LSCI) emerged from this tradition (Long, Fecser & Brendtro, 1998).

Behavioural psychoeducation has its roots in the field of learning theory. Principles of reinforcement are applied to modify observable behaviour (Grizzell, 2007; Quay, 1973). The contribution of this approach is its instrumental strategies to document what can be observed and measured, providing a much-needed gauge for research and the evaluation of intervention effectiveness (Quay, 1973). The majority of behaviourists now too acknowledge the importance of individual and group relationships, as well as the interplay between cognition, affect and action.

Replacement constructs, social skills teaching, self-management strategies, as well as the identification of satisfying reinforcers, are utilised by programmes such as Goldstein's (1999) PREPARE curriculum and aggression replacement training (Goldstein, Glick, Reiner, Zimmerman & Coultry, 1987).

Social constructionism is a philosophical outlook based on a theory of cognitive perspective. It views reality as existing mainly in the mind, constructed or interpreted in terms of one's own perceptions. This implies that participants do no passively absorb information but construct it themselves (influenced by their prior experience, mental structures, beliefs and attitudes) through reflection and interpretation (Durrheim, 1997; "E-handbook," n.d.; Gergen, 2000). Experiential learning is rooted in social constructionism (Cottor, Asher, Levin & Weiser, 2004; Wikipedia, n.d.b). According to Kruger (1998) and Rooth (1997), experiential learning is an effective learning theory, or philosophy, that denotes a process of learning by way of direct experience and focused reflection. Through this process, participants develop new skills, new attitudes, and new ways of thinking (Kraft & Sakofs, 1988). Experiential learning engages learning activities that are behaviourally based ("Glossary of terms", n.d.). By doing so it creates authentic experiences that enlist participant involvement.

Cognitive-affective psychoeducation focuses on how we process, store and use information and how this information influences what we attend to, perceive, learn, remember, believe and feel. It is driven by cognitive psychology, including findings highlighting the connection between brain activity, emotions and behaviour. Founding fathers include Ellis (1962) (irrational beliefs), Beck (1967) (cognitive distortions), Spivak, Platt and Shure (1976) and Spivak and Shure (1982) (cognitive problem-

solving skills), Kovalik (1994) (emotional self-regulation) and Meichenbaum (1977) (stress-management techniques).

Personality development and developmental psychology paved the way for developmental psychoeducation. This approach emphasises that behaviour, feelings, cognition, attitudes, motivation and values emerge in predictable, sequential phases. This is directly influenced by experiences within the social environment. Leading role-players, according to Wood *et al*. (1999), include Piaget (cognitive development), Erikson (self-esteem and identity), Mahler, Bolwby and Anna Freud (attachment, separation and relationships), Kohlberg (moral development), Selman (social knowledge and interpersonal understanding), Gilligan and Brown and Gilligan (female development). The aforementioned strands were translated into psychoeducational programming via the Developmental Therapy Teaching model (Wood, 1986; 1996).

Sociological psychoeducation had its inception in social psychology and the concepts of social power and roles of group members. It employs peer relationships and shared concerns as the main reinforcements for generalising positive behaviour (Cantrell & Cantrell, 1985). As with the previously mentioned approaches, this approach also merged with other traditions such as cognitive psychology, family systems, developmental perspectives and resilience psychology to demonstrate effectiveness with delinquents. Leading peer group programmes include the EQUIP programme (Gibbs, Potter & Goldstein, 1995) and Starr Commonwealth (Brendtro & Ness, cited in Wood *et al*., 1999).

Ecological psychoeducation, originating from the re-education model, emphasises the multiple contexts in which an individual develops. Consequently, the underlying belief of the ecological perspective is that the most effective interventions occur on multiple levels (Grizzell, 2007). It therefore emphasises the therapeutic milieu by combining mental health, education, and human service systems (Wood *et al*., 1999).

The humanistic psychoeducation approach is learner-centred. The participants' knowledge is centralised and emphasis is placed on resourcefulness, exploration and innovation. Here, self-assessment serves as the main method of evaluation (Houle, 1996; Warren, 2000).

In summary, applying a theory successfully to the psychoeducation approach rests on four factors: (i) the ability of professionals to make cross-theory connections and translations from multiple theories into multiple practices; (ii) the application thereof in construct-coherent, complementary ways; (iii) the ability to match the array of coordinated practices with the uniqueness of the specific target group; and (iv) careful, evaluative examination of the results (Wood *et al*., 1999).

4.3 Programme development models

One of the main goals of this body of research is to provide a succinct, comprehensive framework for the development of programmes within the field of psychology. Models for developing these programmes are vital in navigating their implementers through ostensibly uncharted territories. Springer (1995) distinguishes between linear and nonlinear models of planning. Linear models delineate the steps a programme planner is to follow in sequential order; each step builds upon the previous and, in turn, leads to the next (Forest, McKenna & Donovan, 1986;

Springer, 1995). Caffarella (2002) acknowledges that this type of model might be helpful to newcomer programme planners, but warns that it loses its appeal as it does not represent day-to-day realities. Conversely, nonlinear (Springer, 1995) or non-sequential (Caffarella, 2002) models attempt to provide greater flexibility by avoiding lockstep avenues to create intervention experiences. Within this framework, programme planning is conceptualised as a process consisting of interacting and dynamic elements or components and decision points (Caffarella, 2002; Houle, 1996; Moynihan *et al*., 2004; Sork, 2000).

Most research on programme development has been conducted within the field of adult education. The leading role players in the development of models guiding programme planning have included Tyler (1949), Houle (1996), Knowles (1990), Sork (2000) and Caffarella (2002). Even though the literature is replete with guides for programme developers, it is lacking in terms of (i) its disregard of power relationships and social contexts, (ii) the lack of a sufficient succinct definition of programme planning, and (iii) the absence of a thorough body of research (Warren, 2000), especially within the field of psychology. Furthermore, according to Warren (2000) and Wood *et al*. (1999), the need has arisen for a globally all-inclusive model that takes into account multiple and simultaneous responsibilities, last-minute decisions and adjustments, and conflicting interests, which can begin or end whenever and wherever deemed necessary. Warren (2000) credits Caffarella's interactive model (discussed later) with the aforementioned potential.

Caffarella's model is relevant to the field of psychology, due to a variety of factors. At the outset, the link between psychology and education is embedded in a long history. It spans back to the 1970s (Bardon, 1983; Wood *et al*., 1999), when psychological

theory was first applied to education in more systematic ways. Revisiting the term psychoeducation further highlights this association. The *psycho* part of psychoeducation represents the broad scope of psychological theories that anchor programme goals, issues, approaches, content, practices and assessment. The *education* part of the term contributes the theories and pedagogy that describe features of teaching and learning in natural settings (Wood *et al*., 1999). Consequently, psychoeducation is not limited to the field of psychology. It is found in almost all community mental health day treatment groups, in special education classes, in inclusive general education and, to a lesser extent, in the juvenile justice system (Wood *et al*., 1999). Therefore, in addition to its recognition as a significant approach in counselling and group work, mental health, school psychology and family therapies, it is also recognised as a major conceptual model for education (Bardon, 1983; Wood *et al*., 1999).

Moreover, psychologists and other professionals are called upon to be resourceful given the scarcity of resources (including a lack of staff, funds, etc.) needed to conduct the necessary research into and development of interventions. This is especially true within the constraints posed by a developing country, such as South Africa. Consequently, professionals have a responsibility to channel their resourcefulness by drawing on knowledge from related fields, so as to widen the scope, depth and efficacy of their own interventions. This is supported by Wood et al. (1999), who state that the time has come for a synthesis of theories and practices that will provide a synergistic perspective to this broad field known as psychoeducation. Reeves and Bednar (1994) echo the aforementioned by highlighting the fact that the lines between distinct theories and practices have been

blurred. The authors even go so far as to say that quality is dependent on an amalgamation of theories and practices.

Given Wood *et al*. (1999) and Reeves and Bednar's (1994) (i) call for an amalgamation of theories and practices, (ii) the scarcity of available resources, (iii) the linkage between psychology and education (also Bardon, 1983), as well as (iv) the richness and broad scope of programme development research within the field of education, the application of Caffarella's model is well-founded, called for and pioneering, whilst simultaneously addressing some of the gaps identified by previous research. The application of it to the field of psychology provides a framework allowing the merging of theories, a clear mission, and quality standards that advance the opportunities for high-calibre programme development.

As mentioned previously, Caffarella's interactive model (2002) enjoys a great deal of support (Warren, 2000). Its success is linked to the author's thorough review of previous programme planning models, and heeding of criticisms of practicing programme developers during the design of the interactive model. Figure 1 illustrates Caffarella's (2002) model.

Figure 1. Interactive Model of Program Planning (Caffarella, 2002).

Caffarella (2002) illustrates her model with a circular graphic that includes 12 spokes radiating inward towards the goal of flexible interactive planning. The configuration of the graphic indicates the non-sequential nature of the model. As such, the programme developer can begin the process at any of the twelve steps, without having to work rigidly around the circle. The spokes are representative of the 12 tasks Caffarella (2002) believes to be the building blocks of programme planning. These tasks also enjoy support from other authors (Marshall, 1990; Moynihan, Guilbert, Walker & Walker, 2004; Sork, 2000). The 12 tasks are:

1. Discerning the context. It emphasises the importance of allowing key parties to become part of the planning process. This is supported by Moynihan *et al*. (2004) and Sork (2000).
2. Building a base of support. This constitutes enlisting support from key constituent groups and stakeholders (Caffarella, 2002; Marshall, 1990; Moynihan *et al*., 2004).

3. Identifying programme ideas. This implies a decision regarding the sources to be used in the identification of programme ideas (Caffarella, 2002; Henderson, 2006; Knowles, Holton & Swanson, 1998; Marshall, 1990; Sork, 2000).
4. Sorting and prioritising of programme ideas. When programme ideas are sorted and prioritised, decision making regarding the kind of interventions required is facilitated.
5. The development of programme objectives. This comprises (i) a description of what participants will learn, as well as (ii) a description of the changes that will result from the learning (Caffarella, 2002; Moynihan *et al*., 2004).
6. The programme design phase. This phase consists of three processes:
   (i) the development of objectives for each session;
   (ii) the organisation of content to promote learning and
   (iii) the selection of resources that enhance and match the techniques employed by the facilitator (Caffarella, 2002; Knowles *et al*., 1998; Sork, 2000).
7. Devising transfer-of-learning plans. This involves the selection of transfer strategies most beneficial in assisting participants with the application of what they have learned.
8. Formulating evaluation plans (Caffarella, 2002; Knowles *et al*., 1998; Marshall, 1990; Moynihan *et al*., 2004; Sork, 2000).
9. Making recommendations and communicating results (Caffarella, 2002; Moynihan *et al*., 2004).
10. Choosing appropriate formats based on what is appropriate for the learning activity (Caffarella, 2002; Moynihan *et al*., 2004).

11. Preparing budgets and marketing plans. These aspects include determining programme financing and an estimation of expenses, including development, delivery and evaluation (Caffarella, 2002; Marshall, 1990; Moynihan *et al*., 2004).
12. Obtaining facilities, instructional materials and equipment (Caffarella, 2002; Moynihan *et al*., 2004).

Caffarella's (2002) model is imbedded in seven major assumptions. Concurrence with these assumptions will determine whether the model is useful to a programme developer. The assumptions are as follows:

1. The focus is on learning and how this learning results in change (Caffarella, 2002; Marshall, 1990).
2. Recognition of the non-sequential nature of programme planning.
3. Discerning the importance of context and negotiation.
4. Attendance to preplanning and last-minute changes. Henderson (2006), Marshall (1990), and Moynihan *et al*. (2004) stress the importance of flexibility.
5. Heeding and honouring diversity and cultural differences (Caffarella, 2002; Marshall, 1990; Moynihan *et al*., 2004).
6. Acceptance that programme planners work in different ways. No single method of planning ensures success (Caffarella, 2002; Henderson, 2006; Marshall, 1990; Moynihan *et al*., 2004).
7. Understanding that programme planners are learners too; reflection and evaluation will strengthen individual abilities.

Caffarella's (2002) Interactive Model of Program Planning gleaned ideas from Sork's 1997 and 2000 models of programme planning. Sork's (2000) Program Design Model

comprises a three-dimensional design, which addresses technical, social-political and ethical issues in programming. From a conceptual perspective of programming as a holistic process, Sork's programming elements might be arranged accordingly: (i) planning, comprising analysing the context and learner community, focusing on and justification of planning and a clarification of intentions; (ii) design and implementation, comprising preparation of an instructional and administrative plan; and (iii) evaluation and accountability, which includes development of a summative evaluation plan (Boone, Safrit & Jones, 2002). Sork's (2000) model is represented in Figure 2.

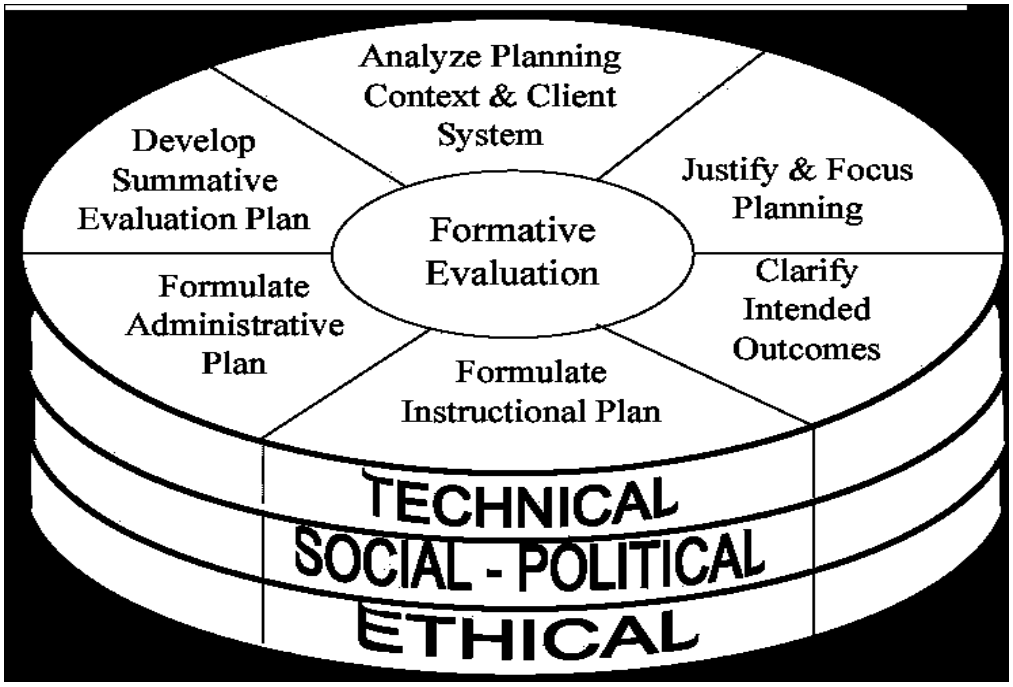


Figure 2. Program Design Model (Sork, 2000).

The justification and focus-planning phase includes a needs assessment, interest inventory, market test, problem analysis and trend analysis. The clarification of intended outcomes is determined by the purposes, processes, content and benefits. The formulation of an instructional plan constitutes the selection of content, skills and

activities, the sequencing of activities, scheduling of feedback, the development of a motivational plan and the specification of instructional resources. The administrative plan is devised by means of decision making regarding dates, time and location; the arrangement of facilities and amenities; financing and budgeting considerations; development of a marketing plan; responsibility allocation; as well as setting and monitoring of timelines. A summative evaluation plan constitutes identification and inclusion of stakeholders; gathering of evidence; application of criteria; judgment calls and reporting of results.

Knowles *et al*. (1998) also proposed programme development models and explicated the theoretical foundation of adult learning across four phases. Process phase I is occupied with need identification, in order to determine the goals to be pursued. Process phase II is aimed at creating a strategy and the resources to achieve the desired outcome. Process phase III is concerned with implementation, and process phase IV is focused on evaluating the process of goal attainment. Figure 3 depicts a representation of Knowles *et al*.'s (1998) model.

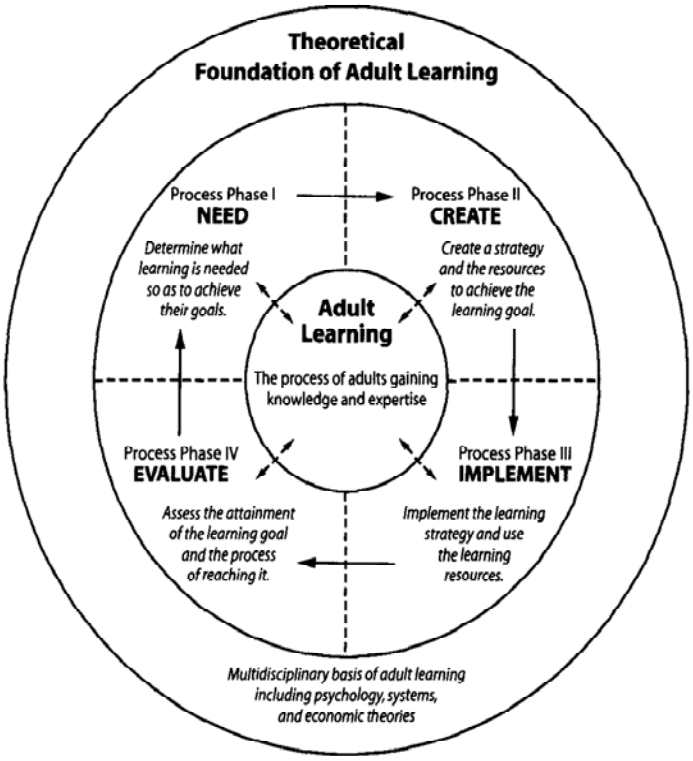


Figure 3. Phases of the adult learning planning process (Knowles *et al*., 1998).

4.4 Programme implementation

During programme implementation, a number of players enter into the picture. The programme developer is central among these, acting as the practical theorist who is responsible for the detailed day-to-day planning (Warren, 2000). Programme implementation calls for a focus on the perspectives and needs of the participants who will be applying the learning to their own experiences (Marshall, 1990; Rooth, 1997). Therefore, during programme implementation, programme planning, development, events and activities are uppermost in the programming process.

4.4.1 Discerning the context

Caffarella (2002) highlights the importance of learning about your target group and its context, including its people, organisations and wider contextual factors such as

issues of power. Discerning the context underscores the importance of allowing key parties to become part of the planning process. This is supported by Moynihan *et al*. (2004) and Sork (2000).

4.4.2 Building a base of support

Building a base of support constitutes enlisting support from key constituent groups and stakeholders (Caffarella, 2002; Marshall, 1990; Moynihan *et al*., 2004; Rooth, 1997) and involves five major tasks:

1. ensuring support from key constituent groups through collaborative programme planning;
2. cultivating continuous organisational support via appropriate structural mechanisms, for example mission and goal statements, as well as standard operating procedures and policies;
3. promoting an organisational culture that values continuous learning;
4. obtaining and maintaining support from the wider community through democratic planning and collaborative interaction, which will afford community members a voice; and
5. building and sustaining collaborative partnerships with other organisations and groups that serve the community in different ways.

4.4.3 Identification of programme ideas

The identification of programme ideas requires decision making regarding the sources to be used in the identification of programme ideas. A variety of techniques can be applied to generate ideas (e.g. observations, questionnaires, interviews and community forums) (Caffarella, 2002; Henderson, 2006; Knowles *et al*., 1998; Marshall, 1990; Sork, 2000). There are many ways to generate ideas and needs for

programmes. One major way is by conducting a formal needs assessment. Alternative ways include conversing with colleagues and attending professional meetings.

4.4.4 Sorting and prioritising programme ideas

When programme ideas are sorted and prioritised, decision making regarding the kind of interventions required is facilitated. According to Caffarella (2002), the steps for setting priorities include:

1. List all the topics related to the programme goals and objectives.
2. From that list, determine which topics the facilitators have to master in order to fulfil their role.
3. Mark these topics with a 1 to indicate their priority.
4. From the remaining list, determine which topics the facilitators have to master in order to strengthen their level of expertise in their role.
5. Mark these topics with a 2 to indicate their lower priority.
6. Mark all remaining topics with a 3 to indicate that they are the lowest priority.

4.4.5 Development of programme goals and objectives

A prerequisite for defining a programme's objectives is having a well-defined programme goal. A programme goal is a short, concise, general statement of the overall purpose of a programme. According to Walter (2006), a well-defined programme goal is precise and clearly points to the ensuing programme and its long-term effects, change or purpose.

Programme objectives refer to the specific knowledge, skills or attitudes that participants gain as a result of the programme content presented. Determining these

objectives entails a two-fold process comprising (i) a description of what participants will learn, as well as (ii) a description of the changes that will result from the learning. According to Moynihan *et al*. (2004), the development of the programme's objectives needs to happen during the early stages, as it affords direction for the development of the programme. Furthermore, Henderson (2006), Moynihan *et al*. (2004) and Walter (2006) emphasise the importance of developing objectives that are specific and measurable. According to Walter (2006) there should be at least one objective for each component of the programme. Furthermore, objectives ought to be cohesive and, together, they should achieve the overall programme goal.

The following guidelines will assist the development of good objectives:

1. List what needs to be done in order to achieve the desired programme goal.
2. Rewrite each listed item as a result that can be measured within a certain timeframe.

Examples of some verbs used to write measurable objectives include: demonstrate; describe; express; identify; list; define; state; prepare; evaluate; analyse; etc.

4.4.6 Programme design

This phase consists of three processes:

1. development of objectives for each session
2. organisation of content to promote learning and
3. selection of resources that enhance and match the techniques employed by the facilitator (Caffarella, 2002; Knowles *et al*., 1998; Sork, 2000).

Rooth (1997) proposed a practical model for designing an experiential learning programme. It consists of the following steps:

1. Start with the experience of the participants.
2. Give participants an opportunity to share with others.
3. Analyse by looking for patterns and similarities.
4. Enrich the aforementioned by adding new information or theory.
5. Allow participants to practise skills and plan for future action.
6. Plan for the application of the skills to the participants' day-to-day lives.
7. Reflect at any of these stages and at the end.

According to Rooth (1997), these steps do not always all have to occur and not always necessarily in the specific order. Furthermore, when designing a programme with the aim of organising learning experiences and presenting information, it is advised to make use of a combination of techniques (hearing, seeing, doing, and repeating). This is deemed more effective in reaching voluntary participants than a programme incorporating only one technique (Henderson, 2006; Kruger, 1998; Marshall, 1990; Moynihan, 2004). As such, the programme developer's critical task is to select the most effective sequence of techniques that will best accomplish the desired outcomes (Marshall, 1990). According to Knowles (1970), techniques should be selected based on: (i) the level of active group participation they permit, (ii) how well the techniques match the programme objectives (Caffarella, 2002; Knowles, 1970) and (iii) whether the techniques correspond with the participants' backgrounds and educational levels (Caffarella, 2002; Rooth, 1997).

Familiarity with the learning styles that allow participants to acquire new information and experiences will not only guide decision making regarding techniques to be incorporated into the programme, but it will also determine the effectiveness of these techniques. James and Gailbrath (1985) identified several learning styles. These

correlate with what Gardner (1999) labelled “intelligences”. The learning styles include:

1. Print: people who are print-oriented will learn best from activities that include reading or writing (James & Gailbrath, 1985). Gardner (1999) refers to this as a linguistic orientation.
2. Aural: aurally-oriented people learn best by listening, i.e. when material is presented verbally.
3. Interactive: this refers to people who prefer to take part in discussions and talking with other people (Gardner, 1999; James & Gailbrath, 1985).
4. Visual: people who are visually oriented learn best by enlisting their sense of sight, i.e. observation. Visual stimuli such as pictures, slides, charts, posters and demonstrations are the most stimulating for them (Gardner, 1999; James & Gailbrath, 1985).
5. Haptic: this refers to individuals who prefer to enlist their sense of touch whilst assimilating information. They prefer a “hands-on” learning approach.
6. Kinaesthetic: kinaesthetically-oriented people process information best whilst moving around or moving some part of their body. They will find it hard to sit still (Gardner, 1999; James & Gailbrath, 1985).
7. Olfactory: olfactory learners enlist their sense of smell and taste to acquire knowledge and experience. They usually need to vividly associate some information with a particular smell or taste.

Bruce (2000) made the following distinctions when referring to adults’ preferred ways of learning and functioning within groups:

1. Word smart preference: for example reading a book and discussing the issues it raises.

2. Logic smart preference: categorising facts and information.
3. Visually smart preference: making use of pictures or posters.
4. Body smart preference: role-playing.
5. Music smart preference: singing or clapping.
6. People smart preference: discussions with others.
7. Self smart preference: reflection and pondering.

4.4.7 Transfer of learning plans

The transfer of learning refers to the extent to which the knowledge, skills and abilities acquired as a result of the programme are effectively applied and generalised to and maintained in other contexts over time (Caffarella, 2002; Flint, n.d.; Rooth, 1997; Salas & Cannon-Bowers, 2001). Rooth (1997) refers to this as continuity, which ensures that there is a link, a logical sequence and follow-up. Flint (n.d.) emphasises the importance of this aspect by stating that the end goals of a programme are not achieved unless transfer occurs. According to Bronner (cited in Flint, n.d.), the following principles influence the successful transfer of learning:

1. Meaningful learning promotes better transfer than rote learning. Information that is not meaningful will not be associated with other information and will be forgotten quickly. Informed instruction will also prove helpful here. Participants should therefore not only learn to describe a concept or strategy. Instead, they should also understand when and why the concept or strategy is useful.
2. The more thoroughly something is learned, the more likely it is to be transferred to a new situation.
3. The more similar two situations are, the more likely it is that what is learned in one situation will be applied to the other situation.
4. Principles are more easily transferred than knowledge.

5. The probability of transfer decreases as the time interval between the original task and the transfer task increases.
6. Opportunities should be provided for participants to employ what they have learnt.
7. Positive attitudes toward subject matter should be promoted. As a result, the participants will feel inclined to deal with rather than avoid topics when they are encountered elsewhere. When people need an idea to deal with a new problem or a novel situation, they are more likely to draw upon learning about which they have positive feelings than learning that evokes hostility or resentment.

As such, devising transfer of learning plans involves the selection of the transfer strategies most beneficial in assisting participants with the application of what they have learnt. A variety of transfer strategies (Caffarella, 2002) can be considered:

1. Individual learning plans: these provide a summary of the objectives the participants wish to pursue; how they will go about their learning; what kind of evaluations will be conducted by whom in order to determine what participants have learned; as well as a timeline for completion of the plan.
2. Coaching: this refers to assistance that is provided by peers or facilitators, by means of questioning, observations of participants, listening, provision of feedback, and sharing of experience and knowledge in a non-judgemental manner, thus enabling participants to make the desired changes in their lives.
3. Mentoring: a caring relationship in which a person with more experience works with a less experienced person over an extended period of time in order to promote personal development through guidance, feedback, support, sharing of resources, and access to networks of other helpful people.

4. Portfolios: this refers to a collection of participants' work through selected artefacts such as technology-based, audio or written materials and evaluations by others, and serves to demonstrate the attainment of specific competencies or outcomes.
5. Applications notebook: this enables the participants to note what ideas have worked or have not worked in the process of applying their new learning or skills. It also affords them the opportunity to add other supporting material that could assist them in the applications process.
6. Transfer teams: people who indicate a commitment to work together prior to, during and after the programme are grouped in teams to support each other in the transfer-of-learning process.
7. Tuning protocols: this involves an examination of specific practices related to transfer by groups of participants who usually differ at each meeting. Formal presentation and reflective activities allow participants to be honoured for the good work they have done. These also serve as a guide for participants to "fine tune" their skills.
8. Support groups: groups of participants who share a common bond and meet on a regular basis to discuss problems and experiences. Voluntary participation, sharing and equality among group members are generally the norm.
9. Follow-up sessions: this refers to sessions subsequent to the initial programme that all participants are expected to take part in, with the purpose of reinforcing and extending the learning from the original activity.
10. Networking: connection with people with like interests for the purpose of uncovering opportunities, exchanging information, and providing mutual support and assistance.

11. Action research: applies research approaches (for example descriptive, quasi-experimental, case study) to identify and find solutions to problems experienced with the learning transfer.
12. Reflective practice: involves that participants thoughtfully reflect on their actions, including the assumptions and feelings underpinning those actions. This can occur either during the programme or after the programme has taken place. According to Rooth (1997), reflection is the way to give meaning to, consolidate and internalise learning.
13. Chat rooms: enable web-based discussions about transfer activities.

4.4.8 Formulating evaluation plans

Programme evaluation is aimed at keeping the programme on par with its objectives and, according to Caffarella (2002), Moynihan *et al*. (2004) and Tyler (1949), should occur at the onset of the programme, during the closing stages of the programme, and at an interval following some time lapse since the completion of the programme. The former supports this study's pretest-posttest research design. Houle (1996) states that programme evaluation requires determining what is occurring in the participants' ways of thinking, feeling and doing and how it differs from before. It is beneficial and functional in that it (i) aids goal-directed programme execution, (ii) serves as a reference guide informing decision making, (iii) explicates programme strengths and weaknesses, (iv) allows for programme accountability, (v) highlights the accomplishments of the programme and (vi) proposes avenues for future research.

Certain issues arise during programme evaluation. These include the consideration of quantitative or qualitative evidence or both, as well as deciding on whether to

perform formative or summative or both kinds of assessments (Walter, 2006; Warren, 2000). Scriven (cited in Warren, 2000) defines summative evaluation as a process designed to determine the continued existence or discontinuation of a programme. The primary intent with summative evaluations is to ascertain whether the programme achieved its goals (Warren, 2000). Summative evaluations are therefore goal driven. Conversely, formative evaluations are carried out while the programme is still running, with the purpose of gathering information on how the programme can be improved. Moynihan *et al*. (2004) suggest that the facilitator should be asking the following questions throughout the workshop:

1. Is the workshop sticking to its timetable?
2. Are participants learning what the exercises intend?
3. Is the behaviour of the participants towards each other friendly and respectful?
4. Is any participant dominating the discussion? Should it be addressed?
5. Is any participant keeping quiet? Should it be addressed?
6. Are participants learning throughout the workshop? Are there enough breaks?

Caffarella (2002) is of the opinion that there is no one acceptable systematic process for conducting programme evaluation. She does, however, point out that participant evaluation is the most generally used form of evaluation. There are a number of techniques that can be used to collect evaluation data. According to Caffarella (2002) and Moynihan *et al*. (2004), a technique can be used alone or in concert with one or more techniques, depending on the purpose and design of the evaluation and the type of information required. The six most widely used techniques for collecting evaluation data include: observations, interviews, written questionnaires, tests, records and documents, as well as a cost-benefit analysis. For the purposes of the

present study, the techniques employed will consist of both interviews and written questionnaires, allowing for the gathering of both quantitative and qualitative data.

4.4.9 Making recommendations and communicating results

Documentation provides a description of the programme before and after implementation. It makes known what was intended and what was accomplished (Walter, 2006). By doing so, it holds the programme accountable. The extent of the document is largely determined by the scope of the programme, possible requirements of funding agencies, as well as the programme developer's own need for detail (Walter, 2006).

4.4.10 Determining the format of the programme

Three kinds of formats are used most frequently in programmes: (i) formats for individual learning; (ii) formats for small group learning; and (iii) formats for large group learning (Caffarella, 2002; "Family psychoeducation", n.d.). The most suitable training formats for small groups include a: (i) course/class, (ii) seminar, (iii) workshop, (iv) clinic or (v) trip/tour (Caffarella, 2002; Houle, 1996; Knowles, 1980; Moynihan *et al*., 2004). Format consideration is determined by a further six factors: (i) participants, (ii) availability of staff, (iii) cost, (iv) types of facilities and equipment, (v) programme content and (vi) learning outcomes. According to Marshall (1990), programme implementation is brought to life when it is centred on participants. Given the aforementioned, the workshop format proves most suitable for the present study.

Workshops are an ideal small group format, and can be defined as an intensive group activity that emphasises the development of skills and competencies in a defined content area (Caffarella, 2002; Moynihan *et al*., 2004). They differ from a

lecture or seminar in that the participants are not passive listeners, but rather active participants (Henderson, 2006; Moynihan *et al*., 2004; Presentation guidelines, n.d.) who draw on each other's knowledge and experiences. Consequently, the participants' own knowledge repertoires are enriched and expanded. As in the theoretical approach, there are also different interpretations regarding the scope of programme development ("Family psychoeducation", n.d.; Kowalski, 1988). As a result, a workshop can encompass a single information or skill session (like a relaxation training workshop) lasting only an hour or so. Alternatively, it may signify a series of special events, modules and activities over a period of time, depending on the need, objectives, feasibility and budget (Henderson, 2006; Moynihan *et al*., 2004; Presentation guidelines, n.d.).

4.4.11 Logistical tasks

Three major concealed logistical tasks inherent to programme planning include: (i) budget preparation, (ii) obtaining facilities and equipment, and (iii) programme marketing (Caffarella, 2002; Marshall, 1990; Moynihan *et al*., 2004).

4.4.11.1 Preparing budgets

There are three basic costs associated with programmes: development costs, delivery costs, and evaluation costs (Laird, 1985). Expense items usually include staff salaries and benefits, instructional materials, facilities, equipment, travel, food, promotional materials, and general overheads (e.g. administrative, utilities) (Caffarella, 2002; Moynihan *et al*., 2004). Moynihan *et al*. (2004) suggest the following formula for estimating the budget: $E = (T+S)N \times 1.25$

where E = estimate

T = costs of return travel plus S

S = living expenses (accommodation, food)

N = number of participants

According to Moynihan *et al*. (2004), travel and living costs will amount to 80% of the total costs. The remaining 20% will cover the other expenses (fee for the facilitator, cost of fieldwork, and so forth). At the end of the calculations, a further 20% should be added for unforeseen emergencies.

4.4.11.2 Marketing

According to Birkenholz (1999), marketing is done for three primary reasons: (i) to ensure sufficient participation in a programme, (ii) to inform various relevant organisations what the programmes are about, and (iii) to communicate a message to the wider public that a certain topic is useful and meaningful. The demand for marketing is especially true of programmes where participation is voluntary and potential participants are not affiliated with the sponsoring organisation. According to Caffarella (2002), promotional materials and strategies include: brochures; flyers or announcements; e-mail; website information; letters and memos; newspaper or newsletter publicity; postcards; catalogues; posters; personal contacts; newsletters, newspaper and magazine advertisements; radio, television, audio and videotapes; exhibits and coupons.

4.4.12 Obtaining facilities, instructional materials, and equipment

When in a position to make choices regarding facilities and equipment, the following aspects should be considered (Marshall, 1990):

1. Is the facility accessible to the participants?
2. Does it provide a comfortable atmosphere?

3. Is there good lighting and sound or acoustics?
4. Is there appropriate and workable equipment?

These are luxuries that are not always realistic for the South African context. Often the fulfilment of these aspects will call on the programme facilitators to draw on their resourcefulness. Adherence to these factors will prevent the programme's effectiveness from being sabotaged (Marshall, 1990).

4.5 Chapter conclusion

The preceding chapter sheds light on the crucial importance of a map that can guide programme developers through the unknown terrains of programme planning and implementation. As such, the chapter provided "programme cartography" – setting out to plot the domains of programme planning and implementation. These domains include: theoretical underpinnings; application of relevant, workable models; responsibilities; considerations; and logistical tasks. In so doing, the chapter provides direction via a focused, methodological approach. It is beneficial in terms of creating universalism amongst programmes and enabling measurement alongside the same set of guidelines. In the absence of such a map, programme developers are bound to lose their way or overlook crucial steps, impeding the efficacy of programmes. In the context of a developing country where there the available resources are limited, this is a price programme developers cannot afford to pay.

CHAPTER 5

DEVELOPMENT OF THE INTERVENTION PROGRAMME

This chapter concerns itself with the practical application of Caffarella's interactive model (2002) to a workable, practical intervention programme. The development of the intervention programme will be discussed on the basis of Caffarella's (2002) theoretical model, recommendations from community leaders, practical and contextual considerations, exercise development and inclusion, principles of psychoeducation and psychology, and theoretical underpinnings.

5.1 Development of the intervention programme according to Caffarella's (2002) interactive model

The intervention programme was designed according to the 12 tasks inherent in Caffarella's interactive model (2002). Caffarella (2002) credits the 12 tasks as being the building blocks of programme planning. Since the interactive model is non-sequential, the process can begin at any of the 12 steps and does not necessitate working rigidly around the model (Caffarella, 2002). As a result, steps were addressed non-sequentially during the development of the intervention programme, as they became relevant and the process necessitated them.

5.1.1 Discerning the context and building a base of support

Discerning the context required a closer investigation of the contexts of the Delft and Klapmuts communities. The following were considered: Delft lies to the east of Cape Town International Airport and is an urban township plagued by crime, substandard schools, a lack of jobs, domestic violence, heavy drug abuse and numerous government-built housing projects, such as the N2 Gateway (Wikipedia, n.d.c). In

2000 it had a population of between 25 000 and 92 000. According to the most recent census (2001), the majority of residents had not finished their matric (Grade 12). Official unemployment levels are at about 43% (although unofficially this might be much higher) (Wikipedia, n.d.c). Klapmuts Village is a rural township located just off the N1 between Paarl and Stellenbosch and is surrounded by farmland. The Klapmuts community is home to approximately 5 000 people, according to the 2001 census (Wikipedia, n.d.c.). As in many other similar communities, Klapmuts is plagued by social ills such as high unemployment rates, teenage pregnancy, poverty, alcohol and drug use, violence and crowded classrooms. In both the Delft and Klapmuts communities, coloured people constitute a majority of the population. Most are Afrikaans speaking. However, virtually all coloured people in Cape Town are bilingual (Martin, 1998; Wikipedia, n.d.a). According to Terreblanche (cited in Hamida, 2002), matriarchy is the primary form of family rule in the coloured community. Section 6.3 can be consulted for specific demographic data about the sample of the study.

Another critical consideration that is fundamental to discerning the context involves allowing key parties to become part of the planning process (Caffarella, 2002; Moynihan *et al*., 2004; Sork, 2000). Therefore, the intervention programme was planned, developed and executed in consultation with the community leaders from the outset. The community leaders gave valuable input regarding the possibilities and limitations of an intervention programme, and also played a critical role in logistical tasks (see 5.1.2). In other words, partnerships were established with the community leaders through collaborative programme planning. The democratic planning and collaborative interaction afforded the community members a voice and ensured their

sustained support. Without the support of the community leaders, the intervention programme would not have been possible.

5.1.2 Logistical tasks

Three major, concealed logistical tasks inherent to programme planning include (i) budget preparation, (ii) obtaining facilities and equipment, and (iii) programme marketing (Caffarella, 2002; Marshall, 1990; Moynihan *et al*., 2004).

The budget for the intervention programme had to account for three basic costs associated with programmes: development costs, delivery costs, and evaluation costs (Laird, 1985). Expense items that had to be accounted for included instructional materials, facilities, equipment, travel, food, promotional materials and general overheads (e.g. administrative, utilities) (Caffarella, 2002; Moynihan *et al*., 2004).

Because of the participation with the community leaders, the necessary facilities and equipment could be obtained. The facilities (a church hall in the Delft community and a school hall in the Klapmuts community) were selected on the basis of availability, accessibility, comfortable atmosphere and appropriate, workable equipment.

The community leaders also played a critical role in the marketing of the intervention programme. Invitations to attend the intervention programme were extended in the churches. The demand for marketing is especially true of programmes where participation is voluntary and potential participants are not affiliated with the sponsoring organisation (Caffarella, 2002). Marketing is done for three primary reasons: (i) to ensure sufficient participation in a programme, (ii) to inform various relevant organisations what the intervention programme is about, and (iii) to

communicate a message to the wider public that the topic of family hardiness is useful and meaningful (Birkenholz, 1999).

5.1.3 Identification of programme ideas

There are many ways to generate ideas and needs for programmes (Caffarella, 2002). Ideas for the intervention programme were generated from family resilience literature. Although family hardiness has emerged as a potentially important resistance resource in family stress literature, it has received only modest attention in empirical studies to date. Family hardiness consists of a sense of commitment, challenge and control (McCubbin, McCubbin & Thompson, 1993). Of the former, the family's sense of control warrants special mention because of its identified consistence in enhancing resilience (Aspeling, 2004; Bennett *et al*., 1997; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Mederer, 1998; Thiel, 2005; Van der Merwe, 2001; Van der Merwe & Greeff, 2005). Moynihan *et al*. (2004) and Marshall (1990) warn against being opportunistic and setting too many objectives that, ultimately, cannot be realised. Furthermore, Marshall (1990) found that adults tend to prefer a single-concept programme that focuses heavily on applying a concept to a relevant problem. Given the aforementioned warning and findings, the single concept of family hardiness (McCubbin *et al*., 1993) was selected to be addressed in the resilience-enhancement programme, instead of a collection of family resilience factors.

5.1.4 Determining the format of the programme

Three kinds of formats are used most frequently in programmes: (i) formats for individual learning; (ii) formats for small group learning; and (iii) formats for large group learning (Caffarella, 2002; "Family psychoeducation", n.d.). The development

of resilience is embedded in a person-to-person process (Vasquez, 2000), and its outcome relies on its inherent ability to enhance systems. This alludes to the fact that resilience is best achieved within a relational setting (Griffiths, 2006; Phillips & Cohen, 2000; Reilly-Smorawski, Armstrong & Catlin, 2002) and correlates with the notion of social constructionism, which states that people construct their own reality in social interaction with others (Gergen, 2000; "Social problems", 2007). Furthermore, the quasi-experimental pretest-posttest, natural control group research design requires participants to be allocated to groups. Consequently, the intervention was structured in a group format. The group format encourages communication between participants, and allows the modelling of effective resilience strategies, as well as fellowship (Reilly-Smorawski *et al*., 2002), which lessens isolation (Johnson Grados & Alvord, 2003).

The most suitable training formats for small groups include a course/class, seminar, workshop, clinic or trip/tour (Caffarella, 2002; Houle, 1996; Knowles, 1980; Moynihan *et al*., 2004). According to Marshall (1990), programme implementation is brought to life when it is centred on participants. Taking into consideration the specific target group, the limited budget, the programme content attempting to make provision for a variety of learning styles (Henderson, 2006; Kruger, 1998; Marshall, 1990; Moynihan *et al*., 2004), the learning outcomes, time constraints, transport problems, the availability of the facilities and equipment, and consultation with community leaders, the workshop format proved most suitable for the current study. The workshop format has further advantages in that it can accommodate many people, it is transportable, and it allows for the immediate application of results and for novel interaction between participants (Sork, 1984).

Workshops can be defined as an intensive group activity that emphasises the development of skills and competencies in a defined content area (Caffarella, 2002; Moynihan *et al*., 2004). They differ from a lecture or seminar in that the participants are not passive listeners, but rather active participants (Henderson, 2006; Moynihan *et al*., 2004; Presentation guidelines, n.d.) who draw on each other's knowledge and experiences. Consequently, the participants' own knowledge repertoires are enriched and expanded. As in the theoretical approach, there are also different interpretations regarding the scope of programme development ("Family psychoeducation", n.d.; Kowalski, 1988). As a result, a workshop can encompass a single information or skill session (like a relaxation training workshop) lasting only an hour or so. Alternatively, it may signify a series of special events, modules and activities over a period of time, depending on the need, objectives, feasibility and budget (Henderson, 2006; Moynihan *et al*., 2004; Presentation guidelines, n.d.).

The workshop developed as part of the intervention programme lasted for four hours, including a tea and lunch break during which refreshments and meals were served. Strict adherence to the programme manual was maintained. This enables the later verification, replication and utilisation of the programme by others. A registered Master's student in psychology acted as an independent rater during the intervention programme. The student was present during the execution of the intervention programme in order to ensure strict adherence to the programme manual. The workshop format proved cost-effective, did not make too high demands on the participants' time, and allowed for the participants' active involvement (Henderson, 2006; Moynihan *et al*., 2004; Presentation guidelines, n.d.) and the development of their skills and competencies in the defined content area (Caffarella, 2002; Moynihan *et al*., 2004; Sork, 1984) of family hardiness. There are a lot of examples in the

literature supporting the effectiveness of a once-off workshop. Examples include: parenting skills workshops (Child Development Institute: Parenting 101, n.d.), health management training in the public health sector in South Africa (Schaay, 1998), AIDS prevention workshops specifically for gay and bisexual men (Shernoff & Bloom, 1991), effective listening workshops (Effective listening skills workshop, n.d.), workshops for building productivity in the workplace (Workshops, n.d.), team skills and leadership skills workshops (Workshops, n.d.), and workshops on decision making and problem solving (Welch, 1999).

5.1.5 Programme design

The programme design phase called for the development of objectives, the organisation of content to promote learning, and the selection of resources that enhanced and matched the techniques employed (Caffarella, 2002; Knowles *et al*., 1998; Sork, 2000).

In accordance with the recommendations of Moynihan et al. (2004), the development of the programme's objectives happened during the early stages, as it provided direction for the development of the programme. Objectives were developed for each of the exercises included in the intervention programme. The exercise objectives referred to the specific knowledge, skills or attitudes that the participants would gain as a result of the programme content that was presented. Determining objectives entailed a two-fold process, comprising (i) a description of what the participants would learn, as well as (ii) a description of the changes that would result from the learning. Care was taken to ensure that the programme objectives were specific and measurable (Henderson, 2006; Moynihan *et al.*, 2004; Walter, 2006).

Literature was consulted to validate the relevance of each of the exercises that was developed and included in the intervention programme. The inclusion of exercises was based on recommendations stipulated in Caffarella's interactive model (2002), familiarity with the learning styles that allow participants to acquire new information, the principles of psychoeducation and psychology, practical considerations and theoretical underpinnings.

According to Marshall (1990), the programme developer's critical task is to select the most effective sequence of techniques that will best accomplish the desired outcomes of a programme. A combination of techniques (hearing, seeing, doing and repeating) was employed in the design of the programme, as this is deemed more effective in reaching participants than a programme incorporating only one technique (Henderson, 2006; Kruger, 1998; Marshall, 1990; Moynihan *et al*., 2004). It thus was necessary to be familiar with the learning styles that allow participants to acquire new information (Bruce, 2000; Gardner, 1999; James & Gailbrath, 1985). Therefore, a variety of exercises accommodating participants' different learning styles (including print, aural, interactive, visual and kinaesthetic learning preferences) were included when the intervention programme was developed.

Exercises included were also based on the following principles:

1. The exercises attempt to help participants understand when and why the concept of family hardiness is useful. This allows for meaningful learning instead of rote learning. Information that is not meaningful will not be associated with other information and will be forgotten quickly (Bronner, cited in Flint, n.d.).
2. The participants are given opportunities to apply ideas to their day-to-day lives or to situations that they encounter regularly. This is motivated by the idea that the

more similar two situations are, the more likely it is that what is learned in one situation will be applied to the other situation (Bronner, cited in Flint, n.d.).

3. Opportunities are provided for the participants to employ what they have learnt (Bronner, cited in Flint, n.d.).
4. Positive attitudes toward the subject matter are maintained. As a result, the participants will feel inclined to deal with, rather than avoid, topics when they are encountered elsewhere. When the participants need an idea to deal with a new problem or a novel situation, they are more likely to draw upon learning about which they have positive feelings than learning that evokes hostility or resentment (Bronner, cited in Flint, n.d.).

These principles influence the successful transfer of learning (Bronner, cited in Flint, n.d.). On a more practical level, exercises were included based on (i) the level of active group participation they permitted, (ii) how well the exercises matched the programme objectives (Caffarella, 2002; Knowles, 1970) and (iii) whether the exercises corresponded with the participants' backgrounds and educational levels (Caffarella, 2002; Rooth, 1997).

The development of the intervention programme and the application thereof were documented in a facilitator's manual and participant workbook in accordance with similar intervention programmes. Each section of the intervention programme followed the same basic design, ensuring continuity and making the presentation easier. The sequence of the exercises was planned so that one exercise provided support for the next exercise. The motivation for inclusion of each of the exercises was discussed in detail in the facilitator's manual (see Addendum B). The facilitator's manual includes a pre-workshop checklist; time allocation for exercises; objectives

for each session; a prescribed sequence of subject matter to be presented; motivation for included exercises; suggested remarks for the facilitator to introduce the material and to bridge each session; aids and equipment needed for each session; questions and anticipated responses for leading group discussions; suggested solutions for exercises; homework; and a reference list (see Addendum B). The participants were provided with a workbook that reflected the exercises in the facilitator's manual for active use during the programme (see Addendum C). The workbook was also translated into Afrikaans (see Addendum D) for Afrikaans-speaking participants.

5.1.6 Theoretical underpinning of the programme

The epistemology that directs this research falls within a postmodern framework. Postmodernism emerged in response to modernism. It challenges modernistic views of absolute truth and objective knowledge via notions of subjective "reality" (Becvar & Becvar, 2000; Hoffman, 1995). As such, it offers alternative understandings of knowledge, truth and the self (Gergen, 2000).

During the design of the programme, social constructionism theory was utilised in order to achieve the specific programme goals. As it flows from the postmodern frame, social constructionism rejects the notion of an objective truth or reality "out there" but rather suggests that people create their own reality inter-subjectively in social interaction with others. Social constructionism operates from the viewpoint that an individual's understanding and experience of life is socially constructed through the meanings, definitions and interpretations that he or she generates (Gergen, 2000; "Social problems: who makes them?", 2007) via discourse. Discourse refers to systems of cultural, social and institutional practices or frameworks that provide the

words and ideas used to make sense of the world. Social constructionism, therefore, offers an alternative understanding of meaning and of the relationship between language and reality.

Fundamental to social constructionism is the view that language is formative and changeable (rather than fixed). Language, within this paradigm, does not merely serve as a vehicle for exchanging information or representing experience, but serves as a defining framework (Becvar & Becvar, 2000; Hoffman, 1995). Words acquire their meaning not through an inherent capacity to depict reality, but through their use in shared convention and social interchange (Durrheim, 1997; Gergen 2000). According to Durrheim (1997), shared meaning is established through a process of continuous reflexivity. This involves a process of reflection on a set of actions from within a frame of reference. It is based on the idea that the use of a word can only be understood when it is compared with other uses, for example, the meaning of white depends on distinguishing it from black. As Gergen (2000) puts it, we distinguish a presence from an absence; but the absence tends to be unspoken and marginalised. Therefore, meaning derives not from the referential world, but arises in comparison against other meanings (Durrheim, 1997).

In keeping with the aforesaid, knowledge cannot represent reality because knowledge depends on the way the world is being perceived (Durrheim, 1997). Social constructionism sees knowledge as that which is represented in language, and not as a mental representation. Language constitutes our knowledge of our world (Freedman & Combs, 1996). Language does not mirror reality; language creates the known reality.

In conclusion, social constructionism highlights the provisional character of social life, i.e. what was constructed this way could have been constructed differently. By so doing it opens up possibilities ("Social problems, who makes them?", 2007). In other words, the meaning an individual attributes to a specific situation will shape the responses (thoughts and actions) to the situation. By way of direct experience and focused reflection, the participants develop new skills, new attitudes and new ways of thinking (Kraft & Sakofs, 1988), which allows for new constructions and consequences. This signifies the process of social constructionism.

Consequently, the exercises included in the intervention programme (see Addendum B) attempt to construct the participants' sense of their own family hardiness by enlisting their active participation (Exercise 1.1; Exercise 2.1; Exercise 3.1; Exercise 3.2; Exercise 3.3), analysing what they know (Exercise 1.1; Exercise 1.2; Exercise 2.1; Exercise 3.3), raising their awareness (Exercise 1.1; Exercise 2.1; Exercise 2.2; Exercise 3.3), expanding on their existing knowledge and skills by adding information and theory (Exercise 1.2; Exercise 2.1; Exercise 2.2; Exercise 3.1; Exercise 3.2; Exercise 3.3), using focused reflection (Exercise 1.1; Exercise 1.2; Exercise 1.3; Exercise 3.1; Exercise 3.2; Exercise 3.3) and applying their skills (Exercise 3.1; Exercise 3.2; Exercise 4.1).

5.1.7 Transfer of learning plans

Devising the transfer of learning plans involves the selection of the transfer strategies most beneficial in assisting participants with the application of what they have learnt.

In discussing the possibility of delivering an intervention programme to the Delft and Klapmuts communities, the community leaders advised a once-off meeting.

According to them it would not have been feasible for the participants to return week after week. A large number of the participants worked on weekends; transportation posed a problem; the facilities and equipment were not available over an extended period of time; and the programme was constrained by a limited budget. The aforementioned attest to how political, economic and social factors have converged in a manner that makes it urgent for those in the healing professions to consider delivering interventions quickly, cost-effectively and efficiently (Budman & Stone, 1983). Especially in a country with limited resources, short-term interventions are advocated (Budman & Stone, 1983; Wolberg, 1965). The threat of attrition and history could also have been greater in a programme running across time. To compensate for the once-off intervention programme, a portfolio, coaching, application notebook and reflective practice transfer of learning strategies (Caffarella, 2002) were incorporated in the design of the intervention programme (see Addendum B). These transfer of learning strategies served the purpose of extending the knowledge, skills and abilities acquired as a result of the programme, so that they could be applied effectively, generalised and maintained in other contexts over time (Caffarella, 2002; Flint, n.d.; Rooth, 1997; Salas & Cannon-Bowers, 2001). The "extension" of the intervention programme was also attempted via the inclusion of a one-month follow-up exercise (see Exercise 5, Addendum B) in order to extend the participants' learning. The participants' postal addresses were recorded and, after a month, rubber bands were sent to the participants with a note to remind them to complete the follow-up exercise. In other words, Exercise 5 in the Facilitator's Manual and Participant Workbook served as an applications notebook transfer-of-learning strategy (Caffarella, 2002). It enabled the participants to note what ideas had worked and had not worked in the process of applying their new skills and knowledge. It also

afforded the participants the opportunity to add other supporting material that could assist them in the application process.

5.1.8 Formulating evaluation plans

According to Houle (1996), programme evaluation requires determining what is occurring in the participants' ways of thinking, feeling and doing and how it differs from before. It is beneficial and functional in that it (i) aids goal-directed programme execution, (ii) serves as a reference guide to inform decision making, (iii) explicates programme strengths and weaknesses, (iv) allows for programme accountability, (v) highlights the accomplishments of the programme and (vi) proposes avenues for future research. According to Caffarella (2002), Moynihan *et al*. (2004) and Tyler (1949), programme evaluation should occur at the onset of the programme, during the closing stages of the programme, and at an interval following some time lapse since the completion of the programme. The former supports this study's pretest-posttest research design (see Chapter 7).

Caffarella (2002) is of the opinion that there is no single acceptable systematic process for conducting programme evaluation. She does, however, point out that participant evaluation is the most generally used form of evaluation. A technique can be used alone or in concert with one or more techniques, depending on the purpose and design of the evaluation and the type of information required (Caffarella, 2002; Moynihan *et al*., 2004). For the purposes of the present study, the techniques employed consisted of both interviews and self-report questionnaires, allowing for the gathering of both quantitative and qualitative data (see Chapter 7).

5.1.9 Making recommendations and communicating results

Documentation provides a description of the programme before and after implementation. It makes known what was intended and what was accomplished (Walter, 2006). By doing so, it holds the programme accountable. The extent of the document is largely determined by the scope of the programme, possible requirements of funding agencies, as well as the programme developer's own need for detail (Walter, 2006). For the purposes of the present study, the results and recommendations were communicated extensively (see Chapter 7, Chapter 8 and Chapter 9).

5.2 Chapter conclusion

This chapter aimed to "weave" together the thought processes that went into the development of the intervention programme on the basis of the application of Caffarella's interactive model (2002), the discussion of the theoretical underpinnings, the consideration of practical constraints, familiarity with the learning styles that allow participants to acquire new information, the principles of psychoeducation and psychology, practical considerations and theoretical underpinnings. As such it provided an outline of the practical application of Caffarella's interactive model (2002) in a workable, practical intervention programme.

CHAPTER 6

METHODOLOGY AND APPROACH

In this chapter, the research design, participant selection and data collection procedures, measures, the statistical analysis employed and ethical considerations specific to the study are described. The chapter also clarifies the research questions and objectives guiding the study.

6.1 Primary research questions and objectives

The research questions and objectives guide the focus of all phases of the research process.

6.1.1 Primary research questions

- What are the most important family resilience qualities that have been identified in previous studies?
- What does programme development entail?
- Can resilience qualities be enriched and, if so, how can they be developed?
- Is a resilience-enhancement programme successful in developing a specific resilience quality in families?

6.1.2 Objectives

6.1.2.1 Primary objective

To provide a succinct, comprehensive framework for the development of intervention programmes within the field of psychology.

6.1.2.2 Secondary objectives

- To extrapolate and analyse the research concerned with family hardiness so as to apply it in the development of a practical programme designed to enhance hardiness in families.
- To present the programme within a specific population in order to extrapolate its impact and effectiveness.
- To responsibly and practically "give back" to those who have aided our acquisition of knowledge and understanding.
- To refine measuring instruments and theory building in order to develop guidelines for future development of programmes.
- To increase the effectiveness of professionals by reaching more families via group-structured interventions.

6.2 Research design

The concept of family hardiness (McCubbin *et al*., 1993), consisting of three subcategories, namely family control, family commitment and family challenge, was chosen as a focus for enhancement. It was chosen due to its identified consistency in enhancing resilience (Aspeling, 2004; Bennett *et al*., 1997; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Mederer, 1998; Thiel, 2005; Van der Merwe, 2001; Van der Merwe & Greeff, 2005; Wentworth, 2005).

A quasi-experimental pretest-posttest, natural control-group research design was utilised to assess the programme's effectiveness in enhancing the selected resilience qualities. The use of control groups significantly strengthens the design (Graziano & Raulin, 2000). Through the allocation of participants to the control and experimental groups, differences in posttest results can be attributed to the impact of the

intervention programme. This research design is supported by Caffarella (2002), Graziano and Raulin (2000), Moynihan *et al*. (2004) and Tyler (1949), who state that programme evaluation should occur at the onset of the programme, during the closing stages of the programme, and at an interval following some time lapse since the completion of the programme. This study claims distinction in terms of its amalgamation of both qualitative and quantitative methods, thereby integrating flexibility and careful research consideration.

6.3 Participants

To be eligible for participation, families were required to meet the following inclusion criteria:

- low-income mothers would participate as representatives of their families
- at least one family member was still attending school
- the participants had to be Afrikaans or English speaking
- the mothers had to be coloured.

In South Africa the term *coloured* is used exclusively to refer to an ethnic group of mixed-race people, with the term *black* being used for black Africans. The coloured people of South Africa are of mixed African subtypes, European and Indonesian/Malaysian descent (Martin, 1998; Wikipedia, n.d.a). Unlike in many countries elsewhere, coloured people here are descendants of many generations who are themselves coloured, and thus not “first generation” (i.e. they tend not to have parents who are one African, one European) (Wikipedia, n.d.a). Most coloured South Africans have a cultural identity distinct from that of both white and black people (Martin, 1998; Wikipedia, n.d.a), but some (particularly those who have non-coloured parents) may adopt the cultural identity of one of their parents (Wikipedia,

n.d.a). In the Western Cape and Northern Cape provinces, coloured people constitute a majority of the population. Most are Afrikaans speaking, while about ten percent, mostly in Natal and the Eastern Cape, speak English as their mother tongue. However, virtually all Cape Town coloured people are bilingual (Martin, 1998; Wikipedia, n.d.a).

The specific inclusion criteria ensured cost-effectiveness, i.e. no need for a translator, a greater possibility of an adequate sample size and homogeneity in terms of (i) family structure, (ii) family phase, (iii) socio-economic status, (iv) ethnicity and (v) mothers as representatives of their families. The exclusive focus on mothers as representatives of their families has a three-fold reason. To begin with, it is unfeasible to expect committed family participation in a programme running across time. The community leaders advised that greater participation would be guaranteed if only mothers were recruited. Shah (n.d.) found that, in general, women attended to 65% of their children's emotional issues, whereas only 5% of husbands attended to the emotional issues of children. Baxter, Clarke-Stewart and Friedman (cited in Gerdes, 1997) also found that, across population groups, mothers perform far more parenting tasks than fathers. Terreblanche (cited in Hamida, 2002) described the coloured family structure as matriarchal. Matriarchy is a term that refers to a society or family in which women possess most of the power and authority. In other words, the leading role is with the female and, since "matriarchy" is primarily a family rule, power is given especially to a female because of her motherhood and her maternal status in the community. According to Hamida (2002), this form of matriarchy is functional in that coloured women have learned to survive in a patriarchal society by expressing their power in motherhood. Given the aforementioned, it was decided to focus on mothers as representatives of the family and participants in the programme.

This ensured greater participation and a larger sample size from which to deduce research findings. A differentiated focus on mothers is thus justified.

Participants were recruited on a voluntary basis from two church congregations (Delft and Klapmuts) in the northern suburbs of the Western Cape, South Africa. The mothers were evaluated in groups consisting of at least 10 to 20 participants per group. Due to the availability of participants and the cost of the project, a total of 50 mothers participated in this investigation. The participants were randomly assigned to the experimental and control groups. A total of 33 participants were included in the experimental groups and 17 in the control group. This allowed for meaningful statistical analysis. Mainly lower-income coloured families, representative of two of the eleven official languages of South Africa (English and Afrikaans), were included in the experimental and control groups. Of the participants, 82% were Afrikaans speaking (n = 41) and 18% were English speaking (n = 9). The mean age of the participating mothers was 39.04 years (SD = 8.31). Regarding marital status, 78% of the participating mothers were married (n = 39), while 6% were in a relationship (n = 3) and 16% were unmarried (n = 8). There were an average of 2.52 children per family (SD = 1.15). The majority of the participants had received very limited formal education. A total of 76% of the participants (n = 38) had not completed their school education [47% of the participants (n = 23) had a junior certificate (Grade 10); 29% had completed primary school (n = 14) and 2% of the participants indicated that they had no formal schooling (n = 1)]. Only 12% of the participants (n = 6) had finished their Grade 12 year and 10% went on to complete some form of tertiary education (n = 5) [6% at technikon level (n = 3) and 4% at university level (n = 2)]. Given the limited educational backgrounds of the majority of the participants, occupational opportunities and income were equally limited. In terms of income, 91% of the

experimental group (n = 30) earned less than R5 000.00 per month, whilst 65% (n = 11) of the control group earned less than R5 000.00 per month. For the experimental group, 50% of the participants lived in Delft, a northern suburb of Cape Town, and 50% lived in Klapmuts, a rural community on the outskirts of Cape Town. However, the control group originated only from Delft.

According to these data, the experimental and control groups did not differ significantly with regard to language, occupants other than the family living in the house, marital status, or occupation. However, a statistical difference was found between the groups for place of residence and income.

6.4 Procedure

Three groups were included in the study. Two experimental groups (one in the Delft community and one in the Klapmuts community) and one control group (in the Delft community) were utilised. Only one control group was used as the participant turnout in the Klapmuts community was low. It was then decided to include all the Klapmuts participants in an experimental group. Consequently, a total of 33 participants were included in the experimental groups and 17 in the control group. The experimental and control groups ultimately differed in size due to withdrawal and because of the use of only one control group versus two experimental groups.

The control group participants were subjected to an information session on a theme within the Christian faith. The participants were thanked for their involvement and informed about the information session they were about to attend. They were given an opportunity to ask questions in order to clarify any ambiguities. The first stage of the data-gathering process then ensued. At the outset of the information session, the

control group participants had to complete a consent form, biographical questionnaire and qualitative assessment consisting of an enquiry into the participant's appraisal of their family's resilience qualities. The quantitative phase ensued, during which the participants were required to complete the relevant questionnaires, namely the Family Hardiness Index (FHI) and the Family Attachment and Changeability Index (FACI8), individually in the presence of the researcher (pretest measures). A few participants had queries about one or two items. Most were able to complete the questionnaires within 30 to 50 minutes. At the conclusion of the information session, the control group participants were once again expected to complete a qualitative assessment consisting of an enquiry into the value and impact of the information session on the participant's family functioning. In addition, the relevant quantitative questionnaires also had to be completed (posttest measures). Three months later, follow-up measures (both quantitative and qualitative) were taken in order to gauge whether the positive change in the resilience qualities had been sustained and to complete the data-gathering process. All the participants allocated to the control group who were also interested in attending the intervention programme were able to do so in one of two allocated timeslots within a three-month period following the intervention programme with the experimental groups. This supports the ethical management of the participants in that no one was denied treatment, and the control group participants were also allowed to take part in the intervention programme at different time slots.

Subsequent to thanking the participants in the experimental group for their involvement, the aim and method of the investigation was explained and the participants were invited to ask questions should anything be vague. This was followed by the first stage of the data-gathering process. At the outset of the

intervention programme, the participants in the experimental group had to complete a consent form, biographical questionnaire and qualitative assessment consisting of an enquiry into the participant's appraisal of their family's resilience qualities. The quantitative phase ensued, during which the participants were required to complete the relevant questionnaires (FHI and the FACI8) individually in the presence of the researcher (pretest measures). With the exception of a few participants who had queries about a few items, most were able to complete the questionnaires within 30 to 50 minutes. At the conclusion of the intervention programme, the participants in the experimental group were once again expected to complete a qualitative assessment consisting of an enquiry into the value and impact of the intervention programme on the participant's family functioning. In addition, the relevant quantitative questionnaires also had to be completed (posttest measures). Three months later, follow-up measures (both quantitative and qualitative) were taken in order to gauge whether the positive change in the resilience qualities had been sustained and to complete the data-gathering process.

The participants in both the control group and the experimental group were remunerated for their participation in the programme by receiving R30.00 vouchers at both the initial and follow-up measures. Refreshments were also provided for the duration of the intervention programme for the experimental groups and the information session for the control group. Complete anonymity and confidentiality of information was maintained rigorously at all times.

6.5 Measuring instruments

The biographical questionnaire consisted of demographic questions. It gathered identifying information, i.e. the surname and initials of the participants, their age,

home language and the suburb they live in. It also enquired into the participants' family composition, which focused on their marital status, the number of children presently still attending primary and high school, as well as the number of children older than 18 years of age. It also enquired into details regarding others (if any) permanently living with the family. The final areas of enquiry focused on the participants' occupational status, level of education and income.

6.5.1 Quantitative measuring instruments

In order to assess for programme effectiveness, the participants were expected to complete relevant questionnaires measuring those qualities under consideration for development. Both questionnaires (the Family Hardiness Index and the Family Attachment and Changeability Index 8) have been utilised in previous South African research projects on family resilience (Aspeling, 2004; Du Toit-Gous, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Van der Merwe, 2001; Van der Merwe & Greeff, 2005).

The ethnically sensitive Family Attachment and Changeability Index 8 (FACI8), adapted by McCubbin, Thompson and Elver (McCubbin *et al*., 1996), was utilised with the goal of measuring family adaptation. The FACI8 is a 16-item scale, consisting of a six-point Likert scale (Never, Sometimes, Half the time, More than half, Always, Not applicable). The FACI8 comprises two subscales, Attachment and Changeability (McCubbin *et al*., 1996). The Attachment subscale is an eight-item scale designed to gauge the strength of family members' attachment to each other. It measures family members' emotional attachment to each other, their openness to discuss issues, their sense of being close to one another, as well as their desire to do things together and to be involved in each other's lives. Conversely, the eight-item

Changeability subscale measures family members' flexibility in their relationships with each other. These two scales can either be used separately or in combination. In this study, the total score is used as a measure of family functioning. The internal reliability (Cronbach's alpha) for adults on the Attachment scale is 0.75. The internal reliability for adults on the Changeability scale is 0.78 (McCubbin *et al*., 1996). The validity of the instrument was established by conducting chi square analysis. The test-retest reliabilities for FACI8, when administered six to 12 months apart, are statistically significant and vary with a low of 0.26 to a high of 0.48, indicating the validity of the scale to assess programme effects and change. The test-retest reliability for adults on the Changeability scale is 0.48, and it is also 0.48 on the Attachment scale (McCubbin *et al*., 1996).

The Family Hardiness Index (FHI), developed by McCubbin *et al*. (1993), was used to measure the characteristic of family hardiness as a stress-resistance and adaptation resource in families (McCubbin, Thompson & McCubbin, 1996). Hardiness refers to the strengths and durability of the family unit, a sense of control over the outcomes of life events and hardships, as well as an active, rather than a passive, orientation in adjusting to and managing stressful situations. This scale consists of 20 items, which aim to measure the characteristics of hardiness in mitigating the effects of stressors and demands, facilitating adjustment and adaptation over time (McCubbin *et al*., 1996). The scale consists of three subscales (commitment, challenge, and control) that require participants to assess on a five-point Likert rating scale (False, Mostly false, Mostly true, True, Not applicable) the degree to which each statement describes their current family situation. The Commitment subscale measures the family's sense of internal strengths, dependability and ability to work together. The Challenge subscale measures the family's efforts to be innovative, active, to enjoy

new experiences and to learn. The Control subscale measures the family's sense of being in control of family life, rather than being shaped by outside events and circumstances. The internal reliability (Cronbach's alpha) of the Family Hardiness Index is 0.82, and the validity coefficients range from 0.20 to 0.23 with criterion indices of family satisfaction, time and routines, and flexibility (McCubbin *et al*., 1996).

6.5.1.1 Reliability analysis of the FACI8 and FHI

Cronbach's alpha analyses were done to determine the internal reliability of the FACI8 and FHI in this study. The closer to 1 the Cronbach's alpha coefficient, the higher the reliability of the scale. Item-total correlations less than 0.20 are generally not acceptable, thus implying they should be rejected. Conversely, a Cronbach's alpha of 0.70 and more is deemed an acceptable reliability coefficient (Nunnaly, cited in Pietersen, 2004).

The calculated Cronbach's alphas for both the pretest Attachment and Changeability subscales of the FACI8 were 0.67, with the alpha for the total scale = 0.7. The calculated Cronbach's alphas for the pretest Commitment, Challenge and Control subscales of the FHI were 0.59, 0.55 and 0.54 respectively, with an alpha of 0.7 for the total scale.

The calculated Cronbach's alphas for the posttest Attachment and Changeability subscales of the FACI8 were 0.8 and 0.83 respectively, with the alpha for the total scale = 0.63. The calculated Cronbach's alphas for the posttest Commitment, Challenge and Control subscales of the FHI were 0.66, 0.74 and 0.66 respectively, with an alpha of 0.76 for the total scale.

The calculated Cronbach's alphas for the three-month follow-up Attachment and Changeability subscales of the FACI8 were 0.82 and 0.72 respectively, with the alpha for the total scale = 0.73. The calculated Cronbach's alphas for the three-month follow-up Commitment, Challenge and Control subscales of the FHI were 0.47, 0.68 and 0.66 respectively, with an alpha of 0.73 for the total scale.

From the aforementioned, the overall internal reliability (Cronbach's alpha) of the FACI8 was higher than that of the FHI. Therefore, for this sample, the FACI8 was found to be a more reliable instrument and would produce more reliable data for statistical analyses. Also, it is interesting to note that the pretest Cronbach's alphas for both the FACI8 and FHI were lower than the posttest and three-month follow-up coefficients.

6.5.2 Qualitative measurement

Qualitative data collection and analysis were used to (i) enquire into the participants' appraisal of their family's resilience qualities and to (ii) assess the value and impact of the programme on the participants' family functioning. Therefore, the study integrated quantitative as well as qualitative approaches in evaluating whether resilience qualities can be enhanced in families. Walsh (2003) supports the inclusion of both quantitative and qualitative research contributions to inform family resilience research. According to Kotzé, Morkel and Associates (2002), some forms of injustice can be righted when people are given the opportunity to tell their stories. Allen (cited in Arditti, 1999) is of the opinion that when participants do not speak for themselves, researchers may misconstrue their experiences. This bears the potential of robbing explanations of methodological, emotional, theoretical and practical depth. Qualitative data analysis provides participants with the prospect of speaking for

themselves. It undertakes to expand the understanding of the participants' experience of the complex and variable phenomenon of resilience.

The qualitative analysis consisted of a semi-structured interview with the aim to (i) identify internal strengths and coping mechanisms employed by the family (see Addendum E), as well as (ii) to identify the impact of the programme on the family's functioning (see Addendum F and Addendum G). The pre-intervention open-ended question focused on the participants' opinions on which factors or strengths they believed helped or supported their family the most (pre-intervention measure). The post-intervention measures focused on the value and impact of the intervention programme on the participants' family functioning. The post-intervention measures were measured at two different intervals: (i) during the closing phases of the programme and (ii) after a three-month interval subsequent to the programme. The open-ended questions had been designed to trace the personal and potentially culturally imbued perspectives on family, resilience and the impact of the programme. This provides an essential personal and potentially cultural contextualisation of the obtained data.

6.6 Data analysis

Quantitative data was analysed with Statistica 8 (StatSoft Inc., 2008), a data analysis software package. In order to determine whether the differences between pretest, posttest and follow-up scores were statistically significant, a repeated measures analysis of variance (ANOVA) was performed. The possible effects of the intervention programme were measured by ascertaining whether the family adaptation and family hardiness of the experimental group had improved from the pretest to the three-month follow-up measures and whether the control group scores had remained

largely unchanged over time. This will be evident from a statistically significant Group*Time interaction effect on either the Attachment or Changeability subscale scores of the FACI8, or the Commitment, Challenge and Control subscale scores of the FHI, or the total scores of the FACI8 and the FHI. If no Group*Time interaction is found, implying that any change from the pretest to the three-month follow-up is the same for both groups, this would indicate limited impact of the intervention programme in the enhancement of families' hardiness and adaptation. Stated differently, this implies that the intervention programme did not have a statistically significant effect on either of the scores on the FACI8 or the FHI.

A variety of factors, such as history, testing and experimental mortality, pose a threat to the internal validity of the study. Consequently, precautionary measures were implemented in the allotment of the experimental and control groups, as well as in the intervention and the data analysis, in order to ensure that differences between pretest, posttest and follow-up scores are attributable to the impact of the intervention programme. Participant selection was based on specific inclusion criteria to ensure homogeneity between the participants. The participants were also randomly assigned to the experimental and control groups. However, due to the small number of participants from the Klapmuts community, it was decided to include all the Klapmuts participants in an experimental group. Furthermore, all statistical analyses were planned and executed in collaboration with a senior statistician at the Statistical Consultation Service of the University of Stellenbosch.

A grounded theory approach was utilised (Charmaz, 2006; Strauss & Corbin, 1998) for the qualitative data. According to Charmaz (2006), qualitative researchers increasingly use personal accounts, letters or responses to open-ended questions

and media resources without other forms of data collection and without the possibility of pursuing such data collection. Charmaz (2006) distinguishes between elicited and extant texts. According to Charmaz, elicited texts involve the research participants in producing written data in response to a researcher's request and thus offer a means of generating data. Common examples include mailed questionnaires or internet surveys with open-ended questions. In contrast, extant texts consist of varied documents that the researcher had no hand in shaping, for example archival data (Charmaz, 2006). Elicited or extant texts can be used as either primary or supplementary sources of data (Charmaz, 2006). In the current study, the participants' elicited text was used as primary data.

The first stage in the grounded theory process called for the annotation of categories or themes in the interview transcripts, through the detailed reading and re-reading of the interviews (Charmaz, 2006; Strauss & Corbin, 1998), in order to (i) identify what strengths the participants believed made their families resilient (pretest measure) and to (ii) evaluate the efficacy of the programme in enhancing the participants' family hardiness (posttest and follow-up measures). All the data relevant to each category were identified and examined using a process of constant comparison, where each item was checked or compared with the rest of the data to establish analytical categories (Strauss & Corbin, 1998).

6.7 Ethical considerations

The study attempted to maintain the necessary ethical standards by fully disclosing the nature, purpose and requirements of the research project, establishing clear agreements with the research participants, and recognising the necessity for confidentiality, written informed consent and voluntary participation (see Addendum

H). Confidentiality was maintained strictly by coding the data and ensuring that no identifying material was disclosed to anyone. The participants were also informed that they were free to withdraw from the programme at any stage. The presenter and independent rater maintained high ethical standards and avoided exposing the participants to any physical or psychological harm. Respect was shown to the participants by considering language (each participant received a workbook and questionnaires in their preferred language), thanking them for their contributions and rewarding them for their participation with a gift voucher and refreshments.

6.8 Chapter conclusion

Chapter 5 has identified the primary research questions and objectives of the study. This is of special importance, as it guides the focus of all phases of the research process. It also outlined the details of the methodology and approach utilised to answer the research questions and meet the objectives of the study. The methods selected took heed of the practical and ethical constraints and were selected to obtain the most precise answers possible. An experimental research design provides more unambiguous answers to causal questions than do other levels of research (Graziano & Raulin, 2000). However, a qualitative component was also introduced to the research to focus on phenomena that cannot be explained adequately with statistics. This provides a more holistic understanding of the research results. Walsh (2003) supports the inclusion of both quantitative and qualitative research contributions to inform family resilience research.

CHAPTER 7

INTERVENTION PHASE: RESULTS

Chapter 7 reviews the aim of the intervention phase and continues to report on the research sample, as well as on the quantitative and qualitative results based on the statistical analysis of the pretest, posttest and three-month follow-up measures.

The intervention phase was conducted with the aim of evaluating the impact and effectiveness of a resilience-enhancement programme (developed in accordance with the guidelines stated in Chapter 4). This intervention programme was to be presented within a specific population and aimed to enhance family hardiness, which is an identified resilience factor (Aspeling, 2004; Du Toit-Gous, 2005; Fillis, 2005; Greeff & Human, 2004; Holtzkamp, 2004; Thiel, 2005; Van der Merwe, 2001; Wentworth, 2005). The impact of the programme was assessed within the framework of an experimental research design.

7.1 Results

7.1.1 Research sample

The sample for the pre- and posttest assessments of the experimental group consisted of a total of 38 participants. The control group consisted of 24 participants. During the three-month follow-up assessments, the experimental group consisted of 33 participants, while the control group consisted of 17 participants. Attrition accounted for five of the experimental group and seven of the control group participants not attending the three-month follow-up session.

7.1.2 Quantitative results

The quantitative data was analysed by way of a repeated measures analysis of variance (ANOVA) in order to explore between-group effects. The quantitative data consisted of data obtained with the Family Attachment and Changeability Index 8 (FACI8), adapted by McCubbin, Thompson and Elver (McCubbin *et al*., 1996), and the Family Hardiness Index (FHI) developed by McCubbin *et al*. (1993).

7.1.2.1 Results obtained with the Family Attachment and Changeability Index 8

The descriptive statistics of the Attachment subscale of the FACI8 are presented in Table 7.1.

Table 7.1

Means and Standard Errors of the Mean Obtained on the Attachment Subscale of the FACI8

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	27.24	1.59	17
Pre-test	Experimental group	29.49	1.14	33
Post-test	Control group	27.24	1.59	17
Post-test	Experimental group	30.67	1.14	33
3-month follow-up	Control group	27.18	1.59	17
3-month follow-up	Experimental group	32.70	1.14	33

The following ANOVA table presents the results of the interaction and main effects of group and time with regard to family members' attachment to each other (i.e. their

emotional attachment to each other; their openness to discuss issues; their sense of being close to one another; and their desire to do things together and be involved in each other's lives), as measured by the Attachment subscale of the FACI8.

Table 7.2

ANOVA: Results Obtained on the Attachment Subscale of the FACI8

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	1.95	0.15
Group	1	48	4.69	0.04
Group*Time	2	96	2.11	0.13

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

It follows from Table 7.2 that a trend was found for the Group*Time interaction [F(2, 96) = 2.11, p = 0.13] and the main effects of Time [F(2, 96) = 0.15], although it was not statistically significant on the 5% level. A statistically significant effect was found with the main effects of Group [F (1, 48) = 4.69, p = 0.04]. This will be discussed later, as it relates to the demographic statistics collected. The statistical trends found with the main effects of Time [F(2, 96) = 1.95, p = 0.15] indicated differences between the pre- and posttest measures. The statistical trend observed in the Group*Time interaction (albeit not statistically significant on the 5% level) suggested that there may be indications that the intervention programme had an impact on the attachment of the families. Figure 7.1 illustrates this trend.

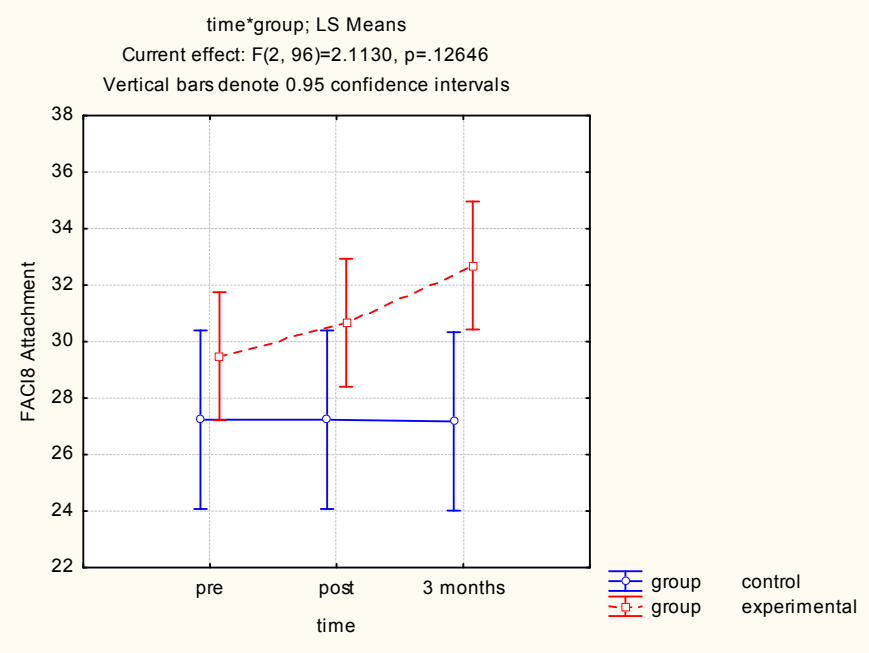


Figure 7.1. Group*Time interaction according to measures with the Attachment subscale.

Figure 7.1 graphically reflects the results when the interaction between group and time is explored. This graph displays the average scores of the experimental and control groups at the pretest, posttest and three-month follow-up assessments. For the pretest, the experimental group already had higher family attachment scores than the control group (as demonstrated by the statistically significant effect found with the main effects of Group [$F(1, 48) = 4.69$, $p = 0.04$], which will be discussed later). However, following the trend in the data of the experimental group, there was an increase in scores between the pretest, posttest and three-month follow-up measures, whilst the control group's scores stayed unchanged. This may suggest that the intervention had an impact on family members' attachment to each other, although it was not statistically significant on a 5% level ($p = 0.13$).

The descriptive statistics of the Changeability subscale of the FACI8 are presented in Table 7.3.

Table 7.3

Means and Standard Errors of the Mean Obtained on the Changeability Subscale of the FACI8

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	23.41	1.64	17
Pre-test	Experimental group	26.97	1.18	33
Post-test	Control group	24.53	1.64	17
Post-test	Experimental group	29.33	1.18	33
3-month follow-up	Control group	25.53	1.64	17
3-month follow-up	Experimental group	30.64	1.18	33

Table 7.4 presents a layout of the interaction and main effects of group and time with regard to family members' flexibility in their relationships with each other, as measured by the Changeability subscale of the FACI8.

Table 7.4

ANOVA: Results Obtained with the Changeability Subscale of the FACI8

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	3.85	0.03
Group	1	48	7.72	0.01
Group*Time	2	96	0.31	0.74

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

It follows from Table 7.4 that statistically significant effects was found with the main effects of Time [F(2, 96) = 3.85, p = 0.02] and Group [F(1, 48) = 4.69, p = 0.01]. This would indicate that there were statistically significant results with regard to the differences between the groups and differences in the pretest and three-month follow-up measures. The latter seems to be true for both the experimental and control groups. However, no statistically significant results were found for the Group*Time interaction [F(2, 96) = 0.31, p = 0.74]. This indicates that there were differences between the experimental and the control groups. The experimental group scored higher on family Changeability from the outset (the pretest measures). However, the observed increase over time was similar for both the experimental and control groups (indicated by the insignificant Group*Time interaction [F(2, 96) = 0.31, p = 0.74]). Therefore, the increase in family Changeability for the experimental group cannot be accounted for by the intervention. If the intervention was responsible for the experimental group's increase in family members' flexibility in their relationships with each other, then mere participation in the research also had the same effect for the

control group. Figure 7.2 illustrates the results when the interaction between group and time was explored.

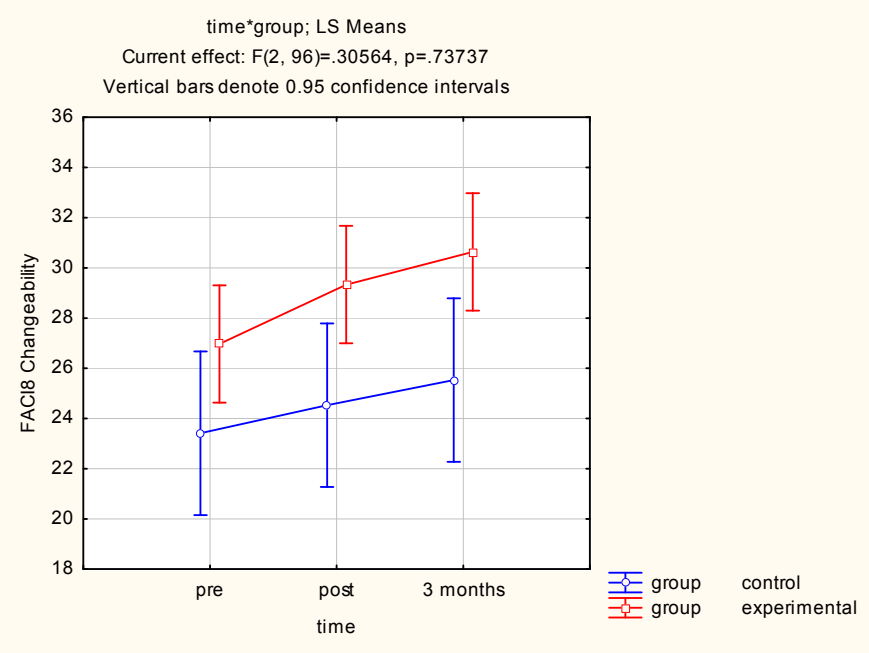


Figure 7.2. Group*Time interaction according to measures with the Changeability subscale.

The graph illustrates the increase over time for both the control and the experimental groups. The experimental group showed a slightly sharper increase than the control group. However, this was statistically insignificant (Group*Time interaction [F(2, 96) = 0.31, p = 0.74]).

The descriptive statistics of FACI8 (Total score) are shown in Table 7.5.

Table 7.5

Means and Standard Errors of the Mean Obtained on the FACI8 (Total Score)

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	25.32	1.39	17
Pre-test	Experimental group	28.23	0.99	33
Post-test	Control group	25.88	1.39	17
Post-test	Experimental group	30.00	0.99	33
3-month follow-up	Control group	26.35	1.39	17
3-month follow-up	Experimental group	31.67	0.99	33

Table 7.6 represents the ANOVA for the main and interaction effects of family functioning, as measured by the Total Score of the FACI8 scale.

Table 7.6

ANOVA: Results Obtained on the FACI8 (Total Score)

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	4.79	0.01
Group	1	48	7.64	0.01
Group*Time	2	96	1.39	0.25

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

Table 7.6 follows the trend of the Changeability scores, by illustrating statistically significant effects with the main effects of Time [F(2, 96) = 4.79, p = 0.01] and Group [F(1, 48) = 7.64, p = 0.01]. Statistically insignificant results were found for the Group*Time interaction [F(2, 96) = 1.39, p = 0.25]. Figure 7.3 illustrates the results of the exploration of the interaction between group and time.

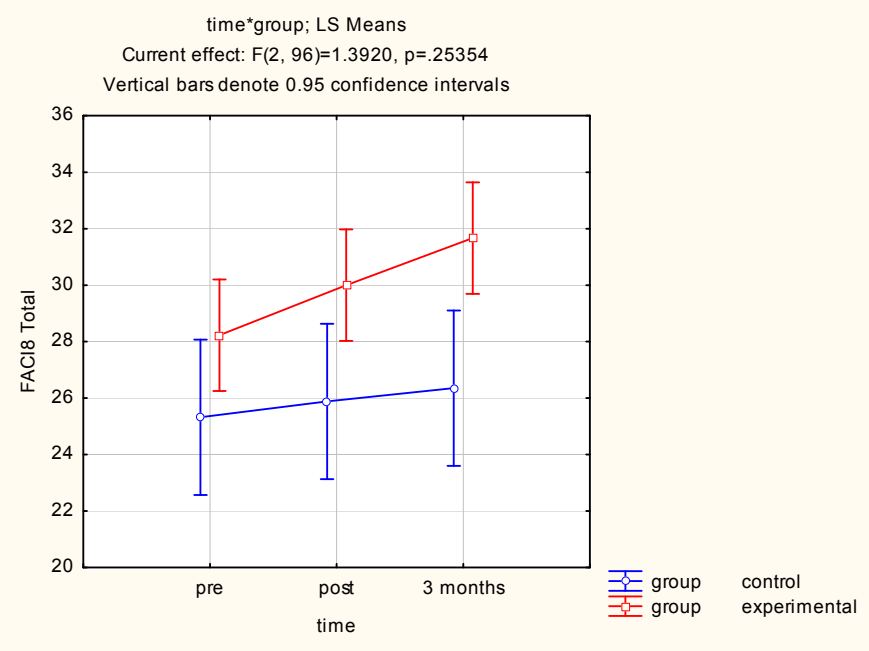


Figure 7.3. Group*Time interaction according to the Total Scores of the FACI8.

From the graph, it is noticeable that the scores of the experimental group on the Total Score of the FACI8 showed a more pronounced increase than those of the control group, albeit not statistically significant (Group*Time interaction [F (2 , 96) = 1.39, p = 0.25]).

7.1.2.2 Results obtained with the Family Hardiness Index

The descriptive statistics of the Commitment subscale of the FHI are shown in Table 7.7.

Table 7.7

Means and Standard Errors of the Mean Obtained on the Commitment Subscale of the FHI

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	17.76	0.80	17
Pre-test	Experimental group	20.73	0.57	33
Post-test	Control group	17.59	0.80	17
Post-test	Experimental group	21.42	0.57	33
3-month follow-up	Control group	19.00	0.80	17
3-month follow-up	Experimental group	20.70	0.57	33

The following ANOVA table presents a layout of the interaction and main effects of group and time with regard to the family members' sense of internal strengths, dependability and ability to work together, as measured by the Commitment subscale of the FHI.

Table 7.8

ANOVA: Results Obtained on the Commitment Subscale of the FHI

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	0.59	0.56
Group	1	48	14.55	0.00
Group*Time	2	96	1.86	0.16

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

A statistically significant effect was found with the main effects of Group [F(1, 48) = 14.55, p = 0.00]. No significant statistical results were found for the Group*Time interaction [F(2, 96) = 1.86, p = 0.16] and on the main effect of Time [F(2, 96) = 40.59, p = 0.56]. This would indicate that the intervention programme did not have a significant impact on the family members' sense of internal strengths, dependability and ability to work together. Figure 7.4 illustrates this result.

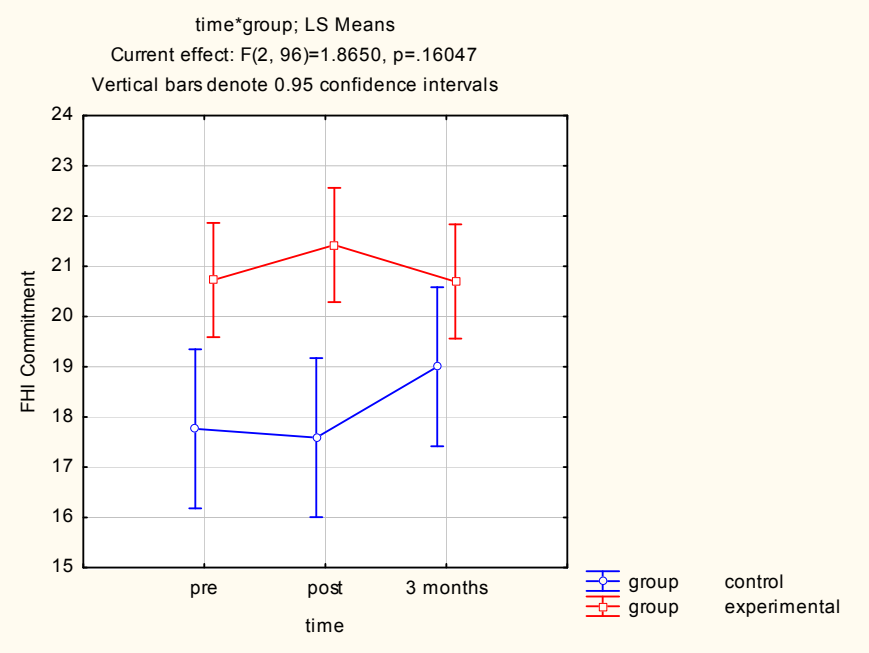


Figure 7.4. Group*Time interaction according to the Commitment subscale of the FHI.

From the graph, it is noticeable that the scores of the experimental group on the Commitment subscale of the FHI showed a slight increase on the posttest measurement and a decrease to about the same as pretest levels (three-month follow-up measures). It can be concluded that the intervention programme did not effect long-term change with regard to the family members' sense of internal strengths, dependability and ability to work together.

The descriptive statistics of the Challenge subscale of the FHI are presented in Table 7.9.

Table 7.9

Means and Standard Errors of the Mean Obtained on the Challenge Subscale of the FHI

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	10.65	0.95	17
Pre-test	Experimental group	13.15	0.69	33
Post-test	Control group	10.30	0.95	17
Post-test	Experimental group	13.73	0.69	33
3-month follow-up	Control group	11.12	0.95	17
3-month follow-up	Experimental group	14.18	0.69	33

The following ANOVA table presents a layout of the interaction and main effects of group and time with regard to the family's efforts to be innovative, active, to enjoy new experiences and to learn, as measured by the Challenge subscale of the FHI.

Table 7.10

ANOVA: Results Obtained with the Challenge Subscale of the FHI

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	1.15	0.32
Group	1	48	9.03	0.00
Group*Time	2	96	0.38	0.68

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

It follows from Table 7.10 that, with the exception of the main effects of Group [F(1, 48) = 9.03, p = 0.00], no statistically significant results were found for the Group*Time interaction [F(2, 96) = 0.38, p = 0.69] and the main effects of Time [F(2, 96) = 1.15, p = 0.32]. In Figure 7.5 the results of the ANOVA are displayed.

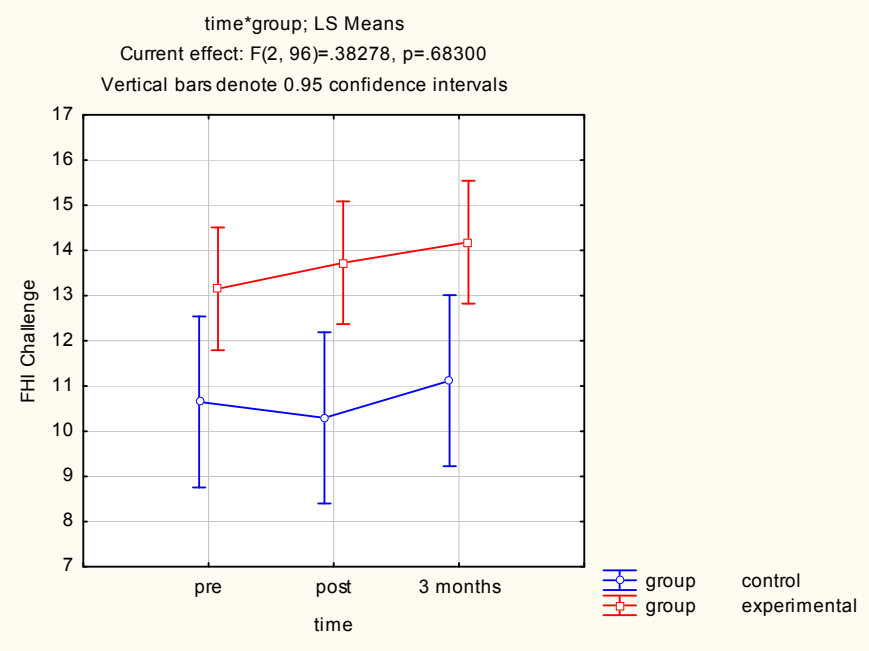


Figure 7.5. Group*Time interaction according to the Challenge subscale.

From Figure 7.5 it is clear that the experimental group showed a more consistent upward trend in their family's efforts to be innovative, active, to enjoy new experiences and to learn, whilst the control group showed a decrease (posttest) and then a slight increase (three-month follow-up measures) to about the same as the pretest level. It has to be noted, however, that the interaction results were statistically insignificant.

The descriptive statistics of the Control subscale of the FHI are presented in Table 7.11.

Table 7.11

Means and Standard Errors of the Mean Obtained on the Control Subscale of the FHI

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	8.35	0.97	17
Pre-test	Experimental group	8.64	0.69	33
Post-test	Control group	9.77	0.97	17
Post-test	Experimental group	10.82	0.69	33
3-month follow-up	Control group	9.47	0.97	17
3-month follow-up	Experimental group	11.36	0.69	33

The following ANOVA table presents a layout of the interaction and main effects of group and time with regard to the family's sense of being in control of family life

rather than being shaped by outside events and circumstances, as measured by the Control subscale of the FHI.

Table 7.12

ANOVA: Results Obtained with the Control Subscale of the FHI

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	5.97	0.00
Group	1	48	1.29	0.26
Group*Time	2	96	0.84	0.44

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

It follows from Table 7.12 that no statistically significant results were obtained for the Group*Time interaction [F(2, 96) = 0.84, p = 0.44] and the main effects of Group [F(1, 48) = 1.29, p = 0.26]. Therefore, the groups were rather similar in their pretest measures on the Control subscale of the FHI. Statistically significant results were obtained for the main effects of Time [F(2, 96) = 5.97, p = 0.00]. This illustrates significant changes with regard to the pretest and three-month follow-up measures. However, this is true for both the experimental and control groups. If the increase for the experimental group was due to the intervention, then mere participation in the research had the same effect on the control group. Figure 7.6 illustrates these results.

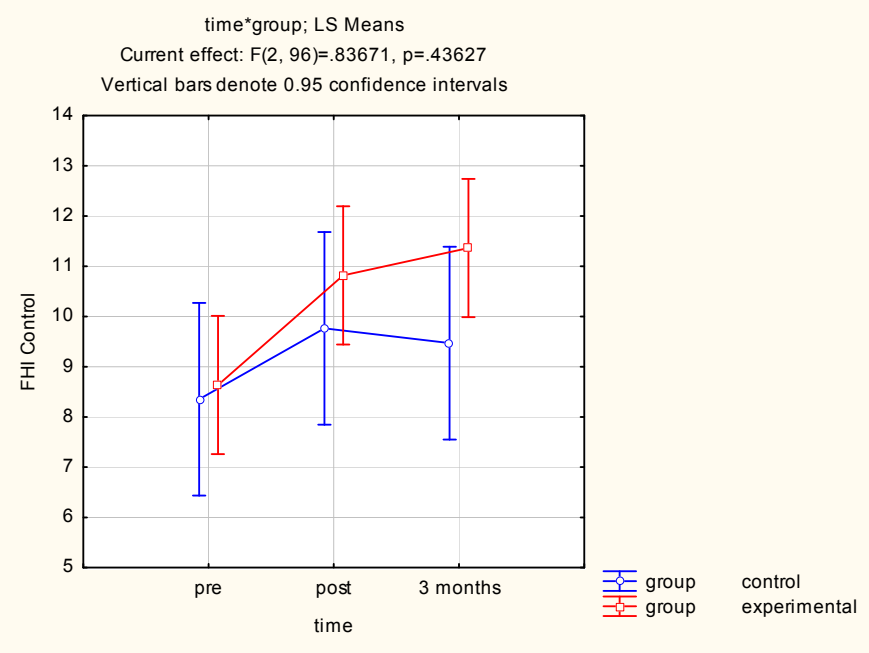


Figure 7.6. Group*Time interaction according to the Control subscale of the FHI.

Figure 7.6 illustrates that the experimental group had a higher and more consistent increase in their family's sense of being in control of family life rather than being shaped by outside events and circumstances over the course of the three months, whilst the control group increased (posttest) and then decreased slightly over the course of three months (three-month follow-up measures). It would seem that the intervention programme allowed more stability in the experimental group's family sense of control, although this increase was not statistically significant. This trend can only be verified with further research and a larger sample size.

The descriptive statistics of the Total Score of the FHI are presented in Table 7.13.

Table 7.13

Means and Standard Errors of the Mean Obtained on the Total Score of the FHI

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control group	36.77	2.17	17
Pre-test	Experimental group	42.52	1.56	33
Post-test	Control group	37.65	2.17	17
Post-test	Experimental group	45.97	1.56	33
3-month follow-up	Control group	39.59	2.17	17
3-month follow-up	Experimental group	46.24	2.56	33

Table 7.14 represents the ANOVA for the main and interaction effects of the Total Score of the FHI scale.

Table 7.14

ANOVA: Results Obtained with the Total Score of the FHI

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	96	4.06	0.02
Group	1	48	8.96	0.00
Group*Time	2	96	0.62	0.54

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

It follows from Table 7.14 that no statistically significant results were obtained for the Group*Time interaction [F(2, 96) = 0.62, p = 0.54]. Statistically significant results were found for the main effects of Time [F(2, 96) = 4.06, p = 0.02] and Group [F(1, 48) = 8.96, p = 0.00]. Once again, this illustrates significant changes with regard to the pretest and three-month follow-up measures. However, this is true for both the experimental and control groups. If the increase in the total score of the FHI for the experimental group was due to the intervention, then mere participation in the research also had the same effect for the control group. Figure 7.7 illustrates these results.

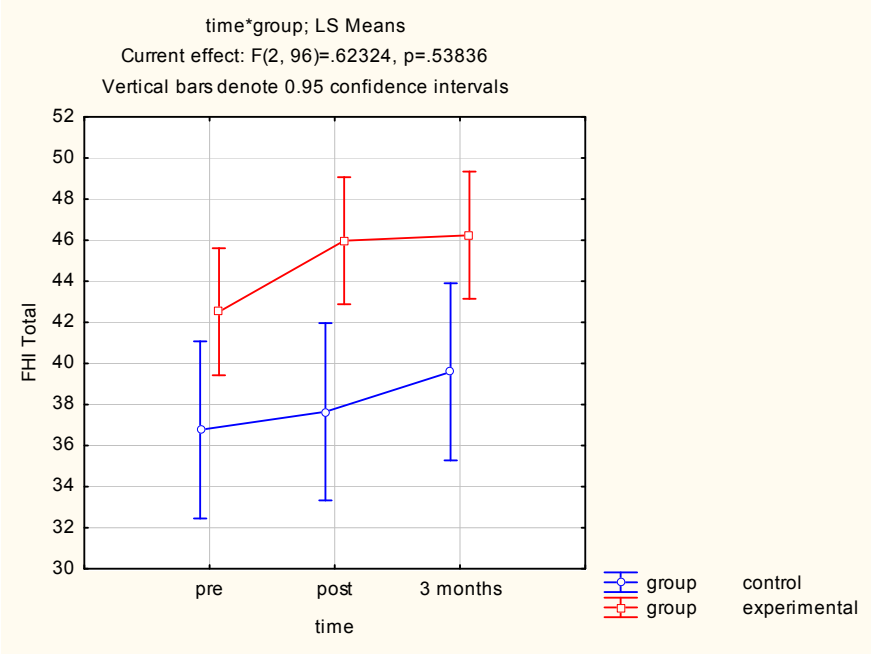


Figure 7.7. Group*Time interaction according to the total score of the FHI.

Figure 7.7 illustrates that the experimental group showed a sharp increase (albeit not statistically significant) from the pretest to the posttest measures and a slight increase from the posttest to the three-month follow-up measures. The control group

showed a slight increase from the pretest to the posttest measures and then a sharper increase from the posttest to the three-month follow-up measures.

In summary, statistically significant results were found for the main effects of Group on the Attachment and Changeability subscales and the total score of the FACI8, as well as on the Commitment and Challenge subscales and the total score of the FHI. This indicates that the groups differed in most of the measures, except in measures of the Control subscale of the FHI. The demographic data (see Chapter 6) shed some light on the aforementioned. According to these data, the experimental and control groups did not differ significantly with regard to language, occupants other than the family living in the house, marital status or occupation. A statistical difference was found, however, between the groups for place of residence and income. For the experimental group, 50% of the participants lived in Delft, a northern suburb of Cape Town, and 50% lived in Klapmuts, a rural community on the outskirts of Cape Town. However, the control group originated only from Delft (see Chapter 6). In terms of income, 91% of the experimental group earned less than R5 000.00 per month, whilst 65% of the control group earned less than R5 000.00 per month.

7.1.3 Further refined analysis

A subsequent analysis was conducted to identify possible patterns in the subgroups of the sample that were not specified a priori. The three groups (the Delft experimental group, the Klapmuts experimental group and the Delft control group) were separated and compared to each other according to the same variables as in the first analysis. A repeated measures analysis of variance (ANOVA) was used to explore between-group effects. This further refined analysis mainly confirmed the

results of the first analysis, with the exception of the FACI8 Attachment and FACI8 Total measures.

The descriptive statistics of the Attachment subscale of the FACI8 are shown in Table 7.15.

Table 7.15

Post hoc Means and Standard Errors of the Mean Obtained on the Attachment Subscale of the FACI8

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control Delft	27.24	1.58	17
Pre-test	Experimental Delft	28.94	1.54	18
Pre-test	Experimental Klapmuts	30.13	1.68	15
Post-test	Control Delft	27.24	1.58	17
Post-test	Experimental Delft	30.22	1.54	18
Post-test	Experimental Klapmuts	31.20	1.68	15
3-month follow-up	Control Delft	27.18	1.58	17
3-month follow-up	Experimental Delft	30.44	1.54	18
3-month follow-up	Experimental Klapmuts	35.40	1.68	15

Table 7.16 presents the results of the interaction and main effects of group and time with regard to family members' attachment to each other (i.e. their emotional attachment to each other; their openness to discuss issues; their sense of being close to one another; and their desire to do things together and be involved in each other's lives), as measured by the Attachment subscale of the FACI8.

Table 7.16

Post hoc ANOVA: Results Obtained on the Attachment Subscale of the FACI8

Fixed effect test	Num. DF	Den. DF	F	P
Time	2	94	4.57	0.01
"Group1"	2	47	3.06	0.06
Time*"Group1"	4	94	2.56	0.04

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

It follows from Table 7.16 that statistically significant effects were found for the Time*"Group1" interaction [F(4, 94) = 2.56, p = 0.04]. The statistically significant effects observed in the Time*"Group1" interaction indicate that the intervention programme had an impact on the attachment of the families. Figure 7.8 illustrates this statistically significant result.

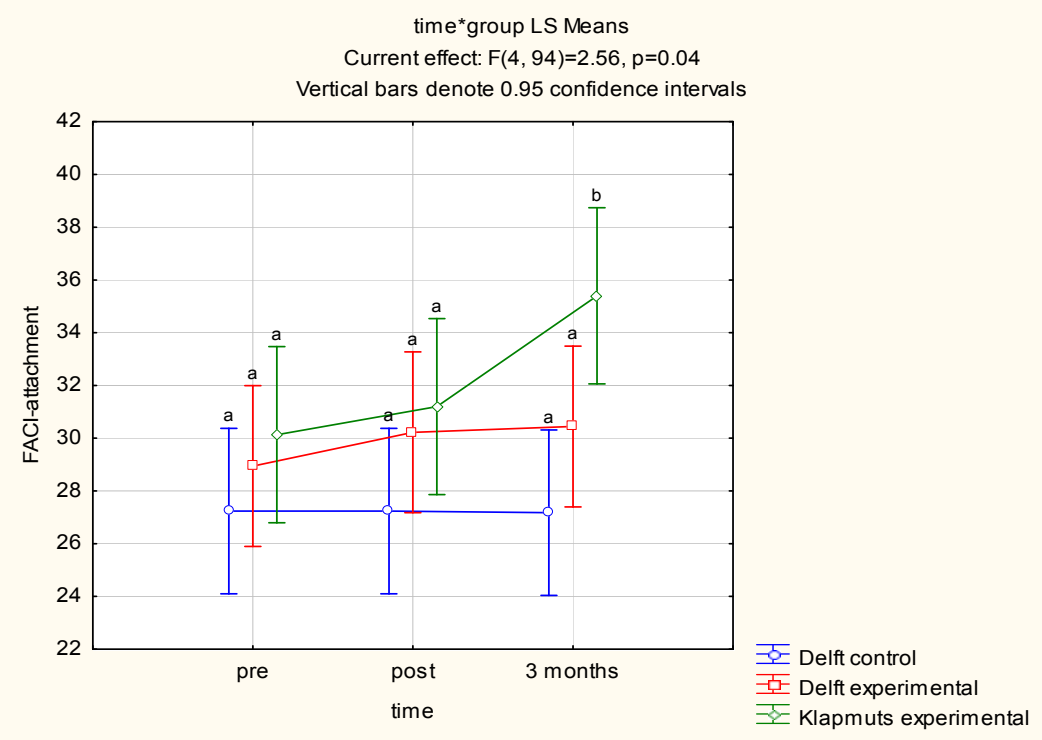


Figure 7.8. Group*Time interaction according to the Attachment score of the FACI8.

Figure 7.8 graphically reflects the results when the interaction between group and time is explored. This graph displays the average scores of the Delft control, the Delft experimental and the Klapmuts experimental groups at the pretest, posttest and three-month follow-up assessments. Figure 7.8 illustrates that the scores of the Delft control group stayed rather unchanged. However, trends were observed in both the Delft experimental group and the Klapmuts experimental group. The Delft experimental group showed slight increases (albeit not statistically significant on the 5% level) from the pretest to the posttest and from the posttest to the three-month follow-up measures. The Klapmuts experimental group showed a slight increase (albeit not statistically significant) from the pretest to the posttest measures and a sharper, statistically significant increase from the posttest to the three-month follow-up measures. It thus appears that the intervention programme had a bigger effect on

the Klapmuts experimental group. Effects were also observed on the Delft experimental group, but these were not statistically significant.

The descriptive statistics of the Total Score of the FACI8 (family adaptation) are shown in Table 7.17.

Table 7.17

Post hoc Means and Standard Errors of the Mean Obtained on the Total Score of the FACI8

Time	Group	Mean	Standard error of the mean	n
Pre-test	Control Delft	25.32	1.38	17
Pre-test	Experimental Delft	27.67	1.34	18
Pre-test	Experimental Klapmuts	28.90	1.47	15
Post-test	Control Delft	25.88	1.38	17
Post-test	Experimental Delft	29.11	1.34	18
Post-test	Experimental Klapmuts	31.07	1.47	15
3-month follow-up	Control Delft	26.35	1.38	17
3-month follow-up	Experimental Delft	29.97	1.34	18
3-month follow-up	Experimental Klapmuts	33.70	1.47	15

The results of the ANOVA for the main and interaction effects of family adaptation, as indicated by the Total Score of the FACI8 scale, are shown in Table 7.18.

Table 7.18

Post hoc ANOVA: Results Obtained on the FACI8 (Total Score)

Fixed effect test	Num. DF	Den. DF	F	p
Time	2	94	7.84	0.00
“Group1”	2	47	4.77	0.01
Time*“Group1”	4	94	1.28	0.29

Note.

Num. DF: numerator degrees of freedom

Den. DF: denominator degrees of freedom

For the FACI8 Total Score a similar trend (to that of the FACI8 Attachment subscale, see Figure 7.8) can be seen from Figure 7.9, with the Klapmuts experimental group appearing to benefit the most from the intervention programme. This trend is not significant ($p = 0.29$, see Table 7.18), however, but it is supported by the post hoc analysis, which indicated no difference between any of the groups at the pre-test, but a significant difference between the Delft control and Klapmuts experimental groups at the three-month follow-up ($p = 0.01$).

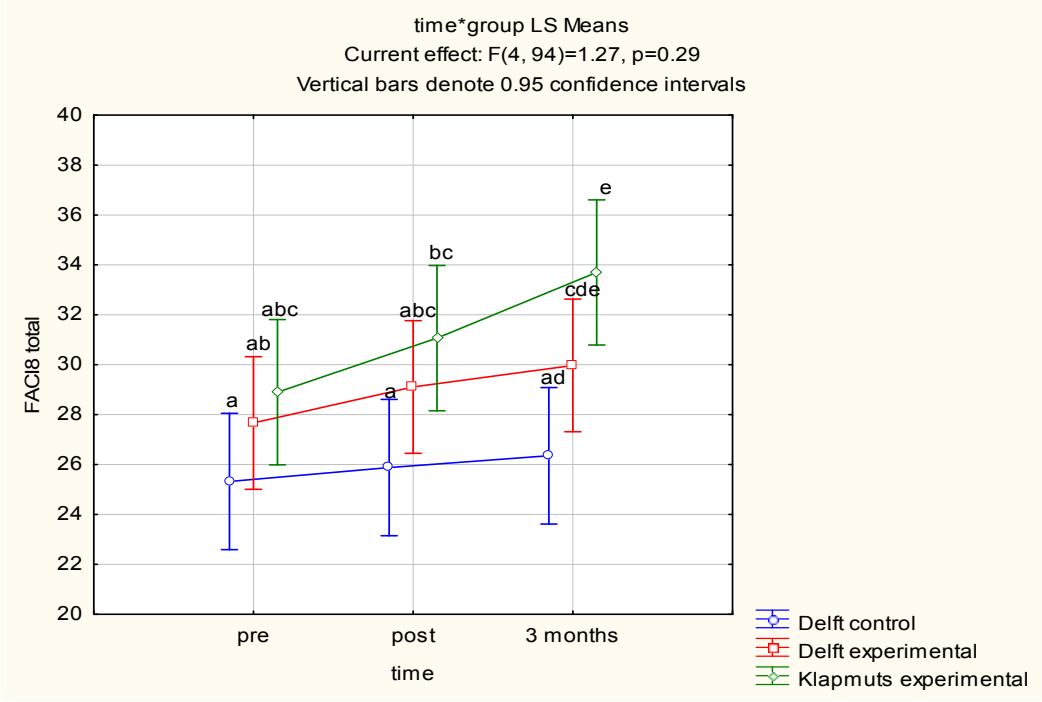


Figure 7.9. Group*Time interaction according to the Total Score of the FACI8.

7.1.4 Qualitative results

The qualitative analyses were done with three sets of data. An open-ended question was used to enquire about the participants' opinions on which factors or strengths they believed helped or supported their family the most (pre-intervention measure). Data was also gathered regarding the value and impact of the programme on the families' functioning (post-intervention measures). This data was gathered at two different intervals: (i) during the closing phases of the programme and (ii) following a three-month interval subsequent to the intervention programme.

The grounded theory analysis method was used to categorise the qualitative data obtained from the open-ended questions (Strauss & Corbin, 1998). Responses indicated to be supportive and strengthening of families were identified and organised into common themes. Seven main categories came to the fore. Each

category consisted of a number of different themes. The themes are (i) evaluation of the programme, consisting of (1) an evaluation of the programme as helpful and (2) the family's experience of being more resilient (absorbing stress better and being less stressed); (ii) a sense of commitment, referring to (1) intra-familial support (emotional and practical support amongst the family members, a sense of working together as a team, trusting each other, depending on each other), (2) the family's sense of cohesion (greater commitment to each other; better quality family relations; appreciation of each other; more love; more respect; spending more time together) and (3) the family's ability to identify their strengths; (iii) a sense of challenge, which consisted of (1) individual characteristics (a positive attitude; reaching out to other family members – sharing advice and being an example; uplifting family members' spirits; and being more hopeful), (2) problem approach (the family's ability to identify problems, solve problems or find solutions; attempting different approaches to problems; being proactive; being insightful; having a willingness to learn) and (3) the family's ability to set and achieve goals; (iv) a sense of control, which denoted (1) not being overwhelmed by problems (the family's sense that nothing is too difficult to handle; their ability to face challenges; and their belief in their capacity to face challenges) as well as (2) the family's sense of being in control (not giving up hope; an experience of being more confident and stable; of being more patient and calm; of being more responsible; being in control; and having more wisdom); (v) communication, which referred to (1) more honest and open communication amongst family members (voicing opinions; communicating better) and (2) listening to each other more (having a greater understanding of each other); (vi) religion and spirituality, consisting of family members' religious and spiritual beliefs and activities, and the final category, (vii) other, which referred to categories that did not fit the

preceding themes, such as financial support, the role of a woman and extracurricular activities.

The frequency of responses within each thematic group on the pre-intervention, post-intervention and three-month follow-up measurements was recorded and is reported in Table 7.19. The pre-intervention responses refer to the most important family strengths as reported by the participants in the experimental group prior to the intervention (n = 33). The post-intervention and three-month follow-up measures refer to the impact and value of the programme as reported by the participants in the experimental group immediately after the intervention programme and three months following the intervention programme (n = 33).

Table 7.19

The Experimental Group Participant Responses on the Pre-intervention, Post-intervention and Three-month Follow-up Measures (n = 33)

Category	Pre-intervention measure		Post-intervention measure		Three-month follow-up measure	
	f	%	f	%	f	%
Evaluation of the programme						
Programme helpful	-	-	29	87.88	27	81.82
More resilient – (less stress, absorbing stress better)	-	-	6	18.18	6	18.18

(table continues)

Table 7.19 (continued)

Participant Responses on the Pre-intervention, Post-intervention and Three-month Follow-up Measures of the Experimental Group (n = 33)

Category	Pre-intervention measure		Post-intervention measure		Three-month follow-up measure	
	f	%	f	%	f	%
Sense of commitment						
Intra-family support – (emotional and practical support amongst the family members, sense of working together as a team, trusting each other, depending on each other)	15	45.46	15	45.46	11	33.33
Family's sense of cohesion – (greater commitment to each other, better quality family relations, appreciation of each other, more love, more respect, spending more time together)	5	15.15	16	48.49	28	84.85
Identification of their strengths	-	-	2	6.06	-	-

(table continues)

Table 7.19 (continued)

Participant Responses on the Pre-intervention, Post-intervention and Three-month Follow-up Measures of the Experimental Group (n = 33)

Category	Pre-intervention measure		Post-intervention measure		Three-month follow-up measure	
	f	%	f	%	f	%
Sense of challenge						
Individual characteristics – (a positive attitude, reaching out to other family members – sharing advice and being an example, uplifting family members' spirits, more hopeful)	-	-	26	78.79	9	27.27
Problem approach – (identify problems, solve problems or find solutions, attempt different approaches to problems, being proactive, insightful, willingness to learn)	-	-	26	78.79	21	63.64
Setting and achieving goals	-	-	5	15.15	1	3.03

(table continues)

Table 7.19 (continued)

Participant Responses on the Pre-intervention, Post-intervention and Three-month Follow-up Measures of the Experimental Group (n = 33)

Category	Pre-intervention measure		Post-intervention measure		Three-month follow-up measure	
	f	%	f	%	f	%
Sense of control						
Not being overwhelmed by problems – (nothing is too difficult to handle, ability to face challenges, belief in capacity to face challenges)	-	-	12	36.36	7	21.21
Being in control – (not giving up hope, an experience of being more confident and stable, more patient and calm, more responsible, in control, more wisdom)	4	12.12	29	87.89	30	90.91
Communication						
More honest and open communication – (voicing opinions, communicating better)	12	36.36	7	21.21	19	57.58
Listening to each other more – (having a greater understanding of each other)	3	9.09	6	18.18	8	24.24

(table continues)

Table 7.19 (continued)

Participant Responses on the Pre-intervention, Post-intervention and Three-month Follow-up Measures of the Experimental Group (n = 33)

Category	Pre-intervention measure		Post-intervention measure		Three-month follow-up measure	
	f	%	f	%	f	%
Religion and spirituality						
Religion and spirituality – (activities and beliefs)	28	84.85	5	15.15	10	30.30
Other						
Financial support	4	12.12	-	-	-	-
Role as woman (subservient and exemplary)	1	3.03	-	-	-	-
Extracurricular activities	1	3.03	-	-	-	-

The pre-intervention qualitative analysis identified religion and spirituality to be the primary strength in families. This was followed by intra-family support and open and honest communication. It is important to note that none of the participants indicated a sense of challenge as strengthening or supportive of their families. A sense of control also did not feature prominently.

During the post-intervention qualitative assessment, the vast majority of the participants confirmed the helpfulness of the programme in enhancing their families' functioning. This follows from the Table 7.19 post-intervention measures, which showed that the programme was most successful in enhancing families' sense of

being in control, their sense of challenge (specifically individual characteristics and their problem approach), their family sense of cohesion and intra-family support. It is noteworthy that the families' sense of cohesion, sense of challenge and sense of control featured much more prominently on the post-intervention than in the pre-intervention measurement.

As with the post-intervention, the vast majority of participants attested to the helpfulness of the programme in enhancing their family functioning during the three-month follow-up measurement. The three-month follow-up measures indicates that the programme had the most beneficial long-term effects on families' sense of cohesion (this was also supported by the quantitative results, as measured by the Attachment subscale of the FACI8, see Table 7.2), their sense of being in control, their problem approach and open and honest communication (also confirmed by the quantitative results on the Attachment subscale of the FACI8). This indicates that long-term positive change was effected in all three areas of family hardiness (commitment, challenge and control).

Compared to the post-intervention results, intra-family support, individual characteristics, problem approach, setting and achieving goals, and not being overwhelmed by problems decreased during the three-month follow-up measurement. Even though the families' problem approach (i.e. their ability to identify problems, solve problems or find solutions, attempt different approaches to problems, being proactive, insightful, and a willingness to learn) decreased, the participants still regarded it to be significantly helpful and valuable to their families. However, families' sense of cohesion, being in control, communication, and religion and spirituality

increased in terms of the frequency of responses within each of those thematic groups during the three-month follow-up qualitative measure (see Table 7.19).

In summary, the post-intervention and three-month follow-up qualitative data revealed that the participants regarded the workshop as a very positive and helpful experience for their families. From the qualitative data it would appear that the programme had been least beneficial in terms of families' sense of challenge. It seems that the programme was most beneficial in the long-term enrichment of families' sense of commitment and their sense of control. Although not specifically addressed by the programme, it also had secondary positive effects on families' communication and religion and spirituality.

CHAPTER 8

DISCUSSION OF RESEARCH RESULTS

Chapter 8 aims to discuss and integrate the quantitative and qualitative results reported on in Chapter 7 with existing research and theories.

Even though the concept of family hardiness has been researched in a variety of studies (see Chapter 3), most of this research was conducted within the domains of psychosomatic health, with much fewer studies focusing on non-health-related family outcomes. In addition, no studies were found that attempted to enrich hardiness in families. In the absence of the aforementioned, this study proves pioneering. The scarcity of research concerned with resilience enhancement could be connected to the fact that family psychoeducation programmes are not readily evaluated because they are not always compatible with the theoretical training of clinicians, they are intricate and time-consuming to organise, and are not always easy to implement (Brent & Giuliano, 2007).

8.1 An integration of the quantitative results

The Cronbach's alpha analyses, which measure the internal reliability of the quantitative measuring instruments, indicated that the FHI was a less reliable measure than the FACI8 for this specific sample. It can therefore also be deduced that the FACI8 produced more reliable statistical results (given its higher Cronbach's alpha) than the FHI. This could possibly be attributed to the phrasing of the questions. In addition, on both the FHI and the FACI8 the pre-test Cronbach's alphas measured lower than the posttest and three-month follow-up measures. This indicated that the participants' initial unfamiliarity with the questionnaires impeded the

way they answered the questionnaires. As the participants became more familiar with the questionnaires, it seems they understood the questions better and answered them in a more reliable way.

The quantitative evaluation regarding the impact of the intervention programme did not reveal an overall significant change in hardiness in the families. However, a trend was observed in the experimental group, pointing to the possibility that family members' attachment to each other (i.e. their emotional attachment to each other; their openness to discuss issues; their sense of being close to one another; and their desire to do things together and be involved in each other's lives) increased with time, whilst the control group stayed constant (see Table 7.2). This trend may suggest that the intervention programme had a positive effect on family attachment. The small sample size could have accounted for the statistical trends observed (instead of statistically significant results) on the Attachment subscale of the FACI8. Larger sample sizes may have yielded statistically significant results to clarify this trend. The trends observed on the measurements of the Attachment subscale of the FACI8 (i.e. family members' emotional attachment to each other; their openness to discuss issues; their sense of being close to one another; and their desire to do things together and be involved in each other's lives), was also supported by the qualitative results. The qualitative analysis indicated that, during the three-month follow-up measures, the participants regarded a sense of cohesion and open and honest communication as amongst the most valuable to their family (see Table 7.19).

The trend observed in the Attachment subscale of the FACI8 was clarified more by the further refined analysis. During the post hoc analysis, the three groups (the Delft experimental group, Klapmuts experimental group and Delft control group) were

separated and compared according to the same variables as in the first analysis. This was done to identify possible patterns in the subgroups of the sample that were not specified a priori. The subsequent results indicate that the scores of the Delft control group remained fairly unchanged. However, trends were observed (see Figure 7.8 and Table 7.16) in both the Delft experimental group and the Klapmuts experimental group. A similar trend (to that of the FACI8 Attachment subscale) was observed in the FACI8 Total Score. From the results it would appear that the intervention programme had a bigger effect on the Klapmuts experimental group. Effects were also observed in the Delft experimental group, but these were not statistically significant. In conclusion, it would seem that place of residence did play a role in the statistical trends observed (see Table 7.16 and Table 7.18). However, it does not detract from the trend that the intervention programme had an effect. This needs to be researched further in follow-up studies.

Statistically significant results were found for the “main effects of time” with regard to: (i) family members’ flexibility in their relationships with each other, as measured by the Changeability subscale of the FACI8 (see Table 7.4); (ii) family functioning, as measured by the Total Score of the FACI8 scale (see Table 7.6); (iii) the family’s sense of being in control of family life rather than being shaped by outside events and circumstances, as measured by the Control subscale of the FHI (see Table 7.12); and (iv) the Total Score of the FHI scale (see Table 7.14). This illustrates significant changes with regard to the pretest and three-month follow-up measures. However, the observed increase over time was similar for both the experimental and control groups. Therefore, the increase in these measures for the experimental group cannot be accounted for by the intervention. If the intervention was responsible for the increase in these measures in the experimental group, then mere participation in

the research also had the same effect for the control group. A possible explanation for the aforementioned is the Hawthorne Effect (Merrett, 2006), suggesting that the attention the control group received may have had an impact on the aforementioned measures.

8.2 Looking at the results from a theoretical perspective

The theory provides further possible explanations for the statistical results observed. Here it is important to note the context within which the families are expected to adapt and build family hardiness. Both the Delft and Klapmuts communities are plagued by social ills such as crime, substandard schools, unemployment, domestic violence and drug and alcohol abuse (Wikipedia, n.d.c.). It can be expected that most of these families are affected by these aspects in one way or another. Qualitative observations and feedback from the participants confirmed this. During challenging times there is an accumulation of demands on the family (Der Kinderen & Greeff, 2003). According to the Resiliency Model (McCubbin *et al*., 1996), this necessitates the family to enter the adaptation phase. During the adaptation phase, families are required to adapt to their new situations by introducing restorative changes to their internal functions and structures in order to restore stability and achieve a family-environment fit (Der Kinderen & Greeff, 2003; McCubbin, 1988; McCubbin, 1997; McCubbin & Thompson, 1991; McCubbin *et al*., 1996; McKenry & Price, 1994). During this process of adaptation, the family utilises (or fails to use) resources from within and outside the family that foster or hinder their adaptation process. The outcome of the adaptation phase is either bonadaptation – successful adaptation, implying an exit from crisis – or maladaptation – unsuccessful adaptation, characterised by remaining in crisis (McCubbin & Patterson, 1983; McKenry & Price, 1994).

The post hoc analysis revealed that the programme had an effect (albeit not statistically significant) on family adaptation (as indicated by the Total Score of the FACI8, Table 7.18). However, the Resiliency Model suggests that the quality of the families' adaptation could also have been determined by the interaction of a number of different factors (Hawley, 2000), and not only by family hardiness. According to Der Kinderen and Greeff (2003), these factors include: (i) the pile-up of pre- and post-crisis stressors and strains. Given the context the families are confronted with, it can be expected that the pile-up of stressors and strains is immense. If not managed, they deplete the family's resources and lead to further tension and stress in the family; (ii) As the demands on the families increase, so does their vulnerability (Der Kinderen & Greeff, 2003); (iii) Families who develop and use social support, for example assistance offered by organisations, family and friends, are more resistant to stressors and are better able to recover after a major crisis. Social support is deemed a particularly vital crisis-meeting resource (Der Kinderen & Greeff, 2003). It is of interest to note that only 33.33% of the participants indicated qualitatively during the three-month follow-up assessment that intra-familial support was supportive and strengthening of their families (see Table 7.19). Therefore, it can be assumed that the lack of mobilisation of their social support would have negatively affected their adaptation, and thus their scores on the FACI8 (Total score); (iv) Family type also influences family adaptation. Family type refers to a set of basic qualities of the family system that describe how it typically functions (i.e. appraises or behaves). These typologies help to predict what the family values and are important in understanding and predicting family behaviour (McCubbin & McCubbin 1989). The distinction is made between four family types, namely traditionalistic, rhythmic, resilient and regenerative. The traditionalistic family typology values celebrations and family

traditions (McCubbin & McCubbin, 1988). The rhythmic family is governed by family time and routines (McCubbin & McCubbin, 1989), in other words the degree to which the family maintains continuity and stability by means of specific family activities that are repeated on a routine basis. The resilient family typology centres on the dimensions of family bonding and flexibility (McCubbin & McCubbin, 1989). The regenerative family typology is governed by the dimensions of family coherence and hardiness (McCubbin & McCubbin, 1988). In other words, family type will predict how much value a family assigns to family hardiness and the resultant family behaviours. It is possible that regenerative families will value family hardiness more, because their type is governed by the dimensions of family coherence and hardiness. This holds certain significance for the current research results, as it can be argued that the regenerative families in the sample might have reported more readily on their family hardiness than for example the rhythmic families, who value family time and routines more. In future, studies may also want to explore family type as an additional measure in understanding results pertaining to family hardiness.

In summary, all of the abovementioned factors interact to predict a family's adaptation, and not only family hardiness. Therefore, it can be assumed that the interaction of these factors would have influenced the participants' scores on the FACI8 (the total score being a measure of family adaptation). This provides a further possible explanation for the trends observed.

8.3 An integration of the qualitative results

The qualitative results allowed participants to identify changes in their family life as a result of the programme, in their own words. This ruled out possible confusion by difficult wording or phrases posed by the quantitative measures. Even though the

quantitative evaluation of the impact of the intervention programme did not reveal an overall significant change in family hardiness, the post-intervention qualitative data revealed that the participants regarded the workshop as a very positive and helpful experience. A total of 87.88% of the participants indicated the workshop to be valuable and helpful. At the three-month follow-up, 81.82% of the participants mentioned that the intervention programme had had a positive impact on their family functioning.

During the pre-intervention qualitative analysis a sense of challenge and a sense of control did not feature prominently at all. It would seem that the participants were largely unaware of the inherent resilience potential of these qualities. The pre-intervention results differ dramatically from the post-intervention results, where a sense of challenge and a sense of control specifically were valued most by the families. It can therefore be deduced that the programme made participants aware of these factors and managed to enhance these qualities in the lives of their families. This affirms elements of Rooth's (1997) practical model for experiential learning by highlighting the need for (i) an analysis of what participants know, (ii) raising their awareness, (iii) expanding on their existing knowledge and skills by adding information and theory, (iv) allowing for focused reflection and (v) the application of their skills. The aforementioned is also in accordance with Rogers' (2003) theory of diffusion of innovation. According to Rogers (2003), diffusion research is concerned with the conditions that increase or decrease the likelihood that a new idea will be adopted by members of a given culture. Rogers' innovation decision process theory emphasises that innovation diffusion is a process that occurs over time through five stages: (i) knowledge, (ii) persuasion, (iii) decision, (iv) implementation and (v) confirmation. Accordingly, the innovation-decision process designates five phases

through which an individual or other decision-making unit must pass, from (i) first knowledge of an innovation, (ii) to forming an attitude toward the innovation, (iii) to a decision to adopt or reject it, (iv) to implementation of the innovation and finally (v) to confirmation of the decision.

The pre-intervention qualitative analysis indicated that religion and spirituality was deemed as the primary strength of most participants' families. This is understandable, given that the participants were recruited from two church communities in the Western Cape. It therefore is to be expected that religion and spirituality would be a well-developed resilience quality in the families. However, during the post-intervention and three month follow-up measurements, being in control was most frequently noted and valued, which attests to the impact of the programme.

The three-month qualitative follow-up measures (see Table 7.19) indicated that the intervention programme had effected change in all three areas of family hardiness (commitment, challenge and control). The intervention programme seemed least beneficial in terms of families' sense of challenge. The intervention programme was most beneficial in the long-term enrichment of families' sense of commitment and their sense of control. Although not specifically addressed by the programme, it also had secondary positive effects on families' communication and religion and spirituality.

8.4 Implications of the demographics statistics for the research findings

The demographic statistics for the present study indicated that the participants ranged in age from 20 to 60 years, with a mean age of 39.04 years. The sample

consisted of coloured mothers from two communities (one urban and one rural) in the Western Cape. The majority of the participants had received very limited formal education. A total of 76% of the participants had not completed their school education [47% of the participants had a junior certificate (Grade 10); 29% had completed primary school only, and 2% of the participants indicated that they had had no formal schooling]. Only 12% of the participants finished their Grade 12 year and 10% went on to complete some form of tertiary education (6% at technikon level and 4% at university level). Given the limited educational backgrounds of the majority of the participants, occupational opportunities and income were equally limited. Most participants (82%) earned less than R5 000.00 per month. In summary, the demographic statistics suggests a sample characterised by very low income and education levels. The demographics hold specific significance for the trends observed in the statistical results.

8.4.1 The impact of higher education levels on family hardiness

A study investigating hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community found that hardiness was correlated positively with higher levels of education (Dion, Dion & Pak, 1992). These findings (i.e. the positive correlation between hardiness and higher education) were also replicated in studies conducted by Moser, Clements, Brecht and Weiner (1993) (who examined, amongst others, the influence of formal education level on psychosocial adaptation in systemic sclerosis), Suh (1990) (who investigated factors influencing the state of adaptation of hemiplegic patients) and Schmied and Lawler (1986) (who examined hardiness, type A behaviour and the stress-illness relation in working women). Research on "John Henryism" and hypertension among African-American adults in rural North Carolina, conducted by James and his colleagues (James,

Hartnett & Kalsbeck, 1983), suggests the importance of having skills such as occupation and education to accompany a strong sense of mastery and active coping. The construct of “John Henryism” refers to an individual’s belief of being able to control their environment and overcome adversity through hard work and determination (this correlates with the Control subscale of the FHI). The authors hypothesised that the sense of active coping represented by “John Henryism” could be counterproductive to physical health if it was not accompanied by appropriate skills, such as those acquired by education. In her study, Twitchell (2004) examined the impact of involvement in post-secondary education on family functioning levels of welfare recipients. It was found that higher education correlated positively with higher family functioning and self-sufficiency.

In summary, the preceding findings propose that hardiness is enhanced when it is accompanied by aspects of personal background, such as occupation and education. The implication of the aforementioned findings for a study conducted within the context of a sample with very low educational levels is that participants would score lower on enquiries into family hardiness. It also seems reasonable to argue that it would be more challenging to develop family hardiness within a sample of participants with lower levels of education. This supports the findings in the present study, of more limited improvements in family hardiness subsequent to the intervention programme.

8.4.2 The impact of gender on family hardiness

Of interest to note is the effect of gender on family hardiness. Ryff and Keyes (1995) reported gender differences in psychological well-being. Nowack (1989) and Schmied and Lawler (1986) questioned whether hardiness functions in the same

manner in women and in men. It has been suggested that the stress-mediating effects of hardiness are less pronounced in women than in men (Holahan & Moos, 1985; Schmied & Lawler, 1986). Wiebe (1991) found that the characteristics of hardiness reduced physiological arousal to stress among men, but that hardiness had no effect among women. In their study of the mediating effects of hardiness and personal growth orientation in adult children of alcoholics, Robitschek and Kashubeck (1999) found that, for women, hardiness appeared partially to mediate the relation of family functioning to well-being. For men, on the other hand, this relation appeared to be fully mediated by hardiness. Svavarsdottir and Rayens (2003) examined hardiness cross-culturally in families of young children with asthma. In their findings, the most striking differences in well-being were between mothers and fathers. Not only did mothers attain a lower average on the total score for the well-being scale, but they also had poorer scores than the fathers on the subscales of depression, self-control, vitality and general health. In a sample comprising of women only (as was the case with the present study), the aforementioned findings suggest that women's scores on hardiness would have been lower than a sample comprising of men. This is in need of further investigation.

8.4.3 The impact of age on family hardiness

Limited research has been done with regard to the correlation between age and experiences of family hardiness. Failla and Jones (1991), in their study of family hardiness within the context of families of children with developmental disabilities, found that lower satisfaction with family functioning was associated, amongst others, with increased parental age. In his study of self-perceived creativity, family hardiness and emotional intelligence of Chinese gifted students in Hong Kong, Chan (2005) found that younger students perceived their families to be hardier than older

students. Given the sample's mean age of 39.04 years, it could be deduced that the participants were more critical of their family hardiness and would have scored it lower. However, research regarding the correlation between age and family hardiness is contradictory. Whilst Suh (1990) found that age and marital status were not related to adaptation levels, Schmied and Lawler (1986) found a stronger sense of hardiness to be related to older age and higher education levels. The discrepant results with regard to the correlation between age and hardiness are in need of further exploration.

8.4.4 The impact of emotional intelligence and income on family hardiness

Self-report questionnaires were utilised for the quantitative analysis, viz. the FACI8 and FHI. Salovey and Mayer (1990) warn that an individual's competencies at perceiving, utilising and understanding emotional information are related to their emotional intelligence. The higher their emotional intelligence, the more competent they become in perceiving, utilising and understanding emotional information. The implication of this for the present study is that the participants' emotional intelligence will influence how they perceive and report on their family hardiness. Furthermore, Devi and Uma (2005), Harrod and Scheer (2005) and Amirtha and Kadheravan (2006) found significant correlations between emotional intelligence and level of education and income. It was found that as the level of education and income increased, so did the emotional intelligence. In support of this, Olson *et al*. (1999) found that, among demographic variables, family income was positively correlated with family hardiness. Given the aforementioned research findings, it can be expected that, in the context of a low-income, low-education sample, participants from the current sample may have scored lower on emotional intelligence. This in turn would have negatively affected their perception of and report on their family

hardiness, rendering less significant statistical results. It also implies that the higher-earning control group may have reported more readily on their hardiness than the lower-earning experimental group.

8.5 The nature of the intervention programme

The nature of the intervention programme also needs to be taken into consideration. It consisted of a once-off workshop, without any follow-up sessions. The literature suggests a gender difference with regard to the need for follow-up sessions. Renick, Blumberg and Markman (1992) found that women advocated for regular follow-up sessions, whilst males did not exhibit this need. This might indicate that, in the long run, men respond better than woman to the structure of skills training and once-off workshops.

8.6 Chapter conclusion

Integrating the research with previous findings and theories sheds important light on the results obtained in the current study, whilst emphasising the need for further investigations. The statistical trends observed in the study hint at the enhancement potential of family hardiness. It became evident that gender, level of education, income and occupation, emotional intelligence and the time-frame of interventions affect the enhancement potential of family hardiness. Age may also be influential, but the conflicting research results render conclusions about the correlation between age and hardiness questionable. Comparative studies would clarify the latter element. These factors need to be taken into consideration in future studies attempting to evolve on these findings.

CHAPTER 9

LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

The concluding chapter reviews the limitations of the study, points to recommendations born out of the research, and provides concluding thoughts.

9.1 Limitations and recommendations concerning the intervention programme

The workshop format was utilised in the current study. Although there are many advantages to workshop formats (see Section 5.1.4), there also are some disadvantages. The intervention programme was limited in terms of flexibility, and individual feedback to the participants was not possible because of the structure of the programme, time constraints and only one facilitator being present. It is also true that not all participants have the courage (especially within a group context) to voice their opinions or to ask questions when something is unclear. Therefore, it was not possible (unless participants spoke up) to gauge their individual understanding of the subject matter or to expand on a specific topic to possibly clarify it more. This can affect the way information is integrated and "adopted" into the participants' lives.

The reasons for a once-off meeting with the participants are motivated clearly and discussed in Section 5.1.7. Also, specific transfer-of-learning strategies were included in the intervention programme to assist participants with the application of what they had learnt and to compensate for the once-off meeting (see Section 5.1.7). However, the concept of family hardiness was foreign to most (if not all) of the participants. In a short period of time the participants had to familiarise themselves with the new concept and integrate it into their lives. This may have led to information overload (Sork, 1984). In this regard, a follow-up session could have been valuable.

A first session could have permitted a “foundation” to be laid by allowing the participants to familiarise themselves with the concept of family hardiness. This could have been accomplished through an introduction to the concept, solicitation of the participants’ notions of resilience, and the identification of their family’s strengths and the application of hardiness to their family lives. During a follow-up session, a solitary focus on integration, troubleshooting and participant feedback regarding their application of learning would have been possible. Such a structure seems favourable in that it enables the experiential learning process to be integrated more by the participants (Kolb, 1984). It would also have allowed for more exercises to be included on each of the three aspects of family hardiness (control, challenge and commitment). Although this would have prolonged the workshop, it could have afforded the participants more time to become acquainted with the concept of family hardiness. This may have led to better understanding, the consolidation and honing of skills, a greater possibility of the application of hardiness in the participants’ families, and more statistically significant results. Since the format of a programme can have an impact on the enduring enhancement of resilience qualities, the efficacy of different kinds of programme formats and their viability in the South African context should be explored and compared.

The concept of family hardiness is rather abstract. Notions of challenge, control and commitment are not as tangible as communication, a sense of humour, or social support. Given the context of a sample with very low levels of education, this may have posed some problems. The quantitative data does allude to the fact that the programme is possibly less effective in enhancing family hardiness in low-income, low-education families. Although great care was taken to validate the inclusion of each of the exercises in the intervention programme (see Section 5.1.5), it may have

been that the intervention programme struggled to translate the concept of family hardiness sufficiently for the participants (not necessarily due to the programme content, but rather due to the programme design, i.e. a once-off meeting with participants). However, given the influence of demographic variables on the understanding and acquisition of family hardiness (see Section 8.4), the programme content cannot simply be "disqualified" before comparative studies are done. At this point it also has to be reiterated that the qualitative results (where participants were allowed to "use their own words", without being "prescribed" by phrases on questionnaires) attested to the helpfulness of the programme (see Section 7.1.4). Given the results of the Cronbach's alpha analyses, indicating the FHI to be a less reliable measure than the FACI8 for the specific sample (possibly due to the phrasing of questions), it would be interesting to note the differences in the statistical results if different measuring instruments were used to assess family hardiness. Comparative studies, possibly including questionnaire development, would help to clarify the matter.

9.2 Limitations and recommendations pertaining to the methodology

A further limitation of the study was the use of only one control group versus two experimental groups as a result of the low participant turnout in the rural community (Klapmuts). Although this was beyond the researcher's control, it did affect the quasi-experimental nature of the study and the quantitative results obtained. The use of one control group caused the experimental and control groups to differ on most of the baseline measures, with the exception of the family's sense of being in control of family life rather than being shaped by outside events and circumstances, as measured by the Control subscale of the FHI (see Table 7.12). The demographic data (see Chapter 6) shed some light on this element. According to the demographic

data, the experimental and control groups did not differ significantly with regard to language, occupants other than the family living in the house, marital status, or occupation. However, a statistical difference was found between the groups for place of residence and income. For the experimental group, 50% of the participants lived in Delft, a northern suburb of Cape Town, and 50% lived in Klapmuts, a rural community on the outskirts of Cape Town. However, the control group originated only from Delft (see Chapter 6). In terms of income, 91% of the experimental group earned less than R5 000.00 per month, whilst 65% of the control group earned less than R5 000.00 per month. Not only would a second control group have increased the study sample size, rendering more meaningful statistical results, but the experimental and control groups would also have been more homogenous. Greater homogeneity of the control and experimental groups would have allowed more apparent conclusions regarding the impact of the intervention programme. Given the positive correlation between income and family hardiness (Olson et al., 1999) (see Section 8.4.3), it can be assumed that the higher-earning control group may have reported more readily on their hardiness than the lower-earning experimental group. Conversely, the lower-earning experimental group's perception of and report on their family hardiness may have been more restricted (see Section 8.4.3), yielding more limited statistical results regarding the impact of the intervention programme.

Although the study's sample size was sufficient to deduce meaningful statistical results, larger sample sizes are always more desirable. The small control group size and lack of power may have contributed to a lack of statistically significant results. A larger sample possibly could have eliminated the notion of "statistical trends" in the current study by delivering more statistically clear results. Future studies should attempt to make use of larger sample sizes.

A limitation of this study is that the data obtained represents only a small segment of the heterogeneous South African population, i.e. a one-sided focus on low-income, low-education coloured mothers as representatives of families. Given the link between emotional intelligence, education, income and perception of emotional information (see Chapter 8), future research will do well to enquire into family hardiness in conjunction with enquiries into the participants' emotional intelligence.

Furthermore, given the contradicting findings regarding age, and other studies emphasising the correlation between income, education, gender, emotional intelligence and family hardiness (see Chapter 8), it is essential that the family hardiness enhancement programme is applied across different population groups. This will enable comparative studies and enquiries into the influence of culture, level of education, developmental phase, gender, emotional intelligence and so forth on the enhancement of this specific resilience quality. As mentioned previously, it would also allow more specific conclusions to be drawn about the efficiency of the programme content in translating the concept of family hardiness sufficiently.

9.3 General recommendations for future research

The study indicated that the participants' initial unfamiliarity with the qualitative questions hampered the way in which they answered the questionnaires. As they became more familiar with the questionnaires, it seems they understood them better and answered them in a more reliable way. Given the potential confusion caused by the phrasing of specific questions in the quantitative measures, the use of both quantitative and qualitative methods is recommended for obtaining meaningful programme evaluation data.

By and large, programme development within the field of resilience has targeted children as the recipients of interventions. Yet the IRRP (Grotberg, 1997), RIRO project (Hall & Pearson, 2003), IYOP (Dissel, 2004) and Penn (Gillman & Reivich, 1997) echo the importance of modelling by parental figures and caregivers in the development of resilience in children. Consequently, it would seem that the most effective way to promote family resilience is to develop programmes for parents or primary caregivers. It is not feasible to expect children to keep up the promotion of their own resilience in a vacuum. Therefore, although this study targeted a parental figure, the data collected was based only on the mothers' reports. More programmes and studies that focus on both parents as recipients should be conducted. This would answer the call from Hall and Pearson (2003) for the need to train adults in modelling resilience behaviours and attitudes for children.

Family hardiness is but one identified resilience quality (see Chapter 3). Future studies would do well in exploring the enhancement potential of other identified resilience qualities. This would provide a plethora of interventions for service providers to choose from, enabling them to meet families and communities at their points of need. In addition, the translation of available resilience programmes into different languages is desperately needed for the multilingual South African society. This will render the intervention programmes more efficient, culture-specific and relevant. It will also allow for more accurate research deductions regarding the impact and efficacy of these programmes.

Public awareness regarding the concept of resilience should be increased. This will alter the way adversity is viewed and support the move away from a deficit focus, opening up possibilities for different ways of being. Public awareness needs to

happen in conjunction with the development of cost-effective programmes (Dissel, 2004), the inclusion of practical activities (Shochet *et al*., 2001) and the prioritisation of partnerships within and between sectors (Hall & Pearson, 2003). This will generate the necessary support and collaboration for the development, successful implementation and long-term sustainability of seamless resilience programmes across the spectrum.

9.4 Conclusion

Resilience stretches beyond mere survival. It signifies a level of evolutionary adaptation, commanding reverence from those fortunate enough to observe it. As such, the research was born out of a deep-rooted sense of responsibility to plough back to the peoples of South Africa the valuable knowledge that has been attained. In so doing, the study has come full circle: it has explored, theorised and applied its attained knowledge. The study contributes towards knowledge of the resilience construct, whilst simultaneously generating knowledge relevant to our unique context. It builds on the existing literature by recapitulating the collective findings of preceding studies and giving fruition to the hope expressed in most studies, i.e. that the information acquired will be used responsibly to develop more effective, culture-bound intervention programmes that may prevent problems, foster family resilience and affirm the reparative potential of families (Holtzkamp, 2004). In so doing, it moves the field beyond theoretical conjecture to pragmatism at the level of the family, providing a much needed blueprint for future programme development within the field of resilience and psychology.

A valuable contribution of the study is the programme development framework outlined in Chapter 4. As such, the study ventured into “programme cartography” by

providing a “map” (consisting of different domains) that can guide programme developers through the unknown terrains of programme planning and implementation. These domains include: theoretical underpinnings; application of relevant, workable models; responsibilities; considerations; and logistical tasks. In so doing, the study affords direction via a focused, methodological approach. In the absence of such a map, programme developers are bound to lose their way or overlook crucial steps, impeding the efficacy of their programmes. In the context of a developing country where there are limited available resources, this is a price programme developers cannot afford to pay.

Within the context of the lower-income, lower-education sample of the present study, statistical trends were observed with regard to the enrichment of family hardiness. It hints that behaviours, thoughts, attitudes and actions that contribute to resilience can be encouraged and learned. However, this is in need of further investigation, as the results were not statistically significant. When families’ resilience is enhanced and challenging circumstances arise, intervention is merely a matter of reinforcing groundwork that has already been laid. The aforementioned highlights the applicability and efficacy of the concept of resilience in a multicultural, multi-challenged and socially diverse society like that of South Africa.

REFERENCES

Amirtha, M., & Kadheravan, S. (2006). Influence of personality on the emotional intelligence of teachers. *Edu Tracks*, *5*(12), 25-29.

Anderson, S., & Sabatelli, R. (1999). *Family interaction: a multigenerational developmental perspective*. (2nd edn.). Needham Heights, MA: Allyn & Bacon.

Angell, G.B., Dennis, B.G., & Dumain, L.E. (1998). Spirituality, resilience, and narrative: coping with parental death. *Families-in-society*, *79*(6), 615-630.

Antonovsky, A. (1987). The salutogenic perspective: toward a new view of health and illness. *Advances*, *4*(1), 47-55.

Antonovsky, A., & Sourani, T. (1988). Family sense of coherence and adaptation. *Journal of Marriage and the Family*, *50*, 79-92.

Arditti, J.A. (1999). Parental divorce and young adults' intimate relationships: toward a new paradigm. *Marriage and Family Review*, *29*(1), 35-55.

Aroain, K.J. (1990). A model of psychological adaptation to migration and resettlement. *Nursing Research*, *39*(1), 5-10.

Aspeling, E. (2004). *Resiliency in South African and Belgian single parent families*. Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Bardon, J.I. (1983). Psychology applied to education: a specialty in search of an identity. *American Psychologist*, *38*(2), 85-96.

Barnard, C. (1994). Resiliency: a shift in our perception? *The American Journal of Family Therapy*, *22*(2), 135-144.

Beavers, W.R., & Hampson, R.B. (1990). *Successful families: assessment and intervention*. New York: Norton.

Beck, A.T. (1967). *Depression.* Philadelphia: University of Pennsylvania Press.

Becvar, D.S. & Becvar, R.J. (2000). *Family therapy: a systemic integration* (4th edn.). Boston: Allyn and Bacon.

Ben-David, A., & Lavee, Y. (1996). Between war and peace: interactional patterns of couples under prolonged uncertainty. *The American Journal of Family Therapy*, *24*(4), 343-357.

Bennett, H., Rigby, C., & Boshoff, A. (1997). The relationship between tenure, stress and coping strategies of South African immigrants to New Zealand. *South African Journal of Psychology*, *27*(3), 160-165.

Berlin, L.J., Brooks-Gunn, J., Leventhal, T., & Fuligini, A.S. (2000). Depending on the kindness of strangers: current national data initiatives and developmental research. *Child Development*, *71*(1), 257-268.

Bertalanffy, L. (1975). *Perspectives on general systems theory. Scientific-philosophical studies*. New York: George Braziller.

Bigbee, J.L. (1992). Family stress, hardiness, and illness: a pilot study. *Family Relations*, *41*, 212-217.

Birkenholz, R.J. (1999). *Effective adult learning.* Illinois: Interstate Publishers.

Boone, E.J., Safrit, R., & Jones, J. (2002). *Developing programs in adult education* (2nd edn.). Prospect Heights, Illinois: Waveland Press.

Boss, P. (1999). *Loss, trauma, and resilience. Therapeutic work with ambiguous loss*. New York: W.W. Norton.

Brendtro, L.K., & Long, N.J. (2005). Psychoeducation in the life space: meeting growth needs. *Reclaiming children and youth*, *14*(3), 157-159.

Brent, B.K., & Giuliano, A.J. (2007). Psychotic-spectrum illness and family-based treatments: a case-based illustration of the underuse of family interventions. *Harvard Review of Psychiatry*, *15*(4), 161-168.

Bruce, B. (2000). *7 ways of teaching the Bible to adults: using our multiple intelligences to build faith*. Nashville: Abingdon Press.

Budman, S.H., & Stone, J. (1983). Advances in brief psychotherapy: a review of recent literature. *Hospital Community Psychiatry, 34,* 939-946.

Caffarella, R.S. (2002). *Planning programs for adult learners: a practical guide for educators, trainers, and staff developers* (2nd edn.). San Francisco: Jossey-Bass.

Campbell, C.L., & Demi, A.S. (2000). Adult children of fathers missing in action: an examination of emotional distress, grief, and family hardiness. *Family Relations*, *49*, 267-276.

Cantrell, M.L., & Cantrell, R.P. (1985). Assessment of the natural environment. *Education and Treatment of Children*, *8*, 275-295.

Carson, D.K., Araquistain, M., Ide, B., Quoss, B. & Weigel, R. (1994). Stress, strain and heartiness as predictors of adaptation in farm and ranch families. *Journal of Child and FamilyStudies, 3*(2), 157-174.

Chan, D.W. (2005). Self-perceived creativity, family hardiness, and emotional intelligence of Chinese gifted students in Hong Kong. *Journal of Secondary Gifted Education*, *16* (2/3), 47-56.

Charmaz, K. (2006). *Constructing grounded theory: a practical guide through qualitative analysis.* London: Sage Publications.

Child Development Institute: Parenting 101. (n.d.). Retrieved November 24, 2009, from http://www.childdevelopmentinfo.com/parenting/parenting.shtml

Clark, P.C. (2002). Effects of individual and family hardiness on caregiver depression and fatigue. *Research in Nursing and Health*, *25*, 37-48.

Cole, K.A., Clark, J.A., & Gable, S. (2001). *Promoting family strengths*. Columbia, MO: University of Missouri-Columbia Extension.

Cornille, T.A., & Brotherton, W.D. (1993). Applying the developmental family therapy model to issues of migrating families. *Marriage & Family Review*, *19*(3/4), 325-339.

Cottor, R., Asher, A., Levin, J., & Weiser, C. (2004). *Experiential learning exercises in social construction: a field book for creating change*. Chagrin Falls, OH: Taos Institute.

Cutuli, J.J. (2004). Preventing externalizing symptoms and related features in adolescents. Unpublished thesis. University of Pennsylvania, Philadelphia.

Cutuli, J.J., Chaplin, T.M., Gillham, J.E., Reivich, K.J., & Seligman, M.E.P. (2006). Preventing co-occurring depression symptoms in adolescents with conduct problems: the Penn Resiliency Program. *New York Academy of Sciences, 1094*, 282-286.

Demmer, C. (1998). Death anxiety, coping resources, and comfort with dying patients among nurses in AIDS care facilities. *Psychological Reports*, *83*(3), 1051-1057.

De Mot, L. (2002). *Resiliency in divorced families*. Unpublished master's thesis, Catholic University of Leuven, Leuven, Belgium.

Denton, W. (1986). *Marriage and family enrichment*. New York: Haworth Press.

Der Kinderen, S., & Greeff, A.P. (2003). Resilience among families where a parent accepted a voluntary teacher's retrenchment package. *South African Journal of Psychology*, *33*(2), 86-94.

Devi, U.L. and Uma, M. (2005) Relationship between the dimensions of emotional intelligence of adolescents and certain personal social variables. *Indian Psychological Review*, *64*(01), 11-20.

Dion, K.L., Dion, K.K., & Pak, A.W. (1992). Personality-based hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community. *Journal of Behavioural Science*, *24*(2), 517-536.

Dissel, A. (2004). *Following the morning star: an integrated young offender programme*. Retrieved December 1, 2007, from

http://www.childjustice.org.za/publications/Art6_4.pdf

Durrheim, K. (1997). Social constructionism, discourse and psychology. *South African Journal of Psychology*, *27*(3), 175-182.

Du Toit-Gous, C. (2005). *Resilience in remarried families*. Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Effective listening skills workshop. (n.d.). Retrieved Novembrer 24, 2009, from http://www.bakercommunications.com/listening_skills.htm

E-handbook for e-school teachers. (n.d.). Retrieved September 29, 2007, from http://www.k12.hi.us/~ehandboo/index.html

Ellis, A. (1962). *Reason and emotions in psychotherapy*. New York: Stuart.

Failla, S., & Jones, L.C. (1991). Families of children with developmental disabilities: an examination of family hardiness. *Research in Nursing & Health*, *14*(1), 41-50.

Family psychoeducation. (n.d.). North Carolina Evidence Based Practice Centre. Retrieved July 9, 2007, from

http://www.ncebpcenter.org/FAMILY_PSYCH/background.htm

Family Systems Theory (n.d.). In *Marriage and Family Encyclopedia*. Retrieved June 10, 2009, from http://family.jrank.org/pages/599/Family-Systems-Theory.html

Fillis, A.J. (2005). *Gesinsveerkragtigheid by arm enkelouergesinne*. Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Flint, W. (n.d.). *Transfer of learning: evaluating workplace transfer of training techniques*. Retrieved September 24, 2007, from http://216.239.59.104/search?q=cache:miigntq6GFgJ:collegeofthedesert.edu/uploadedFiles/transferoflearning.doc+%22This+paper+defines+transfer+of+learning%22&hl=af&ct=clnk&cd=1&gl=za

Ford-Gilboe, M., & Cohen, J.A. (2000). Hardiness: a model of commitment, challenge, and control. In V.H. Rice (Ed.), *Handbook of stress, coping, and health: implications for nursing research, theory, and practice* (pp. 425-436). Thousand Oaks, CA: Sage.

Forest, L.B., McKenna, C., & Donovan, J. (1986). *Connections*. Madison: CES, University of Wisconsin Extension.

Frankl, V.E. (1984). *Man's search for meaning* (Rev. edn.). New York: Washington Square Press.

Freedman, J. & Combs, G. (1996). *Narrative therapy: the social construction of preferred realities*. New York: W.W. Norton & Company.

Frude, N. (1991). *Understanding family problems. A psychological approach.* Chichester: John Wiley & Sons.

Funk, S.C., & Houston, B.K. (1987). A critical analysis of the hardiness scale's validity and utility. *Journal of Personality and Social Psychology*, *53*, 572-578.

Ganellen, R.J., & Blaney, P.H. (1984). Hardiness and social support as moderators of the effects of life stress. *Journal of Personality and Social Psychology*, *47*, 156-163.

Gardner, H. (1999). *Intelligence reframed: multiple intelligences for the 21st century.* New York: Basic Books.

Garvin, V., Kalter, N., & Hansell, J (1993). Divorced women: factors contributing to resiliency and vulnerability. *Journal of Divorce and Remarriage*, *21*(1/2), 21-38.

Gerdes, L.C. (1997). *Marriage and family life in South Africa: research priorities theme 3: family relationships*. Pretoria: HSRC Publishers.

Gergen, K.J. (2000). *An invitation to social construction*. London: Sage Publications.

Gibbs, J., Potter, G., & Goldstein, A. (1995). *The EQUIP program*. Illinois: Research Press.

Gillham, J.E., Hamilton, J., Freres, D.R., Patton, K., & Gallop, R. (2006). Preventing depression among early adolescents in the primary care setting: a randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology, 34,* 203-219.

Gillman, J., & Reivich, K. (1997). *Resilience research in children.* Retrieved December 1, 2007, from http://www.ppc.sas.upenn.edu/prpsum.htm

Glantz, M.D., & Johnson, J.L. (Eds). (1999). *Resilience and development: positive life adaptations*. New York: Kluwer Academic/Plenum.

Glossary of terms. (n.d.) Retrieved September 27, 2007, from http://www.neiu.edu/~dbehrlic/hrd408/glossary.htm

Goldstein, A., Glick, B., Reiner, S., & Zimmerman, D., Coultry, T. (1987). *Aggression replacement training: a comprehensive intervention for aggressive youth.* Champaign, Illinois: Research Press.

Goldstein, A.P. (1999). *The prepare curriculum: Teaching prosocial competencies.* Champaign, IL: Research Press.

Gordon Rouse, K.A., Longo, M., & Trickett, M. (2000). Fostering resilience in children. *Fostering resilienc*e. Retrieved December 2, 2003, from http://content.ag.ohiostate.edu/ohioline/b875/b8755.html

Grados, J.J., & Alvord, M.K. (2003). *Fostering resilience in children: providers in Montgomery County, Maryland, relate how they helped kids cope with last fall's sniper attacks*. Retrieved May 12, 2007, from http://findarticles.com/p/articles/mi_hb6659/is_200301/ai_n26580498/?tag=content;col1

Graziano, A.M., & Raulin, M.L. (2000). *Research methods. A process of inquiry.* Boston: Allyn and Bacon.

Greeff, A.P., & Human, B. (2004). Resilience in families in which a parent has died. *The American Journal of Family Therapy*, *32*(1), 27-42.

Greeff, A.P. (1995). *Kenmerke van goedfunksionerende gesinne*. Unpublished doctoral thesis, University of Stellenbosch. Stellenbosch, South Africa.

Greeff, A.P., & Ritman, I.N. (2005). Individual characteristics associated with resilience in single parent families. *Psychological Reports*, *96*, 36-42.

Griffiths, C.A. (2006). The theories, mechanisms, benefits, and practical delivery of psychosocial educational interventions for people with mental health disorders. *The International Journal of Psychosocial Rehabilitation, 11*(1), 21-28. Retrieved July 8, 2007, from

http://www.psychosocial.com/IJPR_11/Theories_Mech_Benefits_PS_Ed_Griffiths.html

Grizzell, J. (2007). *Behavior change theories and models*. Retrieved July 8, 2007, from http://www.csupomona.edu/-jvgrizzell/best_practices/bctheory.html

Grotberg, E.H. (1997). The international resilience project: findings from the research and the effectiveness of interventions. In B. Bains (Ed.). *Psychology and education in the 21st century: proceedings of the 54th annual convention of the international council of psychologists* (pp. 118-128). Edmonton: IC Press.

Haggerty, R.J., Sherrod, L.R., Garmezy, N., & Rutter, M. (Eds.). (1994). *Stress, risk and resilience in children and adolescents. Processes, mechanisms and interventions*. Cambridge: Cambridge University Press.

Hall, D.K., & Pearson, J. (2003). *Resilience – giving children the skills to bounce back*. Retrieved December 1, 2007, from http://www.voicesforchildren.ca/report-Nov2003-1.htm

Hall, D.K., & Pearson, J. (2004). *Introducing thinking skills to promote resilience in young children*. Retrieved May 6, 2009, from

http://www.reachinginreachingout.com/documents/RIRO-thinking_skills_and_resilience.pdf

Hamida, M.F. (2002). *Coloured women leaving abusive spousal relationships: a phenomenological study*. Unpublished master's thesis: University of Johannesburg, Johannesburg, South Africa.

Hanks, D.E., & Liprie. M.L. (1993). South African migration and the effects on the family. *Marriage and Family Review, 19*, 175–192.

Harrod, N.R., & Scheer, S.D. (2005). *An exploration of adolescent emotional intelligence in relation to demographic characteristics*. Retrieved February 13, 2009, from http://findarticles.com/p/articles/mi_m2248/is_159_40/ai_n15950403

Hawley, D.R. (2000). Clinical implications of family resilience. *The American Journal of Family Therapy*, *28*(2), 101-116.

Hawley, D.R., & DeHaan, L. (1996). Toward a definition of family resilience: integrating life-span and family perspectives. *Family Process*, *35*(3), 283-298.

Heath, D.T., & Orthner, D.K., (1999). Stress and adaptation among male and female single parents. *Journal of Family Issues, 20*(4), 557-587.

Henderson, D. (2006). *How to run a church workshop*. The Presbyterian Church in Canada. Retrieved May 31, 2007, from

http://64.233.183.104/search?q=cache:YpnUepazkGYJ:www.presbyterian.ca/education/workshops/how_to_run_a_church_workshop.pdf+%22How+to+run+a+church+workshop%22&hl=af&ct=clnk&cd=1&gl=za

Hetherington, E.M., & Elmore, A.M. (2003). Risk and resilience in children coping with their parents' divorce and remarriage. In S. Luthar (Ed.), *Resilience and vulnerability: adaptation in the context of childhood adversities* (pp. 182-212). Cambridge: Cambridge University Press.

Higgins, G. (1994). *Resilient adults: overcoming a cruel past.* San Francisco: Jossey-Bass.

Hoffman, L. (1995). *Exchanging voices: a collaborative approach to family therapy*. London: Karnac Books.

Holahan, C.J., & Moos, R.H. (1985). Life stress and health: personality, coping, and family support in stress resistance. *Journal of Personality and Social Psychology*, *49,* 739-747.

Holtzkamp, J. (2004). *Beyond a mere happening against the canvas of life: the experience of resilience in relocated families.* Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Hoopes, L.L., Hagan, S., & Conner, D. (1993). Change resilience: a cognitive resource approach (Unpublished manuscript). Atlanta, GA: Organizational Development and Research.

Houle, C.O. (1996). *The design of education*. San Francisco: Jossey-Bass.

Huang, C. (1995). Hardiness and stress: a critical review. *Maternal-Child Nursing Journal*, *23*, 82-89.

Hull, J.G., Van Treuren, R.R., & Virnelli, S. (1987). Hardiness and health: a critique and alternative approach. *Journal of Personality and Social Psychology*, *53*, 518-530.

James, S.A., Hartnett, S.A., & Kalsbeck, W.D. (1983). John Henryism and blood pressure among black men. *Journal of Behavioral Medicine*, *6*, 259-278.

James, W.B., & Galbraith, M.C. (1985). Perceptual learning styles: implications and techniques for the practitioner. *Lifelong Learning*, *8*(4), 59-64.

Judge, S.L. (1998). Parental coping strategies and strengths in families of young children with disabilities. *Family Relations*, *47*, 262-267.

Jurich, A.P., Collins, O.P., & Griffin, C. (1993). Coping with the displaced farm family: the new rural migration. *Marriage & Family Review*, *19*(1/2), 77 – 98.

Kemp, J.M. (2000). *Relocation resilience*. Washington D.C.: American Psychological Association. Retrieved January 31, 2003 from http://www.janakemp.com/article2.htm

Knowles, M. (1970). *Modern practice of adult education*. New York: Association Press.

Knowles, M. (1990). *The adult learner: a neglected species* (4th edn.). Houston: Gulf Publishing.

Knowles, M.S., Holton, E.F., & Swanson, R.A. (1998). *The adult learner* (5th edn.). Woburn, MA: Butterworth-Heinemann.

Kobasa, S. C., Maddi, S. R., & Kahn, S. (1982). Hardiness and health: a prospective study. *Journal of Personality and Social Psychology, 42,* 168-177.

Kolb, D.A. (1984). *Experiential Learning*. Englewood Cliffs, NJ: Prentice-Hall.

Kortokov, D (1998). The sense of coherence: making sense out of chaos. In P.T.P Wong & P.S. Fry (Eds.), *The human quest for meaning: a handbook of psychological research and clinical applications* (pp. 52-53). Mahwah, NJ: Lawrence Erlbaum Associates.

Kotzé, E., Morkel, E., & Associates. (2002). *Matchboxes, butterflies and angry foots*. Pretoria: Ethics Alive.

Kovalik, S. (1994). *Integrated thematic instruction: the model.* Washington: Books for Educators.

Kowalski, T. (1988). *The organization and planning of adult education*. Albany: State University of New York Press.

Kraft, D., & Sakofs, M. (Eds.). (1988). *The theory of experiential education*. Boulder, CO: Association for Experiential Education.

Kruger, N. (1998). *Facilitating life skills: your survival guide*. Pretoria: Amabhuku.

Laird, D. (1985). *Approaches to training and development* (2nd edn.). Reading, MA: Addison-Wesley.

Lev-Wiesel, R. (1999). Living under the threat of relocation: different buffering effects of personal coping resources on men and women. *Marriage & Family Review*, *29*(1), 97–108.

Long, N.J., Fecser, F.A., & Brendtro, L.K. (1998). *Life space crisis intervention: new skills for reclaiming students showing patterns of self-defeating behaviour*. Bethlehem, PA: Kidspeace.

Loubser, K. (2005). *Die rol van spiritualiteit in die veerkragtigheid van Xhosa-sprekende gesinne in die Oos-Kaap.* Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Louw, D.A., Van Ede, D.M., & Louw, A.E. (1998). *Menslike Ontwikkeling* (3rd ed.). Pretoria: Kagiso Uitgewers.

Marshall, M.G. (1990). *TAEX program development*. The Texas A&M University System. Retrieved May 22, 2006, from http://monarch.tamu.edu/d690/d690titl.htm

Martin, D.C. (1998). What's in the name "coloured"? *Social Identities*, *4*(3), 523-541.

McCubbin, H.I. (1997). *Resiliency, families and aging*. UW Madison Institute on Aging, University of Wisconsin-Madison. Retrieved June 5, 2005, from http://www.ssc.wisc.edu/aging/mccubbin.htm

McCubbin, H.I., & Lavee, Y. (1986). Strengthening army families. A family life cycle stage perspective. *Evaluation and Program Planning*, *9*, 221-231.

McCubbin, H.I., & McCubbin, M.A. (1988). Typologies of resilient families: emerging roles of social class and ethnicity. *Family Relations*, *37*, 247-254.

McCubbin, M.A., & McCubbin, H.I. (1989). Theoretical orientations to family stress and coping. In C.R. figly (Ed.), *Treating stress in families* (pp. 3-43). New York: Brunner/Mazel.

McCubbin, H.I, & McCubbin, M.A. (1993). Families coping with illness: the resiliency model of family stress, adjustment, and adaptation. In C. Danielson, B. Hamel-Bissel, & P. Winstead-Fry (Eds.), *Families, health, & illness: perspectives on coping and intervention* (pp 21-63). St Louis: Harcourt Health Services.

McCubbin, H.I., McCubbin, M.A., & Thompson, A.I. (1993). Resiliency in families. The role of family schema and appraisal in family adaptation to crises. In T.H. Brubaker (Ed.). *Family relations. Challenges for the future* (pp. 153-177). Newbury Park: Sage.

McCubbin, H.I., McCubbin, M.A., Thompson, A.I., Han, S., & Chad, T. (1997). Families under stress: what makes them resilient. AAFCS Commemorative Lecture. Retrieved June 7, 1998, from http://www.cyfernet.org/research.resilient.html

McCubbin, H.I., & Patterson, J.M. (1982). Family adaptation to crises. In H.I. McCubbin, A.E. Cauble & J.M. Patterson (Eds.), *Family stress, coping and social support* (pp. 26-47). Springfield, IL: Charles C. Thomas.

McCubbin, H.I., & Patterson, J.M. (1983). The family stress process: the Double ABCX Model of Adjustment and Adaptation. *Marriage & Family Review*, *6*, 7-37.

McCubbin, H.I., & Thompson, A.I. (1991). *Family assessment inventories for research and practice*. Madison: University of Wisconsin-Madison.

McCubbin, H.I., Thompson, A.I., & McCubbin, M.A. (1996). *Family assessment: resiliency, coping and adaptation. Inventories for research and practice*. Madison, WI: University of Wisconsin.

McCubbin, H.I., Thompson, A.I., Thompson, E.A., Elver, K.M., & McCubbin, M.A. (1998). Ethnicity, schema and coherence: appraisal processes for families in crisis. In H.I. McCubbin, E.A. Thompson, A.I. Thompson & J.E. Fromer (Eds.), *Stress, coping and health in families: sense of coherence and resiliency* (pp. 41-67). Thousand Oaks, CA: Sage.

McKenry, P.C., & Price, S.J. (Eds.) (1994). *Families and change. Coping with stressful events.* Thousand Oaks, CA: Sage.

Mederer, H.J. (1998). Surviving the demise of a way of life: stress and resilience in North-eastern commercial fishing families. In H.I. McCubbin, E.A. Thompson, A.I. Thompson & J. Futrell (Eds.), *The dynamics of resilient families* (pp. 204-230). Thousand Oaks, CA: Sage.

Meichenbaum, D. (1977). *Cognitive behaviour modification: an integrative approach*. New York: Plenum.

Merrett, F. (2006). Reflections on the Hawthorne Effect. *Educational Psychology*, *26*(1), 143-146.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Moser, D.K., Clements, P.J., Brecht, M.L., & Weiner, S.R. (1993). Predictors of psychosocial adjustment in systemic sclerosis: the influence of formal education level, functional ability, hardiness, uncertainty, and social support. *Arthritis and rheumatism*, *36*(10), 1398-1405.

Moynihan, M., Guilbert, J.J., Walker, B., & Walker, A. (2004). Retrieved May 31, 2007, from http://www.networklearning.org/download/workshop.doc

Mullen, A., & Murray, L. (2000). *A psychoeducation programme for families of young people with mental illness: an evaluation by mental health nurses*. Central Sydney Area Mental Health Winter Symposium. Retrieved May 31, 2007, from http://www.cs.nsw.gov.au/mhealth/symposium/2000wintsym20.htm

Munton, A.G., & Reynolds, S. (1995). Family functioning and coping with change: a longitudinal test of the Circumplex Model. *Human Relations*, *48*(9), 1055-1072.

Norman, E. (2000). Introduction: the strengths perspective and resilience enhancement – a natural partnership. In E. Norman (Ed.), *Resiliency enhancement. Putting the strengths perspective into social work practice* (pp. 1-16). New York: Columbia University Press.

Nowack, K.M. (1986). Type A, hardiness, and psychological distress. *Journal of Behavioral Medicine*, *9*, 537-548.

Nowack, K.M. (1989). Coping style, cognitive hardiness, & health status. *Journal of Behavioral Medicine*, *12*, 145-158.

Olson, D.H. (1993). Circumplex model of marital and family systems: assessing family functioning. In F. Walsh (Ed.), *Normal family processes* (2nd ed.) (pp. 104-134). New York: Guilford Press.

Olson, S.F., Sorensen Marshall, E., Mandleco, B.L., Allred, K.W., Dyches, T.T., & Sansom, N. (1999). Support, communication, and hardiness in families with children with disabilities. *Journal of Family Nursing*, *5*(3), 275-291.

Park, C.L., & Cohen, L.H. (1992). Religious beliefs and practices and the coping process. In B. Carpenter (Ed.), *Personal coping: theory, research, and application.* New York: Praeger.

Parrot, L. (1999). Grieving the death of a spouse. *Journal of Psychology and Christianity*, *18*(4), 330-337.

Patterson, J. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and the Family*, *64*(2), 349-360.

Patterson, J.M., & Garwick, A.W. (1998). Theoretical linkages: family meanings and sense of coherence. In H.I. McCubbin, E.A. Thompson, A.I. Thompson & J.E. Fromer (Eds.), *Stress, coping, and health in families: sense of coherence and resiliency* (pp. 71-90). Thousand Oaks, CA: Sage.

Pearlin, L.I., Lieberman, M.A., & Menaghan, E.G. (1981). The stress process. *Journal of Health and Social Behavior*, *22*, 337-356.

Phillips, M.H., & Cohen, C.S. (2000). Strength and resiliency themes in social work practice with groups. In E. Norman (Ed.), *Resiliency enhancement. Putting the strengths perspective into social work practice* (pp. 128-153). New York: Columbia University Press.

Pietersen, F.L. (2004). The emerging role of the human resource manager as strategic partner in South African organisations. Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Presentation guidelines: papers, workshops and posters. (n.d.). 3rd Global Botanic Gardens Congress. Retrieved May 31, 2007, from http://www.3gbgc.com/z/readnews.asp?id=107

Quay, H.C. (1973). Special education: assumptions, techniques, and evaluative criteria. *Exceptional Children*, *40*, 165-170.

Ragin, C. (1994). *Constructing social research: the unity and diversity of method.* London: Pine Forge Press.

Reed, M.D., & Sherkat, D.E. (1992). The effects of religion and social support on self-esteem and depression on the suddenly bereaved. *Social Indicators Research*, *26*, 259-257.

Reeves, C.A., and Bednar, D.A. (1994). Defining quality: alternatives and implications*. Academy of Management Review, 19*(3), 419-445.

Reilly-Smorawski, B., Armstrong, A.V., & Catlin, E.A. (2002). Bereavement support for couples following death of a baby: program development and 14-year exit analysis. *Death Studies*, *26*, 21-37.

Renick, M.J., Blumberg, S.L., & Markman, H.J. (1992). The prevention and relationship enhancement Program (PREP): an empirically based preventive intervention program for couples. *Family Relations*, *41*(2), 141-147.

Robinson, H. (2000). Introduction: The strengths perspective and resilience enhancement – a natural partnership. In E. Norman (Ed.), *Resiliency enhancement. Putting the strengths perspective into social work practice* (pp. 102-127). New York: Columbia University Press.

Robitschek, C., & Kashubeck, S. (1999). A structural model of parental alcoholism, family functioning, and psychological health: the mediating effects of hardiness and personal growth orientation. *Journal of Counseling Psychology*, *46*, 159-172.

Rogers, E.M. (2003). *Diffusion of innovations* (5th edn). New York, NY: Free Press.

Rooth, E. (1997). *Introduction to lifeskills: hands-on approaches to lifeskills education*. Pretoria: Via Afrika.

Roper, M. (2005). *A review of the Integrated Youth Offender Programme piloted in Boksburg Juvenile Correctional Centre with the "Inkanyezi yentathakusa".* Retrieved May 6, 2009, from http://www.csvr.org.za/wits/papers/papiyop.htm#impact

Roth, D.L, Wiebe, D.J., Fillingim, R.B., & Shay, K.A. (1989). Life events, fitness, hardiness, and health: a simultaneous analysis of proposed stress-resistance effects. *Journal of Personality and Social Psychology*, *57*, 136-142.

Rungreangkulkij, S., & Gilliss, C.L. (2000). Conceptual approaches to studying family caregiving for persons with severe mental illness. *Journal of Family Nursing*, *6*(4), 341-367.

Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry*, *57*(3), 316-331.

Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personal and Social Psychology*, *69*, 719-727.

Sagy, S., & Antonovsky, A. (1998). The development of the sense of coherence: a retrospective study of early life experiences in the family. *International Journal of Ageing and Human Development*, *51*(2), 155-166.

Salas, E., & Cannon-Bowers, J.A. (2001). The science of training: a decade of progress. *Annual Review of Psychology*, *52*, 471-499.

Salovey, P. & Mayer, J.D. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, *9*, 185-211.

Schmied, L.A., & Lawler, K.A. (1986). Hardiness, type A behaviour, and the stress-illness relation in working woman. *Journal of Personality and Social Psychology*, *51*(6), 1218-1223.

Schaay, N. (1998). *A review of health management training in the public health sector in South Africa.* Retrieved November 24, 2009, from http://www.hst.org.za/publications/212

Shah, A. (n.d.). *Changing role of women in families – implications for mental health*. Retrieved January 21, 2008, from http://209.85.129.104/search?q=cache:iHWOSulDjAcJ:www.nsig.org/pdf/PROF.ANISHA.pdf+role+of+women+in+families&hl=af&ct=clnk&cd=4&gl=za

Shamai, M., & Lev, R. (1999). Marital quality among couples living under the threat of forced relocation: the case of families in the Golan Heights. *Journal of Marital and Family Therapy*, *25*(2), 237-252.

Shearon, D. (1997). *Penn resilience program*. Retrieved December 1, 1997, from http://daveshearon.typepad.com/daveshearon/2007/06/penn_resilience.html

Shernoff, M., & Bloom, D.J. (1991). *Designing effective AIDS prevention workshops for gay and bisexual men*. Retrieved November 24, 2009, from http://www.thebody.com/content/art2460.html

Shochet, I.M., Dadds, M.R., Holland, D., Whitefield, K., Harnett, P.H., & Osgarby, S.M. (2001). The efficacy of a universal school-based program to prevent adolescent depression. *Journal of Clinical Psychology*, *30*(3), 303-315.

Short, K.H., & Johnston, C. (1997). Stress, maternal distress, and children's adjustment following immigration: the buffering role of social support. *Journal of Consulting and Clinical Psychology*, *65*(3), 494-503.

Silberberg, S. (2001). Searching for family resilience [Electronic version]. *Family Matters*, *58*, 52-64.

Silliman, B. (1994). *Resiliency research review: conceptual & research foundations*. National Network for Family Resiliency. Retrieved December 2, 2003, from http://www.cyfernet.org/research/resilreview.html

Siqueira, L.M., & Diaz, A. (2004). Fostering resilience in adolescent females. *The Mount Sinai Journal of Medicine*, *71*(3), 148-154.

Smith, G. (1999). Resilience concept and findings: implications for family therapy. *Journal of Family Therapy*, *21*, 154-158.

Social problems: who makes them? (2007). Retrieved December 28, 2007, from http://openlearn.open.ac.uk/mod/resource/view.php?id=211075

Sork, T.J. (1984). The workshop as a unique instructional format. *New Directions for Adult and Continuing Education*, *22*, 3-10.

Sork, T.J. (2000). Planning educational programs. In A. Wilson & E. Hayes (Eds.), *Handbook of adult and continuing education* (pp.171-190). San Francisco: Jossey-Bass.

Spivak, G., Platt, J.J., & Shure, M.B. (1976). *The problem solving approach to adjustment*. San Francisco: Jossey-Bass.

Spivak, G., & Shure, M.B. (1982). The cognition of social adjustment: interpersonal cognitive problem-solving thinking. In B.B. Lahey & A.E. Kazdin (Eds.), *Advances in clinical child psychology* (pp. 323-372). New York: Plenum.

Springer, M.L. (1995). *Evaluation of a planning process considered as a curriculum component in the education of program managers in the defence industry*. Doctoral Dissertation. Muncie: Ball State University.

StatSoft Inc. (2008). STATISTICA (data analysis software system), version 8.0. www.statsoft.com.

Steinglass, P. (1987). A systems view of family interaction and psychopathology. In T. Jacob (Ed.), *Family interaction and psychopathology: theories, methods, and findings* (pp. 25-65). New York: Plenum.

Stephenson, A.L, & Henry, C.S. (1996). Family characteristics and adolescent substance use. *Adolescence*, *31*, 59-77.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: techniques and procedures for developing Grounded Theory* (2nd edn.). Thousand Oaks, CA: Sage.

Suh, M.J. (1990). A study on factors influencing the state of adaptation of the hemiplegic patients. *Korean Academy of Nursing*, *20*(1), 88-117.

Sumsion, J. (2003). "Bad days don't kill you; they just make you stronger": a case study of an early childhood educator's resilience. *International Journal of Early Years Education*, *11*(2), 141-154.

Svavarsdottir, E.K., & Rayens, M.K. (2003). American and Icelandic parents' perceptions of the health status of their young children with chronic asthma. *Journal of Nursing Scholarship*, *35*, 351-358.

Swartz, L. (1998). *Culture and mental health. A Southern African view.* Cape Town: Oxford University Press.

Taylor, P. (2007). *Wellbeing and resilience program*. Retrieved December 3, 2007, from http://youth.wyndham.vic.gov.au/services/stuff/pdp/wellbeing

Thiel, C. (2005). *Resilience in families of husbands with prostate cancer*. Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Todd, J.L., & Worrell, J. (2000). Resilience in low-income, employed, African American women. *Psychology of Women Quarterly*, *24*, 119-128.

Toliver, S.D. (1993). Movers and shakers: black families and corporate relocation. *Marriage & Family Review*, *19*(1/2), 113-130.

Twitchell, S.J. (2004). *Welfare reform and higher education: The impact of postsecondary education on self-sufficiency*. Unpublished doctoral dissertation, University of Toledo.

Tyler, R.W. (1949). *Basic principles of curriculum and instruction*. Chicago: The University of Chicago Press.

Van Breda, A. (1988). Improving deployment resilience: guidelines for families. *SALUT*, *5*(12), 48 – 49.

Van der Merwe, A.P., & Greeff, A.P. (2003). Coping mechanisms of unemployed African men with dependants. *The American Journal of Family Therapy*, *31*(2), 91-105.

Vasquez, G. (2000). Resiliency: juvenile offenders recognize their strengths to change their lives. *Corrections Today*, *62*(3), 106-111.

Visher, E.B., Visher, J.S., & Pasley, K. (2003). Remarriage families and step parenting. In F. Walsh (Ed.), *Normal family processes: growing diversity and complexity* (pp. 153-175). New York: Guilford Press.

Walsh, F. (1993). *Normal family processes* (2nd edn.). New York: The Guilford Press.

Walsh, F. (1996). The concept of family resilience: crisis and challenge. *Family Process*, *35*(3), 261-277.

Walsh, F. (2002). A family resilience framework: innovative practice applications. *Family Relations*, *51*(2), 130-138.

Walsh, F. (2003a). Family resilience: a framework for clinical practice. *Family Process*, *41*(1), 1-18.

Walsh, F. (2003b). Family resilience. Strengths forged through adversity. In F. Walsh (Ed.), *Normal Family Processes: growing diversity and complexity* (pp. 399-423). New York: The Guilford Press.

Walter, S.L. (2006). *Planning a training program*. Retrieved November 23, 2006, from http://www.sil.org/linguaLinks/literacy/ImplementALiteracyProgram/PlanningATrainingProgram.htm

Warren, R.M. (2000). *Program planning and development in adult education: where we are at the beginning of the 21st century*. Retrieved December 2, 2005, from http://64.233.183.104/search?q=cache:s4EtzxfLtQQJ:www.hiceducation.org/Edu_Proceedings/Ruth%2520M.%2520Warren.pdf+Program+planning+and+development+in+adult+education:+Where+we+are+at+the+beginning+of+the+21st+Century.&hl=af&ct=clnk&cd=1&gl=za

Welch, M. (1999). The decide strategy for decision making and problem solving: workshop template for preparing professionals for educational partnerships. *Journal of Education and Psychological Consultation, 10*(4), 363-375.

Wentworth, A. (2005). *Resilience in families that have experienced heart-related trauma*. Unpublished master's thesis, University of Stellenbosch, Stellenbosch, South Africa.

Werner, E. & Johnson, J. (1999). Can we apply resilience? In M. Glantz & J. Johnson (Eds.), *Resilience and development: positive life adaptations* (pp. 259-268). New York: Plenum Press.

Werner, E., & Smith, R. (1992). *Overcoming the odds: high-risk children from birth to adulthood*. New York: Cornell University Press.

Whitchurch, G.G., & Constantine, L.L. (1993). Systems theory. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm & S.K. Steinmetz (Eds.), *Sourcebook of family theories and methods: a contextual approach* (pp. 325-352). New York: Plenum.

Wiebe, D.J. (1991). Hardiness and stress-moderation: a test of proposed mechanisms. *Journal of Personality and Social Psychology*, *60*(1), 89-99.

Wikipedia (n.d.a). *Coloured*. Retrieved May 8, 2009, from http://en.wikipedia.org/wiki/Coloured#cite_note-0

Wikipedia (n.d.b). *Constructionism (learning theory)*. Retrieved May 8, 2009, from http://en.wikipedia.org/wiki/Constructionist_learning

Wikipedia (n.d.c). *Delft, Cape Town.* Retrieved November 19, 2009, from http://en.wikipedia.org/wiki/Delft,_Cape_Town

Wolberg, L. (1965). Methodology in short-term therapy. *American Journal of Psychiatry, 122*, 125-140.

Wolin, S.J., & Wolin, S. (1993). *The resilient self: how survivors of troubled families rise above adversity*. New York: Villard Books.

Wood, M.M. (1986). *Developmental therapy in the classroom* (2nd edn.). Texas: Pro-Ed.

Wood, M.M. (1996). *Developmental therapy-developmental teaching*. Texas: Pro-Ed.

Wood, M.M., Brendtro, L.K., Fecser, F.A. & Nichols, P. (1999). Psychoeducation: an idea whose time has come. In L.M. Bullock & R.A. Gable (Eds.), *Third CCBD mini-library series: what works for children and youth with E/BD: linking yesterday and today with tomorrow*. Reston, VA: The Council for Children with Behavioral Disorders.

Workshops. (n.d.). Retrieved November 24, 2009, from http://www.elliottbrown.com/workshops.html

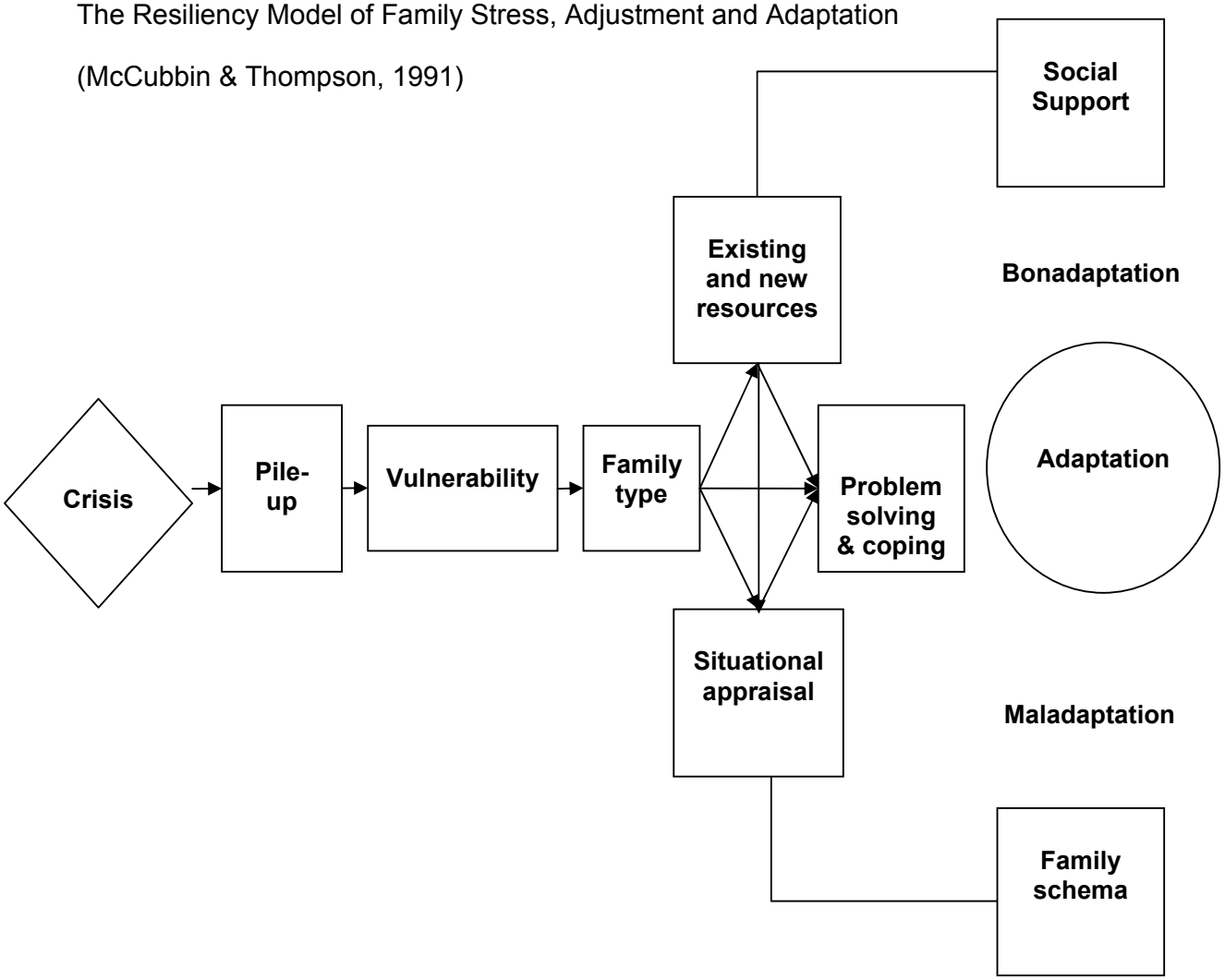
Wright, L., Watson, W.L., & Bell, J.M. (1996). *Beliefs: the heart of healing in families and illness*. New York: Basic Books.

Wurfl, A. (n.d.). *Resourceful adolescent program – adolescent*. Retrieved January 4, 2008, from http://mhws.agca.com.au/mmppi_detail.php?id=32

ADDENDUM A

The Resiliency Model of Family Stress, Adjustment and Adaptation

(McCubbin & Thompson, 1991)



ADDENDUM B

Resilience: an ability to stretch, bend, twist and turn without breaking Facilitator's Manual

Resilience: an ability to stretch, bend, twist and turn without breaking

Facilitator's Manual

Compiled by Joanita Holtzkamp (Psychologist)

a) PREPARATION

Prepare the venue prior to the arrival of the participants and the commencement of the workshop. Arrange chairs in a circle. Make sure there is enough comfortable seating for all the participants (Caffarella, 2002; Hine, 1997). Make sure the location is well lit and aired (Caffarella, 2002; Moynihan, Guilbert, Walker & Walker, 2004). Set up the whiteboard or flip chart next to your seat. Read through the checklist in Appendix B, ensuring that you have everything you need for the successful running of the workshop.

b) WELCOME AND INTRODUCTION

5 minutes

Welcome participants and introduce yourself to the group. Make sure to mention your name, give a brief description of what you do, and provide the function of the workshop, namely: “We are gathered here today to enhance your family’s ability to be resilient in the face of hardship”.

Introduction-of-participants exercise

Aids and equipment: Pens and nametags for each participant

TO DO: Hand out a nametag to each participant and ask them to write their names on the nametags. Starting from one point, ask each participant to introduce themselves to the group, by stating their name as well as the reason why they chose to attend the workshop. What was their hope with attending the workshop?

This not only serves the purpose of introducing the participants to each other, but it also helps them to focus on their participation. According to Moynihan *et al*. (2004), introductions are important to help the group link together fast.

c) ICEBREAKER AND INTRODUCTION TO THE WORKBOOK

30 seconds

Aids and equipment: Workbook page 1; pens

TO DO: Hand out a workbook and pen to each participant. Ask them to turn to page 1. Focus their attention on the joke, commenting that you hope none of them will feel like lost puppies during the workshop!

"LOST PUPPY"

The icebreaker introduces participants to the workbook, which serves as the backdrop to much of their active participation and learning. Its functionality lies in its ability to create an encouraging and inviting atmosphere by breaking the ice, capturing the participants' attention, defusing tense situations, combating resistance and reducing stress. In addition, it creates fun experiences and brings a group closer together (Hine, 1997; Kruger, 1998; Rooth, 1995). The icebreaker sets the trend for the learning that is to follow and promotes positive attitudes toward the subject matter. According to Bronner (cited in Flint, n.d.) this is an important and influential principal for the successful transfer-of-learning.

d) TRANSFER-OF-LEARNING STRATEGIES BUILT INTO THE WORKSHOP

The workbook serves as a portfolio technique to facilitate the transfer of learning (Caffarella, 2002; Kruger, 1998). It "collects"/assembles the participants' work during the workshop through written exercises and visuals. Consequently, it accommodates participants who are print and visually oriented (James & Gailbrath, 1985). It also serves as a reminder and will facilitate self-awareness, integration of new knowledge and reflection on conclusion of the workshop (Hine, 1997; Kruger, 1998). According to Rooth (1995), handouts containing pictures and/or interesting quotes that involve the participants in a series of activities and questions are the most effective. Participation in groups enables coaching as a transfer-of-learning strategy (Caffarella, 2002), whereby group members are enabled to coach each other on completion of the workshop.

Informed instruction will also prove helpful here. Participants should therefore not only learn to describe a concept or strategy, but should also understand when and why the concept or strategy is useful.

1) MEET RESILIENCE

Brainstorming Exercise 1.1

5 minutes

Aids and equipment: Workbook page 1; pens; whiteboard/flip chart; kokis

The objectives of Exercise 1.1 are to:

1) warm the group to the topic;
2) enlist their active participation;
3) give them an opportunity to share their experiences; and
4) raise their awareness in order to:
   a) introduce participants to the broad concept of resilience; and
   b) analyse their familiarity with the subject matter.

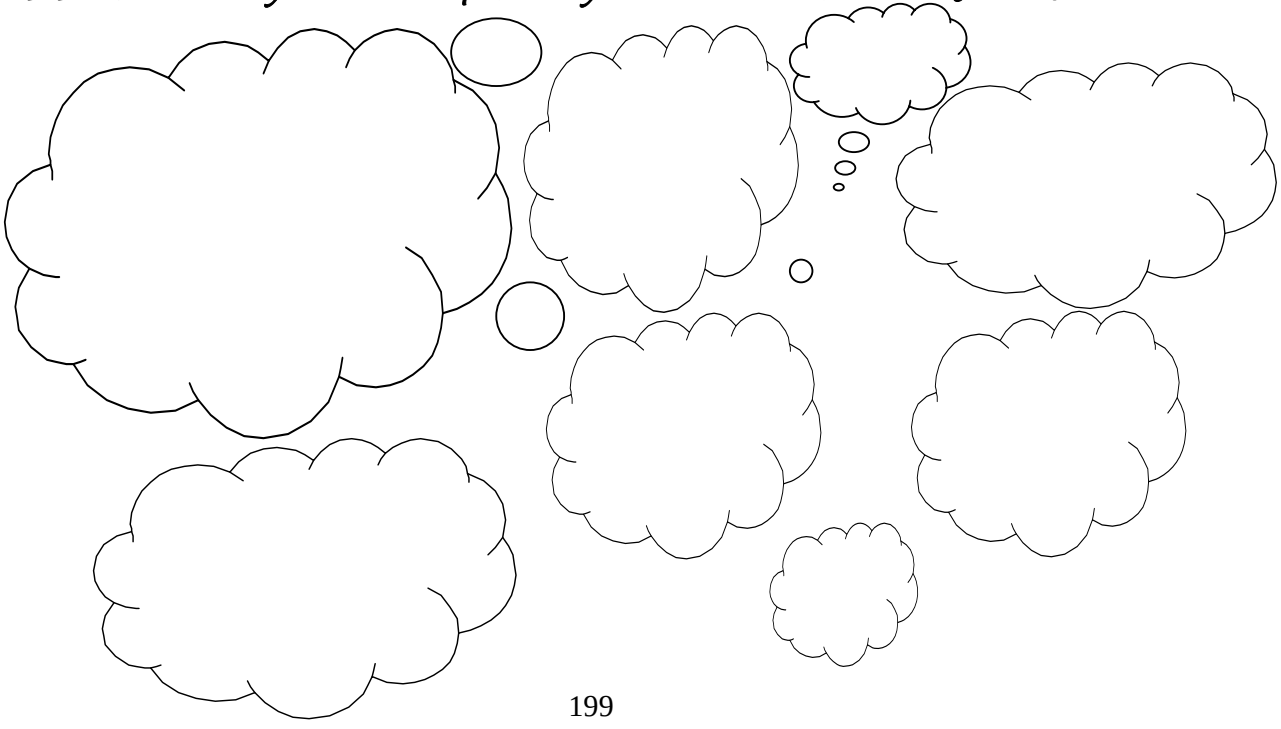
The introductory brainstorming Exercise 1.1 stimulates creative thinking in the group, kindles the participants' interest (Kruger, 1998; Yeow, 1998) and warms the group to the overall topic to be covered during the workshop. It accommodates participants

who are interactively oriented (Gardner, 1999; James & Galbraith, 1985). According to Rooth (1995), starting "cold" without some kind of warm-up is dangerous and not conducive to learning. Furthermore, the brainstorming exercise allows participants to share their experiences. This covers the first two steps in Rooth's (1997) proposed practical model for experiential learning (see Appendix B). It is also functional in terms of setting the stage for steps 3, 4 and 7 of the model, i.e. analysis, adding new information or theory and reflection.

The objective of raising the participants' awareness is important. According to Rooth (1997), awareness can refer to an awareness of a skill, or lack of a skill, or awareness of a need to improve a skill. Charlton (2000) describes awareness as a mechanism of integration. It is a functional ability that provides a way of converging and combining information (Charlton, 2000). This relates to what Bronner (cited in Flint, n.d.) deems meaningful learning, which promotes transfer of learning. The development of personal awareness comes about when participants are given an opportunity to share their experiences. One way to accomplish this is to have a brainstorming session (Rooth, 1997):

TO ASK: What do you think of when you hear the word "resilience"? Write your ideas in the cloud spaces provided.

1.1 What do you think of when you hear the word "resilience?"



TO DO: Obtain feedback from the group and write the participants' answers on a whiteboard or flip chart.

According to Rooth (1997), this exercise helps the participants to see that the facilitator regards their experiences as important. It also enlists the participants' active involvement, via the search for solutions (Rooth, 1997).

Dissecting Resilience Exercise 1.2

10 minutes

Aids and equipment: Workbook page 2; pens; different kinds of rubber bands; ball made from rubber bands; stack of paper

The objectives of Exercise 1.2 are to expand on the introductory Brainstorming Exercise 1.1 by focusing on steps 3, 4 and 7 of Rooth's proposed practical model for experiential learning. This involves:

1) analysis;
2) expanding the participants' understanding of the concept of resilience by adding new information and theory; and
3) focused reflection on what they have learned.

Analysis, according to Rooth (1997), refers to an exploration of what the skills to be acquired mean, what is needed for them to develop and what obstructs the development of these skills. The input of the facilitator is critical here. According to Rooth (1997), the facilitator has the knowledge to expand and develop the participants' existing skills. Consequently, information and theory have to be added as part of the programme. It is important that the information is applicable, concise and adds to the participants' experiences. Step 4 in the practical model of experiential learning is an essential and valuable part of the participants' learning. It accommodates participants who are aurally oriented (James & Galbraith, 1985).

A core function of a demonstration is to create awareness, promote knowledge transfer and convey characteristics (Native fish strategy for the Murray-Darling Basin,

n.d.). The metaphoric rubber band demonstration aims to liken a rubber band with the concept of resilience. The intent is to give clearer meaning to the concept of resilience by describing something known (the rubber band) in terms of something imperfectly known (the concept of resilience). Furthermore, the rubber band demonstration is functional in terms of the transfer of learning, as it serves as a stimulus reminder of resilience whenever the participants encounter a rubber band in their day-to-day life.

1.2 Dissecting Resilience:

TO INFORM: Alan Simpson said:

> He's a million rubber bands in his resilience.
>
> Alan K. Simpson

TO ASK: Why would he say that?

RUBBER BAND DEMONSTRATION:

Take out a rubber band and "ball" made from rubber bands:

Well, I bought something special along to show you. It is quite amazing! It is the rubber band. I can stretch it like this (stretch out quite far)...and it doesn't snap/break. I can roll it in a very small ball....and it doesn't snap...I can twist it...and it doesn't snap...I can shoot it through the air...and it doesn't snap... And if I tie a whole lot of rubber bands together – it forms a ball that can bounce back – every time – no matter how hard it is thrown!

TO ASK: So why doesn't it snap? How is it able to bounce back?

ANSWER: Because it is resilient.

TO TEACH: BUT: it is not only a lot of fun, it is also very functional:

PAPER DEMONSTRATION: Take out a stack of paper:

Here I have a stack of paper. It is fine if the papers are on my desk – and the wind is not blowing. But if I have to start carrying them around or if the wind picks up – it is a disaster waiting to happen! Luckily there is the rubber band! If I tie my rubber band around the stack of paper, (tie rubber band around papers) I can trust it to *hold things together*... Then the wind can blow, I can trip, but I don't have to worry about my papers flying through the air.

DIFFERENT-KINDS-OF-RUBBER-BANDS DEMONSTRATION:

Not only are rubber bands very functional, but you also get different kinds of rubber bands. Some look different according to their function. For example: I have a thin one here; this one, for example, can stretch further. But then I also have this fat one: it is stronger and will be much more difficult to snap, but it cannot necessarily stretch as far. The one isn't better than the other – it is just different according to its different function.

Question-and-answer Exercise 1.3

5 minutes

Aids and equipment: Workbook page 2; pens

The objectives of Exercise 1.3 are to expand on the Dissecting Resilience Exercise 1.2 by focusing on step 7 of Rooth's proposed practical model for experiential learning. This involves:

1) focused reflection on what the participants have learned,

in order to:

a) consolidate and internalise the participants' learning; and

b) promote the development of their skills, attitudes and new ways of thinking.

The Question-and-answer Exercise 1.3 serves as a reflective practice. Reflection creates a space for participants to think about an event or experience and how that event or experience relates to themselves. According to Rooth (1997), reflection doesn't occur naturally and participants cannot be expected to reflect without specific opportunities for reflection. Reflection serves the purpose of consolidating and internalising learning and promoting the development of skills, attitudes and new ways of thinking (Kraft & Sakofs, 1988; Rooth, 1997). Rooth (1997) says that the absence of reflection in a programme will cause it to be superficial, thus impeding lasting results. Although it can be introduced at any stage during the programme, it is useful after group and individual activities, after skills practice and at the end of an exercise (Rooth, 1997). It directs participants to focus on what they have learnt and realised and what insights they have gained. Finally, participants have to make

commitments to change their behaviour or extend their skills. Ways to help participants reflect include: journals, drawings, symbols, pictures and reflection worksheets.

TO ASK: So what do rubber bands teach us about resilience?

Obtain group feedback and assist participants with the answers:

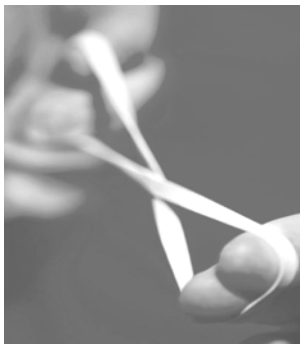
ANSWERS:

1) Resilience is “the stuff” that allow us to bounce back no matter what life throws at us.
2) The more resilience factors you build into your life – the higher you will bounce back.
3) Resilience allows us to be stretched without breaking.
4) Resilience is functional in terms of helping us to “keep things together”.
5) You get different kinds of resilience.

1.3 What do rubber bands teach us about resilience?

1) _____

_____



2) _____

_____

_____

3) _____

_____

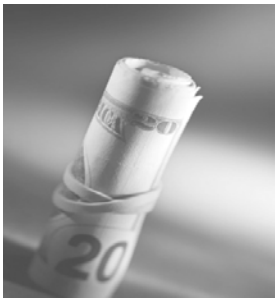
_____

_____

4) _____

_____

_____



5) _____

_____

2) FOCUSED CONTROL

Introduction

This serves as an introduction to the exercises to follow.

TO ASK: What kinds of resilience can you think of?

ANSWER: Spirituality; humour; support; career; education; etc.

TO INFORM: We are going to be focussing on three specific kinds of resilience today: The THREE C's:

i) **C**hallenge,

ii) **C**ontrol, and

iii) **C**ommitment.

Visualisation Exercise 2.1

10 minutes

Aids and equipment: Workbook page 3; pens

The objectives of Exercise 2.1 are to

1) enlist the participants' active participation;
2) analyse their familiarity with the subject matter;
3) expand their understanding of the concept of resilience by adding new information and theory; and
4) raise their awareness, which will in turn increase the likelihood that they will employ their resilience more frequently

in order to demonstrate:

a) the importance of familial control (according to the FHI – Appendix A); and
b) the importance of what we choose to control.

According to Rieber (1995) visualisation is a cognitive strategy inherent to human creativity, discovery and problem-solving. Andrienko and Andrienko (2006) believe that visualisation can stimulate insight, as it helps participants to become acutely aware. It is valuable in organising data into meaningful structures and serves to guide the analytical development of a solution (Fischbein, 1987).

Exercise 2.1: A focused control

TO ASK: What are some of your favourite cars?

Get feedback from the group about which cars they like.

TO TEACH: Imagine yourself in your favourite car…Imagine being behind the steering wheel of that car travelling on a road.

TO ASK: Do you have any control over what you encounter on the road?

ANSWER: NO!

TO TEACH: We don't have control over potholes; we don't have control over people on the side of the road throwing rocks; or road works; or pedestrians or animals walking across the road…we do not have control over what we encounter on our journey.

TO ASK: But what do you have control over?

ANSWER: You have control over how you choose to control/handle your car. You can decide if you are going to slow down, speed up, slam on breaks, swerve out, take a different road/turn-off, pull over, or give vent to your road rage.

TO ASK: Is there anyone here who likes to be in an out-of-control car?

ANSWER: Heavens NO!

TO ASK: Why not?

ANSWER: It is not safe; it is dangerous; it is scary; we are bound to get hurt, etc. Controlling your car is critically important for your own well-being and the well-being of your passengers.

TO INFORM: We can be sure that there are going to be challenges on our journeys. During our lifetime we will have to face challenges ALL the time. But our journeys are NOT determined by the challenges we encounter en route, but rather, and much more importantly, by how we choose to control our car during those encounters.

SO:

We do not have control over the CHALLENGES our FAMILIES will have to face on our life journeys. But we do have CONTROL over how we CHOOSE to MANAGE OURSELVES in the face of those challenges.

We do not have control over the _____ our _____ will have to face on our life journeys. But we do have _____ over how we _____ to _____ in the face of those challenges.

Introduction

This serves as an introduction to: Choose your Position Exercise 2.2

TO INFORM: Victor Frankl said:

"When we are no longer able to change a situation – just think of an incurable disease such as inoperable cancer – we are challenged to change ourselves… In some way, suffering ceases to be suffering at the moment it finds a meaning."

Victor Frankl

Choose your Position Exercise 2.2

5 minutes

Aids and equipment: Workbook page 4; pens; whiteboard/flip chart; kokis

The objectives of Choose your position Exercise 2.1 are to

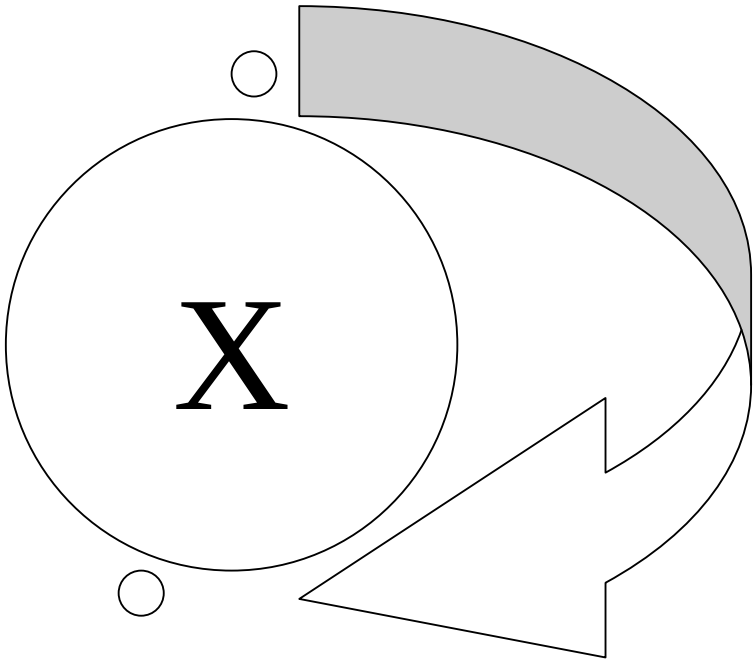
1) expand the participants' understanding of the concept of control by adding new information and theory;
2) raise their awareness, which will in turn increase the likelihood that they will employ it more frequently

in order to demonstrate:

a) the effects of where we choose to focus our control;
b) how to face challenges head-on; and
c) to expand on and link with the metaphor used in: A Focused Control Exercise 2.1

2.2 You can choose your position

TO DO: Draw a circle with an X in the middle on the whiteboard / flip chart.



TO TEACH: Most of the time, we are not able to change the challenges (**X**) we are faced with in our lives. The position (**O**) we choose to take with regard to the challenge (**X**) is going to determine the effects it is going to have in the lives of our families. So if we don't like the effects of the current position we have taken in with regard to the challenge, we need to change our position.

TO ASK: Is it going to help if we try to change the pothole? NO! Can we take all pedestrians off the road? NO! What is the effect going to be if we try to change the potholes or the pedestrians?

ANSWER: If we try to change the things we do not have control over, it will only leave us feeling frustrated and powerless.

TO TEACH: However, if we shift our focus to how we are going to steer/control our car (how we steer/control ourselves and our families) – we will be empowered and able to negotiate the challenges that cross our way.

Conclusion to: You can choose your position Exercise 2.2

TO INFORM: Wayne Dyer said:

"Whatever reality you find yourself in is capable of being altered by you at any time you want. It is not altered by changing what is outside of you; it's altered by changing how you choose to process your life."

Wayne Dyer

3) COMMITMENT

Identifying Strengths: Individual Exercise 3.1

15 minutes

Aids and equipment: Workbook page 5; pens

The objectives of Exercises 3.1 and 3.2 are to:

1) enlist the participants' active participation;
2) give them an opportunity to share their experiences;
3) provide an opportunity for focused reflection;
4) expand their understanding of the concept of resilience by adding new information and theory;
5) raise their awareness; and
6) practise their skills / apply them to their family life / other contexts

in order to:

a) help the participants understand the value of familial commitment (according to the FHI – Appendix A);
b) identify their family strengths/resilience factors; and
c) illustrate the importance of teamwork.

The participants need to be given opportunities to practise and to apply what they are learning to their day-to-day settings (Bronner, cited in Flint, n.d.; Rooth, 1997). Extending and generalising their newly acquired knowledge supports the transfer of learning.

Introduction

This serves as an introduction to: Identifying Strengths Exercise 3.1

TO SAY: Abraham Lincoln said:

"Commitment is what transforms a promise into reality."

Abraham Lincoln

TO INFORM: Now: to steer/control a car well, you need to know your car. You need to know where the breaks are, where the indicators are, etc. In the same way, to steer/control your family life well, you need to know your family:

3.1 Identifying strengths: Individual exercise

TO SAY: So: think of a time in your life when you and your family had to face a difficult challenge but managed to overcome it:

TO DO: (Go through the questions one at a time: ask the question; wait for each participant to complete it; and then ask the following question.)

1. What was the challenge your family had to face? _____

   _____

   _____

   _____

   _____

2. How did your family react to the challenge? _____

   _____

   _____

   _____

   _____

3. Did your family's initial reaction differ from the family's reaction later on (after the initial shock had passed)? _____

_____

_____

_____

_____

If so, what allowed your family to react differently to the challenge later on? _____

_____

_____

_____

_____

4. What "lies" did the challenge try to convince your family of? Did it try to convince you that you won't be able to cope? That it is not something the family will be able to survive? _____

_____

_____

_____

_____

5. What helped your family overcome the challenge? What are the strengths that helped to keep your family steered in the right direction and not run off the road? _____

_____

_____

_____

5.1 What actions did you take? _____

_____

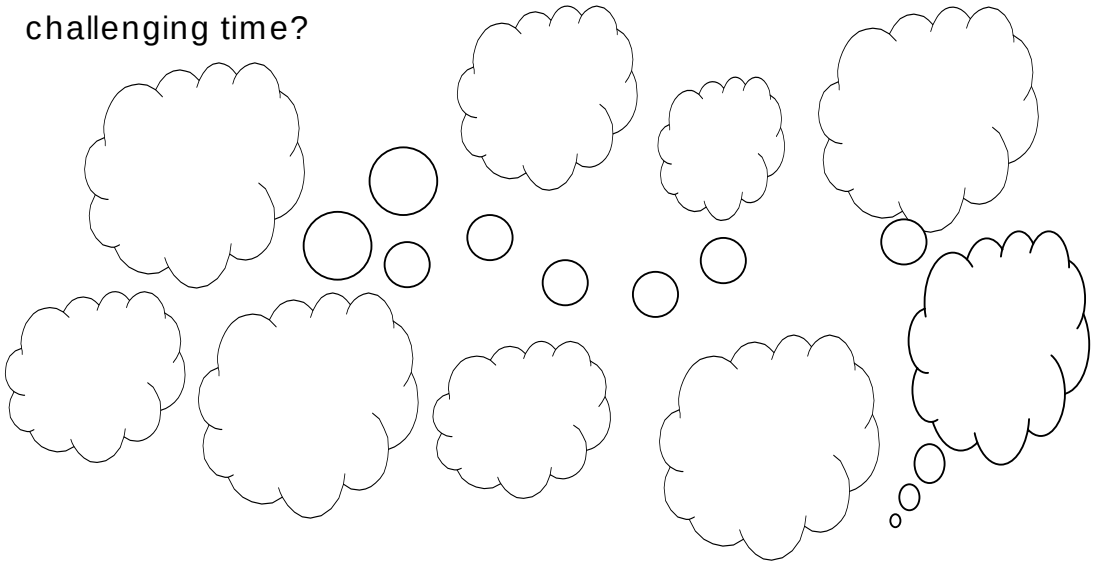
_____

_____

_____

_____

5.2 What kind of thinking supported your family through the challenging time?



5.3 What attitudes and values did you hold on to that helped you? __

_____

_____

_____

ANSWER: Any of the following: humour; being positive; seeing the glass as half full instead of half empty; religion; commitment; never giving up; perseverance; etc.

5.4 Were you alone in facing the challenge or did specific support help your family? _____

_____

_____

TO TEACH: Before you are allowed to get a licence to drive a car, they test your eyes. Obviously you need to be able to see if you want to drive. But you need to see "wide": on the road you can't only focus on what is directly in front of you, you also have to look out for things on the side of the road – "wydkyk". It is the same when we are facing a challenge: If we only see the challenge (like a donkey with blinders on) we are going to miss a lot of important things. So if you take the blinders off and look "widely" at the challenging situation:

6. What did the challenge teach you about your family? What did it reveal about your family? _____

   _____

   _____

   _____

7. If you were more conscious of these elements/more committed to these elements, how would your family life be different? _____

   _____

   _____

   _____

8. How can you make these elements even stronger in your family life? What do you need to do more of or perhaps less of? _____

   _____

   _____

   _____

9. When will it be most helpful to use these elements? _____

   _____

   _____

   _____

f) TEA / COFFEE BREAK

30 minutes

Aids and equipment: Cups; spoons; coffee, tea, sugar, milk, juice; snacks
TO DO: Provide refreshments for participants. Break for ½ an hour.

According to Moynihan *et al*. (2004), breaks are needed to keep people working and feeling positive. Mid-morning and mid-afternoon drinks and snacks will be effective.

Identifying Strengths: Exercise 3.2

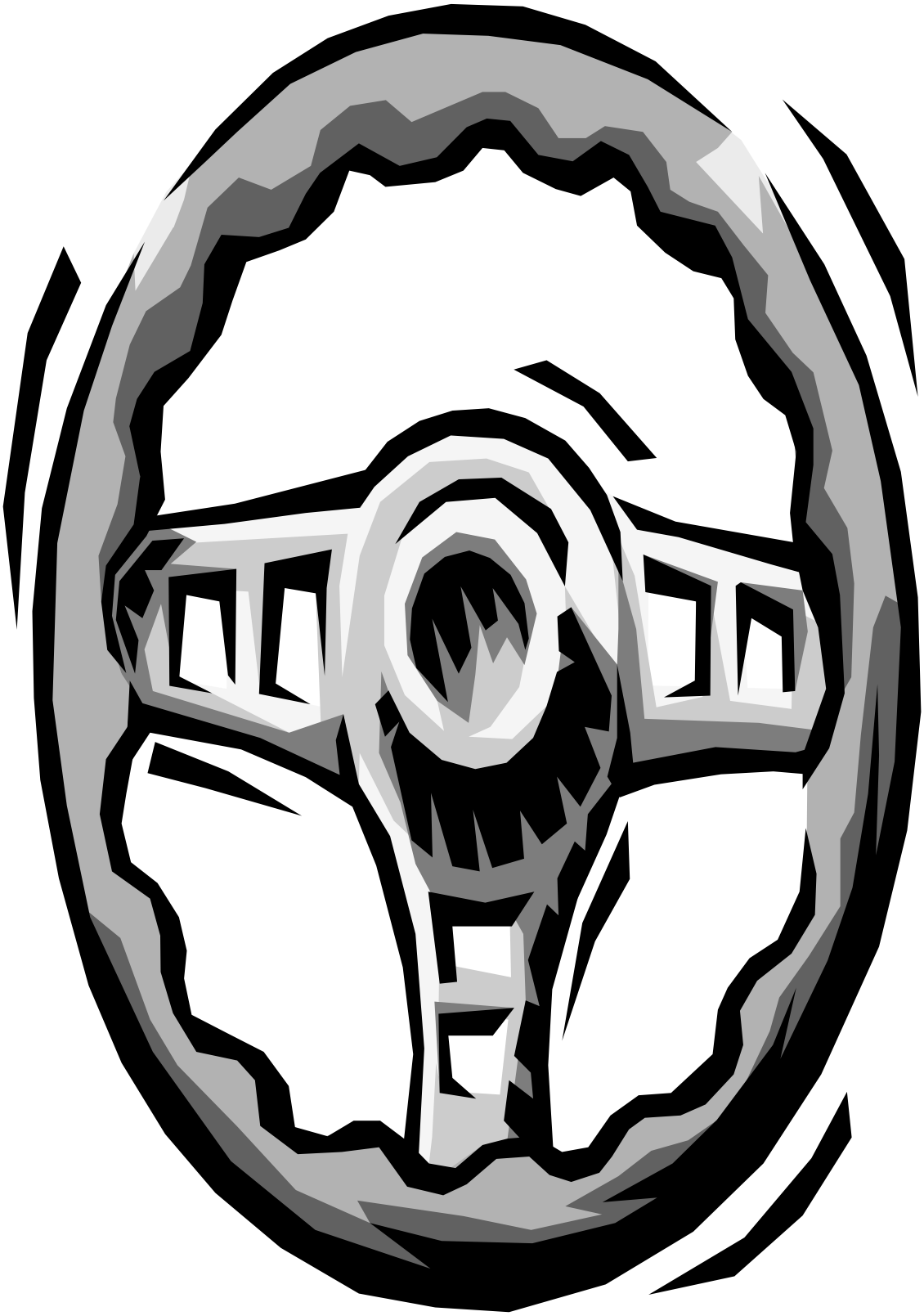
10 minutes

Aids and equipment: Workbook page 8; pens

3.2 Identifying strengths

Summarise (in each of the different sections of the steering wheel) the elements that have made your family resilient in the past:

(Those elements that allowed you to steer around the potholes)
TO SAY: Summarise in each of the different sections of the steering wheel the elements that have made your family resilient in the past



Importance of Teamwork Exercise 3.3

15 minutes

Aids and equipment: Candle; matches; instruction cards A and B (Appendix D); whiteboard/flip chart; kokis; workbook page 9; pens;

The objectives of Importance of Teamwork Exercise 3.3 are to:

1) enlist the participants' active participation;
2) give them an opportunity to share their experiences;
3) provide for focused reflection;
4) analyse their familiarity with the subject matter;
5) expand their understanding of the concept of resilience by adding new information and theory;
6) raise their awareness, which in turn will increase the likelihood that they will employ it more frequently

in order to:

a) illustrate the importance of teamwork.

Role-plays involve acting out a given scenario, which is determined by the trainer in order to practise specific skills (Rooth, 1995; Yeow, 1998). The purpose is to facilitate self-discovery and analyse and identify effective and less effective behaviour strategies (Rooth, 1995; Yeow, 1998). It is not a dramatic presentation on a stage, but rather a relatively unstructured and unpredictable activity (Rooth, 1995). It is important to allow participants to de-role, by asking them how they felt. The rest of the group must also be involved actively in the process by obtaining their feedback through questioning (Rooth, 1995). Role-plays accommodate participants with a body-smart preference (Bruce, 2000).

3.3 Role-play: Importance of teamwork

TO DO: Place a candle and matches on a table in front of the group. Ask two volunteers from the group to participate in a role-play. Send them to opposite sides of the room, where each of the volunteers is given an instructional card (Appendix D).

Do not allow the volunteers to see each other's cards or tell the group what they are meant to do. Instruct the group to observe closely what they see.

TO ASK: Obtain feedback from the group about their observations by asking the following leading questions:

Volunteer role-players:

1) How did you feel doing it?

Group:

1) What happened? What did you observe?
2) How did you feel about the situation?
3) What did you learn from this role-play?
4) What is the implication for your life?

TO DO: Write the participants' observations on the whiteboard / flip chart.

ANSWER: The role-play illustrated the importance of teamwork. When we work against each other, we get nothing done.

TO DO: Direct the participants' attention to page 9 of the workbook.

TO INFORM: When we are COMMITTED as a FAMILY to achieve the same GOALS and work TOGETHER as a TEAM we can ACCOMPLISH what is needed.

When we are _____
as a _____ to achieve
the same _____ and
work _____ as a
_____ we can
_____ what is needed.

TO ASK: So what is the result of TEAMwork?

ANSWER:

T TOGETHER

E EVERYONE

AACHIEVES

M MORE

What is the result of TEAMwork?

T _____

E _____

A_____

M _____

Conclusion to Importance of Teamwork Exercise 3.3

TO INFORM: Helen Keller said:

"Alone we can do so little. Together we can do so much."

Helen Keller

4) CLOSING

Closing a workshop provides the participants with a final opportunity to express their thoughts and feelings that might otherwise not have been spoken (Baumholz, 2003). It will influence the participants' perceptions of the workshop, as well as the probability that they will continue benefiting from it (Rooth, 1995). According to Hine (1997), closing a workshop is just as important as opening it.

A workshop overview and ceremony are two ways to close a workshop (International HIV/Aids Alliance, 2001). With a workshop overview, participants are asked to draw a picture to represent what was learned during the workshop and how it relates to their life (International HIV/Aids Alliance, 2001).

Reflection: the symbol of your family's resilience Exercise 4.1

15 minutes

Aids and equipment: CD player; relaxing CD; workbook page 10; pens; crayons/coloured pencils

Exercise 4 Closing

4.1 Reflection: the symbol of your family's resilience

TO DO: Play relaxing/soothing music in the background. Light candles around the room.

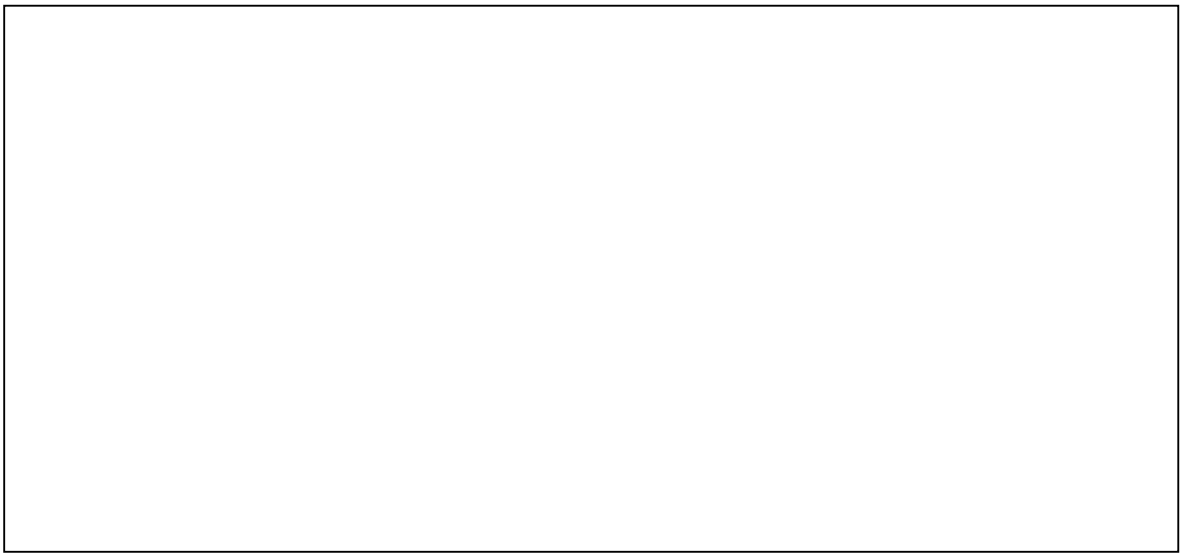
TO SAY: We are going to use the following exercise as a way to reflect on what you have experienced today, so sit back in your chair as comfortably as you can:

1. Close your eyes. Try to empty your thoughts while you inhale and exhale slowly. Relax your body.

2. Start exploring your "inside". Become aware of the different physical and emotional sensations in your body.
3. Move your attention to where resilience is situated in your body. Concentrate on it. Feel it. Visualise it.
4. What do you see? What vision comes to mind? How does it make you feel?
5. How does it apply to your family?
6. Re-focus your attention and, once again, become aware of the physical sensations in your body. Feel your heart beating in your chest. Become aware of your breathing and the noises around you. Open your eyes when you are ready.

TO DO: Focus the participants' attention on page 10 of their workbook.

TO SAY: Now, in the block provided, design a symbol that is representative of your family's resilience:



What are you trying to communicate with the specific symbol? _____

_____

_____

_____

What does it say about your family's resilience? _____

_____

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_____

What does it say about your goals for your family? _____

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_____

How are you going to apply the concept of resilience in your day-to-day life?

_____

_____

_____

Rubber band closing ceremony Exercise 4.2

10 minutes

Aids and equipment: Rubber band for each participant

The rubber band closing ceremony provides a sense of ritual and affirmation. It serves as a reminder and gentle prod to the participants to continue applying what they have learnt and to work on their commitments (Rooth, 1995).

The objectives of the Rubber band closing ceremony Exercise 4.2 are to: 1) leave participants with a symbol of their participation in the workshop; and 2) provide a reminder of their family's resilience in order to: a) leave participants with the feeling that their time has been well spent, b) leave participants with a willingness to come back; and c) encourage participants to apply what they have learnt.

4.2 Rubber band closing ceremony

TO DO: Call each participant to the front and place a rubber band around their wrist as a symbol of their participation in the workshop and a reminder of their family's resilience.

5) FOLLOW-UP

Exercise 5 serves as an applications notebook transfer-of-learning technique. This enables the participants to note what ideas have worked or have not worked in the process of applying their new learning or skills. It also affords them the opportunity to add other supporting material that could assist them in the applications process.

TO DO: Write down all the participants' postal addresses. After a month, send a rubber band in an envelope with a note to remind them to complete the follow-up questions.

Exercise 5 follow-up

The follow-up questions should be completed one month after the workshop:

Which of the resilience skills that you acquired have worked best for you? _____

_____

_____

_____

_____

_____

Which was easiest to apply to your family life? _____

_____

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Why? _____

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What has supported you in applying the skills? _____

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Which was most difficult skill to integrate into your family life? _____

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Why? _____

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What were stumbling blocks in the application of the skills? _____

_____

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What has been the payoff of integrating these factors into your family life? _____

_____

_____

_____

What is the next step to develop these qualities even further? _____

_____

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APPENDIX A

The Family Hardiness Index (FHI), developed by McCubbin *et al*. (1993), was used to measure the characteristic of hardiness as a stress-resistance and adaptation resource in families (McCubbin, Thompson & McCubbin, 1996). Hardiness refers to the strengths and durability of the family unit, a sense of control over the outcomes of life events and hardships, as well as an active, rather than a passive, orientation in adjusting to and managing stressful situations. The scale consists of three subscales (commitment, challenge and control). The Commitment subscale measures the family's sense of internal strengths, dependability and ability to work together. The Challenge subscale measures the family's efforts to be innovative, active, to enjoy new experiences and to learn. The Control subscale measures the family's sense of being in control of family life rather than being shaped by outside events and circumstances.

APPENDIX B

Checklist: What you will need

- □ Enough nametags for each participant to be given one
- □ Workbook/manual for each participant, including a few extra for contingencies
- □ Enough pens / pencils for all of the participants, including a few extras
- □ Whiteboard / flip chart
- □ Whiteboard markers / markers for the flip chart
- □ Rubber bands of varying width, size and colour
- □ "Ball" made of rubber bands
- □ Pile of paper
- □ Candle and matches
- □ Crayons for participants to draw with
- □ Enough rubber bands for each participant

APPENDIX C

Rooth's (1997) Practical Model for Experiential Learning

1. Start with the experience of the participants.
2. Give the participants an opportunity to share with others.
3. Analyse by looking for patterns and similarities.
4. Enrich the aforementioned by adding new information or theory.
5. Allow the participants to practise skills and plan for future action.
6. Plan for incorporation/application of the skills in their daily lives.
7. Reflect at any of these stages and at the end.

APPENDIX D

Card A

Without hurting yourself or the other person**, try your best to light the candle**.

Card B

Without hurting yourself or the other person, **do not allow the candle to be lit**.

REFERENCES

Andrienko, N., & Andrienko, G. (2006). *The complexity challenge to creating useful and useable visualisation tools*. Retrieved September 27, 2007, from http://www.ais.fraunhofer.de/and/slides/2006-07-04-CMV2006panel.pdf

Baumholz, L. (2003). *A training of trainers manual*. Retrieved October 3, 2007, from http://www.accessdemocracy.org/library/1632_id_parties_053103.pdf

Bruce, B. (2000). *7 ways of teaching the Bible to adults: using our multiple intelligences to build faith*. Nashville: Abingdon Press.

Caffarella, R.S. (2002). *Planning programs for adult learners: a practical guide for educators, trainers, and staff developers* (2nd edn.). San Francisco: Jossey-Bass.

Charlton, B.G. (2000). *Evolution and the cognitive neuroscience of awareness, consciousness and language*. Retrieved September 27, 2007, from http://www.hedweb.com/bgcharlton/awconlang.html

Fischbein, E. (1987). *Intuition in science and mathematics*. Dordrecht: Kluwer.

Flint, W. (n.d.). *Transfer of learning: evaluating workplace transfer of training techniques*. Retrieved September 24, 2007, from http://216.239.59.104/search?q=cache:miigntq6GFgJ:collegeofthedesert.edu/uploadedFiles/transferoflearning.doc+%22This+paper+defines+transfer+of+learning%22&hl=af&ct=clnk&cd=1&gl=za

Gardner, H. (1999). *Intelligence reframed: multiple intelligences for the 21st century.* New York: Basic Books.

Hine, P. (1997). *Running workshops: notes for facilitators*. Retrieved October 3, 2007, from http://www.philhine.org.uk/writings/pdfs/wkshps.pdf

International HIV/Aids Alliance. (2001). *A facilitator's guide to participatory workshops with NGOs/CBOs responding to HIV/Aids*. Retrieved October 3, 2007, from http://www.aidsmap.com/en/docs/pdf/Participatory_Workshops.pdf

James, W.B., & Galbraith, M.C. (1985). Perceptual learning styles: implications and techniques for the practitioner. *Lifelong Learning*, *8*(4), 59-64.

Kraft, D., & Sakofs, M. (Eds.). (1988). *The theory of experiential education*. Boulder, CO: Association for Experiential Education.

Kruger, N. (1998). *Facilitating life skills: your survival guide*. Pretoria: Amabhuku.

McCubbin, H.I., McCubbin, M.A., & Thompson, A.I. (1993). Resiliency in families. The role of family schema and appraisal in family adaptation to crises. In T.H. Brubaker (Ed.). *Family relations. Challenges for the future* (pp. 153-177). Newbury Park: Sage.

McCubbin, H.I., Thompson, A.I., & McCubbin, M.A. (1996). *Family assessment: resiliency, coping and adaptation. Inventories for research and practice*. Madison, WI: University of Wisconsin.

Moynihan, M., Guilbert, J.J., Walker, B., & Walker, A. (2004). Retrieved May 31, 2007, from http://www.networklearning.org/download/workshop.doc

Native fish strategy for the Murray-Darling Basin 2003 – 2013. (n.d.). Retrieved September 27, 2007, from http://216.239.59.104/search?q=cache:42lTWOwrBE4J:www.mdbc.gov.au/__data/page/65/Fish-strat_ful.pdf+%22function+of+a+demonstration%22&hl=af&ct=clnk &cd=9&gl=za

Rieber, L.P. (1995). A historical review of visualization in human cognition. *Educational Technology Research and Development*, *43*(1), 45-56.

Rooth, E. (1995). *Lifeskills: a resource book for facilitators*. Cape Town: Nolwazi Educational Publishers.

Rooth, E. (1997). *Introduction to lifeskills: hands-on approaches to lifeskills education*. Pretoria: Via Afrika.

Yeow, W.C. (1998). *Manual on developing a training centre within a chamber or trade association.* Retrieved September 30, 2007, from http://www.crystal-netbook.info/e91992/e123689/e123691

ADDENDUM C

Resilience: an ability to stretch, bend, twist and turn without breaking

Workbook

Resilience: an ability to stretch, bend, twist and turn without breaking

Compiled by Joanita Holtzkamp (Psychologist)

“LOST PUPPY”

Exercise 1: Meet Resilience

The objective of Exercise 1 is to introduce you to the broad idea of resilience in order to: 1) help you understand it better; and 2) make you more aware of it, which will 3) increase the likelihood that you will use it more frequently in your life.

1.3 Introductory exercise: What do you think of when you hear the word “resilience?”

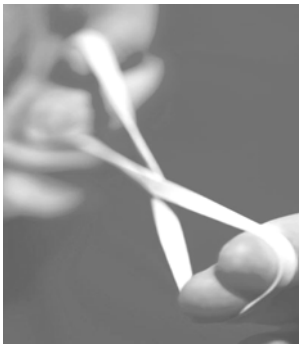
1.4 A Definition: What do rubber bands teach us about resilience?

He's a million rubber bands in his resilience.

Alan K. Simpson

1._____

_____



2. _____

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3. _____

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4. _____

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5. _____

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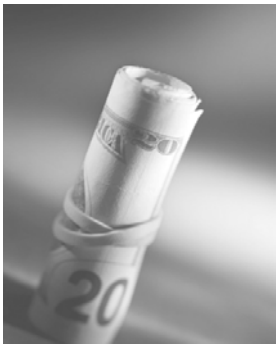
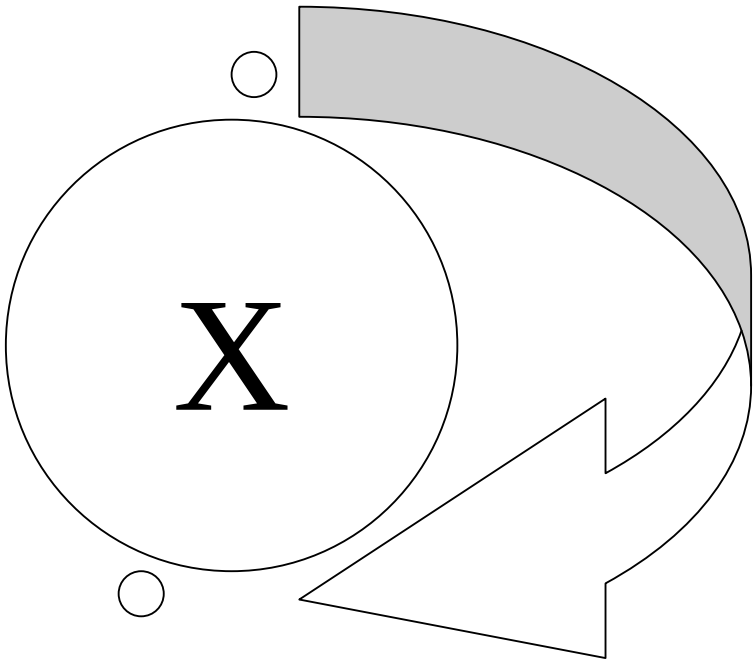


Exercise 2: Focused control

The objective of Exercise 2 is to demonstrate: 1) the importance of control in the family; 2) the importance of what we choose to control/what we focus on to control; 3) the effects of what we choose to control; and 4) how to face challenges head-on.

We do not have control over the _____ our _____ will have to face on our life journeys. But we do have _____ over how we _____ to _____ _____ in the face of those challenges.

2.1 You can choose your position



The position we choose to take with regard to the challenge is going to determine the effects it is going to have in the lives of our families. If we do not like the effects, we need to change our position.

"When we are no longer able to change a situation – just think of an incurable disease such as inoperable cancer – we are challenged to change ourselves… In some way, suffering ceases to be suffering at the moment it finds a meaning."

Victor Frankl

Exercise 3: Commitment

The objective of Exercise 3 is to help you: 1) understand the value of familial commitment; 2) identify your family strengths/resilience factors; and 3) illustrate the importance of teamwork.

"Commitment is what transforms a promise into reality."

Abraham Lincoln

3.1 Identifying strengths

Think of a time in your life when you and your family had to face a difficult challenge but managed to overcome it:

1.What was the challenge your family had to face? _____

_____

_____

2.How did your family react to the challenge? _____

_____

_____

3.Did the family's initial reaction differ from their reaction later on in dealing with the challenge? _____

_____

_____

If so, what allowed your family to react differently to the challenge later on? _____

_____

_____

_____

4.What "lies" did the challenge try to convince your family of? Did it try to convince you that you will not be able to cope? That it is not something the family will be able to survive? _____

_____

_____

_____

5.What helped your family overcome the challenge?

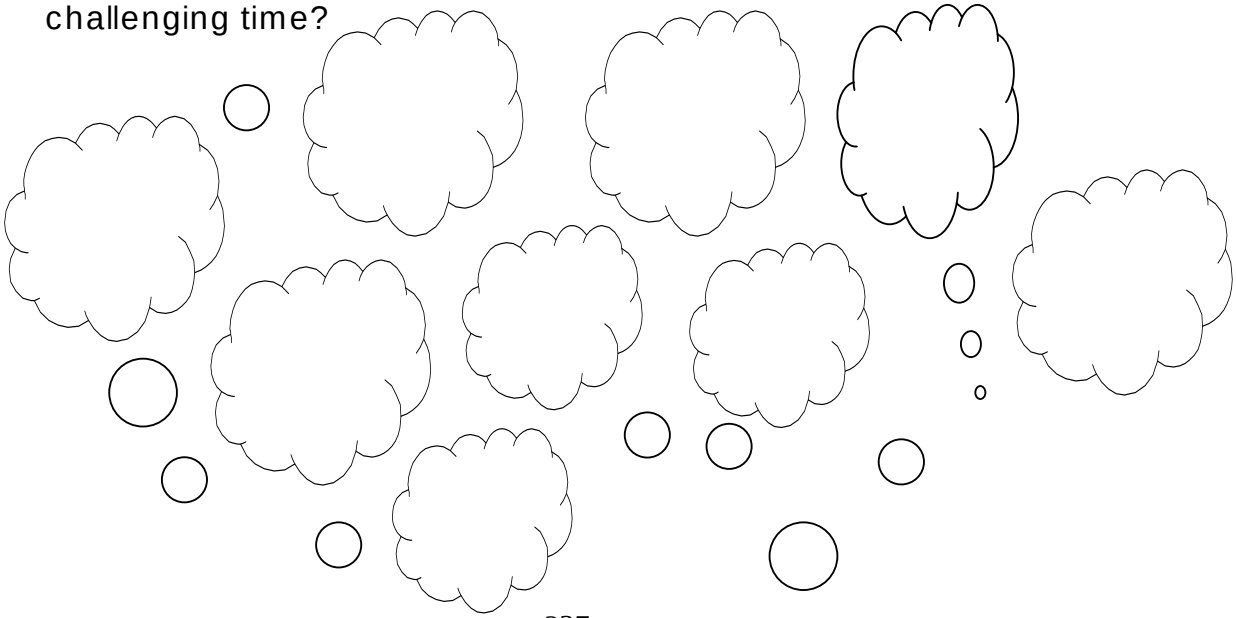
5.1 What actions did you take? _____

_____

_____

_____

5.2 What kind of thinking supported your family through the challenging time?



5.3 Were you alone or did specific support help your family? _____

_____

_____

_____

5.4 What attitudes and values did you hold on to that helped you? __

_____

_____

_____

_____

6.What did the challenge teach you about your family? What did it reveal about your family? _____

_____

_____

_____

_____

7.If your family were more conscious of these supportive elements, how would your family life be different? _____

_____

_____

_____

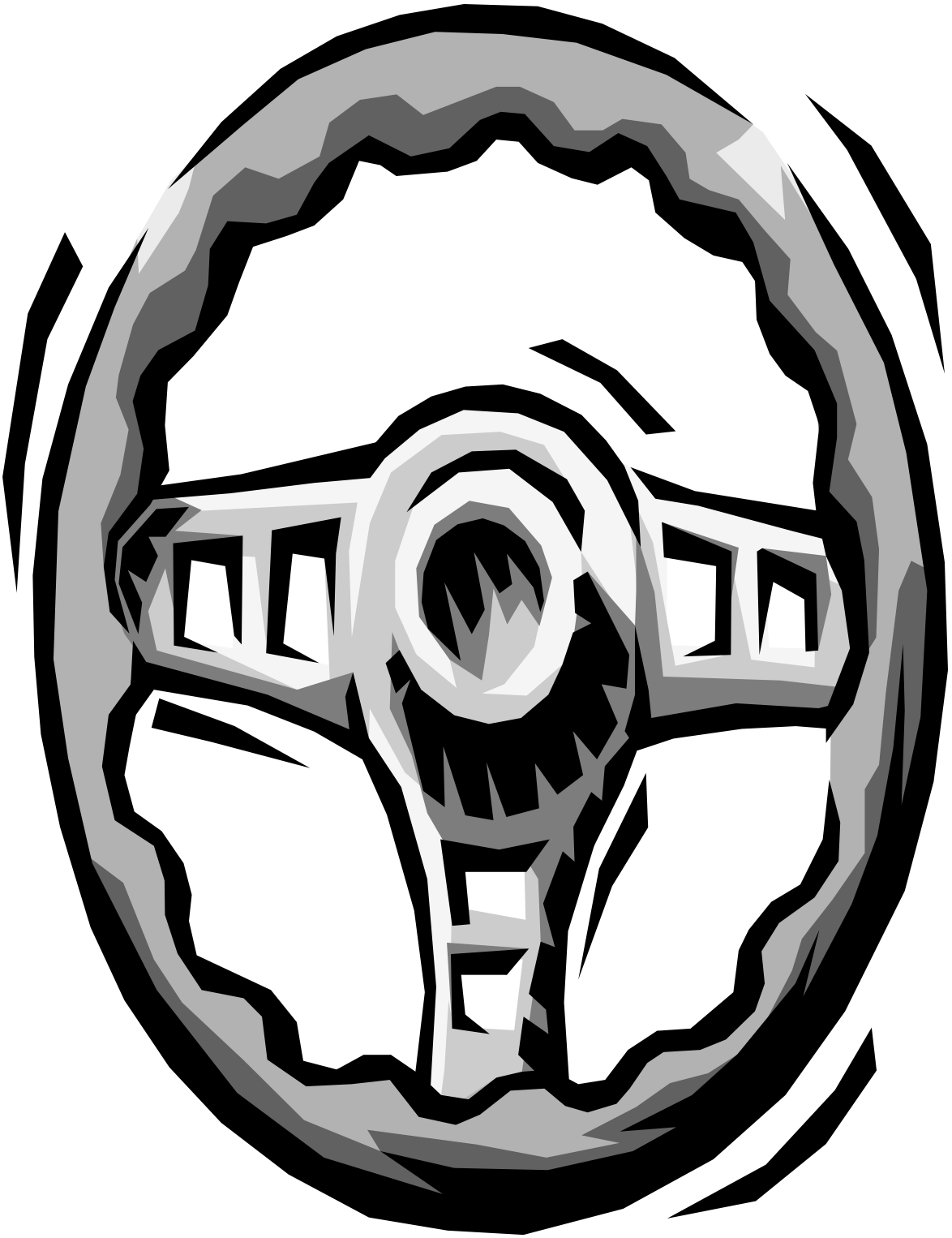
8.How can you make these elements even stronger? _____

_____

_____

_____

3.2 Summarise (in each of the different sections of the steering wheel) the elements that have made your family resilient in the past:



3.3 Role-play: Importance of teamwork

When we are _____
as a _____ to achieve
the same _____ and
work _____ as a
_____ we can
_____ what is needed.

What is the result of TEAM-work?

T _____

E _____

A_____

M _____

"Alone we can do so little. Together we can do so much."

Helen Keller

Exercise 4: Closing

4.1 Reflection: the symbol of your family's resilience

Design a symbol that is representative of your family's resilience:

What are you trying to communicate with the specific symbol? _____

_____

_____

_____

What does it say about your family's resilience? _____

_____

_____

_____

What does it say about your goals for your family? _____

_____

_____

_____

How are you going to apply the concept of resilience in your day-to-day life?

_____

_____

_____

Exercise 5 follow-up

The follow-up questions should be completed one month after the workshop:

Which of the resilience skills that you acquired have worked best for your family? _____

_____

_____

_____

Which was easiest to apply to your family life? _____

_____

_____

_____

Why? _____

_____

_____

_____

What has supported you in applying the skills? _____

_____

_____

_____

Which was most difficult skill to integrate into your family life? _____

_____

_____

_____

Why? _____

_____

_____

_____

What were some of the stumbling blocks you experienced in the application of the skills? _____

_____

_____

_____

What has been the payoff of integrating these factors into your family life? _____

_____

_____

_____

What is the next step to develop these qualities even further? _____

_____

_____

_____

Thank you for participating. May you and your family be resilient!

ADDENDUM D

Veerkragtigheid: die vermoë om gestrek, gedraai en gebuig te word sonder om te breek

Werkboek (Afrikaans)

Veerkragtigheid: die vermoë om gestrek, gedraai en gebuig te word sonder om te breek

Saamgestel deur Joanita Holtzkamp (Sielkundige)

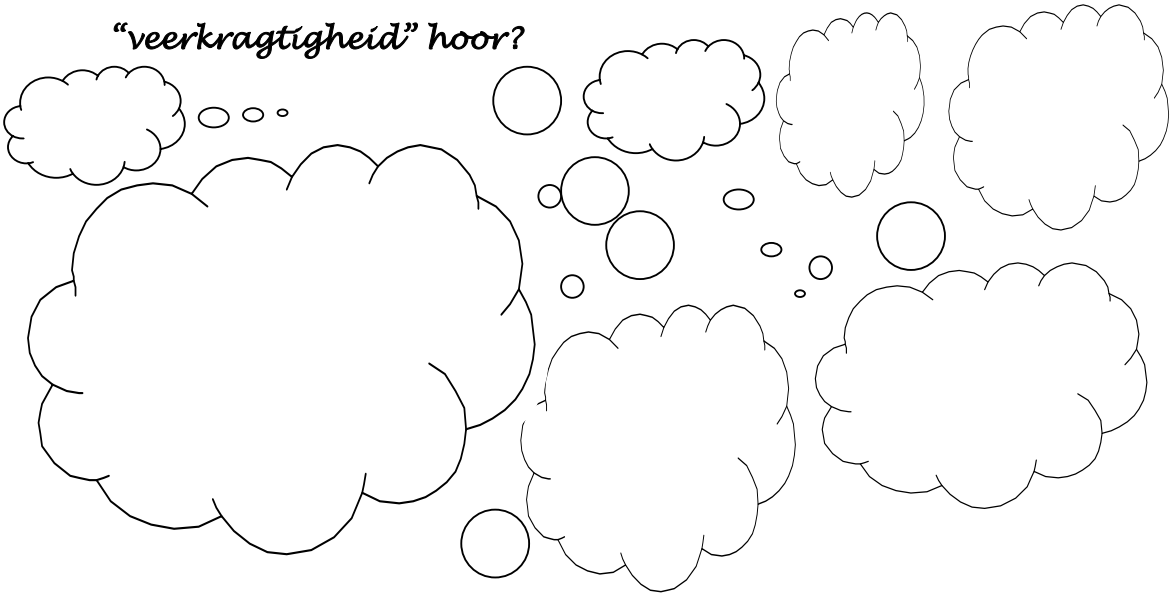
“VERLORE HONDJIE”

Oefening 1: Ontmoet Veerkragtigheid

Die doel van Oefening 1 is om jou bekend te stel aan die breë idee van veerkragtigheid, ten einde:

1) jou dit beter te laat verstaan;
2) jou meer bewus te maak daarvan;
3) die kanse te verhoog dat jy dit meer gereeld in jou lewe sal gebruik.

1.5 Inleidende oefening: Waaraan dink jy as jy die woord "veerkragtigheid" hoor?



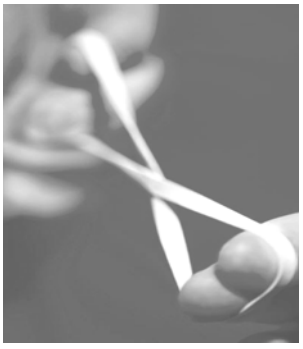
'n Definisie: Wat leer rekkies ons van veerkragtigheid?

He's a million rubber bands in his resilience.

Alan K. Simpson

1. _____

_____



2. _____

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3. _____

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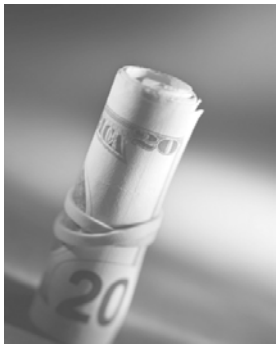


4. _____

_____

_____

5. _____

_____

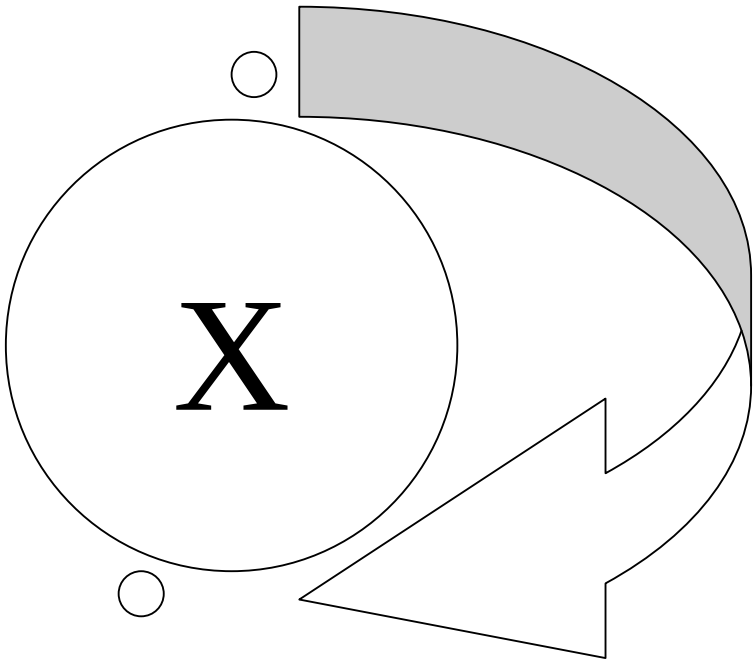
Oefening 2: Gefokusde beheer

Die doel van Oefening 2 is om die volgende te demonstreer:

1) die belangrikheid van kontrole binne die gesin;
2) die belangrikheid van wat ons kies om te beheer/op te fokus om te beheer;
3) die effek van dit wat ons kies om te beheer; en
4) hoe ons uitdagings in die gesig kan staar.

Ons het nie beheer oor die _____ wat ons _____ in die gesig sal moet staar in ons lewe nie. Maar ons het _____ oor hoe ons _____ om _____ te _____ as ons hierdie uitdagings in die gesig moet staar.

2.2 Jy kan jou posisie kies



Die posisie wat ons kies om ten opsigte van 'n uitdaging in te neem, sal bepaal watter effekte dit in die lewens van ons gesinne sal hê. As ons dus nie van die effekte hou nie, moet ons ons posisie verander.

"When we are no longer able to change a situation – just think of an incurable disease such as inoperable cancer – we are challenged to change ourselves… In some way, suffering ceases to be suffering at the moment it finds a meaning."

Victor Frankl

Oefening 3: Toewyding

Die doel van Oefening 3 is om jou te help om: 1) die waarde van toewyding binne jou gesin te verstaan; 2) jou gesin se sterk punte/veerkragtigheidsfaktore te identifiseer; en 3) die belang van spanwerk te illustreer.

"Commitment is what transforms a promise into reality."

Abraham Lincoln

3.1 Identifisering van sterk punte

Dink aan 'n tyd in jou lewe toe jy en jou gesin 'n moeilike uitdaging in die gesig moes staar, maar dit kon oorkom.

1.Wat was die uitdaging wat jou gesin in die gesig moes staar? _____

_____

2.Hoe het jou gesin op die uitdaging reageer? _____

_____

3.Het jou gesin se aanvanklike reaksie verskil van hulle reaksie later in die hantering van die uitdaging? _____

_____

_____

Indien wel, wat het toegelaat dat jou gesin later verskillend op die uitdaging kon reageer? _____

_____

_____

4.Van watter “leuens” het die uitdaging jou gesin probeer oortuig? Het dit jou gesin probeer oortuig dat julle dit nie sal kan hanteer nie? Dat dit nie iets is wat die gesin sal kan oorleef nie? _____

_____

_____

_____

5.Wat het jou gesin gehelp om die uitdaging te oorkom?

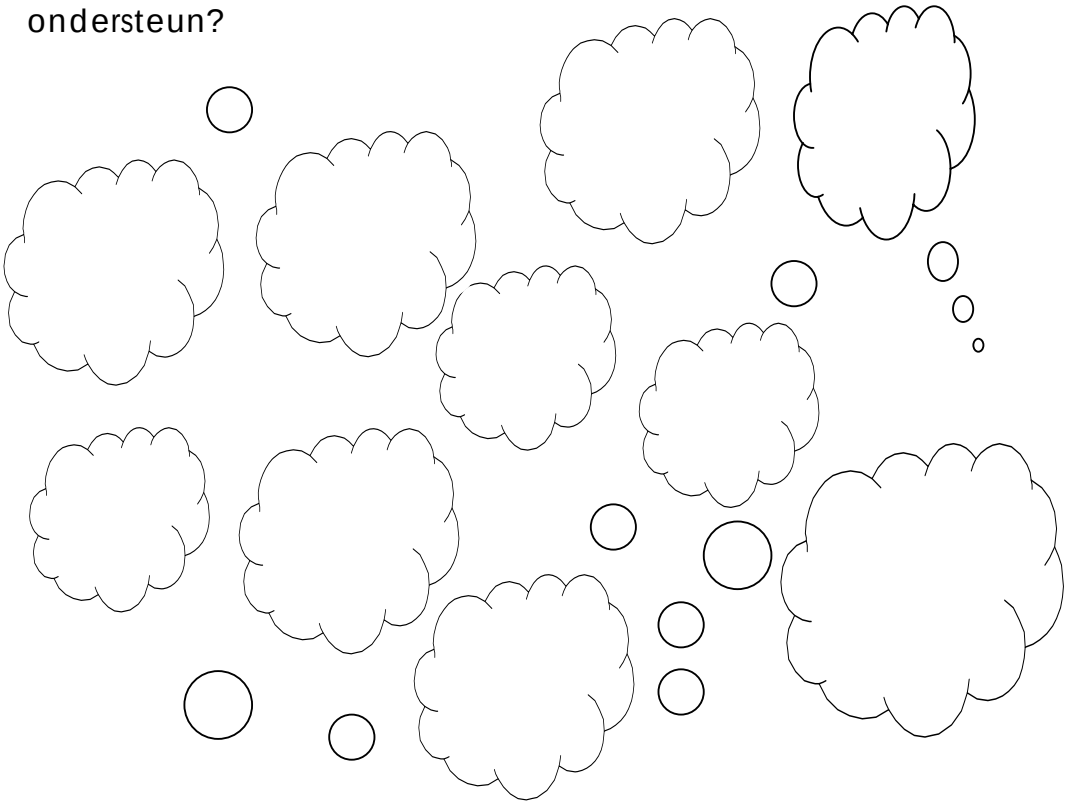
5.1 Watter aksies het julle gesin geneem? Wat het julle daaraan gedoen? _____

_____

_____

_____

5.2 Watter maniere van dink het jou gesin in dié uitdagende tyd ondersteun?



5.3 Was julle alleen of was daar spesifieke tipe ondersteuning wat jou gesin gehelp het? _____

_____

_____

_____

5.4 Watter houdings en waardes het julle aan vasgehou wat julle gehelp het? _____

_____

_____

_____

_____

6.Wat het die uitdaging jou van jou gesin geleer? Wat het dit gewys oor jou gesin? Aan jou bekend gemaak oor jou gesin? _____

_____

_____

_____

7.Indien julle meer bewus was van hierdie ondersteunende elemente, hoe sou julle gesinslewe anders gewees het? _____

_____

_____

_____

8.Hoe kan julle hierdie elemente selfs sterker maak? _____

_____

_____

_____

3.2 Som op (in die verskillende dele van die stuurwiel) die elemente wat jou gesin in die verlede veerkragtig gemaak het:

3.3 Rolspel: Die belangrikheid van spanwerk

Wanneer ons as 'n _____ _____ is om dieselfde _____ te bereik en _____ te werk as 'n _____ kan ons _____ wat nodig is.

Wat is die resultaat van TEAM-work?

T _____

E _____

A_____

M _____

"Alone we can do so little. Together we can do so much."

Helen Keller

Oefening 4: Afsluiting

4.1 Besinning: die simbool van jou gesin se veerkragtigheid

Ontwerp 'n simbool wat verteenwoordigend is van jou gesin se veerkragtigheid:

Wat probeer jy met die spesifieke simbool kommunikeer? _____

_____

_____

Wat sê dit van jou gesin se veerkragtigheid? _____

_____

_____

_____

Wat sê dit oor die doelwitte wat jy het vir jou gesin? _____

_____

_____

Hoe gaan jy die konsep van veerkragtigheid in jou alledaagse lewe toepas?

_____

_____

_____

Oefening 5: opvolg

Die opvolg-vrae moet een maand ná die werkswinkel voltooi word:

Watter van die veerkragtigheidsvaardighede het die beste vir jou gesin gewerk? _____

_____

_____

_____

Watter was die maklikste om in jou gesinslewe toe te pas? _____

_____

_____

_____

Hoekom? _____

_____

_____

Wat het jou ondersteun in die toepassing van die veerkragtigheidsfaktore in jou gesin? _____

_____

_____

_____

Watter aspekte was die moeilikste om in jou gesinslewe te integreer? __

_____

_____

_____

Hoekom? _____

_____

_____

_____

Wat was die struikelblokke in die toepassing? Wat was die goed wat dit moeilik gemaak het? _____

_____

_____

_____

Wat was tot dusver die voordeel vir jou gesin as gevolg van die integrering van hierdie faktore in jou gesinslewe? _____

_____

_____

_____

Wat is die volgende stap in die verdere ontwikkeling van hierdie faktore? _____

_____

_____

_____

Baie dankie. Mag jy en jou gesin veerkragtig wees!

ADDENDUM E

Pre-intervention open-ended question enquiring into the participants' opinions about which factors or strengths they believed helped or supported their family the most (pre-intervention measure).

MEASUREMENT 1 COVERING LETTER

In your own words, what are the most important factors or strengths that have helped your family lately? _____

_____

_____

_____

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ADDENDUM F

Post-intervention enquiry regarding the value and impact of the intervention programme on the participants' family functioning (immediately after the intervention).

MEASUREMENT 2 COVERING LETTER

Surname and initials of participant: _____

Do you think the programme had an impact on your and your family's functioning? What type of impact did it have? How was it of value to you and your family? _____

_____

_____

_____

_____

_____

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ADDENDUM G

Three-month follow-up post-intervention enquiry regarding the value and impact of the intervention programme on the participants' family functioning (three months following the intervention).

MEASUREMENT 3 COVERING LETTER

Surname and initials of participant: _____

Do you think the programme, which was presented three months ago, still has an impact on how you function as a family? If so, what type of impact does it still have? How is it still of value to you and your family? _____

_____

_____

_____

_____

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_____

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_____

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_____

_____

ADDENDUM H

Letter to participants and written consent form

LETTER TO PARTICIPANTS

Thank you for your interest in my doctoral research. Through your participation I hope to understand whether resilience in families can be enhanced. I value your unique contribution and am excited about the possibility of your participation in it. At the same time I would like to thank you for your commitment of time, energy and effort. If you have any further queries before signing the consent form, or if there is a problem with the date and time of our meeting, please feel free to contact met on 082 698 1295.

Warm regards
Joanita Holtzkamp
COUNSELLING PSYCHOLOGIST

CONSENT FORM FOR PARTICIPATION IN THE RESILIENCE PROJECT

I, _____ (name and surname), the undersigned:

A. confirm that

I have been invited to partake in the research conducted by Ms Joanita Holtzkamp of the Department of Psychology, University of Stellenbosch.

2. I understand that

2.1 the goal of the project is to enhance resilience in families;

2.2 participation in the programme will take between 2 to 3 hours;

2.3 I will be expected to fill in questionnaires;

2.4 the programme will be presented at the Delft Church;

2.5 no financial costs are involved in participation in the programme;

2.6 all the information obtained will be treated anonymously and confidentially and will form part of a doctoral study that will probably be published in an academic journal;

2.7 I am not forced to partake in the study and may withdraw at any stage.

3. I have been granted the opportunity to ask questions, which were answered adequately.

B. I hereby grant permission to Ms Joanita Holtzkamp to conduct the research.

Signed: _____2008 at _____.