

Resilience factors among families following the trauma of losing a loved one

By

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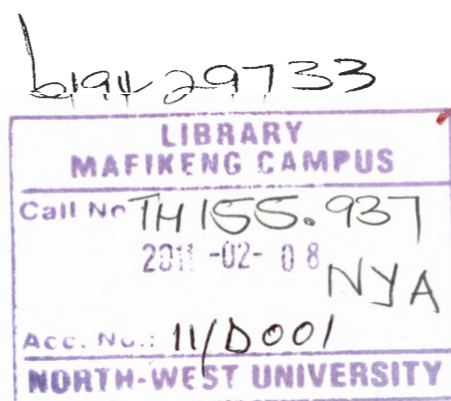
Firstly, I will like to thank God Almighty for helping me to persevere though at time it was hard and appeared to be impossible;

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DEDICATION

This study is dedicated to all those who have experienced the loss of loved ones. Most of all it is dedicated to my family for their continual support that encouraged me to reach my goal to become a Clinical Psychologist.

DECLARATION

I declare that this dissertation hereby submitted to the North West University (Mafikeng Campus) for the degree of Master of Arts in Clinical Psychology, has not been previously submitted by me for a degree at this or any other university, that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

SIGNED AT North West University (Mafikeng) ON THE 05-08-2010

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ABSTRACT

This study aimed at identifying and describing resilient factors amongst Black South African (specifically the Pedi, Tsonga, Ndebele and Venda speaking families from Limpopo) families that enable them to bounce back following trauma of a loss of a loved one to death. The sample consisted of 375 participants, 199 of them having experienced trauma following a recent (three months and less) loss of a loved one to death in their nuclear family and 176 having experienced the loss of a loved one to death in their extended family in a year and more. There was an overlap in the use of resilient factors for both groups. The common resilient factors for both groups were indicated in the following scales: Family Hardiness Index (FHI), Social Support Index (SSI), Family Problem Solving Communication (FPSC) and Family Crisis Oriented Personal Evaluation Scales (F-COPESS). A unique factor for the recently bereaved was indicated by Relative and Friends Support (RFS). On the basis of the findings, different resilience factors were indicated for the recently bereaved as compared to those who lost a loved one more than a year ago as it was hypothesized. The results of the study should be interpreted with caution as the limitations are considered. Further research on resilience should focus on the limitations and recommendations of the study to help the bereaved families.

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1. Introduction

Progression through the developmental life cycle is characterised by various incidents and people suffer reverse of fortune at certain points in their lives. A normal cycle of life sometimes contains a period of disruptions as a known, expected and predictable reality of life. These periods of disruption are characterised by expected or unexpected events as well as crises that can turn family member's lives upside down (Bellafiore, 2006). Such reverse of fortune range from death in families, tragic loss of property, to loss of jobs, and terminal illnesses.

Loss of property and job is replaceable, whereby one may get another job and accumulate most or every property that they have lost but this is not possible with loss of the loved one to death. Bonanno, Lehman, Tweed, Haring, Wortman, Sonnega, Carr and Ness (2002) indicated that the death of a loved one can either be a breaking or making situation and its impact varies from individual to individual. Each and every one may develop a style that allows them to cope as they try to face and manage their grief. Different grieving patterns exist and each pattern may have elements that complicate or facilitate coping with the loss and for each of us, losses may be a turning point where individuals face personal and social choices. One can move forward, maintain the status quo, sicken and/or die, face the loss cognitively and/or spiritually, be active or passive in his/her response, or simply do nothing. While each individual places meaning on their losses, some bounce back from this negative experience quickly and more effectively while others seem to be unable to rise above the harsh reality of losing their loved ones.

The present study unlike most studies that concentrated on pathologizing the impact of trauma will be focused on the health promotive salutogenic approach.

The study will identify and describe factors that facilitate the ability to bounce back in the experience of acute bereavement following the loss of a close family member.

1.2. Background of the study

Of the different kinds of trauma that one can experience in one's life time, bereavement is considered to be the most traumatic for families. Whenever or however the loss occurs, the death of a loved one in the family requires significant emotional and social adjustment. Loss of a loved one impacts negatively on the bereaved family with subsequent psychological effects such as depression, self destruction behaviour, anger, and fear for another loss sometimes generating conflicts in the family. However research in resilience indicates that loss can also, in a long run have a positive impact on the bereaved family in that it can bring out the best in the family with potential for healing and growth (Anderson, 1993; Walsh & McGoldrick, 2004).

In San Francisco Bay Area (United States of America) a longitudinal study of bereavement was conducted on 240 participants aged 18 to 84. The participants were interviewed within one months of the death of a close loved one, then re-interviewed six, thirteen, and eighteen months later. At the end of each interview they were asked this question "Sometimes people who lose a loved one find some positive aspects in the experience. For example, some people feel they learn something about themselves or others. Have you found anything positive in this experience?" sixty five percent (65%) of the respondents said yes to the question at the six, thirteen and eighteen month interview (Siligman & Gillham, 2000).

Of all the participants who said yes the most common response was that they learned to reprioritize their life goals. The loss was often experienced as a wake-up call. Making them realize that they were not living their lives as they truly wished. Some changed their careers and stated that they were now spending

more time with their families. Some reported personality changes and reported that they felt that they had become more tolerant, sensitive, patient, and more loving with others. Some stated that they became less controlling and more willing to take life as it comes. Based on the findings of this study it is realized that the loss of a loved one does not only produce negative effects it also bring out positive results.

Most studies conducted on factors that assist families to bounce back after the trauma of losing a loved one were based on a premise that when a person dies in a family, the absence of support to the survivors may lead to ineffective ways of dealing with their grief. In a study by Murphy, Baugher, Lohan, Scheidman, Heerwagen, and Johnson in 1996, it was found that support can facilitate the grieving process (Rubel 1999). People often do not get support from society because society does not know how to deal with intense grief response.

A study conducted by Sprang and McNeil (1995) indicated that most people in the society seem to be ill-equipped in skills to respond to bereaved individuals, especially following a traumatic death. People seem to fear to express themselves or to assist the bereaved and this prevents them from offering support. Absence of supporting social structures can lead to ineffective ways to deal with the task of grieving with possible experience of prolonged and destructive reactions to the loss.

Sprang and McNeil (1995) also studied 171 primary family members of driving victims. They found that surviving family members experienced grief and Post Traumatic Stress Disorder (PTSD). Subjects who had high levels of social support had lower levels of PTSD. They found that religious beliefs aid in adaptation and resolution of trauma. Their natural support system included their families, friends, house of worship, and support service within their local community.

Brysiewicz (2008) did a study amongst five bereaved family who were all members of a bereavement support group held in Durban, South Africa. The participants indicated that small gestures by staff members in the hospital are helpful to help one deal with their sudden loss. Small gestures such as being offered tea, being given detailed information of what happened to their loved one is helpful. Some of her participants indicated that being able to talk about their loved one freely was also helpful. Unfortunately none of the people who came to support them wanted to talk about the bereaved. Some also suggested that information should be made available to bereaved families regarding where to access support or counseling so that they do not have to spend a great deal of energy looking themselves.

Survivors need to rely on their supportive network and utilize it. Sprang and McNeil (1995) reported that the presence of supporting relationships, while valuable at the time of bereavement had no significant association with later recovery if one does not use it. When the family is given support they need to accept it and utilize it. When the family is offered support it must reach out and accept this assistance, or else the crisis intervention will not work. Africans rally around the bereaved families at times of death. It is not unusual to find that the bereaved families' responsibilities are catered for by friends, relatives and neighbours. Such support from the communities made one wonder about the exact factors that operate among bereaved families at the time of their loss. Documentation of such factors is lacking and is aimed at being identified to be systematically used within intervention strategies in therapeutic work.

Bellafiore (2007) stated that in order to mature through the process of meaningful change and reintegration, we need to experience life disruptions. Life disruptions are not necessarily always negative; they can also help us grow and be able to meet future challenges in our lives. We all have the capacity to reorganize our lives after a disruption and to achieve new levels of order and meaningfulness if we know how to activate our resilience.

1.3. Problem statement

South Africa is stricken by a mortality crisis like the rest of the world. It has high incidence of crime, poverty and HIV/AIDS. Thomson (2004) stated that South Africa has a long history of violence and has one of the highest murder rates of all the countries. He stated that the most accurate way to study violence is to analyze homicides because these are the crimes most likely to be reported to the police. The homicide rates indicate that South Africa's murder problem is more serious than most other countries where the statistics are recorded. Matzopoulos (2005) stated that fatal injuries in South Africa show that homicide remains the most common cause of injury-related deaths.

A study based on mortality data from 2000 estimated that there were more than 32,000 homicides in South Africa. In 2002 the homicide rate for the entire population was 48 per 100,000. In comparison Russia's murder rate was 21 per 100,000, Brazil was 19, the USA had a rate of 5.6, and most of Europe was under four homicides per 100,000 people. Firearms were a key contributor to the high homicide rates. It is indicated that in South Africa the number of people killed by guns is increasing annually, from 41% of all murders in 1994 to 49.3% in 2000. In 2000 alone of all reported deaths in South Africa 27.6 % people died due to firearms, 22% motor vehicle accidents (MVA), 13.8% sharp objects, 6.9% blunt objects, 6.3 % burns, 3.8% hanging, 2.2% poisoning, 1.9% drowning, 1.9 railway, 0.8 % bikes and 0.6 % strangulation (Matzopoulos ,2005; Thomson ,2004).

South Africa is believed to have the highest number of people infected with HIV in the world. The Cia World Factbook (2009) indicates that the overall number of annual deaths increased sharply from 1997, when 316,559 people died. In 2006 607,184 people had already died due to the pandemic. In 2009 alone 5,700 000 people have been found to have HIV/AIDS in South Africa and the mortality rate is estimated at 350,000. Stuijt (2009) indicated that by 2005, about 802,000 South African children lost a mother to HIV-AIDS and by 2008, more than 3.4

million children under the age of 18 have lost either a mother or a father, or both parents. As a result of a high mortality rates of parents many South African house holds are headed by children, with no one to support them financially.

About 48.5% which is 21.9-million of the South African population live below the national poverty line of R354 per month, and about 60% (11-million) of all children in South Africa live in serious poverty on less than R200 per month. Approximately 30% of the country's population suffers from ' food insecurity ' in which they can only afford two hot meals a week. For many children this means starvation. Due to that the infant's mortality rate was 22 infants per 1,000 in 1994, than it went up to 45 per 1,000 averages by 2008. Though there are social grants in South Africa that can help in supporting this children majority of them do not have birth certificates that are needed to register for the social grants, hence many children end up starving to death (Stuijt ,2009).

The loss of a family member to death can be devastating irrespective of whether it was anticipated or not. The family is forced to face the loss of a loved one no matter how difficult it maybe for them. This can also be aggravated by situations where the grieving families were eye witnesses of the traumatic death or if the death was not anticipated. Being an eyewitness to the death of a loved one make families become preoccupied with memories of the circumstances around the death, and inevitably continue to blame themselves with consequences that can lead to complicated bereavement.

Complicated bereavement may interfere with normal life activities impacting on developmental progression of those who are affected. Complicated bereavement can lead to different psychological problems such as survivor guilt, denial or other clinical problem such as Acute Stress Disorder (ASD), Major Depressive Disorder (MDD) or (PTSD). However in time, the families face up to the reality of their loss, and learn to face up to the reality of such loss (Dyer, 2002).

Dyer (2002) stated that facing to the reality following death can be achieved in multiple ways that include family's religious beliefs and support from other people, even by use of clinical intervention such as debriefing, psychotherapy or counseling. Other variables such as the kind of relationship that one had with the deceased, the cause of death, the role of the deceased, support system, interpretation of the experience and the individual's level of resilience are very critical facts in determining the extent of the effect and way forward.

As indicated above, South Africa has high mortality rates and less published research that indicates how South Africans manage to bounce back from the death of a loved one. Thus this study is aimed at identifying and describing factors that enable black families to bounce back following the experience of the trauma of the loss of a loved one, to determine the resilience factors that play a role to assist families in the future management of such trauma in order to adapt and continue to functioning well.

1.4. Aim of the study

The aim of this study was to identify, and describe the resilient factors amongst families from Limpopo Province (especially the sePedi, isiNdebele, xiTsonga and tshiVenda speaking families) that enable them to bounce back following the experience of a loss of a loved one to death.

1.5. Objectives of the study

- To determine the relationship between family adaptation (FACI8) and potential resilience variables.
- To identify significant potential resilience variables that are unique in families that suffered a recent loss of a loved one in their nuclear family or an extended family member.

1.6. Hypotheses

- There is a relationship between family adaptation (FACI8) and potential resilience variables which will differ according to the time interval of the loss and the closeness of a family member lost.

1.7. Motivation of this study

The primary motivation for this study is in line with the observed present mortality statistics in South Africa by the researcher and comparing it to the cases that she used to work on in the three different clinical setting that she worked within, as an Intern Clinical Psychologist.

The statistics indicate that there is a high mortality rate in South Africa. Through working in three different clinical setting as an Intern Clinical Psychologist, it was realized that though there is a high mortality rate in South Africa, only a few individuals use the Hospital services for therapy or debriefing after losing their loved ones traumatically.

In most cases people come for therapy after they have developed serious psychological problems such as PTSD and MDD. When their background history is explored it is realized that the predisposing factor to their psychological problem is that they once lost a loved one/s and have not dealt with the loss. Since a few people seek professional help after the trauma of loss and most of them come as a result that they have already developed serious psychological condition. It was realised that it is important to explore and identify the resilient factors that help people bounce back after a loss of a loved one. Knowing the different factors that help people to bounce back from the trauma of losing a loved one, can assist people who are unable to bounce back and lead a normal life after the loss of their loved ones, by giving them ideas of what they can do to assist themselves. It can also assist in highlighting the strengths that people have and do not recognize following traumatic deaths and in that way enhance their

ability to bounce back and also help in the prevention of serious psychological problems associated with such loss.

1.8. Operational definitions of concepts used in the study

Family: A family is a group people living together for the benefit and development of each member and the group as a whole (Concise Oxford English Dictionary, 2004). A family can be defined as a structure or a system which consists of two or more people, living together in the same household, who are related by blood, marriage, or adoption (L'Abate, 1994). In this study, the family refers to the nuclear family as well as extended families.

Bereavement: Is the period after loss during which grief is experienced and mourning occurs (Medicine, 2009). Acute and recent bereavement in this study refers to bereavement within three months and non recent refers to bereavement that occurred over one year and more

Grief: Intense sorrow, especially caused by someone's death (Concise Oxford English Dictionary, 2004).

Murder: is the unlawful premeditated killing of a person by another (Concise Oxford English Dictionary, 2004).

Nuclear family: In this study, nuclear family refers to a group of people living together that include the parents and their children only.

Resilience: Refers to effective coping and adaptation although faced with loss, hardship, or adversity (Tugade and Fredrickson, 2004).

Recently/acutely bereaved: The recently bereaved families in this study refers to participants who experienced the death of a loved one within three months and less.

1.9. Layout of the chapters

Chapter 1: Includes an introduction, background of the study, problem statement, aim of the study, objectives of the study, hypothesis, motivation of the study and operational definition of terms.

Chapter 2: Covers literature review and includes discussion on trauma, reactions to death, resilience, and the positive impact of loss.

Chapter 3: Discusses the theoretical perspective and the theoretical framework. The following theories are discussed: Kubler-Ross' stages of bereavement, the Broaden- and Build theory, Freud's Ego Defence mechanisms, Vygotsky's developmental theory, Bowlby's attachment theory, the Salutogenic paradigm and the theory that this study is based on, viz The Resiliency model of stress, adjustment and adaptation.

Chapter 4: Deals with the description of the methodology employed in the study. The research design is described first, followed by the sample and sampling procedure, the explanation of data collection, the instruments used and data analysis procedure used to get the results.

Chapter 5: Presents results obtained from the data collected. The biographic information followed by the descriptive data about the sample and the results on the correlation of variables with items in the scales used.

Chapter 6: Findings are discussed, including the limitations of the study as well as the recommendations for future research.

CHAPTER 2

LITERATURE REVIEW



2.1. Introduction

Everyone is exposed to at least one or more traumas of losing a loved one to death during the course of their lives; coping with such tragedy does not happen in a uniform way. Some people experience acute distress from which they are unable to recover from, whilst others deal better with such experience and suffer less intensely and for much shorter period of time. Other people seem to recover quickly although sometimes experience unexpected health problems or difficulties concentrating or enjoying life the way they used to. However a large number of people manage to endure temporary trauma well, with no apparent disruption in their ability to function at work or in close relationships and seem to move on with their lives easily (Bananno et al, 2002). Below are reactions that could be displayed by individuals, who have lost loved ones.

2.2. Trauma

The DSM IV-TR (1994) defines trauma as the exposure to an extreme stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behaviour).

A traumatic event or situation creates psychological and emotional trauma when it overwhelms the individual's perceived ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual feels emotionally, cognitively, and physically overwhelmed. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss (Giller, 2008). Below are reactions that will be displayed by individuals who experienced the trauma of losing a loved one to death.

2.3. Reactions to death

The death of a family member whether anticipated or not, can bring about many different intense emotions. "Intense emotions are experienced as the reality of facing the future without that family member is faced and accepted" (Miller, 2003). The trauma of losing a loved one may leave most if not all family members with the following reactions:

2.3.1. Emotional effects: shock, terror, irritability, blame, anger, guilt, grief or sadness, emotional numbing, helplessness, loss of pleasure derived from familiar activities, difficulty feeling happy and difficulty experiencing loving feelings (National Centre for PTSD, 2008).

2.3.2. Cognitive Effects: impaired concentration, impaired decision making ability, memory impairment, disbelief, confusion, nightmares, decreased self-esteem, decreased self-efficacy, self-blame, intrusive thoughts/memories, worry, dissociation (e.g., tunnel vision, dreamlike or "spacey" feeling) (National centre for PTSD, 2008).

2.3.3. Physical effects: fatigue, exhaustion, insomnia, cardiovascular strain, startle response, hyper-arousal, increased physical pain, reduced immune response, headaches, gastrointestinal upset, decreased appetite, decreased libido, vulnerability to illness (National centre for PTSD, 2008).

2.3.4. Interpersonal Effects: increased relational conflict, social withdrawal, reduced relational intimacy, alienation, impaired work performance, impaired school performance, decreased satisfaction, distrust, externalization of blame, externalization of vulnerability, feeling abandoned/rejected, over protectiveness (National Centre for PTS, 2008)

Although many of the above reactions seem negative, most of them are normal and expected reactions following the trauma of losing a loved one. Some people after the traumatic loss of a loved one may not show any negative reaction rather they may show a number of positive responses. These positive reactions may be due to their level of resilience that developed due to many different factors that will be discussed later (Miller, 2003, National Centre for PTSD, 2008). People with resilience have inner strengths and bounce back more quickly from adversities compared to people who are less resilient. People who are less resilient may dwell on problems, feel victimized, become overwhelmed and turn to unhealthy coping mechanisms (Mayo Foundation for Medical Education and Research, 2007).

2.4. RESILIENCE

2.4.1. Definition

The American Psychological Association (2007) defined resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant source of stress. Hawley (2000) defined resilience as successful adaptation following exposure to stressful life events. Dyer & McGuinness (1996) also defined resilience as a process whereby people bounce back from adversity and go on with their lives. The Mayo Foundation for Medical Education and Research (2007) hold that resilience is the ability to adapt well to stress, adversity, trauma or tragedy. It means that, overall; one can remain stable and be able to maintain healthy levels of psychological and physical functioning in the face of disruption or chaos.

Hawley (2000) indicated that many of the definitions of resilience encompass several themes. First, resilience surfaces when one experiences hardship. It involves the way in which individuals respond to adversities. Without a struggle, resilience does not exist. Second, resilience carries a property of bouncing back. It assumes that individuals exhibiting resilience are able to “bounce back” or “rebound” from adversity, reaching a level of normal functioning. Lastly, resilience is generally described in terms of wellness rather than pathology. Antonovsky (1987) in Mtsweni (2007) calls this a “salutogenic orientation”. Strengths, rather than deficits, are emphasized and are viewed as the resources that allow individuals to overcome adversity. Being resilient does not mean that a person does not experience difficulty or distress. It means that when faced with life disruptions, people can manage to deal with such set back better than a person with low capacity for resilience (American Psychological Association, 2007).

Bellafiore (2007) suggested that we all have the capacity to reorganize our lives after a disruption and to achieve new levels of order and meaningfulness if we know how to activate our resilience. He suggested that in order to mature through the process of meaningful change and reintegration, we need to experience life disruptions. This therefore means that life disruptions are not necessarily a bad thing because they help us to grow as we continue to meet challenges in our lives. During the depths of chaos we are vulnerable because we do not know what lies ahead but as we learn and adapt during crisis, we prepare ourselves to meet and deal with other stresses in the future.

Dyer and McGuinness (1996) indicated that resilience is highly influenced by protective factors. Protective factors are specific competencies that are necessary for the process of resilience to occur. Competencies are those healthy skills and abilities that the individual can access and may occur within the individual or the interpersonal or family environment. Sometimes, however, our lack of closure on previous life experiences blocks us from adapting to new periods of stress as they come along. As mentioned above, being resilient does not mean that one does not become distressed. Rather it means that one will

have the ability to see past his adversities, find some enjoyment in life and handle future stressors better.

The American Psychological Association (2007) indicated that the road to resilience involves emotional pain. It involves behaviours, thoughts and action that can be learned and developed in anyway. Developing resilience is a personal journey and an approach to building it varies from individual to individual. What might work for one person may not work for the other. However there are many different ways that in which one can help to build ones' resilience.

2.4.2. WAYS TO BUILD RESILIENCE

2.4.2.1. Good relationships with others

Good relationships amongst close family members, friends, or others are important. Accepting help and support from those who care strengthen resilience. Knowing that others care and are supportive lessens the feeling of isolation. It is important for the families to carefully choose people they can trust, and also remember that not only one person can be expected to be the perfect means of support. It often takes several people, each of whom can provide different kinds of support. Resilient people are proficient in making good relationships and keeping them. They have the judgment to know who their friends should be – as well as the ability to give and take in their interactions with others (Bellafiore, 2006).

Believing in the basic goodness of the world and trust that things will turn out fine in the end indicates resilience. Some people find that being active in civic groups, faith based organization, or other local groups provide social support and can help with reclaiming hope. Assisting others in their time of need can also benefit the helper. This positive attitude allows the bereaved family to deal with their moment of stress and to look for and accept the support that is out there. This

approach toward the world can give the families the ability to hope for a better future (American Psychological Association, 2007).

2.4.2.2. Communication and equality

When family members have a good relationship amongst themselves and beyond they are able to communicate amongst themselves as well as with other people who are not their family members. Communication includes both verbal and non-verbal communication. Good and positive communication during adversity helps facilitate recovery; it also brings clarity amidst a crisis by facilitating open expression and problem solving. Communication also helps in bringing about balance whereby every one in the family is given equal opportunity for self expression. Equality helps to bring about independence and self-reliance which helps each family member to have power to make decisions necessary during crisis. And, when people feel that they have the power to make decisions that will foster adjustment and adaptation in the family (Wills, blechman, & McNamara, 1996; Walsh, 1998; Epstein, Ryan, Bishop, Miller, Keitner, 2003).

2.4.2.3. Interpreting experience in a new light

At times we cannot avoid stressful events from happening, but we can change how we interpret and respond to these events. Sometimes we tend to look at situations in a way that keep us stuck in a negative thinking pattern. It helps to look at life interruptions in a new way. That is, the family reframes the stress they are faced with and look at it in a new and positive way that will help them grow. This can minimize the impact of the trauma. When families reframe their adversity and look at it as a way of growing up, it can help them note subtle ways in which they can better deal with their adversity. Resilient people take a creative approach toward solving problems, thereby reinterpreting old definitions in new ways (American Psychological Association, 2017; Bellafiore, 2017).

2.4.2.4. Accept that change is part of life

Certain goals may no longer be attainable as a result of the loss of a loved one or any adverse situations. Accepting circumstances that cannot be changed can help the families focus on circumstances that they can change. Robinson (2007) sees this as being flexible. She stated that flexibility plays an important protective and recovery role in helping families maintain stability. They consider flexibility to be a vital component in the process of resilience. When a family is flexible it will be able to adjust its pattern of functioning to help it cope in times of adversity. When a family is flexible it develops realistic goals. Doing something regularly, even if it seems small it can enable the family to move towards attainment of its goals, of which in this case will be the death of a loved one. (Bellafiore, 2007).

Resilient persons seem to have a feeling of independence and a sense of their life in perspective. They do not feel that they are at the mercy of forces that aim to destroy them. When they encounter problems, they take decisive actions, rather than detaching completely from problems and stresses. Their behaviour is as a result that they know that ultimately their survival and the integrity of their life values depend on it. They have a sense of personal responsibility and the self-discipline it takes to accomplish their goals. While they have a sense of their independence, they also have the freedom to depend on others, setting appropriate limits on their dependency (Bellafiore, 2007).

2.4.2.5. Family Hardiness, time and routine

Family hardiness refers to having a sense of control over the end results of the challenge that the family is going through. With family hardiness, the family pulls together as one to solve the problems together and to reframe the crisis and view them as surmountable challenges. This ultimately helps the families to adapt (McCubbin, McCubbin, Thompson, Han, Allen, 1997).

Families that pull together, always try to spend as much time together as possible. At the end, they manage to enjoy quality family time together and

particular routines that guide the family's life style. Spending time together and having family routine helps the families to create a sense of predictability and is considered a reliable indicator of family integrity and stability. Stability in the family allows the family to establish continuity even amidst adversity and to build a solid foundation of interpersonal support the family need to get through its developmental transitions it is going through (McCubbin, Thompson, & McCubbin 2001)

2.4.2.6. Look for opportunities for self-discovery

People often learn something about themselves and may find that they have grown in some respect as a result of their struggle during some experience of a trauma. Many people who have experience tragedies and hardships have reported better relationships, greater sense of personal strength even while feeling vulnerable, increased sense of self-worth, more developed spirituality, and heightened appreciation for life (American Psychological Association, 2007).

Bellafiore (2007) indicated that resilient people are able to talk about their lives, experiences, thoughts and feelings. They have the ability to develop an objective explanation of their strengths and weaknesses. They have the ability to reflect on their life and, from such self-reflection develop insight into their current life circumstances. Rather than feeling defensive about their life circumstances, they are open to new ideas and become flexible to try new tactics in dealing with emerging problems. Resilient people learn from their experiences, and seldom punish themselves.

2.4.2.7. Nurture a positive view of self

Developing confidence in one's ability to solve problems and trusting one's instincts helps to build resilience. People who show resilience generally have a history of having been shown appreciation, treated with care and love from early childhood. Such treatment helps them see their environment in a positive way

and to subsequently become perceived as being respectable. People with such history survive life disruptions and retain their self image with ease. It is with such positive sense of self that help people who find themselves stuck in a crisis seldom feeling that they deserve the negative experience that has happened in their lives (American Psychological Association, 2007).

2.4.2.8. Take care of self

It is important that while bereaved everyone in the family pays attention to himself and his own needs and feelings. One should engage in activities that one enjoys and that are relaxing. Activities such as exercising regularly and going for a spa treatment to keep mind and body strong and fresh can help one to cope with their loss (American Psychological Association, 2007).

Some people feel that writing about their deepest thoughts and feelings related to their trauma is helpful. Some use meditation and spiritual practices to help themselves and restore hope. One needs to also identify ways that work well for him to foster resilience (American Psychological Association, 2007).

2.5. POSITIVE IMPACT OF LOSS

In most cultures it is believed that when individuals experience loss they will experience distress that interferes with their functioning. If an individual does not display any signs of distress they are labeled as being abnormal, shallow, and superficial and being incapable of real attachment or as being in denial. Research indicates that the trauma of losing a loved one does not always create long-term distress in people. Some people experience traumatic events as opportunities to grow and learn more about the world (Seligman and Gillham, 2000).

2.5.1. Reprioritizing one's life and goals

In loss people learn to reprioritize their lives and to make major changes in the ways they run their lives. Loss is often experienced as a wake-up call; in some instances after the experience of loss people realize that they were not living their lives as they had wished. Such events sometimes lead to enormous changes in the lives of people, including changes which they may have been putting off for a long time. Loss does makes people become aware of the shortness of time and how fragile things could be with subsequent realization of the need for reduction of time spent on other things outside the family to creation of quality time for family (Seligman and Gillham, 2000).

2.5.2. Personality changes

People's personalities can be affected following bereavement. Bereavement can make people more tolerant, sensitive, patient, and loving. Some people become less controlling and more willing to take life as it comes (Seligman and Gillham, 2000).

2.5.3. Realizing personal strength

People often experience death as challenging however their coping skills can push them to the limit of their strengths. People can realize the strength they never thought they had or develop more strength that helps them deal better with the loss as it presents itself and also in adjusting to such loss in the future (Seligman & Gillham, 2000).

It is normal for people to miss loved ones who have since passed away and sometimes people would within grief find strength and tremendous personal growth. This happens in some cases because the bereaved learn to make decisions on their own, something they never thought they could be engaged in. Others manage to change their maladaptive ways of coping to more adaptive ones following the loss (Martins & Gillham, 2000).

2.5.4. Realizing the importance of relationships

Loss can also bring strong realization of the importance of the relationships in life. Rather than expecting always to have enough time to show love and concern to family members and friends, people can learn to actively express their feeling towards their loves ones and generally valuing their relationships greatly (Seligman & Gillham, 2000).

2.5.5. Resolving family conflicts

Families often support and comfort each other after the loss; in most cases such loss can also bring about family conflicts to the surface and exacerbate them. In some families, conflicts are never resolved and the family is torn apart forever, but then in order families such conflicts are confronted and resolved, leading family members to feel relieved of the burden of the conflict and consequently become closer to other family members than they have been before (Seligman & Gillham, 2000).

2.5.6 Losing the fear of death

The loss of a loved one to death may bring a new look to death by family members. Some families may through bereavement start to look at death differently and even to a point of becoming fearless of death. Such change in perspective in perspective on death might change people's attitude towards death and start to view it as one of the processes of life (Seligman and Gillham, 2000).

2.6. Conclusion

It is apparent that there are many difficulties that a family can go through when they have experienced the trauma of loss. There are many reactions associated with the death of a loved one that can be displayed by each member of the family. Reaction to death is normal if it continues to be expressed within normal

limits of grief and can also be regarded as pathological if such reaction exceeds normal grieving period of six months. The chapter also indicates that the death of a loved one is not always negative. Resilience plays an important role to make grieving progress smoothly and avoid prolonged grieving process amongst family members.

CHAPTER 3

THEORETICAL PERSPECTIVES

3.1. Introduction

The process of loss and resilience is explained through many different theories. This section of the study is aimed at focusing on a number of theories related to loss and resilience.

3.2. Kubler-Ross's stages of bereavement

Kubler-Ross as cited by Miller (2003) indicated that there are five stages of grief that one needs to go through to deal with the loss of loved ones. The five stages succession consisting of the following: denial and isolation, anger, bargaining, depression, and acceptance.

Denial and Isolation

In the first stage, denial and isolation, individuals deny that death of a loved one has occurred. They fight and deny the reality of the passing of their loved one. In this stage individuals withdraw from their social activities and spend most of their time by themselves. This stage can last for hours, days, and sometimes weeks, depending on the individual and the impact of the loss (Kubler-Ross as cited by Miller, 2003).

Anger

In the second stage, a person is angry. Angry at himself for the loss that took place, angry at the loved one who died for letting it happen and being just plain angry at the world. On a rational level the person knows that none of what

transpired was his fault but is functioning on a purely emotional level at this particular stage (Kubler-Ross as cited by Miller, 2003).

Bargaining

The third stage is bargaining which can often occur either before or after a loss and usually involves bargaining with God. A person suffering may ask of God, "If I do this (or don't do this) will you make the pain go away?" Or sometimes a person will say something to God along these lines, "If you make it not so, I promise that I will ..." (Kubler-Ross as cited by Miller, 2003).

Depression

The fourth stage is depression, and it takes place when the pain in the form of anger and despondency reaches its height and causes the grieving person to feel numb and deadened inside. The numbness leads to feelings of depression and usually a great deal of lethargy. Some people entertain thoughts of suicide at this stage. This stage is also the easiest to get stuck in (Kubler-Ross as cited by Miller, 2003).

Acceptance

The fifth and final stage, which is acceptance, completes the process. The mourning period with all of its roller coaster emotions begins to dissipate at this time and the grieving person is now ready to accept the reality of what has taken place. True healing cannot occur until there is acceptance of the loss. Once that happens, the person is free to move on with his/her life because the loss has been put into its proper context (Kubler-Ross as cited by Miller, 2003).

Grief is however an individual experience is not a linear process. A grieving person will move through the phases suggested by Kubler-Ross and Bowlby at his or her own pace sometimes going back and forth through them (Kirkley-Best & Kellner, 1982 in Miller 2003; Wells, 1996 as cited by Miller, 2003). It has been

realized however that if the death of a loved one was sudden, unexpected, traumatic or violent, the more difficult it is to deal with it by the grieving family or individual. It can raise many complex issues (Dyer & McGuinness, 1996).

3.3. The Broaden-And-Build Theory

According to the broaden-and-build theory, positive and negative emotions have distinct and complementary adaptive functions and cognitive and physiological effects. This theory posits that negative emotions narrow one's momentary thought–action repertoire by preparing one to behave in a specific way (e.g., attack when angry, escape when afraid). In contrast, various discrete positive emotions (e.g., joy, contentment, interest) broaden one's thought–action repertoire, expanding the range of cognitions and behaviors that come to mind. These broadened mindsets, in turn, build an individual's physical, intellectual, and social resources (Fredrickson, Mancuso, Branigan, & Tugade, 2000).

This perspective on positive emotions might help explain why those who experience positive emotions in the midst of stress are able to benefit from their broadened mindsets and successfully regulate their negative emotional experiences. The implications of the broaden-and-build theory for negative emotion regulation can be demonstrated in research that explores the physiological consequences of positive emotions. In line with the broaden-and-build theory, the narrowing of thought–action repertoires associated with negative emotions is accompanied by cardiovascular reactivity that prepares the body for specific action (Fredrickson et al., 2000).

In contrast, positive emotions broaden the thought–action repertoire, which should “undo” the lingering cardiovascular after-effects of negative emotions. Thus, in line with the broaden-and-build theory, positive emotions appear to have a unique ability to physiologically down-regulate lingering negative (Fredrickson et al., 2000).

3.4. The Ego-defense mechanisms

The ego deals with the demands of reality, the id deals with the pleasure, and the superego deals with the moral codes. When something happens and the anxiety becomes overwhelming, the ego must defend itself. It does so by unconsciously blocking the impulses or distorting them into a more acceptable, less threatening form. The techniques are called the **ego defense mechanisms**. Here are some ego defenses that an individual can use after losing their loved one/s unexpectedly or traumatically (Corey, 2005).

3.4.1. Denial

Denial is the refusal to acknowledge the existence or severity of unpleasant external realities or internal thoughts and feelings. Denial involves blocking external events that are threatening or painful from awareness. If some situation is just too much to handle, the person just refuses to experience it. It is a primitive and dangerous defense because no one disregards reality and gets away with it for long (Encyclopedia of Mental Disorders, 2007; Corey, 2005).

Denial is common during the loss of a loved one. When one learns of a sudden, unexpected death of a loved one, at first he or she may not be able to accept the reality of this loss. The initial denial protects that person from the emotional shock and intense grief that often accompanies news of death. Denial can also apply to internal thoughts and feelings. For instance, some children are taught that anger is wrong in any situation or that a man does not cry even if they are hurt. As adults, if these individuals experience feelings of anger or are faced with a situation where they feel like crying, they are likely to deny their feelings to others. Cultural standards and expectations can encourage denial of subjective experience. Men who belong to cultures with extreme notions of masculinity may view fear as a sign of weakness and deny internal feelings of fear (Encyclopedia of Mental Disorders, 2007)

3.4.2. Repression

Like denial repression involves blocking external events that are threatening or painful from awareness. This defense too, is dangerous, and is a part of most other defenses. Freud as cited by Corey (2005) explained that repression is an involuntary removal of something from consciousness. It assumes that most of the painful events are buried, yet these events do influence later behaviour.

3.4.3. Isolation

Isolation (sometimes called intellectualization) involves stripping the emotion from a difficult memory or threatening impulse. In a traumatic situations, many people find themselves completely calm and collected until the traumatic situation sinks in or is over, at which point they fall to pieces. Some individuals react this way because they might tell themselves that they can't afford to fall apart. It is common to find someone totally immersed in the social obligations surrounding the death of a loved one (Encyclopedia of Mental Disorders, 2007).

3.4.4. Displacement

Displacement is the redirection of an impulse onto a substitute target. Here an individual shifts his impulse from a threatening object to a safe target. Displacement consists of redirecting energy towards another object or person when the original target is not accessible (Encyclopedia of Mental Disorders, 2007).

For example for a lady who has lost her husband traumatically through a gun shot and her husband was shot by a man. She might be very angry with the man who killed her loved husband. She may be preoccupied about paying revenge but instead of killing the perpetrator. She might display her anger to any man who owns a gun that she comes across.

3.4.5. Projection

Projection, which Anna Freud also called displacement outward, is almost the complete opposite of turning against the self. It involves the tendency to see your own unacceptable desires in other people. In other words, the desires are still there, but they're not your desires anymore (Corey, 2005; Encyclopedia of Mental Disorders, 2007). For example a person who avoids dealing with the trauma of losing a loved one unexpectedly or traumatically, might see others as being avoidant and not realizing their own reaction to the incident.

3.4.6. Rationalization

Rationalization is the cognitive distortion of "the facts" to make an event or an impulse less threatening. We do it often enough on a fairly conscious level when we provide ourselves with excuses. But for many people, with sensitive egos, making excuses comes so easy that they never are truly aware of it. In other words, many of us are quite prepared to believe our lies (Corey, 2005; Encyclopedia of Mental Disorders, 2007).

All defenses are lies, even if we are not conscious of making them. That does not make them less dangerous though, in fact it makes them more so. For a while, the ego can take care of the id's demands, or pay attention to the superego's but comes a time when it gets tired. The anxieties come rushing back and one breaks down (Corey, 2005; Encyclopedia of Mental Disorders, 2007).

3.5. Developmental theory

The major theme of Vygotsky's theoretical framework is that social interaction plays a fundamental role in the development of cognition. Vygotsky (1978) stated that every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (inter-psychological) and then inside the child (intra-psychological). This applies equally

to voluntary attention, logical memory, and to the formation of concepts. All the higher functions originate as actual relationships between individuals (Vygotsky, 1978).

According to Vygotsky (1978), the potential for cognitive development depends upon the "zone of proximal development" (ZPD): a level of development attained when children engage in social behaviour. Full development of the ZPD depends upon full social interaction. The range of skill that can be developed with adult guidance or peer collaboration exceeds what can be attained alone.

He stated that social interaction profoundly influences cognitive development. Vygotsky believed that this life long process of development was dependent on social interaction and that social learning actually leads to cognitive development. This phenomenon is called the Zone of Proximal Development. Vygotsky describes it as "the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers". In other words individuals in a family can be able to deal with a traumatic loss of their loved one through the help of the family, something that they could not do on their own (Vygotsky, 1978).

3.6. Attachment theory

Holmes (1993) introduced the idea that children developed a behavioral system that was comprised of a variety of cues that are intended to illicit a response from the parent or significant caregiver. Accordingly, behavioral systems include responses of the child or individual related to locomotion, feeding, reproduction, caregiving, attachment, exploration, sociability and fear/wariness. According to Holmes (1993) the attachment of the child to the parent allows the child freedom to explore his/her environment. Through a healthy attachment, the child develops toward increasing self-reliance overtime. Through such security, the child

eventually becomes progressively less dependent upon the parent to provide protection and thus has developed an internal working model (IWM) from which to base future interactions Holmes (1993).

The child that forms a healthy/secure attachment feels free to explore his/her environment and later uses the attachment framework in future relationships even into adulthood Holmes (1993). This might also mean that when one happens to lose a loved one traumatically due to the kind of attachment and security that they feel they might better deal with the loss better than a person whose attachment is poor.

3.7. Salutogenic paradigm

According to van Breda (2001) Aaron Antonovsky, a medical sociologist, coined the term 'salutogenesis' in 1978. Salutogenesis "emphasizes the origins of health, or wellness, [and comes from the Latin]: salus = health, Greek: genesis = origins". Literally translated salutogenesis means the 'origins of health'. Salutogenesis offers a paradigm for thinking about resilience, illness and health that stands in contrast to the dominant pathogenic paradigm.

The salutogenic paradigm asks, "Why, when people are exposed to the same stress which causes some to become ill, do some remain healthy"? According to salutogenesis stress can be good. It is not denied that stress can have some negative consequences but it is also true that it can also have salutary consequences. Being stressed about something gives rise to a successful way of coping and dealing with problems (van Breda, 2001).

The salutogenic paradigm focuses on those who make it against life adversities that can be encountered as one continues in the journey of life. It states that we all are at high-risk group. By researching on the causes or origin of wellness which pathogenic research overlooks, we all learn how to become more resilient.

3.7.1. The salutogenic model of health

According to Charles, van Wijk, Waters (2008) Antonovsky's salutogenic model entails three implications. First, the salutogenic model does away with the dichotomy of people being either diseased or healthy, in favor of a "health ease/dis-ease continuum," with all people falling somewhere between the two theoretical poles of total terminal illness and total wellness. Second, the salutogenic model rejects the assumption that stressors are inherently bad, in favor of the possibility that stressors may have salutary consequences. This implies that stressors are neutral in their health consequence, and that the consequences depend on a person's response to a stressor. Stressors arouse a condition of tension in a person; if tension is managed poorly, stress results and the way for disease is open, but if it is managed well, the stressor may remain neutral or even become health enhancing. This implies looking not at risk factors, but at salutary factors. The question then becomes "what predicts a good outcome?"

3.7.2. Sense of coherence (SoC)

Antonovsky posed "sense of coherence" (SoC) as one of the key concepts in his understanding of the salutogenic model, but other constructs, like social support, locus of control, religion, cognitive approaches, etc., may each play its part in moderating or mediating stress. He formally defines SoC as a global orientation that expresses the extent to which one has a pervasive, enduring although dynamic feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; the resources are available to one to meet the demands posed by these stimuli; and these demands are challenges, worthy of investment and engagement (Charles et al., 2008).

SoC is a general way of appraising the world, both cognitively and emotionally, which is associated with effective coping, health-enhancing behaviours, and

better social adjustment. It is not a particular coping style, but an enduring dispositional orientation to life, which allows individuals to select appropriate strategies to deal with stressors confronting them.

3.7.2.1. SoC Components

3.7.2.1.1. Comprehensibility

Comprehensibility refers to the extent to which a person perceives the stimuli they are confronted with as clear, ordered, structured, and in a consistent manner, rather than to perceive as being noisy, disordered, random, chaotic, accidental and unpredictable (Antonovsky, 1984 in Mtsweni 2007) This means that the perceptions make cognitive sense (Charles et al., 2008). Sullivan (1993) in Mtsweni (2007) further explained that the fact that the individual perceives the stimuli in a comprehensive manner it does not mean that it is totally predictable. It means that the individual find certain logic in the sequence of events, that there is a degree of consistency from one experience to another and that in general, inexplicable events do not occur.

3.7.2.1.2. Manageability

Manageability refers to the extent to which one perceives the events of his or her life as experiences that are, at least, bearable, or better still, can be coped with. Here one perceives that the resources that one has are adequate to meet the demands posed by the stimuli that bombard him. These resources that are at one's disposal may refer to resources under one's own control or controlled by others such as family members, friends, God, a doctor or anyone one feels they can trust. When one has a high sense of manageability he will not feel victimized by events or feel that life is treating him unfairly and he will be able to cope with endless complaints (Mtsweni, 2007; Charles et al., 2008).

3.7.2.1.3. Meaningfulness

Meaningfulness refers to the extent to which a person feels that life makes sense emotionally, rather than cognitively. At least some of the problems and demands of living are felt to be welcome challenges, motivating one to invest energy (Charles et al., 2008). This means that some challenges are viewed as being welcomed rather than to be perceived as another burden that one would rather not face (Mtsweni (2007).

Given the information above it is visible that SoC has the potential to influence the individual cognitively and emotionally to such an extent as to ensure an individual's successful coping with stressors and thus predicts the quality of his well-being (Mtsweni, 2007).

3.8. The theoretical framework

3.8.1. The Resiliency Model of Stress, Adjustment and Adaptation

The Resiliency Model of Family Stress, Adjustment, and Adaptation provided the framework for this study. The ABCX model was first proposed by Koos (1946) and it was known as the roller coaster model. The roller coaster model's main aim was to provide an initial framework for tracing a family's response to stress. The model was refined by Hill (1949; 1958). Hill's Model only focused on pre-crisis factors in families and examined the variability in families' adaptations to stress that they encounter. From Hill's model developed the Resiliency Model of Stress, Adjustment and Adaptation (double ABCX Model) which focuses in both pre and post-crises factors and processes (McCubbin & Petterson, 1983).

The Resiliency Model of Stress, Adjustment and Adaptation is aimed at explaining and giving an understanding why some families recover while others don't, even when faced with similar stress or adversity. The model also

emphasizes that families respond to stressful events in two phases: adjustment and adaptation (McCubbin & McCubbin, 1993).

McCubbin and McCubbin (1993) identified five interacting components in the adjustment phase: (a) family vulnerability, (b) family types (patterns of functioning), (c) resistance resources, (d) appraisal of stress, and (e) problem solving. In the adjustment phase, the family makes only minimal changes in family functioning, which do not pose a hardship on the family unit. If these changes are not adequate to manage the stressor, maladjustment occurs; the family experiences a crisis, which indicates the onset of the adaptation phase.

The goal of adaptation is to restore stability in the family. The level of adaptation is determined by the interaction of several components (accumulation of demands created placed upon the family, life cycle changes, and unresolved strains). These interacting components have an impact on family resiliency. Resiliency interacts with the family's use of resources, appraisal, and family problem solving, leading to adaptation to the crisis situation. The more resilient is the family, the more adept they are at problem solving and at using resources effectively (McCubbin & McCubbin, 1993).

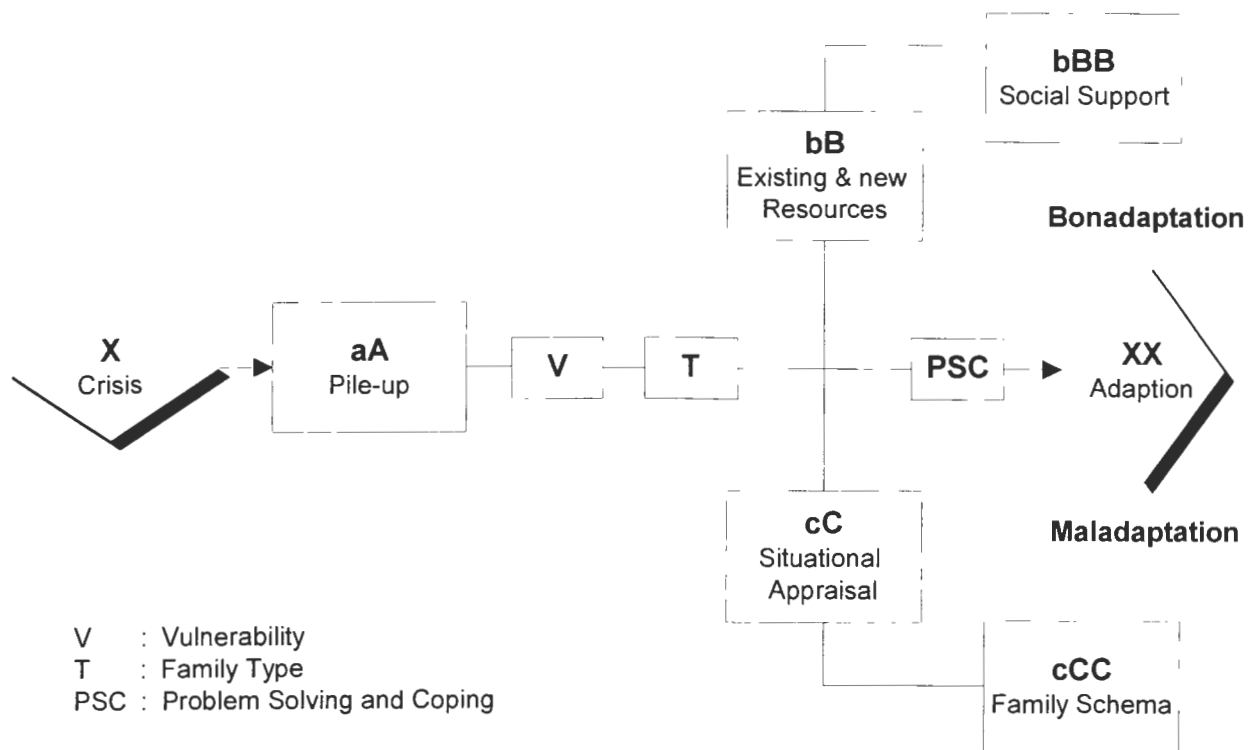


Fig 1. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin, Thompson & McCubbin, 1996; McCubbin & Thompson, 1991).

3.8.1.1. The adjustment phase

The adjustment phase consists of different variables that interact and at the end shapes the family's outcome. The beginning of the phase is marked with family crisis (X). This is where the family is vulnerable, however it still has the opportunity for constructive changes. The change may not be immediately depending on the type of crisis and the family structure. Other factors can exacerbate the crisis there for leading to a pile-up of demands (AA).

As a result of the pile-up of the family strains the family becomes vulnerable (V), the vulnerability may be high or low. This will depend on the pile-up of demands on or within the family. When a family is faced with a stressor, this impacts on its

vulnerable state. The impact that the stressor has on the family is partially determined by the severity of the stressor. Severity is determined by how much the stressor affects the family's stability, function, and resources. In turn, the family's vulnerability (V) interacts with the family's typology which is presented as Established Pattern of Function (T) (McCubbin, 1990; McCubbin & McCubbin, 2001).

A family's typology describes how the family unit usually behaves. It is important to know the family's pattern of functioning because they play an important role in ensuring family harmony and balance. There are four types of functioning (Hawley, 2000), they are: the regenerative type, the versatile type, the rhythmic type, and the traditionalistic type.

The generative type is formed by assigning two levels of the family coherence dimension and family hardiness (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1988). Family cohesion describes the key ways that the family copes with and manages problems (Hawley, 2000). Family hardiness is defined by McCubbin, Thompson & McCubbin (2001) as the family's "internal strengths and durability characterized by an internal sense of control of life events and life's hardships, a sense of meaningfulness in life, involvement in activities, and commitment to learn and to explore new and challenging experiences". The regenerative typology defines four types of families which vary according to their levels of family coherence and family hardiness. These four types are: vulnerable, secure, durable and regenerative family types. Regenerative families are high on both family hardiness and family coherence which indicates that they are able to actively cope with stressors while maintaining the sense of control.

The versatile type is formed by assigning two levels of the family bond dimension and family flexibility dimension. Family bonding is present when family members feel emotionally connected with one another. Family flexibility is characterized by being able to accommodate changes in the family structure as is necessary. Versatile typology describes four types of families which differ in terms of their

levels of family bonding and flexibility. These four types are: fragile, bonded, pliant, and versatile types. Versatile families are high on both family hardiness and cohesion and dimensions and are characterized by an emotional closeness and ease in family decision-making (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

The rhythmic typology is formed by assigning two levels of family time and routines dimension and to the valuing of family time and routines dimension (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1988; McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001). The family time routines dimension is characterized by a daily routine that the family chooses to practice in order to create regularity. The valuing of the family time and routine dimension examines how much the family believes in the value of the routine they practice. The rhythmic typology describes four types of families that differ according to their levels of family time and routines and how much the family values the time and routines. These four types include: unpatterned, intentional, structuralized, and rhythmic family types. The rhythmic family has a sense of predictability in combination with the family believing in the value of its routines (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

The traditionalistic model is formed by assigning two levels to the family celebrations dimension and to the family traditions dimension. Family traditions incorporate behaviours that the family engages in, that promotes continuity of its values to the next generations. Family celebrations involve behaviours that the family engages in to highlight valued occasions. The traditionalistic typology describes four types of families, they are: situational, traditionalistic, celebratory, and ritualistic family types. Ritualistic families are high on both dimensions which indicate that they emphasize the importance of traditions and special celebrations (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

The results of these interactions (stressor, vulnerability and established patterns of functioning) leads to a circular interacting cycle of Family Resources (B), the family's Appraisal of the Stressors (C), the family's Problem Solving and Coping (PSC) mechanisms. Family Resources (B) are the family's ability to cope with the stressor and its demands in an effort to avoid a family crisis and resulting changes in the established patterns of functioning (McCubbin & McCubbin, 2001). The following key family resources have been identified in previous research: social support, economic stability, cohesiveness, flexibility, hardiness, shared spiritual beliefs, open communication, tradition, celebration, routines, and organization. The family's Appraisal of the Stressors (C) is how seriously the family views the stressors.

The family's Problem Solving and Coping (PSC) mechanisms indicate the "family's management of stress and distress through the use of abilities and skills to manage or eliminate a stressor and related hardships" (McCubbin & McCubbin, 2001).

Stress creates pressure for some kind of adjustment. This can result in either distress (where the stress becomes unmanageable and the family views the imbalance as negative), or eustress (where the tension as positive and challenges the family in a way that they appreciate the resulting change) (McCubbin & Patterson, 1983). Outcomes of the adjustment phase are on a continuum ranging from positive *bonadjustment* which implies maintenance of family patterns versus negative *maladjustment*, which accumulates in family crisis and ultimately changes the family's patterns of functioning (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

3.8.1.2. The adaptation phase

The beginning of the phase is marked with family crisis (X). This is where the family is vulnerable however though the family is vulnerable. It is still has the opportunity for constructive changes. However it may not immediately change

because the crisis the family is faces with is exacerbated by two factors: The stressors the family is currently faced with, namely a pile-up of demands (AA) and the family inadequate and/or deteriorated established patterns of functioning (T).

The stressors the family is currently faced with, the pile-up of demands (AA). There are nine categories of stressors that contribute to the pile-up of demands and in turn the crisis situation. These categories include: the initial stressor and its related hardships; normative changes in the family, prior family stressors that have accumulated overtime, situational demands that arrive unexpectedly, efforts that the family has made to cope; ambiguity between the larger social system and the family about how families should during crisis time, new patterns of functioning which the family has adopted to cope but which exert more demand, new patterns of functioning which may be incongruent with the family's schema and the paradigms, lastly old patterns of functioning which are established within the family but which may be incongruent with new patterns of functioning (McCubbin, Thompson & McCubbin, 1996; McCubbin, 2001).

The second factor that exacerbates the crisis is the family inadequate and/or deteriorated established patterns of functioning (T). The patterns have been explained in the adjustment phase and they are carried over to the adaptation phase. The family's retained and restored patterns of functioning (T), as well as and they interact with the family's situation appraisal of the crisis (CC), problem solving coping strategies (PSC) and resource (BB). This interaction eventually leads to family adaptation (XX) (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

The adaptation phase ranges from positive bonadaptation which implies maintenance of family patterns vs. negative maladaptation, which accumulates into family crisis and ultimately changes the family's functioning patterns. Throughout this process the family is introduced to changes that are aimed at

restoring harmony and balance in the family and outside (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

In family adaptation involves a process where the family realizes that it needs to make changes to take care of the crisis they are faced with. The outcomes of this phase ranges on a continuum from positive bonadaptation to negative maladatation. Bonadaptation means that the family has accepted and is able to live with an understanding with their patterns of functioning. Maladaptation on the other hand means forces the family to go back to the crisis situation (X) this means the start they will have to repeat the phase again so that they can have a bonadaptive conclusion (McCubbin, Thompson & McCubbin, 1996; McCubbin & McCubbin, 2001).

3.9. Conclusion

The theories above indicate that the trauma of death is and will always be there. However people can rise above the hush reality with the help of different factors. Such factors become even more helpful when they are instilled while an individual is still young. Family plays an important role for one to either be resilient or vulnerable in times of adversity.

CHAPTER 4

METHODOLOGY

4.1. Introduction

This chapter deals with the description of the methodology employed in the study. The research design is described first, followed by the sample and sampling procedure, the explanation of data collection, the instruments used and data analysis procedure used to get the results.

4.2. Methodology

4.2.1. Research Design

The research design used in the study is descriptive and correlational in nature, using the questionnaires within the quantitative research methods for data collection. The quantitative data collection methods rely on random sampling and structured data collection instruments that fit diverse experiences into predetermined response categories. They produce results that are easy to summarize, compare, and generalize.

4.2.2. The sample

The sample consisted of 375 participants who were drawn from a large group study that held focus groups in the Limpopo province among four cultural groups of the province viz Pedi, Tsonga, Ndebele, and Venda speaking groups. The participants were identified from the focus groups as people who have personally experienced trauma in their families. The present study screened for those who had experienced the death of a close family member in the past 3 months and less and they totaled 199 (53.1%) and those who experienced death of an extended family member in the past year and more and they were 176 (46.9%).

4.2.3. Procedure

The groups were formed to offer the participants a safe environment where they can share their experiences in the company of people from the same socio-economic and ethnic background. They were also formed to enable the researcher to observe the participants and be able to identify those who might be affected by the topic at hand and offer assistance needed (Patton, 1987). A questionnaire was employed to collect data. The questionnaire was employed to reduce influence of the researcher on the participants and to be able to collect as much data as possible in a cost effective manner.

As the first step of data collection groups were assembled for easy administration of the questionnaires and continued support of participants who had similar experiences of death of the loved ones. The groups consisted mainly of twenty participants each. Ten (10) groups that were recently bereaved and lost close family members were screened and assembled for data collection. Eight (8) groups for participants who were not recently bereaved were also assembled together for group data collection. The researcher introduced herself and thanked the participants for agreeing to talk to her. The participants were given an opportunity to introduce themselves. The overview of the research topic was given to the participants and the purpose of the study was explained to the participants. The participants represented their families. The role of the family and their rights as participants were explained to them. The participants were given an opportunity to ask questions concerning the study and their participation to rule out any uncertainties. When the participants agreed and consented to taking part in the study, rules were established when they agreed to abide by the rules they were given an informed consent form to sign to indicate that they agreed to take part in the study (Krueger, 1994).

4.2.4. Instruments

The participants were given a questionnaire that had two sections. Section A consisted of a biographical questionnaire that was aimed at gathering information regarding where participants live, their ethnicity, job details, their estimated gross family annual income, and religious affiliation, the time of experience of death in the family, frequencies of the deaths experienced and the time frames for the experience of the losses. Section B consisted of the scales questionnaires which were : Family Hardiness Index (FHI), Social Support Index (SSI), Relative and Friend Support (RFS), F-COPES, Family Time and Routine Index (FTRI), Family Problem Solving Communication (FPSC) and the FACI8. All these instruments had been used in various studies before and they have been tested for reliability and validity as indicated below.

4.2.4.1. Scales

4.2.4.1.1. Family Hardiness Index (FHI)

The **Family Hardiness Index (FHI)** was developed by McCubbin, Thompson and McCubbin to broaden the concept of individual hardiness to the family context. The FHI is used to measure how hardiness is used as a resource to mediate the effects of stress in families, and in turn facilitate family adjustment and adaptation. Low hardiness may result in feelings of powerlessness in facing stressors, lack of initiative to make changes in an individual's life. The FHI gets into the family resource (BB) and situational appraisal (CC) components of the Resiliency Model of Family Adjustment and Adaptation (McCubbin, Thompson and McCubbin, 2001).

This scale consists of 20 items, with three subscales (commitment, challenge and control), which require participants to answer, on a 5-point Likert rating scale, the degree (False, Mostly false, Mostly true, True, or Not applicable) to which each statement describes their current family situation. The internal reliability (Cronbach's alpha) of the FHI is .82, and the validity coefficients range

from .20 to .23 with regard to criterion indices of family satisfaction, time and routines, and flexibility (McCubbin et al., 1996).

4.2.4.1.2. Social Support Index (SSI)

The **Social Support Index (SSI)**, developed by McCubbin, Patterson and Glynn in 1982 (McCubbin et al., 1996). This scale evaluate the degree to which families are integrated into the community and view the community as a source of support; in that the community can provide emotional support (such as recognition and affirmation), esteem support (affection), and network support (relationships with relatives) (McCubbin, McCubbin, & Thompson, 1993). Research has shown that social support is important to help the family through their crisis. It is one of the most important resiliency factors that promote recovery (McCubbin et al., 2001). The SSI can be linked to the family resources (BB) component of the Resiliency Model of Family Adjustment and Adaptation.

This scale consists of 17 statements that are rated on a five-point scale of agreement, ranging from “strongly disagree” to “strongly agree”. The SSI has an internal reliability of .82 (Cronbach’s alpha), a test-retest reliability of .83, and a validity coefficient (correlation with criterion of family wellbeing) of .40 (McCubbin et al., 1996).

4.2.4.1.3. Relative and Friend Support Index (RFS)

The **Relative and Friend Support Index (RFS)**, was developed by McCubbin, Larsen and Olson, will be used to measure the degree to which families use the support of relatives and friends as a coping strategy to manage stressors and strains (McCubbin et al., 1996 as cited by Robinson, 2007). The RFS is linked to the family resource (BB) component of the Resiliency Model of Family Adjustment and Adaptation (Thompson, 2007).

This scale consists of eight items relating to sharing problems or seeking advice from neighbors 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 (Cronbach’s alpha) and a validity coefficient (correlation with the original F-COPES) of .99 (McCubbin et al., 1996).

4.2.4.1.4. Family Crises Oriented Personal Evaluation Scales (F-COPES)

The Family Crises Oriented Personal Evaluation Scales (F-COPES) were developed by McCubbin, Olson, and Larsen in 1981 (McCubbin et al.) will be used to identify the problem-solving and behavioral strategies utilized by families in crisis situations. This measuring instrument focuses on two levels of interaction, namely: (1) individual to family system - the way in which the family manages crises and problems internally amongst family members, and (2) family to social environment – the way in which the family manages problems outside its boundaries, but which still have an influence on the family as a unit.

F-COPES consist of 30 5-point Likert-type items. High scores are an indication of effective positive coping behavior. The scale consists of five subscales that are again divided into two dimensions, namely: (1) internal coping strategies of the family, and (2) external coping strategies of the family. Internal coping strategies of the family define the way in which crises are managed by using support resources inside the nuclear family system. External strategies refer to the active behavior that a family adopts to elicit support resources outside the nuclear family system.

The internal strategies are: (1) reformulating or redefining the problem in terms of the meaning it has for the family (positive, negative, or neutral) (Cronbach Alpha =.64), and (2) passive appreciation (Cronbach Alpha =.66) – the family’s tendency to do nothing about crisis situations. This avoidance response is based on a lack of confidence in own potential to change the outcome.

The external strategies are: (1) use of social support, for example friends (Cronbach Alpha =.74), family members (Cronbach Alpha =.86) and neighbours

(Cronbach Alpha =.79); (2) the search for religious support (Cronbach Alpha =.87); and (3) the mobilization of the family to get and accept help (for example professional help and the use of community resources) (Cronbach Alpha =.70). A test-retest reliability coefficient of .71 was obtained after five weeks, and an internal reliability coefficient (Cronbach Alpha) of .77 was obtained for the total scale (Reis & Heppner, 1993, as cited by Robinson, 2007). The construct reliability of the questionnaire was proven with a factor analysis and a varimax rotation of the axes. Five factors were isolated, with the factor loadings of the items being between .36 and .74. All five factors had Eigen-values larger than one (McCubbin et al., 1996).

4.2.4.1.5. Family Time and Routine Index (FTRI)

The Family Time and Routine Index (FTRI) was developed by McCubbin, Thompson and McCubbin in 1986 to assess the type of activities and routines families use and maintain and the value they place upon these practices. McCubbin et al, 2001 stipulated that family time together and routine are reliable antities of family intergration and stability. The FTRI links into the family type (T) component of the Resiliency Model of Family Adjustment and Adaptation.

The FTRI is a 30 item scale consisting of the following eight subscales: Parent-child togetherness, couple togetherness, child routines, Meal's together, family time together, family chores routines, relatives connection routines, and family management routines. A respondent assesses the degree to which each statement (False, Mostly false, Mostly true, True) describes their family behaviour. The overall internal reliability is .88 (Cronbach's alpha) and validity was confirmed through significant correlations with various criterion indices of family strengths (McCubbin et al., 1996).

4.2.4.1.6. Family Problem Solving Communication (FPSC)

The Family Problem Solving Communication (FPSC) index was developed by McCubbin, Thompson and McCubbin in 1988 to assess the two dominant communication patterns in families during hardships and catastrophes. The FPSC is a 10-item instrument with a four-point Likert scale (False, Mostly false, Mostly true, True). The two subscales are Incendiary, and Affirming communication. Incendiary communication involves communication that exacerbates a conflictual situation, while affirming conveys support and cultivates a calming environment (McCubbin et al, 2001). The FPSC measure the problem solving and coping (PSC) component of the Resiliency Model of Family Stress Adjustment and Adaptation.

The alpha reliability of the subscales are .78 (Incendiary) and .86 (Affirming), and the alpha coefficient for the total scale is .89. The validity of the scale was confirmed in several large studies of families under stress, within various ethnic groups (McCubbin et al., 1996).

4.2.4.7. Family Attachment and Changeability Index 8 (FACI8)

The Family Attachment and Changeability Index 8 (FACI8) was adapted from the Family Adaptability and Cohesion Evaluation Scales (FACES IIA) by McCubbin, Thompson and Elver as a measure of family functioning which would be ethnically sensitive.

The FACI8 consists of 16 items and rated in 6-point Likert scale, it is divided into two subscales of eight items each. The first subscale which is Attachment it measures the strength of attachment between family members. The second subscale which is Changeability, measures the flexibility of family relationships. These subscales can be used together or separately. They have a low inter-correlation of .13.

The measure is designed to be administered to both parents and youth. The internal reliability (Cronbach's alpha) for youth Attachment scale is 0.73, for Changeability scale is 0.80. For parents Attachment internal reliability (Cronbach's alpha) is 0.75 and for the Changeability scale the internal reliability is 0.78. Validity was established by determining the FACI8's relationship to a treatment program's successful outcome (McCubbin et al., 1996).

4.3. Data analysis

Since the research is quantitative in nature the Statistical Package for Social Sciences (SPSS) software was employed in data analysis. In line with the theoretical model in the study, a Pearson product moment correlation was calculated between the FACI8 and the potential resilience variables. The significant correlations were identified as resilience factors.

4.4. Ethical considerations

The participants were informed of the purpose and procedure involved in the study. They were also informed that participation is voluntarily and that they could withdraw from participation without any negative consequences from the researcher. Because of the sensitivity of the study for those who experienced death provision was made to assist the participants in case they experience some psychological and physiological problems. The raw data obtained from the participants was not available to others except the researcher and the participants remained anonymous. The rights of the participants were respected in that their privacy was not invaded and they were treated with respect.

Chapter 5

PRESENTATION OF RESULTS

5.1. Introduction

Results obtained from the data collected will be presented in this chapter. The biographic information followed by the descriptive data about the sample and the results on the correlation of variables with items in the scales used.

5.2. Description of the sample

5.2.1. Demographic information

The biographic information discussed was obtained from the biographic questionnaires that were given to the participants to complete.

5.2.1.1. Family groupings

Participants were selected from families with the different ethnic groups in the Limpopo Province. They included 154 (41.1%) Pedi speaking participants, 37 (9.9%) Ndebele speaking participants, 71 (18.7%), Tsonga speaking participants and 113 (30.1%) Venda speaking participants. These participants were included in the study because they represented black South African families that experienced the trauma of losing a loved one to death.

Table 1. Family by ethnic groupings

| | Frequency | Percent |
|------|-----------|---------|
| Pedi | 154 | 41.1 |

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| | | |
|----------------|-----|------|
| Ndebele | 37 | 9.9 |
| Tsonga | 71 | 18.7 |
| Venda | 113 | 30.1 |
| Total | 375 | 99.7 |

5.2.1.2. Job details of the respondents

The participants were from different socio-economic background ranging from the unemployed to students: unemployed 179 (41.6), temporary employed 32(6.9), permanently employed 41 (8.3%) pensioners 51(12.3) and students 72 (17.9%).

Table 2. Job details for respondents

| | Frequency | Percent |
|-------------------|------------------|----------------|
| Unemployed | 179 | 41.6 |
| Temporary | 32 | 6.9 |
| Permanent | 41 | 8.3 |
| Pensioner | 51 | 12.3 |
| Student | 72 | 17.9 |
| Total | 375 | 86.9 |

5.2.1.3. Estimated gross family annual income

Their gross annual income ranged from less than R20 000 to R102 000. The results indicated that 275 (73.3%) earn less than R20 000 annually, 36 (9.1%) earn between R21.000 and R40 000, 19 (3.2%) earn between R41 000 and R60 000, 24 (3.5%) earn between R61 000 and R80 000, 11 (1.6%) earn between R81 000 and R100 000 and 10 (.5%) earn R 101 000 and more.

Table 3. Estimated gross family annual income

| | Frequency | Percent |
|--------------------------|------------------|----------------|
| Less than R20 000 | 275 | 73.3 |
| R21 000-R40 000 | 36 | 9.1 |
| R41 000-R60 000 | 19 | 3.2 |
| R61 000-R80 000 | 24 | 3.5 |
| R81 000- R100 000 | 11 | 1,6 |
| R101 000 or more | 10 | .5 |
| Total | 375 | 91.2 |

5.2.1.4. Religious affiliation

Participants where affiliated to different religious groups 245 (64.5%) were Christians, 71 (18.9%) belonged to African tradition, 40 (10.7%) belonged to both Christianity and African tradition and 19 (5.1%) where not affiliated to any

religious group.

Table 4. Religious affiliation

| | Frequency | Percent |
|----------------------------|------------------|----------------|
| Christianity | 245 | 64.5 |
| African traditional | 71 | 18.9 |
| Both | 40 | 10.7 |
| No religion | 19 | 5.1 |
| Total | 375 | 99.2 |

Table 5. Recent death of a loved one

| | Frequency | Percent |
|--------------|------------------|----------------|
| Yes | 199 | 53.1 |
| No | 176 | 46.9 |
| Total | 375 | 100.0 |

Table 6. Frequency of the bereaved close family members

| Bereaved member | Frequency | Percent |
|------------------------|------------------|----------------|
| Spouse | 88 | 44 |

| | | |
|--------------|------------|------------|
| Child | 42 | 21 |
| Parent | 51 | 26 |
| Sibling | 18 | 09 |
| Total | 199 | 100 |

Table 7. Time frequency of the bereaved close family member

| Time | Frequency |
|-------------------|------------------|
| 3 months | 64 |
| 2 and half months | 49 |
| 2 months | 52 |
| 1 and half month | 12 |
| 1 month | 19 |
| 2 weeks | 03 |
| Total | 199 |

Table 8. Frequency of the bereaved extended family members

| Bereaved member | Frequency |
|------------------------|------------------|
| Aunt | 27 |

| | |
|---------------|------------|
| Cousin | 39 |
| Grand parents | 73 |
| Uncle | 37 |
| Total | 176 |

Table 9. Time lapse since the loss of an extended family member and frequency of deaths

| Time | Frequency |
|--------------|------------------|
| Over 5 years | 19 |
| 4 years | 33 |
| 3years | 56 |
| 2 years | 27 |
| 1 year | 41 |
| Total | 176 |

5.3. Findings

The structured questionnaires were analyzed using the Statistical Package for Social Science (SPSS) software. The results are discussed in the context of the

theoretical framework of the study viz the ABCX model. The model states that variables that showed correlation with the FAC18 are the significant ones to be identified as resilience factors.

5.3.1. Emerging resilience factors for recently bereaved families

Five resilience factors emerged within the family of participants who recently experienced the trauma of the death of a loved one. The identified factors include Relative and friends support (RFS), Family Problem Solving Communication (FPSC), Social Support Index (SSI), Family Hardiness Index (FHI) and Family Oriented Personal Evaluation Scales (FCopes).

5.3.1.1. Relative and friends support (RFS)

Table 10: Pearson product-moment correlation between FAC18 and and potential resiliency variable RFS

| <u>Significant items on the scale</u> | <u>N</u> | <u>r</u> | <u>P</u> |
|---|----------|----------|----------|
| Item 1: Sharing our problems with relatives | 199 | -.176 | .017* |
| Item 2: Seeking advice from relatives | 199 | -.269 | .000* |
| Item 3: Doing things with relatives (get together) | 199 | -.154 | .038* |
| Item 4: Seeking encouragement and support from friends | 199 | -.219 | .003* |

| | | | |
|--|------------|--------------|--------------|
| Item 6: Sharing concerns with close friends | 199 | -.228 | .002* |
| Item 8: Asking relatives how they feel about the problems we face | 199 | .903 | .003* |
| Total RFS | 199 | -.027 | .000* |

*significant at $P < 0, 05$

On applying the ABCX model on the data from the scales completed by recently bereaved families, RFS showed significant inverse correlation with the FAC18 ($r = -.27, p = .000$). RFS measures the degree to which families use support of relatives and friends as a coping strategy to manage during stressful times. RFS consists of 8 items and Items 1, 2, 3, 4, 6, 8 were found to be significant. Item 1 indicates that the families share their problems with relatives. Item 2 indicates that the families seek advice from relatives. Item 3 indicates that they do things like get together with relatives. Item 4 indicates that participants seek encouragement and support from friends when they experience the death of loved ones was found to be most significant. Item 6 indicates that the families share their concerns with close friends. The last item 8 indicates that the families ask their relatives how they feel about the problem they are faced with.

5.3.1.2. Family Problem Solving Communication (FPSC)

Table 11: Pearson product-moment correlation between FAC18 and potential resiliency variable FPSC

| <u>Significant items on the scale</u> | <u>N</u> | <u>r</u> | <u>P</u> |
|---------------------------------------|----------|----------|----------|
| Item : 6 we share with each other how | 199 | .235 | .001* |

much we care for one

Item 8: We take time to hear what each 199 .267 .000*

other has to say

Total FPSC 199 .211 .004

*significant at $P < 0, 05$

On applying the ABCX model on the data from the scales completed by recently bereaved families, FPSC showed significant positive correlation with the FAC18 ($r = .211, p = .004$). The Family Problem Solving Communication (FPSC) assesses the two communication patterns in families during hardships and catastrophes. The two communication patterns are Incendiary, and Affirming communication.

FPSC consists of 10 items and items 6 and 8 were found to be the most significant. Item 1 indicates that the families share with each other how much they care for each other. While item 8 indicates that the family take their time to hear what each other has to say or feel.

5.3.1.3. Family Hardiness Index (FHI)

Table 12: Pearson product-moment correlation between FAC18 and potential resiliency variable FHI

| Significant items on the scale | N | r | P |
|---|----------|----------|----------|
| Item 2: It is wise to plan ahead and | 199 | .215 | .003* |

hope that things will turn out as they

have planned

| | | | |
|---|------------|-------------|--------------|
| Item 11: We strive together and help each other no matter what. | 199 | .180 | .015* |
| Item 13: We listen to each others' problems, hurt and fears | 199 | .202 | .006* |
| Item 14: We try different thing to avoid getting stuck | 199 | .216 | .003* |
| Item 15: We seem to encourage each Other to try new things and experiences | 199 | .159 | .032* |
| Item 16: It is better to go out and do things with others | 199 | .159 | .031* |
| Item 18: We work together to solve problems | 199 | .148 | .046* |
| Total FHI | 199 | .224 | .003* |

*significant at $P < 0, 05$

FHI showed significant positive correlation with the FAC18 ($r = .224, p = .003$) on applying the ABCX model on the data from the scales completed by recently bereaved families. The FHI measures how hardiness is used as a resource to mediate the effects of stress in families, and in turn facilitate family adjustment and adaptation. It stated that low hardiness may result in feelings of powerlessness in facing stressors, lack of initiative to make change

FHI consists of 20 items and items 2,11,13,14,15,16 and 18 indicated significance. Item 2 indicates that the participants feel that it is wise to plan ahead and hope that things will turn out as they have planned. Item 11 indicates

that the participants strive together and help each other no matter what. Item 13 that the participants listen to each others' problems, hurt and fears. Item 14 shows that they try different thing to avoid getting stuck. Item 15 show that they encourage each other to try new things and experiences. Item 16 shows that the participants feel that it is better to go out and do things with others. Item 18 shows that the participants work together to solve problems.

5.3.1.4. Family Oriented Personal Evaluation Scales (FCopes)

Table 13: Pearson product-moment correlation between FACI8 and potential resiliency variable FCopes

| <u>Significant items on the scale</u> | <u>N</u> | <u>r</u> | <u>P</u> |
|---|----------|----------|----------|
| Item 3: Knowing we have the power To solve major problems | 199 | .155 | .036* |
| Item 5: Seeking advice from relatives (grandparents etc) | 199 | -.210 | .005* |
| Item 10: Asking neighbours for Favors and assistance | 199 | .174 | .018* |
| Item 13: Showing that we are strong | 199 | .192 | .009* |
| Item 14: Attending church | 199 | .278 | .000* |
| Item 22: Believing we are going to solve our own problems | 199 | .163. | .028* |
| Item 23: Participating in church | 199 | .214 | .004* |

activities

| | | | |
|--|------------|-------------|--------------|
| Item 26: Feeling that if we prepare we can handle our problems | 199 | .160 | .030* |
| Item 28: Believing that we can solve the problem together | 199 | .142 | .006* |
| Item 30: Having faith in God | 199 | .278 | .000* |
| Item 32: Seek advice and help from a traditional healer | 199 | .030 | .123* |
| Total FCopes | 199 | .018 | .018* |

*significant at $P < 0, 05$

On applying the ABCX model on the data from the scales completed by recently bereaved families, FCopes showed positive correlation with the FAC18 ($r = .18$, $p = .018$). FCopes identifies the problem-solving and behavioral strategies utilized by families in crisis situations. This scale focuses on two levels of interaction, namely: (1) individual to family system - the way in which the family manages crises and problems internally amongst family members, and (2) family to social environment – the way in which the family manages problems outside its boundaries, but which still have an influence on the family as a unit.

FCopes consists of 32 items and items 3, 5, 10, 13, 14, 22, 23, 26, 28, 30 and 32 indicated significance. Item 3 indicates that the participants feel that when they are faced with the loss of a loved one they believe they have the power to solve any major problem that may arise. Item 5 indicates: in times of the loss of a loved one the family seeks advice from relatives. Item 10 show that the participants ask neighbours for favors and assistance. Item 13 indicates that the participants

respond to death in their family by showing that we are strong. Item 14 show that the family attends church services. Item 22 show that the participants believe that they can handle their own problems. Item 23 states the participating in church activities. Item 26 indicate that the participants feel that if they prepare they can handle their problems. Item 28 indicates that the families believe that they can solve their problems as a family. Item 30 indicates that the participants respond to their loss by having faith in God. Lastly item 32 indicates that the participant seek advice and help from a traditional healer when faced with the loss of a loved one.

5.3.1.5. Social Support Index (SSI)

Table14: Pearson product-moment correlation between FACI8 and potential resiliency variable SSI

| Significant items on the scale | N | r | P |
|---|------------|-------------|--------------|
| Item 7: Members of my family listens to To my problems and concerns and I feel Supported | 199 | .350 | .000* |
| Item 12: The members of my family make an effort to show their love and affection for me | 199 | -.146 | .049* |
| Item 17: members of my family understand me; I feel valued | 199 | .288 | .000* |
| Total SSI | 199 | .224 | .003* |

*significant at $P < 0, 05$

On applying the ABCX model on the data from the scales completed by recently bereaved families, SSI showed significant positive correlation with the FAC18 ($r = .224, p = .003$). This scale 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).

SSI consists of 17 statements and statements 7, 12 and 17 showed significance. Statement 7 indicated that the participants feel that members of their family listen to their problems and concerns and they feel supported. Statement 12 showed that the participants feel that the members of their family make an effort to show their love and affection to them. Statement 17 indicated that the participants feel that members of their family understand them and they feel valued.

5.3.2. Emerging resilience factors for families not recently bereaved

Four resilience factors have emerged within the families of participant who did not experience the death of a loved one in their family recently. The factors are Family Problem Solving Communication (FPSC), Family Hardiness Index (FHI), Family Oriented Personal Evaluation Scales (FCopes) and Social Support Index (SSI).

5.3.2.1. Family Problem Solving Communication (FPSC)

Table 15: Pearson product-moment correlation between FAC18 and potential resiliency variable FPSC

| <u>Significant items on the scale</u> | <u>N</u> | <u>r</u> | <u>P</u> |
|---|----------|----------|----------|
| Item 5: We never leave until the conflict | 176 | .177 | .022* |

is resolved and we are satisfied

Item 6: we share with each other how 176 .340 .000*

much we care for one another

Item 7: We talk things through to avoid 176 .260 .001*

misunderstanding and fights in future

Item 8: We take time to hear what each 176 .384 .000*

Other has to say or feel

Item 9: We work to be calm and talk 176 .288 .000*

things through

Item 10: we get upset, but we try to end our 176 .166 .032*

Conflict on a positive note

Total FPSC 176 .403 .000*

*significant at $P < 0, 05$

On applying the ABCX model on the data from the scales completed by not recently bereaved families, FPSC showed positive correlation with the FAC18, ($r = .403, p = .000^*$). Item 5 indicated that the families never leave until their conflicts are resolved. Item 6 indicated that the families share with each other how much they care for one another. Item 7 indicated that the participants talk things through to avoid misunderstanding and fight in future. Item 8 indicated that the families take time to hear what each other has to say or feel. Item 9 indicated that the families work to be calm and talk things through. Item 10 indicated that

the families do get upset, but they try to end their conflict on a positive note.

5.3.2.3. Family hardiness index (FHI)

Table 16: Pearson product-moment correlation between FAC18 and potential resiliency variable FHI

| Significant items on the scale | N | r | P |
|--|------------|-------------|--------------|
| Item 8: We feel we can survive even if another adversity hits us | 176 | .217 | .005* |
| Item 13: We listen to each others problems, hurts, and fears | 176 | .192 | .013* |
| Item 15: We seem to encourage each other to try new things | 176 | .178 | .022* |
| Total FHI | 176 | .165 | .030* |

*significant at $P < 0, 05$

Applying the ABCX model on the data from the scales completed by not recently bereaved families FHI showed positive correlation with the FAC18, ($r = .165$, $p = .038^*$). Item 8 shows that the participants feel that they can survive even if another adversity hits them. Item 13 showed that participants listen to each others problems, hurts, and fears. Item15 showed that participants to encourage each other to try new things and experiences.



5.3.2.3. Family Oriented Personal Evaluation Scales (FCopes

Table 17: Pearson product-moment correlation between FACI8 and potential resiliency variable FCopes

| <u>Significant items on the scale</u> | <u>N</u> | <u>r</u> | <u>P</u> |
|--|----------|----------|----------|
| Item 5: Seeking advice from relatives (grandparents etc) | 176 | -.160 | .038* |
| Item 7: Knowing we have the strength within our family to solve our problems | 176 | .167 | .031* |
| Item 12: We spend family time together | 176 | .210 | .006* |
| Item 13: We stand together as a family that helps us to be strong to handle our problem | 176 | .196 | .011* |
| Item 14: Attending church services | 176 | .360 | .000* |
| Item 15: Accepting that stressful events as a fact of life | 176 | .201 | .009* |
| Item 16: Sharing concerns with close friend | 176 | .190 | .014* |
| Item 19: Accepting that difficulties happen | 176 | .171 | .027* |

unexpectedly

| | | | |
|---|-----|------|-------|
| Item 23: Participating in church | 176 | .199 | .010* |
|---|-----|------|-------|

activities

| | | | |
|--|-----|------|-------|
| Item 24: Defining the family problem in a | 176 | .172 | .026* |
|--|-----|------|-------|

more positive way so that we do not

become too discouraged

| | | | |
|--|-----|------|-------|
| Item 25: Asking relatives how they feel | 176 | .186 | .016* |
|--|-----|------|-------|

about problems we face.

| | | | |
|---|-----|------|-------|
| Item 28: Believing that we can solve | 176 | .304 | .080* |
|---|-----|------|-------|

the problem together

| | | | |
|---------------------|------------|-------------|--------------|
| Total FCopes | 176 | .222 | .125* |
|---------------------|------------|-------------|--------------|

*significant at $P < .05$

On applying the ABCX model on the data from the scales completed by recently bereaved families, FCopes showed positive correlation with the FAC18 ($r = .222$, $p = .005^*$). FCopes consists of 32 items and items 5, 7, 12, 13, 14, 15, 16, 23, 24, 25 and 28, indicated significance. Item 5 indicates in times of the loss of a loved one the family seeks advice from relatives. Item 7 show that the participants know that they have the strength within their family to solve their problems. Item 12 indicates that the participants spend family time together. Item 13 indicates that the participants respond to death in their family by standing together as a family because that helps them to be strong to handle their problem. Item 14 show that the family attends church services. Item 15 show that the participants accept that stressful events are a fact of life. Item 16 indicates that the participant

share concerns with close friend. Item 19 show that participants accept that difficulties happen unexpectedly. Item 23 show that participating participate in church activities. Item 24 show that participants responded to death by defining the family problem in a more positive way so that they do not become too discouraged. Lastly Item 28 indicates that the families believe that they can solve their problems as a family.

5.2.1.5. Social Support Index (SSI)

Table18: Pearson product-moment correlation between FACI8 and potential resiliency variable SSI

| <u>Significant items on the scale</u> | <u>N</u> | <u>r</u> | <u>P</u> |
|--|------------|-------------|-------------|
| Item 13: The people in the community are friendly | 176 | .198 | .005* |
| Item 17: Members of my family understand me; I feel valued | 176 | .288 | .000* |
| Total SSI | 176 | .102 | .023 |

*significant at $P < 0, 05$

On applying the ABCX model on the data from the scales completed by not recently bereaved families, SSI showed significant positive correlation with the FACI8 ($r = .224$, $p = .003$). Item 13 indicates that the people in the community are friendly. Item 17 indicates that family members understand each other and they feel valued.

5.4. Conclusion

This study was aimed at identifying, and describing the resilient variables amongst black South African families that enable them to bounce back following the recent loss of a loved one and to compare the resilience factors with those of people who did not experience the death of a loved one recently in their families. The findings indicated that it takes more than one variable for a family to bounce back from the trauma of losing a loved one to death. The findings will be discussed in details in the next chapter.

Chapter 6

DISCUSSION OF RESULTS

6.1. Introduction

Results of the study will be discussed in this chapter. The results will be discussed in relation to the literature review, theoretical perspectives and the theoretical framework. The conclusions will be presented as well as the limitations of the study and the recommendation for future research in the area of resilience.

Before the results are discussed it is vital to remember that the primary aim of this study is to highlight resilient factors amongst black South African families that enable them to bounce back following the experience of the loss of a loved one in their nuclear family compared to the loss of a family member in the extended family. The resilience factors of those who have been recently bereaved will be compared to the resilience factors of those that have not been exposed to recent loss of a loved one.

6.2. Discussion of the results

Relatives and Family Support (RFS) is the first variable that showed positive correlation with the FAC18 on participants who recently lost a loved one. RFS measures the degree to which families use support of relatives and friends as a coping strategy to manage stressors and strains. The scale indicates that participants seek encouragement and support from relatives and friends when they experience the trauma of the death of their loved one. In the literature review it is indicated that resilient people are proficient in making good relationships and keeping them. This indicated that the families have good

relationships with others hence they seek encouragement and support from them. It is indicated that good relationships amongst close family members, friends, or others are important because in times of adversity the family and friends come in to assist and give support. Accepting help and support from those who care strengthen resilience. Knowing that others care and are supportive lessens the feeling of isolation thereby making the grieving process easier (Bellefiore, 2007).

The absence of support to the survivors will lead to ineffective ways of dealing with their grief. In a study conducted by Murphy, Baugher, Lohan, Scheidman, Heerwagen, and Johnson on 156 bereaved parents from Seattle and Portland. The parents confirmed that lack of support can make grieving complicated. It can lead to prolonged and destructive reactions such as Post Traumatic Stress Disorder (PTSD) and other psychological problems. Support from family, friends and the society at large is vital during adversities such as the loss of a loved one (Rubel, 1999).

Survivors need to rely on their supportive network and utilize it. Parkes and Weiss as cited in Sprang and McNeil, (1998) report that "the presence of supporting relationships, while valuable at the time of bereavement had no significant association with later recovery. What seemed important was not whether support was initially available, but whether it was available and utilized. When someone is offered support he must reach out and accept this assistance, or else the crisis intervention will not work. Support facilitates recovery.

In the present study, an inverse relationship between RFS and adaptability was noted. This result could mean that families become more self reliant with time wherein as they develop resilience, their dependence on relatives and family decreases. This was very noteworthy in this sample where family support is very important in the culture. Such findings for the present sample may have indications towards the mystical beliefs around causes of misfortune in the family

and the paranoia around external locus of control for crisis in families where no one is trusted completely.

Family Problem Solving Communication (FPSC) showed positive correlation with the FAC18 for both participant who recently lost a loved and those who did not. FPSC measures the problem solving and coping (PSC) components of the Resiliency Model of Family Stress, Adjustment and Adaptation. It assesses the two communication patterns in families during hardships and catastrophes. The two communication patterns are Incendiary, and Affirming communication. The first involves communication that exacerbates conflicts, while the latter convey support and cultivates a calm environment. Correlation was found on the affirming communication pattern.

The participants indicated that as a family they listen and support each other and are respectful of each others feelings. They also take their time to hear what each other have to say or feel. In the literature review it is indicated that good relationship within a family leads to good communication. Communication includes both verbal and non-verbal communication. When every one in the family is given an equal opportunity to express themselves, that brings about balance in the family. It also gives them the opportunity to express themselves without any fear of being judged and criticized. In a study conducted at Kwazulu-Natal the participants indicated that being able to talk about their loved one freely is helpful (Brysiewicz, 2008).

Good and positive communication during adversity also helps in facilitating recovery and it brings clarity amidst a crisis by facilitating problem solving (Robinson, 2007). Equality helps to bring about independence and self-reliance which helps each one in the family to have power to make decisions necessary during crisis. When every one in the family feels that they have the power to make decisions that will foster adjustment and adaptation in the family.

Family hardiness index (FHI) Family hardiness refers to having a sense of control over the end results of the challenge that the family is going through, and it was significant with the FAC18 for both participant who recently lost a loved one and those who did not. The FHI measures how hardiness is used as a resource to mediate the effects of stress in families, and in turn facilitate family adjustment and adaptation (McCubbin et al., 2001).

FHI taps into the family resources (BB) and situational appraisal (CC) components of the Resilience Model of Family Stress, Adjustment and Adaptation. The family's appraisal comprises of five processes which are family schema, family coherence, family paradigm, situational appraisal and stressor appraisal. Situational appraisal (CC) can be described as the family's ability to weigh up their resources against new demands on their established patterns of functioning which is created by the crisis. Family resource (BB) includes family's strength and capabilities. There are three sources that the family can draw on as resources; they are individual family members, the family unit including relatives and the community.

On discussing the results FHI indicates that the participants feel that it is wise to plan ahead and hope that things will turn out as they have planned. In the literature review it is indicates that the families realize that they cannot predict the future however they can hope for the best. These families appear to be realistic and are not defensive about their life circumstances; they realize that adversity can occur at some point in their lives hence they are open to new ideas and are flexible enough to try new tactics for dealing with problems. Resilient people are able to learn from their experiences, and they do not punish themselves due to them no matter how bad the experience.

Because of their hardiness the families try to look beyond the present to the future circumstances; this does not mean that they avoid or use Freud's defense mechanism. This means that they reframe their adversity and look at it in a way that will help them grow. This also explains why they feel that they can survive

even if another problem hits them. The families realize that at times they cannot avoid stressful events from happening, but they can change how they interpret and respond to these events. Hardiness in the family is important as it helps against the effects of stress on health. The family manages to pull together as one to solve their problem/s and to deal with their loss. As they pull together they listen to each others' problems, hurt and fears thereby trying different things to help each other to avoid getting stuck in their grief. When supported at home this help the family members to go out and do things with others.

People who engage in activities with others such as being involved in support groups, faith based organization, or other local groups find companionship that provide social support which often help them reclaim hope. This gives them a chance to assist others in their time of need thereby benefiting them as helpers. This positive attitude allows the bereaved family to deal with their moment of stress and to look for and accept the support that is out there. This approach toward the world gives the family the ability to hope for a better future (American Psychology Association, 2006).

Family Oriented Personal Evaluation Scales (FCopes) showed positive correlation for both participants who experience death recently in their family and those who did not experience death recently. FCopes identifies the problem-solving and behavioral strategies utilized by families in crisis situations. This scale focuses on two levels of interaction, namely: (1) individual to family system - the way in which the family manages crises and problems internally amongst family members, and (2) family to social environment – the way in which the family manages problems outside its boundaries, but which still have an influence on the family as a unit.

FCopes indicates that in times of the loss of a loved one the families seek advice from relatives and they ask favors and assistance from their neighbours. The fact that the families manages to seek advice from their relatives and favors as well as assistance from their neighbours indicates that they have good

relationships with their relatives. In the literature review it is indicated that good relationships amongst close family members, friends, relatives and others are important. It is important in that it often takes several people, each of whom can provide different kinds of support and advice. It is further indicated that subjects who have high levels of support have lower levels of distress while mourning. Resilient people are proficient in making good relationships and keeping them (Bellafiore, 2007).

Believing in the basic goodness of the world and trust that things will turn out all right helps the family to better deal with their loss. Spending time with relatives allows the bereaved family to deal with their moment of stress and to look for and accept the support that is out there. This approach toward the world gives the family the ability to hope for a better future (American Psychology Association, 2006).

The participants indicated that they attend church services and get involved in church activities and this shows their faith in God. Some participants showed that they consult traditional healers. The literature review indicates that spiritual practices help families to build connections and restore hope. Religious beliefs also aid in adaptation and resolution of trauma. Some churches give spiritual counseling to its members. Some churches also give more support during the loss by holding services every evening in the family in the bereaved family (American Psychology Association, 2006).

The participants feel that when they are faced with the loss of a loved one they believe they have the power to solve any major problem that may arise and they show that they are strong. The participants show confidence in problem solving. The confidence could be due to their upbringing. In the theoretical perspective it is stated that the attachment of the child to the parent allows the child freedom to explore his/her environment. Through a healthy attachment, the child "develops toward increasing self-reliance overtime". The child that forms a healthy/secure

attachment feels free to explore his/her environment and later uses the attachment framework in future relationships even into adulthood. This might also mean that when one happens to lose a loved one, due to the kind of attachment and security that they feel they might deal with the loss better than a person whose attachment is poor.

Vygotsky (1978) in his developmental theory indicates that a family can be able to deal with a loss of their loved one through the help of the family, something that they could not do on their own. If a child grew up in a family where they were supported and the environment was peaceful and they were given an opportunity to be themselves that will make it easier for them to deal with a trauma loss.

The participants feel that if they prepare they can handle their problems. This shows that the families accept that change is part of life, they live a realistic life and they know that as they progress in life they may encounter adversities like the loss of a loved one. Accepting circumstances that they cannot be changed helps the families focus on circumstances that they can change. This shows that the families are flexible and flexibility plays an important protective and recovery role in helping the family maintain stability. Flexibility is considered to be a vital component in the process of resilience. When a family is flexible it will be able to adjust its patterns of functioning to help it cope in times of adversity (Bellafore, 2007).

The families here they take the salutogenic approach in their loss. As indicated in the theoretical perspective the salutogenic model rejects the assumption that stressors are inherently bad, in favour of the possibility that stressors may have salutary consequences. This implies that stressors are neutral in their health consequence, and that the consequences depend on a person's response to a stressor. Stressors arouse a condition of tension in a person; if tension is managed poorly, stress results and the way for disease is open, but if it is managed well, the stressor may remain neutral or even become health

enhancing. This implies looking not at risk factors, but at salutary factors (van Breda, 2001).

The participants believe that they can solve their problems as a family. The salutogenic model of health talks about sense of coherence (SoC) that has three components and one of the components is manageability. Manageability refers to the extent to which one perceives the events of his or her life as experiences that are, at least, bearable, or better still, can be coped with. Here one perceives that the resources that one has are adequate to meet the demands posed by the stimuli that bombard him. These resources that are at one's disposal may refer to resources under one's own control or controlled by others such as family members, friends, God, a doctor or anyone one feels they can trust. When one has a high sense of manageability he will not feel victimized by events or feel that life is treating him unfairly and he will be able to cope with endless complaints (Mtsweni.2007, Charles et al., 2008).

The confidence that the families have in their ability to solve their problems is a sign of resilience. Resilient people have a feeling of independence and a sense of their life in perspective. They do not feel that they are at the mercy of forces that aim to destroy them. When they encounter a problem, they take decisive actions, rather than detaching completely and wishing their problems would disappear. They do so because they know that ultimately their survival and the integrity of their life values depend on it. They have a sense of personal responsibility and the self-discipline it takes to accomplish their goals. While they have a sense of their independence, they also have the freedom to depend on others, setting appropriate limits on their dependency (Bellafiore, 2006).

Lastly the participants indicated they pull together and they try by all means possible to spend as much time together as possible. Spending time and having a routine helps the family to create a sense of predictability this is also considered a reliable indicator of family integrity and stability. Stability in the family allows the family to establish continuity even amidst adversity and to build

a solid foundation of interpersonal support the family need to get through the transitions it is going through (McCubbin et al., 2001).

Social Support Index (SSI) SSI showed significant positive correlation with the FAC18 for the participants who experienced the death of a loved one recently and those who did not. SSI evaluate the degree to which families are integrated into the community and view the community as a source of support; in that the community can provide emotional support (such as recognition and affirmation), esteem support (affection), and network support (relationships with relatives). It also measures the family's ability to actively engage in acquiring support from relatives, friends and extended family.

SSI indicated that the participants feel that members of their family listen to their problems and concerns and they feel supported. The participants feel that the members of their family make an effort to show their love and affection to them as they listen to their problems and concerns. The participants also feel that members of their family understand them and they feel valued.

The Broaden-And-Build Theory states that various discrete positive emotions (e.g., joy, contentment, interest) that in this case come as a result of the positivism from the family, broaden one's thought-action repertoire, expanding the range of cognitions and behaviors that come to mind. These broadened mindsets, in turn, build an individual's physical, intellectual, and social resources (Fredrickson et al, 2000). This perspective on positive emotions explains why those who experience positive emotions in the midst of stress are able to benefit from their broadened mindsets and successfully regulate their negative emotional experiences.

People who show resilience generally have been treated with appreciation, care and love from early childhood on. The person has learned to see himself in a positive way. When a life disruption creates an assault to his self-image, he is able to restore his feelings of self-esteem quickly. Without a positive sense of

self, some people find themselves stuck in a crisis, often secretly feeling that they deserve the negative experience that has happened in their lives (APA help centre, 2007)

6.3. Conclusion

This study was primarily aimed at identifying, and describing the resilient factors amongst black South Africans (specifically the Pedi, Tsonga, Ndebele and Venda speaking families from Limpopo Province) that enable them to bounce back following the recent experience of a loss of a loved one in their nuclear family and to compare the findings to the resilience factors to those of families who have not been exposed to recent loss of a loved one in their nuclear family.

Five variables namely the *Relative and friends Support (RFS)*, *Family Problem Solving Communication (FPSC)*, *Family hardiness index (FHI)*, *Family Oriented Personal Evaluation Scales (FCopes)* and *Social Support Index (SSI)* indicated correlation with the FAC18. RFS showed inverse correlation on families who recently experienced the loss of a loved one while FPSC, FHI, FCopes and SSI indicated correlation for both families who recently experienced the death of a close loved one and those whose bereavement was more than a year old and involved an extended family member. This proves the hypothesis that there is a relationship between family adaptation (FAC18) and potential resiliency which will differ according to the time interval of the loss and the family member lost.

The RFS measures the degree to which families use support of relatives and friends as a coping strategy to manage stressors and strains. RFS is the only measuring instrument that showed correlation on participant that recently experienced the death of a loved one only. This explains the importance of support when a family has recently experienced the death of a loved one which is in line with grieving problems at an acute stage whereby families are still in shock. When the families are still in shock, they need support from almost

everyone available because they are still trying to make sense of their trauma. The inverse relationship however, indicates that some element of caution is exercised whereby the family shows some movement towards self reliance too. Families that lost their loved ones over a year show no significant association with RFS and this mean the families might have already found other resources that help them to cope with their loss. This also proves the hypothesis that people who recently lost a loved one used more resilience factors which is over and above other factors that are common between those that are acutely bereaved and those that were bereaved some time ago.

The fact that FPSC, FHI, FCopes and SSI showed correlation in both families of participants who experienced the trauma of losing a loved one recently and those whose loss was not recent, it shows that people need to have resilience in their daily lives because adversities can strike on an individual or family any time. This also indicates that the loss of a loved one is not always bad and there is no uniform way in which people are going to respond to it.

Bellafiore (2007) suggested that we all have the capacity to reorganize our lives after a disruption and to achieve new levels of order and meaningfulness if we know how to activate our resilience. The families who participated in this study appear to have the ability to activate their resilience hence they managed to cope with the death of their loved ones. He further suggests that in order to mature through the process of meaningful change and reintegration, we need to experience life disruptions. He stated that life disruptions are not necessarily bad because they can help us grow and meet future challenges in our lives and that has been indicated in the discussion.

6.4. Limitations of the study

The study aimed at identifying the resilience factors that enable participants to bounce back after a recent loss of a close family member (three months and less) and comparing the findings to that of participants who lost extended family

members over a year ago. It is assumed that if the death happened a while ago it might not have the same effect as when it has just happened. Grief is difficult to measure in this way because just talking about the loss, even if it happened a while ago, might evoke feelings like it has just happened. Some families have very close relationships with extended family members as it is the case in the African families where grandparents play a role of primary caregivers which then makes them be at the same level with direct parents and siblings in some cases. Such limitations are important to note in making generalizations of the results in this study. It may also be important for future studies to look into these other factors highlighted to see how families from these contexts differ with families from other contexts when they bounce back.

6.5. Recommendations

It is recommended that more studies on resilience factors that enable people to bounce back following the death of a loved one be conducted in South Africa from all the ethnic groups. This will help people to learn from each other different ways that they can use cope with the loss of their loved ones to death.

It is also recommended that people when faced with trauma of death, the family members be made aware about the importance of support and communication as a family. This will help them realize the need for professional help to avoid complications brought by complicated and delayed bereavement.

Furthermore policy makers could put programs in place to educate the public about bereavement especially during these times where high rates of deaths of family members occur due to HIV/AIDS pandemic and the related opportunistic diseases.

Social support appeared to play a significant role in helping the participants to cope with their loss. Given the fact that lately in South Africa there is a move from collectivism to individualism. It is recommended that future research look into the

way such support is transformed to fit into the changing societal values and how communities become sustained following crises situations

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Appendices

Family Resilience Research Project

The following questionnaires are included:

Biographical questionnaire (which includes semi-structured interview) and the following Scales: Family Hardiness Index (FHI)

Social Support Index (SSI)

Relative and Friend Support (RFS)

F-COPES

Family Time and Routine Index

Family Problem Solving Communication

FACI8

SECTION A

BIOGRAPHICAL INFORMATION

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

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

1. Living in.....(Town or city)

2. Ethnicity

| | | | | |
|------|---------|--------|-------|-------|
| Pedi | Ndebele | Tsonga | Venda | Other |
|------|---------|--------|-------|-------|

3. Job details: Nature of employment

| | | | | |
|------------|-----------|-----------|-----------|---------|
| Unemployed | Temporary | Permanent | Pensioner | Student |
|------------|-----------|-----------|-----------|---------|

4. Estimated family Annual Gross income:

| | |
|--------------------|---------------------|
| Less than R20 000 | R 61 000 – R 80 000 |
| R21 000 – R40 000 | R 81 000- R 100 000 |
| R 41 000 – R60 000 | R 101 000- more |

5. Religious affiliation :(If more than 1 indicate by marking)

| | | | | |
|-------------------|--------------|--------|-------------|---------|
| African tradition | Christianity | Muslim | No religion | Other : |
|-------------------|--------------|--------|-------------|---------|

6. Have experience loss/death in your family?

| | |
|-----|----|
| Yes | No |
|-----|----|

7. Relationship with the deceased: (tick appropriately)

| | |
|---------|-------------|
| Spouse | Aunt |
| Child | Cousin |
| Parent | Grandparent |
| Sibling | Uncle |

8. Time lapsed since the loss:

| | | | | | |
|---------------------|--------|---------|--------|--------|---------------------|
| Less than 1 year | 1 year | 2 years | 3years | 4years | 5 years and over |
|---------------------|--------|---------|--------|--------|---------------------|

(Social Support Index) SSI

| Please rate the following statements as they apply to your family | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Official use |
|--|-------------------|----------|---------|-------|----------------|--------------|
| 1. <i>If I had an emergency, even people I do not know in this community would be willing to help</i> | | | | | | |
| 2. <i>I feel good about myself when I sacrifice and give time and energy to members of my family</i> | | | | | | |
| 3. <i>The things I do for members of my family and they do for me make me feel part of this very important group</i> | | | | | | |
| 4. <i>People here know they can get help from the community if they are in trouble</i> | | | | | | |
| 5. <i>I have friends who let me know they value who I am and what I can do</i> | | | | | | |
| 6. <i>People can depend on each other in this community</i> | | | | | | |
| 7. <i>Members of my family seldom listen to my problems or concerns; I usually feel criticised</i> | | | | | | |
| 8. <i>My friends in this community are a part of my everyday activities.</i> | | | | | | |
| 9. <i>There are times when family members do things that make other members unhappy</i> | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| 10. I need to be very careful how much I do for my friends because they take advantage of me. | | | | | | |
| 11. Living in this community gives me a secure feeling | | | | | | |
| 12. The members of my family make an effort to show their love and affection for me. | | | | | | |
| 13. There is a feeling in this community that people should not get too friendly with each other | | | | | | |
| 14. This is not a very good community to bring children up in | | | | | | |
| 15. I feel secure that I am as important to my friends as they are to me | | | | | | |
| 16. I have some very close friends outside the family who I know really care for me and love me | | | | | | |
| 17. Member(s) of my family do not seem to understand me; I feel taken for granted | | | | | | |

Relatives and Friends Support (RFS)

DIRECTIONS: Decide for your family whether you: STRONGLY DISAGREE; DISAGREE; are NEUTRAL; AGREE; or STRONGLY AGREE with the statements listed below. Indicate your choice in the appropriate space.

| We cope with family problems by: | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Official use |
|------------------------------------|-------------------|----------|---------|-------|----------------|--------------|
| 1. <i>Sharing our Sharing with</i> | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| <i>relatives</i> | | | | | | |
| 2. Seeking advice from relatives | | | | | | |
| 3. Doing things with relatives (get together) | | | | | | |
| 4. Seeking encouragement and support from friends | | | | | | |
| 5. Seeking information and advice from people faced with the same or similar problems | | | | | | |
| 6. Sharing concerns with close friends | | | | | | |
| 7. Sharing problems with neighbours | | | | | | |
| 8. Asking relatives how they feel about the problems we face | | | | | | |

Family Problem Solving Communication (FPSC)

| <i>When our family struggles with problems or conflicts which upset us, I would describe my family in the following way:</i> | False | Mostly False | Mostly True | True |
|--|-------|--------------|-------------|------|
| 1. We yell and scream at each other | 0 | 1 | 2 | 3 |
| 2. We are respectful of each others' feelings | 0 | 1 | 2 | 3 |
| 3. We talk things through till we reach a resolution | 0 | 1 | 2 | 3 |
| 4. We work hard to be sure family members are not hurt, emotionally or physically | 0 | 1 | 2 | 3 |
| 5. We walk away from conflicts without much satisfaction | 0 | 1 | 2 | 3 |
| 6. We share with each other how much we care for one another | 0 | 1 | 2 | 3 |
| 7. We make matters more difficult by fighting and bring up old matters | 0 | 1 | 2 | 3 |
| 8. We take time to hear what each other has to say or feel | 0 | 1 | 2 | 3 |
| 9. We work to be calm and talk things through | 0 | 1 | 2 | 3 |
| 10. We get upset, but we try to end our conflicts on a positive note | 0 | 1 | 2 | 3 |

Family Hardiness Index (FHI)

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

| IN OUR FAMILY.... | False | Mostly False | Mostly True | True | Not Applicable | Offi I us |
|--|-------|-----------------|----------------|------|-------------------|--------------|
| 1. Trouble results from mistakes we make | | | | | | |
| 2. It is not wise to plan ahead and hope because things do not turn out anyway | | | | | | |
| 3. Our work and efforts are not appreciated no matter how hard we try and work | | | | | | |
| 4. In the long run, the bad things that happen to us are balanced by the good things that happen | | | | | | |
| 5. We have a sense of being strong even when we face big problems | | | | | | |
| 6. Many times I feel I can trust that even in difficult times that things will work out | | | | | | |
| 7. While we don't always agree, we can count on each other to stand by us in times of need | | | | | | |
| 8. We do not feel we can survive if another problem hits us | | | | | | |
| 9. We believe that things will work out for the better if we work together as a family | | | | | | |
| 10. Life seems dull and meaningless | | | | | | |
| 11. We strive together and help each other no matter what | | | | | | |
| 12. When our family plans activities we try new and exciting things | | | | | | |
| 13. We listen to each others' problems, hurts and fears | | | | | | |
| 14. We tend to do the same things over and over It's boring | | | | | | |
| 15. We seem to encourage each other to try new things and experiences | | | | | | |
| 16. It is better to stay at home than go out and do things with others | | | | | | |
| 17. Being active and learning new things are encouraged | | | | | | |
| 18. We work together to solve problems | | | | | | |
| 19. Most of the unhappy things that happen are due to bad luck | | | | | | |

20. We realize our lives are controlled by accidents and luck

Family Oriented Personal Evaluation Scale (F-COPES)

DIRECTIONS

First, read the list of "Response Choices" one at a time.

Second, decide how each statement will describe your attitudes and behavior in response to problems or difficulties. If the statement describes your response very well, then select the number 5 indicating that you STRONGLY AGREE; if the statement does not describe your response at all, then select the number 1 indicating that you STRONGLY DISAGREE; if the statement describes your response to some degree, then select a number 2, 3 or 4 to indicate how much you agree or disagree with the statement about your response.

| 1 | 2 | 3 | 4 | 5 |
|----------------------|------------------------|------------------------------|---------------------|-------------------|
| Strongly Disagree | Moderately disagree | Neither agree or Disagree | Moderately Agree | Strongly agree |

WHEN WE FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY, WE RESPOND BY:

- ___ 1. Sharing our difficulties with relatives
- ___ 2. Seeking encouragement and support from friends
- ___ 3. Knowing we have the power to solve major problems
- ___ 4. Seeking information and advice from persons in other families who have faced the same or similar problems
- ___ 5. Seeking advice from relatives (grandparents, etc.)
- ___ 6. Seeking assistance from community agencies and programs designed to help families in our situation
- ___ 7. Knowing that we have the strength within our own family to solve our problems
- ___ 8. Receiving gifts and favors from neighbours (e.g. food, taking in mail, etc.)
- ___ 9. Seeking information and advice from the family doctor
- ___ 10. Asking neighbours for favors and assistance
- ___ 11. Facing the problems "head-on" and trying to get a solution right away
- ___ 12. Watching television
- ___ 13. Showing that we are strong
- ___ 14. Attending church services
- ___ 15. Accepting stressful events as a fact of life
- ___ 16. Sharing concerns with close friends
- ___ 17. Knowing luck plays a big part in how well we are able to solve family problems
- ___ 18. Exercising with friends to stay fit and reduce tension
- ___ 19. Accepting that difficulties occur unexpectedly
- ___ 20. Doing things with relatives (get-together, dinners, etc.)
- ___ 21. Seeking professional counseling and help for family difficulties



- ___ 22. Believing we can handle our own problems
- ___ 23. Participating in church activities
- ___ 24. Defining the family problem in a more positive way so that we do not become too discouraged
- ___ 25. Asking relatives how they feel about problems we face
- ___ 26. Feeling that no matter what we do to prepare, we will have difficulty handling problems
- ___ 27. Seeking advice from a minister
- ___ 28. Believing if we wait long enough, the problem will go away
- ___ 29. Sharing problems with neighbours
- ___ 30. Having faith in God
- ___ 31. Appease the ancestors
- ___ 32. Seek advice and help from a traditional healer

FAMILY FUNCTIONING FACIS

Instructions

Decide how well each statement describes what is happening in your family. In the column headed **Now**, circle the number which best describes how often each thing is happening right now.

| | Now | | | | |
|--|------------|-----------|-----------------|----------------|--------|
| | Never | Sometimes | Hal f the t ime | More than half | Always |
| In my family... | | | | | |
| 1. In our family it is easy for everyone to express his/her opinion. | 1 | 2 | 3 | 4 | 5 |
| 2. It is easier to discuss problems with people outside the family than with other family members. | 1 | 2 | 3 | 4 | 5 |
| 3. Each family member has input in major family decisions. | 1 | 2 | 3 | 4 | 5 |
| 4. Family members discuss problems and feel good about the solutions. | 1 | 2 | 3 | 4 | 5 |
| 5. In our family everyone goes his/her own way. | 1 | 2 | 3 | 4 | 5 |
| 6. Family members consult other family members on their decisions. | 1 | 2 | 3 | 4 | 5 |
| 7. We have difficulty thinking of things to do as a family. | 1 | 2 | 3 | 4 | 5 |
| 8. Discipline is fair in our family. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| 9. Family members feel closer to people outside the family than to other family members. | 1 | 2 | 3 | 4 | 5 |
| 10. Our family tries new ways of dealing with problems. | 1 | 2 | 3 | 4 | 5 |
| 11. In our family, everyone shares responsibilities. | 1 | 2 | 3 | 4 | 5 |
| 12. It is difficult to get a rule changed in our family. | 1 | 2 | 3 | 4 | 5 |
| 13. Family members avoid each other at home. | 1 | 2 | 3 | 4 | 5 |
| 14. When problems arise, we compromise. | 1 | 2 | 3 | 4 | 5 |
| 15. Family members are afraid to say what is on their minds. | 1 | 2 | 3 | 4 | 5 |
| 16. Family members pair up rather than do things as a total family. | 1 | 2 | 3 | 4 | 5 |

Family Time and Routine (FTRI)

Instructions

First, read the following statements and decide to what extent each of the routines listed below is false or true about your family: **False (0)**, **Mostly False (1)**, **Mostly True (2)**, **True (3)**. Please circle the number (0, 1, 2, 3) which best expresses your family experiences.

Second, determine the importance of each routine to keeping your family together and strong: **NI = Not Important**, **SI = Somewhat Important**, **VI = Very Important**. Please circle the letters (NI, SI, or VI), which best express how important the routines are to your family. If you do not have children, relatives, teenagers, etc., please circle NA = Not Applicable.

| Routines | False | Mostly False | Mostly True | True | How Important is it to keep the Family Together and United | | | |
|--|-------|--------------|-------------|------|--|----------|------|--------------|
| | | | | | <i>Important to family</i> Not | Somewhat | Very | Not applicab |
| 1. Parent(s) have some time each day for just talking with the children | 0 | 1 | 2 | 3 | NI | SI | VI | NA |
| 2. Working parent has a regular play time with the children after coming from work | 0 | 1 | 2 | 3 | NI | SI | VI | NA |
| 3. Working parent takes care of the children some time almost every day | 0 | 1 | 2 | 3 | NI | SI | VI | NA |
| 4. Non-working parent and children do something together outside the home almost every day (e.g., shopping, walking, etc.) | 0 | 1 | 2 | 3 | NI | SI | VI | NA |
| 5. Family has a quiet time each evening when everyone talks or plays quietly | 0 | 1 | 2 | 3 | NI | SI | VI | NA |
| 6. Family goes some place special together | 0 | 1 | 2 | 3 | NI | SI | VI | NA |

| | | | | | | | | | |
|--|---|---|---|---|----|----|----|----|--|
| each week | | | | | | | | | |
| 7. Family has a certain family time each week when they do things together at home | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 8. Parent(s) read or tell stories to the children almost every day | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 9. Each child has some time each day for playing alone | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 10. Children/teens play with friends daily | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 11. Parents have a certain hobby or sport they do together regularly | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 12. Parents have time with each other quiet often | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 13. Parents go out together one or more times a week | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 14. Parents often spend time with teenagers for private talks | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 15. Children have special things they do or ask for each night at bedtime (e.g. story, good-night kiss, hug, etc.) | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 16. Children go to bed at the same time almost every night | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 17. Family eats at about the same time each night | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 18. Whole family eats one meal together daily | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 19. At least one parent | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |

| | | | | | | | | | |
|--|---|---|---|---|----|----|----|----|--|
| talks to his or her parents regularly | | | | | | | | | |
| 20. Family have regular visits with the relatives | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 21. Children/teens spend time with grandparent(s) quite often | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 22. We talk with/ write to relatives usually once a week | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 23. Family checks in or out with each other when someone leaves or comes home | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 24. Working parent(s) comes home from work at the same time each day | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 25. Family has certain things they almost always do to greet each other at the end of the day | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 26. We express caring and affection for each other daily | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 27. Parent(s) have certain things they almost always do each time the children get out of line | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 28. Parents discuss new rules for children/teenagers with them quite often | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 29. Children do regular household chores | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 30. Mothers do regular household chores | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |
| 31. Fathers do regular household chores | 0 | 1 | 2 | 3 | NI | SI | VI | NA | |

| | | | | | | | | |
|---|---|---|---|---|----|----|----|----|
| 32. Teenagers do regular household chores | 0 | 1 | 2 | 3 | NI | SI | VI | NA |
|---|---|---|---|---|----|----|----|----|