RESILIENCE IN FAMILIES IN WHICH A PARENT HAS BEEN RETRENCHED

SUSAN DER KINDEREN

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Supervisor: A P Greeff PhD

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STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

S. der Kinderen

Date
SUMMARY

Family Resilience is a relatively new construct describing how families recover after experiencing stress and adversity. Defined within the salutogenic paradigm, resilience implies the ability to bounce back after being "stretched" or challenged, as well as being able to rise above adversity and to survive stress. Using a cross-sectional, survey research design the present study aimed to further explore and explicate those resiliency factors which enable families to maintain established patterns of functioning when threatened by risk factors. It also aimed to examine those recovery factors which foster the families ability to bounce back from crisis and disruption. Teachers who had accepted the voluntary severance package from the South African Department of Education between 1996 and 1998 were approached to take part in this study on behalf of their family. Thirty participants completed a biographical questionnaire as well as the Family Index of Regenerativity and Adaptation (FIRA-G) which measures the major components of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & Thompson, 1991). Results confirmed the relationship between family stressors, family strains and family distress, implying that if stressors and strains are not managed, they pile up, deplete resources and lead to family tension and stress (Lavee, McCubbin & Patterson, 1985; Lavee et al. 1987; McCubbin & Patterson, 1983). Results also highlighted the protective nature of good financial management, suggesting that there are measurable factors which act as crisis-meeting resources, diminish the negative impact and degree of the stressor and ultimately foster resilience and facilitate recovery. Finally, social support was highlighted as a resilience variable. Family schema (encompassing concepts of reframing and spiritual support) remains one of the crucial factors which contributes towards, firstly, the resistance of decay in the face of stressors, and secondly, which facilitates the recovery trajectory. It is maintained that this could be one of the most crucial factors for ongoing investigation in resiliency research.
Gesinsveerkragtigheid ("resilience") is 'n relatiewe nuwe konstrukt wat verwys na gesinne se vermoë om te herstel nadat hulle spanning en terugslae ervaar het. Dit word beskryf vanuit die salutogenese paradigma en word gedefinieer as gesinne se vermoë om terug te bons nadat hulle teenspoed ervaar het. 'n Dwarsnit navorsingsontwerp is gebruik om die twee aspekte van gesinsveerkragtigheid, naamlik weerstand en herstel, te ondersoek en te beskryf. Weerstands faktore verwys na dié faktore wat gesinne in staat stel om gevestigde patrone van funksionering, tydens bedreiging deur risiko-faktore, te handhaaf, terwyl herstel-faktore verwys na dié faktore wat gesinne se vermoë om terug te bons na 'n krisis, bevorder. Onderwysers wat tussen 1996 en 1998 die vrywillige uittredingspakket van die Departement van Onderwys aanvaar het, is genader om namens hul gesinne deel te neem aan hierdie ondersoek. Dertig deelnemers het 'n biografiese vraelys sowel as die "Family Index of Regenerativity and Adaptation" (FIRA-G) voltooi. Die FIRA-G vraelyste meet die hoofkomponente van die "Resiliency Model of Family Stress, Adjustment and Adaptation" (McCubbin & Thompson, 1991). Resultate het die verband tussen gesinstressors, gesinspanning en gesinsnood bevestig, met die implikasie dat indien 'n opeenhopping van stressors en spanning nie hanteer word nie, gesinshulpbronne uitgeput word en dat dit tot gesinspanning en stres kan lei. Die beskermende aard van goeie finansiële bestuur is bevestig. Sosiale ondersteuning is geïdentifiseer as 'n belangrike faktor in gesinsweerstand. Gesinskemas, wat herformulering en geestelike ondersteuning insluit, blyk 'n deurslaggewende gesinsveerkragtige faktor te wees en behoort in die toekoms verder ondersoek te word.
This work is the result of a research project, which is of the same extent as that required by a master’s thesis.

It is a rule of the Department of Psychology that the report of the research may take the form of an article, which is ready for submission for publication to a scientific journal.
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1. The Resiliency Model of Family Stress, Adjustment and Adaptation  9
INTRODUCTION

The family system has perhaps the greatest impact on individual development across all stages, influencing not only individual and family life, but also that of the community in which it resides. The family system, despite being confronted by more extreme and disruptive stresses and demands than ever before, is still expected to be adaptive, competent and resilient, and to provide a protective, growth-enhancing environment for its members (Frude, 1991). It is evident that problems and challenges, such as gross political atrocities, soaring divorce rates, diverse family forms and changing economies, do not necessarily evoke psychopathological responses. Instead, as stated by Jenkins (1997) in his writing on resilience among Bosnian refugees, “what we have seen ... are truly remarkable instances of human resilience and irresistibility” (p. 40).

The ability to endure and rebound from crisis and adversity is best conceptualised by the term “Resilience”. Derived from Latin roots, resilience means “to jump (or bounce) back” (Silliman, 1994, p. 2) thus implying an ability to return to an original form after being bent, compressed or stretched, as well as being able to rise above adversity and to survive stress (Hawley & De Haan, 1996; Walsh, 1996). The present study aims to further expound on resilience in families, by exploring their ability to withstand and rebound from crisis and adversity, and to offer the hope that something good can result from misfortune or stress (Dyer & McGuinness, 1996; Walsh, 1996).

During the period May 1996 to 1998 the South African Department of Education (the Department) began its process of bringing about equality in education and attending to budgetary problems by redeploying teachers to areas where they were needed the most. Hundreds of teachers were identified as being “in excess” within their schools and were subsequently faced with possible redeployment to another province, generating fears that families could face major moves or the threat of being broken up in the process (Baleta,
In response to protest the Department offered Voluntary Severance Packages (VSP) to teachers who would rather be retrenched than redeployed (Business Times, 1999; Duffy, 1997). Teachers were then faced with the reality that, unless they accepted the VSP, they could face redeployment to "somewhere haywire" or, at worst, retrenchment and dismissal (Duffy, 1997; Olckers quoted in Duffy, 1996, p. 2; Rossouw, 1996). Due to underlying uncertainties and many policy changes, this rationalisation process was drawn out over time, with schools experiencing disruption and dissatisfaction among their teaching staff (Business Times, 1999, p. 2). Despite months of strikes, protests and demonstrations, within the first year nearly 17 000 state school teachers applied for the VSP, many of them senior, experienced staff who had become disillusioned with the education shake-up (Craig, 1996; Duffy, 1996, p. 1). Along with the decision to accept a VSP came certain forced choices including the reality that, despite years spent building a career, once having accepted the VSP a teacher could not be re-appointed to any post, in any provincial education department, except under extreme circumstances (Baleta, 1996). Among those accepting the VSP some felt that a good decision, one offering opportunities in other spheres, had been made, while several others were embittered and forced into early, unplanned retirement. Many more were faced with unemployment or frustration and uncertainty about the approval and the final payment of the severance package. It is possible to assume that, regardless of individual feelings and responses, all families in which an individual was retrenched or redeployed were faced with major changes and adjustments.

Olson et al. (1989) emphasise the difficulty that many families have in making transitions, especially unexpected ones, and warn against the psychological and interpersonal conflicts or confusion which may result. It has been reported that an experience such as retrenchment, unemployment or redundancy is likely to threaten family security, stability,
quality of life, status and the very identity that work provided for the individual and the family (Conger et al., n.d.; du Toit, 1993; Reyneke, 1996). Research by Olson et al. (1989) showed that a family member's departure from the work force, by choice or by employer's decision, is a stressor that has an impact on the family at whatever stage of the family life cycle. This stressor is particularly prevalent in families in the middle years that are already loaded with other normative stressors and strains. At the same time, as with any catastrophe, retrenchment offers the opportunity to employ restorative powers, facilitate constructive change and to strengthen family bonds (Marsh et al., 1996).

With the growing recognition of the potential resilience residing in individual, familial and social structures, there has been a shift away from a pathology-based paradigm towards a strength-based paradigm in psychology research (Marsh et al., 1996). Instead of "deficit-detecting" (Barnard, 1994, p. 136), which fails to recognise the potential and health within systems, Marsh et al. (1996) suggest that professionals should apply competency-based models to theory, research and practice with families, in an attempt to account for origins of health (Silliman, 1994). Similarly, Antonovsky (in Antonovsky & Sourani, 1988) proposes a salutogenic (origins of health) paradigm as an alternative to the traditional, pathogenic (causes of illness) paradigm. Such an approach assumes that the normal state of the human organism is one of entropy, disorder and disruption of homeostasis (Wissing & van Eeden, 1997) and, when applied to the family, encourages the perception of the family as challenged versus damaged, and as successful versus deficient (Hawley & De Haan, 1996; Walsh, 1996). In order to tap the potential resilience residing within the family it is necessary to contribute towards the identification and conceptualisation of these recovery factors, as well as to further describe the resiliency process. Through conceptualising and recognising the healthy potential available to families, it becomes possible not only to develop preventative measures, but also to empower families to rise
above adversity. Furthermore, acknowledging the family's potential for resilience and encouraging resilient thinking and behaviour has a reciprocal effect on the individual and the community of which the family forms a part.

Initially, resiliency research focused on exploring why some individuals do not suffer emotional or psychological problems when exposed to adverse conditions, such as poverty and violence, but instead manage to maintain adaptive behaviour (Howard, 1996; Richters & Martinez, 1993; Werner, 1990). Referring to "hardiness" or "protective factors", studies emphasised the interrelated role played by: (i) personal resources, such as disposition, social and cognitive skills; (ii) familial resources, such as cohesiveness or warm and supportive family milieus; and (iii) external social support provided by a neighbour, teacher or institution, in fostering resilience in individuals (Barnard, 1994; Compas, 1987; Crittenden & DiLalla, 1988; Dyer & McGuinness, 1996; Kazak, 1989; Kobasa, 1979; Marsh et al., 1996; Rutter, 1985; Werner, 1990, 1995; White & Woollett, 1992; Wyman, Cowen, Work & Parker, 1991). The role of the family, not only as a protective factor, but as a potential source of resilience, is reiterated in studies on individual resilience which emphasise factors such as the value of maternal social support, minimal conflict in the home, absence of divorce during adolescence and structured parenting (Hawley & De Haan 1996; McCubbin, McCubbin, Thompson, Han & Chaad, 1997; Richters & Martinez, 1993; Rutter, 1985; White & Woollett, 1992; Wyman et al., 1992). Over time it was recognised that not only can the family system contribute towards individual resilience, but that the family system protects itself against stress and follows a familial recovery process when confronted with stressors.

Early investigations on the restorative potential of families, especially family stress and family strengths literature, used terms such as "strong families", "hardiness", "regenerative
power" or "coping" to describe what is now conceptualised as family resilience (Lavee, McCubbin & Olson, 1987; McCubbin & McCubbin, 1988; Otto, 1963; Schumm, n.d.). Family resilience, defined by the National Network of Resilience as "the family's capacity to cultivate strengths to positively meet the challenges of life", focuses on how families use their strengths at a time of crisis (Silliman, 1994, p. 2). Hawley and De Haan (1986) view resilience as a dynamic quality, a fit between resources and demands, through which families focus their strengths and coping abilities to promote competency and address adversity. Various definitions elucidate the following qualities and attributes of family resilience (Dyer & McGuinness, 1996; Hawley & De Haan, 1996; McCubbin et al., 1997; McKenry & Price, 1994):

1. Elasticity and adjustment suggest that the family is able to maintain established patterns of functioning, without altering the basic structure, after being challenged or confronted by stress.

2. Buoyancy implies the ability to endure challenges by making fundamental changes or adaptations in order to survive. The quality of bouncing back, inherent in resilience, is not simply about getting through a crisis, but instead emphasises integration, flexibility and adaptation.

3. A firm grounding in the salutogenic orientation, emphasising wellness rather than pathology, encourages a move away from crisis intervention towards prevention and requires the documentation of reparative potential and resources, rather than the frequency and severity of damage.

When applying this rich concept to family stress investigations, the central research question becomes how much and what kind of stressors, mediated by which personal,
family and community resources, contribute towards the course and ease of family adjustment and adaptation over time (McCubbin & Patterson, 1983).

In 1949 Reuben Hill (in McKenry & Price, 1994) developed a theoretical model of adjustment which incorporated the response process of the individual, family and wider social system to stressors as they attempted to return to a homeostatic level (McCubbin et al., 1980; McKenry & Price, 1994; Olson et al., 1989; Walker, 1985). According to this ABCX model, a stressor event (A), interacting with the family’s resources and strengths for dealing with the stressor event (B), as well as the definition the family attributes to the event (C), produces an impact (X crisis or stress) (Frude, 1991; McKenry & Price, 1994).

In over 30 years, the major variables of the model proposed by Hill have remained virtually unchanged (McCubbin et al., 1980). The proposition remains that three interrelated phenomena serve to explain family responses to stressful situations: (i) the stressful event(s) and associated hardships; (ii) the outcome of crisis and adaptation; and (iii) the intervening resources and coping patterns between the stressor and the outcome (Lavee, McCubbin & Patterson, 1985). Reformulating Hill’s model, by adding post-crisis/post-stress factors, McCubbin and Patterson (1983) proposed a Double ABCX Model of Family Adjustment and Adaptation, describing the family stress process, or the Family Adjustment and Adaptation Response (FAAR) (Patterson, 1988). This expanded model consists of Hill’s original ABCX model, followed by the Double ABCX configuration. This model therefore incorporates post-crisis factors, such as pile-up of stressors and strains, family efforts to acquire new resources, changes in definition and meaning, and family coping strategies, to describe the range of outcomes (McCubbin & Lavee, 1986; McCubbin & Patterson, 1983; McCubbin & Thompson, 1991). The most recent version of this model, The Resiliency Model of Family Stress, Adjustment and Adaptation (Resiliency
Model), was used as theoretical basis in the present study (McCubbin & Thompson, 1991). Research on resilient families is based on four core assumptions about family life:

1. all families face hardships and changes as a natural, predictable aspect of the family life cycle;
2. families develop basic strengths and capabilities to facilitate development of family members and the family unit, and to protect the family from major disruptions;
3. families develop strengths and capabilities to protect them from unexpected or non-normative stressors and strains as well as to foster adaptation following a family crisis or major transition and change; and
4. families benefit from, and contribute to, the network of relationships and resources in the community, especially during periods of family stress and crisis (McCubbin & McCubbin 1988; McCubbin & Thompson, 1991).

The Resiliency Model (Figure 1), as expanded on below, involves two interrelated phases of family response to stress or strain. The adjustment phase describes the family’s pre-crisis adjustment and the influence of protective, or resistance, factors. In the face of normative stressors, strains and transitions the family makes minor changes and short-term adjustments to manage demands with as little disruption to family behaviour or structure as possible (Frude, 1991; McCubbin, 1988; McCubbin et al., 1997; McCubbin & McCubbin, 1988). When these adjustments are inadequate to meet demands, for example when there are structural changes such as separation by war, transition into parenthood or loss of a job, or when resources are depleted, the adjustment process ends, the family enters crisis, and the need for more permeable and possible structural changes to restore stability arises (McCubbin, 1988; McCubbin & Thompson, 1991; Walsh, 1996).
Family crisis is a state of family disorganisation, sometimes even set in motion by normative or structural changes, which is characterised by a demand for change in order to restore normal family functioning (McCubbin & Thompson, 1991). This entry into the second phase, family adaptation, requires the resilient family to use instrumental and expressive resources from within and from outside the family to protect and promote adaptation (McCubbin & McCubbin, 1988). This adaptation phase therefore entails restorative action by the family during which it alters its internal functions, such as behaviours, rules and roles, and external reality, to achieve a family-environment fit and to restore stability (McKenry & Price, 1994). The outcome of this adaptation process, involving restructuring and consolidation, is either bonadaptation, and exit from crisis, or maladaptation, back into crisis and exhaustion (McKenry & Price, 1994; McCubbin & Patterson, 1983).

McCubbin and Thompson (1987) emphasise that although family scholars have researched families in both the adjustment and the adaptation phases of the Resiliency Model, few results have suggested a need for separate emphasis on either. Instead, McCubbin et al. (1997) reiterate that family systems call upon and utilise all their resources in both routine and crisis situations. The Resiliency Model depicts the entirety of the family response to stress - the interaction of family problem solving and coping, family resistance resources, social support and family coherence - as the family attempts to restore stability.
The aA factor in the Resiliency Model accounts for the pile-up of pre- and post crisis stressors and strains on the family system which, if not managed, deplete resources and lead to the emergence of family tension and stress (Lavee, McCubbin & Patterson, 1985; Lavee et al. 1987; McCubbin & Patterson, 1983; Olson et al., 1989). Stress is defined as "a state of tension that arises from an actual or perceived demand that calls for adjustment or adaptive behaviour" (Olson et al., 1989, p. 119) and is named "distress" when the stress is perceived as unpleasant or undesirable by family members. Stressor events are defined as any life event or transition which has the potential to provoke change in the boundaries, goals, values, or roles in the family system (Lavee, McCubbin & Olson, 1987; McCubbin et al., 1980; McCubbin & Lavee, 1986). These stressors can be divided into normative stressors which include everyday, predictable family life events...
such as retirement, the birth of a family member, or a child’s school entry, and non-normative stressors which are mostly unexpected, unpredictable events such as natural disasters, loss of a job, war or even non-disastrous events such as promotion or winning the lottery (Lavee et al. 1987; McCubbin et al., 1980; McKenry & Price, 1994). Strains, on the other hand, seldom have a discrete onset, but emerge unexpectedly from unresolved tension associated with prior stressors or role strain, creating the need or desire to change something (Lavee et al. 1987; McCubbin & Patterson, 1983; Patterson, 1988).

This pile-up of demands (stressors and strains) on the family contributes to the determination of family vulnerability (V). Research by Lavee et al. (1985) asserts that the pile-up of stressors and strains negatively influences the level of adaptation and perceived family well-being. It is furthermore hypothesised that the accumulation of stressful events and transitions will cause an increase in intrafamily strain (Lavee et al., 1987).

Family Type (T) is a set of basic qualities of the family system which characterise and explain how it typically appraises, operates and behaves. In the Family Stress, Health and Coping Project McCubbin and Thompson (1991) identified four family types, namely regenerative, resilient, rhythmic and traditionalistic families, where the regenerative families were found to be better able to manage normative hardships and to recover from non-normative family crises (Marsh et al., 1996). Using the dimensions of hardiness and coherence, four sub-types of the Regenerative Family Typology can be determined: Vulnerable Families (low hardiness and low coherence); Secure Families (high hardiness, low coherence); Durable Families (high coherence, low hardiness); and, lastly, Regenerative Families (high coherence and high hardiness). Hardiness refers to the internal strengths and durability of a family, as well as a sense of control and commitment to life with all its events and hardships. Coherence is a coping strategy which assumes
qualities such as acceptance, loyalty, pride, respect and shared values in the management of family problems and strain (Marsh et al., 1996). Lavee et al. (1987) concluded that a sense of coherence plays a stress-buffering role in the family, and therefore reduces the total effect of strain on family well-being.

Interacting with stressors, family type and family vulnerability, are a multitude of crisis-meeting resources (bB). The family's potential to meet the demands of stressors and strains is determined by a combination of factors, some of which are already in existence and available, and others which are developed, strengthened or managed through the family's coping behaviours (McCubbin & Thompson, 1991; Patterson, 1988). These crisis-meeting resources include: (i) traits and abilities of individual family members, such as economic well-being, education and health; (ii) the family system's internal resources such as family adaptability, cohesiveness, problem-solving ability and management of resources; (iii) social support, involving network and esteem support of being loved and cared for; as well as (iv) a cognitive coping strategy regarding the perception of the stressful situation (Lavee et al., 1985; McCubbin et al., 1980; Olson et al., 1989).

Social support (bBB) is considered to be one of the most important crisis-meeting resources. The value of communication is reiterated in the words of Olson et al. (1989): "family coping is viewed as ... a set of interactions within the family and transactions between the family and the community" (p. 141). In studies by Lavee et al. (1985) social support was shown to play a buffering role in that it eases the perceived stressfulness of the situation. Families who are able to develop and use social support in the form of practical or financial assistance, as offered by relatives, friends, work associates, or church organisations, are both more resistant to major crises and better able to recover and restore stability (Walsh, 1996). In their study of factors promoting adjustment to unemployment Turner, Kessler and House (1991) concluded that regular social contact
with family and friends, outside of the work environment, buffered the impact of job loss later on.

The family's perception (cC) of the pile-up of demands, and of the available resources and its appraisal of what needs to be done in order to cope, is a critical factor in predicting family adaptation (McCubbin & Patterson, 1983; McCubbin & Thompson, 1991; McKenry & Price, 1994). Theorists, such as Lazarus (quoted in Olson et al., 1989), maintain that the cognitive appraisal process determines the intensity of emotional reactions, and conclude that it is only possible to adjust to difficulties once sense has been made of the change or meaning has been attached to it. Moving beyond situational appraisal, theorists have begun to operationalise family coherence/family schema (cCC) as "the family's appraisal of the overall circumstances, particularly the family's fit within the community in which it lives, its sense of manageability of life events, the predictability of circumstances and the sense of control and trust the family has over present and future events" (Lavee & McCubbin quoted in Antonovsky & Sourani, 1988, p. 86). Although family schema is generally seen as a relatively stable construct, McCubbin et al. (1993) emphasise that under drastic conditions family schema are reshaped, or reframed, in response to modifications which the family makes in its established patterns of functioning to cope with the crisis. According to McCubbin and Patterson (1983) family efforts to redefine the situation as a challenge, or an opportunity for growth, and to give the crisis a meaning such as believing it is the Lord's will, appear to play a useful role in facilitating family coping and eventual adaptation. Olson et al. (1989) reported that both husbands and wives considered this coping strategy important throughout the family life cycle.

Family coping (PSC) refers to the attempt made by the individual and the family to reduce or manage demands on the family system (McCubbin & Thompson, 1991). Family coping is not an instantly created state, but is an adaptation strategy that is developed and
modified over time and through experience (McCubbin et al., 1983; McKenry & Price, 1994). In an attempt to promote adjustment, family coping influences the balance of resources and demands in various ways, namely by: (i) reducing the number or intensity of demands; (ii) acquiring and developing additional resources; (iii) maintaining existing resources; (iv) managing tension by problem-solving; or (v) by reframing meaning to make it more manageable (McCubbin et al., 1983; McKenry & Price, 1994; Patterson, 1988).

Finally, family adaptation (XX) encompasses both the initial family stress response to demands (X), as well as subsequent adaptation (on a maladaptation - bonadaptation continuum) as the family attempts to achieve a balance of functioning at the member-to-family, and family-to-community levels (McCubbin & Patterson, 1983; McKenry & Price, 1994). The level of family bonadaptation, or maladaptation and transition back into crisis, is determined by the interaction between the stressor events (aA), the family's resources for dealing with stressors (bB), and the assessment the family makes of the situation (cC). McCubbin and McCubbin (1988) concluded that at all stages of the family life cycle, adaptation was facilitated by personal, family and community supports, including factors such as communication, financial management, hardiness and general health of members. Bonadaptation is recognised by the positive mental and physical health of family members; continued facilitation and promotion of individual family development; optimal role functioning of individual family members; maintenance of family tasks; and the maintenance of family integrity and environmental influence. Maladaptation, or the transition back into crisis and exhaustion, is characterised by the deterioration of individual family member's health, or development, and by the overall deterioration of the family system (Patterson, 1988). In families confronted with stressors such as economic changes and challenges, adaptability becomes a crucial skill (McCubbin, McCubbin & Thompson, 1993).
Family resilience is a readily available resource which can be tapped in order to meet some of the many challenges facing individual and family life today. Research has identified several coping behaviours in families undergoing economic hardships, including the realignment of family work efforts, participation in the informal economy, relying on friends and relatives for social support and reducing expenditures (du Toit, 1993; McKenry & Price, 1994). Families faced with the uncertainty and change caused by retrenchment or changing jobs, could resist decay, or adapt with more efficiency, by generating and utilising certain resistance and recovery resources. Using McCubbin and Thompson's Resiliency Model of Family Stress, Adjustment and Adaptation (1991) as a guide, this investigation aspires to document the critical variables which protect the family system from deterioration and breakdown, and to explore the recovery process which facilitates adaptation and promotes resilience.

In South Africa there is limited research which specifically contributes to the understanding of the resiliency process in families, or which identifies those resiliency factors which play an essential recovery role in South African families faced with stress. The present study therefore hopes to contribute to the field of research on resilience in families, and serves to recognise health and resilient potential in families where previously there was only decay.
METHOD

The identification of critical family protective and recovery factors, and the description of the resiliency process of families encountering non-normative stressors and crisis, was achieved through a cross-sectional survey research design. This approach enables the exploration and examination of differences between families as they encounter crises and does not propose to track change over time. Self-report questionnaires, including open- and closed-ended questions, were completed by a single respondent (husband or wife) as representative of the family entity. Quantitative and qualitative methods were used to encourage the perception and generation of possibilities regarding the nature and degree of resilience in families under stress.

Participants

A total of 30 individuals who had accepted the VSP from the Cape Department of Education between 1996 and 1998 participated in this study on behalf of their family.

All 33 principals in the Stellenbosch school district were contacted, either personally or by telephone, informed of the nature of the study, and asked to supply a list of names and contact details of the teachers who had accepted the VSP from the Cape Department of Education during the above-mentioned period. Due to a relatively poor response rate (either there were few/no teachers who had taken the VSP in the school, or teachers were unavailable, or unwilling, to participate) a second sampling phase was entered into in the Somerset West school district, where a further 25 principals were contacted. In total 58 principals were contacted, of which 30 were willing, and able, to provide 79 names and contact telephone numbers of teachers who had accepted the VSP in the last two years.

Of the 79 individuals identified to participate in the study, 24 were either no longer available at the contact number provided, were unreachable by telephone, or did not meet
the criterion of a family (i.e., not in a permanent relationship). Each teacher was contacted by telephone and asked if he/she would be willing to complete a number of questionnaires, on behalf of their family, that would contribute towards the further understanding of resilient, or stress-resistant, qualities in families. Details of postal addresses from the 55 who agreed to participate in the study were acquired.

By the end of data collection 30 participants (54%), 17 female (66.7%) and 13 male (33.3%), accurately completed and returned all the questionnaires. The mean age of participants was 46.76 (n=29, SD=8.08). The majority of these families (n=28) were intact two-parent families, with only one cohabiting and one widowed. The mean length of marriage was 20 years (n=28; SD=8.2) and there was an average of two children per family. The majority of the participants completed questionnaires in Afrikaans (90%), while 10% completed the English questionnaires. Four of the families had other dependants permanently living with them. Being teachers all participants had received some form of tertiary education: university degree (50%); college diploma (43.3%); and teaching certificates (6.6%). The majority of the partners (n=28), had a degree or diploma (60%), 30% had completed their high school education and 3.3% had only a primary school education. Of the families participating in this study, 31% reported a combined income (respondent and spouse) of under R61 000 per annum. Of the remaining 69% earning R61 000 or more per annum, 48.3% reported a combined income of over R81 000 a year. The majority (76.6%) of the participants had not yet found another job at the time of data collection. At the time of this study 83.3% of the participants had received their package within the previous 6 months to two years (with an average of 12 months). Two participants had only received the pension portion, while three had not yet received any financial reimbursement.
Measuring Instruments

A biographical questionnaire was compiled to gather information regarding marital status, family composition, employment and level of education of spouse and respondent, as well as the income, age and gender of the respondent’s nuclear family members. One of the questions required an indication, on a 5-point Likert scale ranging from 1 (negative) to 5 (positive), of the impact the respondent felt that taking the VSP had on the family. This questionnaire also included an open-ended question requesting the respondent’s opinion on which factors or strengths they believed helped their family through the stressful period.

The Family Index of Regenerativity and Adaptation (FIRA-G), compiled by McCubbin and based on the Family Adjustment and Adaptation Model (in McCubbin & Thompson, 1991), was designed to obtain seven reliable and valid indices of family functioning (family stressors, family strains, relative and friend support, social support, family confidence, family coherence, family hardiness and family adaptation). The FIRA-G series was translated into Afrikaans, and although the order of questions was reshuffled to facilitate scoring and administration, items remained the same.

The pile-up of demands (Aa) variable was measured by two instruments developed by McCubbin, Patterson and Wilson (in McCubbin & Thompson, 1991). The Family Stressors Index records those life events and changes which leave families vulnerable to a pile-up of demands, and includes items regarding the addition or loss of family members, changes in the work situation and illness or injury in the family. The scale consists of 10 items each requiring a YES/NO response. The Family Stressors Index has a validity coefficient (correlation with the original Family Inventory of Life Events (FILE)) of .60. The second scale, the Family Strains Index records changes in family interactions.
and role performance that may have occurred during the past year. Strains are usually seen as more chronic than stressors and include interpersonal tension, such as increased conflict between husband and wife or amongst children, and role strain, which involves managing household tasks, children, financial hardships, or the strain of caring for ill family members (Lavee et al., 1987). This scale also consists of 10 items requiring a YES/NO response. The Family Strains Index has an internal reliability of .69 and a validity coefficient (correlation with Family Index of Life Events (FILE)) of .87.

An aspect of family problem solving and coping (PSC) was measured with the Relative and Friend Support Index (PSC factor) which was developed to measure the degree to which families use relative and friend support as a coping strategy to manage stressors and strains (McCubbin, Larsen & Olson in McCubbin & Thompson, 1991). This scale consists of eight items, relating to sharing problems or seeking advice from neighbours or relatives, each requiring a response on a 5 point Likert rating-scale ranging from "strongly disagree" to "strongly agree". This scale has an internal reliability of .82 and a validity coefficient (correlation with the original Family Crisis Oriented Personal Evaluation Scales (FCOPES)) of .99.

The Social Support Index (bSS) was designed by McCubbin, Patterson and Glynn (McCubbin & Thompson, 1991). This index evaluates the degree to which families are integrated into the community and view the community as a source of support, in that the community can provide emotional support (such as recognition and affirmation), esteem support (affection), and network support (relationships with relatives) (McCubbin et al., 1993). This scale consists of 17 statements which are rated on a five point scale of agreement, ranging from "strongly disagree" to "strongly agree". The Social Support Index has an internal reliability of .82 and a validity coefficient (correlation with criterion of family well-being) of .40.
An indication of Family appraisal (cC), Family resources (bB) and Family Type (T) was achieved by the Family Coherence Index, developed by McCubbin, Larsen and Olson, and the Family Hardiness Index, developed by McCubbin, McCubbin and Thompson (in McCubbin & Thompson, 1991). Family appraisal (cC) was measured by means of the Family Coping-Coherence Index, which evaluates the degree to which (Strongly disagree, Disagree, Not applicable, Agree, Strongly agree) the family calls upon appraisal skills as a coping strategy to manage stressful life events, strains and changes. The four items in this index describe shared family coping strategies such as the acceptance of stressful events and difficulties, a positive appraisal of problems and faith in God. This scale has an internal reliability of .71 and a validity coefficient (correlation with the FCOPES) of .80 (McCubbin & Thompson, 1991).

Family resources (bB) were measured with the Family Hardiness Index. This index consists of 20 items which aim to measure the characteristic of hardiness as a stress resistant and adaptational resource in families which would act as a mediating factor in mitigating the effects of stressors and demands, and facilitate adjustment and adaptation over time (McCubbin et al., 1992). The scale consists of four sub-scales (Co-orientated commitment, Confidence, Challenge and Control) which require participants to assess the degree to which (False, Mostly false, Mostly true, True or Not applicable) each statement describes their current family situation. Statements relate to the internal strengths and durability of the family system, such as the sense of control over the outcome of life events, seeing change as beneficial to growth, and an active or passive orientation to adjustment (McCubbin et al., 1992). The internal reliability of the Family Hardiness Index is .82 and the validity coefficients ranging from .15 to .23 with criterion indices of cohesiveness, flexibility, and stability.
Family Maladaptation (XX) is indicated by The Family Distress Index (McCubbin & Patterson in McCubbin & Thompson, 1991) and the Impact measure in the biographical questionnaire. The Family Distress Index consists of five items which record those major difficulties which the family has experienced within the last year which would reflect deterioration in the family’s stability. Items refer to scenario’s such as having a family member(s) with emotional problems, the abuse of alcohol or drugs and deterioration in the marital relationship such as separation or divorce. The respondent is required to respond YES/NO as to whether or not these events have occurred in their family within the past year. This index has a validity coefficient (correlation with the original FILE) of .50 (McCubbin & Thompson, 1991).

Procedure

An attempt was made to contact by telephone each teacher who had accepted the VSP, within the period 1996 to 1998, and who was in a permanent relationship. Of the teachers contacted 55 agreed to participate in the study and provided their contact details. Each respondent received an English and Afrikaans copy of the biographical questionnaire and the FIRA-G questionnaires, along with a covering letter and a stamped and addressed return envelope. The covering letter assured participants of the confidential, and anonymous, use of material. The letter further motivated the study by explaining that, in order to help families utilise and develop resiliency resources, it is necessary to investigate which resources families use when they encounter stress. Participants were asked to mail the questionnaires back as soon as possible and informed that there would be a follow-up telephone call if no response had been received within a month. Many participants were contacted a second and third time as a reminder to return the questionnaires. It took up to five months to receive 30 (54.5%) accurately completed
questionnaires. All items were scored according to instructions (McCubbin & Thompson, 1991) after which data was organised and prepared for statistical analysis.

RESULTS

Observations based on unstandardised descriptive data reflect a more complete picture of the resiliency variables identified and explored in this study. Despite hindrances from missing data, and the effect of zero scores in three of the questionnaires, some significant correlations regarding family distress and the pile-up of demands were determined. Participants' responses to the two open-ended questions contributed towards highlighting certain recovery factors and also confirmed process components of the FAAR model.

Table 1 presents the means and standard deviations of the major variables measured in the present study and the corresponding scores for 1000 non-clinical American families on which the FIRA-G was developed (McCubbin & Thompson, 1991).
### Table 1

FIRA-G Dimensions Reflecting Variables of Regenerativity and Adaptation

<table>
<thead>
<tr>
<th></th>
<th>Present study</th>
<th>USA study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>Mean</td>
</tr>
<tr>
<td>Impact</td>
<td>30</td>
<td>3.90</td>
</tr>
<tr>
<td>Relative and Friend Support</td>
<td>30</td>
<td>22.90</td>
</tr>
<tr>
<td>Coherence</td>
<td>30</td>
<td>17.50</td>
</tr>
<tr>
<td>Hardiness</td>
<td>30</td>
<td>35.27</td>
</tr>
<tr>
<td>Family Distress</td>
<td>29</td>
<td>4.27</td>
</tr>
<tr>
<td>Family Stressors</td>
<td>29</td>
<td>12.25</td>
</tr>
<tr>
<td>Family Strains</td>
<td>29</td>
<td>6.48</td>
</tr>
<tr>
<td>Social Support</td>
<td>29</td>
<td>40.97</td>
</tr>
</tbody>
</table>

In order to compare the results shown in Table 1, two-tailed t-tests for independent groups were calculated. Significant differences were found for the following three variables: Coherence ($t = 5.11; p = 0.00001$); Hardiness ($t = 12.01; p = 0.00$); and Social support ($t = 8.84; p = 0.00$).

To explicate the co-variance between primary family variables, Bravais-Pearson correlations were calculated and are reported in Table 2.
Family Distress is positively correlated with Family Stressors, Family Strains and Social Support, while a negative correlation exists between Impact and Family Distress. Furthermore, Family Strains has a significant, positive correlation with Social Support. A significant negative correlation was found between the respondent’s level of income and the rated impact on the family of accepting the VSP (r = -0.524; p < 0.005).

With Family Distress as an indicator of adjustment, regression analyses were executed keeping Family Distress as the dependent variable and the measures of the other primary family variables as independent variables. The highest explained variance in the dependent variable (R² = 0.57) was obtained with family strains as being the only independent variable contributing significantly to variance in family distress (p = .0001).
Using the dimensions of Hardiness and Coherence, families were organised according to the four Regenerative Family types, namely Vulnerable, Secure, Durable and Regenerative families. All four above-mentioned sub-types of Regenerative Families were present in the sample and were relatively evenly distributed. However, when Regenerative and Vulnerable Families were held constant there was no significant variance accounted for in any of the measured FIRA-G variables or Impact.

The majority of participants (93%) responded to an open-ended question in which they were asked to report the most important factors or strengths which they felt helped their family through the stressful period. Responses which implied recovery attempts by the family, or which were identified as supportive, recovery-enhancing resources, were identified and organised into common themes. The frequency of responses within each thematic group was recorded and is reported in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Thematic Responses to Open-ended Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most important factor or strength which helped family through stressful period</td>
</tr>
<tr>
<td>Support from friends and the community</td>
</tr>
<tr>
<td>Family support – family decision-making; mutual respect and understanding; a close, loving family bond</td>
</tr>
<tr>
<td>Religion - faith and prayer; belief that there is no need to fear</td>
</tr>
<tr>
<td>Financial security - good financial planning; lack of debt; security of spouses income</td>
</tr>
<tr>
<td>Family Coping – ability to solve problems and explore alternatives; planning and foresight; a positive view on life or ability to positively reframe circumstances</td>
</tr>
</tbody>
</table>
DISCUSSION

The Resiliency Model (McCubbin & Thompson, 1991) depicts the primary factors which contribute towards protecting the family from threat, and which enhance the ability of a family to recover from crisis. Using this model as a theoretical basis, the current investigation aims to identify factors of resilience and to explore the recovery process in families confronted with retrenchment. Not only does this contribute towards the further development and operationalisation of resiliency variables within South African research, but it also seeks to promote recovery by encouraging the perception of families as healthy and adaptive. Results of this study confirm the significance of several of the ten general (protective and recovery) resiliency factors, such as spirituality, family problem solving and communication, and social support, identified by McCubbin et al. (1997).

Results in the present study, attained by unstandardised measures, compare favourably with those reported by McCubbin (in McCubbin & Thompson, 1991) in a study of 1000 American families. Significant differences between the two studies were attained in measures of coherence, hardiness and social support. While recognising that these differences could be ascribed to cultural differences, the significant difference in the measurement of these factors would suggest that families in the present study exhibited higher levels of coherence than those in the American study, lower scores of hardiness and less use of social support.

It is apparent that family distress and the reported impact of taking the VSP cannot, in combination, be seen as reliable indicators of adaptation or distress. The unexpected inverse relationship between the two variables can be accounted for in various ways. Firstly, the Family Distress Index consists of a short list of distress symptoms, and has a limited validity (McCubbin & Thompson, 1991), implying that families in the present study could indeed have experienced some kind of distress which the measuring instrument was
not sensitive to. Secondly, at the time of completing the questionnaire, an average of 12 months had passed since many participants had formally accepted the VSP. It is therefore possible that the families had recovered to such an extent that there were few, if any, distress symptoms manifest at the time of completing the questionnaire. Participants' additional comments to the question on Impact, such as, "In the beginning traumatic - later better", and "somewhat negative, especially in terms of financial uncertainty, but positive in terms of new opportunities that offer more job satisfaction" could imply that reframing and the passing of time buffers the destructive impact of stressors and facilitates adaptation. Frude (1991) emphasises that if a stressful event is foreseen the family is better able to cope, either by simply accepting the possibility of change or by evaluating potential adverse effects and determining ways to allay them. According to Frude (1991) this anticipatory effect has been established in research on bereavement, marital separation and major changes in health, where in all cases a cognitive process took place between the initial alert and the onset of the event. It is therefore possible that the anticipation of the stressor-event in the present study could have contributed to the relatively low levels of recorded distress or Impact. This reframing, as a result of the passing of time, could also contribute towards comparatively higher scores of coherence in the present study as compared to the American study (see Table 1).

Studies by Lavee et al. (1987) showed that although life events and transitions intensified intrafamily strain, there was no direct effect on family well-being. In contrast, the present study suggests a strong relationship between family strains and distress confirming the hypothesis that the distress associated with a crisis situation is intensified by the pile-up of family strain, and visa versa. The accumulation of stressors also appears to relate directly to the level of family distress, implying that the pile-up of demands has a negative relationship to the level of adaptation. This corresponds to McCubbin and Thompson's
(1991) hypothesis that both stressors and strains contribute to family vulnerability and over time effect the family's ability to regenerate.

The positive relationship established between family strain and social support, as well as between family stressors and social support, confirms that a valuable role is played by community and friends' support when families encounter stress. As family strains, stressors and distress increase or decrease so does the level of social support that the family relies on. This suggests that social support not only plays a protective or buffering role, but that it is a resource which can be deliberately managed or controlled, increased or decreased, as the family embarks on certain problem-solving attempts to manage the situation. The participants in the present study showed significantly lower scores of social support than those in the American study (see Table 1).

The buffering role played by financial stability or management (see Table 3) is alluded to by the fact that families in which the respondent reported receiving an income experienced less initial negative impact from the stressor, and the opposite is also true. This could imply that successful financial management protects the family from immediately experiencing the negative impact of retrenchment or that the relevant adjustments can be made in such a way that the family is not necessarily propelled into crisis. Furthermore, a number of participants (20%) in the present study emphasised the supportive and adaptive value of financial security, whether by means of a spouse's income, or good planning. As one respondent stated: "Financially we will be a few pennies poorer, but our house was paid off ten years ago, and we therefore have no debt...". Therefore, as in other reported research (McCubbin & McCubbin, 1988; Olson et al., 1989), the contribution of financial management and sound economic decision-making skills to family well-being was confirmed as a protective factor, and can be recognised as a family resilience resource.
Although strong evidence exists for the role of family type in explaining how a family system typically appraises, operates and behaves when in crisis, it was not confirmed in the present investigation. According to McCubbin, Thompson and Pirner (in McCubbin & Thompson, 1991), of the four basic family types (vulnerable, secure, durable and regenerative), regenerative families (those with strengths of family hardiness and family coherence) are better able to manage hardships and promote family strengths of bonding, flexibility, predictability and marital and family satisfaction during normative transitions. In the present study, as in McCubbin and McCubbin's (1988) study on resilient family types over the family life cycle, all four above-mentioned sub-types of regenerative families were represented. However, in the present study no support could be found for the hypotheses that regenerative families were any better equipped to make use of, or generate, resilience than vulnerable families.

The present study confirms McCubbin et al.'s proposal (1993) that family schema and appraisal, or reframing, play a prominent role in family adaptation to crisis. This reframing enables the family to redefine the situation in a more rational and acceptable way and thereby encourages problem-solving and promotes family functioning and adaptation (Olson, 1989). Implicit in the present study, is that families repeatedly refer to some form of reframing or positive appraisal as a way to find meaning and hope within the situation (see Table 3). According to Lavee et al. (1987) a sense of coherence plays a stress-buffering role and therefore reduces the total effect of strain on family well-being. It is therefore probable that this reframing process buffers the negative potential impact of the stressor and allows the family to feel resourceful, instead of incompetent, and hopeful versus disparaged.

Olson et al.'s (1989) research on 1000 normal families identified spiritual support as the most important coping strategy overall, followed by reframing and social support
respectively. Similarly, the most important coping resource subjectively identified by the families in the present study was religion and spiritual support (see Table 3). Not only did religion appear to play a buffering role, but it was also reported as contributing to the families' ability to cope and feel hopeful about the future in an active, problem-solving way. Secondly, family support and communication was identified by almost half the participants as being one of the crucial factors contributing to coping and recovery. Participants placed value on the fact that it had been a family decision, or that other members would stand by them and support them. These factors appear to correspond to the critical family strengths and coping skills, such as family accord, balanced interrelations among family members, communication, and the sharing of beliefs and emotions, identified by McCubbin and McCubbin (1988).

It is proposed that the most important resilience factors highlighted in the current study, through qualitative and quantitative measures, include family schema (encompassing the concepts of reframing and spiritual support), social support and good financial management. The process nature of resilience was also confirmed by the reciprocal link which was established between family strains, family stressors and family distress.

Due to the time frame reflected in this study, it is possible that the results portray families' long-term accommodation and adjustment processes and therefore represent the "survivors" of retrenchment. It remains difficult within this "historical" perspective to draw concrete conclusions without appearing speculative. Nonetheless, valuable insights have been gained from these families' description of their recovery process. Future studies would do well to concentrate on those aspects emphasised by these families as crucial protective and recovery factors. Furthermore, because this particular study's sample represented a comparatively small sector of the heterogeneous South African population who were affected by the threat of redeployment and the changes and disruption resulting
from retrenchment, it is imperative that further research be embarked on to cross-validate results with studies using samples from other populations.

It is important to evaluate new empirical models and to critically explore the use of developing constructs such as family resilience. It is only through the exploration of the resiliency process in families, and by contributing to the concrete conceptualisation of variables, that the usefulness of a salutogenic, solution-focused perspective can be extended. Not only would this advance theoretical formulations regarding the stress-resistant qualities and recovery trajectories of families, but it would encourage "at risk" families to develop and utilise certain strengths and resources which are readily available.

The value of a proactive, health-focused paradigm is of particular value in a developing country, such as South Africa, where resources are limited. At a time when there is concern for the demise of the family unit, it is becoming more important than ever to recognise existing strengths and to understand those processes which enable families to weather change and to rebound from life's challenges as a strengthened unit.
REFERENCE LIST


