

Section 2: Manuscripts



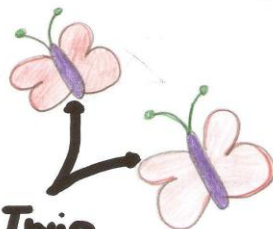
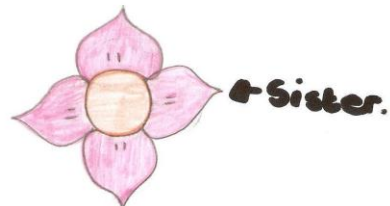
My Family ▲▲▲▲▲

Article 1:
Psychosocial well-being of families from diverse
cultures in a South African context

For publication in

The Journal of Marriage and Family

My family.



Twin
brothers.

Guidelines to authors: The Journal of Marriage and Family

(A modified American Psychological Association style; all page references are to the *Publication Manual of the American Psychological Association*, 6th ed., 2010.)

Manuscript Preparation

- Use 12-pt type Times New Roman and double space (and no more than double space) *everything*: abstract, text (including indented quotations), headings, references, and tables.. Do not use **boldface** or ALL CAPS. (Italicize rather than boldface level 2 and 3 headings.)
- Manuscripts should be limited to 30-35 pages total, including title page (p. 1), abstract (p. 2), text, references, tables, figures, and any appendices. Use 1-inch (2.54 cm) margins at the top, bottom, left, and right of every page (p. 229).
- Use left justification in the text (i.e., the right edge is ragged).
- Number pages, beginning with the title page, in the upper-right-hand corner.
- Title length is ≤ 12 words, abstracts ≤ 150 words. Include the *N* and the data source in the abstract. Include a running head (i.e., short title) of ≤ 50 characters and spaces (if accepted, the running ahead will appear at the top of every other page of the published article). Place the running head at the top of the first page (not in the header). The running head for a comment or reply should specify that it is a comment or reply.
- Below the abstract, list up to six key words, in alphabetical order, by which a published article may be indexed. Choose key words from *JMF's* ScholarOne website.
- Major headings: Method (no *s*), Results or Findings, Discussion, and References; no heading for introduction. The highest level of heading prior to Method should be a major heading.
- Except for author acknowledgements, *JMF* publishes neither footnotes nor endnotes. Please incorporate any essential material into the text.

Method and Data

- The background needs to justify all variables, including control variables.
- In the Method section, specify when, where, and how data were collected. Provide both *n* and (%) of cases deleted due to each sample inclusion (or exclusion) criterion, attrition, or missing data. For interview-based studies, describe questions that were asked. Delineate how data were analyzed. It is insufficient to say simply that a quantitative or qualitative software program was employed. In qualitative studies, as well as studies relying on content analysis, all phases of coding should be spelled out and related to the goals of the project.
- Analyses (or other information) that are not essential to the printed article, but that may be of interest to readers can be submitted as appendices and published in the online version of the article on Wiley Interscience. Supporting material such as additional tables or expanded reference lists should be prepared as appendices and authors should indicate in the manuscript that they intend for this material to be

published as online supporting material. Author guidelines on how to prepare supporting material, including acceptable formats and file sizes, are available at <http://authorservices.wiley.com/bauthor/suppmat.asp>

Brief Reports

Brief reports or research notes appear in *JMF* alongside other articles on related topics; they are distinguishable only by their length. In brief reports, the background presents a brief description of the theoretical framework and prepares the reader for the sample, the measures, and the analytic strategy. It includes a succinct review of only the literature directly relevant to these points. Readers should get to the method by page 5 or 6 (title page is p. 1, abstract is p. 2). The method and results sections are not much different from a full-length manuscript. Rather than a discussion, however, research notes have a conclusion summarizing the major findings. Limitations, of course, are included. The manuscript ends with a brief statement of the study's contribution. Generally, the conclusion runs around 3 pages. The reference list *should not exceed 4 pages*.

Numbers and Statistics

- Use figures, not words, for dates; ages; sample, subsample, or population size; exact sums of money; numbers that represent time; and scores and points on a scale. (See pp. 111 - 114.)
- In text and tables, treat numbers as you would treat words. Type all operators (e.g., <, =) with a space before and after. Use numerals for all numbers 10 and above and when comparing to numbers 10 or above (e.g., 12, 11, and 6 months). Number over 999 (other than page numbers) should include commas (e.g., $N=3,850$; p. 1211).
- One fifth (noun) versus one-fifth (adjective).
- Italicize scoring systems (tables, too) as follows, 1 = *yes*, 5 = *strongly agree*, 1 = *no effect*.
- Greek letters are set in regular type; statistical symbols in *italic* type, and symbols for matrices and vectors in **boldface** type. (See pp. 118-119.)
- Expand all statistical or technical terms on first use (e.g., goodness of fit, GFI thereafter). See common statistical abbreviations and symbols in Table 3.9 (pp. 119-123).
- Italicize statistical symbols in text and tables (e.g., F , F_s , SD , M , N , n , p , r , R^2 , t). Use symbols (e.g., 29% not 29 percent or twenty-nine percent; α not Cronbach's alpha).
- Capitalize Model 1, Table 2, Hypothesis 3, Wave 1, Figure 1, Column 2, Level 1, and so on.
- Use N for the total sample and n for any and all subsamples (tables, too). Note the italics.

- In tables and text, use zero before a decimal point in a number less than 1 if a statistic *could exceed 1*. Do not use a zero before a decimal point where a statistic could not exceed 1. (See pp. 113-114.) Examples of statistics that cannot exceed 1 are: *a*, *B*, *p*, and correlation coefficients. Examples of statistics that can exceed 1 are: *b*, *CI*, *df*, *eb*, effect sizes, *%*, *OR*, *SD*, and *SE*.

General and APA-specific Grammar and Usage Rules

General:

- Strive for economy of expression.
- Use *while* and *since* only in reference to time (alternatives: although, whereas, but, because).
- *JMF* follows Strunk and White in not beginning a sentence with *however*, which usually means "in whatever way" or "to whatever extent." Often *nevertheless* or *but* is a good substitute for *however*.
- Include a comma before and in a series (e.g., red, blue, and yellow). Use commas (not semicolons) in a series unless an element within the series contains commas: Flags were blue, red, and yellow; lavender, white, and apricot; or orange, green, and black.
- Generally, close quotation marks after periods and commas, "like this." Other punctuation marks are within quotations only when they are part of the quoted material. (See pp. 91-92.)
- Use *which* for information that is parenthetical in nature and set off this material with commas; for information essential to the meaning of the sentence, use *that* (e.g., the table, *which* appears in Appendix A; a variable *that* is measured). (See p.83.)
- The word *data* is plural. See p. 96 for plurals of common words of Latin or Greek origin.
- Use e.g., i.e., etc., and vs. in parentheses only. Otherwise, use for example, that is, etcetera, and versus. Follow e.g. and i.e. with commas (e.g., i.e.).
- Ellipses require spaces before and after each period, like this: . . ., not ...Ellipses may also need to include an ending period before or after the ellipses.

APA-specific:

- Expand all acronyms on first use, no matter how commonly used (e.g., Dyadic Adjustment Scale, DAS). Abbreviate only terms commonly used in *JMF*, not EST. (See pp. 106 - 107.)
- The following prefixes should not require a hyphen: after, anti, bi, co, counter, equi, extra, infra, inter, intra, macro, mega, meta (but meta-analysis), micro, mid, mini, multi, non, over, post, pre, pro, pseudo, re, semi, socio, sub, super, supra, ultra, un, and under. Retain hyphens before a numeral, an all-caps abbreviation (pre-TANF), and a capitalized letter (e.g., non-Hispanic). Retain hyphens if word could be misunderstood or misread (e.g., re-pair, anti-intellectual). Hyphenate all self words. (See the table on p. 98 for more instructions concerning hyphenation.)

- Commonly used nouns: caregiving, childbearing, child care, child rearing, database, data set, e-mail, fixed effects, life course, long-standing, pooled time series, random effects, website.
- Hyphenate compound adjectives when they modify nouns; for example, middle-class families but families in the middle class. Terms for race and ethnicity do not include hyphens (e.g., African American families). Well-being is always hyphenated. Use an en dash between two units of equal weight (e.g., parent-child relationships).
 - Emphasis and irony are best conveyed with words; do not use italics for emphasis. (For more information, see pp. 105-106). Use quotation marks for in-text quotations of fewer than 40 words and to indicate ironic comments or invented expressions (e.g., the division of labor is "fair"), not for emphasis. Quotation marks around ironic expressions are dropped after the first occurrence.
 - Italicize new, technical, or key terms or labels but only at first occurrence. Italicize words used as words (e.g., "Often *nevertheless* or *but* is a good substitute for *however*.")
 - Avoid one-sentence paragraphs. Avoid contractions.
 - Review the literature in the past tense.
 - Use letters, not numbers, in parentheses for a series: (a) first, (b) second, and (c) third; not (1), (2), (3); nor 1), 2), 3); nor a), b), c).
 - Capitalize the first word after a colon if it begins a complete sentence. Capitalize both words when a capitalized word is a hyphenated compound.
 - Capitalize racial groups: Black, White, non-White, Mexican American, European American.
 - Use female or male only as adjectives; girls or women, boys or men as nouns. Rewrite the sentence to avoid language such as he/she and him or her (see p. 74). Use gender, not sex. Use sex for behavior.
 - Avoid slash construction in (a) simple and/or constructions (use a phrase instead); (b) for simple comparisons or items of equal weight (use a hyphen instead); and (c) more than once to express compound units (use centered dots and parentheses to avoid ambiguity). (See pp. 95 - 96.)

Tables

- Construct tables in Microsoft Word. Place asterisks indicating p values in the same cell as the value they modify, use the decimal tab in the ruler to align decimals.
- Consult our JMF table website for sample tables in PDF and in Word; the latter may be downloaded for use as a template. Delete all vertical and most horizontal lines as per the examples on the web. Double space all tables. However, if double-spacing means that a table requires two pages, and the table can be printed on one page with single-spacing; this is acceptable.
- Craft brief but clear and explanatory table titles. Use title case (capitalize major words, all words of four or more letters, and both words of a hyphenated compound) and italicize.

- Align headings and column entries. Align decimal points within columns (see our table website). Use separate columns for each item (e.g., standard errors). Use only two decimal places unless there is a compelling reason to provide three decimal places.
- Except for statistical symbols, do not italicize column headings or variable names. Boldface is reserved for unique statistical symbols.
- Tables should stand alone, without the need to go to the text for interpretation. Explain the meaning of scales, numbers, and variables with table notes or figure legends. If using acronyms or special punctuation, define them (e.g., YR = youth report; all bolded terms are weighted to U.S. norms). Include the *N* and *ns* in all tables.
- Table notes:
 - First level: General table notes, together in a first paragraph, are relevant to the table as a whole. No space between Note and \therefore . Format is:

Note: All values are weighted. $N = 230$ couples.

- Second level: Specific notes-together in a second paragraph-are used for information relevant to a particular row, column, or cell entry. There is no space between the superscript and the cell entry and between the superscript and the note. Format is:

a1 = *strongly disagree*, 5 = *strongly agree*. bCenter for Epidemiological Studies Depression scale.

- Third level: Probability notes-together in a third paragraph-indicate the results of tests of significance. Use asterisks only. Use periods to punctuate probability notes. No space between * and the cell entry and between * and *p* in the note. Italicize *p*. In the rare instance when it is appropriate, use a dagger (†) to indicate a trend as in †*p* < .10. * indicates the same *p* value from table to table within a paper. All *p*-value notes go on a single line. Insert spaces before and after <. Format is:

p* < .05. *p* < .01. ****p* < .001.

Reference and Parenthetical Citations in Text (pp. 174 -179)

- Citations in the text not enclosed in parentheses should list the date of the work in parentheses after the author's name, as in Jones (2002).
- List parenthetical citations in alphabetical order (Benton & Mays, 1999, Results section, para. 3; Chan, 1998; Farmer, 1999a, 1999b; Jones, 1992, 1999; Jones, Armstrong, & Hayes, 2001; Zindel et al., 2001).
- For a single work, use a comma between the author and the date (Jones, 1990).
- In parentheses, link authors' names with an ampersand (Bruce & Smith, 1996); use *and* in the text: Bruce and Smith (1996). In the case of three or more authors,

both & and *and* are preceded by a comma: Franz, Cox, Smythe, and Queen (1989) or (Franz, Cox, Smythe, & Queen, 1989).

- List different publications by the same author in chronological order. Do not repeat the author's name (Bruce, 1990, 1992a). Commas separate the dates of different publications by the same author; semicolons separate that author's work from that of other authors' (Jones, 1990, 1987; Bruce, 2000).
- Works by the same first author but different coauthors are alphabetized by the last name of the second (or, if necessary, later) author. (See p. 182.)
- Once a work with three or more authors has been cited in full, subsequent citations should list the first author (no comma) followed by et (no period) al., (period and comma), as in (Smith et al., 1988); works with six or more authors follow this convention on first occurrence.
- Cite a single page number using p. and multiple page numbers using pp. (e.g., Jones, 1992, pp. 10 - 12). Put a space between p. or pp. and the number.
- Use commas to separate citation dates in parenthetical material (see Jones et al., 2001, for an example).

Reference List (pp.180-192)

- Begin the reference list on a new page. Double space (and no more than double space) within and between all end references. Each new entry begins flush left; set subsequent lines with hanging indents using the ruler, not the Enter key and tabs, to create the indents.
- Alphabetize entries in the same manner as within-text citations (above).
- The reference list includes all references and only those references cited in the text.
- Entries with multiple authors should include the names of *all* authors in the reference list.
- Use authors' and editors' last names and first and second initials (Gutman, A. S., & Smith, R. T.) Initials appear before surnames only for editors (e.g., A. S. Gutman). Space between initials.
- Italicize book titles, and the names and volume numbers of journals. Page numbers are required for book chapters. (See p. 204.)
- If a source is available most readily online, provide a URL. Avoid using a period after a URL. For example: Kreider, R.M. (2003, October). Adopted children and stepchildren: 200. *Census 2000 Special Reports*. Washington, DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/2003pubs/censr-6.pdf>
- Where possible, include DOI's (digital object identifiers) in the reference list. For example: Biblarz, T. J., & Stacey, J. (2010). How does the gender of parents matter? *Journal of Marriage and Family*, 72, 3-22. DOI:10.1111/j.1741-3737.2009.00678.x
- Include state's postal code (e.g., DC not D.C.) or the country to avoid confusion or if the city is not well known for publishing: Cambridge, MA; Cambridge, UK. These U.S. cities can stand alone: Baltimore, Boston, Chicago, Los Angeles, New

York, Philadelphia, and San Francisco. These international cities can stand alone: Amsterdam, Jerusalem, London, Milan, Moscow, Paris, Rome, Stockholm, Tokyo, and Vienna.

- Give publishers in as brief a form as possible; remove The, Publishers, Co., or Inc., but retain Books and Press. For example, Basic Books, Blackwell, Erlbaum, Macmillan, Sage, Wiley.
- *Journal of Marriage and the Family* prior to 2001; *Journal of Marriage and Family* from 2001 forward.

Article 1

Psychosocial well-being of families in a South African context

Abstract

The aim of this study was to investigate family psychosocial well-being in a South African context. Research was conducted with youths at five secondary schools located in the Gauteng province and focused on the psychosocial well-being experienced in their families from diverse cultures. A cross-sectional survey design and a purposive, voluntary sampling technique was used. Participants included youths who fitted the selection criteria ($N = 772$). Data collection was done by means of the Family Functioning Style Scale, Family Hardiness Index, Family Satisfaction Scale, Inventory of Parent and Peer Attachment, and the McMaster Family Assessment Device. The results supported a two-factor model of family psychosocial well-being consisting of family functioning and family feelings. Family functioning included family relational patterns, family functioning style and family hardiness, while the second factor, family feelings, included family satisfaction and attachment.

Keywords: Attachment; family; family functioning; family functioning style; family hardiness; family satisfaction; psychosocial well-being.

There is a wealth of academic and other types of information and research on the influence and importance of family life and well-being in various contexts. This is not surprising given that families play a prominent role in society and in every individual's life. Research indicates that family life fulfils an essential role in the well-being of its members and also contributes to the well-being of its community (Caledon Institute of Social Policy, 2001; Peterson & Green, 2009). Family ties are a source of emotional support and security to its members and act as a powerful protective factor against risk behaviours, while promoting resilient coping during difficult times (Benard, 2002, 2004). Families, especially youths, without such a secure base for emotional development are at risk of problem behaviour and psychosocial dysfunction (Parritz & Troy, 2011). A recent research paper by the South African Institute of Race Relations (SAIRR) indicates that due to factors such as the HIV/AIDS pandemic and poverty, many South African families are in crisis (Holborn & Eddy, 2011).

It is hard to identify a definition that captures the essence of South African families given the unique blend of cultures and languages in the country. South African law does not refer to or identify a single definition for 'family', as the traditional nuclear family (a married man and woman and their children), which is referred to in South African law and Euro-American literature, does not reflect the current South African society (South African Law Commission, 2002). Moreover, the traditional landscape of the family structure is being replaced by an increasingly diverse family structure where single-parent families and extended family care arrangements are more common. This becomes clear from the statistics published by the South African Institute for Race Relations (Holborn & Eddy, 2011), indicating that the majority (43%) of all South African children live in single-parent households and 23% not with any of their biological parents. Possible results for youths of fractured families, although it is not the only variable that can impact family well-being, include educational difficulties, risky sexual behaviour, drug and alcohol abuse, mental health and self-perception problems, violent behaviour and suicidal tendencies (Holborn & Eddy, 2011), all indicative of compromised psychosocial health and well-being.

This study aims to investigate the psychosocial well-being experienced by young people within their family contexts, as indicative of the prevalence of psychosocial wellness of South African families from diverse cultures.

Literature searches via various academic search engines such as EbscoHost, Science Direct, Jstor, Juta and Google Scholar indicate that literature and research regarding the psychosocial well-being of families in South Africa is limited, and little is known about the functioning, hardiness, attachment and satisfaction of South African families. The significance of this study about the psychosocial wellness of families in South Africa lies in the fact that it will contribute to the knowledge base of social and family sciences with regard to the prevalence of aspects of psychosocial well-being in South African families such as family functioning, -hardiness, -attachment and -satisfaction. A measurement model to assess family psychosocial well-being could also be proposed. Currently there are no holistic measurement models in South Africa that specifically suit this purpose and the development of such a model may contribute to future research on the subject. The results of this research could be applied in counselling and prevention-oriented settings aimed at the promotion of family life and family wellness.

For the purpose of this research a research question that comes to mind is: What are the contributions of features of family life such as family functioning, attachment, family satisfaction and family hardiness to the psychosocial well-being of a family as a whole?

Psychosocial well-being

According to Diener and Lucas (1999), *well-being* includes physical, mental and social dimensions and can be defined as a broad state of health that also includes subjective well-being (the experience of more positive than negative affect, satisfaction with life and low neuroticism or mental stress). Well-being is regarded as a process as it includes all that is good for a person, such as a sound lifestyle and meaningful social roles, happiness and hope, good values, positive social relationships, coping abilities, and a sense of personal security (Inter-Agency Network for Education in Emergencies (INEE), 2011).

Psychological well-being describes a much broader and more detailed context of well-being (Linley & Joseph, 2004), which refers to how one engages with life and its challenges (Keyes, Shmotkin, & Ryff, 2002), personal growth and fulfilment (Linley & Joseph, 2004) and personal strengths and capabilities (Wissing & Van Eeden, 2002). Furthermore, the source of psychological well-being is the inherently intrinsic personal world of the individual (Linley & Joseph, 2004).

The term psychosocial refers to the integrated experience of psychological aspects (thoughts, emotions and behaviour) within social contexts (relationships, traditions, culture). Therefore *psychosocial well-being* refers to life experiences wherein psychological, emotional and social well-being is present in equal measures (Reber & Reber, 2001). According to the model of optimal mental health (Keyes, 2004, 2007), psychological, emotional and social well-being contribute equally to the mental health of people. Emotional well-being implies the experience of mostly positive emotions and feeling satisfied with life in general. Psychological well-being implies self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others, while social acceptance, actualisation, coherence, contribution, and integration are the features of social well-being or positive social functioning (Keyes, 2007). All or most of these characteristics in individuals are developed or thwarted in and by their family experiences (Carr, 2011; Compton, 2005; Parritz & Troy, 2011).

For the purpose of this study family psychosocial well-being is understood along the lines of the optimal mental health model of Keyes (2004, 2007), which emphasize psychological, emotional and social components and it is assumed that these components will manifest in family related features such as family functioning, family hardiness, attachment and family satisfaction. Furthermore, it would seem as if the family related features or dimensions of family life could be divided into those that represent the “functioning well” aspects of family life and those that represent the “feeling well” aspects of family life.

Functioning well

Family functioning reflects the effectiveness of a family's activities and interactions and how these enable families to meet their goals, to support each other and to contribute to each other's well-being (Walsh, 2003). In literature there are two models that describe the most salient aspects characterising family functioning: The model of Dunst, Trivette, and Deal (1988) views a family's style of functioning as strengths-based and portraying the family's shared identity, their manner of information sharing and how they mobilize their resources. The McMaster model of family functioning (Epstein, Ryan, Bishop, Miller, & Keitner, 1993) has a slightly different view on family functioning and states that problem solving, communication, appropriate role allocation, affective responsiveness, affective involvement and flexible behaviour control are six dimensions of family functioning. According to Miller, Ryan, Keitner, Bishop, and Epstein (2000), these dimensions are portrayed by the interactional patterns of the family system and influence the behaviour of family members, in other words one could also refer to these dimensions as the relational patterns within the family. The socio-economic status, culture, family structure and stages of development of families are reported to be some of the aspects that can influence family functioning (McCreary & Dancy, 2004). McCreary and Dancy also report that effective family functioning contributes to emotional nurturing, effective communication, doing things together, helping each other and appropriate parenting in families, all relational qualities that build psychosocial well-being.

Family hardiness proves to be a mediating strength between stressful situations and family adaptation, which includes control (the sense of control that a family has with regard to life events), challenge (the family's ability to perceive change as an opportunity for growth), commitment (how actively oriented a family is toward adapting to stressful life events) and confidence (the family's ability to show interest and find meaning in life experiences) (Ford-Gilboe & Cohen, 2000; McCubbin, McCubbin, & Thompson, 1991). Literature reports that positive correlates of family hardiness include psychological well-being of family members and positive family functioning, personal growth and self-efficacy of the family as a unit (Lian & Lin, 2010; Robitschek & Kashubeck, 1999).

Feeling well

Attachment is widely seen as a powerful determinant in the psychosocial well-being of people and is a basic feature of family life (Baumgardner & Crothers, 2009). Attachment is described as a strong affectional bond characterised by trust and belongingness between members of a family. Seligman (2002, p. 192) calls attachment the “working model” for relationships, and it is based on initial bonding with the mother or primary caregiver. Attachment theory’s basic premise is that people develop expectations with regard to relationships based on childhood bonding experiences that can become resistant to change later in their lives (Seligman, 2002; Tesser, 1995). Bowlby (1958, 1973) described four phases in attachment development: the pre-attachment phase (indiscriminate responsiveness to humans), the attachment-in-the-making phase (focusing on familiar people), the phase of “clear-cut” attachment (active proximity seeking) and the formation of a reciprocal relationship (partnership behaviour). The positive outcome of attachment is known as secure attachment, while the more problematic outcomes could vary between preoccupied, fearful-avoidant and dismissive-avoidant attachment styles that manifest in relationships (Baumeister & Leary, 1995). According to Seligman (2002) people’s attitudes toward others, their goals in relationships and how they manage relational distress are all dictated by their attachment style.

Family satisfaction is defined as the family’s ability to act as a support system for family members in uncertain times and the degree to which members feel happy and fulfilled with other members of the family (Caprara, Pastorelli, Regalia, Scabini, & Bandura, 2005; Olson & Wilson, 1982). Olson and Wilson (1982) identify three dimensions of family satisfaction namely, cohesion, flexibility and communication. Family satisfaction has been reported to have an influence on developmental aspects such as individuation and differentiation of family members (Scabini, Lanz, & Marta, 1999), to correlate with the quality of the parent-child relationship (Belsky, Jaffee, Hsieh, & Silva, 2001) and with perceived self-worth among family members (Gilman, 2001). Family satisfaction is also reported to have positive correlations with subjective well-being, positive family interactions and healthy interpersonal relationships within the family (Campbell, 1981;

Krahn, Gartrell, & Larson, 1981; Mills, Grasmick, Stout Morgan, & Wenk, 1992), aspects that would promote the psychosocial wellness of family members.

Hypotheses

Psychosocial well-being, a complex and multi-dimensional phenomenon, is used as the overarching concept in this study. The constructs discussed above namely, family functioning (which includes the family's style of functioning as well as interactive or relational patterns within the family), family hardiness, attachment and family satisfaction were used to measure family psychosocial well-being. These constructs are identified in research and literature as precursors of family strengths that could play a part in, or contribute to family psychosocial well-being. It can therefore be tentatively assumed that these constructs are interrelated and complimentary, thereby influencing each other and impacting on family psychosocial well-being as a whole.

As mentioned before, the Keyes (2004, 2007) model of mental health in which psychological, emotional and social well-being contribute equally to the mental health of people will be used in this study to organise the family related features into a construct of family psychosocial well-being. Hypothetically, the constructs used in this study to measure family psychosocial well-being could correspond to Keyes' dimensions and be presented as a one-factor or multi-factored model wherein the constructs are identified under the dimensions of psychological, emotional, and social well-being.

In line with the argument for a multi-factored model of family psycho-social well-being made up of psychological, emotional and social well-being components, the following could be hypothetically assumed: Family functioning, consisting of family functioning style (the family's identity, information sharing and resource mobilization) and family relational patterns (problem solving, communication, role allocation, affective responsiveness and involvement and flexible behaviour control), reflects the structure and organization of the family and influences all interactions within the system. Family functioning therefore contributes to the psychological and the social well-being

components of the Keyes-model. Family hardiness (control, challenge and commitment), which refers to the family's ability to manage life's challenges and stress, contributes to the psychological well-being component of the Keyes-model. Attachment (trust and the absence of anger and alienation), is theoretically known as a powerful affectional bond providing emotional security to the individual. However, it is based on a relationship and also forms the basis of all subsequent close relationships. Therefore, attachment contributes primarily to the emotional well-being component of the Keyes-model and also underpins the social well-being component. Family satisfaction (cohesion and adaptability) depicts the subjective experience of family members of mutual support, closeness and satisfaction or happiness and thus contributes to the emotional well-being component of the Keyes-model (Keyes, 2004, 2007).

Based on the preceding argument, hypothetically, the following measurement models could be considered: It could be argued that attachment has a determining influence on people's social well-being because of its internal models of relational security or lack thereof and its association with the quality of relationships and expectations with regard to relationships (Bowlby, 1958, 1973; Seligman, 2002; Tesser, 1995). Attachment could therefore theoretically be a separate factor resulting in a three-factor model consisting of *family functioning* (family relational patterns, family functioning style and family hardiness), *family feelings* (family satisfaction) and *attachment*.

Furthermore, family functioning style and family relational patterns theoretically fit together in assessing family functioning and related aspects namely the effectiveness of a family's activities and interactions and how it enables families to meet their goals, support each other and contribute to each other's well-being (Walsh, 2003). Family relational patterns and family functioning style could therefore theoretically be combined as one factor (*family functioning*) while the factors of *attachment*, *family satisfaction* and *family hardiness* are kept separate, resulting in a four-factor model.

Alternatively, positive family functioning, attachment, family satisfaction and family hardiness are reported as family strengths (Bowlby, 1973; Caprara, Pastorelli, Regalia,

Scabini, & Bandura, 2005; Epstein et al., 1993; McCubbin, McCubbin, & Thompson, 1991; Walsh, 2003). Therefore, the various factors could be viewed as conceptually sharing enough aspects to constitute one factor in which the family relational patterns and family functioning style, family hardiness, attachment and family satisfaction are combined into one factor, namely *family psychosocial well-being*.

In view of the fact that very limited research and information is available on the psychosocial well-being of South African families from diverse cultures, the general aim of this study was to investigate the psychosocial well-being of a group of South African families. The following hypothesis is proposed for this study:

Hypothesis

Family well-being consists of two dimensions, namely *family functioning* (i.e. family relational patterns, family functioning style and family hardiness), and *family feelings* (i.e. attachment and family satisfaction). These two factors (family functioning and family feelings) are positively related.

Method

Research design

A quantitative research design was used for the purpose of this study (Brink, Van der Walt, & Van Rensburg, 2006). A cross-sectional survey design using validated psychological instruments was employed to determine the prevalence of psychosocial well-being in families, to identify families who manifested high, moderate and low levels of psychosocial well-being, and to develop a measurement model for the psychosocial well-being of families.

Participants and setting

A voluntary, all-inclusive, non-discriminatory sampling of youths attending five secondary schools in the Gauteng province of South Africa was conducted. The schools were selected on a basis of convenience and learners in the schools were all informed about the research by teachers and requested to volunteer for participation, with 772 responding ($N = 772$). The setting for completion of questionnaires was the school that the participating youths attended. The participants represented families from diverse cultures and socio-economic statuses, were willing to participate voluntarily and had to have written consent from their parents/caregivers. They also had to be able to communicate in English or Afrikaans. The characteristics of the participants are reported in Table 1.

Table 1
Characteristics of the Participants (N=772)

Item	Category	Frequency	Percentage
Gender	Male	269	34.8
	Female	495	64.1
	Unknown	8	1.0
Ethnicity	White	191	24.7
	African	511	66.6
	Coloured	47	6.1
	Indian	18	2.3
	Unknown	5	.6
Age	13 years	44	5.7
	14 years	143	18.5
	15 years	166	21.5
	16 years	140	18.1
	17 years	165	21.4
	18 years	97	12.6
	19 years	13	1.7
Unknown	4	.5	

Measuring instruments

Data were collected by means of the following validated psychological measuring instruments completed by these youths:

The Family Functioning Style Scale (FFS; Dunst, Trivette, & Deal, 1988) is a family-centred assessment that specifically measures the positive aspects of family functioning or family strengths (Trivette, Dunst, Deal, Hamby, & Sexton, 1994). The FFS consists of 26 items and the scale covers 3 domains, namely: family identity, information sharing and resource mobilization. Example items include: “In our family, we try not to take one another for granted” and “No matter what happens in our family, we try to look at the bright side of things”. The items are rated on a 5 point Likert-type scale from “not at all like my family” to “almost always like my family”. The FFS can be used as both an assessment tool and an outcome measure (Early, 2001). The total score range is from 26-130. Higher scores indicate good family strengths and sound family functioning (McGrath & Sullivan, 1999; Trivette et al., 1994). The split-half reliability coefficient for the scale is 0.85, and the average correlation among the items 0.92. No evidence could be found that this scale has been used in South African studies. Permission to use the scale was requested from and given by Winterberry Press.

The Family Hardiness Index (FHI; McCubbin, McCubbin, & Thompson, 1991) measures the internal strengths and durability of a family. The scale consists of 20 items with three subscales: commitment, challenge, and control. Sample items include: “Life seems dull and meaningless” and “We strive together and help each other no matter what”. The items are arranged along a 5-point Likert-type scale and respondents rate their satisfaction on each item ranging from false, mostly false, mostly true, true, and not applicable. The scale has a Cronbach’s alpha of 0.82 (McCubbin, et al., 1991). The scale has been used in South African studies, such as “Bouncing forward: Families living with a type 1 diabetic child” by Brown, Fouché, and Coetzee (2010) and “Variables associated with resilience in divorced families” by Greeff and Van der Merwe (2004). The questionnaire is currently in the public domain.

The Family Satisfaction Scale (FSS; Olson & Wilson, 1982) assesses family satisfaction on the dimensions of family cohesion and family adaptability. The scale consists of 14 items, for example “How satisfied are you with how close you feel to the rest of your family?” and “How satisfied are you with the number of fun things your family does

together?” The items are arranged along a 5-point Likert-type scale and respondents rate their satisfaction on each item, with 1 = dissatisfied, 2 = somewhat dissatisfied, 3 = generally satisfied, 4 = very satisfied and 5 = extremely satisfied. The scale has a Cronbach’s alpha of 0.94 (12 months, N = 541) and 0.95 (60 months, N = 340) and the five-week test-retest correlation for the total score of the Family Satisfaction Scale was 0.75 (Olson & Wilson, 1982). The scale has been used in South African studies, such as “Recent stressors and family satisfaction in suicidal adolescents in South Africa” by Pillay and Wassenaar (1997), “The family process of high school underachievers” by Roux (1997), and “The parent-adolescent relationship and the emotional well-being of adolescents” by Koen (2009). Permission to use this scale was requested from and given by the authors.

The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) assesses adolescents’ trust of, anger toward or emotional detachment from their parents and peers. The subscales include aspects of trust and communication (together seen as attachment-trust) as well as alienation, anger and isolation (together seen as attachment-anger). For the purpose of this study only the parent attachment inventory with the subscales of attachment-trust and attachment-anger was used. The scale consists of 28 items, for example: “My parents accept me as I am” and “I feel that no one understands me”. Respondents indicate how often each statement is true for them on a 5-point Likert-type scale. Response categories include *never true*, *seldom true*, *sometimes true*, *often true* and *always true*. The Inventory of Parent and Peer Attachment showed three-week test-retest reliabilities of 0.93 for the parent attachment measure and good reliability and validity were found (Armsden & Greenberg, 1987). The scale has been used in South African studies, such as “An exploration of father-child relationships, current attachment styles and self-esteem amongst adults” by Williams (2006) and “The parent-adolescent relationship and the emotional well-being of adolescents” by Koen (2009). The questionnaire is currently in the public domain.

The McMaster Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983) has seven subscales measuring the following dimensions of family functioning: Problem

solving, communication, roles, affective responsiveness, affective involvement, behaviour control and general functioning. The scale consists of 60 items rated by a 4 point Likert-type response format. Example items include: “When someone is upset the others know why” and “We resolve most emotional upsets that come up”. A smaller score indicates better family functioning whereas higher scores are indicative of poorer family functioning. These scales have shown good internal consistency (alphas ranging from 0.71 to 0.92) and one-week test-retest reliability (0.66 to 0.76). This scale has been used in a South African study, namely “The relationship between family-of-origin and marital satisfaction” by Botha, Van den Berg, and Venter (2009). Permission to use the questionnaire is given by the authors in the publication: “Evaluating and treating families: The McMaster Approach” (Ryan, Epstein, Keitner, Miller, & Bishop, 2005).

A biographical questionnaire was included to obtain socio-demographic information on the participants and their families. A pilot study was done with youths outside of the research sample who also fit the selection criteria in order to ensure that the questionnaires were user-friendly, easy to understand and to determine the approximate time it took to complete the questionnaires. Feedback about the questionnaires was positive and it took approximately 30 – 45 minutes to complete. Reliability indices for the five scales ranged from 0.89 to 0.97 for the pilot group.

Research procedure

Written, informed consent was obtained from all the role players and the participants, including the Department of Education and principals of the different schools. This entailed visits to the principals of the schools with letters to explain the nature of the study and to obtain approval for the research to be conducted in the school. The researcher made appointments with participants to explain the objectives of the research and what their participation would entail, as well as to get their assent and consent from their parents/caregivers. The questionnaires, bound in a booklet, were administered by the researcher who is a registered psychological counsellor and intern research psychologist.

Selected and trained teachers assisted in the process. The questionnaires were in English, which required a level 8 proficiency in English.

Data analysis

Data were captured and statistically analysed utilising the PASW 18.0 program (PASW, 2010). Descriptive statistics, reliability indices, and Pearson correlations between measuring instruments were determined. Structural equation modeling (SEM) methods implemented in AMOS (Arbuckle, 2009) were used to test the measurement models. Absolute fit indices (Chi-square statistic, Standardised Root Mean Residual (SRMR), and Root-Means-Square Error of Approximation (RMSEA)), incremental fit indices (Tucker-Lewis Index (TLI) and Comparative Fit Index (CFI)) and Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) (refer to Hair, Black, Babin, & Andersen, 2010) were determined and reported in this study. A TLI and CFI value above 0.90 is seen as acceptable, whilst a RMSEA value lower than 0.05 and SRMR value lower than 0.08 are indicative of a close fit between the model and data. Lower AIC and BIC values are indicative of less complexity in a model.

Ethical considerations

The researcher made use of various international ethical principles, such as those stated in the Helsinki declaration (Burns & Grove, 2005) in order to conduct the research in an ethical manner. The researcher considered certain ethical issues in order to ensure that the rights of participants were observed, namely: anonymity, respect for the dignity of persons, non-maleficence and confidentiality (Terre Blanche, Durrheim, & Painter, 2006). Participation was voluntary and anonymous and participants were able to withdraw at any stage if they so wished without any penalty. Permission was also obtained from the Ethical Committee of the North-West University (NWU-00069-11-A9). The researcher made provision for single session counselling services to participants who experienced emotional discomfort due to the nature of this research or their participation therein. The researcher was not personally involved in such sessions.

Results

The results indicate participants' rating of aspects of family psychosocial well-being experienced in their families. The descriptive statistics, alpha coefficients, correlations between measuring instruments and communalities of the measuring instruments after adapting the measurement model are reported in Table 2 and Table 3 respectively.

Table 2

Descriptive Statistics, Reliability Indices and Pearson Correlations of the Scales (N=772)

Variable	Mean	SD	α	1	2	3	4	5	6	7	8	9	10
FFS Total	2.89	0.84	0.89										
1. FFS family identity	2.89	0.99	0.76										
2. FFS information sharing	2.66	0.95	0.71	0.71 ^{*++}									
3. FFS resource mobilization	3.11	0.88	0.81	0.72 ^{*++}	0.67 ^{*++}								
FHI Total	1.99	0.58	0.75										
4. FHI commitment	2.16	0.78	0.76	0.63 ^{*++}	0.59 ^{*++}	0.64 ^{*++}							
5. FHI challenge	2.09	0.79	0.69	0.57 ^{*++}	0.53 ^{*++}	0.57 ^{*++}	0.69 ^{*++}						
6. FHI control	1.80	0.76	0.55	0.17 [*]	0.12 [*]	0.20 [*]	0.20 [*]	0.21 [*]					
FSS Total	2.89	0.84	0.85										
7. FSS coherence	3.34	1.09	0.77	0.69 ^{*++}	0.66 ^{*++}	0.64 ^{*++}	0.60 ^{*++}	0.58 ^{*++}	0.23 [*]				
8. FSS adaptability	3.45	0.94	0.70	0.63 ^{*++}	0.66 ^{*++}	0.62 ^{*++}	0.58 ^{*++}	0.52 ^{*++}	0.18 [*]	0.75 ^{*++}			
IPPA Total	3.34	0.98	0.82										
9. IPPA trust	3.53	1.10	0.80	0.63 ^{*++}	0.66 ^{*++}	0.59 ^{*++}	0.60 ^{*++}	0.53 ^{*++}	0.18 [*]	0.69 ^{*++}	0.68 ^{*++}		
10. IPPA anger	3.14	1.10	0.71	0.48 ^{*+}	0.48 ^{*+}	0.42 ^{*+}	0.44 ^{*+}	0.39 ^{*+}	0.21 [*]	0.53 ^{*++}	0.54 ^{*++}	0.59 ^{*++}	
11. FAD total	2.13	0.50	0.72	0.56 ^{*++}	0.51 ^{*++}	0.56 ^{*++}	0.57 ^{*++}	0.51 ^{*++}	0.32 ^{*+}	0.55 ^{*++}	0.51 ^{*++}	0.55 ^{*++}	0.42 ^{*+}

* Correlation is significant at the 0.01 level (2-tailed)

+ Medium effect size ($r > 0.30$)

++ Large effect size ($r > 0.50$)

The results in Table 2 show that most of the scales had acceptable alpha coefficients (> 0.70) according to the criteria of Nunnally and Bernstein (1994). According to the criteria of Bowling (1997), the lower alpha coefficients for the FHI control and challenge subscales (0.55 and 0.69 respectively) were acceptable in research of this nature. Means and standard deviations reported here correspond well to those found in literature. The correlations between the subscales are all significant at $p < 0.01$. There were also significant positive correlations between the FFS, FAD and two of the FHI subscales (0.51 and higher) and between the FSS and IPPA subscales (0.53 and higher), supporting the hypothesis of a two-factor model. The FHI control subscale had the lowest correlations with the other subscales ranging from 0.18 to 0.31. The practical effect size for the various subscales are also indicated in Table 2, showing either a medium or large effect size according to the criteria of Cohen (1977).

Not shown in Table 2 are the percentages of participants who reported low, low to moderate, moderate, moderate to high and high family psychosocial well-being. The percentages were as follows: low: 17.2%, low to moderate: 24.6%, moderate: 22.5%, moderate to high: 15.2% and high: 20.5%. The findings show a rather small group of participants who report high levels of family psychosocial well-being, while the majority falls within the low and moderate ranges, indicating that approximately 64% of the participants are not experiencing optimal psychosocial well-being. Table 3 provides the communalities (R^2) for the various items:

Table 3

Communalities of the Subscales and Items (N=772)

Variable	R^2
1. FFS family identity (Family functioning style: family identity)	.96
Item 6. No matter how difficult things get, our family sticks together.	.47
Item 12. Even in our busy schedules, we find time to be together.	.59
Item 16. We enjoy time together even if it is just doing household chores.	.50
2. FFS information sharing (Family functioning style: information sharing)	.97
Item 5. We are able to share our concerns and feelings in productive ways.	.59
Item 13. Everyone in our family understands the rules about acceptable ways to act.	.37
Item 18. Whenever we have disagreements, family members listen to “both sides of the story”.	.38
3. FFS resource mobilization (Family functioning style: resource mobilization)	.83
Item 9. In our family we are always willing to “pitch in” and help one another.	.56
Item 20. In our family, we can depend upon the support of one another whenever something goes wrong.	.66
Item 24. We can depend upon one another to help out when something unexpected comes up.	.55
4. FHI commitment (Family hardiness: commitment)	.96
Item 11. We strive together & help each other no matter what.	.49
Item 13. We listen to each other’s problems, hurts & fears.	.55
Item 18. We work together to solve problems.	.55
5. FHI challenge (Family hardiness: challenge)	.90
Item 12. When our family plans activities we try new & exciting things.	.51
Item 15. We seem to encourage each other to try new things & experiences.	.46
Item 17. Being active & learning new things are encouraged.	.33
6. FHI control (Family hardiness: control)	.16
Item 2. It is not wise to plan ahead & hope because things do not turn out anyway.	.19
Item 3. Our work & efforts are not appreciated no matter how hard we try & work.	.36
Item 19. Most of the unhappy things that happen are due to bad luck.	.18
Item 20. We realize our lives are controlled by accidents & luck.	.21
7. FSS coherence (Family satisfaction: coherence)	
Item 3. How satisfied are you with your family’s ability to try new things?	.48
Item 13. How satisfied are you with how often you make decisions as a family, rather than individually?	.53
Item 14. How satisfied are you with the number of fun things your family does together?	.61
8. FSS adaptability (Family satisfaction: adaptability)	
Item 2. How satisfied are you with your ability to say what you want in your family?	.42
Item 8. How satisfied are you with the way you talk together to solve family problems?	.60
Item 12. How satisfied are you with how clear it is what your family expects of you?	.34
9. IPPA trust (Attachment trust)	.96
Item 16. My parents help me to understand myself better.	.56
Item 21. My parents understand me.	.63
Item 23. When I am angry about something, my parents try to be understanding.	.55
10. IPPA anger (Attachment anger)	.59
Item 11. I get upset easily at home.	.49
Item 12. I get upset a lot more than my parents know about.	.54
Item 25. My parents don’t understand what I’m going through these days.	.37
11. FAD total (Family relational patterns)	
Item 7. We don’t know what to do when an emergency comes up.	.12
Item 22. It is difficult to talk to each other about tender feelings.	.43
Item 28. We do not show our love for each other.	.37
Item 33. We get involved with each other only when something interests us.	.27
Item 34. There is little time to explore personal interests.	.35
Item 60. We try to think of different ways to solve problems.	.30

Problematic items in subscales that were identified from communalities include items 2, 19 and 20 of the FHI control subscale and item 7 of the FAD. With three out of four items of the FHI control subscale indicating a low R^2 , the findings suggest that the FHI control subscale did not extract a substantial percentage of the variance in the items. The reason for the low variance extracted by these items is not clear, but it is speculated that the formulation or wording of these items in the FHI and FAD could have been perceived as confusing or vague by the participants in the study due to possible limited proficiency in English even though it

was communicated and explained to participants that proficiency in English was one of the criteria that participants had to meet to partake in the research.

Testing the measurement model

Structural equation modelling (SEM) methods, as implemented by AMOS (Arbuckle, 2009), were used to test the measurement model. Global assessments of model fit were based on several goodness-of-fit statistics (CFI, TLI, RMSEA, SRMR, AIC, and BIC).

Measurement models

The following measurement models were tested:

- Model 1: A two-factor model of psychosocial well-being consisting of two first-order latent factors, namely: *family functioning* that has three second-order variables, namely family relational patterns (6 items), family functioning style with three third-order variables (family identity, information sharing and resource mobilisation) and their nine items, and family hardiness with three third-order variables (commitment, challenge and control) and their ten items; *family feelings* that has two second-order variables, namely attachment with two third-order variables (trust and anger) and their six items and family satisfaction (6 items).
- Model 2: A one-factor model of psychosocial well-being including one first-order latent variable (*family psychosocial well-being*) and five second-order latent variables, namely family relational patterns (6 items) and family functioning style (9 items), family hardiness (10 items), attachment (6 items) and family satisfaction (6 items).
- Model 3: A three-factor model of psychosocial well-being consisting of three first-order latent factors, namely: *family functioning* that has three second-order variables, namely family relational patterns (6 items), family functioning style with three third-order variables (family identity, information sharing and resource mobilisation) and their nine items, and family hardiness with three third-order variables (commitment, challenge and control) and their ten items; *attachment* (6 items) and *family feelings* (6 items).
- Model 4: A four-factor model of psychosocial well-being consisting of four first-order latent variables, namely: *family functioning* has two second-order latent variables, namely family relational patterns (6 items) and family functioning style with three third-order

variables (family identity, information sharing and resource mobilization) and their nine items; *family hardiness* with three second-order factors, namely commitment (3 items), challenge (3 items) and control (4 items); *attachment* consists of two second-order factors, namely trust (3 items) and anger (3 items); *family satisfaction* consists of six items.

Table 4 presents fit indices for testing of the various models.

Table 4
Fit Indices of Competing Measurement Models (N=772)

Model	χ^2	<i>df</i>	TLI	CFI	RMSEA	SRMR	AIC	BIC
Model 1	1423.22	615	0.93	0.93	0.04	0.05	1599.22	2008.326
Model 2	1766.66	624	0.90	0.91	0.05	0.05	1924.66	2291.93
Model 3	1607.69	623	0.91	0.92	0.05	0.06	1767.69	2139.61
Model 4	1501.05	621	0.92	0.93	0.04	0.06	1665.05	2046.26

χ^2 = Chi-square; *df* = Degrees of Freedom; TLI = Tucker-Lewis Index; CFI = Comparative Fit Index; RMSEA = Root-Means-Square Error of Approximation; SRMR = Standardised Root Mean Residual; AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion.

Comparison of the fit indices indicates that Model 1 fitted the data best. The other three models showed a somewhat poorer fit to the data. Table 4 shows that a χ^2 value of 1423.22 (*df* = 615) was obtained for Model 1, which was used as a baseline model to determine whether the other three models had a significant statistical improvement. The following changes in chi-square ($\Delta\chi^2$) were found when the competing models were compared: Models 1 and 2 ($\Delta\chi^2 = 343.44$, $\Delta df = 9$, $p < 0.00$); Models 1 and 3 ($\Delta\chi^2 = 184.47$, $\Delta df = 8$, $p < 0.00$); and Models 1 and 4 ($\Delta\chi^2 = 77.83$, $\Delta df = 6$, $p < 0.00$). Model 1 also had the lowest AIC and BIC values, indicating that Model 1 had the lowest level of complexity. These results show that Model 1 was statistically more significant with regard to data fit than the other three models.

The first model hypothesized that the constructs used to measure family psychosocial well-being could be presented as two factors, namely: a *family functioning factor* of psychological and social well-being, including family relational patterns, family functioning style and family hardiness; a *family feelings factor* of emotional well-being, including the attachment and family satisfaction constructs. It was hypothesized that the factors family functioning and family feelings would correlate significantly positively with each other as factors of family psychosocial well-being. It was assumed that the errors of items are uncorrelated. The model had 703 distinct sample moments, 88 distinct parameters to be estimated, and 615 degrees of freedom.

Evaluating the proposed model

Figure 1 shows the standardised path coefficients estimated by AMOS for the proposed theoretical model.

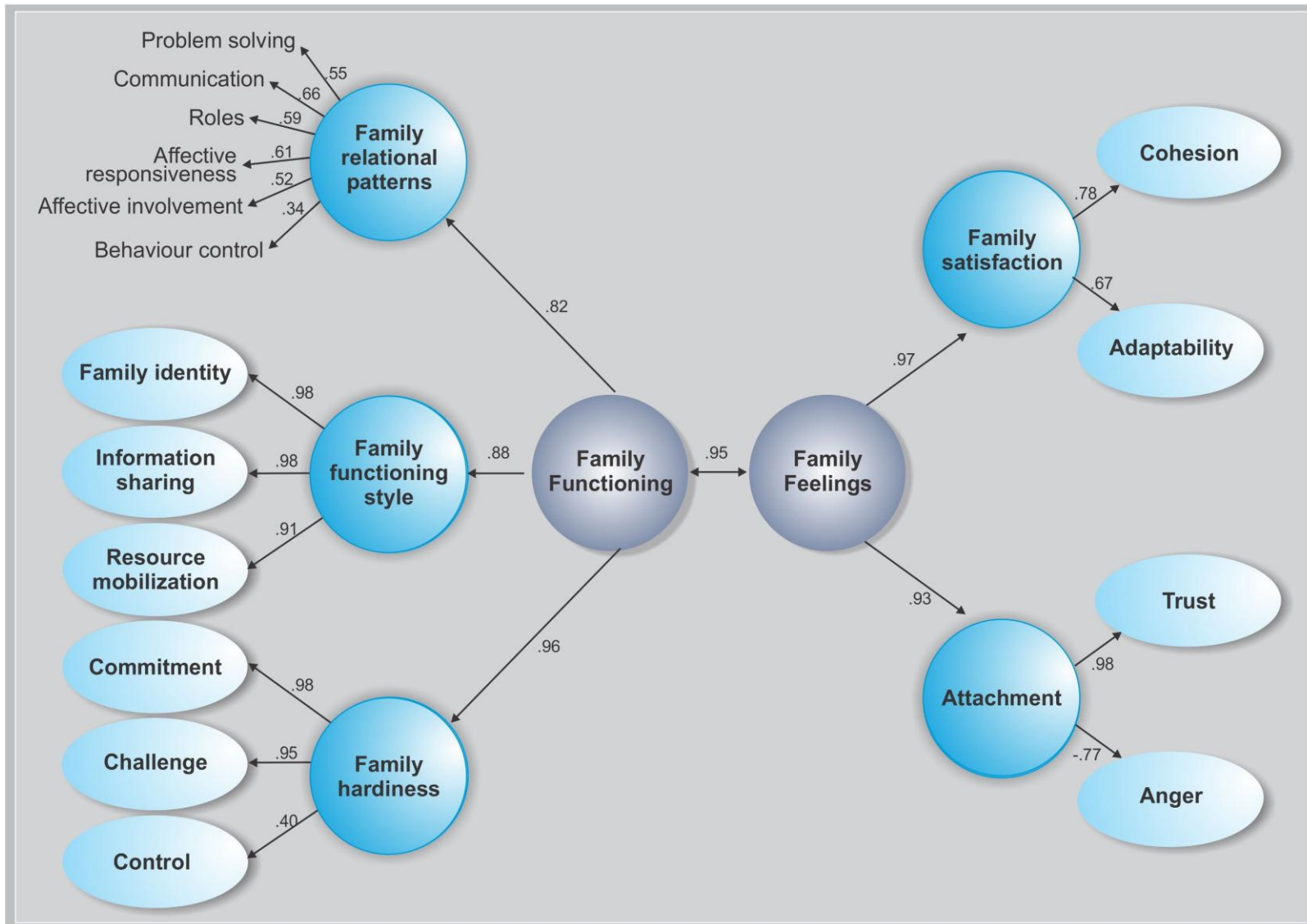


Figure 1. Maximum likelihood estimate for the hypothesized model of family psychosocial well-being

Model 1

Family functioning had a significant positive correlation with family feelings (0.95). The paths from respectively family functioning to family relational patterns (0.82), family functioning style (0.88) and family hardiness (0.96) and from family feelings to family satisfaction (0.97) and attachment (0.93) were all significantly positive. All paths were statistically significant. These findings provide support for hypothesis 1.

Model 2

Family psychosocial well-being had a significant positive relation with the second-order latent variables namely, family relational patterns (0.82), family functioning style (0.94), family hardiness (0.87), attachment (0.89) and family satisfaction (0.94). The most significant paths were between family psychosocial well-being and family functioning style and family satisfaction respectively. All paths were statistically significant.

Model 3

Family functioning had a significant positive correlation with family feelings (0.92) and attachment (0.86). Attachment and family feelings also had a significant positive correlation (0.88). All paths were statistically significant.

Model 4

All path coefficients were significant. Family functioning had a significant positive correlation with family hardiness (0.91), attachment (0.90) and family satisfaction (0.94). Attachment had a significant positive correlation with family hardiness (0.77) and family satisfaction (0.90). Family hardiness and family satisfaction also had a significant positive correlation (0.79). The most significant paths were between family functioning and family satisfaction and family hardiness respectively.

Discussion

The aim of this study was to investigate the psychosocial well-being of a group of South African families by determining the prevalence of psychosocial well-being in families from diverse cultures in a South African context by means of validated questionnaires completed by youth as representatives of these families; by identifying families who report high, moderate and low levels of psychosocial well-being for inclusion in further research; and by

proposing a measurement model for family psychosocial well-being in a South African context. The results indicate that the scales and subscales used to measure the psychosocial well-being of families in this study had acceptable to high reliability indices. Means and standard deviations found corresponded to those reported in the literature and obtained from comparable research samples. The positive correlations (with medium to large practical effect) among scales and subscales were all significant at the $p < 0.01$ level, suggesting that the underlying constructs of these scales have aspects in common on an empirical level that could, for the purpose of this study, be conceptualised as family psychosocial well-being. Such conceptual coherence or interconnection suggests the hypothesis of a one-factor measurement model. However, the possibility of a multi-factor model is not excluded.

The prevalence findings for family psychosocial well-being in these youths as representatives of their families indicate that only a small group (35.7 %) manifest family psychosocial well-being, while 64.3% report low to moderate scores of family psychosocial well-being. These results are in line with a recent report issued by the South African Institute of Race Relations (SAIRR), which documents the extent of family breakdown and the difficulties that current South African families are facing (Holborn & Eddy, 2011). The findings further correspond somewhat to studies by Van Schalkwyk (2009) and Keyes (2006) respectively. In a South African study on adolescents, Van Schalkwyk (2009) reported that 42% of participants were flourishing, 53% were moderately mentally healthy and 5% languishing, indicating that approximately 60% of the participants were not experiencing psychological-, emotional- and social well-being. In a study related to the mental health of adolescents in America, Keyes (2006) reported that 38% were flourishing, 56% were moderately mentally healthy and 6% were languishing, also indicating that approximately 62% were not manifesting psychological-, emotional- and social wellness.

The question comes to mind whether the fairly low levels of family psychosocial well-being reported by the majority of the youths in this study is a true reflection of their experience of family life, or whether their challenging developmental phase, namely adolescence, could have contributed to their responses on these questionnaires? This question is inspired by the interesting work of Call and Mortimer (2001) on arenas of comfort in adolescence and their finding for example, that about 58% of adolescents express relative satisfaction with themselves in relation to their mother and about 34% in relation to their father. According to Laursen and Bukowski (1997, p.763) there is an impetus for change in relationships with

parents and the family, driven by the adolescent in moving from “a state of being dependent, passive, and relatively asexual to a state of being responsible, assertive, and capable of sexuality”, and this results in a decrease in relationship warmth and an increase in conflict, not necessarily of a serious nature (Arnett, 1999). Further qualitative research could shed light on this matter.

The results provide support for an integrated, multi-dimensional two-factor model of family psychosocial well-being consisting of family functioning and family feelings. The family functioning factor includes family relational patterns, family functioning style and family hardiness, while the family feelings factor includes family satisfaction and attachment. This measurement model of family psychosocial well-being conceptualises a possible construct that describes families that are psychosocially well, as: Families with sound *family functioning* since they make use of problem solving, communication, role allocation, affective involvement and responsiveness, and flexible behaviour control as systemic relational patterns (FAD), they have a unique family identity in which they share information and mobilize resources (FFS) and they have a sense of control over life events, are challenged by and committed to deal with these events, and have confidence that they can succeed (FHI); families that have a shared base of *family feelings* that brings about a sense of bonding (cohesion), openness (flexibility) and interaction (FSS), and provides emotional security, trust and belongingness (attachment trust), with an absence of isolation, anger and alienation (attachment anger) (IPPA). The family’s functions and feelings are interrelated (0.95 in the model) and both contribute to and strengthen the experience of psychosocial well-being.

The hypothesized measurement model for family psychosocial well-being described above shows some agreement with the Family Adjustment and Adaptation Response (FAAR) framework of McCubbin and Patterson (1983), which indicates family typologies (core family patterns of functioning) that determine family adjustment and adaptation to life’s challenges. Two such typologies are: regenerative family systems, with core strengths in hardiness and coherence (family functioning) and versatile family systems, with core strengths in bonding and flexibility (family feelings). McCubbin, McCubbin, and Thompson (1996) also developed the Family Resiliency Model in which they postulate that families that have emotional interaction and relatedness (family feelings) and clear family structure and function (family functioning), among others things, will achieve the balance and harmony in family life that underpins resilience. In McCubbin and McCubbin (2005) the healthy family’s

cluster of six core competencies are identified, and the second of these components reflect the integration of family functioning and family feeling components. This integration is indicated as individual strengths and capabilities and collective strengths and abilities that operate in an interrelated manner to ensure family organization, hardiness, communication, problem solving, bonding, flexibility, routines and support.

Finally, the current findings show that family satisfaction (cohesion), family hardiness and attachment have the strongest correlations with the two-factor model (0.97, 0.96 & 0.93 respectively). This has some application correspondence in literature where family cohesion is an important feature of a family intervention to enhance resilience in youth (Spoth, Redmond, & Shin, 1998); family hardiness used as a core competence in the family resiliency model described above (McCubbin, McCubbin, & Thompson, 1996); and attachment being identified as the “relational scaffolding of positive psychology” (Lopez, 2009, p.405).

Recommendations

The findings of this study can be useful as the basis for programmes aimed at workshops, life skills classes and other psycho-educational applications that enhance family competencies, strengths and overall psychosocial well-being of families. The findings can also be applied in family therapy and guidance settings and should be made available through publication and presentations. The training and practice of family therapists and counsellors could benefit from this research through the measurement model that could be operationalised and used for assessment or for guidelines in treatment and prevention-oriented programmes.

Although the measuring instruments that were used give a view of family psychosocial well-being, they only measure limited aspects thereof. Longitudinal research on aspects of family psychosocial well-being and further quantitative research with more instruments that measure other aspects of family psychosocial well-being is recommended. Qualitative research may also be conducted for deeper, in-depth data with regard to the psychosocial well-being of South African families. The measuring instruments used in this study should be validated for use in the wider South African context and translation of these questionnaires into the major African languages is recommended. Despite these limitations, the aims of this research were achieved and interesting data were gathered depicting psychosocial well-being of diverse South African families.

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Article 2:
Hearing their voices: Narratives and discussions of
families' psychosocial well-being in a South African
context

For publication in

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- Use 12-pt type and double space everything: title page, text, headings, references.
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- Number pages, beginning with the title page, in the upper-right-hand corner.
- Titles should be 10 - 12 words, abstracts 120 words or less. . On the title page, include a running head of < 50 characters and spaces.
- Include any acknowledgement notes on the title page. Include complete contact information (i.e., address, phone, fax, e-mail) for all authors; for the publisher, not for publication.
- Following the abstract, identify up to six key words by which the article may be indexed. Please list your key words in alphabetical order.
- Headings are consistent with APA guidelines put forth in section 5.10 (pp. 289-290)
- Except for author acknowledgements, FR publishes neither footnotes nor endnotes. Please incorporate any essential material into the text.

Numbers and Statistics

- Use figures, not words, for dates; ages; sample, subsample, or population size; exact sums of money; numbers that represent time; and scores and points on a scale. (See pp. 122 - 125.)
- In text and tables, treat numbers as you would treat words. Spaces before and after make them much easier to read (e.g., not 1-2 but 1 - 2). Type all operators (e.g., <, =) with a space before and after. Use numerals for all numbers 10 and above and when comparing to numbers 10 or above (e.g., 12, 11, and 6 months).
- One fifth (noun) versus one-fifth (adjective).
- Italicize scoring systems (tables, too) as follows, 1 = yes, 5 = strongly agree, 1 = no effect..
- Use boldface only in certain statistical symbols. (See pp. 140 - 141.)
- Expand all statistical or technical terms on first use (e.g., goodness of fit, GFI thereafter). See common statistical abbreviations and symbols in Table 3.9 (pp. 141 - 144).
- Italicize statistical symbols in text and tables (e.g., F, Fs, SD, M, p, r, R²). Use symbols (e.g., 29%) except when part of the narrative.
- Capitalize Model 1, Table 2, Wave 1, Figure 1, and so on.
- Use N for the total sample and n for any and all subsamples.
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General and APA-specific Grammar and Usage Rules

General:

- Strive for economy of expression.

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- Include a comma before and in a series (e.g., red, blue, and yellow). Use commas not semicolons in a series unless an element within the series contains commas: Flags were blue, red, and yellow; lavender, white, and apricot; or orange, green, and black.
- "and/or" should be and or (two words). In general, do not make use of a slash if phrases can be understood without a slash or with insertion of "or"
- "Policymakers" not policy makers
- Child care (two words) as noun; childcare (one word) as adjective
- "Children" instead of "kids"; "child" instead of "kid"
- Generally, close quotation marks after periods and commas, "like this." Other punctuation marks are within quotations only when they are part of the quoted material. (See p. 293.)
- Use which for information that is parenthetical in nature and set off this material with commas; for information essential to the meaning of the sentence, use that (e.g., the table, which appears in Appendix A; a variable that is measured). (See p. 55.)
- The word data is plural. See p. 89 for plurals of common words of Latin or Greek origin.
- Use e.g., i.e., etc., and vs. in parentheses only. Otherwise, for example, that is, etcetera, and versus. Follow e.g. and i.e. with commas (e.g., i.e.).
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- Expand all acronyms on first use, no matter how commonly used (e.g., Dyadic Adjustment Scale, DAS). Abbreviate only terms commonly used in FR. (See pp. 103 - 104.)
- The following prefixes should not require a hyphen: after, anti, bi, co, counter, equi, extra, infra, inter, intra, macro, mega, meta (but meta-analysis), micro, mid, mini, multi, non, over, post, pre, pro, pseudo, re, semi, socio, sub, super, supra, ultra, un, and under. Retain hyphens before a numeral, an all-caps abbreviation (pre-TANF), and a capitalized letter (e.g., non-Hispanic). Retain hyphens if word could be misunderstood or misread (e.g., re-pair, antiintellectual). Hyphenate all self words.
- Hyphenate compound adjectives when they modify nouns; for example, middle-class families but families in the middle class. Terms for race and ethnicity do not include hyphens (e.g., African American families). Well-being is always hyphenated.
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Reference and Parenthetical Citations in Text (pp. 207 - 214)

- Citations in the text not enclosed in parentheses should list the date of the work in parentheses after the author's name, as in Jones (2002). List parenthetical citations in alphabetical order (Benton & Mays, 1999, Results section, para. 3; Chan, 1998; Farmer, 1999a, 1999b; Jones, 1992, 1999; Jones, Armstrong, & Hayes, 2001; Zindel et al., 2001).
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Article 2

Hearing their voices: Narratives and discussions of families' psychosocial well-being in a South African context

Abstract

The aim of this study was to explore and describe aspects that contribute to the psychosocial well-being of families from diverse cultures in a South African context by analysing data obtained through narratives, drawings and interviews with families. Participant families took part voluntarily in family interviews ($N=36$), written narratives ($N=23$) and drawings ($N=14$). These different methods of data collection provided rich data on family psychosocial well-being in a South African context with culturally diverse families, as well as on those aspects that influence family psychosocial well-being. The findings suggest that communication, mutual support, togetherness as a family and spirituality are the most prominent contributing factors, while financial difficulties and interpersonal conflicts or arguments are the most prominent hindering factors with regard to family psychosocial well-being in this group of participants.

Keywords: Family; families; psychosocial well-being; South African families; well-being.

Family is a term that humanity holds dear; one of the aspects we often emphasize as important in life and see as a contributing factor to happiness. People often refer to how important their family is to them and to the impact family has on their lives. Yet, family life has become rather endangered in modern life. Life is increasingly fast paced with many pressures that impact family relations in a major way (Christensen, 2002). According to Walsh (1996) there is widespread concern about the demise of family as an institution. HIV/AIDS, poverty, fractured families, a lack of safety and security – these are some of the challenges that modern day South African families are facing to such an extent that the ‘typical’ South African child is one that is raised by his/her mother in a single-parent household (Holborn & Eddy, 2011). The question arises: what can be done? Over the last decade or so the focus of family therapy has shifted from dealing with family deficits to the promotion of family strengths (Nichols & Schwartz, 2000). The positive psychology approach has turned the focus of practice and research from psychological deficits and disability to human strengths and identification of that which promotes well-being in individuals, families and communities (Carr, 2011; Seligman, 2002). With regard to family dynamics and functioning the focus has also moved from family deficits, dysfunction or weakness to that of a strength-based collaboration with families to discover what underpins positive family functioning, well-being and strengths (Laursen, 2000). According to this approach, it is within South African families, diverse as they might be, that the answer lies to any question about family psychosocial well-being in South Africa and ways to enhance such wellness. The constructs of family and psychosocial well-being as conceptualized in this study, will next be described.

Family. Although the landscape of the family structure has changed universally and the traditional nuclear family, as referred to in South African law and Euro-American literature, is increasingly being replaced by diverse family structures, there is still the common understanding that families are unique social systems in which inclusion is determined by complex combinations of biological, legal, affectional, geographic and historical bonds (Carr, 2011). Family connections cannot be completely severed and although families go through various developmental stages characterised by certain roles and specific tasks, the relationships with and relational dynamics of families are primary and irreplaceable (Walsh, 1995) and function as a blue print for later relationships in the lives of children (Seligman, 2002). In spite of the diverse forms of structures of families, each family functions according to its own properties, rules, roles, power structures and forms of communication, problem solving and negotiating (Goldenberg & Goldenberg, 2004). White (1991) further describes

the family as an intergenerational social group organised by other social norms with regard to descent, affinity, reproduction and nurturing socialisation of children. As an institution, the family is seen as multidimensional, as it affects and is also affected by other social, economic, cultural and political institutions that form the social structure of societies (Amoateng & Richter, 2007). Nsamenang (2000) describes the family as constantly interacting with the environment, thereby being influenced by and influencing the environment. The family context therefore plays an integral role in what contributes to or hinders development in children. South African families consist of families from various and diverse cultures and languages. In the African context, the familial ethos in which parental actions and regulatory behaviours are embedded does not only refer to parents but also siblings, relatives and other mentors such as peer mentors of the extended family networks and communities and/or neighbourhoods (Hook, Watts, & Cockcroft, 2002). For the purpose of this study the concept of family refers to complete or non-fractured family units, single-parent households, extended family and non-biological families that are in the participants' immediate vicinity and environment.

Psychosocial well-being. 'Psychosocial' is described as the connection between individuals' psychological aspects (thoughts, emotions and behaviour, etc.) and social experiences (relationships, traditions, culture), thus 'psychosocial' refers to a situation in which both psychological and social factors play a role (Inter-Agency Network for Education in Emergencies (INEE), 2011; Reber & Reber, 2001). 'Well-being' is defined as physical, cognitive, emotional, social, physical and spiritual functioning that leads to health or wellness in the individual or family (INEE, 2011). As a process it includes all that is a good for a person or family, such as meaningful social roles, being happy and hopeful, living according to good values, positive social relationships/support, coping, and security (INEE, 2011). Diener and Lucas (1999) view well-being as physical, mental and social well-being; a broad state of health that includes subjective wellness or the experience of more positive affect than negative affect, a general satisfaction with life and low levels of neuroticism or psychological stress. Psychological well-being, on the other hand, describes a broader, more detailed context of well-being (Linley & Joseph, 2004), and refers to how a person engages with life and its challenges (Keyes, Shmotkin, & Ryff, 2002), to personal growth and fulfilment (Linley & Joseph, 2004), to personal strengths and capabilities (Wissing & Van Eeden, 2002) and to the fact that the source of psychological well-being is the inherently intrinsic personal world of the person (Linley & Joseph, 2004). However, the individual never functions in isolation, and therefore interpersonal well-being or the psychological well-being of the

individual in the context of living within family, community and culture, is seen as psychosocial well-being. The model of optimal mental health of Keyes (2004, 2007) includes all these aspects of human well-being and postulates that psychological-, emotional- and social well-being contribute in equal ways to the mental health of people. For the purpose of this study, psychosocial well-being refers to the psychological-, emotional- and social health and wellness of individuals and their families within their community and cultural context.

Research indicates that family has a powerful influence on the well-being of its individual members and also plays a role in the well-being of its community (Caledon Institute of Social Policy, 2001; Peterson & Green, 2009). The family's main task is to provide physical and emotional care and security to members, to nurture the overall development of members and to act as a protective buffer against risk behaviours in order to promote resilient coping during difficult times (Benard, 2002, 2004; McCubbin & McCubbin, 2005). Psychosocial dysfunction may occur in families, and in particular in children, that do not have such a secure base for overall development (Parritz & Troy, 2011). A growing body of statistics and literature over recent years indicate that alarming numbers of South African families pose growth and developmental risks for the children in their care and do not provide the secure environment that all members need to flourish (Holborn & Eddy, 2011). Such a state of affairs would certainly warrant a need to study family psychosocial well-being in the South African context and to investigate possible ways to enhance it. Due to the fact that limited research and literature exist on the experience of family psychosocial well-being and on aspects that contribute to or hinder it with regard to South African families from diverse cultures, the general aim of this study was to explore and describe aspects that contribute to the psychosocial well-being of families from diverse cultures in a South African context by analysing data obtained through narratives, drawings and interviews with families.

Method

Research design. A qualitative (Denzin & Lincoln, 2005), explorative (Polit & Beck, 2004), research design was used to understand and describe aspects that contribute to or hinder the psychosocial well-being of families from diverse cultures in a South African context. The method included an analysis of storied (written narrative) experiences, drawings and interviews with identified families who reported more or less psychosocial well-being in a previous quantitative study (Creswell, 2003). In the quantitative study (see Article 1), a cross-sectional survey design was used and data collected through validated psychological measuring instruments. The participants included youths attending five secondary schools in

the Gauteng province. The results supported a two-factor measurement model of family psychosocial well-being consisting of family functioning and family feelings and the percentages reported for psychosocial well-being were as follows: low: 17.2%, low to moderate: 24.6%, moderate: 22.5%, moderate to high: 15.2% and high: 20.5%. From these results families were then identified for participation in this qualitative study.

Participants and Setting. The setting for the completion of narratives, drawings and interviews was the homes of participating families or community facilities suited for the purpose. Participants had to meet the following criteria: they had to have a score in the upper, moderate and lower ranges of scores for measuring instruments of psychosocial well-being completed in a previous study; they had to be willing to participate voluntarily as individuals and/or families; they had to be willing to share in writing their family stories/narratives about their degree of wellness (or depict it in drawings) and have interviews in English or Afrikaans with the researcher that were recorded on a voice recorder.

Sampling. A voluntary, all-inclusive, non-discriminatory sampling of learners in five secondary schools and their parents/caregivers was used. This was a convenience sample of five schools in a peri-urban area in South Africa. Purposive sampling was used to select participants who were identified from a previous study as manifesting different degrees of psychosocial well-being and who were willing to share their stories and participate in discussions. The sample size was determined by data saturation (Burns & Grove, 2009). This means that once data started becoming redundant and there was repetition of information from new participants, data saturation had been reached (Polit & Hungler, 1995). The families that participated in family interviews are depicted in Table 1.

Table 1

Family interviews: Participating Families

Family	Ethnicity	Type of Family Unit
Family 1	African (Setswana)	Complete family unit
Family 2	Indian	Single-parent household with extended family
Family 3	African (South Sotho)	Complete family unit
Family 4	White/African (Sepedi)	Complete family unit, 3 adopted children
Family 5	African (Tswana)	Single-parent household
Family 6	White	Complete family unit
Family 7	Coloured	Single-parent household
Family 8	Coloured	Single-parent household with extended family
Family 9	African (Sotho)	Single-parent household

Data collection. Data was collected by means of the stories and/or drawings (visual illustrations) of a group of families who had been identified as psychosocially well, and of those who had manifested moderate to low well-being. The participants were requested to explain in their own words or to draw aspects that contribute to the psychosocial well-being of their families or hinder their well-being. Interviews were conducted with families about aspects enabling their psychosocial well-being. The first family interview, narrative and drawing respectively acted as a pilot study to assess and determine if the various data collection techniques were effective and easily understood by participants. The pilot study proved successful and was included in the data. The various data collection techniques are discussed in more detail below.

Family interviews. Data saturation was obtained with nine family interviews ($N=36$). Such interviews may be described as carefully planned discussions that were designed to obtain information from families sharing and responding to similar views, experiences, ideas, feelings and perceptions (Krueger, 1994). The families' thoughts were probed by a list of open ended questions. The interview schedule had four questions, namely:

- 1) What does psychosocial well-being mean to you?
- 2) What would you say contributes to your family's psychosocial well-being?
- 3) What would you say hinders your family's psychosocial well-being?
- 4) What do you think will enhance your family's psychosocial well-being?

Examples of family interview transcriptions can be seen in Appendix F.

Narratives. Written narratives (stories) were used to add to the trustworthiness of data collection and to corroborate the themes identified through family interviews. Families were asked to collaborate in writing a short one to two page narrative on factors that either contribute to, hinder, or both contribute to and hinder their family psychosocial well-being based on their level of family psychosocial well-being. According to Atkinson (1998), stories are an excellent means through which to gain understanding of people's experiences, lives and interactions and their own perceptions. Data saturation was obtained with 23 narratives ($N=23$). Examples of these narratives can be seen in Appendix G. Please note that names and surnames were digitally erased to ensure the anonymity of participants.

Drawings. Families were given the option to collaborate in making and including drawings with their narratives as visual illustration if they wished to do so, and 13 families ($N=13$) submitted drawings with their narratives. One family submitted family photographs, which were analysed but are not included visually in the document for ethical reasons. Examples of these drawings can be seen throughout the thesis where new sections and

articles begin. Please note that names and surnames were digitally erased to ensure the anonymity of participants.

The purpose of the drawings was to strengthen trustworthiness with regard to data collection by adding to the depth and quality of information collected via family interviews and narratives and to complement these verbal and written research methods (Guillemin, 2004). Art, which has many different forms, is described as a media for self-reflection, self-expression and communication. Furthermore, art and life are said to reflect and inform each other (Finley, 2005; London, 1989). According to Mitchell, Theron, Stuart, and Campbell (2011), it is important to give participants an opportunity to convey either in verbal or written form what their drawing is intended to convey. In the case of this study, the narratives served that purpose and in certain instances participants also added written explanations to their drawings.

Field notes. Field notes were written immediately after each family interview (Appendix E) to record additional information that may not have been disclosed by participants. The notes include the researcher's observations and an account of circumstances prevailing during the interviews. In order to limit possible insidious influence the researcher's own feelings, thoughts and experiences with regard to the phenomenon and context were included in the field notes to make the researcher aware of them. Notes were taken according to the format provided by Schatzman and Strauss (1973).

Trustworthiness. Trustworthiness is the term used to refer to what quantitative researchers call the validity and reliability of a study (Lincoln & Guba, 1985). The following criteria were applied to ensure the trustworthiness of the study (De Vos, 1998; Woods & Catanzaro, 1988):

Credibility. Credibility was ensured by writing field notes that reflected the behaviour of the family members in the context of the situation they found themselves in. The observations consisted of the who, what, when, where and how of the circumstances. Theoretical field notes included the researcher's inferences and associations with regard to what she observed from the setting. The researcher further made use of an independent, experienced co-coder for data analysis and conducted a literature control.

Transferability. Transferability refers to the applicability of the results to other contexts, settings and other groups, and whether the results can be generalised to the larger population. However, generalisation is not applicable to qualitative research because such research takes place in real and natural settings where there are few controlling variables (Lincoln & Guba, 1985). The criterion was therefore determined by the strength of the qualitative method and

transferability was ensured through the dense description of data collection and data analysis so that it can be compared and applied to other research (Lincoln & Guba, 1985).

Dependability. Dependability refers to the consistency and auditability of the data (Lincoln & Guba, 1985). In this study, the researcher explained to the participants that they were the experts with regard to the subject and requested that they should be open and honest in their discussion. The researcher made use of consistent reporting and recording, dense description of methodology and results and logical reasoning in the discussion to ensure dependability.

Confirmability. According to Lincoln and Guba (1985), confirmability refers to the criterion of neutrality according to which the bias of the researcher should be avoided with regard to the procedures and findings. All documents required for auditing, including the raw data, field notes and data analysis records were and will in future be made available by the researcher for this purpose. A purposive voluntary sampling technique was used and selection criteria were set for participants. The researcher aimed to build rapport with the participants and the value of participation was explained to them.

Literature control. In a qualitative study such as this, a literature control is conducted so that the findings can be discussed within the context of what is already known about family psychosocial well-being in a South African context (Streubert & Carpenter, 1999) to ensure structural coherence. The literature therefore serves as a means of validating the data by identifying findings in other research that was not evident in this study, or findings unique to this study. Data supported by literature was also indicated (Burns & Grove, 2009).

Research procedure. The participants and their families were identified in a previous study as indicated before, and were approached by the researcher. The nature of the research and of their involvement was explained and they were requested to further participate in the qualitative investigation into their family well-being. The researcher continually made sure that families understood the concepts and terms that were used.

Data analysis. The researcher was the primary instrument for data collection and analysis. The analysis of data involved qualitative thematic content analysis. The family interviews, narratives and drawings were analysed by the first author and an experienced co-coder. An expert in art therapy and drawings as visual methodology was also consulted with regard to the analysis of drawings. The researcher and co-coder coded the data independently using a work protocol for data analysis (see Appendix H) (Brink, Van der Walt, & Van Rensburg, 2006). In a consensus discussion, the researcher and co-coder discussed coding

themes and agreed on categories to ensure trustworthiness with regard to data analysis (Polit, & Hungler, 1987).

Ethical considerations. The researcher considered various international ethical principles, such as those of the Helsinki declaration (Burns & Grove, 2009) in order to conduct the research in an ethical manner. Certain ethical steps were applied in order to ensure that the rights of participants were observed, namely: anonymity, respect for the dignity of persons, non-maleficence and confidentiality (Terre Blanche, Durrheim, & Painter, 2006). Participation was voluntary and anonymous and participants were able to withdraw at any stage if they so wished without any repercussions. Informed voluntary consent was obtained in written form from all participants, while permission was also obtained from the Ethical Committee of the North-West University (NWU-00069-11-A9). Provision was made for single session counselling services to learners or their families who experienced emotional discomfort due to the nature of this research or their participation therein. The researcher was not personally involved in such sessions. The findings of this qualitative study are presented next.

Results

In the discussion of the results below the findings obtained from family interviews and narratives are presented first. Some themes occurred repeatedly in written narratives and discussions, prompted by different interview questions. For this reason, themes were combined in the following presentation of results to limit repetition of information, although a clear indication is given of the different interview questions and/or narratives from which the themes come. This is followed by a discussion of the family drawing findings. Below, Table 2 gives a summary of the contributing and hindering aspects of family psychosocial well-being identified in this study, while Table 3 gives the main combined themes identified in family interviews and narratives.

Table 2

Contributing and hindering aspects of family psychosocial well-being

Contributing Factors	
Family Interviews	Narratives
Effective communication (58%)	Supporting each other (78%)
Being together/quality time (36%)	Doing things together (73%)
Supporting each other (33%)	Spirituality/faith (73%)
Spirituality (28%)	Loving each other (57%)
A healthy/safe community/environment (28%)	Effective communication (43%)
Education (28%)	Problem-solving together (39%)
Acceptance and understanding (22%)	Respect (35%)
Appreciating/being proud of each other (22%)	Discipline/rules (26%)
Respect (22%)	Parents are role models (26%)
Healthy friendships (19%)	Shared responsibilities/chores (26%)
Encouraging independence/autonomy/responsibility (19%)	Honesty and trust (22%)
Effective problem-solving (17%)	Understanding and acceptance (17%)
Shared responsibilities & chores (17%)	
Discipline (14%)	
Open and honest relationship (14%)	
Parental guidance (14%)	
Being able to read each other (11%)	
Differentiating/prioritizing between wants and needs (11%)	
Adapting to/shutting out negative influences (11%)	
Hindering factors	
Family Interviews	Narratives
Financial difficulties (31%)	Financial difficulties (26%)
Conflict and arguments (25%)	Conflicts and arguments (17%)
Absent husband/father (22%)	Poor communication (13%)
Not enough time together (22%)	Negativity (13%)
Isolation/few friends (17%)	Unsupportive family (13%)
Community/environment (14%)	Children don't have a say (13%)
	Feelings of misplaced blame/scapegoating (13%)

Table 3

Main combined themes identified in family interviews and narratives

Theme	Total reports	Identified as	Conclusive statement
Togetherness	44	<ul style="list-style-type: none"> • Factor contained in understanding of psychosocial well-being (9 reports) • Contributing factor to family psychosocial well-being (30 reports) • Possible enhancing factor of family psychosocial well-being (5 reports) 	Togetherness and being together as a family is included in families' understanding of psychosocial well-being, contributes to family psychosocial well-being and could also further enhance family psychosocial well-being because time investment and family activities contribute to positive family relationships.
Effective communication	38	<ul style="list-style-type: none"> • Factor contained in understanding of psychosocial well-being (4 reports) • Contributing factor to family psychosocial well-being (31 reports) • Possible enhancing factor of family psychosocial well-being (3 reports) 	Effective communication is included in families' understanding of psychosocial well-being, contributes to family psychosocial well-being and could also further enhance family psychosocial well-being as communication builds interactive understanding and thereby builds strong and healthy family relationships.
Spirituality	33	<ul style="list-style-type: none"> • Factor contained in understanding of psychosocial well-being (6 reports) • Contributing factor to family psychosocial well-being (27 reports) 	Spirituality is included in families' understanding of psychosocial well-being and contributes to family psychosocial well-being because a strong belief system can provide a shared sense of spiritual security, promote resilience and act as a protective factor.
Supporting each other	30	<ul style="list-style-type: none"> • Contributing factor to family psychosocial well-being (30 reports) 	Support contributes to family psychosocial well-being as it serves as a protective factor and is associated with positive emotional development.
Respect	19	<ul style="list-style-type: none"> • Contributing factor to family psychosocial well-being (16 reports) • Possible enhancing factor of family psychosocial well-being (3 reports) 	Respect contributes to family psychosocial well-being and could also further enhance family psychosocial well-being as respect is essential for effective family relationships.
Acceptance and understanding	18	<ul style="list-style-type: none"> • Factor contained in understanding of psychosocial well-being (6 reports) • Contributing factor to family psychosocial well-being (12 reports) 	Acceptance and understanding is included in families' understanding of psychosocial well-being and contributes to family psychosocial well-being because acceptance and understanding is associated with positive development and secure attachment.
Financial difficulties	17	<ul style="list-style-type: none"> • Hindering factor 	Financial difficulties hinder family psychosocial well-being because financial insecurity raises tension and future uncertainty that could endanger emotional security in the family.
Conflict and arguments	13	<ul style="list-style-type: none"> • Hindering factor 	Conflict and arguments hinder family psychosocial well-being as it can lead to self-esteem, autonomy and control problems within families and influence well-being negatively.

Family interviews and narratives: Themes about understanding of, contributing to and enhancing their well-being. The following is a discussion of themes according to their frequency in discussions and stories with regard to participants' understanding of family psychosocial well-being, factors that contribute to psychosocial well-being and those factors that could possibly enhance their psychosocial well-being.

Theme 1: Togetherness. This theme was the most prominent according to a frequency of 44 reports (9 reports for question 1, 13 reports for question two, 5 reports for question 4, and 17 reports for narratives). Participants indicated that for them, psychosocial well-being means: *"Being with your family"; "Being together"; "Being together with my mother and sister"; "You know, it's togetherness...always being there for one another through tough times...we just all pull together"; and "...when we spend time together, that's when I think we're at our (pause) I don't know if that's how they feel as teenagers, but as parents we enjoy having, sharing their company"*.

Being together was also identified as a contributing factor with regard to family psychosocial well-being in both family interviews and narratives. Participants said: *"We value family. You know, we love getting together and spending weekends together. Like when everybody's together. You know, supper and cooking..."; "We have very good times together...We sit together at the table and talk about things. And old times..."; "...we have fun on trips. We go on trips...we have fun. We do lots of activities together and enjoy spending time together"; and "We sit all together on the couch and we'd all be there together, just being around each other"*. With regard to narratives, one participant wrote: *"As a family we do everything together from dishes to cleaning the house"*. Others wrote: *"As a family we do lots of things together, try new things and we can be silly together"; "We do a lot of fun things, such as playing sports, watching sports, going for fishing and learning all kinds of new things"; and "When we, as a family, do things together, for example, work together in the garden..."*.

Being together more was identified as a factor that could enhance family psychosocial well-being. Participants said: *"...for me, us being there for each other more would enhance the family"; "Spending quality time together. More quality time together, because sometimes we do play games...scrabble, monopoly, playing soccer outside...but sometimes you cannot always play because you always have schoolwork"; and "I would*

have loved to be an at home mom...Working, balancing work, children, all those things. Being at home you've got more time... ”

Literature supports the view that time investment is important to build and maintain fulfilling relationships and to contribute to positive family relationships (Almeida & Galambos, 1991; Montemayor, Eberly, & Flannery, 1993). Children value ordinary and routine family activities, such as doing chores or having a meal (Christensen, 2002).

Theme 2: Effective communication. Effective communication was identified as the second most prominent theme according to a frequency of 38 reports (4 reports for question 1, 21 reports for question 2, 3 reports for question 4, and 10 reports for narratives). It was one of the aspects that participants spoke of with regard to their understanding of psychosocial well-being. One participant said: “...*communicating at all times and share all things and sharing everything with your family members...you must talk to one another so that you can be helped*”. Others said: “...*if we communicate in the house, everybody's free to say whatever*”; and “*We understand each other, we reach out, we communicate*”.

Effective communication was also identified as a contributing factor with regard to family psychosocial well-being in family interviews and narratives. One participant said: “*Good communication. Communication is very important. Very important. Because without communication how will you know if your daughter is not happy?*” Others said: “*Communication. Communication is a very important part...I've always had that open relationship with my husband*”; “...*when we have a problem we communicate...we don't start like shouting and stuff*”; and “*We communicate to each other easier than most families*”. With regard to narratives, one participant wrote: “*We communicate about everything as a family*”. Others wrote: “*We always communicate when we have issues that we need to talk about*”; “...*we communicate a lot. We tell what we've done*”; “*When I am sad she makes sure that we discuss the thing that made me sad*”; and “*Our strengths is we like being together as a family and communicating. We live far apart but that never means we don't communicate...*”

According to Choo (2000), warmth and a willingness to communicate enhance well-being. Effective and rewarding communication has a positive correlation with well-being as it provides the means by which family members express themselves to each other. Effective communication is commonly found in strong and healthy families (Carr, 2011;

Choo, 2000; Petreson & Green, 2009). Furthermore, open and regular communication is reported to be linked to emotional and social competence (Louw & Louw, 2007).

Theme 3: Spirituality. Spirituality was the third most prominent theme according to a frequency of 33 reports (6 reports for question 1, 10 reports for question 2, and 17 reports for narratives). Participants indicated that spirituality was part of what psychosocial well-being meant to them. Participants said: “...*what I emphasize is Christianity...they know even if their daddy’s not there physically, but God is their dad*”; “*We are spiritual, really, that’s what we...we rely on and we depend a lot on God*”; and “*You know, I find that my spirituality is what pulls me through. My spirituality, my prayers, you know, has brought me very far*”.

Spirituality was also identified as one of the contributing factors from family interviews and narratives. One participant said: “*I always ask for God’s presence in my family at all times*”. Others said: “...*they must know God, and we pray together most of the time and I also ask them to pray...Ask God to protect us*”; and “...*our spiritual...we are Christians. So this is one of the things that, you know...morally builds us*”. In narratives, participants wrote: “*We believe in placing God as an image of the family all the time*”; “*I, (her name), am in the family that God chose for me...Going to church on Sundays is the time of the week where we all sit next to each other and become quiet before the God that combined us*”; and “*In our family we rely on God, our Provider...*”

Literature indicates a significant positive correlation between faith and happiness (Myers, Eid, & Larsen, 2008). According to Ano and Vasconcelles (2005), positive religious coping strategies are associated with positive adjustment. A strong belief system improves well-being, enhances resilience, and acts as a protective factor against adverse circumstances (Garbarino, Kostelny, & Dubrow, 1993; Killian, 2004; Milne, 2007; Schlessinger, 2006; Wicks, 2005).

Theme 4: Supporting each other. Participants indicated that supporting each other contributed to their psychosocial well-being (30 reports: 12 reports for question 2, and 18 reports for narratives). In interviews, participants said: “...*our mother has always been there for us when we need her. At all times. Through good and bad times...we always be there for each other in times of need*”; “*What makes me happy in this family is...well, everybody’s there to support one another...make sure if you’re down, we’ll get you up again...*”; and “*Our support system basically...I can talk to my mom about anything. I*

just ask her for advice...” In narratives, participants wrote: *“We all now know our strengths and weaknesses as one we help each other through sickness and needs”*; *“In time of trials and tribulations we support each other in every way we can”*; *“We always stay together and support each other in all ways, no matter what”*; and *“We all see ourselves as pillars in our family and help and support one another in every way we can”*.

Literature on social support suggests that support is one of the attachment bonds that serve as a protective factor against negative environmental influences (Louw & Louw, 2007) and that support is associated with positive emotional development (Lerner, Brennan, Noh, & Wilson, 1995).

Theme 5: Respect. Participants indicated that respect contributed to, and could enhance their psychosocial well-being (19 reports: 8 reports for question 2, 3 reports for question 4, and 8 reports for narratives). Respect was identified as one of the contributing factors with regard to family psychosocial well-being. One participant said: *“...even the helper in the house. I won’t let my kids disrespect her, because she’s doing so many things for them”*. Others said: *“We all have unique personalities and we’re all different from each other, and I think it works well, because we respect that of each other”*; and *“...respecting one another...we teach them you have to be very respectful and mindful of yourself and others around you”*. In narratives, participants wrote: *“...we all respect one another and no strong language is being used”*; *“We as children are taught to love and respect one another, we learn this from our parents who always respect each other...we are taught also to respect other people from outside”*; *“...we interact with another with respect”*; and *“We respect each other’s opinions and choices”*.

Participants indicated that respecting each other or each other’s space, privacy or possessions would enhance their psychosocial well-being. One participant said: *“When I get home, I’m maybe just a bit more quiet and I maybe need some half an hour just to get my mind off everything else”*. Another participant said: *“...she’s (sister) always in my things, my stuff. Takes it and breaks it...I’ll respect her if she stops”*.

Literature on interpersonal respect suggests that relational equality and respect are essential for effective parenting, while relationships based on inequality may result in distance between family members (Dinkmeyer & McKay, 1990). Showing respect to other family members evokes counter-respect from them (Guilamo-Ramos & Bouris,

2008). Literature also refers specifically to the importance of respecting personal space in interpersonal relationships (Badejo, 2010; Horner & Sugai, 2005).

Theme 6: Acceptance and understanding. Participants indicated that acceptance and understanding was included in their understanding of psychosocial well-being and contributed to their family psychosocial well-being. With a frequency of 18 reports (6 reports for question 1, 8 reports for question 2, and 4 reports for narratives), this theme is the sixth most prominent. Participants indicated that a caring and understanding environment was included in what psychosocial well-being meant to them. One participant said: *“Being with the people who care about you and stuff, and you feel welcome...and feel protected”*. One parent said the following about her children: *“...I think we tend to give them a freedom to be who they are”*. Another participant said: *“...love, caring, being there for each other, helping each other”*.

Participants indicated that acceptance and understanding contributed to their psychosocial well-being. Participants said: *“You know what I think, it comes down to acceptance...we accepted the children for who they are, they accepted us for who we are...”*; *“...kids have their own personalities, I can’t force a thing on her. And kids are different”*; and *“...family is the only people that can tell you stuff like truthfully and not judge you at the end of the day, and love you unconditionally”*. Participants also wrote in their narratives that understanding and acceptance between family members was a contributing factor. Participants wrote: *“We understand each other, we know what each other don’t like and like”*; and *“...even when you did bad thing they never stop understanding even at times when it’s hard to understand they try to do that”*.

According to literature, interpersonal acceptance is associated with positive emotional development and secure attachment in individuals (Lerner, Brennan, Noh, & Wilson, 1995; Louw & Louw, 2007). Support and understanding between family members and extended family members can enhance well-being and health in individuals (Dickerson & Zoccola, 2009; Diener & Diener McGavran, 2008).

Theme 7: A healthy or safe community/environment. Participants identified a healthy or safe community and environment as a contributing factor and a possible enhancing factor with regard to their family psychosocial well-being. A frequency of 16 reports was identified (10 reports for question 2 and 3 reports for question 4). Participants indicated that a healthy and safe environment contributed to their family psychosocial

well-being. Participants said: *“The neighbors and things are quiet here. So we are also happy that our environment is quiet”*; *“The environment is also important. I’m happy about Carletonville, especially for the education and all those activities”*; and *“I also think moving to this house...with it being so close to school it also helps in a way”*.

Some participants indicated that an improved environment would enhance their family’s psychosocial well-being. Participants said: *“...if they could make a flat for themselves one side, their own place where they can be separate. I often think that they have to deal with us, and if we could make it bigger for them...”* and *“I know they need a bigger house”*.

Literature reports that people’s geographical location and surrounding physical environments impact on their well-being. Physical environments that are safe and pleasant have a positive correlation with happiness (Brereton, Clinch, & Ferreira, 2008; Carr, 2011; Diener, Lucas, Schimmack, & Helliwell, 2009).

Theme 8: Education. The importance of education was a theme that came up often during interviews (16 reports: 10 reports for question 2, and 6 reports for question 4). Participants indicated that education was a contributing factor with regard to their family psychosocial well-being. They said: *“...I want her (daughter) to be part of...she must contribute to society in a meaningful manner. She must be able to have a job one day”*; and *“...one thing I can say about having kids that are really dedicated to education, you know, like mine...It contributes I think to be an achiever”*; *“Education is very important”*; and *“I think that education...it helps you in life. If you know what you’ve learned...life will be easier”*.

Participants also indicated that education was a factor that they felt could enhance their family psychosocial well-being. One participant said: *“Maybe, I think if (daughter’s name), maybe if she can grow up with the school and make matric and maybe will be something...and happier than the others, you see”*. Another participant said: *“Education. For me it would be to educate them...Because education today is an important part of anybody’s life, you know, because it opens doors for you”*.

Literature reports a positive correlation between education and happiness and indicates a strong relationship between education and well-being in developing or underdeveloped countries (Diener, Suh, Lucas, & Smith, 1999; Michalos, 2008).

Theme 9: Effective problem-solving. Participants indicated that effective problem-solving contributed to their psychosocial well-being (15 reports: 6 reports for question 2, and 9 reports for narratives). One participant said: *“We’re supportive of each other to solve a problem”*. Another said: *“They’ll have an argument, and we’ll just give one another a minute, you know. But they don’t get to that...you know, ‘I’m not talking to my brother’ or ‘the kids are not talking’”*. Problem-solving was also identified as a contributing factor in narratives. Participants wrote: *“We solve problems as a family, even though sometimes my parents take decisions for us, we know that every decision they are taking for us is for our benefit at the end of the day”*; *“...my parents...sometimes involves us to solve problems which are not sensitive...they teach us how to solve problems when we grow up...”*; and *“...instead of having an argument we’d rather spend time looking for a solution to the problem”*.

Fredrickson and Branigan (2005) report that problem-solving and flexibility in how individuals think of and handle problems correlates with positive emotions. Having interpersonal problem-solving skills empowers people by enabling them to develop and implement plans with others (Carr, 2011).

Theme 10: Discipline. Participants indicated that discipline (14 reports) contributed to their family psychosocial well-being (5 reports for question 2, and 6 reports for narratives). One participant said: *“...it gives you direction in life...for example, if she hit me, I know that I’ll never do it again, but then if she let me do it, then I’ll keep doing it and I won’t see which thing is wrong or right in my life”*; and *“There are five rules in this house. Tell me where you’re going. Don’t walk in the dark. No cellphones at the dining room table...No fighting, and uh...respect each other”*. In narratives, participants wrote: *“We also have our rules”*; *“We as a family have a very strong belief in discipline; behaviour and manners”*; *“...whatever the case may be, we will never forget the concept of discipline”*; and *“My parents are strict, we are not allowed to fight and we must behave at school and always do our homework”*.

Discipline and obedience was also identified by some participants as a factor that would enhance their family psychosocial well-being (3 reports for question 4). One participant said: *“When it comes to chores...I have to say it twice...they are able to cook. So they alternate. So I shouldn’t have to remind them. It will make me happy if, you know, I don’t have to like follow them into the...they know what they should do”*. Another

participant said: *“(her younger daughter) loves to delegate. When I tell her to do something, she’ll tell her sister to do it, so she gets a bit lazy when doing her chores”*.

According to Patterson (2008), constructive discipline and authoritative parenting can build self-esteem in children. Literature indicates that positive and effective discipline encourages good conduct and builds respect (Zahn-Waxler & Robinson, 1995).

Theme 11: Loving each other. This theme often occurred in narratives (13 reports) as a contributing factor. Participants wrote: *“We love each other very much and we go out of our way to do everything for each other”*; *“We have an unconditional love for each other”*; and *“There is love, for sure, that is running in the family and caring no matter what the situation is”*.

Literature refers to the importance of love as experienced in different types of relationships (e.g. the love of a parent for a child, vice versa and romantic love) in which sharing and caring is reciprocated (Bowlby, 1973; Carr, 2011).

Theme 12: Shared responsibilities and chores. Shared responsibilities and chores in families were identified as a contributing factor (12 reports: 6 reports for question 2, and 6 reports for narratives). Participants said: *“We must do the chores. All children. Washing dishes, cleaning the house...”* and *“now and again we all help to do each other’s chores...We all pitch in.”* With regard to narratives, one participant wrote: *“We in the family have responsibilities as well, and fully abide by it, chores play a very important role in our house where everybody has to do something”*; *“We each have our own job to do at home, for example, mowing the lawn, giving animals food and water”*; and *“We all help to do all the family chores in the house”*.

Literature reports that children’s self-esteem can be enhanced by encouraging and giving them responsibilities and showing appreciation for their contributions (Dinkmeyer & McKay, 1990).

Theme 13: Parental guidance. Some participants felt that parental guidance or role modeling was important for psychosocial well-being (11 reports: 5 reports for question 2, and 6 reports for narratives). Participants said: *“...she’s showing us how to do it. She’s building us and we are learning very good at school. We are doing very well in the community. We don’t run around at night doing crazy things”*; and *“We don’t smoke, we don’t drink alcohol...If I fight with my husband I don’t fight near my kids”*. In narratives, one participant wrote: *“Our mother, (her mother’s name) is always there to inspire and*

motivate us in everything we do...We look up to her...She is a role model too". Others wrote: *"...I believe by parents being an example, it creates a full circle for generations in your family"*; and *"...we learn this from our parents who always respect each other"*.

Literature suggests that children form ideas concerning the roles of adults by observing their parents, and it is therefore important that parents are aware of their behaviours and attitudes (Dinkmeyer & McKay, 1990).

Theme 14: Honesty and trust. Open and honest relationships were identified as a contributing factor with regard to psychosocial well-being in families (10 reports: 5 reports for question 2, and 5 reports for narratives). Participants said: *"...when my kids did something wrong...say: 'you did something wrong'. Don't lie. For me, that's just terrible. I hate lying"*, *"...honest to each other"*; and *"...to always be honest at all times"*. In narratives, participants wrote: *"My parents don't like dishonesty. They believe in honesty and that the truth shall set you free"*; *"We learn to respect, trust, love each other"*; and *"We as Muslims also live by values and totally believe that respect and honesty is the best morals to have"*. Openness and honesty in family relationships may contribute to effective communication within families and act as a basis for trust (Peterson & Green, 2009). Literature suggests that parents can build their children's confidence by showing trust in them with appropriate restrictions and limitations (Dinkmeyer & McKay, 1990).

Theme 15: Appreciating/being proud of each other. Participants mentioned appreciation and being proud of each other as a contributing factor (8 reports for question 2). One participant said: *"...I appreciate everything that she (her mother) does for us in the family...she is working to do her best for us..."*; *"We learn to take her (her mother) as the pillar of our...of our house...we feel very proud of her because she's the pillar of our family"*; *"...I'm proud of my husband"*; and *"...I'm proud of what my parents have done and what they've done for us. And then they're still trying to do more"*.

According to Dinkmeyer and McKay (1990), showing approval and appreciation for another person's contributions can enhance self-esteem and sense of self-worth.

Theme 16: Healthy friendships. Healthy friendships were identified by some participants as being important for family psychosocial well-being (7 reports for question 2). One participant said: *"You have to be around positive people that...gives you that*

push...”; “...I’ve also learned that you need to have people in your life that only add value”; and “I love my friends. My friends are a God send. They are just perfect”.

Friendships are reported to be an important contributing factor to people’s health and well-being (Antonucci, Riori, Birditt, & Jackey, 2010). Literature suggests that resilience is reinforced by support outside one’s family (Loesel, 1992) and that a supportive social network can add to a person’s hope and positive adjustment (Niederholfer & Pennebaker, 2005; Snyder, Rand, & Sigman, 2005; Williams, 2002). According to literature, social support within wider social networks outside of the family is linked to well-being and health (Dickerson & Zoccola, 2009; Diener & Diener McGavran, 2008).

Theme 17: Encouraging independence/autonomy/responsibility. Participants indicated that encouraging independence/autonomy and responsibility in their children contributed to their psychosocial well-being (7 reports for question 2). Participants said: *“...We try to teach him (her son) or allow him to be independent”; and “...I told them(her children): ‘You know what, if I didn’t have a profession then I wouldn’t be able to take care of you like I’m doing now.’ So that’s very important. ‘Cause if you’ve got your own profession then you become very, very independent. You don’t have to rely on somebody else to provide for you”.*

Authoritative parenting, which allows an appropriate and moderate degree of control but allows children to make decisions or take responsibility that is appropriate for their ages, has a positive impact on the development of children (Carr, 2011; Eisenberg, Fabes, & Sprinrad, 2006). Dinkmeyer and McKay (1990) report that independence and responsibility should accompany each other in relationships to have the optimal effect.

Theme 18: Being able to read each other. Participants indicated that reading each other’s emotional cues or non-verbal messages contributed to their family psychosocial well-being (4 reports for question 2). Participants said: *“...When he (her son) sees me in the morning he’ll immediately know whether I’m in a good mood or a bad mood”; and “If you’re irritated we’ll know...”*

According to Dinkmeyer and McKay (1990), non-verbal communication such as facial expressions, hand and body gestures, posture and tone of voice, communicate people’s feelings, and the ability to observe and appropriately respond to these can enhance communication between family members.

Theme 19: Differentiating between wants and needs/prioritizing. Participants indicated that the ability to differentiate between wants or needs in order to fit into their financial constraints, played a part in their psychosocial well-being (4 reports for question 2). One participant said: “...there are times when you have to say: ‘Is it a need or a want?’ I mean they all want a fancier phone...but it’s a want, not a need”, “...sometimes they ask for something and I have to say: ‘No, not now. You can get it when I get paid’...every now and again there’s that one moment where they don’t understand or they don’t want to understand”; and “Kids should know when they can have...Everybody wants the best for their children and everybody wants to give their kids the best, but there’s a limit...You must understand. I can give it to you now or I can’t give it to you now...and that’s gonna be your whole life circle. Whether you work, whether you go study, you don’t always have your way...”

According to literature, the discipline of saving money and prioritizing is important during difficult financial times (Lewis, 2002; Shockey, 2004) and building one’s financial security can contribute to one’s well-being or happiness (Carr, 2011).

Theme 20: Adapting to/shutting out negative influences. Adapting to, and shutting out of negative influences from the outside was identified by some participants as a contributing factor (4 reports for question 2). One participant said: “But they (her neighbors) don’t really have a big impact...They can’t really interrupt us or break us down because we have learned to support each other in everything, and so when someone says something or interferes in such a way that is unacceptable...we don’t let it tear us apart as a family”; and “You just don’t, you just don’t take those things that you pay in mind. We just live our lives...We don’t push it hard and we don’t take it to mind that someone said this about our family”.

Literature suggests that people are able to control or adapt to negative influences that impact on them, and this in turn can strengthen their well-being (Carr 2011; Frederick & Lowenstein, 1999).

Family interviews and narratives: Themes about hindering factors in family psychosocial well-being. Below follows a discussion of themes according to their frequency about factors that hinder or negatively affect family psychosocial well-being as identified in the family interviews and narratives.

Theme 1: Financial difficulties. This theme was the most prominent hindering factor according to frequency (17 reports: 11 reports for question 3, and 6 reports for narratives). Participants said: “...finances, sometimes. It’s not always, it’s now and then a bit skimpy”; “...you know you save money for the end of the year so you can pay school fees and everything in advance...You always think we’re gonna go to Cape Town, but when I come back then the money will be finished...”; and “This has been a very hard time for us, you know, financially. They used to have...you know, previous years we didn’t have that problem”. In narratives, participants wrote: “...when it’s hard times for our parents financially...our parents look sad”; and “In my family, money is like “the ruler” in the house...what happens when there’s no money? All the love, comfort and warmth goes away...It sometimes feels as if the money we spend, like whenever I see my parents paying the cashier or pay petrol I feel like every note they give out is like the love they are taking away from us...money controls us”.

According to literature, wealth is not significantly positively related to happiness or well-being, but financial security and earning enough money to avoid poverty does contribute to one’s happiness (Carr, 2011; Diener, 2000; Easterlin, 1974).

Theme 2: Conflicts and arguments. This theme was the second most prominent according to frequency (13 reports: 9 reports for question 3, and 4 reports for narratives). Participants said: “Sometimes we don’t agree on things”; “Sometimes our personalities clash...sometimes the things she does annoys me”; “The two of them (her daughter and granddaughter) fight a lot”; and “...the age gap between them (her children) is three years...they fight a lot”. With regard to narratives, one participant wrote: “When our parents have a serious quarrel that we can’t solve”. Another participant wrote: “My dad and mom fight a lot over small things, which causes tension between everyone”.

Literature refers to how family conflict and arguments can lead to self-esteem, autonomy and control problems or flaws (Patterson, 2008). Parental conflict is reported to have a negative influence on children’s physical and emotional well-being (Maccoby & Martin, 1983; Vandewater & Lansford, 1998).

Theme 3: Absent husband/father. Some participants indicated that an absent husband or father was a hindering factor for them (8 reports for question 3). One participant said: “Like we never ever had like a strong male figure in our lives. Ever...I lived fourteen years with my parents and we never had a strong relationship in our life”.

Another participant said: *“They know I’m not staying with their father anymore. We live separately, and I’m suffering. I’m working too hard...”*

A study by the Human Science Research Council (HSRC) cited by Louw and Louw (2007) reports that many South African husbands and fathers are perceived to be absent in their children’s lives and do not engage in intimate interaction with them. This is supported by the findings of Holborn and Eddy (2011), which indicate that there is an alarming increase in single-parent households and in the number of absent, living fathers in South Africa. According to Holborn and Eddy (2011) children who grow up without fathers are more at risk to experience emotional disturbances and depression.

Theme 4: Not enough time together. Participants indicated that they do not spend enough time with their families due to other demands or responsibilities (8 reports for question 3). Participants said: *“Like I say, I don’t have time. Especially during the week, I don’t have the time to be with my kids”*; *“Sometimes school affects us...there’s always a project like where we have to meet with our group members, and it’s hard to stop our family stuff just because, but then what can you say, because you have to participate”*; and *“We don’t try hard enough to be with our family in a way that we’d like to. We’re always scattered somehow, and that, in a way, pulls us apart”*.

Literature reports that spending time together and investing time in interpersonal closeness and bonding contributes to rewarding and fulfilling relationships (Almeida & Galambos, 1991; Christensen, 2002; Montemayor, Eberly, & Flannery, 1993).

Theme 5: Isolation/few friends. Isolation and having few friends was identified as a hindering factor (6 reports for question 3). One participant said: *“...my children don’t...not at all, play with these children around here. Now they think...I’m raising two princesses”*; *“...they only have friends at school...I’ve never allowed any friends to visit”*; *“I only have one best friend”*; and *“I actually don’t have any friends”*.

The social systems perspective suggests that socialization with, and building ties within their communities are social skills that enable families to function at their best (Berk, 2006). When families have strong ties to their surrounding contexts, it reduces the risk of adjustment problems in youths (Garbarino & Kostelny, 1993; Magnuson & Duncan, 2002).

Theme 6: Community/environment. The community and environment was identified as a hindering factor in some cases (5 reports for question 3). Participants said: *“People*

like interfering in our affairs”; “This side especially. People don’t respect each other...I always have like fights with people for things that they do...And the noise pollution. The houses are so close that you can hear what’s going on next door”; and “The neighbors, you know, sometimes the neighbors, they go to the other neighbor and tell them something...you know (her name) and her child is suffering like this and this”.

Literature reports that geographical location and physical environment have an impact on people’s overall happiness (Brereton, Clinch, & Ferreira, 2008; Carr, 2011; Diener, Lucas, Schimmack, & Helliwell, 2009).

Theme 7: Poor communication. Participants indicated that a lack of communication was a hindering factor with regard to their psychosocial well-being (3 reports for narratives). One participant wrote: *“Back at home I don’t talk to anyone – only if I need something or am being asked a question. Either way I don’t communicate with them because I know the minute I open my mouth I’ll be opening a can of worms”*. Another wrote: *“The one thing that I don’t like about my family is that we don’t communicate with each other”*.

Poor communication is regularly found in research on unhealthy families and may lead to other difficulties, such as an increased risk of divorce and behavioural problems in children (Peterson & Green, 2009).

Theme 8: Negativity. Negativity was identified as a hindering factor by some participants (3 reports for narratives). Participants wrote: *“It is really hard for me and my family to get along because my mother is always negative”; “...negativity causes agony, hatred and misery...I would say that in my family, we lack positivity”*.

Literature reports that negativity, negative communication patterns and negative social interaction often result in unhappiness and breakdowns in family relationships (Gottman, 1994; Peterson & Green, 2009; Rook, 1984).

Theme 9: Unsupportive family. Some participants wrote about an unsupportive family as a hindering factor (3 reports for narratives). One participant wrote: *“...I need someone to talk to but I can’t because none of my family members are interested”*. Others wrote: *“...makes us not to help each other or even listen to each other”; and “I sometimes think that I am alone in everything I do”*.

Literature refers to the importance of socially supportive relationships between family members and extended family members with regard to the well-being and health of individuals (Dickerson & Zoccola, 2009; Diener & Diener McGavran, 2008).

Theme 10: Children do not have a say. Children not having a say was identified as a hindering factor by some participants (3 reports for narratives). Participants wrote: *“In my family, if you’re a child – you don’t have a say in anything”*; and *“Most of the time my parents make decisions on their own without consulting us and finding out how we feel about the matter”*.

According to Guilamo-Ramos and Bouris (2008) children have difficulty respecting parents who believe they are always right and who do not give them an opportunity to voice their opinions or share their views. Literature suggests that asking children for their opinions and suggestions can build their self-esteem (Dinkmeyer & McKay, 1990).

Theme 11: Feelings of misplaced blame/scapegoating. Some participants wrote that misplaced blame was a hindering factor (3 reports for narratives). Participants wrote: *“...when something had to be done at home, like chores, when it’s not done I’m to be blamed”*; *“Whenever something happens at home I am the one that’s to blame every time”*; and *“When something goes missing I’m always the one to blame – why I don’t know”*.

Literature refers to the negative influence that blame or scapegoating can have in relationships (Namka, 2008; Vogel & Bell, 1960) and to the importance of fairness as an aspect of moral reasoning and development, which can be fostered by authoritative parenting (Carr, 2011; Killen & Smetana, 2006).

Next, the main themes that were identified in family’s drawings will be discussed and finally an essential narrative that flowed from all the themes identified will be presented.

Family drawings: Themes relating to psychosocial well-being. The themes visible from the drawings correspond with themes identified in narratives as discussed above. However, the distinction between family happiness and family unhappiness is clearly mirrored in the drawings and often reflected on in the explanations accompanying the drawings.

In four of the fourteen drawings made by families, a family portrait was drawn showing the family members close together and smiling or happy. Two drawings included family portraits and depicted a happy and sad family (e.g. the happy family is

smiling and all together, the sad family has sad expressions on their faces and the father and younger sibling is missing from the drawing). In another drawing, the two sides are shown with a happy family united in an activity while the sad family is seen with everyone doing their own thing separately and the mother and father are worrying about money, school fees, etc.

In four drawings, participants drew either their family doing something together (e.g. being outside in the garden or playing soccer) or they drew items that represent the activities that the family engage in (e.g. fishing poles and a boat for when they go fishing and towels on the beach by the sea for when they go on vacation). In one of these drawings the family is drawn travelling together between their home and another family member's home. Furthermore, in two of the drawings, participants used symbols to depict family members as they are described in narratives or in written explanations for the drawings (e.g. one participant is represented visually by a butterfly and described as a social butterfly who likes to be with friends and another participant's mother is represented by palm trees and is described as being flexible).

The drawings thus portrayed that families could be happy and sad, that engaging in shared activities enhances family wellness and that characteristics of individual members could be related to symbols.

Essential narrative derived from the voices, stories and drawings of families. The following essential narrative combines and acts as a summary of the identified themes discussed above:

As culturally diverse South African families, there are many factors that contribute to the psychosocial well-being of our families. We need to spend time together, communicate effectively, have a strong belief system, support and respect each other. We make use of effective problem-solving and we realize the importance of education. We rely on each other and our mutual acceptance and understanding sustains us. We work hard to create a safe and healthy environment for ourselves. We love and care for each other. We value discipline and share household chores and responsibilities. Our children rely on the guidance and role-modeling of the parents and we relate honestly and with trust in our families. We appreciate each other, are proud of one another and we maintain healthy relationships outside of the family. We encourage independence, autonomy and responsibility in our families; differentiate between our wants and needs in tough times,

and we learn to control and adapt to negative influences from outside of the family. We also experience hardships and face challenges that can hinder our family psychosocial well-being, such as financial difficulties, conflict, absent fathers, not spending enough time together, isolation and unsafe, unhealthy environments. Other hindering factors include poor communication, negativity and unsupportive family members. Our children sometimes do not have a say in decisions and experience feelings of misplaced blame for mistakes. Although we are not perfect, we have many strengths. More importantly, we are able to identify what makes us strong and what may threaten our family's psychosocial well-being. We have a voice and we can make a difference.

Discussion

The general aim of this study was to explore and describe aspects that contribute to or distract from the psychosocial well-being of families from diverse cultures in a South African context by analysing data obtained through narratives and drawings of, and interviews with families. The findings suggest that the South African families who participated in this study have specific strengths and characteristics, irrespective of their culture or the type of family unit that they are. Some of the most prominent factors contributing to family psychosocial well-being include effective communication, mutual support, shared activities and spirituality. From the findings it seems that the aspects that contribute to family psychosocial well-being in this study fall within three contexts namely characteristics or strengths within the family itself, those of the family that is embedded within the community and/or environment and those within an even larger context that extends to the spiritual realm (see Figure 1).

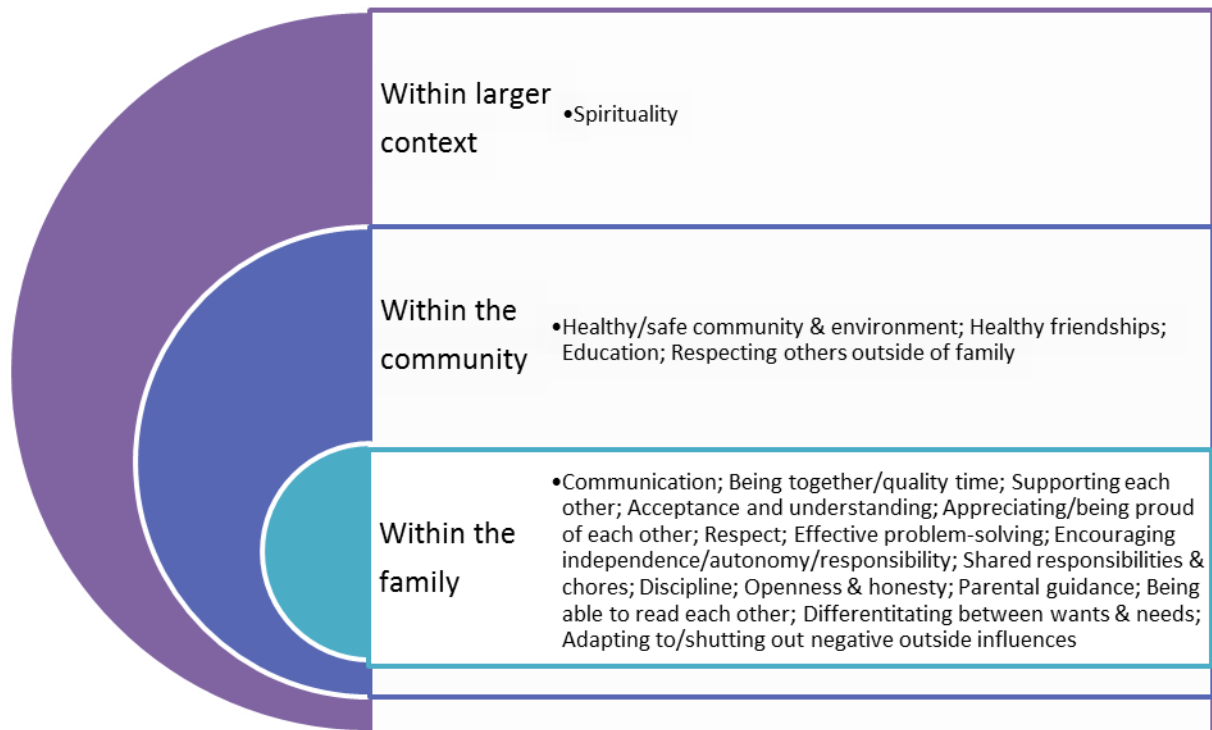


Figure 1. Contexts within which family psychosocial well-being exists

The factors identified by participating families in this research that attest to their psychosocial well-being indicate that these families have been able to function with balance and harmony in four interrelated dimensions of family life namely, interpersonal communication and emotional relationships; development of individual members and the family, their well-being and spirituality; family structure and function; and community relationships and nature. These dimensions that have been identified by McCubbin, McCubbin, and Thompson (1996), characterize resilience and wellness in families (McCubbin & McCubbin, 2005). Family competencies and abilities to cope with and master the life challenges they face, emerge from healthy functioning in the four interrelated dimensions mentioned above. According to McCubbin and McCubbin (2005) some of these competencies are: hardiness and coherence, bonding and flexibility,

building and valuing family time and routines; and family traditions and celebrations. Abilities similar to those mentioned have been identified in the families from diverse cultures participating in this research, who shared their experience of family psychosocial well-being. Furthermore, the identified aspects of family psychosocial well-being found in this research closely correspond with traits of psychologically healthy families mentioned by Compton and Hoffman (2010) and Peterson and Chang (2003) namely: a commitment of family members to one another; respectful patterns of communication; clear household rules and parent-child boundaries; discussion of and inclusion in decision making processes; authoritative parenting; individual autonomy and responsibility; spirituality or religiosity; shared activities and time spent together; stress management and coping; emotional closeness; and humor and laughter.

The factors that were indicated by families as hindering or distracting from their psychosocial well-being, seem mostly to be the absence of those features identified as constituting or contributing to family wellness. However, the presence of negative aspects such as financial problems, unresolved conflict, incomplete families (especially absent fathers), isolation/loneliness, negative attitudes, children being excluded from decision making and blame shifting experiences, all adversely influenced the well-being of some families. These factors not only distract from the psychosocial well-being of families, but could actively operate as risk factors for the resilience and mental health of families (Carr, 2011; McCubbin & McCubbin, 2005; Parritz & Troy, 2011). Although there is an abundance of information on the well-being of families in various other nations, there is a definite shortage of published literature and research that focuses on South African families. The significance of this study lies in the fact that South African families have made their voices heard with regard to their experiences of family psychosocial well-being. As a result, the strengths and characteristics needed to improve the psychosocial well-being of other South African families could be identified.

The fact that this study's focus is on aspects that contribute to or distract from family psychosocial well-being, implied that only the family as a unit was investigated. It could be valuable to research the micro context of individual family members' strengths that enable them to contribute to the family unit's psychosocial well-being. Explorative individual interviews may also encourage and facilitate the sharing of information with regard to the experience of family psychosocial well-being, particularly the contributing

and hindering aspects. Some family members find it hard to share with other family members present, especially where more sensitive aspects, such as hindering aspects, are involved. Longitudinal research on the experience of family psychosocial well-being in South Africa is recommended and the use of larger samples may provide a broader perspective with regard to data collection. The current findings can be used to develop a conceptual framework followed by a model to enhance family psychosocial well-being in the South African context. The findings may be useful in programs, workshops and classes to educate and inform families on family psychosocial well-being, thereby empowering them. The findings could also be useful in family therapy/guidance and should be made available through professional and/or popular publications and presentations.

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Article 3:
A model for the psychosocial well-being of families in a
South African context

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Article 3

A model for psychosocial well-being of families in a South African context

Abstract

There are currently no models available on which to base programmes aimed at enhancing the psychosocial well-being of families in a South African context. This study aims to provide a conceptual framework and a model for the psychosocial well-being of families from diverse cultures in a South African context. Such a model can become the basis for programmes to enhance the psychosocial well-being of South African families. This article provides an exposition of theory generation as methodology and describes it in three levels according to the approach of Dickoff, James, and Wiedenbach (1968). Findings from previous qualitative research on family psychosocial well-being in a South African context served as the empirical data base for the conceptual framework and model while relevant literature was used as theoretical evidence in the formulation of the conceptual framework and model.

Keywords: Family; model; psychosocial well-being; theory generation; conceptual framework

Opsomming

Daar is tans geen modelle beskikbaar waarop die ontwerp van programme vir die bevordering van psigososiale welstand van gesinne in 'n Suid-Afrikaanse konteks gebaseer kan word nie. Hierdie studie het daarom ten doel om 'n konseptuele raamwerk en 'n model vir die psigososiale welstand van gesinne uit diverse kulture in 'n Suid-Afrikaanse konteks te verskaf. Sodanige model kan die basis vorm van programme vir die versterking van psigososiale welstand van Suid-Afrikaanse families. 'n Uiteensetting van teorie generering as metodologie word gegee en beskryf in drie vlakke volgens die benadering van Dickoff, James, en Wiedenbach (1968). Bevindinge van vorige kwalitatiewe navorsing wat families se psigososiale welstand in 'n Suid-Afrikaanse konteks ondersoek het, het gedien as empiriese databasis vir die konseptuele raamwerk en model, terwyl toepaslike literatuur gebruik is as teoretiese basis in die formulering van die konseptuele raamwerk en model.

Sleutelwoorde: Familie; model; psigososiale welstand; teorie generering; teoretiese raamwerk

South Africa is a country that knows family hardship with its history of inequality, an Apartheid past and the current ongoing struggle with poverty, HIV/AIDS, crime, lack of safety and security and fractured families (Holborn & Eddy, 2011; Neff, 2004). Despite these stumbling blocks, with a population of over 50 million (Census, 2011) and a wide variety of cultures and languages, South Africa's 'rainbow nation' continues to strive for development and growth and has achieved much over recent years. According to research by Neto and Marujo (2011) people from other nations perceive South Africa as a happy and resilient nation because, among other things, the nation was able to transform itself from Apartheid and implement democracy. As an African country, we are familiar with the term 'Ubuntu' described by the Archbishop Desmond Tutu as an African value of being open and available to others, being part of a greater whole and having a sense of self-assurance (Tutu, 1999). With a life-philosophy such as Ubuntu to guide relationships, one wonders about the strengths of South African families and how these strengths can be identified, depicted and expressed to enhance the family psychosocial well-being of South Africa's families overall. According to research, family plays a crucial role in the well-being of individual family members and can influence the well-being of the community in which it exists (Caledon Institute of Social Policy, 2001; Peterson & Green, 2009). Under ideal circumstances, the family should act as a source of emotional security for family members and should be a powerful protective factor with regard to risk behaviours, thereby promoting resilient coping in difficult times (Benard, 2002; 2004). Without such a secure base for emotional development, families (in particular children), are much more at risk for problem behaviour and psychosocial dysfunction (Parritz & Troy, 2011).

A previous qualitative study (see Article 2) explored the family psychosocial well-being of a group of South African families from diverse cultures, and contributing or hindering factors with regard to their family psychosocial well-being were identified. The most prominent contributing factors included effective communication, togetherness, mutual support, spirituality, acceptance/understanding, appreciation, respect, encouraging responsibility, problem-solving, performing chores or duties and discipline, all of which are discussed in more detail below. From these findings it became clear that when it comes to enhancing their psychosocial well-being, families put more emphasis on actions and/or behaviours that they share and that enrich their togetherness as compared to

circumstances, wealth, success or materialistic aspects. According to literature, fifty percent of one's happiness depends on genetics, only ten percent on success, status and circumstances, whilst forty percent is influenced by intentional activity and/or behaviour that one engages in (Headey, Muffels, & Wagner, 2010; Lykken & Tellegen, 1996). In contrast, some of the most prominent hindering factors for the psychosocial wellness of families included financial difficulties, conflict, absent husbands/fathers, not enough time together, isolation/few friends, poor communication and negativity. In support of these findings, literature indicates that: Effective communication is crucial for well-being (Choo, 2000), while open and regular communication is linked to emotional and social maturity (Louw & Louw, 2007) and communication skills enable people to empathize with others and understand others (Carr, 2011). Togetherness and time spent together is reported to influence positive parent-child relationships (Almeida & Galambos, 1991; Montemayor, Eberly, & Flannery, 1993), while mutual support is reported to be one of the attachment bonds that act as a protective factor against negative environmental influences (Louw & Louw, 2007) and is associated with positive emotional development (Lerner, Brennan, Noh, & Wilson, 1995). With regard to spirituality, research indicates a correlation between faith and happiness (Myers, Eid, & Larsen, 2008) and spirituality is reported to improve well-being, enhance resilience, and act as a protective factor (Garbarino, Kostelny, & Dubrow, 1993; Killian, 2004; Milne, 2007; Schlessinger, 2006; Wicks, 2005). Acceptance and/or understanding in families are reported to be associated with positive development and secure attachment (Lerner, Brennan, Noh, & Wilson, 1995; Louw & Louw, 2007), while showing appreciation for others' contributions has been reported to enhance self-esteem and a sense of self-worth (Dinkmeyer & McKay, 1990). Furthermore, literature suggests that equality and respect is one of the key aspects in effective parenting and that showing respect to others in the family can evoke counter respect from them (Dinkmeyer & McKay, 1990; Guilamo-Ramos & Bouris, 2008). With regard to encouraging responsibility, allowing children to make decisions or take responsibility that is appropriate for their ages, is reported to have a positive impact on the development of children (Carr, 2011; Eisenberg, Fabes, & Sprinrad, 2006). Effective problem-solving and flexibility in how one thinks of and handles problems is reported to be linked to positive emotions, and interpersonal problem-solving skills enable people to jointly develop and implement action plans (Carr, 2011; Fredrickson & Branigan, 2005).

Literature on responsibility in families suggests that children's self-esteem can be enhanced by encouraging them, by giving them tasks and responsibilities and showing appreciation for their contributions (Dinkmeyer & McKay, 1990). Discipline and authoritative parenting is reported to build self-esteem in youth, and positive and effective discipline encourages good conduct and builds respect (Patterson, 2008; Zahn-Waxler & Robinson, 1995).

The qualitative exploration and description of the factors given above provided empirical data for the next challenge, namely to construct a conceptual framework for psychosocial well-being in South African families. In view of the fact that there are currently no models available to consider for programmes that intend to enhance the psychosocial well-being of families in a South African context, the aim of this study was to develop a conceptual framework and accompanying model explicating the psychosocial well-being of families from diverse cultures in a South African context.

Method

Research Design

This study formed part of a larger two-stage study, in which the first stage consisted of both a quantitative- and qualitative phase. In the first quantitative phase (see Article 1), a cross-sectional survey design was used and data collected through validated psychological measuring instruments. The participants included youths attending five secondary schools in the Gauteng province. The results supported a two-factor measurement model of family psychosocial well-being consisting of family functioning and family feelings and the percentages reported for psychosocial well-being were as follows: low: 17.2%, low to moderate: 24.6%, moderate: 22.5%, moderate to high: 15.2% and high: 20.5%. From these results families were then identified for participation in the second qualitative phase. The qualitative phase (see Article 2) explored and described aspects that contribute to the psychosocial well-being of families from diverse cultures in a South African context by analyzing data obtained through written narratives, drawings and interviews with families. Participant families took part voluntarily in family interviews (n=36), narratives (n=23) and drawings (n=14). The findings from the qualitative phase were then used as empirical data for this stage (stage two) of the study.

The research preceding this study was thus qualitative (Denzin & Lincoln, 2005), exploratory (Polit & Beck, 2004), descriptive (Polit & Beck, 2004) and contextual (Klopper, 2008) in nature, with the purpose of theory generation (Burns & Grove, 2009). Such a design seemed appropriate for gathering relevant research findings on which to base a conceptual framework for the phenomenon of psychosocial wellness of South African families. Taking into consideration that there are currently no formulated models for family psychosocial well-being in a South African context, such a conceptual framework and model could serve as an organising guideline for research and interventions (De Vos, 2002).

Methodology

This study, which presents the process of theory generation that underpins the development of a conceptual framework and model, describes it in three levels according to the approach of Dickoff, James, and Wiedenbach (1968). This approach to theory generation was chosen based on the clarity of the steps provided in order to develop a visual model. Only three levels of this process were applied in this study (see Figure 1) as the fourth level focuses on the testing of hypothesis and operationalization of a model once it has been finalized. The levels are discussed below.

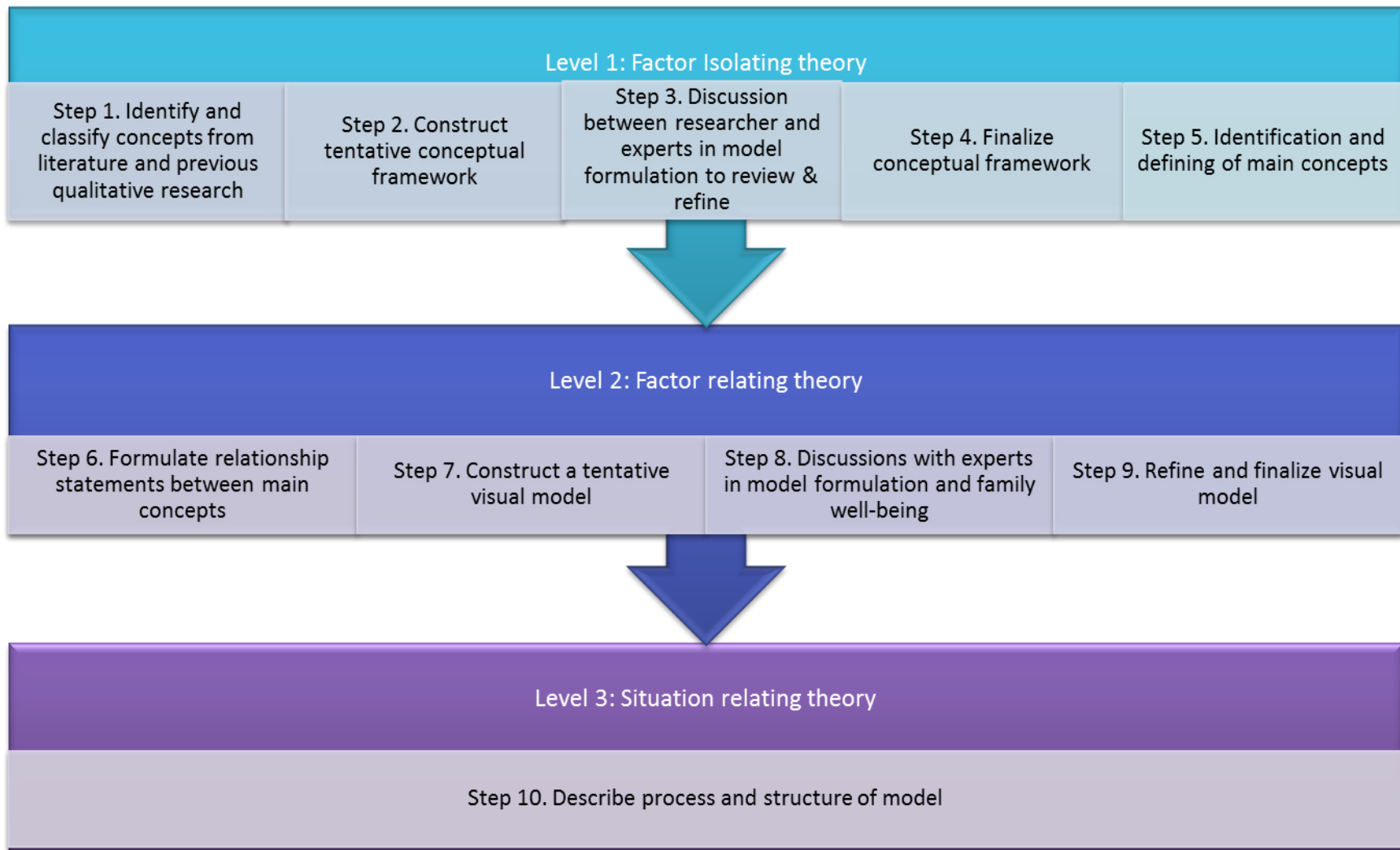


Figure 1. Flow of the research process

Level one: Factor isolating theory. The concepts relating to an understanding of psychosocial well-being of families were identified, classified, analysed and defined. The concepts came from qualitative data obtained from youths and their parents/caregivers in previous qualitative research. These concepts are provided later in this article and discussed in detail in Article 2. The researcher delineated the relationship between identified concepts to explicate the theoretical statements and to decide which variables were important and which relationships were most suitable. This enabled the construction of a conceptual framework. The survey list of Dickoff et al. (1968) was used for this purpose.

Identification of concepts. According to Chinn and Kramer (1995), concept identification refers to a process that is used to identify the concepts that form the basic premise of the theory. Dickoff et al. (1968), explains this as the words that express the concepts. Literature and qualitative, exploratory, descriptive, contextual research (Burns & Grove, 2009) were used in this study to identify words that express the concepts. Literature on family and psychosocial well-being was investigated. By means of qualitative research methods (family interviews, narratives and drawings) data was gathered regarding the experience of family psychosocial well-being in a South African context. A mental map was formulated by the researcher to facilitate the thought process and the forming of ideas, thereby exposing, discovering or identifying elements and finally, naming these elements. This was done by visualizing the concepts, organizing them in a framework and reflecting on the data obtained from the qualitative research (Article 2) and organizing them in a practical and logical manner in the model. The process of naming was seen as a theoretical activity that served as linguistic explanation for discovering a conceptual unit (Greeff, 1991). The essential components in the naming process could include a word or symbolic label, object or event, values, attitudes and feelings associated with how the concept is perceived (Chinn & Kramer, 1995). Concepts can therefore arise from life, people's personal experiences and literature, which was done in this study. Experience is regarded as empirical if it is shared and verified by others through the use of sensory evidence. In this study, the concepts were derived from the experience of family psychosocial well-being in a group of South African families.

Concept classification. Concept classification implies a process of sorting, categorizing and assigning names (Dickoff et al., 1968), and in this study a survey list was compiled to assist in the process. According to Dickoff et al. (1968) a survey list acts as an organized and empirically grounded guide that plays a part in achieving the purpose of theory construction. A survey list would consist of the following elements: the agent (who/what performs the activity), the recipient (who/what receives the activity), a framework (context in which the activity is performed), the procedure (guiding technique or procedure of the activity), the goal (final result of the activity), and the dynamic (energy source for the activity). The concepts that were classified through the use of a survey list were then used to construct a tentative conceptual framework.

Tentative conceptual framework for family psychosocial well-being in a South African context. The classified concepts derived from the research were used to develop a tentative conceptual framework. A framework is described as a set of integrated scientific statements about a phenomenon (De Vos, 2002), which further leads to postulating relationships between concepts, bounding of concepts and explicit interrelation of concepts (Wilson, 1989). Concept identification, classification, and analysis therefore influenced each other in this study, which ultimately led to the identification of the main concepts. Parents and children were both viewed as the agents, and were also regarded as the recipients. However, the role of the parent is regarded as more prominent as an agent while the role of the child/ren is seen to be more prominent as recipient. The activity incorporation was regarded as being produced by the agent (parents/children) and received by the recipient (children/parents) within the context of South African families. The procedure (family strengths) leads the activity from agent to recipient in order to achieve the goal (family psychosocial well-being) using dynamics (family functioning). This tentative conceptual framework was then discussed with experts in model formulation.

Finalization of the conceptual framework for family psychosocial well-being in a South African context. The final conceptual framework for family psychosocial well-being in a South African context (see Table 1) was refined and finalized after implementing ideas and feedback that arose during discussions with practitioners/academics who have expertise in these procedures (see page 169).

Table 1

Final conceptual framework for family psychosocial well-being in a South African context (Dickoff et al., 1968)

Main Concept/s	Survey List	Related Concept/s
	Agent The one who performs the activity	Parent/s Child/ren
	Recipient The one who is at the receiving end of the activity	Child/ren Parent/s
	Context The framework in which the activity by the agent to the recipient is performed	Family life of South African families
Family strengths	Procedure Guiding technique/procedure/protocol of the procedure of the activity conducted by the agent	
Family psychosocial well-being	Goal The final result of the agent's activity	
Family functioning	Dynamics The energy or impetus for the agent's performing activity	

Main and associated concepts of the model. The main concept derived from the conceptual framework is family psychosocial well-being. This concept was broken up into three different components or concepts namely “family”, “psychosocial” and “well-being”. The associated concepts derived from the conceptual framework are family functioning and family strengths. Family strengths include factors that were identified in a previous qualitative study as contributing factors with regard to family psychosocial well-being. These factors include togetherness, effective communication, spirituality, supporting each other, respect, acceptance and understanding, a healthy/safe community/environment, education, effective problem-solving, discipline, loving each other, shared responsibilities/chores, parental guidance, honesty and trust, appreciation/being proud of each other, healthy friendships, encouraging independence/autonomy/responsibility, being able to read each other, differentiating between wants and needs and adapting to/shutting out negative influences (see Article 2). Richness was also added through the identification of hindering factors with regard to

family psychosocial well-being. These factors include financial difficulties, conflicts and arguments, absent husbands/fathers, not enough time together, isolation/few friends, problems in the community/environment, poor communication, negativity, unsupportive family, children do not have a say and feelings of misplaced blame/scapegoating (see Article 2).

Concept analysis and defining main and associated concept/s. According to Walker and Avant (2005), concept analysis refers to a process in which one refines, clarifies and sharpens concepts in order to gain a better understanding of the concepts. In essence it is a thinking process in which relevant concepts are explored, analysed and investigated to identify similarities and differences in elements of the subjects or phenomena that are explored within a theory (Wilson, 1989). The following steps were implemented in concept analysis for this study: investigating dictionary and subject definitions, deriving main elements from the collection of definitions and finally, defining the concepts (Greeff, 1991).

Investigation of dictionary and subject definitions. The purpose of defining the concept/s is to specify the ideas on which the theory is built. The theoretical meaning of important concepts should be clearly identified through the use of other existing theories and other multiple sources (Chinn & Kramer, 1995). Dictionary and subject definitions from various dictionaries were obtained with regard to the main and associated concept/s (see Table 2).

Table 2

Dictionary and subject definitions for family, psychosocial, well-being, strengths and function/ing

Word/concept	Definition	Source
Family	The fundamental unit of kinship.	Dictionary of Psychology (2001, p. 269)
	A group of people living under one roof.	Penguin Student Dictionary (2006, p. 312)
	A group consisting of one or two parents and their children.	Oxford Advanced Learner's Dictionary (2000, p. 420)
	A group of people who are connected to each other through marriage and/or blood relationship.	Verklarende en Vertalende Sielkundewoordeboek (Plug, Louw, Gouws, & Meyer, 1997, p. 101)
	A primary social group consisting of parents and their offspring, the principal function of which is provision for its members.	Collins English Dictionary (2009)
	A fundamental social group in society typically consisting of one or two parents and their children.	The American Heritage Dictionary of the English Language (2000)
Psychosocial	Any situation in which both psychological and social; factors are assumed to play a role.	Dictionary of Psychology (2001, p.585)
	Involving matters that are both psychological and social.	Penguin Student Dictionary (2006, p. 711)
	A term that points to cases that are both psychological and social.	Verklarende en Vertalende Sielkundewoordeboek, (Plug et al., 1997, p. 302)
	Involving aspects of social and psychological behaviour.	The American Heritage Dictionary of the English Language (2000)
	Pertaining to a combination of psychological and social factors.	Mosby's Medical Dictionary (2009)
	(Psychology) (Sociology) of or relating to process or factors that are both social and psychological in origin.	Collins English Dictionary (2009)
	Pertaining to or involving both psychic and social aspects.	Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health (2003)
	Involving both psychological and social aspects.	Merriam-Webster's Medical Dictionary (2007).

Well-being	The state of being happy, healthy, or prosperous.	Penguin Student Dictionary (2006, p. 1016)
	General health and happiness.	Oxford Advanced Learner's Dictionary (2000, p. 1356)
	The state of being happy, healthy, or prosperous.	Merriam-Webster's Medical Dictionary (2007)
	The state of being healthy, happy, or prosperous.	Webster's Dictionary (1992, p. 345)
	Someone's well-being is their health and happiness.	Collins Cobuild Advanced Dictionary of English (2009)
Strengths/ Strong	A quality or ability that a person has that gives them an advantage.	Oxford Advanced Learner's Dictionary (2000)
	Having great resources.	Penguin Student Dictionary (2006)
	Powerful through resources or quality.	The Oxford Paperback Dictionary (1979, p.651)
	The qualities and abilities that people have that is an advantage to them, or which make them successful.	Collins Cobuild Advanced Dictionary of English (2009)
	Function/ing	The proper activity or appropriate behaviour of a person.
The characteristics or proper activity of a person.		Webster's Dictionary (1992, p. 147)
The purpose of a person or what a person characteristically does.		Penguin Student Dictionary (2006, p. 356)
A special activity or purpose of a person.		Oxford Advanced Learner's Dictionary (2000, p. 482)
The useful thing that people do or are intended to do.		Collins Cobuild Advanced Dictionary of English (2009)

Deriving the main elements for the concept/s. The main elements or essential words of the definitions for the main concept/s namely, “family”, “psychosocial” and “well-being” were derived from the various definitions of the concepts depicted in Table 2 above, and are as follows: “Family”: Fundamental; group; parents; children, “Psychosocial”: Psychological; social, and “Well-being”: Happy; healthy; prosperous. The main elements or essential words of the definitions for the associated concepts “strength” and “function/ing” that were derived from the various definitions are as

follows: “Strength”: Quality; ability; resources; advantage and “Function/ing”: Proper; activity; purpose; characteristics. The definitions of “family” are rather problematic as they are limiting and culture-bound. The term “parents”, for example, should be defined in a broader sense for the purpose of this study and this is considered on page 171.

Concept definition of the main concept “family psychosocial well-being”. The definition that was formulated based on the analysis and the main elements, is as follows: Family psychosocial well-being refers to a fundamental group of people consisting of parents and children who experience happiness, health and prosperity in both psychological and social aspects.

Concept definition of the associated concepts “family strengths” and “family functioning”. The definitions that were formulated for family strengths and family functioning respectively are as follows: Family strengths refer to a fundamental group of people consisting of parents and children who have qualities, abilities and resources available to them that give them an advantage. Family functioning refers to the proper activity, purpose and characteristics of a fundamental group of people that consists of parents and children.

The information obtained from the empirical data gathered through family interviews and narratives was used to add richness or detail specifically with regard to strengths/characteristics.

Theoretical definition of “family psychosocial well-being”. A theoretical definition is formulated from the defined associated concepts of family psychosocial well-being and the contributing aspects identified through previous qualitative research. This definition is abstract and not measurable (Walker & Avant, 2005).

Family psychosocial well-being refers to a fundamental group of people consisting of parents and children who experience happiness, health and prosperity in both psychological and social aspects; who have qualities, abilities and resources available to them that give them an advantage; and who share proper activity, purpose and characteristics namely, togetherness, effective communication, spirituality, supporting each other, respect, acceptance and understanding, a healthy/safe community/environment, education, effective problem-solving, discipline, loving each other, shared responsibilities/chores, parental guidance, honesty and trust, appreciating/being proud of each other, healthy friendships, encouraging

independence/autonomy/responsibility, being able to read each other, differentiating between wants and needs and adapting to/shutting out negative influences.

A model case for family psychosocial well-being. A model case for family psychosocial well-being will be described below to portray all the aspects that contribute to family psychosocial well-being as identified above. The model case acts as a practical, genuine example of characteristics of the psychosocially well family. The contributing factors are highlighted in bold in the description below.

In South Africa, families are faced with many challenges such as crime, poverty, single-parent households and the HIV/AIDS epidemic. Family A is a family living in a rural area located in the Gauteng province. It is a single-parent household consisting of a mother and two teenage daughters. The mother, grandparents and children live together as a group/unit. The mother is a 37 year old professional nurse and works in a clinic. She is recently divorced from her husband who provides financial support, but is not involved with the family in other ways. The grandparents live in a small flat attached to the house and also provide **support** in the family. The daughters are respectively 13 and 15 years old and travel by bus to the nearest secondary school. Their house is small and they each carry responsibilities within the household including cleaning, cooking and other chores to make ends meet. They all face challenges and stressors at home, work and school on a daily basis that they have to deal with by **making use of the resources available** to them.

They make time to **be together** or to **do things together** as often as they can to build and maintain their relationships. Sometimes this is achieved by sharing meals, going to church together or doing chores together. Their **communication** is effective, open, regular, direct and they experience the communication in their family as rewarding. Communication in the family is important to them because it gives them an opportunity to express themselves to each other. **Spirituality** contributes to their happiness because it gives them comfort and values to live by. They go to church together and pray together, and their faith reminds them of the deeper value of things; the bigger picture. They **support each other** at all times, no matter what and **respect each other** and each other's space, privacy and possessions. They are **accepting and understanding** of each other, even at times when it is difficult to do so. They live in **a healthy and/or safe community and/or environment** and find that this safe and pleasant environment helps them to be

happy as a family. They attribute great importance to **education** and the daughters work hard and put much effort into doing well at school. Their mother **supports** them in this. They **solve problems** together as a family and have interpersonal **problem-solving skills**. The mother makes use of **constructive discipline** and authoritative parenting to teach her children good conduct. They **love and care** for each other unconditionally. They **share responsibilities and chores** in the family, because the mother feels it is important to encourage them to take part in the household tasks and to show them that she **appreciates** their contributions. She also feels it is her responsibility as a mother to give her children **parental guidance** and act as a **role model** for them. The family is **open and honest** with each other and **trust each other**. The mother and children often **express how proud they are of each other** or how much they **appreciate each other's** inputs and contributions in the family. All of the family members have **healthy friendships** outside of the family that acts as a social support system. The mother encourages her children to behave responsibly and **encourages independence and autonomy** in them that is appropriate for their ages. The mother and children are also able to **read each other's emotional cues and non-verbal messages**, which contributes to their family's **communication**. They **differentiate between wants and needs and prioritize** these in order to fit their financial constraints and are **able to control or adapt to negative influences from outside**. All of this contributes to their **family psychosocial (psychological and social) well-being, happiness, health and prosperity**.

Level two: Factor relating theory. According to Dickoff, et al. (1968), factor relating theory refers to a level of theory where concepts are linked in relation to each other. To link concepts, it is necessary to examine the relationship between the logical structures as several concepts can exist in a theory and can be more clearly depicted and expressed in a model (Hardy, 1978). Concepts are correlated and associated in such a way that they form part of a bigger, more meaningful whole (Chinn & Kramer, 1995). The relationship between the identified main and associated concept/s were delineated in order to make explicit the theoretical statements and to facilitate decision making with regard to the importance and suitability of the relationships. Concepts were therefore consolidated to form an overall picture of what the conceptual framework should consist of and the function it has to fulfill (De Vos, 2002), in this case to construct a model or

visual image to depict the structure and process of psychosocial well-being in South African families.

Tentative model. A tentative model was constructed after the identification of concepts. The purpose of the tentative model is to provide the researcher with a diagram that can be discussed with experts (Greeff, 1991). The tentative model was constructed in relation to the process and structure for family psychosocial well-being in a South African context. Discussions were held with three practitioners/academics who have expertise in model formulation and/or positive psychology/family well-being on the delineated relationships and tentative model. The purpose of these discussions was to share ideas, knowledge, identify possible improvements that could be made and to provide an opportunity to engage in dialectic thinking or the application of thoughts that move to and fro between sets and concepts (Greeff, 1991). The experts had to meet the following inclusion criteria: a doctoral degree as a minimum qualification, expertise in one of the following fields: theory generation/construction/ and/or model formulation and/or positive psychology and/or family well-being, at least two years occupational experience in theory generation/construction/ and/or model formulation and/or positive psychology and/or family well-being, and willingness to act as an expert.

Final model. After discussions with the experts, changes and new ideas were incorporated into the tentative model in order to finalize the model for family psychosocial well-being in a South African context. Based on feedback and discussions, the model was enhanced to better portray the complexity and circular (instead of linear) flow of the process, the internal and external nature of hindering and contributing factors instead of an external nature only, and more circular structures were included to express unity and continuity. Moreover, the model was enhanced by including a wider concept of family such as the inclusion of guardians, to prevent narrowing the types of families that the model caters for. The final model acts as a basis for illustrating the relationships and dimensions of the phenomenon of family psychosocial well-being (see Figure 2).

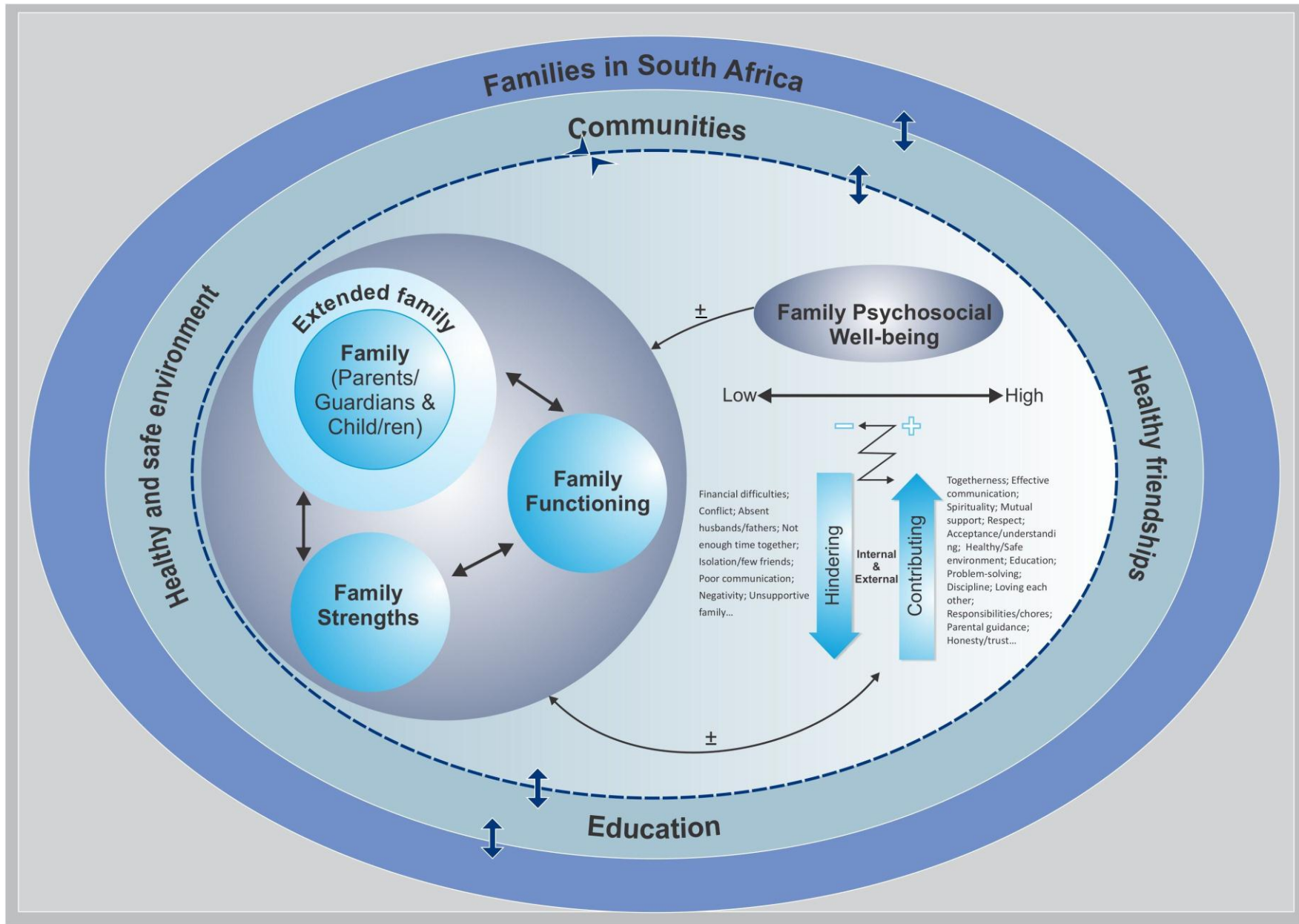


Figure 2. Model for family psychosocial well-being in a South African context

Level three: Situation relating theory. Suggestions are made with regard to how situations relate and how concepts and statements are consolidated to form an overall picture of what the model should consist of (Chinn & Kramer, 1995; Dickoff et al., 1968). The structure and process of the model are described next.

Structure of the model. Structuring theory refers to the formation of schematic linkages between the concepts, resulting in a formal theoretical structure or model (Chinn & Kramer, 1995). The structure of the model for family psychosocial well-being in a South African context (Figure 2) demonstrates consistency and logic through the use of different structural forms. The structural forms of the model also correspond with the parts of the theory that they represent (Walker & Avant, 2005). A visual representation is formulated by using circular and linear structures. The visual presentation is expressed in colour to exhibit the visual model clearly and to make it more pleasing visually. Apart from these reasons, there is no additional meaning to the use of colour.

The central relationship exists between the family (embedded, in some cases, within the extended family), family strengths, and family functioning. The extended family is included in the model since extended families play a very important role in some South African families, especially in the traditional African culture, which is collectivistic in nature (Magona, 1990; Mbiti, 1989). Furthermore, guardians were included in the concept of family to prevent limited use of the model and because South African families are so diverse (Holborn & Eddy, 2011). The term ‘guardians’, is specifically used to refer to households without biological parents where another adult or adults take on the role of caregivers or guardians. The term is also used to refer to child-headed households, which occurs in South Africa. The structures between the family, family functioning and family strengths are interactive and form relationships evolving around procedures. Concepts are then further linked in a circular fashion, as these interactions between the family, family strengths and family functioning can influence or be influenced by contributing or hindering factors in either a positive or negative way and can lead to movement; a dynamic process which indicates there is a potential for growth and that limiting or preventing hindering factors can enhance family psychosocial well-being. Family psychosocial well-being exists on a scale ranging from low to high to express that there exists a relationship between contributing factors (effective communication, togetherness, support, spirituality, acceptance/understanding, appreciation, respect, encouraging responsibility, problem-solving,

responsibilities, discipline) and the experience of high family psychosocial well-being, as well as a relationship between hindering factors (financial difficulties, conflict, absent husbands/fathers, not enough time together, isolation/few friends, poor communication, negativity) and the experience of low family psychosocial well-being. This family process is embedded within South African communities and can be influenced by communal factors such as a healthy or safe environment, education and healthy friendships. Communities in turn, are embedded within the broad context of family or family life in South Africa.

Use of different structures in the model. The circular structures in the model represent units with boundaries and continuity. The context of the model is represented by three concentric structures namely, an external structure that represents families in South Africa; a middle structure that represents South African communities and aspects within the community that can impact on families or family psychosocial well-being such as a healthy and safe environment, education and healthy friendships; and an internal structure that represents the context in which the process of family psychosocial well-being takes place. The boundary line between this internal process and the middle structure (communities) is dashed, indicating that it is permeable. The family (embedded in extended family), family strengths and family functioning are represented as circular structures that are all contained within a larger circular structure, indicating that it is an interactional process. Family psychosocial well-being is also represented as a circular structure to better illustrate the continuity and complexity of the phenomenon.

The use of lines and arrows are described as linear structures in the model. The two-way linear structures that run from the external structure (families in South Africa) to the middle structure (communities) and between the middle structure (communities) and internal structure (process), represent the interdependent and interconnected nature of the three levels of the context. A two-way arrow stretches between the interactions of family, family strengths and family functioning and hindering and contributing aspects with regard to family psychosocial well-being, as was identified in a previous qualitative study and literature (see Article 2). Above this arrow is a plus and/or minus sign indicating that these factors can have either a positive or negative impact on the interaction between family, family strengths and family functioning, and vice versa. The hindering and contributing factors are represented by one-way arrows pointing downward and upward respectively to better express the possible influence and relationship between these factors and family psychosocial well-being. Family psychosocial well-being is

placed on a two-way linear structure, which represents a scale ranging from low to high that can be influenced by both hindering (in a negative way) and contributing factors (in a positive way). This possible negative and positive impact or influence is represented through a minus and plus sign placed below the linear structure or scale. Between the plus and minus sign, there is another two-way linear structure in a zigzag form to illustrate the ongoing interaction and the potential for growth. Finally, there is a one-way linear structure that stretches from family psychosocial well-being to the interactions of the family, family strengths and family functioning. Above this one-way arrow, there is a plus and/or minus sign in order to illustrate the positive effect and negative effect that high and low family psychosocial well-being has on these interactions between family, family strengths and family functioning.

Process of the model. The process of the model for family psychosocial well-being in a South African context indicates that there is interaction and interrelatedness between the family, family strengths and family functioning. Family in this instance refers to a fundamental group of people consisting of parents and children, but in a South African context it is necessary to incorporate guardians and extended family into the definition of family. The reason for this is that the traditional nuclear family (referred to in South African law and Euro-American literature) or even single-parent households do not always represent the true reality of South African families' composition (Holborn & Eddy, 2011). Furthermore, extended family has been found to play a very important role in some families (Magona, 1990; Mbiti, 1989). The family makes use of family strengths (the qualities, abilities and resources they have available to them that give them an advantage), as well as family functioning (their proper activity, purpose and characteristics), to interact. If this interaction is successful, it can influence or generate contributing factors that can enhance the psychosocial well-being (happiness, health and prosperity in both psychological and social aspects) of families. These contributing factors may further influence the family or the successful interaction between the family, family strengths and family functioning. On the other hand, less effective interaction between the family, family strengths and family functioning, can influence or be influenced by hindering factors, leading to the family experiencing medium to low family psychosocial well-being. The contributing and hindering factors are expressed as both internal and external factors. The model's visual representation, structure and process (discussed above) illustrate the complexity of the process of family psychosocial well-being, the uniqueness of South African families, the potential for

growth and the interdependence that exists between the contexts in the most effective manner. The model depicts the importance of providing structure, a solid foundation and vision for the future, in order to empower South Africa's youth and possibly future generations with family related skills and knowledge. Every family has a responsibility toward itself and its members (especially its younger members) to learn family related skills and take the time to invest in, and nurture the psychosocial well-being of the family. The model also indicates that there is a dependency and interdependency as the family exists in larger contexts such as communities and the nation, which also play a role and have an influence or can be influenced by the family. Therefore, the family has a responsibility to the community to contribute in supportive, productive and creative ways toward the growth and well-being of the community. The community in turn influences the family and aspects such as healthy friendships, healthy and safe environments and education can contribute to family psychosocial well-being. This dependency and interdependency not only emphasizes the role of families and communities, but also the nation, and in particular, the South African government. Government has a responsibility to South African families and communities to provide career and education opportunities, proper infrastructure, health facilities, safe environments and other resources that may promote growth. This assumption is supported by the findings of Holborn and Eddy (2011).

Discussion

The aim of this study was to develop a conceptual framework and a model for the psychosocial well-being of families from diverse cultures in a South African context. The model was evaluated according to the criteria of Chinn and Kramer (1995), namely: clarity, simplicity, accessibility, generalisability and importance: Semantic *clarity* (clarity and meaning of words) was evaluated and ensured through the use of clear definitions of the main and associated concept/s. With regard to structural clarity (application of logic and theory), the descriptive elements of the structure and relationships were evaluated, and the concepts were found to be arranged and organized in a logical and meaningful way while the relationships are clear and all concepts are included in the structure. Moreover, the theory flowed logically with no lost relationships or unclear assumptions. *Simplicity* was ensured by making sure the model is easy to understand and is not overly busy, identifying and classifying concepts and the relationships between them and ensuring that concepts are not standing in isolation. *Accessibility*, which refers

to attainable research outcomes, was ensured by writing up the research in an article format, with the goal to publish the information in a scientific journal. The model and/or theory has the potential for *generalization* as it can be converted from its contextual nature based on research done in one of South Africa's nine provinces. A semi-urban sample was used in this research, which provides an opportunity to review the application of this research to the other provinces, thereby applying the principle of generalisability. The *importance* of the model lies in the fact that it is unique and that there are currently no models in South Africa for enhancing family psychosocial well-being in a South African context.

The model succeeds in abstracting the main features of the phenomenon of psychosocial well-being in South African families without attempting to explain or predict. The descriptive nature of the model has a guiding function according to De Vos (2002) that may be of heuristic value in research on this topic. Theoretic support for this conceptual framework and model is found in the work of family scientists such as: McCubbin, Thompson, Pirner, and McCubbin (1988) on family typologies or core patterns of family functioning that lead to adjustment and adaptation; McCubbin, Thompson, and McCubbin (1996) on the family resiliency model; and McCubbin and McCubbin (2005) on the cluster of six core family competencies that enable the family to achieve balance and harmony across the important dimensions of family life. .

The theoretical base provided by the conceptual framework and model of this study could guide further research to develop a comprehensive theoretical approach toward family psychosocial well-being (De Vos, 2002). This can lead to research projects based on the proposed model, from which guidelines and strategies for interventions to enhance family psychosocial well-being of South Africans can be developed. Interventions could be practically implemented and validated. A comprehensive psycho-education programme including various and diverse projects for intervention and research purposes can be developed. The programme can be implemented in workshops and facilitated family discussions and make provision for the implementation of expertise by offering counseling and mental health education to families. A curriculum for use in teaching and training of students in various academic fields can emerge from this programme. The aim of such a comprehensive programme would be to integrate teaching, research, service provision and implementation of expertise. Research publications, opportunities for collaboration with other healthcare professionals and research programmes that contribute to the health of the South African community, are only some of the possible

advantages of such a programme. The proposed model of this study therefore has much potential in the South African health and family contexts, especially with regard to at-risk families from diverse cultures in a South African context so aptly described in the work of Holborn and Eddy (2011). The researcher aims to draft a proposal, obtain ethical approval and to apply for seed funding from for example, the National Research Foundation (NRF), Medical Research Council (MRC) or other national and international sources to develop and implement such a programme. This can be a lifelong process of discovery to validate and refine existing knowledge and/or to generate new knowledge. Figure 3 provides a summary for developing the programme of research.

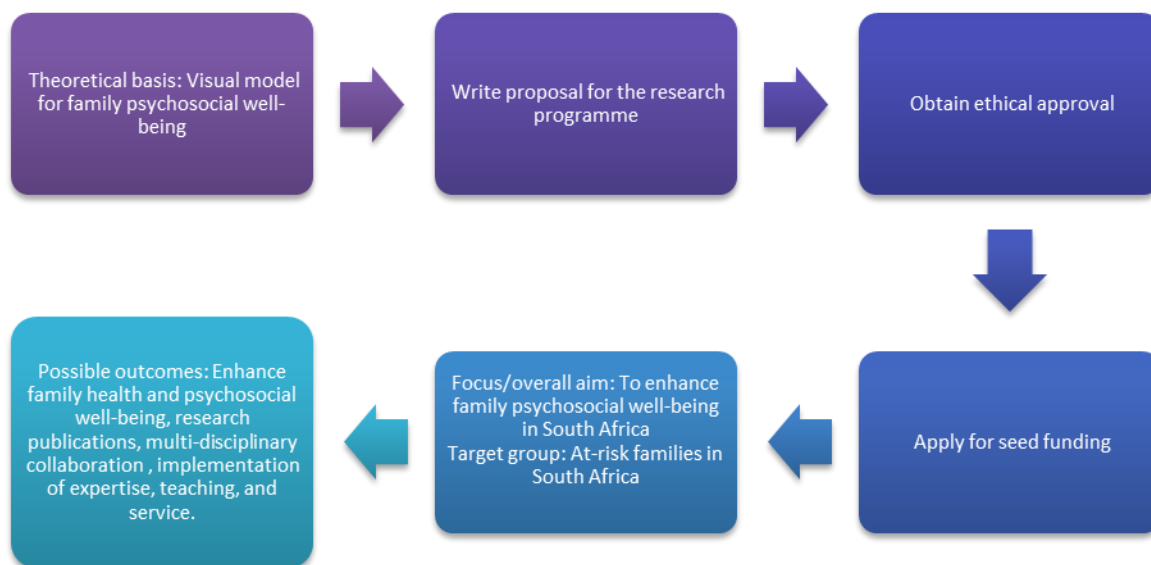


Figure 3. Developing the programme of research

It is recommended that the model formulated in this study for family psychosocial well-being in a South African context be further operationalised, evaluated and validated through research. Longitudinal research on the experience of family psychosocial well-being in a South African context is recommended and the use of larger samples may provide a broader perspective. An attempt to specifically include fathers in future research is recommended as well as the use of electronic and other forms of communication in reaching different family members. In conclusion, the aim of this study, namely to develop a conceptual framework and model for family psychosocial well-being based on research with South African families, was reached. This

conceptual base could guide and frame future research and treatment and prevention oriented interventions aimed at the psychosocial wellness of families. This conceptual framework and model would ideally lead to the emergence of theory that could predict and explain the phenomena involved in family psychosocial well-being as postulated by Dubin (1969, p.28): “It is only when concepts are put together into models...that theories emerge”. In the concluding chapter of this study guidelines for the operationalisation of the model are formulated.

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