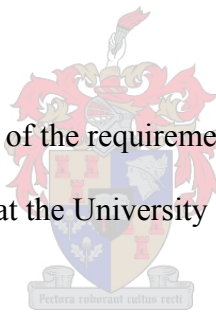


**ADAPTATION IN FAMILIES WITH YOUNG CHILDREN:
IDENTIFYING KEY PROCESSES AND FACTORS OF RESILIENCE**

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Thesis presented in partial fulfillment of the requirements for the degree of Master of Science
(Psychology) at the University of Stellenbosch



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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright 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.

Date: 17 February 2009

SUMMARY

Family resiliency refers to the ability of families to withstand and rebound from crises and adversity, and entails adequate or more than adequate adaptation in the face of adversity. The aim of this study was to identify those qualities or resources that young families have employed in their adaptation to the addition of a child to the couple/family relationship and which have deemed them resilient during this normative crisis. Grounded within family systems theory (Carter & McGoldrick, 2003), both the *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996) and the *Key Family Processes* as outlined by Walsh (2002) served as the theoretical frameworks that guided the execution of the research. Eighty-nine families, in which the eldest child was no older than four years of age, took part in this study. Seven quantitative questionnaires were used in the assessment of family adaptation, whilst the participating parents also completed a demographic questionnaire and answered an open-ended question. The qualitative dimension of this study revealed that families regarded the resources of social support, effective and caring communication, flexibility in family roles, rules and relationships and, lastly, commitment to the family as important resources in the process of adapting to the presence of a young child in the family. The quantitative results indicate that resilience may be bolstered by spending time together and managing a routine, as well as valuing the family unit highly.

OPSOMMING

Gesinsveerkragtigheid verwys na die vermoë van gesinne om, ten spyte van terugslae, teenspoed of traumatiese gebeurtenisse, na normale gesinsfunksionering terug te keer of om selfs hoër vlakke van suksesvolle funksionering te bereik. Die doel van die huidige studie was om die kwaliteite te identifiseer waarvan jong gesinne tydens hul aanpassing tot die aankoms en teenwoordigheid van 'n kind in die ouerlike/gesinsverhouding, gebruik maak. Die teoretiese raamwerke wat die uitvoer van hierdie studie gerig het, was die *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996) asook die *Key Family Processes*, soos beskryf deur Walsh (2002). Beide is in die sisteem-teorie van gesinsfunksionering (Carter & McGoldrick, 2003) gegrond. Nege-en-tagtig gesinne, waarvan die oudste kind nie ouer as vier jaar was nie, het aan hierdie studie deelgeneem. Benewens die sewe kwantitatiewe vraelyste het deelnemers ook 'n demografiese vraelys met 'n oopende vraag beantwoord. Die kwalitatiewe data het onthul dat gesinne die beskikbaarheid en gebruik van sosiale ondersteuning, die gebruik van effektiewe, ondersteunende kommunikasie, die vermoë om buigsaam te wees in terme van die gesin se rolle, reëls en verhoudings en, laastens, toewyding tot die gesin as belangrike hulpbronne tydens hul aanpassing tot die teenwoordigheid van 'n jong kind geag het. Die resultate van die kwantitatiewe vraelyste het getoon dat om die gesinseenheid as waardevol te ag, die geleentheid om tyd as gesin saam te spandeer en om volgens 'n daaglikse roetine te werk, om toegewyd tot en in beheer van die gesin te wees en om krisisse as 'n uitdaging te beskou, asook die vermoë om duidelik en effektief te kan kommunikeer, as belangrike veerkragtigheidskwaliteite geag is.

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CHAPTER 1

INTRODUCTION, AIMS AND MOTIVATION FOR THE STUDY

1.1 Introduction

The so-called *traditional* family has undergone numerous changes in recent decades (Clark, Cole & Gable, 2007). The family has changed to such an extent that it is difficult for individuals, families and social institutions to keep up (Ahlburg & De Vita, 1992; Brommel, Bylund & Galvin, 2004). Men and women who were raised in the 1950s and 1960s are now likely to find themselves in family situations that look and function very differently. Traditionally, family practices and values were transmitted through generations of families (Silberberg, 2001), acting as guidelines and examples for future generations. Such families had the opportunity to adhere to practices and related values from their family of origin, often having a wide range of role models and support structures to refer to for aid. However, marriage, divorce, widowhood and childbearing patterns have changed dramatically since the 1950s (Grochowski & Karraker, 2006; Skolnick & Skolnick, 1997) and have radically altered the size and composition of the family. Young people are marrying at older ages and more are foregoing marriage altogether. Marriage is less permanent and couples are more likely to divorce, although remarriage rates are high (Skolnick & Skolnick, 1997). Individuals today are having fewer children than those in the 1950s and 1960s (Bianchi, cited in Colakoglu, Foley, Greenhaus & Weer, 2006) and many couples, especially professional dual-earner couples, remain childless well into their 30s (Becker & Moen, cited in Colakoglu et al., 2006). However, more births are occurring outside of marriage, and more children are being raised in single-parent homes (Brommel et al., 2004). In addition, families today are most likely to have two or fewer children, there is a good chance that the mother is employed outside of the

home, and the odds of divorce before the children are grown is 50-50 (Grochowski & Karraker, 2006; Skolnick & Skolnick, 1997).

The breadwinner-homemaker model, with husband and wife raising their own children, was once the predominant pattern, known as the nuclear, or *traditional*, family (Ahlburg & De Vita, 1997; Clark et al., 2007). Today, these “traditional” families are in the minority, with greater diversity and complexity in family forms and functioning becoming the norm (Cowan & Cowan, 2003; Skolnick & Skolnick, 1997). Many family forms are now common in society (Clark et al., 2007): single-parent families, remarried couples, unmarried couples, step-families, foster-families, extended or multigenerational families, and the doubling up of two families within the same home (Skolnick & Skolnick, 1997). Indeed, family life in the future will be marked by its diversity (Ahlburg & De Vita, 1992; Brommel et al., 2004; Skolnick & Skolnick, 1997). As blended families become the norm, family members will experience their responsibilities as more complex, more ambiguous and more open to dispute in comparison to traditional families (Ahlburg & De Vita, 1992). As such, recognising the diversity in families today and addressing the complexity of their needs should lie at the heart of all debates on family issues (Grochowski & Karraker, 2006).

There are few events that have more of an impact on a family than the birth of a child (Knauth, 2001). Indeed, perhaps no other life cycle change or transition has deeper and broader consequences (Grochowski & Karraker, 2006). Becoming a parent is usually experienced as one of life’s major “normal” crises (Skolnick & Skolnick, 1997). Alice Rossi (cited in Skolnick & Skolnick, 1997) was one of the first to highlight that the *transition to parenthood* is often one of life’s more difficult passages. Parenthood itself has changed since Rossi’s work (Skolnick & Skolnick, 1997). Due to the radical shifts in the circumstances surrounding family life and the consequent new arrangements to accommodate the increasing demands placed on parents with young children (Brommel et al., 2004; Carter & McGoldrick,

1999; Cowan & Cowan, 1993), couples are experiencing difficulty regaining their balance after they have children. New social arrangements and roles have simply not kept pace with these changes (Brommel et al., 2004). Cowan and Cowan (1995) argue that if a life transition is experienced by the majority of contemporary couples and can be expected to be associated with stress and distress for many parents, it is likely to permeate to all of the relationships in the family. It may therefore seem reasonable to create preventative intervention strategies designed to enhance parents' coping skills and reduce their stress (Knauth, 2001), or to provide remedial aid for couples already in distress when the transition begins (Cowan & Cowan, 1995). Yet there are virtually no services to provide help until the problem escalates to the point where families require the services of the mental health system (Cowan & Cowan, 1995). The result is that couples are left to their own devices to juggle both the demands of work and family, more often than not without any role models to draw aid from (Grochowski & Karraker, 2006). Without appropriate role models or literature available, young families are at heightened risk for maladaptation following the addition of a child to the family (Cowan & Cowan, 1993, 1995; Grochowski & Karraker, 2006). Consequently, this study seeks to provide, at least in part, insight into the qualities associated with resilience in families with young children so as to aid researchers, clinicians and healthcare professionals in using the much needed information to design effective, appropriate and updated models, as well as intervention programmes.

This chapter will focus on the various ways in which the addition of a child to a relationship/family may affect the functioning of the pre-existing system, which forms the central premise of the motivation for this study. The chapter concludes with a description of what aims this study sets out to achieve.

1.2 Motivation for the study

The motivation for conducting this study concerns two related observations. Firstly, the rapid and dramatic social changes of the past – for example, women entering the workforce in greater numbers, the later onset of marriage, increased divorce rates (Brommel et al., 2004; Skolnick & Skolnick, 1997) – have led to the current diversity in family structures and forms (Cowan & Cowan, 1993, 2000). Secondly, the addition of a child to a relationship/family has an undeniable impact on the family's prior patterns of functioning (Carter & McGoldrick, 1989, 1999; Grockowski & Karraker, 2006). When these changes are experienced together, young parents are like pioneers in new, uncharted territory (Skolnick & Skolnick, 1997). For example, the vast majority of couples today enter parenthood with both husband and wife in the workforce, and most have expectations of a more egalitarian relationship than their own parents had. But the balance in their lives and their relationship has to shift dramatically after the baby is born (Skolnick & Skolnick, 1997). Most couples cannot afford the traditional pattern of the wife staying home full time, with the husband as sole or primary breadwinner; nor is this arrangement free from strain for those who embark on it.

Contemporary parents find themselves in double jeopardy (Cowan & Cowan, 1993, 2000). Significant historical shifts in the family landscape of the last century, particularly the last few decades, have created additional burdens for them. As couples set foot on the trails of this challenging journey, they become disoriented because society's map of the territory has been redrawn (Carter & McGoldrick, 1999; Cowan & Cowan, 1993, 2000). Young families thus face more burdens than in the past, yet supportive family policies, such as visiting nurses, paid parental leave and the like, are not available in every country or state (Grochowski & Karraker, 2006; Skolnick & Skolnick, 1997). Becoming a family today is more difficult than it used to be (Cowan & Cowan, 1993).

Both symbolically and in reality, the transition to parenthood signifies a key transition in the family life cycle (Carter & McGoldrick, 1989, 1999, 2003). Ever too often, this time of anticipation and joy is accompanied by numerous stressors, which, unless eliminated or made more manageable, could lead to disharmony and imbalance in the family system as a whole, permeating to all other aspects and domains of functioning (Walsh, 2003). Analyses of group data (Bradburn & Kaplan, 1993; Cowan & Cowan, 1993, 2000) demonstrate that becoming a family entails dramatic shifts in personal identity and family life. Not only does becoming a family provoke a rearrangement of work and family roles and reduce the time and energy for the marital relationship, but the process of family formation alters the central aspects of men's and women's self-concepts and their relationships to spouses, parents, friends, and society at large (Bradburn & Kaplan, 1993; Grochowski & Karraker, 2006).

The *transition to parenthood* is accompanied by numerous issues. Wives and husbands often engage in complex negotiations, both at home and at the workplace, in order to arrange and provide acceptable care for their children (Bradburn & Kaplan, 1993). This often produces significant work-family conflict, as these negotiations highlight the often incompatibility between pressures from the work and family domains (Bordeaux, Brinley, Casper, Eby & Lockwood, 2005; Colakoglu et al., 2006). Couples with more traditional work arrangements must decide if and when the mother will return to work, whereas those with less traditional kinds of families have few models available to shape their beliefs and behaviour. Most partners are finding it difficult to establish a new pattern of family life due to the fact that the models from the families in which they were raised are so different from the families they now want to, or need to, create (Brommel et al., 2004; Cowan & Cowan, 1993). The pioneers that couples today have become will inevitably find themselves in difficulty at some point on their strenuous journey (Skolnick & Skolnick, 1997). If societal policies do not become more

responsive to parents and children, many of them will lose their way (Cowan & Cowan, 1993, 2000).

1.3 Aims of the Study

The primary aim of this study was to identify those qualities of families that deem them 'resilient', enabling them to adapt successfully to the addition of a child to the family. Note that the description 'addition of a child to the family' in this study is not exclusively restricted to the addition of only the first child to the family. Rather, for the purpose of this study, it implies the relatively new life cycle phase of parenthood (from giving birth until the eldest/only child is four years of age) and the needed adaptation required in this particular phase. In short, this study focuses on family strengths and competencies in adjusting and adapting to the addition of a child. Insights gained as a result of this study can in future be utilised by healthcare professionals as a means of creating a family situation conducive to healthy, optimal family functioning.

1.4 Presentation of the Research

In Chapter 2, the difficulties associated with the transition to parenthood, as well as family resiliency frameworks, are discussed. Chapter 3 follows with a review of the literature on family resilience and the factors associated with resilience. Chapter 4 focuses on the methodology employed for the execution of this study, including a discussion of the research design, the research question and the measuring instruments used.

In Chapter 5, the results of the various statistical analyses are reported, while Chapter 6 contains a discussion of these results, as well as conclusions that can be drawn from and limitations of this study. Recommendations for future research are included.

CHAPTER 2

THEORETICAL BACKGROUND

2.1 Introduction

This chapter provides a discussion of family systems theory and the family life cycle. Furthermore, the two main constructs in this research study, namely the difficulties involved in the transition to parenthood and family resilience, will be discussed. These constructs will be defined and the various theories underlying them will be discussed. The chapter sets out to provide an indication of the stressors associated with the arrival of a child on a relationship/family and to emphasise the importance of a strength-based approach in the adjustment and adaptation to such stress.

2.2 Family Systems Theory and the Family Life Cycle

Family systems theory posits that a system is more than merely the sum of its individual members (Fagan & Hall, cited in Grochowski & Karraker, 2006). In the last decades of the 20th century, researchers and clinicians became increasingly aware that individuals influence and are influenced by the families and external communities in which they live (Grochowski & Karraker, 2006). The notion of viewing the family as a social system did not begin with family process theory (Broderick, 1993). It was at the core of *structural functional theory* and, although family systems theory could have developed directly from this conceptual framework, it did not, due to reasons beyond the scope of this study. Partly in reaction to and against the backdrop of the weaknesses and limitations of structural functionalism as practiced by sociologists, the majority of American sociologists gradually turned to far more modest, ad hoc theories based on empirical generalisations. The decade of the 1970s was noted as the time of an intensive quest for a comprehensive, integrated system of empirically-

based propositions about how families operated (Broderick, 1993). This effort culminated in the publication of the two-volume *Contemporary Theories About the Family* by Burr, Hill, Nye and Reiss in 1979 (Broderick, 1993). During the same period, a new paradigm for the analysis of complex systems was gaining adherents across a broad spectrum of disciplines. The earliest architect of *general systems theory* was biologist Ludwig von Bertalanffy (Broderick, 1993). In an intersecting development, Norbert Wiener, an engineer, and his associates developed the science of self-correcting systems, which they called *cybernetics*. Early in the theoretical development of general systems theory and cybernetics, these two conceptual systems merged and fed directly into the family process movement through the active participation of key scholars such as Gregory Bateson (Broderick, 1993).

Since the integration of systems theory into family theory, continuous efforts have led to the general conclusion that the family is an example of an open, ongoing, goal-seeking, self-regulating social system, and that it shares the features of all such systems. In addition, the family system is set apart from other social systems by certain features, for example its unique structuring of gender and generations (Broderick, 1993). Beyond this, each individual family system is shaped by its specific structural features (size, complexity, composition, life stage), the psychobiological features of its individual members (e.g. age, gender, health, temperament), and its sociocultural and historic position in its larger environment (Broderick, 1993).

Although the theory began as a unifying framework of the family therapy movement, over the years it has emerged as a major paradigm for family analysis in other, non-clinical disciplines such as sociology, psychology, home economics, social work and human communications (Broderick, 1993). It allows family scientists more flexibility in studying families as dynamic, interrelated, “strategic living communities” (Grochowski, cited in Grochowski & Karraker, 2006, p. 72) with diverse structures and relationship sets, impacted by external social systems.

Embedded within the general systems theory as it is understood today, the family life cycle is the natural framework within which individual identity and development are embedded and allows for the effects of the social system to be explained (Carter & McGoldrick, 2003). Similar to the psychosocial theory of individual human development developed by Erikson (Loxton, Meyer & Wait, 2003), the family, too, moves along various stages of development, each with their own challenges and pitfalls (Brommel et al., 2004). These stages and their respective key issues to be resolved are depicted in Table 2.1.

Table 2.1

The Stages of the Family Life Cycle according to Carter and McGoldrick (1999)

Family Life Cycle Stage	Key Principles	Changes in Family Status Required to Proceed Developmentally
Leaving home: single young adults	Accepting emotional and financial responsibility for self	<ul style="list-style-type: none"> a. Differentiation of self in relation to family of origin. b. Development of intimate peer relationships. c. Establishment of self in respect to work and financial independence.
Joining of families through marriage: the new couple	Commitment to new system	<ul style="list-style-type: none"> a. Formation of marital system. b. Realignment of relationships with extended families and friends to include spouse.
Families with young children	Accepting new members into the system	<ul style="list-style-type: none"> a. Adjusting marital system to make space for children. b. Joining in child rearing, financial and household tasks. c. Realignment of relationships with extended family to include parenting and grandparenting roles.

(Table continues)

(Table continued)

Families with adolescents	Increasing flexibility of family boundaries to permit children's independence and grandparents' frailties.	<ul style="list-style-type: none"> a. Shifting of parent/child relationships to permit adolescents to move into and out of system. b. Refocus on midlife marital and career issues. c. Beginning shift toward caring for older generation.
Launching children and moving on	Accepting a multitude of exits from and entries into the family system	<ul style="list-style-type: none"> a. Renegotiation of marital system as a dyad. b. Development of adult-to-adult relationships between grown children and parents. c. Realignment of relationships to include in-laws and grandchildren.
Families in later life	Accepting the shifting generational roles	<ul style="list-style-type: none"> a. Maintaining own and/or couple functioning and interests in face of physiological decline. b. Support for more central role of middle generation c. Making room in system for wisdom and experience of the elderly, supporting the older generation without overfunctioning for them. d. Dealing with loss of spouse, siblings, and other peers and preparation for death

As is evident from Table 2.1, relationships with parents, siblings and other family members go through transitions as families and their members move along the life cycle. Boundaries shift, psychological distance between members change, and roles both within and between subsystems are constantly being redefined (Carter & McGoldrick, 2003). Problems

experienced within the family are framed by the formative course of the family's past, the present task it is attempting to master and the future to which it aspires. From a family life cycle perspective, symptoms and dysfunction are examined within a systemic context and in relation to what the culture considers "normal" functioning over time (Carter & McGoldrick, 2003). However, considering the rapidly changing nature of our world, it is crucial to recognise that life cycle definitions and norms are relative, depending on the sociocultural context (Almeida, Garcia-Preto, Hines, McGoldrick & Weltman, 1999; Colucci & Johnson, 1999; Falicov, 1999; Hines, 1999; Kliman & Madsen, 1999), spiritual and cultural factors (Almeida et al., 1999; Walsh, cited in Carter & McGoldrick, 2003), as well as the historical era in which the family find themselves (Elder, 1992; Neugarten, 1979) is crucial. Thus, to understand how people evolve and move through the family life cycle, we must examine their lives within the context of both the family and the larger cultural contexts, which change over time (Carter & McGoldrick, 2003).

To do so, consider each system (individual, family and cultural) as an interplay between two dimensions, which can be represented graphically: one is historical (vertical axis) while the second is developmental and unfolding (horizontal axis) (Carter & McGoldrick, 2003). At the family level, the vertical axis represents and includes the family's history and patterns of relating and functioning transmitted down the generations, as well as all the family attitudes, and the taboos, expectations, labels and loaded issues with which family members are raised (Carter & McGoldrick, 2003). The horizontal axis, describing the family as it moves through time, coping with the changes and transitions of the family's life cycle, includes both the predictable developmental stresses and those unpredictable developmental events that may disrupt the life cycle process (Carter & McGoldrick, 2003). But, as stated previously, families are comprised of individuals moving through time in a sociocultural context. These systems, each with their own vertical and horizontal dimensions to consider, inevitably enjoy an

intimate relationship with that of the family and, as such, will furthermore add complexities to the family system with which the family must effectively deal. The anxiety engendered on the vertical and horizontal axes where the axes converge, and the interaction of the various systems and how they work together to support or impede one another, are the key determinants of how well the family will manage its transitions through life (Carter & McGoldrick, 2003).

A discussion of the distinct stage of ‘families with young children’ (see Table 2.1) will follow in Sections 2.3 and 2.4. More specifically, in this study the focus is on the period in the family life cycle when couples become parents and the subsequent difficulties and challenges associated with this period, known as the ‘Transition to Parenthood’. Note that for the purpose of this study, the transition to parenthood does not only include the adjustments that need to be made in the few months following the birth of the child, whether the first or additional children, but is extended to include the adjustments and adaptations that are necessitated in the first four years after the birth of the first child (see Section 4.4).

2.3 The Transition to Parenthood: A Major Normative Crisis

The transition to parenthood is described as a major normative crisis (McCubbin & McCubbin, 1996; Walsh, 2003). An elaboration of why this transition period is viewed as such seems appropriate here. The transition to parenthood is considered normative, as pregnancy and childbirth are regarded as normal life processes (Nyström, 2004). Furthermore, the concept transition is defined as a change in health status, in role relations, in expectations or abilities or as a passage from one life phase, condition or status to another (Ahlborg, 2004) and, as such, involves change and a period of imbalance (Cowan & Cowan, 2000). The description, major, denotes the reality that the transition to parenthood necessitates greater and more profound change in multiple domains of functioning, as compared to, for example,

the transition involved in moving a household to another town (Cowan & Cowan, 2000). This disequilibrium is the direct result when old patterns of life (established patterns of functioning, see Section 2.5) are no longer applicable and new arrangements have not yet been developed to replace them (OnePlusOne, 2008).

In Section 2.4, the specific domains in which profound changes need to be, and are, made when couples become parents, are highlighted.

2.4 Difficulties Involved in the Transition to Parenthood

Previous studies have demonstrated clearly that becoming a parent is a major life transition, with significant changes in men's and women's self-views, roles and relationships (Cowan & Cowan, 2003). Transitions involve the need to cope with new challenges and losses. In addition to the specific knowledge and skills required to meet particular challenges, all transitions involve a shift in the balance of the internal regulation of affect (Cowan & Cowan, 2003). Despite the pleasures associated with the transition to parenthood, many recent studies document changes in new parents' relationships, especially in their couple relationship, in the direction of conflict, dissatisfaction and disappointment. The myriad stresses and changes described here appear to be obvious sources of difficulty for couples in this transition (Cowan & Cowan, 2003).

2.4.1 Shifts in the Sense of Self

Entering parenthood involves shifts in the definition of who we are and who we will become (Cowan & Cowan, 2003) and represents a marked restructuring of the self and a shifting sense of wellbeing (Walsh, 2003). New parents experience a shift in their respective sense of self, identity and inner life, and as partners they begin to focus on their new roles as protectors and providers (Cowan & Cowan, 1993, 2000). Shifts in the couple's "assumptive world" (Parkes, cited in Cowan & Cowan, 1993) are likely to occur. Men's and women's assumptions about

how the world works or how families operate sometimes change radically during the transition from couple to family (Cowan & Cowan, 1993). Using a model of development derived from Erikson's work (Walsh, 2003), many writers have suggested that the disequilibrium involved in the transition to parenthood can precipitate an intrapsychic crisis leading to either adaptation or dysfunction (Grossman, Eichler & Winickoff, cited in Cowan & Cowan, 2003). For others, becoming a parent may reawaken inner conflicts from early family relationships and increase the risk for depression and other maladjustment (Cowan & Cowan, 2003). However, becoming a parent holds positive effects for individual parents as well (Newman & Newman, cited in Ahlborg, 2004). Cognitive skills to be learned include the ability to organise life, doing several things at one time, appreciating individual differences and attaining a more balanced view of one's own and one's partner's weaknesses, strengths and resources, as well as being prepared for the future (Ahlborg, 2004).

The emotional development of individual parents may also be advanced, and includes contact with new emotional levels and ways to express feelings, most profoundly by means of the increased empathy that accompanies parenthood (Ahlborg, 2004). In a longitudinal study conducted by Cowan and Cowan (1993), in which expectant couples were followed into parenthood, a significant increase of subjects' identity as parents was reported, with a much greater increase for new mothers than new fathers. Campbell, Cohn, Flanagan and Popper (1992) report that an estimated 10% of postpartum women develop clinical depression that is serious enough to interfere with their everyday functioning, while no epidemiological data reporting the incidence of postpartum depression or other psychological distress is available for fathers. Other longitudinal research finds an increase in depressive symptoms from pregnancy into the first year of parenthood for both partners (Burchinal, Cox, Paley & Payne, 1999; Gallant, Hunsberger, Pancer & Pratt, cited in Cowan & Cowan, 2000).

Finally, partners may experience qualitatively different, gender-related shifts in their sense of self, and in how vulnerable or safe each feels in the world. Olsson, Jansson and Norberg (cited in Nyström, 2004) explored the manner in which parenthood was discussed in midwifery consultations. They found that the meaning of being a mother was experienced as complex and difficult, as it involved being both needed and being dependent. The meaning of fatherhood revealed a struggle between distancing oneself from and being close to the child. Campbell, Foster and Twenge (2003) concur, as they found discrete differences between mothers and fathers in their emotions and adjustment after the addition of a child to the family. New mothers get less sleep, spend more time at home, worry about their physical appearance post-partum, and experience feelings of inadequacy regarding their mothering skills. Although fathers have similar problems of less sleep and feelings of inadequacy, they experience additional strain relating to the economic provision for a growing family. As fathers often expect fatherhood to be much more enjoyable than it actually is, disillusionment and slight disappointment follow, which are factors adding to the general sense of marital dissatisfaction (Campbell et al., 2003). In addition, husbands in particular adjust less easily to the decline in sexual intimacy (see Section 2.3.2 to follow) that is common in the transition to parenthood. These shifts are tied not only to their new life as parents, but also to a new sense of their identities as providers and protectors (Cowan & Cowan, 1993, 2003).

2.4.2 Changes in the Couple

Not only do new parents experience distinctive inner changes, but men's and women's roles, too, change in very different ways when partners become parents (Cowan & Cowan, 1993). As both time and energy must be devoted to the child, couples enjoy less opportunity to be together and are apt to find that they have less patience with things that did not seem annoying before (Cowan & Cowan, 1993). The increased psychological space allocated to men's and women's identity as new parents seems to come at the expense of the aspect of the self they

label “partner” or “lover” (Cowan & Cowan, 2003). Abbey, Ceballo, Lansford and Steward (2004), in a study comparing the experiences of biological, adoptive and stepparents, found that, in general, a noticeable decrease in marital satisfaction can be expected for many couples when they have their first child. The addition of a child to the relationship represents the most dramatic change that couples face during the first decade of marriage, with this change drastically increasing the potential for conflict between the parents (Belsky & Hsieh, 1998). Conflict can and will probably occur to an increased degree (Belsky & Hsieh, 1998), with the most common sources of conflict being:

1. *Homework and childcare*: most couples find that the division of labour follows traditional gender lines, resulting in increased conflict, as the mother tends to devote most time to the household (Abbey et al., 2004; Cowan & Cowan, 2000).
2. *Mother’s employment*: if traditional gender roles are followed, it is most likely the mother of the child who would stay at home and care for the household. If, however, husband and wife disagree about who should stay at home, the issue of maternal employment can become another source of conflict in the parental relationship (Campbell et al., 2003).
3. *Sexual intimacy*: maintaining a sexual relationship becomes more challenging for the couple when a child is added to the family. The negative effects associated with the reduced sexual intimacy can act as a stimulant for disagreements (Campbell et al., 2003). Indeed, parental fatigue and anxiety, the management of both family and work life, and simply the presence of a new resident in the household certainly reduce the time, opportunity and actual investment in marital intimacy (Cowan & Cowan, 2003).

On average, marital satisfaction declines from pregnancy into the early child-rearing years – for women in the first year of parenthood, for men the second (Cowan & Cowan, 2003). The average decline is quite modest, but very consistent across studies. Walsh (2003) argues that

the transition to parenthood presents a special challenge for couples with egalitarian ideologies, as they commonly find themselves sliding back into traditional patterns of stereotyped expectations for masculine (dominant, privileged, breadwinner role) and feminine (accommodating, self-sacrificing, nurturant) behaviour.

A number of investigators have found that the role arrangement that constitutes a couple's division of family labour becomes more traditional when partners become parents (Cowan & Cowan, 1993, 2000, 2003), despite the increasing ideology of egalitarianism in marriage in recent decades (Belsky, Huston & Lang, 1986; Cowan & Cowan, 1988; Crohan, 1996). Indeed, Sanchez and Thomson (1997) found that women's time allocations reveal more profound change than that of men upon the transition to parenthood, but that the transition to parenthood did not result in significant incremental variance in either the husbands' housework or employment. This shift in roles appears to spill over into the communication between husbands and wives, as marital conflict increases and the "who does what?" of daily life becomes the number one issue of conflict between them (Grochowski & Karraker, 2006).

Workplace inflexibility and gendered inequities in employment status and salary complicate efforts to share parenting and household demand equitably (Walsh, 2003). Although not too common, parents have been noted to feel useless, unwanted and perhaps rejected if their child does not immediately respond to their efforts at affection. Incompetence and the experience of isolation and loneliness, though, are very common and usually result in greater marital dissatisfaction (Campbell et al., 2003). Such intrafamily strain between couples has been found to be negatively associated with family wellbeing, as marital adjustment serves as a mediating factor between said strain and wellbeing (Lavee, McCubbin & Olson, 1987).

In summary, the transition to parenthood appears to propel men and women down separate tracks, and the farther apart they become, the greater their disenchantment with their marital

relationship (Cowan & Cowan, 2003). It seems especially poignant that, in the face of these normative changes, there are no services to support families with young children, unless they are experiencing serious enough marital distress or psychopathology to seek help (Cowan & Cowan, 2003; Walsh, 2003).

2.4.3 Shifts in Relationships with Families of Origin

Bringing a first child into the family requires a shift in family roles and relationships (Cowan & Cowan, 2003). Parents' relationship with and experiences of their own parents during childhood predict both the relationship within the marriage and the quality of the relationship with their own children (Cox et al., cited in Knauth, 2001). As the due date approaches, and especially after the birth, there tends to be more contact between the new parents and their families of origin (Belsky & Rovine, 1984; Cowan & Cowan, 2000). Belsky and Rovine (1984) investigated the role of various forms of social support during the transition to parenthood and found that, although there is increased contact between the family of origin as well as friends and the new parents, these increased contacts did not predict the function of the contacts, that is, the degree of emotional and material support received by the new parents. The increased calls and visits are, however, not always positive, especially if the relationships were strained or ambivalent before the pregnancy (Hansen & Jacob, 1992).

Many new parents are troubled by questions of how and when to arrange visits, how to respond to grandparents' criticisms regarding their handling of the child, and whether or when mothers should return to work (Cowan & Cowan, 2003). Attachment theorists hold that historical experiences form the basis of internal working models that set the stage for how families approach certain developmental phases and tasks (Fonargy, Hill, Safier & Sargent, 2003). In the light of the rapidly changing nature of the family over the last few decades, one could argue that the internal working models for new parents and grandparents differ and that such difference adds to conflict regarding how to raise children (Fonargy et al., 2003). Many

men and women who now occupy the 'grandparents' position may have mixed feelings about becoming grandparents (Lowe, cited in Skolnick & Skolnick, 1997), but rarely know how to deal with these feelings (Cowan & Cowan, 1993).

Often, new parents and grandparents experience strain in the relationship between them, a strain that usually spills over into the relationship between the couple (Cowan & Cowan, 1993). It is, however, important to note that, although the intensity of the relationships between the generations intensifies, the underlying positive or negative valence of the relationship tends to remain unchanged; that is, their relationships basically continues as it was before the baby was born (Walsh, 2003).

2.4.4 Changes in Stress and Social Support / Changing Roles and Responsibilities outside the Family

In the study conducted by Cowan and Cowan (1993), men and women described no significant increase in overall stressful life outside the nuclear family between pregnancy and six and 18 months postpartum. Other researchers (Dimitrovsky, Har-Even, Levy-Shiff & Shulman, 1998), however, found an increase in parental stress from pregnancy to one month postpartum, and then a decline in stress by six months postpartum, followed by another decline six months later.

One central issue for couples to resolve is their level of involvement in work outside of the home during their child's first months of life. The conflict perspective asserts that incompatible pressures from family and work domains produce conflict for individuals who seek to or do combine these two roles (Bordeaux et al., 2005; Colakoglu et al., 2006) in such a way that work interferes with family life and/or family interferes with work responsibilities (Frone, cited in Colakoglu et al., 2006). Barnett, Gareis, James and Steele (cited in Colakoglu et al., 2006) describe two strategies that individuals might consider using in mediating this

conflict: career-altering strategies, involving accommodations in career life to allow greater time in family life; or family-altering strategies, which involve accommodations in family life so that family responsibilities are less likely to interfere with pursuing a career (Colakoglu et al., 2006).

Although the burden of the shifts in roles and relationships outside the family affects both parents (Cowan & Cowan, 1993), women tend to accommodate their career domains in favour of family life more than men do (Friedman & Greenhaus, cited in Colakoglu et al., 2006). It is women who tend to put their jobs and careers on hold, at least temporarily, after they have babies (Daniels & Weingarten, cited in Skolnick & Skolnick, 1997), and even though they may have more close friends than their husbands do, they find it difficult to make contact with them in the early months of new parenthood. The unanticipated loss of support from friends and co-workers can leave mothers feeling surprisingly isolated and vulnerable (Cowan & Cowan, 2000).

Although working outside the home is now normative for mothers of young children, mothers participating in the study conducted by Cowan and Cowan (1993) and who returned to work during the first 18 months postpartum, reported feeling torn by wanting to care for their infants and toddlers, whereas mothers who did stay home by choice felt conflicting desires to care for their children, to ease the family's new financial burdens, and to pursue their careers (Cowan & Cowan, 1993).

New fathers' energies are on double duty too. Due to the fact that they are the sole earners when their wives stop working or take maternity leave, men often work longer hours or take on extra employment. To achieve hierarchical advancement and financial success is believed by many men to be part of the provider role of men and represents a significant contribution to their families (Eagly, Johannesen-Schmidt & Wood, 2004), but wives often view their

husband's work as an avoidance of involvement in the family (Cowan & Cowan, 2000). Fatigue and limited availability mean that fathers, too, receive less support from co-workers and friends. This is one of the many aspects of family life in which becoming a parent seems to involve more loss than either spouse anticipated (Cowan & Cowan, 1993, 2000; Walsh, 2003).

2.4.5 Changes in Family Routine

Apart from the direct influences on the parental relationship, the arrival of a child affects other aspects of functioning as well. The family routine is often dictated by the child, resulting not only in a significant reduction in leisure time for the parents (Campbell et al., 2003), but also isolation from friends, extended family and the community in which the family finds itself.

Reigns on freedom, restrictions on spontaneity, and a general sense of fatigue or loss of energy are not only expected, but result in the loss of normal routine for both parents (Campbell et al., 2003). Such change requires facilitation and adaptation, as it represents the greatest change in previous, prepartum functioning (Belsky & Hsieh, 1998; Campbell et al., 2003). Lastly, parents often experience great concern finding a responsible caretaker for the child or children when needed. If none can be found, parents frequently report even greater frustration and isolation, as the absence of a caregiver results in the parents either changing or cancelling prior engagements or not accepting future invitations at all (Walsh, 2003).

2.4.6 Shifts in Relation to the Child

Forming a new family unit by adding a child to the couple system leads to a structural change in the family (from dyad to triad and a new generation) that adds new roles (mother, father) and new relationships (parent-child; grandparent-grandchild) to the system (Cowan & Cowan, 2000; Walsh, 2003). Lachmen and Sirignano (cited in Gotlib & Wallace, 1990), when

examining the relationship between infant characteristics and perceived parenting competence in the transition to parenthood, found that parents were more likely to report positive changes and emotions after the birth if they perceived their infant as easy, and to report negative changes if they rated their infant as difficult (Gotlib & Wallace, 1990). Family processes may be affected not only by the parents' reactions, but also by the child's biological and psychological characteristics (Cowan & Cowan, 1993).

In conclusion, becoming a parent necessitates profound changes in and creates challenges for the nuclear and extended family, more so than any other developmental stage in the family life cycle (Cowan & Cowan, 2000; Knauth, 2001; Walsh, 2003). New roles must be learned, new relationships must developed and existing structures will undeniably be realigned (Knauth, 2001). In Section 2.5 the theory of family resiliency and how the processes of family resilience relate to the transition to parenthood are discussed.

2.5 Family Resilience Theory

Over the past two decades, the tendency to focus on family deficits has slowly been replaced by the need to identify the strengths, resources and talents of both individuals as well as the family as a whole (DeHaan & Hawley, 1996; Nichols & Schwartz, cited in Walsh, 2002; Walsh, 1996). In the early 1980s, increasing evidence – showing that the same adversity may result in differential outcomes – presented a challenge to the prevailing deterministic view that traumatic experiences in childhood are inevitably damaging (Walsh, 2003). Studies began to focus on personal traits for resilience, or hardiness, reflecting the dominant cultural ethos of the “rugged individual” to account for these differences in outcomes (Walsh, 2002). Initially, resilience was regarded as an inborn or self-acquired trait, evident in the so-called “invulnerable child” who was thought to be impervious to distress due to inner fortitude or character armour (Anthony & Cohler, cited in Walsh, 2002). Research shifted toward the

recognition of an interaction between nature and nurture in the emergence of resilience. However, a pessimistic, narrow view of the family's contribution to resilience was maintained. Thus, families were seen to contribute to risk, but not to resilience. As resilience research extended beyond the individual, resilience came to be regarded as an interplay of risk and protective processes that develops over time (Walsh, 2002) and relates to individual, family as well as larger sociocultural and community influences (Brommel et al., 2004; Walsh, 2002).

2.5.1 Definition

Several definitions of the concept family resilience have been proposed. McCubbin and McCubbin (1996, p. 5) define family resilience as

the positive behavioural patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which determine the family's ability to recover by maintaining its integrity as a unit while insuring, and where necessary restoring, the well-being of family members and the family unit as a whole.

Walsh (1996, 2002) defines family resilience as “the ability to withstand and rebound from crisis and adversity” (2002, p. 2). In addition, Walsh (1998) views being resilient as the ability of people to “heal from painful wounds, take charge of [their] lives, and go on to live fully and love well” (p. 4), rather than merely surviving and being a victim for life. According to DeHaan and Hawley (1996, p. 293), who found hardship, buoyancy and wellness to be three common qualities in resiliency literature, family resiliency

describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family's shared outlook.

A number of commonalities become apparent in these definitions of resilience. The first of these is that resilience encompasses characteristics of families that enable them to maintain stability despite the stressors they encounter (McCubbin & McCubbin, 1996). Thus, resilience surfaces in the face of family adversity or hardships (McCubbin & McCubbin, 1996; Walsh, 2003). Secondly, the property of buoyancy is inherent in resilience, or the ability to bounce back to a prior level of functioning after experiencing family adversity (DeHaan & Hawley, 1996). Third, and finally, resilience aims at identifying those qualities and resources that contribute to healthy family functioning, rather than focusing on family deficits (DeHaan & Hawley, 1996; McCubbin & McCubbin, 1996).

This focus on strengths, rather than deficits and pathology, is essential. According to Silberberg (2001) and Walsh (1998), an inherent quality of all dichotomies (strength versus deficit) is that such a proposition leaves no room for shades of grey. Instead, families should be aided in identifying their own strengths, which enable them to regain faith in their own competencies and capabilities (Silberberg, 2001). Such an approach allows the opportunity for personal and relational transformation and growth to be forged out of adversity (Walsh, 2002).

Consistent with this notion, the concept of resilience is grounded within the salutogenic approach. Originally developed and introduced by Antonovsky (1979), this perspective contrasts strongly with the traditional pathogenic approach and focuses on what qualities and processes keep people healthy and functioning optimally. This strength-based approach encompasses concepts such as vitality, the prevention of disease as well as the promotion of health (Antonovsky, 1979), which is central in this study.

2.5.2 Strength Versus Deficit / Pathological Approach

In the light of the social and economic transformations of recent decades, the concept of the “normal” family has undergone redefinition (Walsh, 2002). The traditional, nuclear family has undergone many changes in structure and functioning (Matthews, 2008), resulting in various family types and forms. Moreover, although the changing gender roles and a multiplicity of family arrangements have broadened the spectrum of families (Coontz, cited in Walsh, 2002), the persistent myth of a “normal” family ignores the research findings that well-functioning families and healthy children are found in a variety of formal and informal kinship arrangements (Walsh, 2002), and allows for other family forms to appear abnormal and experience stigmatisation (Walsh, 2002). So why a salutogenic approach instead of a pathogenic approach? As John DeFrain (cited in Silberberg, 2001, p. 13) states:

If one studies only family problems, one finds only family problems. Similarly, if educators, community organizers, therapists and researchers are interested in family strengths, they look for them. When these strengths are identified, they can become the foundation for continued growth and positive change in a family and a society.

Gray (2000) adds that the strengths perspective allows the acceptance of the resilience of people and the acknowledgement of their ability to endure extreme hardship and to survive seemingly insurmountable problems. In addition, children and adults who have learned the skills of resiliency not only cope with stress and manage relationships better than those without such strengths (Silliman, 1995), but also contribute to others’ lives more consistently. It therefore seems that cultivating family strengths is critical to a thriving human community (Silliman, 1995).

2.5.3 Social and Developmental Contexts of Risk and Resilience

Combining both ecological and developmental perspectives, a family resilience framework views family functioning in relation to its broader sociocultural context and evolution over the

multigenerational life cycle (Walsh, 2002). From a biopsychosocial systems perspective, risk and resilience are considered as multiple, recursive influences entailing individuals, families, and the larger social systems. Problems – viewed as the result of an interaction between individual and family vulnerability as well as stressful life experiences and the social context – may present themselves as primarily biologically based (e.g. serious illness) (Rolland, cited in Walsh, 2002), or largely influenced by sociocultural variables (e.g. barriers of poverty) (McCubbin, McCubbin, McCubbin & Futrell, cited in Walsh, 2002). Families may experience distress as a result of unsuccessful attempts to cope with crises, the symptoms generated by the crisis event or the wider impact of a large-scale disaster. The family and the greater, extended social systems are regarded as a nested context for the nurturance and reinforcement of resilience (Carter & McGoldrick, 2003; Walsh, 2003).

Viewed from a developmental perspective, life crises and persistent stresses can derail the functioning of a family system, with the effects permeating to all family members and their relationships (Walsh, 2002). In turn, family processes for dealing with challenges over time mediate coping and adaptation. As most major stressors are not simply short-term, single events, but rather a complex set of changing conditions with both past history and future course (Rutter, cited in Walsh, 2002), a developmental perspective is essential in understanding and empowering resilience (Walsh, 2002).

Given such complexity, family resilience involves varied adaptation processes extending over time; a variety of strategies may prove useful in meeting different challenges that unfold over time (Walsh, 2002). Due to the fact that functioning and symptoms of distress are assessed in the context of the multigenerational family system as it moves along the life cycle, a focus on the family's life cycle and all possible stressors prior to the crisis or onset of symptoms becomes essential. A family resilience framework focuses on family adaptation around both nodal events, which includes both predictable, normative transitions – such as the birth of the

first child – and unexpected events, such as the untimely death of a family member (Walsh, 2003).

2.5.4 Development of Models of Family Resilience

Over the past two decades, a number of theories and models regarding family resilience have been developed, each contributing to the family stress literature and our current knowledge in the field of resilience (McCubbin & McCubbin, 1996). The first of these models is the original pre-crisis ABCX framework developed by Hill in 1949 (McCubbin & McCubbin, 1996). In this model, emphasis is placed on the stressor (A), resources (B), and definition of the stressor (C), which mediates and protects families from deteriorating in a crisis situation (X factor). Building from this model, the Double ABCX model (McCubbin & Patterson, cited in McCubbin & McCubbin, 1996) focused on the factors, in particular coping and social support, which smooth the progress of family adaptation to a crisis situation. Extending the Double ABCX model, the FAAR (Family Adjustment and Adaptation Response) model emphasises the processes involved in the family's efforts to juggle demands and resources (McCubbin & Olson; McCubbin & Patterson, both cited in McCubbin & McCubbin, 1996). Subsequently, the Typology Model of Family Adjustment and Adaptation (McCubbin & McCubbin, quoted in McCubbin & McCubbin, 1996) was introduced to stress the importance of the family's established patterns of functioning and family levels of appraisal. These concepts act both as buffers against family dysfunction and as factors promoting adaptation and recovery.

The most current extension of these previous models, the *Resiliency Model of Family Stress, Adjustment and Adaptation*,

- (a) highlights the four major domains of family functioning critical to family recovery;
- (b) introduces the important family processes and goals of harmony and balance in the face of adversity;

- (c) emphasises the importance of five levels of family appraisal, inclusive of culture and ethnicity, involved in family change and recovery; and
- (d) focuses on the centrality of the family's relational processes of adjustment and adaptation (McCubbin & McCubbin, 1996).

Collectively, it should become clear from these models that the resiliency focus is on what family types, patterns, processes, system properties, appraisal strategies, meanings, coping strategies, support systems, problem solving abilities and transactions with the community play a role in family recovery (McCubbin & McCubbin, 1996).

2.5.5 Resiliency Model of Family Stress, Adjustment and Adaptation

Guided by parts or all of the Resiliency Model of Family Stress, Adjustment and Adaptation, research on family transitions, crises and adaptation has been based on five fundamental assumptions concerning family life (McCubbin & McCubbin, 1996):

- (1) hardships and changes are a normative aspect of family life over the life cycle;
- (2) families develop basic competencies, patterns of functioning and capabilities designed to foster healthy growth and the development of both the family members and the family unit, as well as to safeguard the family from major disruptions in the face of transitions and changes;
- (3) similarly, unique competencies, patterns of functioning and capabilities are developed to safeguard the family from unexpected or non-normative stressors and strains;
- (4) families both draw from and contribute to the network of relationships and resources in the community, inclusive of ethnicity and cultural heritage, especially during periods of family stress and crises; and

(5) families faced with crisis situations that demand changes in the family's functioning will work to re-establish order, balance and harmony, even in the midst of change (McCubbin & McCubbin, 1996).

A thorough discussion of the Resiliency Model of Family Stress, Adjustment and Adaptation and its various components will follow. It is important to remember that, although these components will be discussed as separate entities, they should be regarded as a sequence of interacting components that shape the family processes and outcomes (McCubbin & McCubbin, 1996).

2.3.5.1. *The Adjustment Phase of the Resiliency Model*

The family adjustment phase of the Resiliency Model (see Figure 2.1) is described as a sequence of interacting components, which jointly shape the family process and outcomes (McCubbin & McCubbin, 1996). Family outcome varies along a continuum, ranging from the positive *bonadjustment* – in which the patterns of functioning are largely maintained – to the extreme of *maladjustment* – a family crisis (X) that demands greater and/or more permanent changes in the established patterns of functioning for the family to achieve harmony and balance.

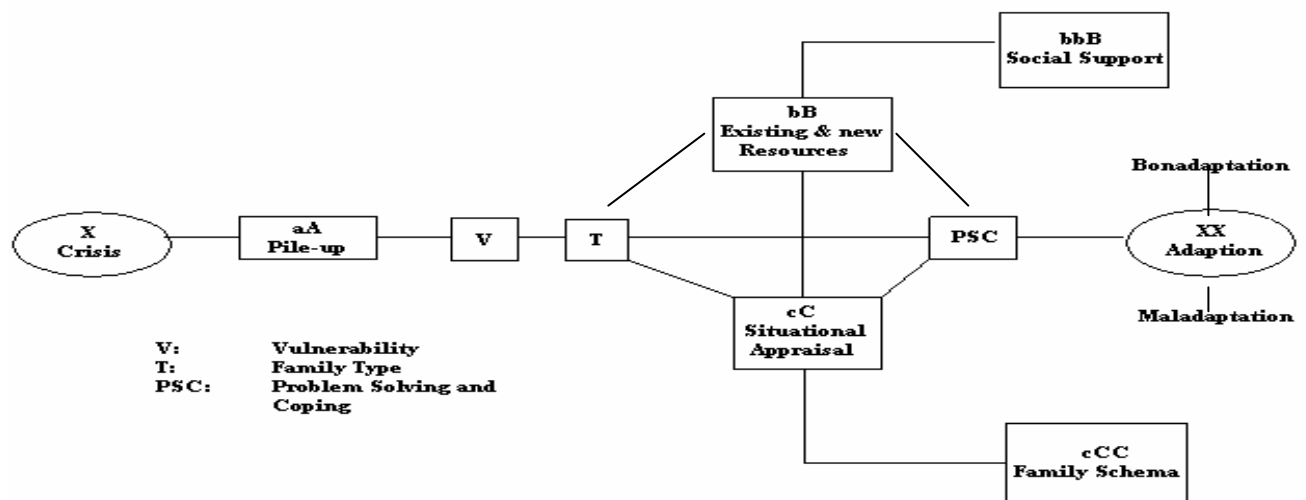


Figure 2.1 The Resiliency Model of Family Stress, Adjustment and Adaptation

(McCubbin & McCubbin, 1996).

When facing a stressor, the achievement of either successful or unsuccessful family adjustment is determined by several important interacting components (McCubbin & McCubbin, 1996). The stressor (A) and its severity interact with the family's vulnerability (V), which is created by the pile-up of family stresses, strains and experienced transitions, which occur at the same point in time as the stressor (McCubbin & McCubbin, 1996). Family vulnerability (V) interacts with the family's typology, which is the established pattern of functioning (T), and these components subsequently interact with the family's resistance resources (B) (McCubbin & McCubbin, 1996). The resistance resources (B) undergo interaction with the family's appraisal (C) of the stressor – the family's shared definition of the problem – while, finally, the family's appraisal interacts with the family's problem-solving and coping strategies (PSC) (McCubbin & McCubbin, 1996).

2.5.5.1.1 The stressor (A) and its severity

A stressor is defined as a demand placed on the family that produces, or has the potential to produce, changes in the family system. This change, or the threat of change, may affect all

areas of family life (McCubbin & McCubbin, 1996). The severity of the stressor is assessed by the extent to which it threatens the stability of the family unit, disturbs the functioning of the family unit, or places substantial demands on and/or results in the exhaustion of the family's resources and capabilities (McCubbin & McCubbin, 1996).

2.5.5.1.2 Family vulnerability (V) – pile-up and family life cycle changes.

Vulnerability – the interpersonal and organisational condition of the family system – is determined by (1) the pile-up, or accumulation, of demands on or within the family unit, and (2) the normative challenges associated with the family's personal life cycle stage, inclusive of all its demands and changes (McCubbin & McCubbin, 1996).

2.5.5.1.3 Family typology of established patterns of functioning (T)

A family's typology is defined by a set of attributes or clusters of behaviours that explain how the family system typically operates or behaves (McCubbin & McCubbin, 1996). These established patterns of functioning play a critical role in facilitating the development, restoration and/or maintenance of family harmony and balance in the family system. Those families whose established patterns of functioning are more flexible are better able to manage crises and encourage other family strengths of hardiness, coherence and predictability, as well as achieve marital and family satisfaction (McCubbin & McCubbin, 1988, 1996).

2.5.5.1.4 Family resistance resources (B) – capabilities and strengths

Family resources – described as a family's abilities and capabilities to address and cope with the stressor and its demand (McCubbin & McCubbin, 1996) – may, firstly, aid families to preserve and promote harmony and balance in an attempt to avoid a crisis, disharmony or imbalance (McCubbin & McCubbin, 1996). Secondly, they buffer families against the effect of significant changes or decline in the family's established patterns of functioning (McCubbin & McCubbin, 1996). Taken together, family resources become part of the

family's capabilities to stand firm against a crisis and advance family resilience, leading to successful adjustment. Critical resources include social support, economic stability, cohesiveness, flexibility, hardiness, shared spiritual beliefs, open communication, traditions, celebrations, routines, and organisation (McCubbin & McCubbin, 1988, 1996).

2.5.5.1.5 Family appraisal of the stressor (C)

The family's appraisal of the stressor is described as the family's definition of the seriousness of a stressor and its related hardship. The appraisal of the stressor may range from construing it as being unmanageable and predicting the family's dissolution, to regarding the stressor as minor and as a challenge to be met with growth-producing results (Hill, cited in McCubbin & McCubbin, 1996).

2.5.5.1.6 Family problem solving and coping (PSC)

The problem-solving and coping component in the adjustment phase of the Resiliency Model regards the family's efforts to manage stress and distress, through the use of its abilities and skills, to cope with or eliminate a stressor and its related hardships (McCubbin & McCubbin, 1996). Problem solving involves the family's ability to organise stressors into smaller, more manageable components, to seek and implement alternative courses of action to manage each component, to initiate steps to settle both discrete issues and interpersonal issues, and to develop and encourage constructive patterns of problem-solving communication (McCubbin & McCubbin, 1996). Coping refers to the family's active or passive strategies, patterns and behaviours employed to uphold or fortify the family as a unit, preserve the emotional stability and wellbeing of its members, seek or utilise family and community resources to cope with the situation, and initiate efforts to resolve family hardships created by a stressor (McCubbin & McCubbin, cited in McCubbin & McCubbin, 1996).

2.5.5.1.7 Family response – stress and distress

A stressor produces tension, a response, in the family system that demands management (Antonovsky, 1979) and necessitates adjustment on the part of the family unit (McCubbin & McCubbin, 1996). Distress emerges when such adjustment efforts are not sufficient and, subsequently, the tension is not resolved, reduced, or brought within controllable limits. Such tension creates disharmony in the family system, particularly in the domains of interpersonal relationships, development, wellbeing, spirituality, structure, function, and community relationships (McCubbin & McCubbin, 1996). It calls upon the family's ability to address this condition through the family's established patterns of functioning (T), their resistance resources and capabilities (B), as well as their appraisal processes (C) and coping and problem-solving responses (PSC). The amount of stress experienced also varies, with the degree of stress dependent on the severity and intensity and the family anticipation of the stressor, the resources available to and the capabilities of the family to contend with the stressor, and the psychological and physical wellbeing of its members at the commencement of the stressor. In contrast to distress – a negative state in which the family defines the disharmony and imbalance as unpleasant, disorganising and threatening – eustress is a positive state characterised by the family defining the disharmony and imbalance as needed, as a challenge that family members acknowledge and that, in some cases, they value (McCubbin & McCubbin, 1996).

2.5.5.1.8 Family bonadjustment, maladjustment, and crises (X)

When stressors are mediated by the family's typology of established patterns, coping and problem-solving abilities, appraisals and resources, most stressors do not create major hardships for the family system (McCubbin & McCubbin, 1996). In these situations, families experience bonadjustment, in which they move through the stressful situation with relative ease. This might involve minor adjustments and changes in the family system and its patterns

of functioning, while keeping or restoring the family system in a state of balance and harmony (McCubbin & McCubbin, 1996). In other situations, however, the hardships created by the stressor are copious and substantial, demanding more substantive changes in the family system, inclusive of changes in family roles, goals, values, rules, priorities, boundaries and overall patterns of functioning (McCubbin & McCubbin, 1996). Families in such situations may not achieve balance and harmony, despite repeated efforts to make minimal changes.

In situations involving this challenge to the family's established patterns of functioning, the family will, in all probability, experience a state of maladjustment, resulting in the condition of family crisis. The latter has been described as an ongoing condition of disruptiveness, disorganisation or incapacitation in the family social system (Burr, cited in McCubbin & McCubbin, 1996), which demands more substantial changes in the family's pattern of functioning. It is important to note that, whereas family stress is a state of pressure resulting from demand-capability imbalance in the family, crisis, on the other hand, is a state of imbalance and disorganisation in the family system (McCubbin & McCubbin, 1996). As a family in crisis is often unable to restore balance with minor "tweaking" of the family's patterns of functioning, they find themselves trapped in recurring trial-and-error struggles to lessen such pressure. The tendency is then to make only insignificant changes in the family functioning and in patterns of interaction, although novel arrangements of interaction and functioning are needed (McCubbin & Patterson, cited in McCubbin & McCubbin, 1996).

However, within the resiliency framework a family in crisis is free from the stigmatising pejorative value judgement that the family unit has been unsuccessful, is dysfunctional, or requires professional counselling (McCubbin & Patterson, cited in McCubbin & McCubbin, 1996). When one considers that most families successfully negotiate family crisis on their own without the aid of professional diagnosis and assistance, the concept of family crisis deserves appropriate normative labelling as a natural element in the family process of

development and change (McCubbin & McCubbin, 1996). Family crisis results in family disharmony and imbalance in the family system, and demands changes to be made to restore stability, order, balance, and a sense of harmony. The commencement of the adaptation phase of the Resiliency Model is indicated by the progress to initiate changes in the family system's pattern of functioning (McCubbin & McCubbin, 1996).

2.5.5.2 The family adaptation phase in family resiliency

The adaptation phase of the Resiliency Model reveals and includes a host of adaptation-oriented elements and resiliency processes in an effort to explain the family's behaviour in the relational process of adaptation. The level of adaptation that a family may achieve when facing a crisis is determined by the interacting elements described below (McCubbin & McCubbin, 1996).

Families at risk are described, in part, by disharmony and imbalance, conditions that are fostered by the insufficiency or the difficult nature of the family's established patterns of functioning (T) in response to the stressor and/or stressful situations. This insufficiency and unsuccessful adjustment centres the family in a crisis situation (McCubbin & McCubbin, 1996). These family situations are further exacerbated by the parallel pile-up of demands (AA), for example other life changes or normative transitions. By the family's own resolve, or perhaps with crisis-oriented or transitional assistance or treatment (McCubbin & McCubbin, 1996), the family and its members may undertake the challenge to re-establish itself, to alter and better their situation, initiate the process of greater change and thereby work toward achieving a level of adaptation (XX), characterised by harmony and balance (McCubbin & McCubbin, 1996). This process is aimed at the restoration of family harmony and balance in the domains of interpersonal relations, structure and function, the development of its members, as well as the family's relationship to the community and the natural environment (McCubbin & McCubbin, 1996). The degree of successful adaptation, referred to as

bonadaptation (XX), is dependent on the interacting influence of newly instituted patterns of functioning (TT), the amendment, preservation or revival of already established patterns of functioning, reinstatement and/or continuance of viable established patterns of functioning (T), the family's own internal resources and capabilities (BB), the family's network of social support (BBB), and the family's situational appraisal (McCubbin & McCubbin, 1996). The latter involves the family appraisal processes, namely those of schema (CCCCC; family shared values and beliefs), coherence (CCCC; dispositional view of the family's sense of order, trust, predictability and manageability), as well as paradigms (CCC; shared expectations as to how the family will function in areas of child rearing and discipline) (McCubbin & McCubbin, 1996). Jointly, these levels of appraisal impress upon and influence the family's appraisal of the situation (CC), as well as the definition of the stressor (C) (McCubbin & McCubbin, 1996). In totality, the abovementioned processes of instituted patterns of functioning, resources and appraisal of the family unit influence and are influenced by the family's problem-solving and coping capacities (PSC).

The family engages in a dynamic relational process over time, initiating changes aimed at restoring harmony and balance in the family system, as well as in the family's relationship with the extended community and environment (McCubbin & McCubbin, 1996). The process involves recurring and repeated efforts in situations where the family's efforts at change are demonstrated to be unsuccessful and impel the family into a maladaptive outcome (XX). In such situations, the cycle starts anew at adjustment efforts and reprocess through the family processes of adaptation (McCubbin & McCubbin, 1996). Family adaptation (XX) is used to describe the outcome of family adjustment efforts to bring a new level of balance, harmony and functioning to a family crisis situation. Family bonadaptation involves the family as a social unit, the family's relationship to the community, as well as constructive changes in the family and its transactions with the extended community (McCubbin & McCubbin, 1996).

Thus, efforts to achieve balance and harmony in the family unit can be regarded as interacting at both the individual-to-family and the family-to-community levels of functioning (McCubbin & McCubbin, 1996). In conclusion, the family's efforts directed toward adaptation involve consideration of and response to both levels of functioning, as change at one level of family functioning will affect the other (McCubbin & McCubbin, 1996).

In summary, no system is isolated from the necessity of change. Families most often negotiate change and stressful life events in three ways (Broderick, 1993; McCubbin & McCubbin, 1996): with an innate reaction to fight, to remain stable, and to resist changes in the families' established patterns of behaviour. Family adjustment, characterised by relatively minor or temporary changes in the family system, is not only a predictable, but also a necessary, phase in the family's response to a stressor (McCubbin & McCubbin, 1996). Crisis situations, resulting when minor adjustment efforts have not been adequate to meet the demands of the stressor, necessitate the need for further change in families so as to achieve stability and harmony as a unit in the face of the crisis (McCubbin & McCubbin, 1996). Families adapt to this need by introducing changes in the family's pattern of functioning, justifying changes in the family schema, paradigms, meanings and situational appraisal, and by altering the family's relationship to the outside world (McCubbin & McCubbin, 1996). The process intends to re-establish a satisfactory and growth-producing level of harmony and balance.

Within the family resiliency framework, families are not mere victims or outsiders, but active players in a dynamic process. Families may choose to enter into a crisis situation and the adaptation phase so as to achieve another, perhaps higher, level of functioning (McCubbin & McCubbin, 1996). The Resiliency Model of Family Stress, Adjustment and Adaptation attempts to account for this dynamic process by isolating those individual, familial and community properties and processes that interact and shape the course of family behaviour over time, and in response to a wide range of stressful and crisis situations.

Another, equally important theory of family resilience will now be discussed. Froma Walsh, Professor and Co-Director of the Center for Family Health at the University of Chicago, developed the Family Resilience Framework to aid clinicians in identifying and targeting key processes that strengthen family capacities to rebound from crises and master stressful life challenges (Brommel et al., 2004). Her framework is informed by two decades of findings of social science and clinical research, and is discussed in Section 2.5.6 below.

2.5.6 Family Resilience Framework: Key Family Processes

The concept of family resilience shifts the focus beyond seeing individual family members as potential resources of family resilience to a focus on risk and resilience in the family as a functional unit (Walsh, 2003). A primary premise in this systemic view is that stressful crises and persistent challenges have an impact on the family unit, and in turn, that key family processes mediate the recovery of all members, as well as their relationships (Grochowski & Karraker, 2006; Walsh, 2003). It is these processes that enable the family system to recover and revive in times of crisis, buffering stress and reducing the risk of dysfunction, and supporting optimal adaptation. In essence, family resilience involves more than merely coping with stressful conditions or surviving an ordeal, but rather entails the opportunity for personal and relational transformation and growth that may, and should be, forged out of adversity (Walsh, 2003).

Walsh (2003), drawing from the findings of numerous studies, developed a family resilience framework that searches to understand crucial variables that contribute to individual resilience and to well-functioning families (Walsh, 1996, 1998, 2003). Her framework serves as a conceptual tool to identify and target key family processes that can reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome persistent adversity (Grochowski & Karraker, 2006; Walsh, 2003).

These processes are categorised within three domains of family functioning and are discussed below.

2.5.6.1 Family belief systems

Family belief systems powerfully influence how we regard a crisis, our suffering, and our options (Wright, Watson & Bell, cited in Walsh, 2003). Shared constructions of reality surface through family and social transactions, which, in turn, coordinate family processes and approaches to crisis situations and, as such, they can be essentially changed by these experiences (Reiss, cited in Walsh, 2003). Resilience is encouraged by shared facilitative beliefs that broaden opportunities for problem resolution, healing and growth. These belief systems aid family members to make *meaning of adversity* (for example, to normalise or contextualise the adversity and distress or to adopt a sense of coherence related to the crisis) (Buxant, Saroglou & Tilquin, 2008), to facilitate a hopeful, *positive outlook* (for example, to establish confidence in overcoming the odds or to affirm one's strengths and focus on potential) (Buxant et al., 2008), and to offer *transcendent* or *spiritual connections* (for example, to provide congregational support or to focus on larger values and purposes in life) (Mahoney, Murray-Swank, Murray-Swank & Pargament, 2003; Walsh, 2003).

2.5.6.2 Family organisational patterns

Considering the aforementioned diversity in family forms, families must organise in varied ways to meet the challenges they face (Walsh, 2003). In family organisation, resilience is nurtured by adopting a *flexible* structure (for example, an openness to change and to retain stability in the face of disruption) (Kouneski, 2000), and a sense of *connectedness* (cohesion) (for example, to provide mutual support and respect for family members' needs) (Knauth, 2000). Lastly, families may make use of *social and economic resources* that allow support and flexibility in daily organisation and routine (for example, to seek models or mentors to aid

families in effective parenting practices or to balance work/family strains) (Hawley & Peterson, 1998; Walsh, 2003).

2.5.6.2 Communication and problem-solving processes

Communication and problem-solving processes bolster resilience by bringing *clarity* to crisis situations (for example, by giving clear, consistent messages, or by being truthful) (Burchinal et al., 1999), encouraging *open emotional* expression (for example, to share feelings and mutual empathy as well as humour) (Buxant et al., 2008) and fostering *collaborative* problem solving (for example, by creative brainstorming or by taking a proactive stance as a family) (Burchinal et al., 1999). However, the variation in cultural norms in the sharing of sensitive information and expression of feelings must be taken into consideration (Walsh, 2003).

Taken together, this framework of key family processes of resilience mediate the adaptation of all family members and the family unit when faced with stressful crises and persistent challenges (Walsh, 2003). In summary, family resiliency processes reflect families balancing strengths and resources against challenges and demands (Grochowski & Karraker, 2006). The paradigm of family resiliency is based on evidence of the power of protective and recovery factors and, whereas family protective and recovery factors are identifiable and vital, those factors are not complete in themselves. The interactions of the individual family members in the context of their family and the surrounding community provide a more meaningful picture of the dynamic, multifaceted nature of family resilience (Grochowski & Karraker, 2006). Lastly, the family resiliency paradigm reflects an evolution in thinking from problem and deficiency to one of challenge and strength, a salutogenic philosophy. Indeed, the family resiliency processes hold centre stage for many resilience researchers and practitioners (Grochowski & Karraker, 2006).

2.6 Conclusion

The transition to parenthood, an occasion coupled with anticipation and joy, and the addition of a child to a couple or family, signifies a key transition in the family life cycle (Walsh, 2002, 2003). Findings from many studies have demonstrated that becoming a parent involves significant changes in men's and women's self-views, roles and relationships (Cowan & Cowan, 2003) and, in addition, involves the need to adjust and adapt to the new challenges and losses (Cowan & Cowan, 2003). Becoming a parent need not, however, be an unmanageable crisis. Resiliency theory and the literature discussed in this chapter allow for a different perspective on crisis situations and offer a means of working towards the optimal and well-adjusted functioning of families. Families use the resources innate to them, as well as those which present themselves from outside the individual and family sphere.

In Chapter 3, to follow, a review of the literature is given regarding the various qualities associated with the concept of family resilience

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

In the field of family therapy, the focus has shifted during the last few decades from family deficits to family strengths (Nichols & Schwartz, cited in Walsh, 2002). The therapeutic relationship has, accordingly, changed its dynamics as well, becoming more collaborative and empowering of the client's capability, acknowledging and appreciating that successful interventions are more dependent on utilising family strengths and resources than merely the therapeutic technique (Walsh, 2002). Slowly, by identifying and amplifying existing as well as potential competencies, the focus was redirected from the cause of problems to how they can be answered and settled (Walsh, 2002). In this light, this chapter will review the various qualities associated with family resilience and how they may be utilised to bolster resilience.

3.2 Survival and Thriving during the Transition to Parenthood

The transition to parenthood is described as a *major normative crisis* (McCubbin & McCubbin, 1996; Walsh, 2003). In Section 2.4, the domains of family functioning that undergo profound change when couples become parents were discussed. It clearly illustrated that the transition to parenthood is one of life's most challenging transitions. If the transition to parenthood calls for major change in virtually all domains of functioning and is, as such, considered a major crisis, why do some couples and families 'survive' and, better yet, gain valuable insights and skills resultant from this transition? Such families make use of both qualities from within and resources drawn from outside the boundaries of the family, deeming them resilient in their adjustment and subsequent adaptation to becoming parents.

3.3 Qualities Contributing to Family Resilience

Results from various international studies highlight those qualities that are most prominent in resilient families (Silliman, 1998). The qualities emphasised most in the literature regarding family resilience are those of commitment, connectedness, coherence, cohesion, flexibility, communication, spirituality, time together and the sharing of activities, as well as social and economic support. Although these qualities will be discussed separately, it is important to remember that they share a very close, interrelated relationship with one another.

Family **cohesion** is defined as the emotional bonding that a couple and family members have toward one another (Olson, cited in Walsh, 2003), or, as described by Silliman (1995), as maintaining family identity and togetherness while balancing family priorities with support for member esteem and achievement. Matthews (2008) adds that cohesion involves the respect for each person's uniqueness, emotional closeness as well as practical dependence on each other. This will produce strong family bonds as well as freedom for individual self-expression (Silliman, 1995). Oliveri and Reiss (1980) regard families high on cohesion as those that see themselves as facing their social world as a group and believing that whatever happens to one family member will have implications for the rest of the family. Family cohesion is a central component of The Circumplex Model of Marital and Family Systems (Olson, Sprenkle & Russell, cited in Kouneski, 2000) and involves multidimensional evaluation (Kouneski, 2000). The specific concepts used to diagnose and measure family cohesion are those of: emotional bonding, boundaries, coalitions, time, space, friends, decision making, interests, and recreation (Gorall & Olson, 2003). In essence, cohesion refers to how systems balance separateness versus togetherness. There are five levels of cohesion, ranging from disengaged/disconnected (extremely low) to enmeshed/overly connected (extremely high). There are thus conceptually three balanced levels (the intermediary levels of somewhat connected, connected, and very connected) and two unbalanced levels (the

extremes of disengaged and enmeshed) (Gorall & Olson, 2003). It is hypothesised that the balanced levels of cohesion allow for optimal family functioning (Gorall & Olson, 2003; Kouneski, 2000).

Hundreds of studies (Kouneski, 2000) have supported the primary hypothesis of the Circumplex Model, that is, “couples or families with balanced cohesion and adaptability will generally function more adequately across the family life cycle than will those at the extremes of these dimensions” (Olson et al., cited in Kouneski, 2000, p.13). In the balanced area of cohesion, families are able to reach equilibrium, therefore balancing separateness and togetherness in order to achieve both individual independence from and connection to the family. In those family systems characterised by enmeshment, there is too much agreement or emotional closeness within the family and too little autonomy (Gorall & Olson, 2003). In contrast, in disengaged family systems, family members “do their own thing”, with limited consensus or commitment to the family (Gorall & Olson, 2003). Furthermore, Olson and his colleagues (cited in Kouneski, 2000) argue that families balanced on cohesion will experience change more saliently than those on either extreme, as “balanced families have larger behavioural repertoires and are more able to change compared to extreme families” (Kouneski, 2000, p. 14) and “balanced families will change their cohesion and adaptability, whereas extreme families will resist change over time” (Kouneski, 2000, p. 68). In summary, although there is no conclusive level of cohesion for any family, many will experience difficulty if they function at either extreme level for too long. Note that it is anticipated that couple and family systems will adjust levels of cohesion over time (Kouneski, 2000; Walsh, 2003).

Hand-in-hand with the concept of cohesion are the concepts of **commitment** and **connectedness**. Traits of the former are described as working toward shared goals through altruism, persistence, and devotion to other family members, thereby cultivating an

environment of trust and dependability (Silliman, 1995) or, in short, the balance of dedication and accountability (Matthews, 2008). Smith (2008) regards commitment as the expectation that the family will be together, in good times and when problems arise, and that committed families solve problems together while looking toward the future. In this way, the quality of commitment provides families with purpose and direction (Smith, 2008). Knauth (2000) regards the commitment of time and energy to building family relationships as the mechanism through which the goals of effective family functioning and parental sense of competence are achieved.

Focusing on the possible relationship between greater value placed on intra- and interfamily relationships, parental sense of competence and family functioning, Knauth (2000) defined commitment as the value placed on familial relationships. Using the Feetham Family Functioning Survey (FFFS; Knauth, 2000) to assess family commitment, Knauth (2000) found that commitment did not significantly relate to family functioning at either four or eight months postpartum. However, the level of family commitment did predict and strengthen parental sense of competence, as measured by the Parental Sense of Competence Scale (PSOC; Knauth, 2000). The results also showed gender differences in that, where commitment influenced parental sense of competence, the women experienced a greater sense of competence than the men in the study (Knauth, 2000). Traits of connectedness are to receive support from and contribute to extended family, the neighbourhood, and the community (Silliman, 1995). Connectedness thus results in a sense of belongingness as well as accountability to others (Silliman, 1995). Along similar lines and in addition to the above, Matthews (2008) considers connectedness as an attitude of service and belonging to a larger whole. Oliveri and Reiss (1980) characterise families high on connectedness as those with a sense of potential mastery over the social environment and those who actively practice rituals which tie them to the wider social groups in society (for example, hosting dinner parties).

Landau and Saul (2004) argue that, in order for families and their members to access their intrinsic, innate competence, opportunities to retain or regain connection to their families must be provided.

Coherence has been described as acting with self-confidence and self-reliance, translating optimism into making a difference in improving themselves (individual family members) and their world (Silliman, 1995). Another and more preferred description is given by Lavee and McCubbin (cited in Antonovsky & Sourani, 1988) when they refer to family coherence as the family's appraisal of the overall circumstances in which they find themselves and, in particular, the family's 'fit' within their community. In addition, coherence relates to a sense of manageability of life events, the predictability of one's circumstances and, lastly, the sense by the family that it has control over and trust in present and future events (Antonovsky & Sourani, 1988). A family sense of coherence (SOC), a construct described by Antonovsky and Sourani (1988) as the extent to which one sees one's world as comprehensible, manageable and meaningful, is intimately linked to the concept of coherence as described by Lavee and McCubbin (cited in Antonovsky & Sourani, 1988); therefore, both concepts will be regarded as one and the same for the purpose of this study.

A strong family SOC has been found to be positively related to adaptation after a crisis via the former concept's three inextricably intertwined components, namely comprehensibility, manageability and meaningfulness (Antonovsky & Sourani, 1988). The tendency to expect one's world to be ordered, or at least orderable, facilitates the cognitive clarification of the nature of the stressor (comprehensibility), while the tendency to expect the demands posed by the stressor to be manageable leads one to search for the appropriate resources available. A tendency to see life as meaningful provides the individual and the family with the motivational drive to engage in confrontation with the stressor. With this in mind, Antonovsky and Sourani (1988) regard families with a strong family SOC as more likely to

be well adapted and more likely to have reached a higher level of reorganisation following a period of crisis, as compared to families with a weaker family SOC. Interestingly, SOC and adaptation enjoy a relationship characterised by interplay (Antonovsky & Sourani, 1988): a strong SOC does foster, via its contribution to successful coping with stressors, a high level of family adaptation; but such adaptation, in turn, exposes the family to experiences that reinforce their SOC.

The concept of coherence may also be viewed as linked to other qualities of resilience described in this study, for example the qualities of ‘meaning making’ and ‘positive outlook’, described by Walsh (2003) as part of the family’s belief system. Furthermore, Fonargy et al. (2003) conceptualise coherence in relation to communication, as they argue that, in family interactions, there is an opportunity for family members to accurately perceive each other’s experiences and elaborate or expand those experiences with their own in such a way that it serves to help the individual see his/her own emotions reflected. Such coherence of the family members’ responses, according to Fonargy et al. (2003), ensures that the individual has an experience of having been heard. Although coherence may be seen at both individual and family level, the concept applies equally to both (Lavee et al., 1987).

Central to most resiliency frameworks, **family flexibility** is described as the amount of change in its leadership, role expectations and relationship rules (Walsh, 2003). Together with cohesion, flexibility, or adaptability, is a central aspect in the Circumplex Model of Marital and Family Systems (Olson, Sprenkle & Russell, cited in Kouneski, 2000) and is concerned with how systems balance stability with change. Often, flexibility is thought of as “bouncing back”, but, as most families cannot merely return to “normal” in the aftermath of most transitions and crises, flexibility and resilience should rather be conceptualised as “bouncing forward”, changing to meet new challenges as they appear (Walsh 2003). Silliman (1995) describes the traits of a flexible family as those able to cope with change, juggling stable roles

and traditions with flexibility to change rules and share decisions. As such, the quality of flexibility results in challenges stimulating growth and health. As with cohesion, five levels of flexibility are described, ranging from rigid or inflexible (extremely low) to chaotic or overly flexible (extremely high) (Gorall & Olson, 2003). The balanced levels of flexibility, namely the levels of somewhat flexible, flexible to very flexible, are thought to be more advantageous to good couple and family functioning, with the extreme levels being most problematic for families during their journey through the life cycle (Gorall & Olson, 2003). The more balanced levels are characterised by equalitarian leadership with a democratic approach to decision making. Negotiations are open, roles are shared, and rules can be changed when necessary (Gorall & Olson, 2003). In a rigid relationship, however, there trends tend to be one individual in charge who is highly controlling, with restricted negotiations and most decisions forced into effect by the leader (Gorall & Olson, 2003). Roles are stringently described and rules are not subject to change. In contrast, a chaotic relationship has capricious or an inadequate amount of leadership. Decisions are impetuous and not well thought through, with unclear roles that often change from individual to individual (Gorall & Olson, 2003). The concept of flexibility may also be understood as an attitude (McCubbin & McCubbin, 1988). In substituting 'society' for 'family', Landau (cited in Landau & Saul, 2004) proposes that, when a family is disturbed by crisis, the resulting disequilibrium renders [the family] temporarily unable to exercise its usual regulatory function. It is especially then that flexibility, as both concept and attitude, become essential, as the inaccessibility of prior patterns of family functioning increases the necessity for transformation (Landau & Saul, 2004).

Flexibility appears to be important in maintaining marital stability as well (Kouneski, 2000). In a study conducted by Hunsley and James (cited in Kouneski, 2000) in which 396 married and cohabiting couples were examined, a linear relationship was found between cohesion and

marital adjustment, but a curvilinear relationship was found between flexibility and marital satisfaction, suggesting that while cohesion might help couples traverse difficult periods of adjustment, it is balanced flexibility that keeps them happy and satisfied (Kouneski, 2000). Furthermore, transformation necessitates the emergence of new family patterns of functioning so as to meet the demands of the new reality created by the stressor (Landau & Saul, 2004; McCubbin & McCubbin, 1988).

Communication is considered to be a facilitating dimension in the Circumplex Model of Marital and Family Systems (Olson, Sprenkle, & Russell, cited in Kouneski, 2000), as it is a critical component in assisting couples and families to amend their levels of cohesion and flexibility (Kouneski, 2000; Walsh, 2003). Family systems theories consistently regard the experience and, especially, the clarity of communication as an essential quality in well functioning families (deShazer, 1985; Haley, 1976; Madanes, 1981).

Several empirical studies, focusing on communication and problem-solving skills in families, have concluded that those systems balanced on cohesion and flexibility tend to communicate better (Kouneski, 2000), whereas those characterised by unbalanced levels of cohesion and flexibility tend to have poor communication (Walsh, 2003). In addition, communication bolsters resilience by bringing clarity to crisis situations, encouraging open emotional expression and fostering collaborative problem solving (Walsh, 2003). Negotiation of new roles and relationships is a central feature of the transition to parenthood and, as such, the importance of collaborative, honest communication and problem-solving styles cannot be overlooked (Burchinal et al., 1999). James Pennebaker (cited in Beardslee & Focht-Birkerts, 2000), in research studies spanning more than 20 years, provided empirical verification regarding the importance of open emotional expression. The research that he has conducted to date consistently documents the health risks resulting from emotional inhibition, as well as the multiple health benefits to be gained from translating one's distressing or traumatic

experiences into language (Beardslee & Focht-Birkerts, 2000). His findings emphasise the increasing importance placed on emotional expression as an important resource for psychological and physical health. In addition, Beardslee and Focht-Birkerts (2000), concerned with the encouragement of relational resilience in families with affective illness, add that talking about distressing experiences that occur within the family with family members helps to strengthen the sense of family connectedness. According to Burchinal et al. (1999), a number of studies have concluded that couples with better problem-solving communication were less likely to report distress and dissatisfaction later in their marriage than couples with poorer problem-solving communication.

Investigating the role of becoming a parent in parental perceptions and interaction across the transition to parenthood by means of prenatal classes and subsequent content analysis of transcripts, Burchinal et al. (1999) found that good problem-solving communication is important to uphold marital satisfaction during a major family transition in which the negotiation of roles and relationships is required, such as during the transition to parenthood. Furthermore, better prenatal problem-solving communication in both husbands and wives was associated with higher marital satisfaction prenatally and with less of a decline in marital satisfaction after the birth of the child (Burchinal et al., 1999).

A clear understanding, developed through effective communication, leads to a greater ability for family members to develop appropriate responses and clearer rules regarding roles within the family (Ungar, 2004) and aids family members' refocus on the positive dimensions of life (Besic et al., 2004). Regarding communication, it must be remembered that cultural norms may vary in the sharing of sensitive information and expression of feelings (Walsh, 2003).

Spirituality – to believe in a higher power and acting on a value system beyond self-interest (Silliman, 1995) – results in the implementation of a sense of reason and divine support in

everyday and difficult events. Most families have found strength, reassurance and assistance in adversity through their connection to their cultural and spiritual traditions (Walsh, 2003). As suffering and, often, the injustice or senselessness of it are ultimately spiritual issues (Bell, Watson & Wright, cited in Walsh, 2003), spiritual resources have been found to be wellsprings for resilience (Smith & Werner, cited in Walsh, 2003).

Mahoney et al. (2003), in their study investigating the role of sanctification – a psychological process in which all aspects of life are perceived as having spiritual character and significance – has found spirituality to be incremental in family adaptation during the transition to parenthood. To facilitate empirical inquiry regarding sanctification and family relationships, Mahoney et al. (2003) developed parallel measures to assess perceptions of the sanctification of marriage, parenting and sexuality by altering the Manifestation of God Scales and the Sacred Qualities scales. Their findings concluded that one's spirituality and religious beliefs act to add a deeper sense of spiritual meaning and significance to family life and to enhance the satisfaction and meaning derived from family relationships, as compared to other life endeavours (Mahoney et al., 2003). As such, couples may sanctify the entire family unit, be more deeply committed to their relationship with one another and with their child and, therefore, experience a greater sense of personal pleasure and fulfilment within their family (Mahoney et al., 2003).

Religious and spiritual beliefs, rituals and narratives involve intuition and creativity (Aarnio & Lindeman, cited in Buxant et al., 2008), positive meaning, belief in the meaningfulness of life, integration and a sense of coherence (Parke, cited in Buxant et al., 2008), positive reframing of negative experiences (Pargament, cited in Buxant et al., 2008), and, finally, prosocial and altruistic ideals and values (Dernelle, Pichon, Saroglou, Trompette & Verschueren, cited in Buxant et al., 2008). All of these experiences have been associated with higher levels of adaptation during the transition to parenthood (Buxant et al., 2008). By means

of spirituality, a crisis may then yield learning, transformation or growth in unforeseen directions. It can be an epiphany, awakening family members to the importance of their loved ones, or it may jolt them into healing old wounds and reordering priorities for more meaningful relationships and life pursuits (Walsh, 2003).

Social and economic support are vital lifelines in times of trouble, as social networks offer practical and emotional support (Walsh, 2003). By promoting a nurturing environment in which families are dynamically invested in the physical and emotional survival, safety and self-esteem of children and adults (Silliman, 1995), community support facilitates both family and community resilience (Walsh, 2003).

The support that communities may potentially provide can be conceptualised into two categories (Cauble et al., 1980). The first is the primary provisions for the survival and maintenance of a minimal level of social functioning, while the second category involves provisions that facilitate social participation, social control, mobility, social and political expression as well as adequate living arrangements.

Cobb (cited in Cauble et al., 1980) regards social support as information exchanged at an interpersonal level which provides a) emotional support – leads the individual to believe that he/she is cared for and loved, b) esteem support – leads the individual to believe that he/she is esteemed and valued, and lastly, c) network support, which leads the individual to believe that he/she does belong to a network of communication involving shared obligation and reciprocal understanding.

Caplan (cited in Cauble et al., 1980) describes the supportive characteristics of family and kinship networks as invaluable, as the members of the network serve as collectors and distributors of information about the world, as a feedback guidance system, as a source of ideology, practical service and particular aid, and as a source and validator of identity.

Furthermore, the individuals included in such a network may act as guides and mediators in problem solving, as contributors to emotional mastery, as well as provide a haven for rest and recuperation (Cauble et al., 1980).

Findings from Belsky and Rovine's (1984) study are, however, contradictory regarding the support received from family and kinship networks. In their study regarding family support during the transition to parenthood, they found that, although contact between new parents and family and kinship networks does increase within the first year of parenthood, the contact does not predict the nature or function of support, that is, the emotional or material support that could be given to new parents (Belsky & Rovine, 1984).

Social support may act as a buffer against stressors as well as serve to aid the recovery of families after a crisis (Lavee et al., 1987). The importance of spousal support should not be overlooked. Reciprocal support between partners for each others' parenting – emotionally, cognitively and physically – has been associated with measures of parental competence, which, in turn, is positively associated with better adaptation during the transition to parenthood (Knauth, 2000).

The importance of sound financial reassurance should not be underemphasised, as a crisis/unexpected situation can drain a family's economic resources. Persistent unemployment can be devastating and financial strain is the most common factor in single-parent families in which children fare poorly (Walsh, 2003). Financial stressors are often related to decreases in levels of family functioning (Hawley & Peterson, 1998). Often, economic resources serve a supportive function indirectly through their influence on other resources (Brehaut et al., 2005). For example, families who are able to draw upon their economic resources after the birth of a child may not experience the pressure to return to a dual-earner household as intensely as might other families who do not have such economic support. The alleviation of

such pressure will allow families to spend more quality time together and build on their sense of commitment.

However, the concept of family resilience must not be misinterpreted or misused to label families who are unable to rise above harsh conditions as not resilient. Resilience in families must be supported by social and institutional policies and practices that encourage the ability to thrive. For example, flexible work schedules for parents and appropriate, affordable health, childcare and elder-care services can help families to rebound from adversity (Walsh, 2003).

Resilient families enjoy spending **time together**, affirming members through the creation of daily routines, special traditions and celebrations. Spending time together connects the family members to family roots, and adds creativity and humour to ordinary events (Silliman, 1995). Family routines have been found to assist parents in adapting to their new role as caregivers (Baker et al., 2002). Mothers of young infants have reported more satisfaction with their parenting role as well as greater competence as a parent when regular routines were present in the household (Baker et al., 2002). Family rituals, through their symbolic nature and emotional underscore, are related to marital satisfaction during the early stages of parenthood as they provide a sense of belonging and foster a stronger sense of personal identity (Baker et al., 2002). Silberberg (2001) describes togetherness as the “invisible glue” that unites a family and envelops family members in a sense of belonging.

An important component of this “glue” is sharing similar beliefs, values and morals (Silberberg, 2001). Bell et al. (cited in Walsh, 2003) agree, as shared family belief systems powerfully influence how a crisis, the resulting suffering and the available options are viewed. Shared constructions of reality surface through family and social interactions which, in turn, arrange family processes and attitudes to crisis situations (Reiss, cited in Walsh, 2003). The shared frame some families enjoy can be seen as a shared “state of mind”, enabling family

members to respond accurately to attachment, discipline, and safety needs; to enjoy being together; and to provide each other with new information about individuals and relationships (Fonargy et al., 2003). Such a shared system enhances the capacity for family members to anticipate one another's plans and actions and determines the manner in which events and behaviours are interpreted, the meaning of expressed emotions, and the effectiveness of actions taken (Fonargy et al., 2003).

Oliveri and Reiss (1980) argue that, in each family, a rich and ordered set of beliefs about the social world operates and seems to be connected to the ways that families actually respond to and interact with their social world. Bateson (cited in Fonargy et al., 2003) adds that the capacity to establish a shared frame cannot be stated in the content of what is said – it is established jointly and across modalities of communication and seems more evident in a family's non-verbal behaviour (Reiss, cited in Oliveri & Reiss, 1980). Through these shared facilitative beliefs, resilience is fostered by increased options for problem resolution, healing and growth (Walsh, 2003).

3.4 Conclusion

This review of the literature sheds light on several qualities deemed important in the facilitation of the adaptation process to the presence of a child in the couple/family relationship. Whilst some of these qualities are unique to the family – such as commitment, cohesion and flexibility – others are resources outside of the family, such as social support, which are sought and implemented by the family. The qualities discussed in this chapter contribute uniquely to family resilience. Furthermore, many of these qualities enjoy a relationship of complex interplay – such as, for example, spending time together and being committed to one another, thus allowing for opportunities for communication – which serve to further strengthen the resources available to families in their process of adaptation. Taken

together, these qualities and, subsequently, resilience, are essential in the adjustment and maintenance of family life following the addition of a child.

Chapter 4, to follow, focuses on the methodology employed in this study and includes discussions regarding the participants in the study, the various measuring instruments used, the dimensions and subscales of each instrument, the procedures followed during data gathering, as well as the statistical techniques employed in order to analyse the data.

CHAPTER 4

METHODOLOGY

4.1 Introduction

The focus in this chapter is on the methods employed during the execution of this study. The chapter begins with a formulation of the problem that was explored and the research design employed. This will be followed by a description of the participants who took part in this study, as well as the measuring instruments used, the procedures followed, and, lastly, the statistical analyses utilised.

4.2 Problem Formulation

Significant historical shifts in the family landscape of the last century, and in particular the last few decades, had created immense diversity in family form and structure (Cowan & Cowan, 1993; Matthews, 2008). The addition of a child to the couple relationship, considered as one of life's major normative crises (Walsh, 2003), has an undeniable impact upon the prior functioning of the couple/family system (Knauth, 2001), as the presence of a child affects at least five major domains of family functioning (see Chapter 2). In the light of this, young parents today face more burdens than those of previous generations, as they lack appropriate and relevant models of family functioning, resulting in these young parents being like pioneers in new, uncharted territory (Cowan & Cowan, 2003; Skolnick & Skolnick, 1997). Becoming a family today is more challenging than it used to be (Cowan & Cowan, 1993), yet supportive family policies are not available to all.

By definition, family resilience encompasses the characteristics of families that enable them to maintain stability despite the stressors that they may encounter (McCubbin & McCubbin, 1996) and that, in addition, allow families to identify their own strengths, thereby permitting

them to regain their own competencies and capabilities (Silberberg, 2001). The purpose of this study was to identify the qualities, characteristics and resources used by families today that enable them to be resilient and successfully adapt to the addition of a child to the family. In essence, the research question is: What are the family characteristics and resources that contribute to resilience in families with young children?

4.3 Research Design

This study made use of a cross-sectional research design, that is, a once-off collection of data from participants (Graziano & Raulin, 2000). In an effort to comprehensively answer the research question, both qualitative and quantitative methods were used to collect data from the participating families. One parent, the primary caretaker of the child or children, was required to complete the measuring instruments. Qualitative data was gathered by asking the participating family member to answer an open-ended question, while the quantitative data was collected through the use of various self-completing questionnaires, all based on the theoretical models discussed in Sections 2.3.5 and 2.3.6.

All measuring instruments are comprehensively discussed in Section 4.5 to follow below.

4.4 Participants

Participants were recruited based upon the set criteria for this study. The criteria were as follows:

- The eldest child in the family could be no older than four years of age.
- Although the parents were not required to be married, they should at least be cohabitating with their child or children.
- The primary caretaker of the child or children should complete the questionnaire

As part of the Family Psychology module, students who were completing the Honours programme at University of Stellenbosch in 2006 and in 2007 were required to recruit a

family that adhered to the inclusion criteria. In total, 112 families participated in this study; however, 23 families had to be excluded from the study after completion of the questionnaires due to inclusion criteria limitations. Thus, data from 89 families was employed for this study. The majority of the parents who completed the questionnaires were female ($n = 83$), with a substantially lower proportion of men ($n = 6$). The participating parents ($N = 89$) were aged between 20 and 42, with a mean age of 30.24 ($SD = 4.63$). The mean age of the other parent in the household ($N = 89$) was 32.9 ($SD = 5.93$), ranging between the ages of 22 and 52. The majority of the participating families were two-parent families ($n = 84$; 93%). Two of the participants were in their second marriage. The length of marriage for most ($n = 86$) participating parents ranged between four months and twelve years, with a mean length of 5.59 years ($SD = 3.23$). Three participating parents were not married. Most of the eldest children in the families were male ($n = 53$), while the remainder were female ($n = 36$). The ages of the eldest children ($N = 89$) ranged between six months and four and a half years, and 87 of the children were under the age of four years. Thirty-eight percent ($n = 34$) of the participating families had a second child, while two families had a third child. Forty-six families (52%) spoke Afrikaans as a first language, 27 families (30%) spoke English, while 16 families (18%) indicated a first language other than Afrikaans or English. Regarding those families who spoke another first language, the majority ($n = 12$; 14%) spoke an African language (Xhosa, Zulu or Tswana). Only 24 families (27%) indicated that they had a third party (for example, family-in-law or a live-in domestic worker) living with them in the household, while the remaining families ($n = 65$; 73%) did not.

The educational status of the participating family members varied. Four (5%) parents had attended only primary school, while 23 (26%) had completed high school. The majority of parents ($n = 29$; 33%) had completed a diploma, while 27 (30%) had obtained a degree. Six (7%) parents had an educational status other than those indicated above, of which three had a

postgraduate degree, one had a paralegal certificate and one had security guard training. Sixty-four of the participating family members (72%) were employed, 46 (52%) of them permanently and 18 (20%) temporarily. The remainder (n = 25; 28%) were not employed. Similar patterns were observed for the other parent. Two parents (2%) had attended only primary school, 26 (29%) had completed high school and 30 (34%) had obtained a diploma. Twenty-seven (30%) of the other parents had obtained a degree, while three parents indicated an educational status other than those indicated above. Of these, one had completed a postgraduate degree and two were students enrolled in a tertiary education institution. Only one parent had no educational status whatsoever. The majority of the other parents (n = 84; 94%) were employed, of which 75 (84%) permanently and nine (10%) temporarily, whilst merely five (6%) of the other parents were not employed. Regarding the combined net income of the family, eight families (9%) earned less than R20 000 per year, 10 families (11%) earned between R20 000 and R60 000 per year, 12 families (13%) earned between R61 000 and R100 000 per year, 14 families (16%) earned between R101 000 and R140 000, 10 families (11%) earned between R141 000 and R180 000 per year, while the remaining 35 five families (39%) earned R181 000 or more per year. The majority of the participating families were White (n = 45; 51%), 23 (26%) were African, 10 (11%) were Coloured, while the ethnicity of 11 families (12%) was unknown.

4.5 Measuring Instruments

Qualitative data was collected by means of an open-ended question, which asked participants to respond to the following: What were those qualities of your family, or what qualities in your family, help your family adapt to a child and keep on functioning well as a family? Several quantitative measures were employed in measuring the dependent variable (family adaptation) and the independent variables of importance in family resilience. They are discussed below.

4.5.1 The Family Hardiness Index

The Family Hardiness Index (FHI), originally developed by McCubbin, McCubbin and Thompson (McCubbin & McCubbin, 1996), measures the characteristic of hardiness, the latter described as the internal strengths and durability of the family unit (McCubbin & McCubbin, 1996). Further characterised by a sense of control over the outcome of various events and difficulties, hardiness entails an outlook on change as being beneficial and growth-producing, as well as an active orientation toward managing and adjusting to stress. It is a family resource, buffering the effects of stressors and facilitating adaptation over time (McCubbin & McCubbin, 1996). The FHI is a five-point Likert-type scale with responses ranging from 0 = False to 3 = True (note that the fifth response follows True = 3 with Not Applicable = 0). The scale consists of 20 items and requires respondents to indicate the extent to which each statement describes their family. The FHI is subdivided into three subscales, namely commitment, challenge and control. The former measures the family's sense of dependability, internal strengths and their ability to work together. The challenge subscale measures the family's attempts to experience new things and to learn, to be innovative and active, while the control subscale assesses the family's view of being in control of their family life as opposed to being shaped by outside events and circumstances (McCubbin & McCubbin, 1996). An overall internal reliability obtained for the scale is .82 (Cronbach's alpha), with the subscales obtaining an internal reliability of .81 for the commitment subscale, .80 for the challenge subscale, and .65 for the control subscale. The validity coefficients range from .20 to .23 with regard to the variables of family satisfaction, time and routines, and flexibility (McCubbin & McCubbin, 1996). In this study, the overall reliability obtained was 0.74 (Cronbach's alpha), whilst the subscales commitment, challenge and control obtained an internal reliability of 0.70, 0.63, and 0.82 respectively.

4.5.2 Social Support Index

Community-based social support is an important factor and dimension in the measurement of family resilience. The Social Support Index (SSI), developed by McCubbin, Patterson and Glyn (McCubbin & McCubbin, 1996), determines the extent to which families find support in the communities that they reside in. Making use of a five-point Likert scale, ranging from Strongly Disagree = 0 to Strongly Agree = 4, this 17-item scale was developed to measure community integration, community support, and the family's view that the community can provide resources necessary for emotional support, esteem support as well as network support (McCubbin & McCubbin, 1996). The SSI has an internal reliability of .82, a test-retest reliability of .83, and a validity coefficient of .40 regarding the criterion of family wellbeing (McCubbin & McCubbin, 1996). The internal reliability of the SSI in this study was 0.74 (Cronbach's alpha).

4.5.3 Relative and Friend Support Index

The Relative and Friend Support Index (RFS) was developed by McCubbin, Larsen and Olson (McCubbin & McCubbin, 1996) and assesses the degree to which families make use of friend and relative support as a strategy to manage stressors and strains. An eight-item Likert-type scale, the RFS requires responses ranging from strongly disagree to strongly agree (McCubbin & McCubbin, 1996). The internal reliability (Cronbach's alpha) for the RFSI is .82, with a validity coefficient, which correlates with the original F-COPES, of .99 (McCubbin & McCubbin, 1996). The internal reliability of the RFS in this study was calculated as 0.77 (Cronbach's alpha).

4.5.4 Family Crisis Oriented Personal Evaluation Scales

Also developed by McCubbin, Larsen and Olson, the Family Crisis Oriented Personal Evaluation Scales (F-COPES) distinguish problem-solving and behavioural strategies employed by families during times of hardship (McCubbin & McCubbin, 1996). Drawing

upon the coping dimensions outlined in the Resiliency Model of Family Adjustment and Adaptation, this 30-item scale integrates the factors of pile-up, family resources and meaning/perception. The scale items are centred around coping behaviour and focus on two systemic levels of interaction. The first of these levels includes the individual and the family system, or ways in which the family handles difficulties among its members internally, while the second level includes the family and social environment, including the ways in which the family manages crises that affect the family unit and its members, but that emerge outside of its boundaries (McCubbin & McCubbin, 1996). A central premise is that, when families possess coping behaviours that focus on both levels of interaction, they will adapt more successfully to stressful situations. A five-point Likert scale (Never = 1, Seldom = 2, Sometimes = 3, Frequently = 4, Always = 5), the F-COPES consists of five subscales divided into two dimensions; the internal and the external family coping strategies (McCubbin & McCubbin, 1996). The internal coping strategies refer to the way in which individual family members use resources within the family to manage difficulties. These strategies consists of (a) redefining or reformulating the problem in terms of the potential meaning it has for the family in order to make it more manageable (Cronbach's alpha = .64) as well as (b) passive evaluation, involving passively accepting the problem and doing nothing about it (Cronbach's alpha = .66) (McCubbin & McCubbin, 1996). The external coping strategies refer to the behaviours the family engages in to obtain resources outside of the family system. These strategies include (a) spiritual support, including the family's ideology in dealing with hardships, its involvement in religious activities, as well as the family's ability to acquire such support (Cronbach's alpha = .87); (b) the family's ability to acquire social support in terms of friends (Cronbach's alpha = .74), extended family (Cronbach's alpha = .86) and neighbours (Cronbach's alpha = .79) and (c) mobilising the family to acquire community resources and accept help from others (Cronbach's alpha = .70) (McCubbin & McCubbin, 1996). The F-

COPES total scale has an internal reliability coefficient (Cronbach's alpha) of .77 and a test-retest reliability of .71 (McCubbin & McCubbin, 1996). In this study, the subscales Redefining/Reformulating the problem, Passive evaluation, Spiritual support, Social support and Mobilisation of community resources obtained internal reliabilities of 0.90, 0.66, 0.87, 0.76 and 0.70 respectively.

4.5.5 Family Time and Routine Index

Developed by McCubbin, McCubbin and Thompson (McCubbin & McCubbin, 1996), the Family Time and Routine Index (FTRI) is used to a) explore the routines and activities employed by families, and b) evaluate the value that families place on these practices. The latter evaluation is valuable, as the time that families spend together and the routines they adopt are a relatively reliable indication of family stability and family integration. Both family stability and integration incorporate valuable ways of dealing with common problems and managing major crises (McCubbin & McCubbin, 1996). The FTRI is a 30-item scale, divided into eight subscales, including Parent-child togetherness, Couple togetherness, Child routines, Meals together, Family time together, Family chores routines, Relatives connection routines and Family management routines. Being a Likert-type scale, the FTRI assesses a) the degree to which each statement describes the family, with responses ranging from False = 0 to True = 3, and b) the degree to which the family regards the routines listed on the scale as important, the responses ranging from Not Important = 0 to Very Important = 2 (note that the fifth response follows Very Important = 2 as Not Applicable = 0). The overall internal reliability of the scale is .88 (Cronbach's alpha), while the validity coefficients ranges from .24 to .34 with regard to family bonding, family satisfaction, marital satisfaction, family celebrations and family coherence (McCubbin & McCubbin, 1996). The internal reliability of the Family and Importance dimensions in this study are 0.68 and 0.82 (Cronbach's alpha) respectively, while that of the subscales Parent-child togetherness is 0.30, Couple togetherness is 0.62, Child

routines is 0.32, Meals together is 0.58, Family time together is 0.54, Family chores routines is 0.92, Relatives connection routines is 0.59 and, lastly, Family management routines is 0.38.

4.5.6 Family Problem Solving and Communication Scale

The Family Problem Solving and Communication Scale (FPSC) was developed by McCubbin, McCubbin and Thompson to evaluate the two predominant family communication patterns that play an important role in a family's coping (McCubbin & McCubbin, 1996). As most families have both positive and negative communication patterns, it is essential to measure both patterns as important factors in family problem solving and resilience. The FPSC scale rests on the premise that the quality of communication within the family provides a good indication of the degree to which families manage stressors and strains and obtain an adequate level of family functioning, adaptation and adjustment (McCubbin & McCubbin, 1996). As a ten-item scale, the Likert-type format ranges in response from False = 0 to True = 3. The FPSC has two subscales, namely incendiary and affirming communication. The former refers to a pattern of family communication that is provocative and tends to intensify a stressful situation (McCubbin & McCubbin, 1996). The latter can be conceptualised as the opposite of incendiary communication in that affirming communication refers to a pattern of family communication that expresses support and caring and has a calming influence on a stressful situation (McCubbin & McCubbin, 1996). The total alpha reliability of the scale is .89, while the reliabilities for the incendiary and affirming communication subscales are .78 and .86 respectively (McCubbin & McCubbin, 1996). In this study, overall internal reliability of the FPSC was determined to be 0.70 (Cronbach's alpha), while the affirming and incendiary communication subscales had reliabilities of 0.77 and 0.73 respectively.

4.5.7. Family Attachment and Changeability Index 8

The dependent variable to be measured in this study was that of the family's level of adaptation following the stressful transition to parenthood and the adaptation to the addition

of a child to the family. The family's level of adaptation was measured using the total score of the Family Attachment and Changeability Index 8 (FACI8). McCubbin, Thompson and Elver adapted the Family Adaptability and Cohesion Evaluation Scales (FACES) to develop FACI8 as an ethnically sensitive measure of family adaptation and functioning (McCubbin & McCubbin, 1996). The scale measures the degree to which the family has adapted to the stressful situation. The FACI8 is a 16-item Likert-type scale, with responses ranging from Never = 1 to Always = 5 (McCubbin & McCubbin, 1996). The scale is divided into two subscales, namely attachment and changeability. The attachment subscale measures the strength of the family members' attachment to one another, whereas the changeability subscale assesses the degree to which family members are flexible in their relationships with one another (McCubbin & McCubbin, 1996). The internal reliability for the scale, as well as the subscales (Cronbach's alpha), range between .73 and .80 (McCubbin & McCubbin, 1996). The FACI8 obtained an overall internal reliability of 0.70 (Cronbach's alpha) in this study, while the subscale attachment obtained a reliability of 0.77 and the subscale changeability obtained a reliability of 0.73. Scores obtained for all other independent variables were correlated with scores obtained with FACI8 in order to determine whether or not they can be regarded as resilience factors.

4.5.8 Biographical Questionnaire

The participants completed a biographical questionnaire along with the questionnaires discussed above. The first dimension of this questionnaire was designed to collect information on the family composition, marital status and duration of the parental relationship, age, race and gender of the family members, parental level of education, employment, income and home language. The second dimension involved an open-ended question, which asked respondents to describe the factors or processes that they have found to be helpful in the adaptation and adjustment of adding a child to the parental relationship or existing family.

4.6 Procedure

4.6.1 Practical Data Gathering

As mentioned previously, students completing the Family Psychology module in 2006 and 2007 were employed to recruit participants for this study. Potential participants were identified by means of acquaintance, word-of-mouth or recommendation. Each student explained the purpose and procedure to be followed and, after the potential family agreed to participate, an appointment was made to meet the participating parent. During the appointment, the participating parent completed the biographical questionnaire, which included the response to the qualitative open-ended question. After that, the participant was asked to complete the seven questionnaires. The student was expected to be present during the entire data-collection procedure, from its commencement, to aid the participating family member should s/he have had any questions, hesitations or uncertainty regarding the completion of the questionnaires. Participants completed the questionnaires with ease in about an hour to an hour and a half. The participants were thanked sincerely for their participation in this study.

4.6.2 Scoring of Questionnaires

Once all the data was collected, the process of scoring the questionnaires began. All questionnaires, along with the biographical data, were first checked for completion. The omission of any individual questions or questionnaires required the participating student to return/contact the participating family and urge them to complete the omitted questions. In the event that this was not possible, the particular participating family was excluded from participating in the study.

The responses to the Family Time and Routine Index, the Family Problem Solving and Communication Scale and the Family Hardiness Index were entered into the data file by

allocating a number between one and three to each response. Responses to the Social Support Index required a number between one and four, while the Relative and Friend Support Index, the Family Crisis Oriented Personal Evaluation Scales and the Family Attachment and Changeability Index 8 all required the allocation of a score between one and five for each response. All the responses were entered into an Excel spreadsheet, where the questionnaires were scored according to previously established formulae. In those cases where scores had to be reversed, the Excel spreadsheet did so automatically.

Regarding the scoring of the biographical data, the answers provided by the participants were converted into categories so as to facilitate the process of data capturing as well as the statistical analysis of the data. Once all the data had been entered into the Excel spreadsheet, the statistical analyses were undertaken.

4.7 Data Analyses

Content analysis, that is “the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005, p. 1278), was used as the method of analysis for the qualitative data. Content analysis holds two great advantages regarding the analysis of qualitative data (LaRossa & LaRossa, 1981). Firstly, each detailed examination of the qualitative response is a systemic form of analysis and, secondly, it allows for the re-examination of contemporary theory, reveals areas of behaviour of which our knowledge might be sparse and may stimulate hypotheses for future studies (LaRossa & LaRossa, 1981). The process of content analysis involves, in essence, the examination and coding of data to reveal themes, or the expression of ideas (Weber, 1990). In this study, *a priori* coding of data was employed primarily. This form of coding allows categories to be established prior to the analysis of the data, based upon a theory/theoretical framework. Based upon these categories, the data was coded according to

the coding units decided upon by the researcher. In this study, the coding units were context units of words, sentences, paragraphs and themes (Stemler, 2001), with the *a priori* categories established on the basis of the theoretical models of McCubbin and McCubbin (1996) and Walsh (2003), as previously discussed. Revisions of the categories were made if necessary, and the categories were tightened until maximal mutual exclusivity and exhaustiveness (Weber, 1990) were ensured; that is, categories were defined in such a way that they are internally as uniform as possible and externally as diverse as possible (Weber, 1990). Two experienced, independent qualitative data analysts completed the content analysis so as to ensure the reliability of the coded categories. Although this study did primarily make use of *a priori* category establishment, it was not insulated from the use of *emergent* coding, whereby additional categories are recognised and acknowledged following some initial examination of the data (Stemler, 2001). That is, any new emergent themes from the raw data that were not included or specified by the theoretical frameworks employed in this study were regarded and coded and added to the results of the qualitative dimension of the study.

Regarding the quantitative data, an analysis of variance (ANOVA) was conducted to test for mean differences among the participating groups (Graziano & Raulin, 2000), identified according to the various biographical information. The variables included in the ANOVAs were the family's home language, whether or not another person resided in the household, the employment status of both the parents, the educational status of both the parents, and the family's socioeconomic status as indicated by their net income per annum.

Pearson product-moment correlation coefficients were calculated in order to identify any possible association between the independent variables and the dependent variable (family adaptation) (Howell, 1999). These potential relationships were depicted visually by scatter plots (Howell, 1999), a figure in which individual data points are plotted against one another. A regression line, that is, the line of greatest fit (Howell, 1999), was drawn across all the data

points in order to facilitate the observation of relationships. An upward, left-to-right sloped regression line represents a positive relationship or correlation, while a downward sloped line represents a negative correlation. No relationship between variables is indicated by a regression line without a slope (Graziano & Raulin, 2000).

Best-subsets regression analysis was conducted to identify clusters of variables most associated with family adaptation (Prof. Martin Kidd, personal communication, August 20, 2007). For this method of analysis, all the predictors were placed in the model and the contribution of each to the criterion (family adaptation) was assessed by the significance value of the *t*-test for each predictor. This significance value was then compared against a removal criterion and, if the predictor met the removal criterion, that is, if the predictor did not make a significant contribution to how well the model predicted family adaptation, the predictor was removed from the model and the model was re-estimated for the remaining predictors. Lastly, a sub-analysis was conducted, dividing participants based on home language, so as to identify how, if at all, these groups differed with regard to resiliency-related factors.

Chapter 5, to follow, will report the results of the various data analyses.

CHAPTER 5

RESULTS

5.1 Introduction

In this chapter, the results of the various analyses of the data concerning the qualities associated with resilience in young families will be reported. Firstly, the analysis of variance (ANOVA) with regard to the biographical information will be reported. A report of the five statistically significant relationships – found to have the greatest strength in this study – between the independent variables and the level of family adaptation will follow. Such relationships were determined by the calculation of Pearson product-moment correlation coefficients. This will be followed by the results of the multiple regression analysis, which attempted to identify the combination of independent variables that best predict the dependent variable (family adaptation). The results of the sub-analysis, concerning the resilience qualities identified by families who spoke different home languages, will conclude the results of the quantitative data. Results will be regarded as statistically significant at a 5% probability level. This chapter will conclude with the results that were obtained from the qualitative data analyses.

5.2 Analysis of Variance (ANOVA)

The following results of various ANOVAs indicate possible differences existing between families' mean adaptation scores (dependent variable) based on certain biographical information. Figure 5.1 illustrates the possible differences existing between family adaptation (FACI8 scores) and the different languages spoken in the households. It should be remembered that Figure 5.1 may reflect, to a greater extent, the possible differences existing between family adaptation and various race groups.

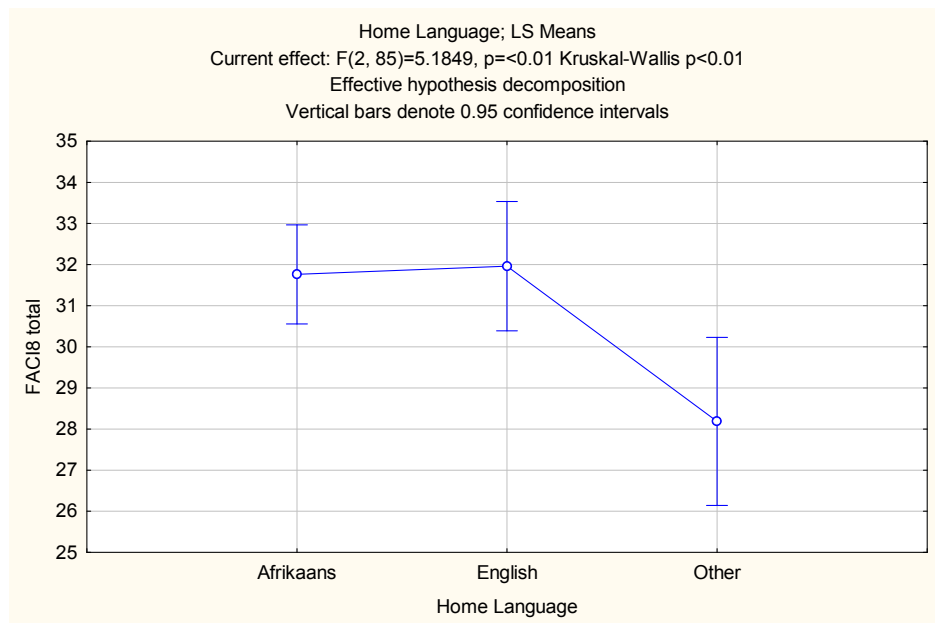


Figure 5.1 Comparison of family adaptation (FACI8 scores) of families in which Afrikaans, English or another (Other – mostly an African dialect) language is the predominant household language.

As evident from Figure 5.1, families in which Afrikaans or English is spoken adapt more successfully to the presence of a young child as compared to families which indicated Other (for another language). This difference in adaptation scores between the language groups was found to be statistically significant ($p < 0.01$).

Figure 5.2 highlights the possible existing differences in family adaptation when another person is residing in the household apart from the immediate family.

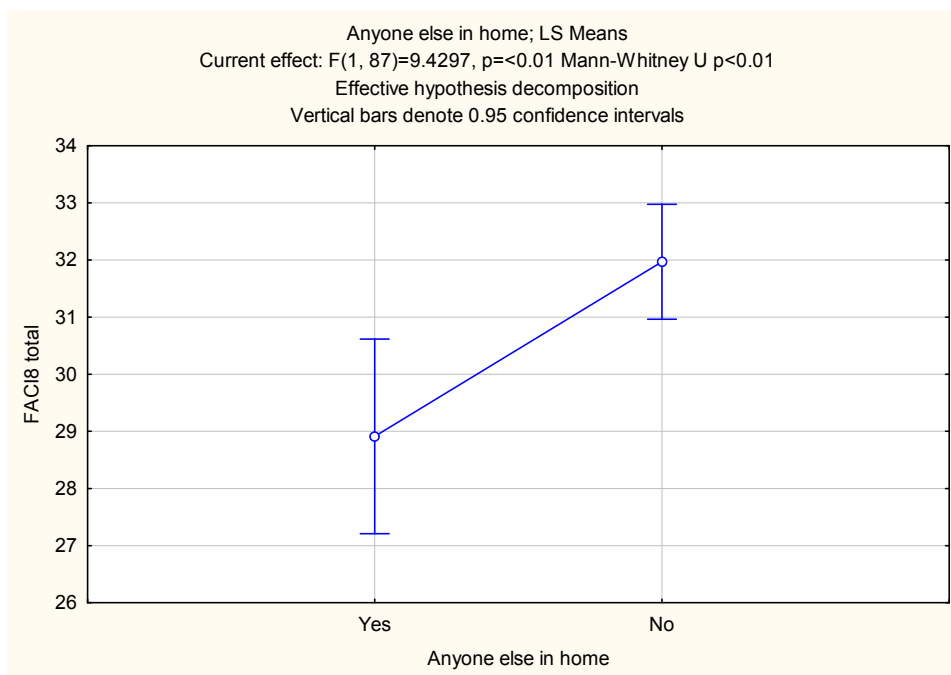


Figure 5.2 A comparison of family adaptation (FACS scores) of families in which no other or another person resides in the household.

As can be seen from Figure 5.2, families in which another person is not residing in the household appear to exhibit better adaptation to the presence of a young child than those in which another person is residing in the household. This difference was found to be statistically significant ($p < 0.01$). Of the 24 families who had another person residing with them, 17 (71%) spoke Xhosa, four (17%) spoke Afrikaans and three (13%) spoke English. Furthermore, of the 24 families, 20 had an annual net income of less than R100 000, while only four had an annual net income of R101 000 or more. The decision to have another person in the household may thus indicate cultural differences and/or financial implications for the family in this study.

Figures 5.3a and 5.3b illustrate the possible differences existing between family adaptation and parental employment status. Figure 5.3a highlights the possible differences existing between family adaptation and whether or not the primary caretaker of the child is employed.

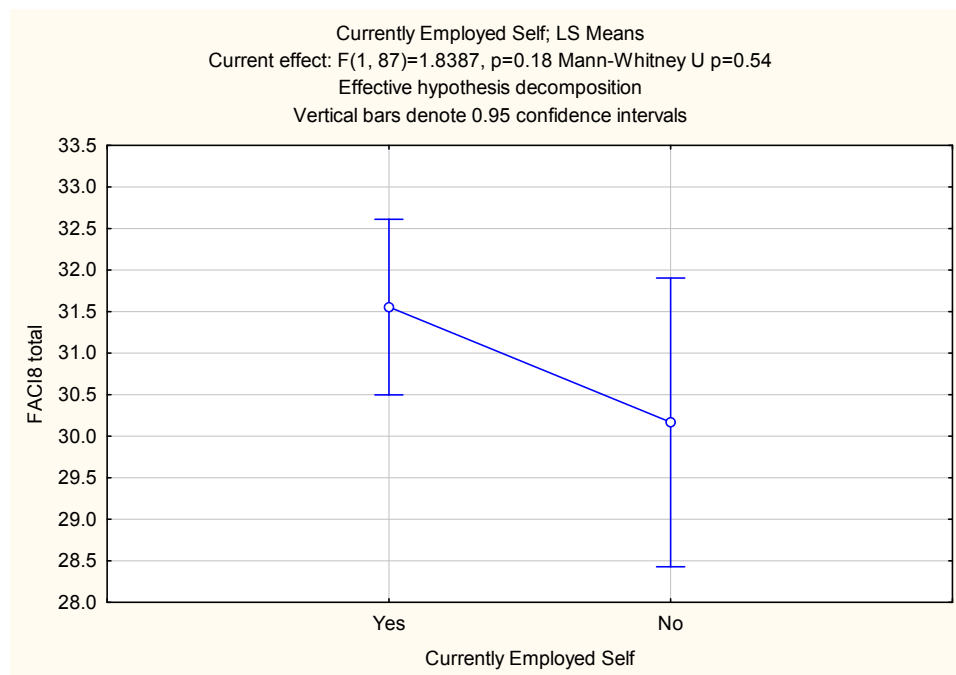


Figure 5.3a A comparison of family adaptation (FACI8 scores) of families in which the primary caretaker is or is not employed.

From Figure 5.3a it appears that families in which the primary caretaker is employed ($n = 65$) exhibit marginally better adaptation than those families in which the primary caretaker is not employed ($n = 25$). This difference was, however, found to be statistically insignificant ($p = 0.18$), as supported by the great extent of overlap observed in the 95% confidence interval.

In Figure 5.3b the adaptation of families in which the other parent was ($n = 84$) or was not ($n = 5$) permanently employed was compared.

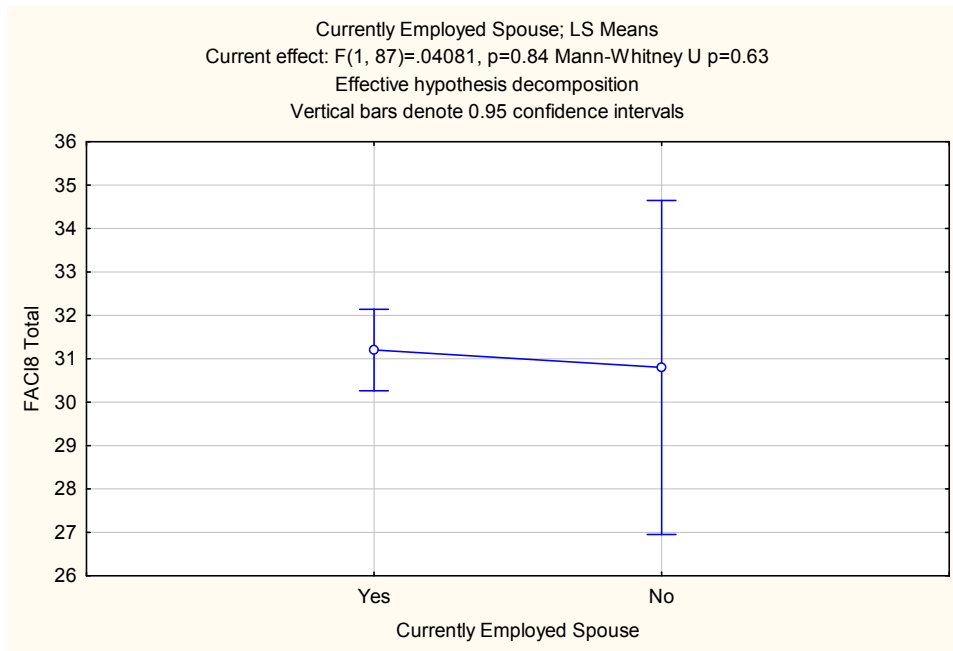


Figure 5.3b A comparison of family adaptation (FACI8 scores) and whether or not the other parent is permanently employed.

In Figure 5.3b, a statistically insignificant difference ($p = 0.84$) is observed between the level of family adaptation and whether or not the other parent is permanently employed. This statistically insignificant difference is evident from the observed overlap of the 95% confidence intervals.

5.3 Scatterplots

To determine which independent variables were associated with family adaptation, Pearson product-moment correlation coefficients were calculated. The graphic representations, or scatterplots (see figures that follow), illustrate some of these associations. In addition, the results obtained with the quantitative questionnaires and the qualitative question will be reported. Only the five statistically most significant results will be visually depicted, to be followed by a table containing all the Pearson product-moment correlation coefficients.

Due to limited space, the correlations between the level of family adaptation (FACI8 scores) and the educational status of the primary caretaker and the other parent respectively, as well as the correlation between family adaptation and the net income of the household per annum, will not be illustrated. The results will, however, be reported.

Regarding the correlation between the level of family adaptation (FACI8) and the educational status of the primary caretaker, no statistically significant correlation ($r = 0.07$, $p = 0.54$) was found for this study. The strong positive correlation between family adaptation and the educational status of the other parent, however, was found to be statistically significant ($r = 0.31$, $p < 0.05$).

A strong, positive correlation ($r = 0.36$) was found between the level of family adaptation and the net income of the household per annum. This statistically significant correlation ($p < 0.05$) indicates the importance of a sound financial position.

This concludes the report of findings from the biographical information. The five largest, statistically significant correlations between family adaptation and the independent variables will now be depicted visually, whilst all correlations will be reported in Table 5.1.

Figure 5.4 is a representation of the correlation between family adaptation and patterns of communication that play a vital role in problem solving and resiliency (McCubbin & McCubbin, 1996), as measured by the Family Problem-Solving and Coping (FPSC) scale.

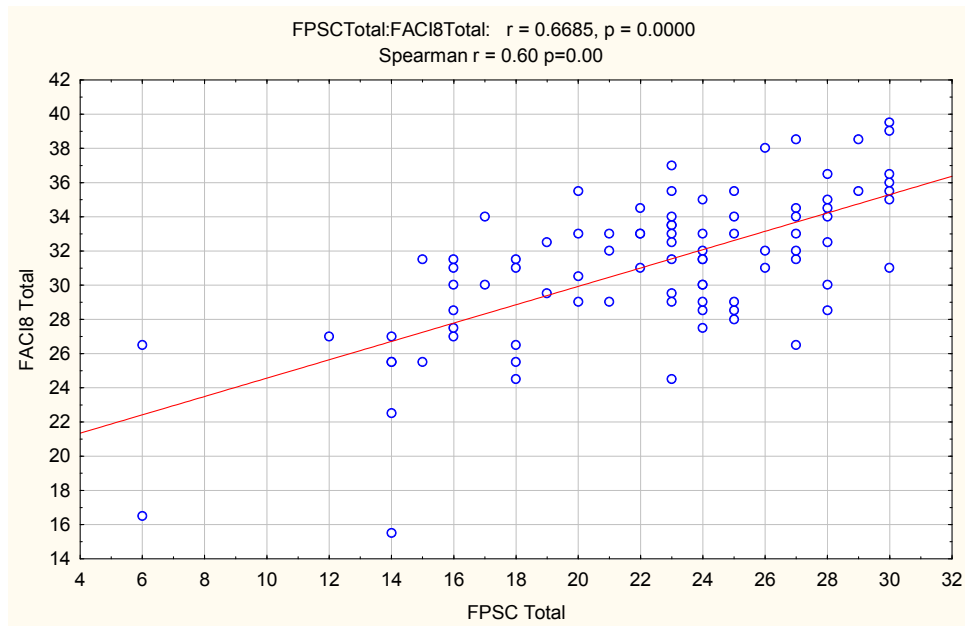


Figure 5.4 Correlation between family adaptation (FACI8 scores) and total scores on the Family Problem-Solving and Coping (FPSC) scale.

From Figure 5.4 it is evident that there is a strong positive correlation between the level of family adaptation and the quality of family communication. The statistically significant correlation ($r = 0.67$, $p < 0.05$) illustrates the importance of the quality of communication in the adaptation of families to the presence of children.

Figure 5.5 illustrates the correlation between family adaptation and the total scores on the Family Hardiness Index (FHI).

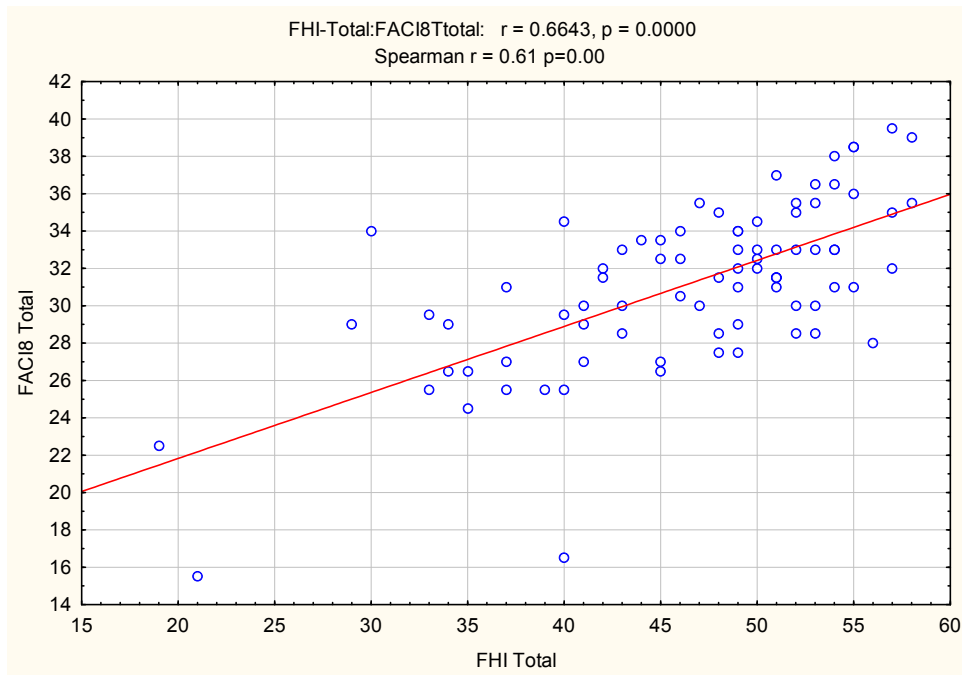


Figure 5.5 Correlation between family adaptation (FACI8 scores) and total scores on the Family Hardiness Index (FHI).

As evident from Figure 5.5, a strong positive correlation exists between family adaptation and the construct of family hardiness. This statistically significant correlation ($r = 0.66$, $p < 0.05$) highlights the importance of family hardiness, a family resource that buffers the effects of stressors and facilitates adaptation across time.

The following graphs, Figure 5.6a and Figure 5.6b, illustrate the correlation between family adaptation and the two dominant patterns of family communication. Figures 5.6a represents the correlation between family adaptation and the use of affirming communication patterns, while Figure 5.6b illustrates the use of incendiary communication.

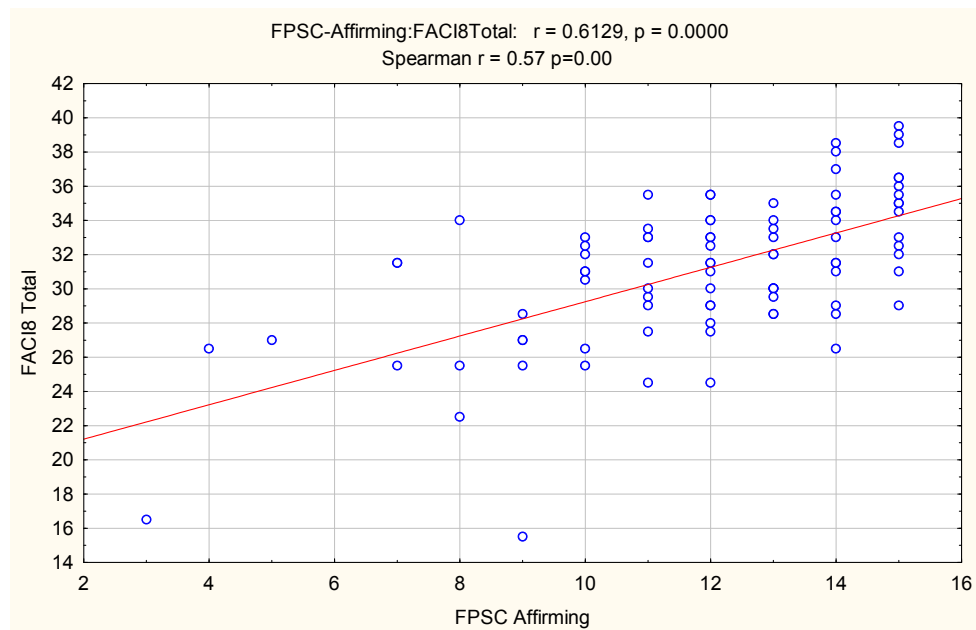


Figure 5.6a Correlation between family adaptation (FACL8 scores) and scores on the Affirming communication subscale of the Family Problem Solving and Communication (FPSC) Scale.

Figure 5.6a indicates that there is a strong positive correlation between the level of family adaptation and affirming communication patterns. Such communication conveys support and affection, thus exerting a calming influence in a crisis situation (McCubbin & McCubbin, 1996). In addition, the correlation was found to be statistically significant ($r = 0.61$, $p < 0.05$).

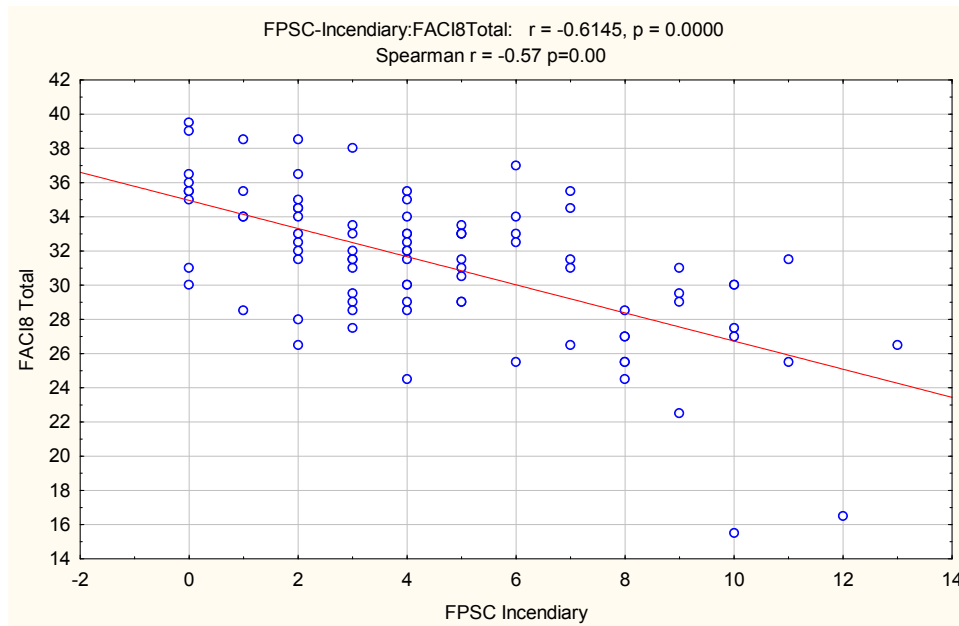


Figure 5.6b Correlation between family adaptation (FACI8 scores) and scores on the Incendiary communication subscale of the Family Problem Solving and Communication (FPSC) Scale.

As can be seen from Figure 5.6b, a strong negative correlation exists between family adaptation and incendiary communication. Incendiary communication stifles adjustment, adaptation and growth in a crisis situation, as it tends to exacerbate a stressful situation (McCubbin & McCubbin, 1996). This correlation was also found to be statistically significant ($r = -0.61$, $p < 0.05$).

Figure 5.7 depicts the correlation found between family adaptation and scores on the challenge subscale of the Family Hardiness Index.

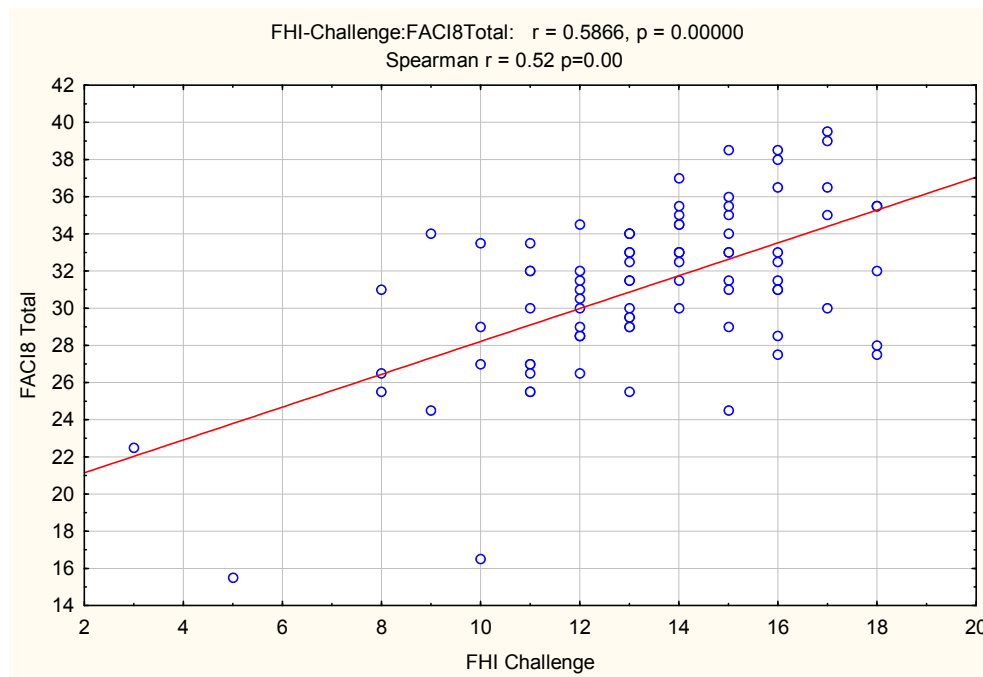


Figure 5.7 Correlation between family adaptation (FACI8 scores) and scores on the Challenge subscale of the Family Hardiness Index.

The correlation observed in Figure 5.7 is a strong positive correlation, which is statistically significant ($r = 0.59$, $p < 0.05$). Therefore, the family's ability to experience new things and to learn, to be innovative and to be active after a crisis (McCubbin & McCubbin, 1996) may render them more likely to successfully adapt to crises.

In Table 5.1, a summary of the correlations found between the dependent variable, family adaptation, and the various independent variables measured in the study is provided. The Pearson product-moment correlation coefficients, as well as the significance values (p), are reported.

Table 5.1

Summary of the Correlations (r) Found Between the Independent Variables and the Level of Family Adaptation as Measured by the FACI8 (N = 89)

Variable	r value	p value
<i>Family Problem Solving and Communication Scale (FPSC)</i>		
Affirming communication (pattern of family communication that conveys support and care)	0.6129*	0
Incendiary communication (pattern of family communication that is inflammatory)	-0.6145*	0
Total FPSC score	0.6685*	0
<i>Family Hardiness Index (FHI)</i>		
Commitment (family's sense of internal strengths, dependability, and ability to work together)	0.5383*	0
Challenge (family's efforts to be innovative, active to experience new things and to learn)	0.5866*	0
Control (family's sense of being in control of family life rather than being shaped by outside events and circumstances)	0.483*	0
Total FHI score	0.6643*	0
<i>Family Time and Routine Index (FTRI)</i>		
Family Total (family activities and routine that they use and maintain)	0.5558*	0
Importance Total (the value of activities and routines that families use and maintain)	0.1838	0.085
Social Support Index (SSI) (the degree to which families find emotional support, consideration and network support in their community)	0.4851*	0
Relative and Friend Support Index (RFS) (the family's ability to utilise relative and friend support to manage stressors and strains)	-0.0114	0.915

(Table continues)

(Table continued)

<i>Family Crisis Oriented Personal Evaluation Scales (F-COPES)</i>		
Reframing (the family's capacity to redefine stressful events in order to make them more manageable)	0.3134*	0.003
Passive appraisal (the family's ability to accept problematic issues and minimise reactivity)	0.419*	0
Social support (the family's ability to actively engage in acquiring support from relatives, friends, neighbours and extended family)	-0.032	0.766
Spiritual and religious support (the family's ability to acquire spiritual and/or religious support)	0.0456	0.671
Mobilisation (the family's ability to acquire community resources and accept help from others)	0.0227	0.833

* $p \leq 0.05$

As can be seen in Table 5.1, 17 of the 24 correlations were found to be significant ($p < 0.05$). Most of the significant correlations were positive, while only one was found to be negative (correlation between family adaptation and incendiary communication).

5.4 Regression Analysis

In an attempt to identify which combination of independent variables would best predict the level of family adaptation, a multiple regression analysis was conducted on the quantitative data. A best-subsets analysis was the selected method of analysis and was carried out in order to identify the best predictor variables. Table 5.2 summarises the results of this multiple regression analysis.

Table 5.2

Multiple Regression Analysis: Best Predictor Variables of Family Adaptation

Variable	B	t(78)	p-value
FTRI – Family Total	0.14	3.79	0.0003
FHI Total	0.19	4.09	0.0001
FPSC Total	0.26	3.51	0.0007

As evident in Table 5.2, the combination of independent variables that were identified as being the best predictors of family adaptation were the use and maintenance of family activities and routines, the family's sense of control and influence that they have over problems and their shared commitment to work together and, lastly, the use of effective communication in problem solving and resiliency.

Table 5.3 provides a summary of statistics regarding the results of the regression analysis.

Table 5.3

Summary Statistics for the Dependent Variable Family Adaptation (FACI8 Total score)

Statistic	Value
Multiple R	0.79
Multiple R ²	0.62
Adjusted R ²	0.61
F (3,78)	43.20
p	0.000
Std. error of estimate	2.73

From the R value ($R = 0.79$) in Table 5.3, it is evident that a large, positive correlation exists between the true and estimated FACI8 scores as accounted for by the three independent variables listed in Table 5.2. By evaluating the R² value (0.62), the three independent variables account for approximately 62% of the variation in FACI8 scores. By looking at the p values listed in the last column of Table 5.2, it is clear that the B values used to describe this model differ significantly from zero ($p < 0.05$), thereby indicating the significant contribution of each independent variable to predicting family adaptation.

5.5 Comparison of Language Groups

The home language of the participants was reported in the biographical questionnaire. An analysis was done to identify differences between resilience factors, if any, between language groups. Pearson product-moment correlations were calculated for all language groups (Afrikaans, English and Other) between all the independent variables and the dependent variable (FACI8 total scores) in this study. The correlation coefficients obtained for each independent language group were subsequently compared to those of all the other language groups. The difference between the correlation coefficients was calculated and used to determine whether or not the difference between language groups, with regard to the identified family resilience factors, was statistically significant. The results were considered statistically significant at a 5% ($p < 0.05$) level.

Table 5.4 shows those resilience factors found to be statistically significantly different between the participating families whose home language was Afrikaans or English.

Table 5.4

Statistically Significant Differences Between Correlations for Afrikaans- and English-speaking Families

Variables of difference	Afrikaans	English	p value of difference
Couple togetherness (FTRI)	0.51	0.01	0.03
Relatives and friend support (RFS total)	0.13	- 0.43	0.02
Social support (F-COPES subscale)	0.06	- 0.41	0.05
Incendiary communication (FPSC)	- 0.77	- 0.45	0.04
Quality of communication (FPSC Total)	0.82	0.54	0.03

As can be seen from Table 5.4, statistically significant differences between the correlations of the opportunity to spend time together as a couple (FTRI: Couple Togetherness), to employ effective problem-solving communication (FPSC Total), the acquirement and use of friend, family and community support (RFS Total and F-COPES: Social Support) and, lastly, the use of inflammatory, exacerbating communication patterns (FPSC: Incendiary) with family adaptation (FACI8), respectively, were found for Afrikaans- and English-speaking families.

Table 5.5 depicts the statistically significant differences between correlations for Afrikaans speakers and non-English-speaking (Other) households.

Table 5.5

Statistically Significant Differences Between Correlations for Afrikaans- and Other-speaking Families

Variables of difference	Afrikaans	Other	p value of difference
Seeking spiritual support (F-COPES)	0.24	- 0.41	0.03
Affirming communication (FPSC)	0.79	0.23	0.01
Incendiary communication (FPSC)	- 0.77	- 0.32	0.03
Quality of communication (FPSC Total)	0.82	0.32	0.01

From Table 5.5 it is evident that, for Afrikaans- and Other-speaking families, statistically significant differences between correlations were found regarding the use of spiritual support (F-COPES: Spiritual Support), supportive (FPSC: Affirming) and exacerbating (FPSC: Incendiary) problem-solving communication, as well as the quality of communication (FPSC Total) with the level of family adaptation (FACI8), respectively.

Regarding the comparison between correlations for households that spoke English or another language (Other), no statistically significant differences between correlations were found for any independent variables ($p > 0.05$) and the level of family adaptation.

5.6 Qualitative Data Analyses

The qualitative section of this study involved participants being asked to answer the following question: “In your own words, what are those qualities of your family, or what qualities in your family, help your family to adapt to a child and keep on functioning well as a family?”

Eighty-nine participants responded to the question and their responses were subjected to thematic content analysis, in which the data was examined and coded to reveal themes or expressions of ideas. Both *a priori* and *emergent* coding was employed in this study, executed by two independent, experienced qualitative data analysts (Rater 1 and Rater 2). Taken together, any new emergent themes identified from the raw data, as well as those specified by the theoretical frameworks employed in this study (see Addendum A for *a priori* coding scheme) were regarded, coded and added to the results of the qualitative dimensions of the study. A summary of the identified themes as well as their prevalence is provided in Table 5.6.

Table 5.6

Summary of the Average Frequency (Scores Between Rater 1 and Rater 2) With Which Themes were Mentioned by the Participants (N = 89)

Identified theme	Frequency	(%)
Social and Economic Support (Networks of practical and emotional support; adequate economic provision for family's needs)	55.18	62
Communication (Engaging in open, affirming speaking and emphatic, warm listening; constructive conflict management and problem solving)	46.28	52
Flexibility (balancing changing rules, roles and traditions; allows challenges to stimulate growth and health)	43.61	49
Commitment (working together through self-sacrifice, persistence and loyalty to family; environment of trust and dependability)	40.05	45
Time Together/Share Activities (The sharing and doing of activities with each other; sharing of similar values, beliefs and morals; giving Members a sense of belonging)	33.82	38
Affection (show love, care, concern and interests for each other on a regular basis via words, hugs, kisses and thoughtfulness)	32.93	37
Parental ideologies or emotions* (emotions regarding child or parenthood; ideals that individual parents hold for themselves and/or the child)	32.04	36
State of the Marriage* (quality of pre- and postnatal couple relationship; strategies employed by the couple to remain emotionally and romantically connected)	30.26	34
Acceptance (showing respect, appreciation and understanding for each others' individuality and uniqueness)	29.37	33
Connectedness (Giving and receiving support to and from supportive networks, resulting in a sense of belongingness as well as accountability to others)	29.37	33

(Table continues)

(Table continued)

Spirituality (belief in higher power; acting on value system beyond self-interest; spiritual resources of faith, rituals and prayers; adds purpose and divine support in everyday and difficult events)	29.37	33
Cohesion (the emotional bonding that couple and family members have toward another; produces strong family bonds and freedom for individual self-expression.	24.92	28
Routine (provide predictability of events and emotional anchors that offer safety and connection for family members)	21.36	24
Coherence (Acting with self-confidence and self-reliance; using optimism to make a difference; working through problems rather than giving up)	18.69	21
Modelling* (acquiring new forms of behaviour or thought by observation, word-of-mouth, and/or literary aid; reading parenting books, speaking to and/or watching other parents)	18.69	21
Choice* (issues regarding whether pregnancy was planned or not; timing of the pregnancy)	9.79	11
Characteristics of the child* (influence of child's character, for example temperament and gender, on parental adjustment and adaptation)	8	9

* Themes identified by *emergent* coding

As is evident in Table 5.6, parents most frequently reported the social support received from friends, family and the community and the ability to provide financially for the family as facilitating the adaptation process following the addition of a child. Open, honest and effective communication was also employed and reported by most parents as a valued means, as it made collaborative problem solving possible. The participating families reported the ability to be flexible and change their roles, rules and everyday routines according to the

demands of a situation as an important resource in adapting to parenthood, whilst being in both a committed relationship with one's partner and being committed to the family as a whole were also reported as valued resources in the process of adaptation. In addition, time together, affection, parental ideologies/emotions and the state of the marriage were indicated by many as important resources in the process of adaptation. It therefore appears that the quality of time invested by the couple to remain emotionally and/or romantically connected to one another is a valued resource in adapting to parenthood. Being emotionally connected to one's partner and experiencing strong family bonds, as well as a sense of belongingness and divine support through spiritual or religious practices, were reported by a third of parents as facilitating resources. The parents also reported the adherence to a routine, the translation of problems into challenges through positive reframing, gaining confidence in their parenting by learning parenting practices from external sources, the ability to choose the timing of the pregnancy and, lastly, whether the child was easy or ill-tempered as influential in adapting to parenthood, although to a lesser extent.

Table 5.7 depicts the inter-rater reliability coefficients (kappa values) for the abovementioned qualities. The thematic content analysis employed in this study involves making a judgment and, as such, it is important to ensure the reliability of such judgment. Two independent qualitative data analysts conducted the thematic content analysis in this study. The kappa values reported below provide the degree of agreement in the themes identified (see Table 5.6) between the two raters. A kappa value of one indicates perfect agreement between the two raters, while a rating of zero indicates that their judgments are unrelated to one another (Graziano & Raulin, 2000).

Table 5.7

Inter-rater Reliability Coefficients (Kappa Values) for the Qualities as Identified by Thematic Content Analysis

Quality	Kappa
Acceptance	0.92
Affection	0.95
Characteristics of the Child	1
Choice	1
Coherence	0.9
Cohesion	0.88
Commitment	0.77
Communication	0.91
Connectedness	0.89
Flexibility	0.80
State of the marriage	0.97
Modelling	1
Parental emotions/ideologies	0.95
Routine	1
Social and economic support	0.88
Spirituality	0.92
Time together/sharing activities	0.95

As evident from Table 5.7, all the themes identified by means of *a priori* as well as *emergent* coding can be regarded and included in the results of this study, as both raters independently identified and included them during the data analysis. This is evident in the observation that all of the themes had inter-rater reliability values (agreement between raters) close to perfect or perfect.

Chapter 6, to follow, involves the discussion of the results of the study in the light of the theories and literature presented in Chapters 2 and 3. The chapter will conclude with the

conclusions to be drawn from the study, the limitations of the study as well as suggestions for further research.

CHAPTER 6

DISCUSSION, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

The aim of this study was to identify qualities of family resilience associated with young couples or families in the process of adaptation after the addition of a child to the family. Family resilience – described by Walsh (2002) as “the ability to withstand and rebound from crisis and adversity” (p. 2) – determines the extent to which families have returned to or, better even, exceeded pre-crisis levels of functioning at some point subsequent to the stressor. In essence, family resilience involves more than just coping with stressful conditions or outliving a suffering, but rather entails the opportunity for personal and familial transformation and growth that can, and should, emerge from adversity (Walsh, 2003).

The results of both the quantitative and qualitative data analyses will now be discussed in the light of the theoretical frameworks employed in this study; thus, in relation to the *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996) and the *Key Family Processes* framework proposed by Walsh (2003). These results will, in addition, be discussed and compared to findings of previous research and will be followed by the conclusions to be drawn from this study, as well as the limitations of the study and recommendations for further research.

6.2 Discussion

The most important adaptation resource, as identified from the responses to the open-ended qualitative questionnaire, was that of **social and economic support**. Sixty-two percent of the

participants indicated that these resources facilitated their adaptation following the addition of a child to the family. This finding is consistent with those of McCubbin and McCubbin (1996) and Walsh (2003). The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) describes social support and economic stability, among others, as crucial parts of the family's capability for resisting a crisis and promoting family resilience, thereby increasing the chances of successful adjustment. Similarly, social and economic resources were described by Walsh (2003) as important components in an effort to meet the challenges that the family must face. Aguirre, Meyers and Varkey (2002) concur, as they regard social support as insulating parents against the detrimental impact of various stressors that may threaten family functioning. In doing so, social support allows the enhancement of family wellbeing, the alleviation of family stress, the nurturance of positive parental attitudes and the endorsement of successful adaptation of families (Aguirre et al., 2002). Data obtained with the Social Support Index (SSI) supports the finding from the qualitative question as indicated by the very strong, statistically significant positive correlation found between acquiring social support and family adaptation (see Table 5.1). The ability to acquire and utilise support from family, friends and the community, as assessed by the F-COPES (Social Support) and the Relative and Friend Support Index (RFS) was, however, not significantly correlated with family adaptation. This finding is in contrast with the qualitative finding and is not supported by that of previous research. The almost negligible and negative correlation between family adaptation and the acquirement of social support from friends, family and the community is puzzling, however, as the reliability of the F-COPES (social support subscale) and the RFS are well established and significant. In addition, the biographical data also does not support the findings obtained with the SSI, as those families in which no other person resided in the household exhibited greater levels of adaptation than those with another person in the household. One would expect that, in those

families in which another person resided in the household, the level of adaptation would be higher, as another person may help with childcare or household tasks. A possible explanation for this discrepancy may be the fact that, compared to those households in which only the immediate family resided, far fewer families in this study had another person residing in the household. Furthermore, the researcher proposes that this discrepancy may also be subject to whether or not those other persons living in the household contributed to or drew from the resources of the family with whom they shared the home. For example, a mother-in-law in need of frail care may draw from the opportunity to employ potential resources, whereas a mother-in-law who contributes to the household by providing childcare allows parents the better use of their adaptation resources. Regardless of the findings of the present study, previous studies have indicated that the provision and use of social support make individuals and families less vulnerable to crisis when they encounter stressors, such as a loss of employment or difficult work environments (Gore, 1978), physical illness such as cardiac illness (Brennan, Holahan, Holahan, & Moos, 1995) and leukaemia (Fischman, Grobstein, Kaplan & Smith, 1973), mental illness (Draine & Solomon, 1995), and natural disasters such as floods (Freedy & Smith, 2000) or hurricanes (Kaniasty & Norris, 1996). Secondary to its role in parental adaptation during the transition to parenthood (Knauth, 2001), the role of social support in promoting family recovery from a crisis has been supported in the case of psychiatric illness (Caplan, 1974; Draine & Solomon, 1995; Eaton, 1978), physical illness such as myocardial infarction (Brennan et al., 1995; Crowdhury et al., 1971), divorce (Colletta, 1979; Desrochers & Hilton, 2000), multi-problem families (Burns & Freedman, 1976) and death (Parkes, 1972).

In general, social support has also been incremental in the coping and adaptation of families to major disasters (McGoldrick & Walsh, 2004), the ongoing care of family members with cerebral palsy (Brehaut et al., 2005) and cancer (Yates, 1999), as well as the reduction of risk-

taking behaviour (Ungar, 2004) and substance use (Henry & Stephenson, 1996) among adolescent youths. Greater net incomes per annum, however, seem to aid parents, as the correlation between family adaptation and income per year was found to be statistically significant (see Table 5.1). Economic hardship and strain has been found to directly and indirectly influence adaptation to parenthood and coping with being a parent (Ghate & Hazel, 2002). Leinonen, Punamäki and Solantaus (2002) concur and add that the consequences resulting from economic hardship show gender differences. For fathers, economic hardship was associated with symptoms of anxiety and social dysfunction, which were then related with hostile marital interaction as well as punitive and non-involved fathering (Leinonen et al., 2002). Mothers experienced an increase in depressing mood and anxiety symptoms, which, in turn, were associated with low marital support and authoritative mothering (Leinonen et al., 2002). Research findings from Conger and Elder (cited in Ardel, Eccles, Elder & Lord, 1995) further lend support for the indirect effects of economic hardship on parenting, as they have consistently found a link between socioeconomic decline or loss and emotional distress, which in turn undermines effective parenting and parental adaptation (Ardelt et al., 1995).

The second important resilience quality reported by families was that of **communication**, characterised as open and honest, allowing for affection sharing and collaborative problem solving (Grochowski & Karraker, 2006; Walsh, 2003). Fifty-two percent of the families regarded communication as an important resource (see Table 5.6). Effective communication becomes essential during times of crisis when the family's problem-solving skills are called into question (McCubbin & McCubbin, 1996). Communication is central to the adaptive functioning of a family (Brommel et al., 2004). Shared meanings, gained through the family message system, are the underpinning of any successful adaptation and can only be forged through effective communication (Brommel et al., 2004). Through communication, families

clarify how much adaptation is allowed, while modifying the adaptive behaviours of the family and its members (Brommel et al., 2004). Problem solving - the ability of the family to arrange stressors into controllable components, to recognise alternative strategies to deal with each component and to initiate steps to resolve discreet and interpersonal issues – will not be possible and/or effective were it not for clear, open and honest patterns of communication (Brommel et al., 2004; Schnurman-Crook, 2001; Walsh, 2003). Research demonstrates (Schnurman-Crook, 2001; Skolnick & Skolnick, 1997) that higher marital quality is associated with the selection of cooperative negotiation strategies and that partners who employ such strategies are more proficient in dealing with more complex life events and relational incompatibilities (Schnurman-Crook, 2001). The qualitative findings are supported by the quantitative results, as is evident from the large, statistically significant positive correlation found between the quality of communication patterns (FPSC total score) and the level of family adaptation. In addition, affirming communication patterns (FPSC: affirming communication) also had a large statistically significant positive correlation with family adaptation, whilst incendiary communication patterns (FPSC: incendiary communication) revealed a large statistically negative correlation with family adaptation (see Table 5.1). These findings substantiate the hypothesis that the use of communication patterns that express support and caring (affirming communication), in contrast to those characterised by being provocative and inflammatory (incendiary communication), is an essential resource, as it aids families in the management of stressors and strains in an effort to obtain a satisfactory level of family functioning, adaptation and adjustment (McCubbin & McCubbin, 1996).

Family **flexibility**, described as the amount of change in a family's leadership, role expectations and relationship rules (Walsh, 2003), is concerned with how systems balance stability with change and was the third most important quality mentioned by the families (see Table 5.6). Silliman (1995) describes the traits of flexible families as those able to cope with

change, juggling stable roles and traditions with flexibility to alter rules and share decisions, resulting in challenges stimulating growth and health. Flexibility, mentioned by forty-nine percent of participants, is an important resilience facilitator, as the inherent nature of a stressor is its potential for producing changes in the family system (McCubbin & McCubbin, 1996). This change, or merely the threat of change, may affect all areas of functioning. The quality of flexibility becomes especially vital here, as rigid or chaotic rule and relationship patterns will deem families unable to adapt to the nature or severity of a crisis. The importance of flexibility is supported by the *Resiliency Model* of McCubbin and McCubbin (1996), as those families whose established patterns of functioning (see Section 2.3.5.1.3) are more flexible are generally considered to be better able to manage crises (Kouneski, 2000; McCubbin & McCubbin, 1996). Furthermore, greater flexibility plays an important role in promoting other family strengths, such as hardiness, coherence and predictability, as well as marital and family satisfaction (Kouneski, 2000; McCubbin & McCubbin, 1988, 1996). Walsh (2003), too, describes flexibility as an essential component in adaptation if families are to meet the challenges they face. The abovementioned findings are further supported by the strong, statistically significant positive correlation found between the family's efforts to be innovative, to learn and to experience new things in the face of a crisis (FHI: challenge subscale) and the level of family adaptation (see Table 5.1).

Family **commitment** has been conceptualised as family members working together toward shared goals through altruism, determination and devotion to other family members, thereby cultivating an environment of trust and dependability (Silliman, 1995). Forty-five percent of the families indicated the necessity of being committed to one's family and acting in such a manner as to achieve desired goals from which the family as a unit may draw benefit (see Table 5.7). Family hardiness – the internal strengths and durability of the family unit (McCubbin & McCubbin, 1996) – is strongly related to the concept of commitment. The

commitment subscale of the Family Hardiness Index, which assesses the family's sense of dependability, internal strengths and their ability to work together, reflects the findings of the qualitative data, as a very large, statistically significant positive correlation was found between a family's level of commitment and their level of adaptation (see Table 5.1). Commitment bolsters resilience, as committed families are better able to adjust to hardships and work together towards confronting a challenge as a united front (McCubbin & McCubbin, 1996). In addition to its role in adaptation to parenthood, higher levels of commitment have also been positively associated with the development and growth of individuality among children (Fonargy et al., 2003), the reduction of sexual risk-taking behaviours (Landau & Saul, 2004), endurance of physical and emotional strength in times of war and famine (e.g. the holocaust during World War II) (Greene, 2008), the alleviation of the emotional, physical and psychological burden on caregivers for children with cerebral palsy (Brehaut et al., 2005), as well as the mediation of the burden for family members who care for a family member with cancer (Yates, 1999). Both the family's ability to experience new things and to learn, to be innovative and to be active after a crisis (FHI Challenge) (McCubbin & McCubbin, 1996) and the sense of being in control of their family life, as opposed to being shaped by external events and situations (FHI Control) (McCubbin & McCubbin, 1996), enjoyed a strong positive correlation with family adaptation to parenthood.

The opportunity to spend **time together** or to **share in activities** as a family was mentioned by thirty-eight percent of the participants as a resilience-facilitating quality (see Table 5.6). Indeed, time shared together can be facilitative in the process of adaptation after the addition of a child to the family, as shared constructions of reality, which organise family processes and approaches to crisis situations, emerge through family and social interactions (Walsh, 2003). By spending time together or partaking in activities as a unit, resilience is bolstered by these shared facilitative beliefs that broaden opportunities for problem resolution, healing and

growth (Walsh, 2003). Silberberg (2001) and Silliman (1995) support these findings, as they regard family time together as not only an “invisible glue” that gives family members a sense of belonging, but also affirm members and add creativity and humour to ordinary events. The responses to the qualitative question are supported by the findings of the quantitative data. The opportunity for and enjoyment of spending time together as a family (FTRI: family time together) had a large, statistically significant positive correlation with family adaptation (see Table 5.1). In addition, the use and maintenance of family practice and routines (FTRI: family total) – which serve as reliable indicators of family stability and integration (McCubbin & McCubbin, 1996) – showed a similar pattern, as it had a large, statistically significant positive correlation with the level of family adaptation (see Table 5.1). The value that families placed on these activities, routines and family practices (FTRI: importance total), however, had no statistically significant correlation with the level of family adaptation. The contradiction between the qualitative responses, the use and maintenance of as well as the value placed on these practices may be due to the fact that family togetherness is assessed with the FTRI, a standardised assessment instrument. It might be possible that, although the participating families highly enjoy and value spending time together, they may experience their shared activities in ways that are different to what the FTRI items measure.

Thirty-seven percent of the participants valued the quality of **affection** as important in the adaptation process (see Table 5.6). Affection is a strength when families regularly reveal and share love, care, concern and interest for each other by means of, amongst others, words, hugs, kisses and thoughtfulness (Silberberg, 2001). Expressions of affection are often ritualised, such as in greetings and farewells or in the reading of bedtime stories. These rituals are usually unique to the family (Silberberg, 2001). Affection is of particular importance, as it goes hand-in-hand with emotional and esteem support (Cobb, cited in Cauble et al., 1980), family togetherness, communication that expresses support and caring, and family sense of

belonging (Silberberg, 2001) – all of which enjoyed a statistically significant, positive correlation with attachment shared between family members (FACI8: Attachment).

Parental ideologies/emotions, the most frequently mentioned quality to have been identified by means of *emergent coding* (see Table 5.6), was indicated by thirty-six percent of families as a highly-valued resilience quality. The ideals to which individual parents strive for, or their emotional competence regarding parenthood, cannot be overlooked. The emotional unreadiness to become parents is a great risk factor for maladaptation (Aguirre et al., 2002), while the ideals that parents hold regarding their parenting approach influence their relation to the child, which in turn influences parental adaptation (Aguirre et al., 2002). Without the psychological resources or emotional maturity to understand, tolerate and adapt to the daily demands of childrearing, a parent may experience difficulty in the expression of the patience, sensitivity and responsiveness that is necessary for effective parenting (Aguirre et al., 2002). Parental ideologies/emotions are illustrated by the following statements:

“Our children are, for us, a gift of God and we are thankful for them everyday. Because we both wanted children and the planned for the children, no sacrifice was too big; it makes the adjustment easier” and

“My husband and I both strive to provide a good, stable home for our child. This [the ideal] is close to our hearts.”

The quality or dynamics of the parental relationship, referred to as the **state of the marriage** in this study, was also identified by means of *emergent coding*. Negative changes in the marriage are anticipated by most couples as they become parents (Knauth, 2001), although couples involved in more satisfying prenatal relationships have been found to remain more satisfied postnatally compared to those involved in less satisfying prenatal relationships (Knauth, 2001). According to Grochowski and Karraker (2006), the key to achieving a high level of marital quality lies in both parents having realistic expectations for marriage and an

intimate life with the other, the ability to develop resources for family resiliency, as well as a willingness to engage in effective, respectful communication with one another. Parents' expectations regarding issues of parenting appear to play a key role in couple adaptation (Cowan, cited in Feinberg, 2002), and the violation of expectations appears to play a role in the link between marital dissatisfaction and traditionalisation (Feinberg, 2002). However, the discrepancy between each parent's expectations and perceptions of responsibility for childcare support are significantly related to both depression and marital adjustment for both parents (Donnelly & Voydanoff, cited in Feinberg, 2002). Close to thirty-four percent of the participants indicated that the quality of the relationship that they shared with their spouse/other parent of the child had helped them adapt to the presence of the new child. This is evident in the following statements:

“we [the couple] generally have an equal relationship and work together through difficult times” and

“keeping a close bond as a couple helps. We try to spend some time alone just to keep sane and close”.

Acceptance – the expression of respect, appreciation and understanding for each family member's individuality and uniqueness (Silberberg, 2001) – was indicated as resourceful by thirty-three percent of the participants (see Table 5.6). Acceptance is considered a strength when family members not only acknowledge, value and tolerate each other's differences, but also allow each member space to be a unique individual (Silberberg, 2001). Indeed, most of the participants referred to the quality of acceptance by mentioning that they not only receive, but also allow, the freedom of personal space. Especially the mothers in the participating families valued this 'space' highly, as they often mentioned feeling restricted or burdened by coping with household, family and employment issues. Examples of the concept of acceptance are provided by the following statements:

“We [the couple] don’t always agree on the same principles in raising [the child], but we’ve come to realise we have to compromise and support a uniform decision. When it’s personal issues we argue about, we agree to disagree as constant bickering about an issue is not healthy when we consider ‘the big picture’ for our family” and

“We [the couple] try to talk about our problems. Sometimes we forget this and the argument gets heated, but we never forget that we respect each other”.

Connectedness – to receive support from and contribute to the extended family, neighbourhood, and community (Silliman, 1995) – was indicated by thirty-three percent of the families as aiding the adaptation process (see Table 5.6). The quality of connectedness may bolster resilience, as it results in a sense of belongingness as well as responsibility for others (Silliman, 1995). Dallos (1991) argues that a central element in a family is a sense of belonging, of being a part of a family and, furthermore, that this sense of belonging cannot simply be reduced to a biologically-based instinct or predisposition. Instead, it appears to be largely a learned cognitive and emotional state (Dallos, 1991). Survivors of the World War II holocaust (Greene, 2008), as well as survivors of refugee trauma (Besic et al., 2004), frequently convey the importance of being reunited with their family members who became “scattered” during the war and urge that staying connected to a larger family network is extremely important, especially for those who had lost their immediate family. Clements, Cole, Landau, Stanton and Tuttle (cited in Landau & Saul, 2004) would agree, as they have found the wisdom of intergenerational family stories and the frequency of intergenerational contact particularly important in the reduction of risk-taking behaviours among children. The quality is deemed nurturing of resilience, as it aids families to organise in varied ways to meet the challenges they face (Walsh, 2003). The quality of connectedness is evident in the following statements:

“She [my mother], together with my sister and sister-in-law, helped/guided me on how to take care of my child. My mother was always a phone call away. My sister and brother visited as well, and helped me through it [post partum depression]” and

“Our church members provide babysitting services. This gave me a break from the children to do something for myself or connect with my husband and friends, even just for coffee or going to the movies”.

Thirty-three percent of the participants reported the importance of **spirituality** in their families. Described by Allen and Rowe (2004) as the external expression of faith in God or any other higher being – which includes ethical codes, worship practices as well as faith systems – spirituality facilitates the adaptation process, and thereby resilience, as the active participation in families’ spirituality allows families to make meaning of crisis situations. The importance of spirituality is illustrated by the following statement:

“The foundation of my family is God. He is supreme in everything we do. Prayer is the cornerstone of the qualities that keep our family focused when faced with challenges and trials of life. We are committed to our God for guidance, perseverance and purpose”.

Spirituality has also been identified as a resilience resource by other researchers (for example, Franck & Rehm; Futrell, McCubbin, Thompson & Thompson; all cited in Eiman, 2006). This finding is in contrast to the quantitative findings. No statistically significant correlation between seeking spiritual support (F-COPES: spiritual support) and family adaptation was found. This inconsistency is rather surprising, as the reliability of the spiritual support subscale of the F-COPES is well established.

Cohesion, described by Silliman (1995) as the ability to maintain family identity and togetherness, to balance family priorities with support for member esteem and achievement, and to produce strong family connections and freedom for personal self-expression, was

mentioned by 28% of the participants in their responses to the qualitative question. Greater prevalence of this quality was expected in this study based on its theoretical importance described in Chapter 3. The following statement illustrates the quality of cohesion:

“[we] support each other and encourage one another to do things. We build on mutual interests rather than everyone just doing their own thing, but allow each other individual time and freedom, too.” (translated from Afrikaans)

Routine, which includes the practices and application of discipline, was mentioned by 23% of the participants as a facilitating quality of resilience (see Table 5.6). Daily family routines reduce stress responses, as they provide predictability of events (Grochowski & Karraker, 2006), as well as emotional anchors that offer safety and connection among family members (Imber-Black & Roberts, cited in Grochowski & Karraker, 2006). The importance of routine is illustrated in the following statements:

“Routine was a big factor in raising [the child]. I found that the more consistent her routine was the more comfortable and relaxed she was. It was a predictable environment for her, which makes children feel safe” and

“we both [the couple] believe in routine for our child and spending a lot of time with her, both individually and as a couple. We feel this gives her a sense of security. Also, when something [a situation] comes up, we can then plan around it because everyone knows what happens when”.

The qualitative finding – although supported by the statistically significant positive correlation found between the use of and adherence to a routine for the child (FTRI: child routine) and the degree of changeability, or flexibility, in the family (FACI8: Changeability) – is, however, not supported by the relatively small, statistically insignificant correlation found between the use and adherence of a routine for the child (FTRI: child routine) and the total level of family adaptation (FACI8: Total). This contradiction in results may be attributable to

the relatively low reliability coefficient obtained for the FTRI child routines subscale in this study.

The following four qualities were less frequently mentioned by the participants in comparison to those previously discussed. Only one of these, namely coherence, was included in the qualitative coding scheme (Addendum A), as it is a component of the theoretical frameworks employed in this study. The remaining three qualities, namely modelling, choice and the characteristics of the child, were identified by means of *emergent coding* of the qualitative data.

Coherence – to act with self-confidence and self-reliance as a means of converting optimism into making a significant change in improving oneself and one’s world (Silliman, 1995) – is the last *a priori* established quality and was mentioned by merely 21% of participants. It is illustrated in the following statement:

“we [the family] laugh a lot and try not to get too overwhelmed when things get tough. We know being parents is a huge responsibility, but it should also be fun to be a family”

Modelling – when individuals acquire new forms of behaviour or thought, simply by observing the actions of others (Baron & Byrne, 2003) – emerged as a quality from the responses of 21% of the participants (see Table 5.6). The definition extends to the acquirement of knowledge by means of word-of-mouth as well as literary aid, for example pregnancy and child-care books. Indeed, Gage and Chrisensen (cited in Brommel et al., 2004) found that couples involved in talking to one another, to friends and to kin who have children, or who take parenting classes, recounted experiencing less stress in the first year of parenthood (Brommel et al., 2004). This form of social learning was indicated by statements such as:

“as a young couple we went an extra mile trying to extricate all the necessary information from our elders and other significant beings in our community” and

“we remember what went wrong in our parents and people around us and try to avoid these mistakes”.

The ability to **choose** the timing of pregnancy and/or child-rearing practices also emerged as a new quality and was illustrated by statements such as:

“Pregnancy was planned. It’s the right choice because safety and control is important to us” and

“Before we decided to have a baby we discussed it very particularly. Having a baby was a conscious and intended decision”.

The freedom to choose the timing of pregnancy may relate to other important aspects of individual and family resilience, as it allows couples to decide whether or not they are emotionally ready and mature to become parents, whether or not they are financially stable enough to support the needs and requirements of child and family life, and whether or not they have the support or flexibility to engage in family life (Kalil, 2003). From a systems theoretical point of view it is understandable that the timing of these normative events can dramatically alter the effects of these transitions (Elder, cited in Grolnick & McHale, 2002). The timing of the onset of parenthood can alter the course of marital relationships and the quality of parenting itself (Broderick, 1993).

However, Bouchard, Boudreau and Hébert (2003), in their study comparing the pregnancy experience of 21 couples experiencing an unplanned pregnancy to that of 99 couples experiencing a planned pregnancy, found that, for couples facing an unplanned transition to parenthood, the pregnancy, and not the postnatal period, appeared to be the most difficult. They argue that an unplanned pregnancy may necessitate a reappraisal of lifestyle and initiate

psychological changes (Bouchard et al., 2003). Their results imply that these couples had resolved their concerns by six months postpartum, whereas couples facing a planned pregnancy may have underestimated the impact of this transition on their life. Thus, for the latter group of couples, distress appeared to sprout from the discrepancy between expectations and the actual experience of parenthood (Bouchard et al., 2003). This quality was mentioned by merely 11% of the participants.

The final quality identified by means of *emergent coding* was that of the **characteristics of the child**. Merely eight participants (9%) indicated how an easy or illness-free child made the adaptation to the child's presence easier and smoother. Indeed, the particular features of a newborn infant affect parental adaptation, which in turn is indirectly associated with marital satisfaction (Knauth, 2001). Garmezy (cited in Kalil, 2003) identified categories of protective factors in individual and family resilience, among which were the characteristics of the child, including temperament and intelligence. This quality was indicated by statements such as:

“we have a fairly easy child” and

“my child was a healthy baby and she was very easy to look after”.

6.3 Comparison According to Home Language

Social scientists and psychologists have increasingly recognised that culture, and inherently ethnicity, shape the nature, timing and rate of normal development (Grolnick & McHale, 2002). As such, family scholars have argued that trying to develop universal theories of parenting is a futile enterprise because culture organizes behavioural patterns in fundamentally unique ways (Grolnick & McHale, 2002). Consider, for example, the concept of cohesion. The notion of enmeshment suggests that there can be too much allegiance in families, and the concept of rigidity implies that not enough adjustment of family roles and rules is problematic (Kouneski, 2000). In other cultural contexts, however, extreme devotion

or role inflexibility may be acceptable, or even preferred, by family members, while, in particular circumstances, the employment of such family behaviour may be adaptive (Grolnick & McHale, 2002; Kouneski, 2000). Culture and ethnicity, according to Brommel et al. (2004), affect family life through their traditions, celebrations, occupations, values and problem-solving strategies. It is clear that contextual and cultural considerations need to be given more attention in typological approaches to child rearing (Grolnick & McHale, 2002).

In this study, statistically significant differences between correlations with regard to the importance of affirming and a combination of affirming and incendiary communication, support received from friends and family and from social resources, as well as the value placed on spending time together as a couple, respectively, and the level of family adaptation were found for Afrikaans- and English-speaking families.

Regarding families in which Afrikaans- or another language dominates, statistically significant differences between correlations regarding the use of affirming and incendiary communication, as well as in a combination of the two, and the use of spiritual support were found with the level of family adaptation. No statistically significant differences between correlations were found between the level of family adaptation and the adaptation resources mentioned by households speaking English or another language. The results of this sub-analysis lend weight to the argument of Gorall and Olson (cited in Kouneski, 2000) when they state, regarding diverse families, that “whereas theoretical models and normed assessment devices are highly useful in research and clinical practice, each family must be viewed as a unique system and assessed and treated with regard to its unique conditions and relationships” (Kouneski, 2000, p. 231).

6.4 Conclusions

A number of significant findings emerged from the various statistical procedures undertaken in this study. These findings will be regarded in the light of the theories relating to both family resilience and the difficulties associated with becoming a parent. This will be followed by the relevant conclusions to be drawn from this study.

Firstly, a number of unexpected and somewhat surprising results emerged from the data. Great inconsistency was observed between the various measures of social support. Most of the participants mentioned and highly valued the availability and use of social support as an important resource in the process of adaptation. The importance of finding support and being integrated in the community (Social Support Index) (McCubbin & McCubbin, 1996) enjoyed a strong, statistically significant correlation with family adaptation. However, the degree to which the family used friends and family support to manage stressors and strains (Relative and Friend Support Index) (McCubbin & McCubbin, 1996), as well as acquiring social support from outside the family (Family Crisis Oriented Personal Evaluation Scale: social support), was not significantly related to family adaptation in this study. In addition, the biographical data regarding the presence of another person in the household beside the immediate family also does not support the importance of receiving support from and being integrated in the community (Social Support Index). Family resilience theories and the available literature regarding the transition to parenthood both emphasise the importance and buffering effect of social support in various situations, especially relating to the adjustment of becoming a family.

A second unexpected finding was the insignificant correlation between the use of and adherence to a routine for the child (Family Time and Routine Index: child routine) and family adaptation. Furthermore, the relatively low number of participants who mentioned the

employment of and adherence to a routine in the qualitative question confirms the abovementioned insignificant correlation. This inconsistency is of great surprise, as the literature relating to the transition and subsequent adjustment to a child (Cowan & Cowan, 1993; Skolnick & Skolnick, 1997) stresses the significant role played by routine in the adjustment process following the addition of a child to the family. The relatively low reliability coefficient found for the Child Routine subscale in this study, however, should be considered when this inconsistency in results is regarded.

The transition to parenthood and the subsequent difficulty in adaptation to the presence of a child have been discussed at length in this study. It has also been demonstrated that the journey to become and maintain a family is strewn with obstacles. Facing these obstacles, families who partook in this study indicated a number of resources that they had found most useful in adapting to parenthood. Of greatest importance is the fact that the majority of the families had made use of different social support systems in their adaptation process. The significant contribution of social support and economic stability as resilience resources is supported by previous research (Silliman, 1995; Silberberg, 2001), by family resiliency theories (McCubbin & McCubbin, 1996; Walsh, 2003), as well as by the quantitative findings of this study that receiving support from and being integrated in the community, and being able to provide financially for the family, contribute positively to the adaptation process.

Several family qualities and resources that may contribute towards adaptation and adjustment to a crisis situation, as described by the *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996), were mentioned as valued resources in the participants' adaptation to parenthood. These include the use and maintenance of family activities and routines, the family's sense of control and influence that they have over problems, their shared commitment to work together and, lastly, the use of effective communication in problem solving and resiliency. The emotional readiness or competence,

and the quality of the marital relationship emerged as two highly valued resources used by participants in their adaptation to parenthood that was not initially specified by the theoretical frameworks employed in this study. These findings underscore the importance of both pre- and postnatal individual and couple functioning.

Regarding the correlations between all adaptation resources and family adaptation between different ethnic groups, a number of statistically significant differences between correlations were found. In comparing correlations between adaptation resources and the level of family adaptation for Afrikaans- and English-speaking families, statistically significant differences were found regarding spending time together as a couple, the employment of both effective problem solving communication and inflammatory patterns of communications and, lastly, the support received from friends, family and the community. Statistically significant differences between correlations obtained for Afrikaans- and families in which another language was spoken involved the use of affirming and incendiary communication, as well as in a combination of the two, and the use of spiritual support.

6.5 Limitations of the Study

The first clear limitation of this study is that it is cross-sectional in design. Especially in the study of family resilience, Kouneski (2000) argues that longitudinal research is essential to better comprehend the multifaceted ways that families adjust and change in dealing with both critical and normative transitions. Thus, the cross-sectional design employed in this study is problematic and, perhaps, misleading in the results obtained, as the concept of resilience is not an invariable trait. Rather, resilience is a dynamic process that may change with time and circumstances (Cicchetti & Toth, cited in Kalil, 2003), culture as well as the different challenges and life events that families may face (Kalil, 2003). Therefore, families may

demonstrate resilience in one area of functioning but not necessarily in others (Cowan, Cowan & Shultz, cited in Kalil, 2003).

The second limitation of this study is the relatively small sample size related to the various language groups that partook in this study. Family norms and expectations are not uniform across all language, and inherently cultural, groups (Kouneski, 2000). Greater and more equal sample sizes for the most prevalent language groups in the Western Cape would have been preferred so as to establish greater statistical weight for the results of the sub-analysis. As resilience is time and culture specific, the necessity of such a comparison is regarded as vital if new models of family functioning and adaptation are to be developed. Only if and when the various qualities used by families of different cultures are identified and employed in the development of appropriate family models, can clinicians, as well as other healthcare professionals, regard intervention programmes as adequately sensitive to the needs and characteristics of different families.

A third limitation of this study concerns the method of data collection. Although the students who approached and collected the data from the families received specific instructions regarding the sequence in which the data was to be collected, some participants had completed the quantitative section before they had answered the qualitative question. Although some might argue that this inconsistency is redundant, it may have influenced the responses of participants to the qualitative dimension of the study. Related to this limitation is that of the use of self-report measuring instruments, which were completed by only one parent. Individual parents may differ regarding which and to what extent resources have helped them in their individual adaptation trajectory. Kouneski (2000) elaborates on this limitation by stating:

General limitations of self-report instruments have been well-documented, such as constraints in the wording of the questions and the response format. For example, family

members may interpret the items differently than the researchers intended. They also may not accurately report their behaviours. (p. 30)

Related to the statement made above, the final identifiable limitation of this study sprouts from the use of certain quantitative questionnaires. Due to the inclusion criterion of the age of the eldest child in the family, a number of items, for example 'parents often spend time with teenagers for private talks' (FTRI, item 14), are not relevant to the aim of the study and therefore may have distorted some of the results of these questionnaires.

6.6 Recommendations for Further Research

This study involved 89 families. The participants were not equally distributed between the three main language groups investigated by this study. It would be of interest for future studies to seek to identify which, if any, differences in the use of adaptation resources there may be between the different language groups when there are greater numbers of participants in each group. Furthermore, the majority of the participants were situated in the Western Cape region, specifically in the areas surrounding Cape Town. Perhaps different results would have been reported had this study been conducted elsewhere in South Africa, and therefore the ability to extrapolate the findings of this study is reduced. Lastly, for the majority of the participants in this study, theirs was a first marriage. The findings of this study therefore do not indicate which qualities single-parent families or second-marriage families employ during their adaptation to the presence of a child. Future research in such family forms is essential because of the previously mentioned growing diversity in family composition and structure over the last few decades.

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ADDENDUM A

QUALITATIVE CODING SCHEME

CATEGORY	DEFINITION(S)	ACTIVITIES/EXAMPLES/ IMPLEMENTATIONS
COMMITMENT	Working towards shared goals through self-sacrifice, persistence, and loyalty to other family members; cultivating an environment of trust and dependability	Conducting family councils, planning vacations/projects around home (e.g. gardening), supporting family members' activities.
CONNECTEDNESS	Receiving support from & contributing to extended family, neighbourhood, and community; sense of belongingness as well as accountability to others	Neighbourhood & community projects, time with other families, helping those in need.
COHERENCE	Acting with self-confidence & self-reliance, translating optimism into making a difference in improving themselves & their world.	Recalling family successes & hopes, working through problems rather than giving up, praising & encouraging self-reliance skills in children.
COHESION	Maintaining family identity & togetherness, balancing family priorities with support for member esteem & achievement, producing strong family bonds and freedom for individual self-expression. Balance between separateness and togetherness.	"the emotional bonding that couple & family members have toward one another". Dimensions: emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests & recreation.
FLEXIBILITY	Coping with change, balancing stable roles & traditions, change rules & shared decisions with consequence that challenges stimulate growth & health	"amount of change in leadership, role expectations & relationship rules". Continue/invent daily & special traditions, share & trade household tasks, make/change rules together, use challenges to learn new skills.
COMMUNICATION	Engaging in clear, open, affirming speaking & consistent, emphatic listening, resulting in constructive conflict management & problem solving.	Frequent interaction in an open, honest, positive manner, use of humour. Reward honesty, accept feelings, use consistent discipline, listen to others' viewpoints, look for points of agreement in conflict, solve problems one step at a time.
SPIRITUALITY	Belief in higher power, acting on value system beyond self-interest, results in sense of	Spiritual resources of faith, rituals & prayers. Read books, pray, encourage critical thinking

	purpose & divine support in everyday & difficult events.	about values, talk about simple & major life choices, find concrete ways to “practice what you preach”
AFFECTION	Members show love, care, concern & interests for each other on a regular basis via words, hugs, kisses & thoughtfulness.	Expressions of affection are often ritualised, e.g. greetings & farewells, bedtime story readings, Christmas & festival rituals.
ACCEPTANCE	Showing respect, appreciation & understanding for each others’ individuality & uniqueness.	Members acknowledge, value & tolerate each others’ differences; members allow each other space.
SOCIAL & ECONOMIC SUPPORT	Networks offering practical & emotional support. Contributes to physical & emotional survival, safety & self-esteem of members	Assisting, encouraging, reassuring each other and looking out for each other. Members feel equally comfortable to offer/ask for support.
TIME TOGETHER/ SHARING ACTIVITIES	“Invisible glue” giving members sense of belonging. Sharing of similar values, beliefs & morals. Routines, traditions & celebrations that affirm members, connect them to their family roots, and add creativity to ordinary events.	The sharing & doing of activities with each other; daily routines such as meals, reading/play together, quiet talk times, drama & song nights, etc.