

**An appreciative inquiry to strengthen
intellectually challenged adolescents' sense of
self within family relationships: A mixed
methods study**

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University

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It all starts here™



I dedicate this study to the adolescents and their families who shared their family narratives and participated in the study with great enthusiasm.

You have had a significant impact on my life.

Now the “self” cannot be understood other than through the field, just like day cannot be understood other than by contrast with night. If there were eternal day, eternal lightness, not only would you not have the concept of a “day” you would not even have the awareness of a “day” because there is nothing to be aware of, there is no differentiation. So, the self is to be found in the contrast with the otherness. There is a boundary between the self and the other, and this boundary is the essence of psychology

(Perls, 1978)

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PREFACE

This thesis is presented in an article format in accordance with the guidelines set out in the *Manual for Postgraduates*, 2013, of the North-West University. The technical editing of the referencing was done according to the guidelines and requirements set out for the APA Referencing style in Chapter Two of the NWU *Manual*.

Articles are structured and submitted according to the specific guidelines provided by the accredited academic journals to which the articles are being submitted: the *American Journal on Intellectual and Developmental Disabilities (AJIDD)*, the *Journal of Child and Family Studies* and the *Journal Disability and Society*. The guidelines for submission to these journals are attached in Addendum I on CD-Rom.

DECLARATION BY THE RESEARCHER

I, Christina, J. Louw, herewith declare that the thesis entitled *An Appreciative Inquiry to strengthen intellectually challenged adolescents' sense of self within familial relationships: A mixed methods study*, which I herewith submit to North-West University Potchefstroom Campus, is my own work and that all references used or quoted have been indicated and acknowledged.

Signature: C.J. Louw

Date: 16 November 2016

DECLARATION BY THE LANGUAGE EDITOR

I, Idette Noomé, declare that I have edited the language in the thesis entitled *An Appreciative Inquiry to strengthen intellectually challenged adolescents' sense of self within family relationships: A mixed methods study* by Christina J. Louw.

The editing was done electronically, using Track Changes, to enable the candidate to accept or reject the suggested changes, thus retaining her authorial discretion and right to assert authorship. The candidate was free to use the returned material as she saw fit. The editing included checking the format of the referencing in line with the guidelines of the North-West University supplied to me by the candidate, and that of the journals as indicated by the candidate. UK English was used for the non-article chapters, and the required US or UK English choice was applied for the articles. Inconsistencies in formatting were pointed out to the candidate to enable her to make decisions on these.

I assert that I am qualified to do such editing, as I have a DLitt in English, have lectured English at the University of Pretoria at the undergraduate and postgraduate levels since 1985, and have been a freelance editor since 1990. I have also designed and offered courses in Editing: Principles and Practice at the undergraduate and graduate levels for 19 years.

I declare that I undertake editing in my private capacity, with annual permission from my employer. My employer takes no responsibility whatsoever for the editorial suggestions made in the course of this work.

Idette Noome (Dr)

Lecturer: Department of English

29 October 2016

SUMMARY

KEY WORDS: Appreciative Inquiry, sense of self, identity, adolescence, intellectual and developmental disabilities, family relationships, mixed methods.

The self can be regarded as a complex psychological structure that is constantly evolving and becoming; it is constructed and re-constructed in family relations and through shared social experience. Within a family, people are provided with support, nurturance, a sense of belonging and information about their identities, also referred to as a self-concept or sense of self.

The aim of this study was to use Appreciative Inquiry as an intervention (a) to explore how adolescents with intellectual and developmental disabilities saw their sense of self within family relationships, (b) to explore how family members viewed and experienced intellectually challenged adolescents' sense of self, and (c) to determine the effectiveness of using Appreciative Inquiry as an intervention approach to strengthen the sense of self of intellectually challenged adolescents within family relationships.

A mixed method embedded design was adopted, incorporating a single system experimental design, A-B-A-A. Twenty-four intellectually challenged adolescents between the ages of 11 and 14 years and their families living in the same households were purposefully selected and randomly divided into an experimental group and a control group. Before and after the intervention, the BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i:YV) was administered to the adolescents of both groups, and the Family Environmental Scale (FES) was administered to their family members.

The qualitative data were collected by means of the Appreciative Inquiry “5-D” intervention process with families from the experimental group, and by means of semi-structured interviews with adolescents from the experimental group after the intervention.

It was found that families expressed their experience of adolescents' sense of self by referring to characteristics/attributes and abilities/disabilities that they perceived as the self and connected to positive and/or negative experiences. Intellectually challenged adolescents experienced their sense of self through their relationship with family members and significant others, and constructed a sense of self separate from their disabilities. However, they were fully aware of the stigma attached to their disability. They also referred to characteristics, abilities/disabilities, and positive/and or negative experiences.

The quantitative findings indicated no statistically significant changes in the experimental group (post-intervention) on the BarOn EQ-i:YV and the FES, given the small sample size. However, there were a noticeable upwards medium to large movement on some relevant scales in both the BarOn EQ-i:YV and FES in the experimental group and a decline in the control group. The qualitative findings suggest some evidence of the potential of using Appreciative Inquiry as an intervention to strengthen a sense of self in intellectually challenged adolescents in family relationships. It offers an innovative approach to professionals as an alternative to the deficit model, as it focuses on the positive core of families that raise children and adolescents with intellectual and developmental disabilities.

The findings also indicated that intellectually challenged adolescents' perceptions of their sense of self, their identity formation and development through adolescence are no different from those of neuro-typical developing adolescents. The families of intellectually challenged adolescents can be seen as families in distress, because of their unique challenges in raising intellectually challenged adolescents, including a lack of support from the wider family, friends or society, and their negative experiences of stigmatisation associated with the disability.

The study has shown that adolescents with intellectual and developmental disabilities can be regarded as a vulnerable sector of the population whose needs should be addressed with sensitivity, especially in the selection of standardized tests, in test administration and in therapeutic interventions.

OPSOMMING

SLEUTELTERME: Waarderingsperspektief, bewustheid van self, identiteit, adolessensie, intellektuele en ontwikkelingsgestremdhede, familieverhoudings, gekombineerde navorsingsmetodes.

Die self kan beskou word as 'n komplekse psigologiese struktuur wat voortdurend ontwikkel en in wording is; dit word binne gesinsverband en deur gedeelde sosiale ervarings gekonstrueer en herkonstrueer. Binne familieverband verkry mense ondersteuning, bemoediging en 'n gevoel van geborgenheid, 'n gevoel van samehörigheid asook inligting oor hulle identiteit, wat ook bekendstaan as 'n selfkonsep of 'n bewustheid van 'n self.

Die doel van hierdie studie was om 'n Waarderingsperspektief as 'n intervensie-metode aan te wend om (a) te ondersoek hoe adolessente met intellektuele en ontwikkelingsgestremdhede hulle eie identiteit (n bewustheid van 'n self) binne gesinsverhouding ervaar, (b) die persepsies en ervarings van familieleden rakende adolessente met intellektuele en ontwikkelingsgestremdhede se identiteit te ondersoek, en (c) die effektiwiteit van die Waarderingsperspektief as 'n intervensie om die identiteit van adolessente met intellektuele en ontwikkelingsgestremdhede binne familieverband te versterk, te bepaal.

'n Gekombineerde (ondersteunende) navorsingsmetode is gevolg met 'n enkelsisteme eksperimentele ontwerp, A-B-A-A. Vier-en-twintig adolessente met intellektuele en ontwikkelingsgestremdhede tussen die ouderdomme van 11 en 14 jaar, asook familieleden wat in dieselfde huishoudings woonagtig is, is doelgerig en selektief gekies, en ewekansig verdeel in 'n eksperimentele groep en 'n kontrolegroep. Voor en na die intervensie is die "BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i:YV) toegepas op die adolessente van beide die eksperimentele en kontrolegroepe, en die Family Environmental Scale (FES) is toegaps op hulle gesinne.

Die kwalitatiewe data is versamel deur middel van die Waarderingsperspektief se “5-D” intervensieproses met familieleden van die eksperimentele groep, en deur middel van semi-gestruktureerde onderhoude met adolessente van die eksperimentele groep ná die intervensie. Daar is bevind dat families hul belewenis van die self van adolessente ervaar deur te verwys na verskeie karakter-eienskappe, vermoëns/onvermoëns en gekoppel het aan positiewe en/of negatiewe emosionele ervarings. Die adolessente met intellektuele gestremdhede het hulle identiteit gekonstrueer deur middel van hulle verhoudings met hul familie en betekenisvolle ander persone, en het ’n identiteit gekonstrueer wat nie noodwendig verbind is aan ’n gestremdheid nie. Adolessente was egter ten volle bewus van die stigma wat met hulle gestremdheid verbind word, en het ook verwys na karakter-eienskappe, vermoëns/onvermoëns, en positiewe en negatiewe ervarings.

Die kwantitatiewe resultate dui geen statistiese beduidende veranderinge in die eksperimentele groep aan ná die intervensie op die Bar-On EQ-i:YV en die FES nie, wat toegeskryf kan word aan die klein steekproef. Daar was egter waarneembare opwaartse beweging (medium tot groot) in sommige van die relevante konstrakte op beide die Bar-On EQ-i:YV en die FES in die eksperimentele groep en ’n afname in die kontrolegroep. Die kwalitatiewe resultate lewer bewys van die potensiaal in die toepassing van die Waarderingsperspektief as ’n intervensie om die identiteit van adolessente met intellektuele gestremdhede binne familieverband te versterk. Dit is ’n innoverende benadering wat aan professionele terapeute ’n alternatief bied, anders as ’n probleem oplossende en of tekortkomings-model (“deficit”-model), aangesien dit fokus op die positiewe kernfunksionering van gesinne met kinders en adolessente met intellektuele en ontwikkelingsgestremdhede.

Die bevindinge toon ook dat adolessente met intellektuele gestremdhede se identiteitspersepsie, -formasie en -ontwikkeling tydens adolessensie nie verskil van dié van neurotipiese ontwikkelende adolessente nie. Die gesinne van adolessente met intellektuele en ontwikkelende gestremdhede kan gesien word as families in nood (stres), as gevolg van hulle unieke uitdagings in die grootmaak van adolessent, soos onvoldoende ondersteuning van die breër gesinsverband, vriende en die gemeenskap, asook hulle eie negatiewe ervarings van die stigmatisering verbonde aan gestremdheid. Die studie het getoon dat adolessente met intellektuele gestremdhede beskou kan word as 'n kwesbare sektor van die bevolking wie se behoeftes met sensitiwiteit aangespreek behoort te word, veral in die keuse van gestandaardiseerde meetinstrumente, die administrering daarvan, en in terapeutiese intervensies.

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LIST OF ABBREVIATIONS

AAIDD	American Association of Intellectual and Developmental Disabilities.
APA	American Psychiatric Association
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
EQ	Emotional Quotient
FES	Family Environmental Scale
ID	Intellectual Disability
IDD	Intellectual Developmental Disorder
IQ	Intelligence Quotient
WHO	World Health Organization

SECTION A

PART I

ORIENTATION TO THE RESEARCH

1. CONTEXTUALISATION AND PROBLEM FORMULATION

Appreciative Inquiry is an affirmative, inquiry-based, improvisational approach and practice that originated as a formal system in the context of large-scale organizational change. It is a study of what gives “life” to human systems when they function at their best (Cooperrider, Whitney, & Stavros, 2008:3). The approach is grounded in the theory of social construction, and it is a perspective that seeks to understand the best in living systems (Gergen, Gergen, & Schrader, 2009; Watkins & Cooperrider, 2000; Whitney & Trosten-Bloom, 2010). Appreciative Inquiry represents a new way of innovative thinking, creates new possibilities and meaningful changes within family relationships by means of the “5-D” cycle: define, discovery, dream, design and destiny (Watkins & Stavros, 2010; Whitney & Trosten-Bloom, 2010). In the Appreciative Inquiry “5-D” cycle, a fifth D (Define) was added to the beginning of the original “4-D” cycle to cover what practitioners call the “contracting or clarifying” phase of the process. It involves defining the purpose of an inquiry, its change agenda and its choice of topic (Watkins & Stavros, 2010; Whitney & Trosten-Bloom, 2010).

In this study, the research topic and change agenda were to determine how to strengthen the sense of self of intellectually challenged adolescents by applying Appreciative Inquiry. The application of Appreciation Inquiry to any organisational or systems change process follows the remaining “4-Ds”. Both the “4-D” and the “5-D” processes are a re-articulation or vocalisation of Kurt Lewin’s Action research model, as described in the section on research methodology: approach and design (see Section 5.1. Table 1: Appreciative Inquiry: Action research model).

Appreciative Inquiry originated as a theory and as a qualitative research technique with five core principles, namely the constructionist, simultaneity, poetic, anticipatory, positive and wholeness principles (Cooperrider et al., 2008; Gergen, 1995). Whitney and Trosten-Bloom (2010) added two additional principles, namely the principles of enactment and free choice. The practice of Appreciative Inquiry as a post-modern perspective of organisational development is rooted and grounded in these principles (Watkins & Stavros, 2010). Appreciative Inquiry has been called a philosophy, an approach, a method and process. For the purposes of this research study, the researcher uses the term Appreciative Inquire to refer to an intervention approach and considers the “5-D” cyclical process to be *socially constructed*, through interactions with and within a *social system*.

In this study, which focuses on the sense of self of intellectually challenged adolescents, the researcher regards intellectually challenged adolescents as part of a social system. The term “intellectually challenged” as used in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the *DSM-V* (APA, 2013) is preferred by the researcher. The term is also used by most English-speaking countries. In an article in *The Lancet*, Kieling et al. (2011) point out that 10% to 20% of children and adolescents worldwide are affected by mental health problems. Children and adolescents constitute almost a third (2.2 billion individuals) of the world’s population and almost 90% live in low-income and middle-income countries. People with disabilities constitute 7.5% of the total population, and of the people with disabilities, 4.1% are between the ages of 10 and 14 years. The *DSM-V* (APA, 2013) classifies four different degrees of intellectual and developmental disorders: mild (an Intelligence Quotient (IQ) of 50 to 75), moderate (an IQ of 35 to 55), severe (an IQ of 20 to 40) and profound (an IQ of under 20 to 25). According to the *DSM-V*, these categories are based on the functioning level of the individual (APA, 2013). Mild to moderate intellectually challenged adolescents, as selected for participation in this study, typically acquire communication skills in childhood and are able to

live and function successfully with social support in the community in a supervised environment (Barlow & Durand, 2005; Schneider, 2009). These adolescents are capable of acquiring academic skills up to Grade 3 level, and personal skills up to Grade 6 level. The Department of Education (2005) regards Grades R, 1, 2, and 3 as the foundation phase. Adolescents from this category and their families formed the population for this study, and a sample was drawn from that population.

The researcher adopted a **relationship frame** of reference, regarding the family as an interconnected psycho-social system, focusing on family functioning, family structure and processes. The construct of family structure refers to family sub-systems (marital, parental, sibling and extra familial systems), the way families arrange, organise and maintain their structure, and the way processes evolve, adapt and change in families over time (Amoateng, Richter, Makiwane, & Rama, 2004; Anderson, 2003; Demo & Acock, 1996; Minuchin, 1974; Pillay, 2010). It is within such structures relating to family functioning that adolescent relationships are formed. Thus these relationships cannot be considered independently from the characteristics of and interactions within families and family functioning (East, 2009; Fomby & Osborn, 2010; Silkos & Kerns, 2006; Van As & Janssens, 2002). This is no different for intellectually challenged adolescents, despite their intellectual and developmental disabilities. People are born into families, and most of them live their entire lives attached to one form of family or another. From a **family systems perspective**, it is within these families that people discover who they are, develop and change, give and receive the support they need for survival. They create, maintain and live by (often unspoken) rules and routines that keep the family functional. The family system can be seen as a network of interdependent relationships which play an important role in the construction of an identity or social make-up (Becvar & Becvar, 2013; Krekula, 2002; Stets & Burke, 2000).

Several theorists refer to the term identity as a person's self-concept or self-awareness (Berk, 2006; Erikson, 1968), sense of self (Watson, 2002) or sense of selves (Polster, 2005). The researcher selected the work of Erikson (1963/1993) and Marcia (1980) as conceptual frameworks for this study, focusing on adolescence as a stage in which adolescents become aware of their "selves" and their "identities" through their contact with significant others, by means of their self-expression, exploration and striving towards interdependence and interrelatedness.

Several assumptions are made regarding the formation of the self by different authors (for example, Gill, 2001; Watson, 2002). One such assumption is that the self can be structured on the basis of shared social experiences; another is that the self of a person with a disability is fixed; and yet another that a person's sense of self plays a significant role in self-formation (Gill, 2001; Watson, 2002). The researcher adopts the view of Terry and Campbell (2009) and Woodbridge, Buys, and Miller (2011) that the self is not fixed, but fluid and continuously evolving and becoming; it is constructed and reconstructed within family relations (Crocetti, Rubini, Luyckx, & Meeus, 2008). This is also in line with Taylor's (2000) argument that people with disabilities construct a world for themselves in which the disability they live with is not stigmatized, and that their self-formation depends on the relationships they have with their family members and society (Schwartz & Gidron, 2002).

Hughes, Russell, and Paterson (2005) point out that self-formation among people with disabilities is often immobilised by the way society constitutes them, as strangers in the contemporary world. According to Goodley and Tregaskis (2006), young people with disabilities seem to be aware of how they are "different" from their peers; they are aware of their exclusion from society (Michailakis, 2003). Intellectually challenged people often do not talk about their abilities, but that does not necessarily prevent them from becoming aware of the stigma attached to their intellectual challenges, as they experience the stigma of their social

identity through their interactions with others (Gwernan-Jones, 2008; Reeve, 2002). This could be viewed as false introjection and as fragmented configurations formed from negative contacts that an intellectually challenged person has with the outside world.

Yontef (1997) argues that the problems or challenges that an individual experiences are problems and challenges of the “field” and that the self comprises that which constitutes the field. This is in line with the **Field theory perspective**, which posits that any process, problem or creative advancement is a function of the relationship between the people of/in the field and the field as a whole. This view is also held by Tice and Wallace (2003), who suggest that the reflected self is built on the idea that people see themselves as they believe others see them.

According to Davis and Gavidia-Payne (2009), intellectually challenged adolescents might develop feelings of inadequacy, become frustrated and feel rejected, because they regard themselves as “different”. This sense can be intensified by a lack of support from their parents and significant others. Goodman (2004) acknowledges that the parents of intellectually challenged adolescents have to face many challenges: caring for the intellectually challenged, relationship problems, stresses and other problems, which can tear apart the entire family system (Chen, 2008; Hassall & Rose, 2005; Upadhyaya & Havalappanavar, 2008). Moreover, Schneider, Wedgewood, Llewellyn, and McConnell (2006) point out that most children today no longer grow up in an intact two-parent family – children may grow up in single-parent families, families that are created and recreated through marriage, divorce, remarriage, cohabitation and births outside of marriage (see also Goldenberg & Goldenberg, 2013; Teachman, Tedrow, & Crowder, 2000).

Several research studies, for example, studies by Anderson and Sabatelli (2011), Becvar and Becvar (2013) and Papalia and Feldman (2012), show that family interaction and contact with significant others are crucial aspects of child development and play a significant role in

how children perceive themselves. Children with disabilities are no different from children without disabilities, as they also seek answers about themselves, their world and their abilities (Canary, 2008). In a review study, Gill (2001) points out that people with disabilities often experience a sense of estrangement within their families, and that their sense of self-acceptance and self-formation is significantly related to how their friends and family members react towards their disabilities.

Much of the research on family relationships of intellectually challenged adolescents assumes a state of stasis across the course of their lives, overlooking factors that shape the evolving experiences of family relations, either positively or negatively (Grant, Nolan, & Keady, 2003; Koepke & Denissen, 2012; Nachshen, Woodford, & Minnes, 2003). The parents of intellectually challenged children often refer to their children's negative attributes or symptomatic behaviour, overlooking the positive within such adolescents or the family system (Baker, Blacher, Crnic, & Edelbrock, 2002; Schneider et al., 2006).

Previous research on families dealing with mental illnesses has reported ambivalent feelings of parents and siblings towards the intellectually challenged, which is directly connected to stressors in taking care of the person with a mental disorder and unrealistic expectations of family members of the intellectually challenged adolescent's abilities (Bulger, Wandersman, & Goldman, 1993; Dervishaliaj & Murati, 2014; Lefly, 1997). Such ambivalent feelings have been referred to as *intergenerational ambivalence*, a term that describes the coexistence of conflicting emotions of family members towards each other (Connidis & McMullin, 2002; Schwartz & Gidron, 2002). Regarding ambivalent feelings, Opperman and Alant (2003) reported that siblings indicated that limited family interactions were present in families with a disabled child, and that siblings without a disability felt restrained in and guilty about expressing their feelings about a sibling with a disability. Some research findings show that children with a brother or sister with developmental disabilities are at a high risk of

internalizing and externalizing behavioural problems (Fisman, Wolf, Ellison, & Freeman, 2000).

The question then arises how ambivalent feelings towards the intellectually challenged influence the self-formation of the intellectually challenged in the context of family relations, especially if intellectually challenged adolescents do not meet the expectations of their family members. Existing research has relied predominantly on the perspectives of the parents, particularly mothers' reports on how they perceive their children's disabilities (Maes, Broekman, Dosen, & Nauts, 2003; Shapiro, Monzo, & Rueda, 2004). The family as a whole has been largely overlooked, as past research focused mainly on the individual – in particular, the person with the disability – as a unit of analysis (Bailey et al., 1998; Turnbull et al., 2007). There has been limited research and literature on intellectually challenged adolescents' own experiences of their *sense of self* in familial relationships. Previous research on intellectually challenged adolescents has typically focused on traditional *problem-solving processes* which separate and dissect pieces of the system.

Based on the above problem areas, the following **primary research question** was formulated:

How can Appreciative Inquiry be used to strengthen intellectually challenged adolescents' sense of self?

The study then also attempts to answer the following questions:

- What are the experiences of intellectually challenged adolescents regarding their sense of self?
- What are the experiences of family members of intellectually challenged adolescents' sense of self and the family environment?

- How effective is Appreciative Inquiry as an intervention technique in strengthening intellectually challenged adolescents' sense of self, within family relationships and the family environment?

2. AIMS AND OBJECTIVES OF THE RESEARCH

Fouché and De Vos (2011) argue that there is a distinction between aims and objectives. Aims imply “the end towards which effort is directed”; objectives are the concrete measurable steps that need to be taken in order to reach those goals (Babbie & Mouton, 2001). The aim of the study was to explore and describe how Appreciative Inquiry can be used to strengthen the sense of self of intellectually challenged adolescents within family relationships.

The following objectives were pursued:

- to explore and describe how intellectually challenged adolescents experience their sense of self within family relationships;
- to explore and describe the experiences of family members of intellectually challenged adolescents' sense of self and the family environment; and
- to evaluate the effectiveness of Appreciative Inquiry as an intervention technique in strengthening intellectually challenged adolescents' sense of self within family relationships and the family environment.

3. RESEARCH PARADIGM

According to Guba (1990), and Krauss (2005), paradigms are characterised by their ontology (What is reality?), epistemology (How do you know something?) and methodology (How you go about finding out?). The answers to these questions create a holistic view of how we view knowledge, how we see ourselves in relation to this knowledge and the methodological strategies we use to discover it (Lincoln & Guba, 2000; Patton, 2002). The multiple and equal realities that exist, according to our **ontology**, are subjective and are

influenced by the context of our situation, namely our experiences, perceptions and social environment. These subjective experiences are constructed in the minds of individuals and are therefore real to them, as they attempt to make sense of their lived experiences in unique ways (Fouché & Schurink, 2011; Snape & Spencer, 2003; Trochim, 2000). The study of knowledge (“epis”) of social realities, which is called **epistemology**, is not a static process, but constantly changes and evolves. Those who personally experience a social reality, construct their knowledge through a process of self-conscious actions (Fouché & Schurink, 2011).

Knowledge in this research study was thus gained through the application of a combined or mixed **methodological** research process. It is within this framework of “epis” and “ontology” that the researcher adopted a constructionist, post-modernist paradigm for the research study.

3.1 Constructionist paradigm

Several post-modernist theorists are of the opinion that there is no truth “out there” – only a narrative reality that changes continuously and is constructed *within relationships*, in a relational process of inquiry, dialogue and reflection (Cooperrider et al., 2008; Fouché & Schurink, 2011). A Constructionist view is that knowledge is established through the meaning attached to the phenomena studied, in other words, in the case of research, a researcher’s interaction with the participants to obtain the data; the inquiry itself creates change, both in the researcher and the research participants; the knowledge gained is context- and time-dependent (Cousins, 2002; Gergen & Gergen, 2004; Gergen, Gergen, & Schrader, 2009).

The Constructionist principle in Appreciative Inquiry supports the Constructionist paradigm: it holds that knowledge that reality are generated through socially created *language and conversations* (Whitney & Trosten-Bloom, 2010). In this study, communication/dialogue took place between intellectually challenged adolescents and their families to determine **how**

intellectually adolescents contested, constructed and strengthened their sense of self through their subjective experiences in the context of the **what**, their familial relationships, structures and processes.

3.2 Post-modernist paradigm

A post-modernist paradigm favours a multi-layered understanding of social reality and postulates that images, symbols, text and other representations have the power to create and sustain a given social reality (Hesse-Biber & Leavy, 2006). Reality is what individuals or social groups subjectively construct it to be. The paradigm opens a new space to make the voices of participants in research heard, through narratives and interpretations (Hesse-Biber, 2010). In terms of the research topic of this study, intellectually challenged adolescents and family members made their voices heard through the stories they shared during the Appreciative Inquiry family intervention. The researcher regards the sense of self of adolescents as socially constructed. In terms of post-modernist thinking, there is no single separate or unified self, as we are all made up of many selves or a multiplicity of selves, constructed through the collective influences of various factors, including culture, language, family relationships, and/or education.

4. DESCRIPTION OF THEORETICAL CONCEPTS

A number of theoretical concepts were central to this study. These terms are discussed in more detail in the literature review, but are briefly considered here to contextualise them and clarify them for the purposes of the study.

4.1 Appreciative Inquiry

Appreciative Inquiry involves the art and practice of asking positive questions that strengthen a system's capacity to apprehend, anticipate and heighten positive potential (Cooperrider & Whitney, 2004). A process called the "5-D" cycle is used. The process involves

interviewing and storytelling to draw out the best of the past, to understand what a person wants more of, and effective visualisation of the future (Cooperrider et al., 2008). In the study, the researcher refers to the Appreciative Inquiry *family intervention* that was conducted as an “interview”, to distinguish this process from *semi-structured interviewing* with intellectually challenged adolescents.

The process is underpinned by the Appreciative Inquiry *propositions* and *principles* that, according to Whitney and Trosten-Bloom (2010) inspired and moved Appreciative Inquiry from theory to practice.

Four propositions need to be borne in mind when conducting an inquiry: firstly, it involves an inquiry into “the art of the possible” that begins with *appreciation*, secondly, the inquiry should yield information that is *applicable* (this implies that knowledge has to be used, applied and validated in action), thirdly, it should be *provocative*, and fourthly, inquiry into human potential should be *collaborative* (Cooperrider et al., 2008, p. 4).

The principles that underlie the positive core of Appreciative Inquiry are the principle of **constructionism** (words create worlds), the principle of **simultaneity** (inquiry creates change), the **poetic** principle (we can choose what we study), the **anticipatory** principle (images inspire action), the **positive** principle (positive questions lead to positive change), the **wholeness** principle (wholeness brings out the best), the **enactment** principle (acting “as if” is self-fulfilling) and the **free-choice** principle (free choice liberates power) (Cooperrider et al., 2008; Stavros & Torres, 2005; Truschel, 2007; Whitney & Trosten-Bloom, 2010:52).

4.2 Sense of self

There are different views on identity, self-concept and sense of self. These range from a classical Freudian position, which posits that the self can only be understood as a result of developmental processes, to a post-modernist social constructionist view of the self, which

claims that the self is only to be understood in relation to the environment. Perls, Hefferline, and Goodman (1951), for example, hold the view that the self can only be understood in relation to the environment (the field). They see the self as a process, structured by the dynamic forces of the field. From a *Gestalt* perspective, the self refers to the whole person, to the core of a person, a sense the person has of her-/himself (Yontef, 1993); this implies that the self must first be aware and mindful of itself and of others (Cottle, 2003; Phillipson, 2009). According to West, the

...sense of self comprises of two different elements that are not usually distinguished – the sense of being (literally the procession of affectively toned experience) and the sense of ‘I’ (a broader sense of self that overlies and frames current experiences) (2007, p. 33).

The self is multidimensional (Polster & Polster, 1973). Rowan and Cooper (1999) also regard each individual’s personality as composed by a multiplicity of selves.

For the purposes of the research study, the researcher regarded the self from a **Gestalt theoretical perspective**, which sees the self as a *system of contacts*, as a *process* (Perls et al., 1951; Yontef, 1997), *multidimensional* (Polster & Polster, 1973) and *dialogical*, in terms of Martin Buber’s *I-Thou concept* (Buber, 1923/1970; McLeod, 1993; Spagnuolo Lobb, 2008). The structure of the self, which can be described as the functions or boundaries of the self, namely the Id (it/not-it), Ego (I/not-I) and Personality (me/not-me) described by Perls et al. (1951) and supported by Phillipson (2009, p.21) in his work on the “emergent” or “relational self” formed part of the research focus. Cottle’s view (2003, p.13) on a sense of self in respect of the work of affirmation, meaning to “*affirm*” or “*strengthen*” the self, was integrated in how the researcher viewed the self to be configured and affirmed.

4.3 Intellectually challenged

This study considers intellectually challenged adolescents as adolescents diagnosed with an intellectual and developmental disability, which is a neuro-developmental disorder with multiple etiologies that encompass a broad spectrum of functioning, disability and strengths (Adnams, 2010; AAIDD, 2013). The diagnosis was made by professionals who applied the *DSM-V* classification system (APA, 2013). Intellectual disability is a state of functioning that begins in childhood or adolescence before the age of 18 and is characterised by limitations in intelligence and adaptive skills. Intelligence, measured as an Intelligence Quotient (IQ) refers to a general mental capability that involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience. Intellectual disability or intellectual developmental disorder, as a *DSM-V* (APA, 2013) diagnostic term replaces the term “mental retardation” in the *DSM-V*. These revisions are supported by the World Health Organization’s (WHO’s) International Classification of Diseases (WHO, 2014) and by institutions such as the South African Department of Education (Department of Education, 2005). The *DSM-V* defines an intellectual developmental disorder as having an IQ score below 70 to 75 (APA, 2013).

4.4 Adolescence

According to Louw and Louw (2007), adolescence is a stage in human development that begins with puberty and ends when physiological or psychological maturity is reached. It is a phase which includes substantial physical, social and psychological changes and it is considered an emotional period (Berryman, Smyth, Taylor, Lamont, & Joiner, 2002). Erikson (1963/1993) describes the adolescent phase as an identity versus identity confusion phase, which accompanies the formation of an identity and the understanding of oneself. It is a phase in which an adolescent attempts to bring together experiences to discover his/her own identity

and place in society. According to Kaplan (2000) and Louw and Louw (2007), it is during this phase that adolescents start forming new relationships and move away from emotional dependency on their parents, thus developing emotional autonomy.

The researcher supports the *Gestalt* theoretical perspective of adolescence as a “progressive unfolding of the comprehensive field, an unfolding that includes structuring of childhood unity, expansion and differentiation of life space and transformation of the boundary processes that organize and integrate the field” (McConville & Wheeler, 2001,p.49). According to Yontef (1993), the field is *inter-subjective*; it is also *relational* in that it includes the environment, which the family and significant others are part of. Adolescents can thus be seen as a product of their environment – the field (McConville & Wheeler, 1995).

4.5 Family

According to the *White Paper on Families in South Africa* (Department of Social Development, 2012), it is difficult to define the concept of a family, as the concept differs from region to region. There is no standard definition for a family (Waite, 2000). The **Family Systems perspective** sees the family as a *complex structure* comprised of an interdependent group of individuals who have a shared sense of history, experience some degree of emotional bonding, and devise strategies for meeting the needs of individual family members and the group as a whole (Bowen, 1978; Minuchin, 1974; Loveless & Holman, 2007).

Anderson and Sabatelli (2011) regard families as multiple sub-systems with complex structures of *interconnected relationships* and interdependent individuals, none of whom can be understood in isolation from the system (Baron & Byrne, 2000; Berk, 2006; Skyttner, 2005). It is these interconnected relationships that are seen by the Interpersonal systems theory as a living interpersonal system (Connors & Caple, 2005). In this study, the family is considered from an interpersonal, family system theory stance and refers to nuclear, single-parent,

extended/multi-generational, skip-generational families (including siblings) *living together in the same household as the adolescent participant*.

5. RESEARCH METHODOLOGY

5.1 Quantitative and qualitative research approach and design

A combined or “mixed” method approach was chosen for this study: it includes both quantitative and qualitative approaches to strengthen the research findings. According to Delport and Fouché (2011), in a “mixed” method study, the methods and procedures are combined or “mixed” to come up with a more complete, integrated picture of the research problem. This increases the validity and congruence of findings by means of data and methodological triangulation (Babbie, 2007; Creswell, 2007; Menon & Cowger, 2010). An *embedded mixed method design* was selected for the study (see Figure 1, overleaf). In such a design, one set of data provides a supportive, secondary role in the study, based primarily on the other set of data (Creswell & Plano Clark, 2011; Delport & Fouché, 2011).

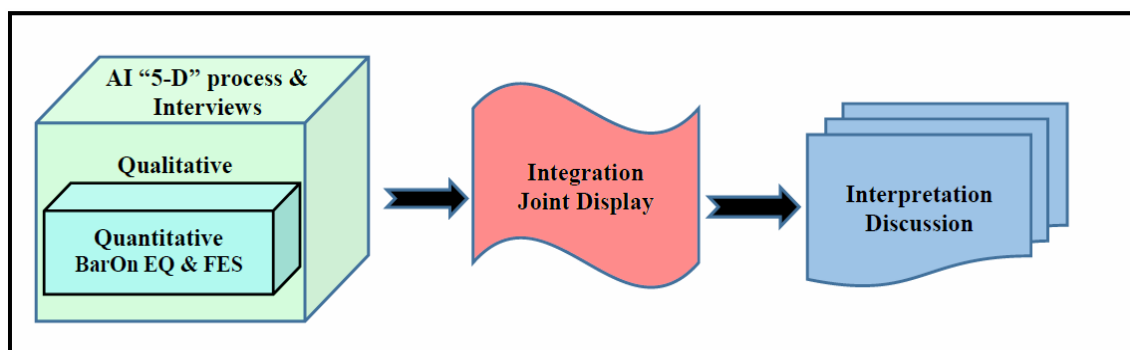


Figure 1: Embedded mixed methods design and process followed during research.

In this study, the quantitative data consisted of standardized tests, namely the BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i:YV) (Bar-On & Parker, 2000)¹ and the Family Environmental Scale (FES) (Moos & Moos, 2009), which were embedded

¹ Although Reuven Bar-On's surname is hyphenated, according to the instrument's technical manual, the name Bar-On is not hyphenated in the name of the instrument.

within the qualitative data, namely the Appreciative Inquiry family intervention and semi-structured interviews with adolescents. The advantage of an embedded design, according to Delport and Fouché (2011), is that the researcher can base the study on a well-known and established design such as an *experiment*, where two types of data that have been collected concurrently can be compared and interpreted, and the effectiveness of an intervention can be determined.

A single-system experimental design (Strydom, 2011a) was selected and incorporated into the mixed methods design. The experimental design **A-B-A-A** had different phases: the first was a pre-intervention period, called a baseline phase (**A**). The second was an intervention phase (**B**). This was followed by a post-intervention phase (**A**) to draw comparisons between pre- and post-intervention tests. The final phase was a follow-up phase consisting of semi-structured interviews with intellectually challenged adolescents (**A**). This design is an ideal way to evaluate the effectiveness of treatment interventions and to draw a comparison between the baseline, and the intervention and between the intervention and a second baseline.

Dependent and independent variables were identified for this study. Strydom (2011a) defines dependent variables (**A**) in operational terms *as the specific measurable indicators that allow a researcher to evaluate the outcomes that are produced in a study*. There were **two dependent variables** in this study. The first was the sense of self of intellectually challenged adolescents (measured by the BarOn EQ-i:YV). The second was familial relationships, measured by the FES. The independent variables (**B**), in line with Strydom (2011a), were the intervention strategy, the procedures and the techniques that the researcher applied. The **independent variable** for this research was the *use of Appreciative Inquiry as an approach* by means of a 5-D cycle process. To create Baseline (A), a purposively selected sample of 24 intellectually challenged adolescents was *randomly* assigned to two groups: an experimental group and a control group of 12 intellectually challenged adolescents per group. According to

Fouché, Delport and De Vos (2011), random selection is typical of an experimental design. Purposive sampling is also called “judgement” sampling (Rubin & Babbie, 2005; Yin, 2003). In purposive sampling, most characteristics are representative of the population (Strydom, 2011b; Teddlie & Yu, 2007).

The BarOn EQ-i:YV was administered to 24 intellectually challenged adolescents in both groups, and the FES was applied to all their family members in both groups. This constituted the pre-intervention test, which provided **Baseline (A)**. The **intervention (B)** was implemented only in the experimental group, which consisted of 12 intellectually challenged adolescents and their family members, forming 12 family units. The intervention involved the application of the Appreciative Inquiry approach with family members – this is referred to in the study as the **Appreciative Inquiry family intervention**. After the intervention phase, the BarOn EQ-i:YV was re-administered to the intellectually challenged adolescents in both the experimental group and the control group, and the FES was re-administered to their family members in both groups. This is referred to as the second test or post-intervention test. Lastly, a follow-up phase was conducted, with semi-structured interviews with the participating intellectually challenged adolescents **(A)** (see Section 5.4, Figure 2: Quantitative and qualitative data collection instruments and processes).

The *qualitative research* approach was an instrumental case study. According to Fouché and De Vos (2011), this kind of study focuses on single participants’ or a small number of people’s accounts of meaning, experiences or perceptions (see also Babbie & Mouton, 2001; Rubin & Babbie, 2005). The aim of the research study was **explanatory** and **exploratory** (it sought to explore, explain and gain insight into a phenomenon). It was also **descriptive** (it attempted to determine a deeper meaning) and **evaluative** (it attempted to determine whether an intervention had the intended results) (Kreuger & Neuman, 2006; Rubin & Babbie, 2005).

It also involved **action research** (Kreuger & Neuman, 2006), as those who were studied participated in the research process in order to determine how the sense of self of intellectually challenged adolescents can be strengthened in family relationships. Appreciative Inquiry is a form of action research, in that it is a research perspective that is uniquely intended to discover, understand and attempt to create new theories/ideas/images that aid in the developmental change of living systems (Cooperrider & Srivastva, 1987; Cooperrider et al., 2008). In contrast to conventional action research, the knowledge-interest of Appreciative Inquiry lies not so much in problem-solving as in social innovation (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010). A action research model was offered by Cooperrider and Srivastva (1987) and supported by Watkins and Cooperrider (2000) as the original framework to visually describe Appreciative Inquiry 4-D cycle process: Discover, Dream, Design and Destiny (see Table 1). According to Watkins and Mohr (2001:33), the model is “part of the transition from thinking about Appreciative Inquiry as purely an approach to the building of generative theory to thinking about Appreciative Inquiry, more directly as a process for intervening in and changing organizations.”

Table 1.

Appreciative Inquiry: Action research model

is scientific and theoretical	metaphysical	normative	pragmatic
seeks socio-rational knowledge (interpretative)	seeks appreciative knowledge of miracle of organising	seeks practical knowledge	seeks knowledgeable action
grounded in observation	vision logic	collaborative dialogue and choice	collective experimentation
best of “What is”	ideals of “What might be”	consent of “What should be”	experiencing of “What can be”

Source: Adapted from Cooperrider and Srivastva (1987) and Cooperrider et al. (2008, p. 377)

5.2 Pilot study

Strydom (2011b) describes a pilot study as only one step in the research process. Its main purpose is to give direction to the main investigation by determining the feasibility of the study, reviewing the literature, engaging in discussions with experts in the field, testing the measuring instrument and identifying possible problems that might arise, in order to modify or streamline the main research (Strydom & Delpont, 2011). The researcher randomly and purposefully selected one intellectually challenged adolescent and his/her family members from the population for a pilot study. This adolescent and his/her family did not form part of the final sample. Appreciative Inquiry as an intervention approach was applied with the pilot family after the researcher had undergone intensive training hosted in South Africa from 12 to 16 March 2014 by internationally accredited Appreciative Inquiry facilitators (Jacobsgaard & Buskashe, 2014). The researcher's goals in attending the training were the following:

- to gain knowledge and experience in the theory, practice and application of Appreciative Inquiry as a new approach;
- to determine the most effective method to conduct an Appreciative Inquiry intervention process in a family unit, using either one-on-one interviews or a group interview, as suggested by Whitney and Trosten-Bloom (2010);
- to determine the effectiveness of the Appreciative Inquiry intervention questions that were to be used during family interventions; and
- to determine the effectiveness of dividing the remaining 4-Ds of the 5-D cycle into the Discover and Dream and Design and Destiny phases.

During the Appreciative Inquiry workshop in 2014, mentioned above, the researcher presented to the group the intended Appreciative Inquiry questions which she intended to introduce during the family interventions. This presentation to the group was intended to elicit discussion and feedback on the application of these questions. The finalisation of the Appreciative Inquiry

family intervention questions was supervised by Jacobsgaard, an International Appreciative Inquiry workshop trainer and facilitator. (See Addendum A on CD-Rom: Appreciative Inquiry family intervention questions, pilot family intervention field notes, Appreciative Inquiry certificate for participation and training, and trainers)

5.3 Population of the research study

The focus in this study was on *adolescence*. According to Louw and Louw (2007) and Berryman et al. (2002), adolescence is divided into three stages: early adolescence (11 to 14 years), middle adolescence (14 to 18 years) and late adolescence (18 to 21 years). The population (Strydom, 2011b) for this study was all adolescents between the ages of 11 and 14 (early adolescence) who were mildly (IQ 50 to 75) to moderately (IQ 35 to 55) intellectually challenged, as well as their families *living in the same household* in the Ekurhuleni Metropolitan Area, in the Northern Region, Gauteng. The Metropolitan Area is divided into districts. The participants were selected from one district and from one school that provide educational services to mildly to moderately intellectually challenged pupils. The participants were selected, (with permission from the Department of Education), as they met most of the requirements for conducting the study. This particular age group was identified for the study because, according to Erikson (1968), this is the phase that describes *identity cohesion versus identity confusion*. During this phase, adolescents try to find answers about their view of *self*, a sense of their own identity: who am I? and what is my place in society? It is an experimentation phase which accompanies the formation of an identity and understanding of oneself (Kaplan, 2000; Louw & Louw, 2007).

The following five-step process was followed in selecting the population:

Step one: The researcher identified one school for learners with intellectual and developmental disabilities and selected 24 mildly (IQ 50 to 75) to moderately (IQ 35 to 55)

intellectually challenged adolescents who met the criteria for the research population. Specific requirements that had to be adhered to were the following: the inclusion of the school's governing body (gatekeeper), relevant teachers (mediators), and therapists (mediators) in the research process, which involved the selecting of participants, obtaining permission to communicate with parents, setting dates and schedules for the testing and family interventions, and giving continuous feedback on the research process (see Addendum B on CD-Rom: Consent from the school's governing body).

Step two: Consent was obtained from the Gauteng Department of Education, Ekurhuleni North, to conduct the research in the chosen school, with the proviso that the data collection had to be done between February 2014 and July 2014. Notification of the completion of this process had to be given to the Department, which stipulated that the research findings had to be submitted in electronic form, and in hard copy. The final Research Summary Report was to be submitted to the Gauteng Department of Education (see Addendum B on CD-Rom: Consent from the Gauteng Department of Education).

Step three: A list of adolescent participants was identified by teachers and school therapists. The researcher obtained consent from the school's governing body to determine whether adolescents met the requirements for the selected population. The criteria for exclusion from the list were the following:

- adolescents who were undergoing ongoing therapeutic intervention, such as speech therapy, occupational or behavioural modification therapy, medical care and supervision in stabilising medication, or who were scheduled for medical tests such as an EEG or MRI scan were excluded;
- adolescents whose siblings were not living in the same household were excluded;
- adolescents who were experiencing emotional turmoil because their parents were in the process of separating or divorcing, or were under investigation from Social

Development and Child Welfare Organisations regarding suspected child abuse and neglect were excluded;

- adolescents who were part of the researcher's client base or that of other therapists rendering services at the school or Intervention Centre for intellectually challenged learners were also excluded. These exclusion criteria were applied to minimize contamination of the research results and to avoid confusion for adolescents. The purpose was to create structure in setting clear boundaries to ensure the validity, reliability and trustworthiness of the research results.

Step four: A final selection was made by therapists and the researcher of who was most suited to participate, based on a non-probability sample with purposeful selection, in that the sample was composed of those elements that contained the most characteristics or attributes of the population, as recommended by Babbie (2008), Maree and Pietersen (2010) and Strydom (2011b). Adolescents were included if they met a number of inclusion criteria – they had to be mildly to moderately intellectually challenged, between the ages of 11 and 14 years, and capable of participating cognitively. The adolescents were chosen to represent diverse cultural backgrounds, and both genders. They also had to participate in the research voluntarily.

Inclusion criteria for family members of the intellectually challenged adolescents were that family members had to live in the same household as the adolescent participant, their reading level had to be Grade 6 or higher, and they had to participate in the research voluntarily. The researcher obtained permission from the school's governing body to contact the families (who gave permission to be contacted) of identified adolescents, telephonically to explain the research objectives. This was followed up with written letters to the families, giving details regarding the research topic and process. Two information meetings were held during weekends to accommodate families in order to obtain written consent/assent, explaining the

different steps in the research process, the two standardized measuring instruments (the BarOn EQ-i:YV and the FES) and Appreciative Inquiry as a family intervention.

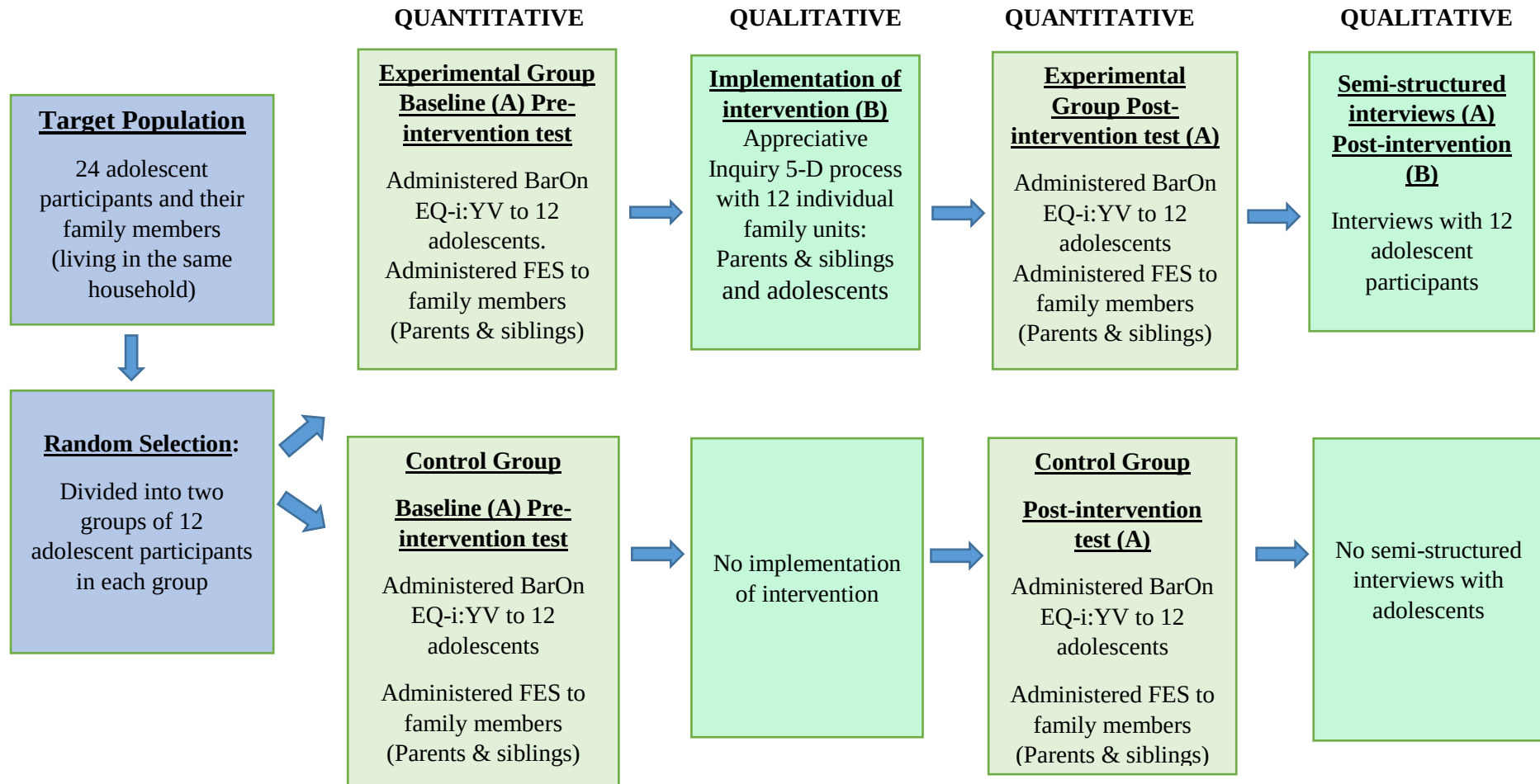
Written assent was then obtained from the selected intellectually challenged adolescents with permission from their parents. Confidentiality agreements were signed by all other parties involved in the research process: four class teachers, school therapists, test administrators and one assistant-helper (employed by the school) to assist with fetching the participants from their classes for testing, and returning participants to their classes after the test had been administered (see Addendum B on CD-Rom: Consent, assent and confidentiality agreements to participate).

Step five: The adolescent participants were divided into a male and a female group, in order to obtain proportional representation, from which a random selection took place by dividing the adolescents into an experimental group and a control group of 12 participants each: four female participants and eight male participants in each group. According to Strydom (2011b), random selection adds to external validity and is important in a research design.

5.4 Quantitative and qualitative data collection

The twofold or bi-articulated data collection process followed in this study involved administering two standardized tests, the **BarOn EQ-i:YV** and the **FES**, which formed the *quantitative* part of the research. The *qualitative data* were collected during the intervention phase, which involved the implementation of the Appreciative Inquiry as an intervention, with 12 family units, and semi-structured interviews with intellectually challenged adolescents (see Figure 2: Quantitative and qualitative data collection instruments and process).

Figure 2: Quantitative and qualitative data collection instruments and process
(Single system experimental design: A-B-A-A)



Sources: Standardized tests: BarOn EQ-I YV (Bar-On & Parker, 2002), FES (Moos & Moos, 2009)

5.4.1 Quantitative data collection instruments: Standardized tests

5.4.1.1 The BarOn Emotional Quotient Inventory: Youth Version

The BarOn EQ-i:YV is based on the BarOn model of **emotional and social intelligence**, which formed the theoretical basis of the BarOn EQ-i:YV (Bar-On & Parker, 2000). Emotional Intelligence (EQ), as defined by the model, “... pertains to the emotional, personal, and social dimensions of intelligence. Emotional intelligence comprises abilities related to understanding oneself and other, relating to people, adapting to changing environmental demands and managing emotions” (Bar-On & Parker, 2000:1). Although the instrument does not comprehensively capture sense of self, it was identified as the most suitable instrument to measure certain components that reflect the “sense of self” of intellectually challenged adolescents. It was also chosen to evaluate the effectiveness of the intervention (as a post-intervention test) because the test has an acceptable test-retest outcome on an interval of three weeks on EQ scales.

The normative data for the BarOn EQ-i:YV comes from a large community based sample of children and adolescents from various English-speaking locations in the United States and Canada. It is suitable to administer to children from the age of seven and adolescents aged up to 18 years; it can be used for children and adolescents whose first language is not English, and it is not culture-specific (Shuler, 2004). The BarOn EQ-i:YV has been used in diverse studies to investigate relationships between Emotional Intelligence (EI) and other psychological constructs (Bar-On & Parker, 2000).

The BarOn model consists of five dimensions: Intra-personal, Inter-personal, Adaptability, Stress management and General Mood. Each of these dimensions is comprised of a number of subcomponents relating to abilities and skills. The BarOn EQ-i:YV contains 60 items and eight scales. A short version (30 items) can be used in testing. The shorter version was developed for use where the individuals being tested have limited reading and comprehension

abilities (Al Said, Birdsey, & Stuart-Hamilton, 2013). The longer version was selected for this study (after consulting with subject experts) on the basis of its inclusion of two important constructs: the **General mood** and **Inconsistency index**, which are indicators of whether the test can be considered valid. These two components do not form part of the shorter version. The General mood scale can influence a person's responses, and the remaining four scales (Interpersonal, Intrapersonal, Adaptability and Stress Management) combined form the total EQ (Bar-On & Parker, 2000). The Inconsistency index provides an estimate of *how* consistent the respondents were in their responses during the pre-intervention test and the post-intervention test. Scores of ten or greater indicated a random response, indicating that the respondent wants to create a positive impression, or does not comprehend the questions asked. Testing these two additional constructs ensured that a *comparison* could be drawn between the inconsistency index pre-intervention testing and post-intervention testing in terms of *internal reliability and validity*.

The **Intra- and Inter-personal dimensions** or scales were of special interest for this study, as they focus on several aspects of the self. The **Intra-personal scale** is divided into two subscales, namely **self-perception** and **self-expression**. Self-perception focuses on (a) *self-regard*, which refers to the ability to appraise oneself accurately and to accept one's self. To accept the self implies knowing the self (its strengths and weaknesses), (b) *Emotional self-awareness*: the ability to recognise and understand one's own emotions (c) assertiveness to express feelings, beliefs and thoughts, (d) *self-actualisation*, the ability to realise one's potential capabilities, and (e) *independence*, which refers to the *ability to be self-directed* and self-controlled in one's thinking and actions (Bar-On & Parker, 2000). **The Inter-personal scale** focuses on three related abilities, namely (a) the inter-personal relationship, which implies *the ability to establish and maintain satisfying relationships*, which are characterised by emotional closeness, (b) empathy, which involves the ability to articulate one's *understanding of another's feelings* and (c) *social responsibility* and concern towards one's social group (Bar-On & Parker,

2000). The questions that support the above scales are fairly basic and are generally worded, starting with “I am...”, “I know...”, “I feel...”, and “I think...”. The model measures general intelligence, comprised of both cognitive intelligence, measured by IQ, and emotional intelligence, measured by EQ, which are related constructs in respect of certain aspects in determining one’s sense of self. The sense of self includes aspects of the Intra-personal, such as self-awareness, self-perception, self-regard and self-worth. Together, these form a personality, the *identity* of a person. The Inter-personal is just as important, as one becomes aware of one’s self through contact and relations with significant others that lead to a configuration of self.

The BarOn EQ-i:YV uses a four-point Likert-style format, where respondents are asked to rate each item to indicate the extent that the item relates to the respondents. The answers range from 1 for “very seldom true of me”, to 2 for “seldom true of me”, 3 for “often true of me”, and 4 “very often true of me” (Bar-On & Parker, 2000). During the initial development of the BarOn EQ-i:YV the factorial and construct validity demonstrated that the scales identify core features of emotional intelligence in children and adolescents and the measuring instrument is commonly used where people express attitudes (Delport & Roestenburg, 2011; Parker et al., 2005). Internal consistency of the BarOn EQ-i:YV scales have been acceptable to strong ($\alpha = .65$ to $.90$) across several studies (for example, Bar-On & Parker, 2000; Harrod & Scheer, 2005), and acceptable for test-retest ($r = .70$ to $.89$) on an interval of three weeks on the EQ scales (Parker, Taylor, Eastabrook, Schell, & Wood, 2008).

To accommodate the limited reading and comprehension abilities of the intellectually challenged adolescents, test administrators read the questions (which were in English, and not translated into their respective home language) to each adolescent during testing, and supplied a visual photo-presentation of fingers (1-4) next to the response answering sheet, to represent the above explanation of the rating. This was to ensure reliability and uniformity of data-collection.

(see Addendum C on CD-Rom: Bar-On EQ-i:YV questions, scoring and test administration, visual finger-presentation).

5.4.1.2 *The Family Environmental Scale*

According to Moos and Moos (2009), the FES is a standardized test, comprised of 10 subscales that examine each family member's perceptions of the family in three ways – as it is, **actual (real)**, as it would be in a preferred situation (**ideal**) and as it will probably be in new situations (**expected**). The FES can be used to describe family social environments, contrast parents' and children's *perceptions*, compare actual and preferred family climates, strengthen the family unit and predict and *measure the outcome of treatment or intervention* before change and after change (Moos & Moos, 2009).

The 10 FES subscales, consisting of 90 questions, together assess three sets of dimensions: the *relationship dimension*, *personal growth dimension* and *system maintenance dimension*. The relationship and system maintenance dimensions primarily reflect internal family functioning, and the personal growth dimensions reflect the linkages between the family and a larger social context (Moos & Moos, 2009). The FES has been developed, translated and adapted for use in a number of European, Asian and African Countries and has been administered to parents and adolescents in the same families, in families with children with developmental disabilities, social behaviour challenges, attachment styles and learning disorders (Moos & Moos, 2009).

The *relationships dimension* (referred to as the **real form**) was of special interest for this study, as it focused on what was real in *family interactions and relationships*. The dimension consisted of three constructs of 27 questions in total. It is within this context of relationships that intellectually challenged adolescents' sense of self is configured. The three subscales focus on

- **Cohesion** – the degree of commitment, help and support family members provide to one another; **Expressiveness** – the extent to which family members were encouraged to express their feelings directly; and **Conflict** – the amount of openly expressed anger and conflict among family members (Moos & Moos, 2009).

A normative sample for Form R (real) has been obtained from 1432 normal and 788 distressed families (including families in which adolescent or younger children were in a crisis situation). In terms of scale construction, a combination of conceptual and empirical criteria were used to develop the FES, from which the subscale means and standard deviation for normal and distressed families were calculated (Moos & Moos, 2009). In terms of reliability, as measured by internal consistency, the original data reported alpha coefficients for each subscale ranging from .64 to .79 – the acceptable benchmark is generally above .60, a value justified by the emphasis placed on the range of the measured constructs (Moos & Moos, 1994).

It takes approximately 20 minutes to complete the assessment, and family members must have reading abilities of Grade 6 and higher. The FES items are arranged so that each column of responses on the answering sheet constitutes one subscale. A person's raw score (RS) can be determined by counting the number of responses given in the keyed direction, as identified on the scoring key in each column. To determine a family's mean raw score (RS) for each subscale, the subscale raw scores for all members of that family are averaged. A person's raw scores and that of the family are then converted into standardized scores and can be graphically plotted (see Addendum D on CD-Rom: Raw score to Standard Score conversion table and scale profile).

5.4.2 *Quantitative data collection process*

The BarOn EQ-i: YV pre-intervention test (A) was administered to 24 adolescents by a registered educational psychologist at the chosen school for intellectually challenged learners. This process took place over four days, as adolescents were divided into four class groups. The

adolescents were informed of the administration of the test the day before by their class teacher to minimise stress and anxiety during testing. A school therapist, an assistant-helper and the researcher of this study guided the process by fetching adolescents from their particular classes and returning them to the class afterwards. The tests were administered one-on-one. The administrator had no prior knowledge of which participants were in the experimental group or the control group, in order to keep the administrator impartial and validate research findings. Testing took place during school hours and lasted between 15 to 20 minutes per participant. After each administration, the test response sheets were collected, marked and colour-coded by the researcher, indicating the **pre-intervention test experimental** and **pre-intervention test control** groups. The tests were locked in a cabinet at the researcher's private practice.

The Family Environmental Scale (FES) questionnaire was sent to all 24 adolescents' families for the experimental group and for the control groups, after the information family meetings had taken place, and before the research commenced, to explain how the FES questionnaire was to be completed. The following was sent to the parents and siblings of all the participating adolescents via the communication book of the adolescent: a communication letter that included the **FES pre-intervention test (A)** questionnaire (printed on yellow paper, to distinguish it from the post-intervention test, which was printed on green paper) of 27 questions, answering sheets for *each family member* to be completed in that unit, an example explaining how the sheet was to be completed and a marked envelope. This was the most practical way of getting all the forms for the pre- and post-intervention tests to all family members. It was explained to family members that they had to complete the forms individually and they were asked not to help each other.

The completed **FES pre-intervention test (A)** forms were then sealed and were sent by the family participants to the adolescents' class teacher(s) **before** the intervention phase **(B)**,

which was the Appreciative Inquiry intervention with the experimental group's adolescents and their families. These forms were handed to the researcher and marked as belonging to the **pre-intervention test experimental group** and the **pre-intervention test control group**. They were then locked in a cabinet at the researcher's private practice (see Addendum D on CD-Rom: Family Environmental scale: pre-and post-intervention test questions and answering sheet).

After the pre-intervention test of both the BarOn EQ-i:YV and the FES had been completed, the intervention phase (B) was implemented, which was the Appreciative Inquiry intervention with only the experimental group, consisting of adolescents and their families (see the description of the qualitative data collection process, Section 5.4.3). Adolescents and family members from the control group will participate in an Appreciative Inquiry intervention similar to that of the experimental group, after the completion and finalisation of the research process.

When the **intervention phase (B)** with the experimental group was completed, the **post-intervention test (A)** BarOn EQ-i:YV was administered to adolescents from both the experimental group and the control group, four to six weeks *after the completion of the intervention*. A psychometrist from JvR Psychometric Consultants administered the post-intervention test BarOn EQ-i:YV over four days, because the registered educational psychologist who did the pre-intervention tests was unavailable. The tests were administered at the school and exactly the same process was followed as during pre-intervention test. The test response sheets were marked and colour-coded by the researcher as belonging to the **post-intervention test experimental** group and the **post-intervention test control** group and were then locked away.

The **FES** was administered to the adolescents' families from both the experimental group and the control group, and was called the **post-intervention test (A)**. These forms were colour-coded and marked clearly as post-intervention tests (these forms were printed on green paper to distinguish them from the pre-intervention tests, which were printed on yellow paper). A test pack that included the questionnaire (27 questions), answering sheets for each participant and an

example of how the questionnaire was to be completed was sent to each set of parents via the adolescents' communication books. Instructions were clear – parents were asked to return the forms in a sealed envelope (provided by the researcher) to the relevant teacher in whose class the adolescent concerned was. This was to ensure that there was no direct contact between the parents and the researcher during the completion of the FES questions in the pre- and post-intervention testing which could compromise the research findings. The forms were handed to researcher, who colour-coded and marked the forms as belonging to **post-intervention test (A) experimental group** and **post-intervention test (A) control group**. The raw data consisting of the FES pre-intervention test and post-intervention test response sheets of 24 families were submitted to JvR Psychometric Consultants' research unit for an independent analysis.

5.4.3 Qualitative data collection methods and process

There were two qualitative data collection methods. The first was the *Appreciative Inquiry family* interventions with the experimental group, consisting of the intellectually challenged adolescents and their family members. The second was the *semi-structured interviews* with each adolescent after the intervention. The interventions with the 12 family units took place over weekends to accommodate family members working long hours and shifts. The **Appreciative Inquiry family interventions** took approximately two to six hours per family, depending on the size of the family unit, excluding breaks between the phases.

During the interventions, the *Discover and Dream* phases were grouped together and the *Design and Destiny* phases were grouped together, to ensure continuity and integration. There was a break between these phases, when families were able to enjoy refreshments together (snacks and drinks) and family photographs were taken with their permission. The advantage of using photographs in the data collection process was that photographs enhance collaborative/participatory research, promote dialogue between family members, and create a

relaxed atmosphere of cohesion, togetherness and fun. These photographs are not displayed anywhere in the thesis, and will not be displayed in future publications to ensure confidentiality.

During the Discover phase, the intellectually challenged adolescents constructed genograms of their family units. According to McGoldrick, Gerson, and Shellenberger (1999), genograms permit researchers to gain an understanding of important relationships in an adolescent's life and reflect information regarding relational patterns within families (Becvar & Becvar, 2000; Goldenberg & Goldenberg, 2013; Milewski-Hertlein, 2001).

5.4.3.1 Appreciative Inquiry 5-D cycle process

The 5-D cyclical process began with the *Define phase* (defining the purpose of inquiry, which was identified by the researcher beforehand), followed by the *discovery phase* (valuing and appreciating what is), and the *Dream phase* (envisioning and imagining what might be), followed by the *Design phase* (dialoguing and determining what should be), and the *Destiny phase* (innovating and creating what will be). These phases were conducted with the whole family of each of the adolescents in the experimental group. The process is described in Figure 2: An Appreciative Inquiry relational 5-D cycle, which was adapted from Truschel (2007) and Stavros and Torres (2005).

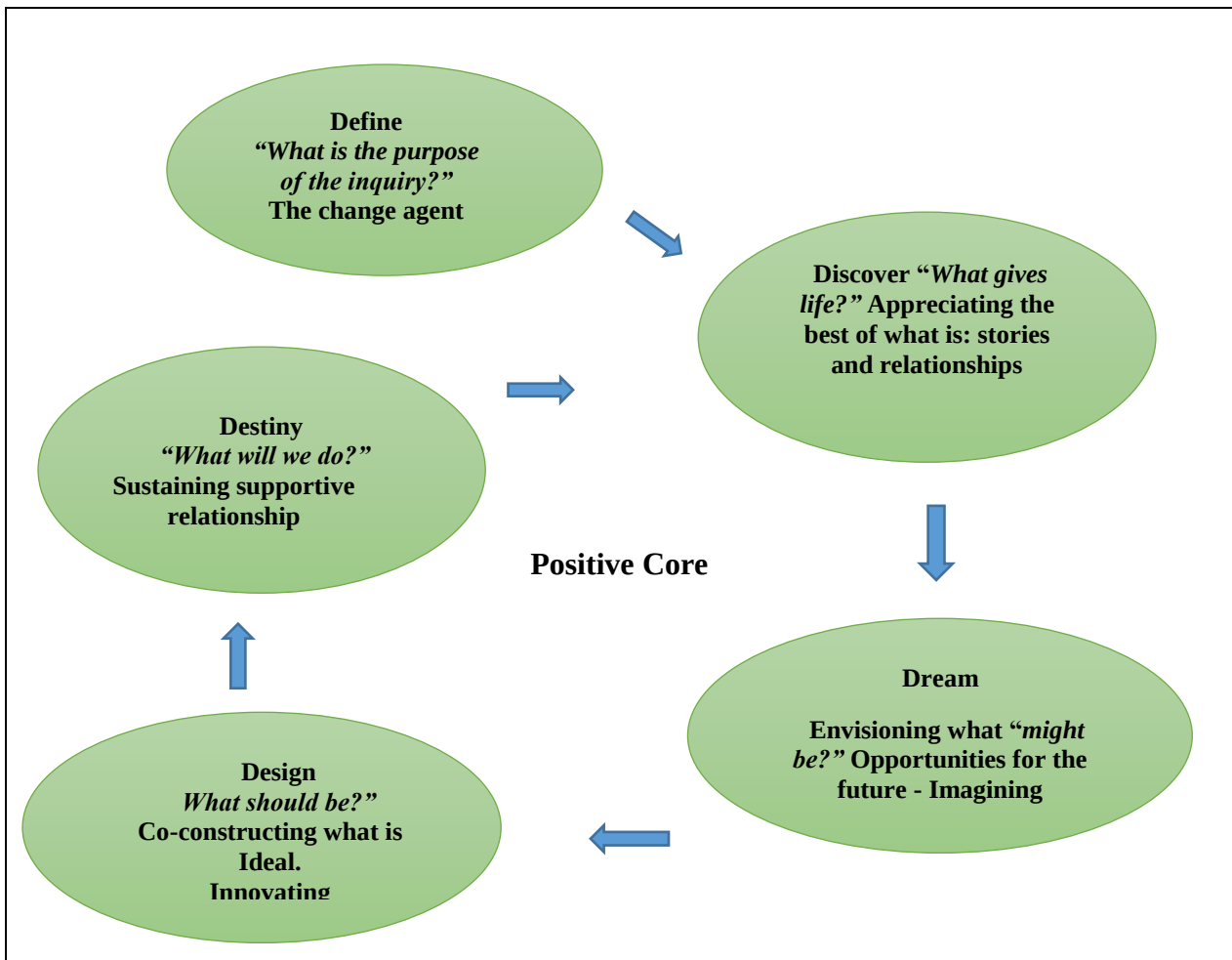


Figure 3: An Appreciative Inquiry relational 5-D cycle (adapted from Truschel, 2007 and Stavros and Torres, 2005).

Define phase: The research topic and purpose of inquiry were identified beforehand by the researcher and explained to intellectually challenged adolescents and their family members before the research commenced and during family interventions. The Appreciative Inquiry questions were identified and defined to best suit the research topic (these were then put to the participating families during the family interventions). These questions were integrated with the questions of the BarOn EQ-i:YV: Intra- and Inter-personal scales, perception of self and of others and the questions of the FES focusing on Cohesion, Conflict and Expression (see Sections 5.4.1.1 and 5.4.1.2).

During the **Discover phase**, family members were asked to share their high point experiences and successes through their stories/narratives. This according to Cooperrider,

Whitney and Stravos, (2008) is to uncover, learn about and appreciate the “best of what is” through positive questions (Bushe & Kassam, 2005; Whitney & Trosten-Bloom, 2002). Larger families (consisting of five or more family members) were asked to collectively decide on one event or story which best described their best family’s experience. Sharing experiences with the group/family creates and encourages a sense of belonging and strengthens relations (Cooperrider, Silbert, Mann, & Whitney, 2008). In this phase, each Intellectually challenged adolescent were asked to compile a genogram to create a better understanding of his/her own family structure, familial relationships and awareness of self and others. Berg-Cross (2000) suggests that a genogram is an effective tool to visually create, express and gain an understanding of a family system. These genograms were also used later, in the semi-structured interviews with the intellectually challenged adolescents, to evoke memories of the family meetings and the stories shared (see Addendum F on CD-Rom: Genograms of the experimental group adolescents).

Dream phase: The dream phase, according to Cooperrider et al. (2008), is an invitation for a system to strengthen its positive core by imagining possibilities for the future. There are two primary goals during this phase: to facilitate dialogue by sharing positive stories – dreams, hopes and wishes – in a way that creates energy and enthusiasm, and to allow participants to see common themes (Cooperrider et al., 2008). In this phase families were asked to create new possibilities, considering “what might be?” within their family relations. They were asked how they perceived their family in two years’ time, dreaming on. This question correlates with the descriptions by Bushe and Kassam (2005) and Stavros and Torres (2005), who define this phase as one of exploration and visualisation during which new possibilities are created. Wishes could be expressed individually or collectively by family members.

Design phase: This phase is crucial in sustaining positive change and responding to the system’s positive past. Grounded in the best of what has been, good appreciative designs address all three elements necessary for effective change: continuity, novelty and transition (Cooperrider

et al., 2008; Jacobsgaard & Bukashe, 2014). The Appreciative Inquiry family intervention provided ideas for all three elements: *Novelty* – unexpected newness/innovation. It is a description of how things will be different (the wish question). *Transition* – planned change, thoughtful strategies for getting from here to there (questions about the first steps). *Continuity* – if a vision for the future is grounded in things that really happened, even if only once in a family or even in other families, it becomes easier to see that it is possible. According to Whitney and Trosten-Bloom (2002), this phase is a planning phase, where wishes become a reality by crafting provocative propositions, as well as questions and visions for the future, with statements written in the present tense (Cooperrider et al., 2008). In their book *Positive family dynamics: Appreciative Inquiry questions bringing out the best in families*, Cooperrider et al. (2008) explain that the designing phase is accentuated by family fun and rituals (see also Guest, Bunce & Johnson, 2006; Stavros & Torres, 2005). To bring out family fun during this phase, in this study, the researcher took family photographs, with the families' consent, making it easier to expand the scope of dreaming and make plans about what to achieve for the future. Hurworth (2003) and Milne (2014) suggest that photographs are a valuable technique (tool) in creating interaction and dialogue between members.

Destiny phase: The Destiny phase emphasises inspired actions that support ongoing learning and innovation or “what will be”. It creates ways and commitments to deliver on the new images for the future – the overall visions of the dream phase, and more specifically the provocative proposition(s) of the design phase (Cooperrider et al., 2008). The goal is to ensure that the dream can be realised through continuous dialogue (Whitney & Trosten-Bloom, 2002), shared positive images (Stavros & Torres, 2005) in co-creating the future. This phase was different for each family as their dreams and challenges were unique. It was a visual/concrete representation of the path forward, giving direction and commitment to what needs to be done – implementing the design plans – in order to support and strengthen relationships.

The Appreciative Inquiry family intervention questions focused on the following:

Discover: best experience: *Tell me about a time, an event or experience that you had within your family when you were really happy/excited to be part of your family. Describe the event in detail: What was happening? Who was involved? What did you do? What made it such an exciting/enjoyable experience? How did you and your family feel at the time?*

Dealing with challenges/conflicts: *Tell me about a time when you experienced conflict within your family and you were able to deal with it/resolve it in such a way that you were happy with the outcome. What was happening? Who was involved? What did you do and what did you learn from it?*

Core life-giving factors or values: *What do you deeply value/appreciate about your family and yourself? And what do you think your family values most about you? What is the one thing or gift that makes your family unique, the way it is right now?*

Dream: *The following questions were put to the participating families: If you had three wishes for your family what would they be? What is happening? What is different within your family?*

Design: *Families were asked to construct shared images to illustrate “how it can be” for their family in strengthening relationships: What small steps/changes can you and your family (individually and collectively) take to accomplish/achieve these dreams?*

Destiny: *The following questions were asked: What have you learnt from this experience? What were the highlights from this family intervention? How can you apply this in your daily interactions with your family members going forward? Do you see your family members differently after the family intervention?*

5.4.3.2 Semi-structured interviewing process

After the Appreciative Inquiry family intervention had been completed, semi-structured interviews were conducted with the 12 adolescents from the experimental group at the school for intellectually challenged learners over four days. These interviews with the adolescents took an hour per adolescent. The focus was to (a) determine and validate observations and themes identified by the researcher during the Appreciative Inquiry family intervention, (b) determine how the adolescents experienced the family intervention, and (c) to ascertain whether any noticeable changes (according to the adolescents) had taken place within *family relations* and within *themselves*. Family photographs taken during the Appreciative Inquiry intervention with families and the genograms that were created were used to evoke memories of the event and enable each of the intellectually challenged adolescents to visually understand his/her family system and gain greater awareness of his/her sense of self.

The following questions were put to adolescents during the semi-structured interviews:

Tell me about how you see yourself within your family? Is there anything that you want to change about yourself? If so, what will that be? Tell me about how you experienced your family “meeting” – the intervention. How was it for you? Can you recall the “meeting”? Look at your family photographs and your family drawing (genogram). What did you enjoy about the family “meeting” (the intervention) and how did it made you feel? What were the things that your family talked about that you did not know about yourself? After the “meeting”, what is different? And how do you think and feel about yourself? What has changed?

5.4.4 Trustworthiness, test-reliability and validity

The two standardized tests that were administered, namely the BarOn EQ-i:YV and the FES, were designed in such a way that the questions, scoring procedure, and interpretation are consistent. The tests were administered in a predetermined manner. The measuring instruments

have been tested for construct validity and reliability and standardized (Al Said et al., 2013; Bar-On & Parker, 2000; Moos & Moos, 2009).

To ensure the *trustworthiness, reliability* and *validity* of the study the researcher used **crystallisation** as part of the qualitative data collection process. Ellingson (2009) describes crystallisation as combining multiple forms of analysis and genres of representation into a coherent text or report. The goal is to give a rich account of the phenomenon studied, to make claims about socially constructed meanings, as well as to acknowledge and to include the positionality and vulnerabilities of the researcher.

Ellingson (2009) developed a qualitative continuum of crystallisation (a form of triangulation) which is divided into three main areas: art/impressionist, middle-ground approaches and science/realist. This creates endless possibilities for mapping research analytically. The researcher chose the middle-ground approaches, using several components, starting with the formulation of the *research goals* (these included exploration, the generation of descriptions and understanding). The *research questions* were formulated with the emphasis on how participants understand and co-construct their world. Quantitative and qualitative *research methods* were selected, using standardized pre- and post-intervention tests for the quantitative part of the study, and family interventions and semi-structured interviews with adolescent participants for the qualitative part of the study. Narratives and visual data (genograms) that were collected from the family interventions and semi-structured interviews were incorporated into the research reports and articles.

5.5 Quantitative and qualitative data analysis

Quantitative data analysis refers to the use of numerical data for statistical analysis (Rubin & Babbie, 2005). Because the quantitative raw data in this research were collected using standardized instruments, namely the BarOn EQ-i:YV and the FES, the data were converted into

standardized scores and statistically analysed by using a program called the Statistical Package for Social Sciences 24 (SPSS 24) (Levesque, 2007).

To measure and evaluate the research questions, and all hypothesis assumptions, parametric testing and analysis were performed and appropriately fulfilled. The following statistics relevant to specific research questions were obtained:

On the BarOn EQ-i:YV, the raw scores of adolescents were converted to standardized scores, and descriptive statistics were computed for each of the relevant scales. Differences between sex and race groups on each scale were examined, using independent sample *t*-tests. One sample *t*-test was performed using the total sample by specifying a comparative standardized mean value for each variable. An alpha level of .05 was used for all statistical analyses and Cohen's effect size guidelines were used to evaluate the strength of differences. The formula for the Cohen's *d* calculations involved the *Pooled Standard Deviation* (Cohen's $d = (M2 - M1) / SD_{pooled}$).

- On the FES, the sample was compared with the scores of distressed families, because families raising children and adolescents with intellectual and/or developmental disabilities are perceived as families in distress. A one sample *t*-test was performed to determine whether there were any differences on the *Cohesion*, *Expression* and *Conflict* scales between the standardized scores for the current sample and those found among distressed families.
- On the FES and the BarOn EQ-i:YV, independent *t*-tests and paired sample *t*-tests were conducted to determine pre-intervention to post-intervention differences. Mixed Analyses of Variance (ANOVAs) were performed on the *Intra-personal*, *Inter-personal* and *General Mood* dependent variables, to determine main and interaction effects (see Addendum E on CD-Rom: Quantitative data analysis – BarOn EQ-i:YV and FES).

According to Schwandt (2007), **qualitative data analysis** transforms data into findings. This process involves identifying patterns and constructing a framework for communicating the

essence of what the data reveal. Schwandt (2007) sees it as the activity of making sense of interpreting and theorizing data. Babbie (2007) and Cresswell (2003) refer to the discovery of underlying *meanings and patterns of relationships* in data analysis. The researcher selected a **six-phase thematic analysis** method of Braun and Clarke (2006) to analyse the textual and visual data (see also Boyatis, 1998). The researcher familiarised herself with data collected during the intervention phase (the Appreciative Inquiry family interventions with 12 family units), as well as with the data collected during the semi-structured interviews with the intellectually challenged adolescents in the experimental group, by transcribing the verbal data, searching for meanings and patterns.

- **Initial themes** were generated from the raw data in order to gain insight into the phenomenon, namely the sense of self of intellectually challenged adolescents in their familial relationships (see Addendum F on CD-Rom: Qualitative data analysis – Appreciative Inquiry family intervention themes).
- **Themes** were identified **from visual representations** (the genograms and family photographs) and from the **stories/narratives** told by the research participants (see Addendum F on CD-Rom: Genograms of the experimental group adolescents).
- Two independent school therapists with post-graduate research experience **verified the themes** collected by the researcher during the Appreciative Inquiry family intervention and the semi-structured interviews with the intellectually challenged adolescents from the experimental group (Addendum F on CD-Rom: Qualitative data collection semi-structured interview themes).
- **The themes were revised and refined** using Patton's (2002) dual criteria for judging categories – internal homogeneity and external heterogeneity. First the researcher ascertained whether the themes worked in relation to the data, and then coded any additional data within themes that had been missed in the earlier coding stages.

- The research report, reflected the data collection and analysis and can be regarded as coherent, logical and non-repetitive.

According to Fouché and De Vos (2011), **field notes** are important during the data collection process, reflecting on the analysis, the method, ethical dilemmas, conflicts and personal assumptions. The researcher introduced three categories in taking field notes, as advocated by Schatzman and Strauss (1973), namely:

- observational notes (this refers to experiences through watching and listening to the *who*, *what*, *when*, *where* and *how* of human activity);
- theoretical notes (these represent attempts to make meaning from observational notes that can be used in data analysis);
- methodological notes (these are statements that reflect how the researcher interacted with the research participants; they include an operational act completed or planned, an instruction to oneself, a reminder, a critique of one's own tactics) (see Addendum F on CD-Rom: Qualitative data analysis – Appreciative Inquiry family intervention field notes).

6. ETHICAL ASPECTS

The research study was conducted with permission granted by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University, Potchefstroom campus, project code NWU-00060-12-A1. Permission was granted by the Ethics Committee to refine the research topic (see Addendum G on CD-Rom: Ethics application and approval). The researcher adheres to the Policy Guidelines and Ethical Code of the South African Council for Social Service Professions (SACSSP). Written permission was also obtained from the Gauteng Province: Department Education's research co-ordination unit, and from the school governing body at the school for intellectually challenged learners. Ethical principles and guidelines as

described by Terre Blanche and Durrheim (1999), Babbie, (2008) and Strydom (2011c) were integrated into the research study. The ethical measures discussed below were identified.

6.1 Written informed consent

Informed consent/assent was obtained from adolescents, their parents and siblings. Participants were informed during the two family information meetings, in telephonic contact and by correspondence of the research topic, the process that was to be followed in the data collection and analysis. Correspondence was sent to the parents via the adolescents' communication books. Participation was completely voluntary, and participants were free to withdraw from the research study at any time before the data analysis without any consequences.

Written consent to participate in the research study was obtained from parents and siblings older than 18 years, and assent was obtained from siblings and the intellectually challenged adolescents under 18 years. The completed forms were sent by the parents to the school. All other role players involved in the research process signed confidentiality agreements. These role players included teachers and school therapists who were involved with the selection of participants, as well as the educational psychologist and psychometrist who administered the tests.

6.2 Anonymity, confidentiality and privacy

Anonymity, confidentiality and privacy of all participants were respected. Correspondence was sent to families in sealed envelopes. The completed FES tests were returned by the families to the relevant school teacher (the class teacher of the adolescent concerned) in sealed envelopes provided to the families, marked "Researcher". Responses from intellectually challenged adolescents on the BarOn EQ-i:YV were marked "Pre-intervention testing" and "Post-intervention testing" and were placed in sealed envelopes after every administration by the

test administrators. These envelopes were given to the researcher after administration and they were locked in a cabinet at the researcher's private practice.

Appreciative Inquiry family meetings (interventions) took place over weekends at the school for intellectually challenged adolescents, to accommodate families who worked late on weekdays. This also ensured the participants' and their families privacy as no other services were offered at the Centre on those days.

Two school therapists with post-graduate research experience verified the themes collected by the researcher during the Appreciative Inquiry family meetings and the semi-structured interviews with adolescents. The identifying particulars of all participants were protected by replacing names on field notes and reports with codes to ensure *confidentiality and anonymity*, and this enhanced the *validity* of the study. After the study is completed, the research data will be kept at the School for Psychosocial Behavioural Studies of the North-West University, Potchefstroom campus.

6.3 Risks and benefits

The principle of non-maleficence was adhered to by the researcher, who considered all *potential risks* that could have inflicted any form of harm to participants. Physical harm refers to the possible discomfort that participants experienced during Appreciative Inquiry family interventions and during semi-structured interviews with adolescents. Emotional harm or social harm refer to the victimisation and stigmatisation by social and peer groups if anonymity was not respected by the researcher and/or therapists. According to Terre Blanche and Durrheim (1999) and Corey (2005), these potential risks place a responsibility on the researcher. A researcher has to ensure that participants are not emotionally harmed or deceived; this can be done by informing participants beforehand of the goals and the objectives of the study and by being honest and transparent during the research process (Babbie, 2008). Emotional support in the form of

counselling services by a psychologist/counsellor was available to all participants (the adolescents and their families) during and after the study.

The participating adolescents that were part of the experimental group experienced the Appreciative Inquiry family interventions as beneficial because the interventions enhanced relationships and insight into how the adolescents and their families experienced the adolescents' sense of self. The adolescents and their family members who were part of the control group will have access to Appreciative Inquiry family intervention after the completion of the research study. Adolescents from both the experimental and control groups will benefit from the research in that the quantitative data results from the BarOn EQ-i:YV will be used after the study and with the consent of their parents, to enhance their social and emotional skills.

6.4 Vulnerable population, gatekeepers and mediators

Intellectually challenged adolescents represent a section of the broader population that is classified as vulnerable due to their limited intellectual, physical and emotional abilities, which could be taken advantage of (Kieling et al., 2011; Statistics South Africa, 2011). The research topic of this research study focuses on the “sense of self” of intellectually challenged adolescents in family relationships, an area on which only limited prior research has been conducted in the South African context.

The BarOn EQ-i:YV was previously administered to children of HIV-positive and HIV-negative mothers (Sipsma et al., 2013). It was also used with a teenage hijack survivor to determine the impact of introducing emotional intelligence skills in therapy sessions (Symington, 2006). The BarOn EQ-i:YV was administered to high school boys in a private school to measure the efficacy of an outdoor adventure programme in improving Emotional Intelligence (Oppen, Maree, Fletcher, & Sommerville, 2014). It was also used in a recent study conducted by JvR Psychometric Consultants with 607 “normal” youths between the ages of 13 and 18 years to investigate Emotional Intelligence in a South African context (Du Plessis, 2014).

The researcher wanted to determine whether the sense of self of intellectually challenged adolescents could be strengthened within familial relationships, an area on which no study has thus far been conducted in South Africa or internationally. This necessitated direct contact with intellectually challenged adolescents and their family members. Based on the fact that this is a vulnerable population, the required ethical steps were put in place by the researcher to protect the participating adolescents during the testing and the intervention phase: the Gauteng Department of Education and the selected school's governing body gave their approval and granted permission to conduct this study.

Furthermore, to protect the vulnerability of this population group, teachers and therapists of the school were included in the research process as mediators and gatekeepers. The term "gatekeeper" refers to a person who is able to arbitrate access to a social role, *field setting* or structure (Saunders, 2006). This inclusion facilitated the process of protecting the vulnerability of the population group, in that teachers informed adolescents of the dates on which the testing would take place, and the locations for the testing in order to ensure stability in the research process. The researcher, therapists and one helper collected the adolescents on the designated dates and the researcher requested teachers to look out for any signs of emotional stress or lability once the adolescents were brought back to their classes. This information regarding the well-being of the adolescents was conveyed to the parents via the adolescents' communication books, and they were asked to be aware of any signs of stress (see Section 6.3). Emotional support in the form of counselling was offered to research participants during the process.

During the Appreciative Inquiry family intervention, the researcher acted in the best interests of each adolescent by protecting him/her from harsh comments from family members and the impact of overwhelming responses by family members, maintaining a pace in line with the adolescent's physical and emotional level of endurance, and having breaks. The researcher

also arranged two feedback sessions with adolescents from both the experimental and the control groups after the data collection process was completed to integrate and finalise the process.

6.5 Transparency and accountability

Continuous feedback on the research process (written and verbal) was given by the researcher to all relevant participants: families, adolescents, teachers and therapists and the Gauteng Department of Education.

- **Feedback to parents and siblings** took place through family information meetings and correspondence, informing family members of the different steps in the data capturing and analysis process, and of the completion of the research project and findings.
- **Feedback to adolescents** on the research findings took place after the post-intervention test administration and intervention in the form of two group meetings. Appreciation letters were sent to all family members, thanking them for their participation in the research study.
- **Feedback to school teachers and therapists** took place through direct contact (meetings), emails and letters informing them continuously of the steps in the data collection process, such as administration dates of the pre- and post-intervention tests, and the Appreciative Inquiry family intervention process.
- **Feedback presentations** (two) were held with the school principal and vice-principal, relevant teachers and therapists after the completion of the research, giving feedback on the research findings. Feedback was also given by the relevant teachers and therapists to the researcher regarding noticeable changes in the adolescents after the data collection process (see Addendum F on CD-Rom: Qualitative data analysis).
- **Feedback to the Gauteng Department of Education** was given regarding the finalisation of the data capturing process as stipulated in the research approval letter. A final research Report Summary was sent after the submission of the thesis and submission of articles to

accredited journals (see Addendum H on CD-Rom: Research Report Summary for Gauteng Department of Education).

6.6 Remuneration and costs

None of the participants received any financial compensation for participating in the research study. According to Strydom (2011c), this is important to ensure the ethical standards in the research. Any financial costs for the research process, for example, for test materials and the administration fees payable to the educational psychologist and psychometrist, refreshments (finger lunches, tea and coffee during family interventions), and the transport of family members, administrative costs (telephones, stationery and the printing of thesis) were covered by the researcher.

7. REPORT LAYOUT

Section A: Orientation to the Research

This section is a general introduction to the research study. The meta-theoretical paradigm and concepts are discussed, indicating the stance of the researcher and the research problem. The methodological approach, design, data collection and analysis are discussed in this section. **A literature study** collected from sources such as journals, dissertations, books and the database of the North-West University library, and using the search engines ERIC, EBSCO Host, NEXUS, and Google Scholar, formed the background of the overall study.

Section B: Journal Articles

An article format was used to present the research results, as described in Academic Rule A.7.2.5, stipulated by the North-West University, and revised in 2010. The following articles were written for publication in accordance with the stipulations of accredited academic journals:

Article I: “Who am I?” – a reflective experience on the sense of self of intellectually challenged adolescents within familial relationships (*AJIDD – American Journal on Intellectual and Developmental Disabilities*).

Article II: Intellectually challenged adolescents’ sense of self: A mixed methods analysis of family experiences (*Journal of Child and Family Studies*).

Article III: Strengthening intellectually challenged adolescents’ sense of self: An Appreciative Inquiry family intervention (*Journal Disability and Society*) (see Addendum I on CD-Rom: Guidelines of accredited Academic Journals).

Dissemination of Research data allocated to relevant articles:

Article I: The results of the quantitative data analysis using the BarOn EQ-i:YV **pre-intervention tests** and qualitative semi-structured interviews with the intellectually challenged adolescents from the experimental group are used in this article.

Article II: The results of the quantitative data analysis using the FES Relationship dimension questionnaire (Real-form) **pre-intervention test** from all family members in the experimental group and the qualitative data analysis **Appreciative Inquiry intervention: discovery phase** [selected questions] with family members from the experimental group (12 family units) are used in this article.

Article III: Both quantitative and qualitative results are used in this article to determine the effectiveness of the intervention. Results of the quantitative data analysis using the BarOn EQ-i:YV **pre- and-post-intervention tests** of 24 intellectually challenged adolescents (experimental and control groups) and the FES **pre- and-post-intervention tests** completed by all family members from both groups are used in the article. The results of the qualitative data analysis using the Appreciative Inquiry intervention “5-D” process with the experimental group families and the semi-structured interviews with the experimental group of intellectually challenged

adolescents are allocated to this article (see Addendum J on CD-Rom: Articles –Qualitative and Quantitative analysis).

Section C: Critical reflection of the study.

Section D: Addenda on CD-Rom

All the addenda relevant to the research study, such as evidence of written consent from all relevant parties, the standardized tests, the quantitative and qualitative data collection and analysis, field notes and reports, the Appreciative Inquiry family intervention themes, and the semi-structured interviews are attached and marked clearly on CD-Rom.

REFERENCES

- AAIDD – see American Association of Intellectual and Developmental Disabilities
- Adnams, C. M. (2010). Perspectives of intellectual disability in South Africa: Epidemiology, policy, services for children and adults. *Current Opinion in Psychiatry*, 23(5), September, 436-440.
- Al Said, T. B. T, Birdsey, N., & Stuart-Hamilton, I. (2013). Psychometric properties of Bar-On Emotional Quotient Inventory. Youth Version among Omani children. *International Journal of Learning Management Systems*, 1(2), 13-24.
doi: org/10.12785/ijlms/010202
- American Association of Intellectual and Developmental Disabilities (AAIDD), (2013). *Definition of intellectual disability*. Retrieved from <http://aaidd.org/intellectual-disability/definition>
- American Psychiatric Association (APA). 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* (5th ed.). Arlington, VA: Author.
- Amoateng, A. Y., Richter, L. M., Makiwane, M., & Rama, S. (2004). *Describing the structure and needs of families in South Africa: Towards the development of a national policy framework for families*. Cape Town: Human Sciences Research Council.
- Anderson, K. G. (2003). *Family structure, schooling outcomes and investment in education in South Africa. A population study at the Institute for Social Research*. University of Michigan, Ann Arbor, MI.
- Anderson, S. A., & Sabatelli, R. M. (2011). *Family interaction: A multi-generational developmental perspective* (5th ed.). Boston, MA: Pearson.
- APA – see American Psychiatric Association
- Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.

- Babbie, E. R. (2007). *The practice of social research*. Belmont, CA: Wadsworth.
- Babbie, E. R. (2008). *The basics of social research* (4th ed.). Belmont, CA: Wadsworth.
- Bailey, D. B. Jr., McWilliams, R. A., Drakes, L. A., Hebbeler, K., Simeonsson, R. J., Spiker, D., & Wagner, M. (1998). Family outcomes in early intervention: A framework for program evaluation and efficacy research. *Exceptional Children*, 64, 313-328.
- Baker, B. L., Blacher, J., Crnic, K. A., & Edelbrock, C. (2002). Behaviour problems and parenting stress in families of three-year-old children with and without developmental delays. *American Journal on Mental Retardation*, 107, 433-444.
- Barlow, D. S., & Durand, V. M. (2005). *Abnormal psychology: An integrative approach*. Belmont, CA: Thomson Wadsworth.
- Baron, R. A., & Byrne, D. (2000). *Social psychology* (9th ed.). Boston, MA: Allyn & Bacon.
- Bar-On, R., & Parker, J. D. A. (2000). *BarOn Emotional Quotient Inventory: Youth Version*. (BarOn EQ-i:YV). *Technical manual*. North Tonawanda, NY: Multi-Health Systems.
- Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration* (5th ed.). Boston, MA: Allyn and Bacon.
- Berg-Cross, L. (2000). *Basic concepts in family therapy: An introductory text*. New York, NY: Haworth.
- Berk, L. E. (2006). *Child development* (7th ed.). Boston, MA: Pearson Education.
- Berryman, J. C., Smyth, P. K., Taylor, A., Lamont, A., & Joiner, R. (2002). *Developmental Psychology and you* (2nd ed.). Oxford: Blackwell.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Aronson.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

- Buber, M. (1970). *I and thou*. New York, NY: Scribner. (Originally published 1923).
- Bulger, M. W., Wandersman, A., & Goldman, C. R. (1993). Burdens and gratifications of caregiving. Appraisal of parental care of adults with schizophrenia. *American Journal of Orthopsychiatry*, 63(2), 255-265.
- Bushe, G. R., & Kassam, A. F. (2005). When is Appreciative Inquiry transformational? A meta-case analysis. *Journal of Applied Behavioural Science*, 41(2), 161-181.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Canary, H. E. (2008). Negotiating dis/ability in families: Construction and contradictions. *Journal of Applied Communication Research*, 36, 437- 458.
- Chen, E. (2008). Effects of a future care planning workshop for aging parents of the mentally ill. *Families in Society: The Journal of Contemporary Human Services*, 89(1), January, 44-49. doi: 10.1606/1044-3894.3708
- Connidis, I. A., & McMullin, J. A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, 64(3), 558-567.
- Connors, J., & Caple, R. (2005). A review of group systems theory. *Journal for Specialists in Group Work*, 30, 93-110.
- Cooperrider, Dole., D., Silbert, J. H., Mann, A. J., & Whitney, D. (2008). *Positive family dynamics: Appreciative Inquiry questions to bring out the best in families*. Chagrin Falls, OH: Taos Institute.
- Cooperrider, D. L., & Srivastva, S. (1987). Appreciative Inquiry in organizational life. In W. A. Woodman, & R. W. Pasmore (Eds.), *Research in organizational change and development, Volume 1* (pp. 129-169). Greenwich, CT: JAI.
- Cooperrider, D. L., & Whitney, D. (2004). *Appreciative Inquiry: A positive revolution in change*. San Francisco, CA: Berrett-Koehler.

- Cooperrider, D. L., Whitney, D. & Stavros, J. (2008). *Appreciative Inquiry handbook*.
Brunswick, OH: Crown.
- Corey, G. (2005). *Theory and practice of counselling and psychotherapy* (7th ed.). Pacific
Grove, CA: Brooke Cole.
- Cottle, T. J. (2003). *A sense of self: The work of affirmation*. Amherst, MA: University of
Massachusetts Press.
- Cousins, C. (2002). Getting to the “truth”. Issues in contemporary qualitative research.
Australian Journal of Adult Learning, 42, 192-204.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative and mixed methods
approach*. London: Sage.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five
approaches*. London: Sage.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods
research* (2nd ed.). London: Sage.
- Crocetti, E., Rubini, M., Luyckx, K., & Meeus, W. (2008). Identity formation in Early and
Middle Adolescents from various ethnic groups: From three dimensions to five statuses.
Journal Youth Adolescence, 37:983-996. doi: 10.1007/s10964-007-9222-2
- Davis, K., & Gavidia-Payne, S. (2009). The impact of child, family, and professional support
characteristics on the quality of life in families of young children with disabilities.
Journal of Intellectual & Developmental Disability, 34(2), June, 153-162.
- Delpont, C. S. L., & Fouché, C. B. (2011). Mixed methods research. In A. S. de Vos, H.
Strydom, C. B. Fouché, & C. S. L. Delpont (Eds.). *Research at grass roots for the social
sciences and human service professions* (pp. 433-448) (4th ed.). Pretoria: Van Schaik.
- Delpont, C. S. L & Roestenburg, W. J. H. (2011). Quantitative data-collection methods:
Questionnaires, checklists, structured observation and structured interview schedules. In

- A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delport (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 171-221) (4th ed.). Pretoria: Van Schaik.
- Demo, D. H., & Acock, A. C. (1996). Family structure, family process, and adolescent well-being. *Journal of Research on Adolescence*, 6, 457-488.
- Department of Education. (2005). *Revised National Curriculum Statement. Grades R-3 (Schools). Foundation Phase*. Johannesburg: Gauteng Institute for Educational Development.
- Department of Social Development. (2012). *White Paper on Families in South Africa*, October. Retrieved from http://www.dsd.gov.za/index.php?option=com_docman&task=cat_view&gid=33
- Dervishaliaj, E., & Murati, E. (2014). Families of children with developmental disabilities: Perceptions and experiences of adolescent siblings of children with developmental disabilities. *European Scientific Journal*, 10(2), 129-142.
- Du Plessis, K. (2014). *Psychometric investigation of the Emotional Quotient Inventory: Youth Version (EQ-i:YV) in the South African context. Technical manual prepared for JvR Consultants*. Johannesburg: JvR Psychometrics.
- East, P. L. (2009). Adolescents' relationships with siblings. In R. M. Lerner, & L. Steinberg (Eds.), *Handbook of adolescent psychology. Volume 2. Contextual influences on adolescent development* (pp. 43-73) (3rd ed.). Hoboken, NJ: Wiley.
- Ellingson, L. L. (2009). *Engaging crystallisation in qualitative research: An introduction*. Thousand Oaks, CA: Sage.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Erikson, E. H. (1993). *Childhood and society* (2nd ed.). New York, NY: Norton. (Originally published 1963).

- Fisman, S., Wolf, L., Ellison, D., & Freeman, T. (2000). A longitudinal study of siblings of children with chronic disabilities. *Canadian Journal of Psychiatry/Revue Canadienne de Psychiatrie*, 45, 369-375.
- Formby, P., & Osborn, C. (2010). The influence of union instability and union quality on children's aggressive behaviour. *Social Science Research*, 39, 912-924.
- Fouché, C. B., & De Vos, A. S. (2011). Formal formulations. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delport (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 89-99) (4th ed). Pretoria: Van Schaik.
- Fouché, C. B., Delport, C. S. L., & De Vos, A. S. (2011). Quantitative research designs. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delport (Eds.). *Research at grass roots for the social sciences and human service professions* (pp.142-158) (4th ed). Pretoria: Van Schaik.
- Fouché, C. B., & Schurink, W. (2011). Qualitative research designs. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delport (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 307-327) (4th ed). Pretoria: Van Schaik.
- Gergen, K. (1995). *Realities and relationships*. Cambridge, MA: Harvard University Press.
- Gergen, K., & Gergen, M. (2004). *Social construction: Entering the dialogue*. Chagrin Falls, OH: Taos Institute.
- Gergen, K., Gergen, M., & Schrader, M. (2009). *Constructing worlds together: Interpersonal communication as relational process*. Boston, MA: Pearson Education.
- Gill, C. J. (2001). Divided understanding. The social experience of disability. In G. L. Albrecht, K. D. Selman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 351-372). Thousand Oaks, CA: Sage.
- Goldenberg, I., & Goldenberg, H. (2013). *Family therapy. An overview* (6th ed.). Belmont, CA: Thomson Brooks/Cole.

- Goodley, D., & Tregaskis, C. (2006). Storying disability and impairment: Retrospective accounts of disable family life. *Qualitative Health Research*, 16, 630-646.
- Goodman, H. (2004). Elderly parents of adults with severe mental illness: Group work interventions. *Journal of Gerontological Social Work*, 44(1/2), 173-188.
- Grant, G., Nolan, M., & Keady, J. (2003). Supporting families over the life course: Mapping temporality. *Journal of Intellectual Disability Research*, 47, 342-351.
- Guba, E. G. (1990). *The paradigm dialog*. Newbury Park, CA: Sage.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods*, 18(1) 59-82.
doi: 10.1177/1525822X05279903
- Gwernan-Jones, R. (2008). *Identity and disability: A review of the current state of developing trends*. School of Education and Lifelong Learning, University of Exeter. Retrieved from http://www.beyondcurrenthorizons.org.uk/wp-content/uploads/final_gwernan-jones_identitydisability_20081201_jb.pdf
- Harrod, N., & Scheer, S. (2005). An exploration of adolescent emotional intelligence in relation to demographic characteristics. *Adolescence*, 40, 503-512.
- Hassall, R., & Rose, J. (2005). Parental cognitions and adaptation to the demands of caring for a child with an intellectual disability: A review of the literature and implications for clinical intervention. *Behavioural and Cognitive Psychotherapy*, 33, 71-88.
doi: 10.1017/S135246580400178X
- Hesse-Biber, S. N. (2010). *Mixed methods research: Merging theory with practice*. New York, NY: Guilford.
- Hesse-Biber, S. N., & Leavy, P. (2006). *Emergent methods in social research*. London: Sage.
- Hogg, M. A. (2006). *Contemporary social psychology*. Edited by P. E. Burk. Stanford, CA: Stanford University Press.

- Hughes, B., Russell, R., & Paterson, K. (2005). Nothing to be had “off the peg”: Consumption, identity and the immobilization of young disabled people. *Disability and Society*, 20(1), 3-17.
- Hurworth, R. (2003). *Social research update. Issue 40. Photo-interviewing for research*. Department of Sociology, University of Surrey, United Kingdom. Retrieved from <http://sru.soc.surrey.ac.uk/SRU40.html>
- Jacobsgaard, M & Buskashe, A. (2014). *Appreciative Inquiry for organisational and community transformation: Theory, practice and application*. Lincoln Workshop Series. South Africa. 12-16 March 2014.
- Kaplan, P. S. (2000). *A child's odyssey: Child and adolescent development* (3rd ed.). Belmont, CA: Wadsworth.
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O. ... Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378(9801), 1515-25. doi: 10.1016/S0140-6736(11)60827-1
- Koepke, S., & Denissen, J. J. A. (2012). Dynamics of identity development and separation-individuation in parent-child relationships during adolescence and emerging adulthood – A conceptual integration. *Developmental Review*, 32(1), 67-88.
doi:10.1016/j.dr.2012.01.001
- Krauss, S. E. (2005). Research paradigms and meaning making: A primer. *Qualitative Report*, 10(4), 758-770. Retrieved from <http://www.nova.edu/ssss/QR/QR10-4/Krauss.pdf>
- Kreuger, L. W., & Neuman, W. L. (2006). *Social work research methods: Qualitative and quantitative applications*. Boston, MA: Pearson Education.
- Krekula, C. (2002). *The concept of family from the children's perspective*. Paper presented at the CFR session at the International Sociological Association's 15th Congress in Brisbane. Retrieved from <http://www.soc.uu.se/plugins/pdfdownload.php?id=1201>

- Lefly, H. P. (1997). Synthesizing the family caregiving studies: Implications for services planning, social policy and further research. *Family Relations*, 46(4), 443-450.
- Levesque, R. (2007). *SPSS programming and data management: A guide for SPSS and SAS users* (4th ed.). Chicago, IL: SPSS.
- Lincoln, Y. S., & Guba, E. G. (2000). *Paradigmatic controversies*. Thousand Oaks, CA: Sage.
- Louw, D. A., & Louw, A. E. (2007). *Child and adolescent development*. Bloemfontein: University of the Free State.
- Loveless, S., & Holman, T. B. (2007). *The family in the new millennium. Volume I. The place of family in human society*. Westport, CT: Praeger.
- Maes, B., Broekman, T. G., Dosen, A., & Nauts, J. (2003). Caregiving burden of families looking after persons with intellectual disability and behavioural or psychiatric problems. *Journal of Intellectual Disability Research*, 47, 447-455.
- Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 159-187). New York, NY: Wiley.
- Maree, K. & Pietersen, J. (2010). Sampling. In K. Maree (Ed.), *First steps in research* (pp. 171-181) (Rev. ed.). Pretoria: Van Schaik.
- McConville, M. & Wheeler, G. (2001). *The heart of development. Gestalt approaches to working with children, adolescents and their worlds. Volume II: Adolescence* (pp. 54-72). Hillsdale, NJ: Analytic Press.
- McConville, M. (1995). *Adolescence: Psychotherapy and the emergent self*. San Francisco, CA: Jossey-Bass.
- McGoldrick, M., Gerson, R., & Shellenberger, S. (1999). *Genograms: Assessment and intervention* (2nd ed.). New York, NY: Norton.
- McLeod, L. (1993). The self in Gestalt therapy theory. *British Gestalt Journal*, 3, 25-40.

- Menon, G. M., & Cowger, C. D. (2010). Integrating qualitative and quantitative research methods. In B. A. Thyer (Ed.), *The handbook of social work research methods* (pp. 609-619) (2nd ed.). Los Angeles, CA: Sage.
- Michailakis, D. (2003). The Systems Theory concept of disability: One is not born a disabled person, one is observed to be one. *Disability and Society*, 18(2), 209-229.
- Milewski-Hertlein, K. A. (2001). The use of socially constructed genograms in clinical practice. *American Journal of Family Therapy*, 29(1), 23-39.
- Milne, B. (2014). Using photo-voice to enrich Appreciative Inquiry interviews in Action research projects. *AI Practitioner*, 16(3), 59-63. doi: 10.12781/978-1-907549-20-5-9
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Moos, B. S., & Moos, R. H. (2009). Family Environmental Scale (4th ed.). Centre for Health Care Evaluation, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Palo Alto, CA: Stanford University Press.
- Nachshen, J. S., Woodford, L., & Minnes, P. (2003). The Family Stress and Coping interview for families of individuals with development disabilities: A lifespan perspective on family adjustment. *Journal of Intellectual Disability Research*, 47, 285-290.
- Opper, B., Maree, J. G., Fletcher, L., & Sommerville, J. (2014). Efficacy of outdoor adventure education in developing emotional intelligence during adolescence. *Journal of Psychology in Africa*, 24(2), 193-196. doi: 10.1080/14330237.2014.903076
- Opperman, S., & Alant, E. (2003). The coping response of the adolescent siblings of children with severe disabilities. *Disability and Rehabilitation*, 25, 441-454.
- Papalia, D. E., & Feldman, R. D. (2012). *Experience human development*. 12th edition. New York, NY: McGraw-Hill.
- Papalia, D. E., & Feldman, R. D. (2012). *Experience human development*. 12th edition. New York, NY: McGraw-Hill.

- Parker, J., Saklofske, D., Shaughnessy, P., Huang, S., Wood, L., & Eastabrook, J. (2005). Generalizability of the emotional intelligence construct: A cross-cultural study of North American aboriginal youth. *Personality and Individual Differences*, 39, 215-227.
- Parker, J., Taylor, R., Eastabrook, J., Schell, S., & Wood, L. (2008). Problem gambling in adolescence: Relationships with internet misuse, gaming abuse and emotional intelligence. *Personality and Individual Differences*, 45, 174-180.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Perls, F., Hefferline, R. F., & Goodman, P. (1951) *Gestalt Therapy. Excitement and growth in the human personality*. London: Souvenir Press.
- Perls, F. S. (1978). Finding self through Gestalt Therapy. *Gestalt Journal*, 1(1), 54-73.
- Phillipson, P. (2009). *The emergent self: An existential-Gestalt approach*. London: Karnac.
- Pillay, A. (2010). The influence of household structure and family composition on the lives of children in the Chatsworth area. (Unpublished MA dissertation). University of KwaZulu-Natal, Durban.
- Polster, E. (2005). *A population of selves: A therapeutic exploration of personal diversity*. Gouldsboro, ME: Gestalt Journal Press.
- Polster, E., & Polster, M. (1973). *Gestalt therapy integrated*. New York, NY: Brunner/Mazel.
- Reeve, D. (2002). Negotiating psycho-emotional dimensions of disability and their influences on identity construction. *Disability and Society*, 17, 493-508.
- Rowan, J., & Cooper, M. (1999). *The plural self*. London: Sage.
- Rubin, A., & Babbie, E. (2005). *Research methods for social work* (5th ed.). South Melbourne, Australia: Thomson Brooks/Cole.

- Saunders, M. N. K. (2006). Gatekeeper. In *Sage dictionary of social research methods*.
Retrieved from <http://srmo.sagepub.com/view/the-sage-dictionary-of-social-research-methods/n85.xml>
- Schatzman, L., & Strauss, A. (1973). *Field research: Strategies for a natural sociology*. Englewood Cliffs, NJ: Prentice Hall.
- Schneider, J., Wedgewood, N., Llewellyn, G., & McConnell, D. (2006). Families challenged by and accommodating to adolescent years. *Journal of Intellectual Disability Research*, 50(12), 926-936. doi:10.1111/j.1365-2788.2006.00925.x
- Schneider, M. (2009). The difference a word makes: Responding to questions on “disability” and “difficulty” in South Africa. *Journal of Disability and Rehabilitation*, 31(1), 42-50. doi:10.1080/09638280802280338
- Schwandt, T. A. (2007). *The dictionary of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Schwartz, C., & Gidron, R. (2002). Parents of mentally ill adult children living at home. Rewards of caregiving. *Health and Social Work*, 27(2), 145-154.
- Shapiro, J., Monzo, L. D., & Rueda, R. (2004). Alienated advocacy: Perspective of Latina mothers of young adults with developmental disabilities. *Mental Retardation*, 42, 36-54.
- Shuler, C. N. (2004). An analysis of the Emotional Quotient Inventory: Youth Version as a measure of emotional intelligence in children and adolescents. (Unpublished PhD thesis). Florida State University, Tallahassee, FL.
- Silkos, S., & Kerns, K. A. (2006). Assessing need for social support in parents of children with Autism and Down syndrome. *Journal of Autism and Developmental Disorders*, 36, 921-933.

- Sipsma, H., Eloff, I., Makin, J., Finestone, M., Ebersohn, L., Visser, M. J., & Forsyth, B. (2013). Behavior and psychological functioning of young children of HIV-positive mothers in South Africa. *AIDS Care*, 25(6), 721-725.
- Skyttner, L. (2005). *General systems theory*. Hackensack, NJ: World Scientific Publishing.
- Snape, D., & Spencer, L. (2003). The foundations of qualitative research. In J. Ritchie and J. Lewis (Eds.), *Qualitative research practice. A guide for social science students and researchers* (pp. 1-23). London: Sage.
- Spagnuolo Lobb, M. (2008). From the epistemology of self to clinical specificity in *Gestalt* psychotherapy. *International Gestalt Journal*, 31(1), 51-73.
- Statistics South Africa. (2011). *Social profile of vulnerable groups in South Africa, 2002-2010*. Pretoria: Republic of South Africa.
- Stavros, J. M., & Torres, C. B. (2005). *Dynamic relationships: Unleashing the power of Appreciative Inquiry in daily living*. Chagrin Falls, OH: Taos Institute.
- Stets, J. E., & Burke, P. J. (2000). Identity theory and Social Identity theory. *Social Psychology Quarterly*, 63, 224-247.
- Strydom, H. (2011a). Single-system design. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delpont (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 159-170) (4th ed.). Pretoria: Van Schaik.
- Strydom, H. (2011b). The pilot study in the quantitative paradigm. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delpont (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 236-247) (4th ed.). Pretoria: Van Schaik.
- Strydom, H. (2011c). Ethical aspects of research in the social science and human service professions. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delpont (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 56-70) (4th ed.). Pretoria: Van Schaik.

- Strydom, H., & Delport, C. S. L. (2011). Sampling and pilot study in qualitative research. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delport (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 397-423) (4th ed.). Pretoria: Van Schaik.
- Symington, C. (2006). The application of emotional intelligence incorporated in therapy to a vehicle hijack survivor. (Unpublished Master's dissertation). University of Pretoria, Pretoria, Pretoria.
- Taylor, S. J. (2000). "You're not retard, you're just wise": Disability, social identity and family networks. *Journal of Contemporary Ethnography*, 29, 58-92.
- Teachman, J. D., Tedrow, L. M., & Crowder, K. D. (2000). The changing demography of America's families. *Journal of Marriage and Family*, 62(4), 1234-1246.
doi:10.1111/j.1741-3737.2000.01234.x
- Teddle, C., & Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Method Research*, 1(7), 1-77. doi: 10.1177/2345678906292430
- Terre Blanche, M. T., & Durrheim, K. (2013). *Research in practice. Applied methods for the Social Sciences* (2nd ed.). Cape Town: University of Cape Town Press.
- Terry, L., & Campbell, A. (2009). Family myths of a child's identity and the effect on service provision. *Learning, Disability Practice*, 12(8), 24-29. doi: 10.7748/ldp
2009.10.12.8.24.c7310
- Tice, D. M., & Wallace, H. (2003). The reflected self: Creating yourself as (you think) others see you. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 91-105). New York, NY: Guilford Press.
- Trochim, W. M. (2000). *The research methods knowledge base*. Retrieved from <http://www.socialresearchmethods.net/kb/>

- Truschel, J. H. (2007). Using Appreciative Inquiry in advising at-risk students: Moving from challenge to success. *The Mentor: An Academic Advising Journal*, July 6. Retrieved from [http:// www.psu.edu/dus/mentor](http://www.psu.edu/dus/mentor)
- Turnbull, A. P., Summers, J. A., Turnbull, R., Brotherson, M. J., Winton, P., Roberts, R.,... Snyder, P. (2007). Family supports and services in early intervention: A bold vision. *Journal of Early Intervention*, 29, 187-206.
- Upadhyaya, G. R., & Havalappanavar, N. B. (2008). Stress in parents of the mentally challenged. *Journal of the Indian Academy of Applied Psychology*, 34, Special Issue, 53-59.
- Van As, N. M. C. & Janssens, J. M. A. M. (2002). Relationships between child behaviour problems and family functioning: A literature review. *International Journal of Child and Family Welfare*, 1-2, 40-51.
- Waite, L. J. (2000). The family as a social organization: Key ideas for the twenty-first century. *Contemporary Sociology*, 29(3), 463-469.
- Watkins, J. M., & Mohr, B. (2001). *Appreciative Inquiry: Change at the speed of imagination*. San Francisco, CA: Jossey-Bass/Pfeiffer.
- Watkins, J. M., & Stavros, J. (2010). Appreciative Inquiry: OD in the post-modern age. In W. J. Rothwell, J. M. Stavros, R. L. Sullivan & E. Sullivan (Eds.), *Practicing Organization Development: A guide for leading change* (pp. 1-22). San Francisco, CA: Wiley.
- Watkins, J. M. & Cooperrider, D. L. (2000). Appreciative inquiry: A transformative paradigm. *Journal of the Organization Development Network Practitioner*, 32(1), 6-12.
- Watson, N. (2002). "Well, I know this is going to sound very strange to you, but I do not see myself as a disabled person". *Disability and Society*, 17(5), 509-527.
- West, M. (2007). *Feeling, being, and the sense of self. A new perspective on identity, affect and narcissistic disorders*. London: Karnac.

Whitney, D., & Trosten-Bloom, A. (2010). *The power of Appreciative Inquiry*. San Francisco, CA: Berrett-Koehler.

WHO – see World Health Organization

Woodbridge, S., Buys, L., & Miller, E. (2011). “My grandchild has a disability”: Impact on grandparenting identity, roles and relationships. *Journal of Aging Studies*, 25, 355-363.

World Health Organization (WHO). 2014. *Definition: Intellectual disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/factsheet.pdf

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Yontef, G. M. (1993). *Awareness, dialogue and process: Essays on Gestalt Therapy*. Highland, NY: Gestalt Journal Press.

Yontef, G. M. (1997). Relationship and sense of self in *Gestalt* therapy training. *The Gestalt Journal*, 20 (1), 17-48.

SECTION A

PART II

LITERATURE REVIEW

1. INTRODUCTION

In this second part of Section A, several perspectives and theories are discussed, drawing on the existing literature to provide more insight on the term “intellectually challenged or disabled”; the prevalence, diagnosis and causes of intellectual developmental disorder; different developmental perspectives on adolescence; theories on how the sense of self are configured or formed; the family as a psycho-social system – relationships, structure and processes; and Appreciative Inquiry as an approach in strengthening the sense of self of adolescents.

2. PERSPECTIVES ON INTELLECTUAL DEVELOPMENTAL DISORDER

Intellectual disability (ID) or intellectual development disorder (IDD) – previously known as “mental retardation” – is a neuro-developmental disorder that occurs before the age of 18 years and is characterised by an intelligence quotient (IQ) of 70 or below, with significant limitations in two main areas: *intellectual functioning* and *adaptive behaviour*, according to the American Association of Intellectual and Developmental disabilities (AAIDD, 2013). Intellectual disability is diagnosed by means of standardized tests of the IQ and adaptive behaviour, as the disorder cannot be determined in terms of IQ alone.

Previously the definition focused almost entirely on cognition, but in the fifth edition of the American Psychiatric Association’s (APA’s) *Diagnostic and Statistical Manual of Mental disorders (DSM-V)*, the definition, which previously reflected only a medical model, includes both a component relating to mental functioning and one relating to individuals’ functioning skills in their environment, giving equal weight to both components (APA, 2013). The term “*intellectually disabled*” or “*intellectually challenged*” is now preferred by most English-

speaking countries. The term “*disability*”, according to the World Health Organization’s (WHO’s) *International classification of functioning, disability and health* (WHO, 2007) serves as an umbrella term for impairment, activity limitations or participation restriction (see also AAIDD, 2010).

2.1 Prevalence

The prevalence of intellectual disability worldwide is between 1% and 3%, and is present in every social class and culture (Leonard & Wen, 2000; Roeleveld & Zielhuis, 1997). Despite its universal occurrence, Emerson (2007) finds a higher prevalence of intellectual developmental disability in areas of lower socio-economic status and developing countries (see also Adnams, 2010; Drews, Yeargin-Allsopp, Decoufle & Murphy, 1995, Durkin, 2002). Three nationwide studies were done on the prevalence of intellectually disability in South Africa: a National Disability Survey in 1999 that yielded prevalence for all disabilities of 5.9% and that of intellectual disability of 1.1% (Schneider, et al., 1999, Statistics South Africa, 2005). The second study was conducted as part of the National Census survey in 2001, indicating a prevalence of intellectual disability of 0.5% and an overall disability prevalence of 5.0% (Adnams, 2010; Statistics South Africa, 2007, UNICEF, 2008). Thirdly a National Census survey study conducted in 2007 on severe intellectual or learning disability that indicated a prevalence of 0.27% (Adnams, 2010; Mc Lauren, Solarsh, & Saloojee, 2003/4; Statistics South Africa, 2007).

The methodology as Adnams (2010) mentioned in all of these studies, involved regional household surveys to determine the existence and experience of disability, and can therefore not be compared with each other, as some focussed on *overall disabilities*, or *severe intellectual disabilities* and others on *intellectual disabilities*. Smaller studies in South Africa have looked at local populations of children: Couper’s (2002) study in the rural areas of KwaZulu-Natal reported a prevalence rate of 1.7% for mild perceptual disability, whereas Kromberg et al.’s (2008) survey in eight villages on children between the ages of two to nine years, indicated that 4.3% of the

children had one of more than five disabilities (intellectual, visual, hearing, movement disorder and/or epilepsy). The prevalence of mild intellectual disability, with a general intelligence quotient (GIQ) of 56 to 80, and severe intellectual disability (with a GIQ<56) were 2.9% and 0.64% respectively (Kromberg et al., 2008). In the abovementioned studies, a male predominance ratio of 3:2 regarding intellectual disability was evident. This is in line with studies conducted in Western industrialized countries, which have reported that intellectual disabilities occur more frequently in boys, with a male:female ratio of 1:6 (Adnams, 2010). The statistical results of the abovementioned studies cannot be compared in respect of the prevalence of intellectual disabilities in South Africa as a whole, as they represented rural areas in only one province. Statistics South Africa (2011a) provides more representative data on the prevalence and the profile of persons with disabilities in South Africa, referring to data gathered in nine provinces, indicating a 7.5% prevalence of in the total population, and that 4.1% of those with such disabilities are between the ages of 10 and 14 years (cf., Chhagan & Kauchali, 2011).

Much of the available literature on intellectual developmental disorder has focused on clinical and genetic aspects. New directions in epidemiological research are needed on how best to support families and persons with intellectual disorders that experience stigmatization and discrimination (Adnams, 2010; Harbour & Maulik, 2010). Some of the traditional terms used to refer to people with intellectual disabilities are abusive and derogatory, and they reflect society's attitude to the condition. Labels such as "slow learner", "retarded", "mental handicap", "idiot", "stupid", "moron" and "feeble-minded" have led to the stigmatization of people with mental disabilities (Goffman, 1963; Harbour & Maulik, 2010). Today, more neutral words, such as "disability", "special" and "challenged" are replacing the terms "retardation" or "retarded". The term "*developmental delay*" is popular among those who take care of and the parents of people with intellectual disabilities, because the word "delay" suggests that a person is slowly reaching his/her full potential rather than being disabled. Despite new terminology describing the

condition, there is still discrimination, name-calling and labelling, which negatively influences children and adolescents' identity formation, and their perceptions of themselves.

2.2 Diagnosis and classification of intellectual developmental disorder

The evaluation and classification of intellectual disability is a complex issue, which necessitates taking into consideration domains and categories of intellectual functioning in the diagnosis of intellectual developmental disorder. Intellectual disability is divided into five categories based on IQ, as *mild*, *moderate*, *severe*, *profound* and *unable to classify* (AAIDD, 2013; WHO, 2001). In order to classify intellectual disabilities correctly, the *DSM-V* is used to clinically assess adaptive functioning, in combination with a standardized test of intelligence (APA, 2013). It is important to consider three domains or areas of functioning in order to determine how well an individual copes with everyday tasks:

- the *conceptual domain*, which includes skills in language, reading writing, mathematics, reasoning and memory; the *social domain*, which refers to empathy, social judgement, interpersonal communication skills, social responsibility, self-esteem, and the ability to make and retain friendships; the *practical domain*, which focuses on practical skills, daily living, personal care, employment responsibilities, recreation, money management and organizing, school and work tasks (AAIDD, 2010; APA, 2013).

In the *DSM-V*, intellectual disability is considered to be an IQ approximately two standard deviations or more below that of the general population, in other words, an IQ score of about 70 or below (APA, 2013). Intellectual functioning, also called “intelligence”, refers to a general mental capability that includes the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience (AAIDD, 2013). Intelligence is represented by IQ scores obtained from standardized tests, such as the Stanford-Binet Intelligence Scale (Becker, 2003) and the Wechsler Intelligence Scale for Children (WISC-V) (Fancher & Rutherford, 2012; Roid, 2003).

2.3 Causes, prognosis and prevention of intellectual developmental disorder

Intellectual disability can be caused by multiple factors – these can be biomedical, environmental, behavioural or societal factors, including the effects of poverty, malnutrition, maternal drug-taking, alcohol abuse and severe stimulus deprivation (Durkin, 2002; Emerson, 2007; Koenen, Moffit, Caspi, Taylor, & Purcell, 2003). Adnams (2010) has reported that there is no reliable data on the causes of intellectual disability in South Africa. Clinical reports suggest that most of the causes of intellectual disability in South Africa have a similar prevalence to those noted in developed countries (Durkin, 2002). Kromberg et al. (2008) have examined the causes of intellectual disability in South Africa on a small population sample, finding a congenital (inherited) cause in 20.6% of affected children, and an acquired cause in 6.3% of affected children, but they were unable to determine the cause(s) in 73.1% of the cases in their sample. Daily, Ardinger and Holmes (2002) present findings similar to those reported by Kromberg et al. (2008), claiming that among children in their sample, causes were unknown for one third to a half of cases. The three most common known inborn causes (genetic conditions) are *Down syndrome* (Epstein, 1995), *velo-cardio-facial syndrome* (VCFS), characterized by a combination of medical problems, such as cleft palate and characteristic facial appearance (Shprintzen, 2005), and *foetal alcohol spectrum disorders*, also referred to as FASDs (Coles, 2006; Hussong, Huang, Curran, Chassin, & Zucker, 2010).

Intellectual disability or developmental disorder is considered as an important public health issue because of its prevalence and the need for extensive support services. Preventative measures such as early diagnosis and treatment are important factors to lessen disability, and optimize progress in functioning (Guralnick, 2000; The Arc, 2001). Such preventative measures are early *intervention programmes* and comprehensive prenatal care (prenatal and obstetrical care and immunisation (rubella and polio myelitis) to reduce the risk of developmental delays and cognitive impairment (Anderson & Sabatelli, 2011; Shannon, Grinde, & Cox, 2003; Silverman,

2009). *Genetic counselling*, and developmental monitoring and screening of new-borns are offered, as well as childhood immunisation for measles, mumps, whooping cough, and chicken pox, to protect children from brain damage (Anderson & Sabatelli, 2011; Silverman, 2009). Tertiary preventative programmes are important to minimize or improve outcomes once the consequences of a causal condition are evident. Often there is no cure, but treatment such as physical, speech and occupational therapy can help the symptoms and enhance positive outcomes (WHO, 2007).

It is important to note that the rights of mental healthcare users are protected by the *Constitution of the Republic of South Africa* (South Africa, 1996), which makes provision for people with intellectual disabilities. South Africa is a signatory to the *United Nations Convention of the Rights of Persons with Disabilities* and the *United Nations Convention of the Rights of the Child* (Adnams, 2010; WHO, 2007). In the relevant South African sectors, policies do make provision for social security (disability) grants for children and adults, and health security in the form of free primary healthcare for grant recipients, but there is little or no *supportive counselling to families raising children and adolescent children*. These services are outlined by government, but are often hindered by a lack of prioritisation of resources and the absence of inter-sectorial coordination of health services to people with intellectual developmental disorders (Adnams, 2010).

3. ADOLESCENCE: DEVELOPMENTAL THEORIES AND PERSPECTIVES

The literature review confirms that human development is grounded in theory and research that seeks to understand human behaviour and growth. Development is seen as changes that take place in the structure, thoughts or behaviour of a person, and that occur as a function of biological (growth, aging and maturation) and environmental influences. Usually these changes are progressive and cumulative (Berk, 2006; Heubner, 2000). Berryman, Smyth, Taylor, Lamont, and Joiner (2002) regard adolescence as a *stage in human development* that begins with puberty

and ends when physiological or psychological maturity is reached. However, there is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Rather, experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and affect many aspects of a person's behaviour, development and relationships. Each of these aspects or domains (physical, cognitive, psycho-social, environmental, moral and psycho-sexual) is influenced by the others (Berk, 2006; Heubner, 2000). This view of integration and holism is also supported by McConville and Wheeler (2001), who, from a *Gestalt* Theory perspective, see development as a configuration of the whole. The "whole" could be considered the development of "the self", or the process of the "self-in-relation" to the field (Perls, Hefferline, & Goodman, 1951; Yontef, 1993).

The focus in this study was on early adolescents, as this is a stage of many physical, mental, emotional and social changes that influence the forming of an identity, the awareness of different selves in relation to the others in the field: peers, family and other significant others.

3.1 Different domains and perspectives of adolescent development

3.1.1 *Physical and sexual development*

Adolescents experience a tremendous amount of physical growth and development, sometimes referred to as the "growth spurt". This process of rapid physical change in adolescence is called puberty. It is a noticeable, universal process that leads to sexual maturity or fertility – the ability to reproduce (Berk, 2006; Berryman et al., 2002; Papalia & Feldman, 2012). Sexual development in intellectually challenged adolescents progresses at the same rate as that of typically developing adolescents. However, according to Holness (2013), some parents of adolescent females insist on contraceptives in the form of injections, tablets or patches to protect intellectually challenged girls against pregnancies, especially arising from sexual abuse. Other measures often taken by parents are involuntary sterilization, mastectomies and hysterectomies,

decisions which impinge upon the legal and ethical rights of the intellectually challenged (Holness, 2013; Greenwood & Wilkinson, 2013). A study by Greenwood and Wilkinson (2013) shows that the gynaecological health needs of female adolescents diagnosed with intellectual disabilities are less likely to be met than those of other female adolescents. Nevertheless, female adolescents with intellectual disabilities suffer from premenstrual syndrome and other menstrual disorders at a similar rate to the general population (Swango-Wilson, 2011).

Several studies (Heubner, 2000; Mendle et al., 2006) report that factors such as a combination of genetic, physical, emotional and environmental influences (especially supportive or non-supportive family) determine maturation and the effects of early or late maturation. However, adolescents are likely to respond negatively when they are much more or much less developed than their peers, and when they do not perceive these changes as advantageous (Papalia & Feldman, 2012; Susman & Rogol, 2004). These physical changes heighten emotionality and moodiness in early adolescence, as they evoke new responses from others (positive or negative) because adolescents are no longer seen as just children (Oswalt, 2010; Susman & Rogol, 2004; WHO, 2015).

The development of *adolescent sexuality* includes physical development, but also cognitive, emotional, social and moral development. Adolescents between the ages of 11 and 15 years lack the cognitive and emotional maturity necessary to make wise decisions regarding their sexuality, and therefore need educational information and programmes to explain sexuality and gender identity (Berk, 2006; Holness, 2013; Swango-Wilson, 2011). Although sexual behaviour is usually limited to masturbation at this age, both male and female adolescents may start to experiment with sexual arousal through flirting, hugging, and playfully hitting and tickling each other to show that they are romantically interested in each other (Oswalt, 2010; Papalia & Feldman, 2012). This behaviour is also evident in intellectually challenged adolescents.

3.1.2 Cognitive development

According to Piaget, (1972), adolescence is a time for rapid cognitive development. Cognition is the mental activity, resulting in behaviour that allows us to understand the world; it refers to the inner processes of the mind that lead to “knowing” (McLeod, 2007; Shaffer, 2009). It includes all mental activities, such as reasoning, symbolising, remembering, categorising, problem-solving, creating and fantasizing (Berk, 2006). According to Piaget’s (1972) cognitive theory, people enter the highest level of cognitive development called the formal operational phase during adolescence. Adolescents begin to display the ability to perform abstract mental operations methodically and scientifically. Their ability to manipulate and process information continues to increase and is not limited to the here and now, as they start to think in terms of what *might be* (they imagine possibilities, and understand metaphors and symbols) and not just *what is* (Gardiner & Kosmitzki, 2005; Kuhn, 2006; Papalia & Feldman, 2012). The intellectually challenged population differs in this regard in that they experience cognitive delays, such as difficulties with memory, problem-solving and the identification of many variables that influence or affect the outcome, and logical reasoning (Moeschler & Shevell, 2006). They find it difficult to imagine possibilities (the *might be*) to understand metaphors and the consequences of any actions taken.

Children’s use of language (vocabulary) reflects their level of cognitive development, which continues to grow during adolescence. As they begin to deal with abstract thoughts, adolescents can define and discuss concepts such as love, justice and freedom. Guralnick and Kosmitzki (2005) and Moeschler and Shevell (2006) point out that adolescents with developmental delays in expressive (speech) and receptive language (understanding) tend to experience frustration in verbalizing their thoughts and feelings cognitively. In addition to problem-solving, two thought processes that are present during adolescence are the creation of an *imaginary audience*, and *personal fable*, which Piaget refers to as cognitive distortion (Berk,

2006). An imaginary audience refers to adolescents' belief that everyone is monitoring and judging them, and therefore they become extremely self-conscious and want to avoid embarrassment at all costs.

Because adolescents are convinced that others are observing and thinking about them, they develop an inflated opinion (egocentrism) of their own importance, believing that they have special abilities and unique problems, and are different from anyone else in the world. On the other hand, some adolescents may feel less special and inferior to others, and this kind of personal fable may lead to feelings of frustration, loneliness and sadness (Berk, 2006; Kuhn, 2006; Piaget, 1972). Intellectually challenged adolescents might present feelings of frustration and of being inferior because of "being different", being excluded from social gatherings, and for not having "normal" friends.

Vygotsky (1978) in his social cultural theory places great emphasis on how *social and cultural factors* influence cognitive development (see also Berk, 2006; McLeod, 2007; Shaffer, 2009). Vygotsky sees cognitive growth as a *collaborative process*, where more advanced peers, parents and teachers must help direct and organize (provide scaffolding) a child's learning before the child can internalise it (cf., Muuss, 1975; Papalia & Feldman, 2012). Language is not merely an expression of knowledge and thoughts, but an essential means to learning and thinking about the world. As children begin to use social, egocentric and inner speech, they learn to communicate, form thoughts and regulate intellectual functions (McLeod, 2007; Vygotsky, 1986). To Vygotsky, every function in the child's cultural development appears twice: first on the social level, between people – *inter-psychological* – and later inside the child – *intra-psychological* (Berk, 2006; Papalia & Feldman, 2012; Shaffer, 2009).

3.1.3 Psycho-social development

Erikson's psycho-social theory of human development covers the entire lifespan, including adulthood (Erikson, 1950/1982). This development takes place in eight stages. Each

stage involves a *crisis*, a term used to describe a series of internal conflicts that are linked to developmental stages (Berk, 2006; Papalia & Feldman, 2012). According to Erikson's theory, the way a person resolves each crisis determines his/her personal *identity* and future development, which must be understood in relation to each culture's life situation (Berk, 2006; Erikson, 1968).

Erikson describes the adolescent phase as an *identity cohesion* versus *identity confusion* phase. During this phase, an adolescent tries to find answers about his/her own identity: "Who am I?" "What is my place in society?" "Where am I going?" and "Who am I to become?" Constructing an identity involves defining who you are, what you value and the direction you choose to pursue in life. It is an experimentation phase where social roles foster a sense of identity (Erikson, 1968). This crisis represents the struggle to find a balance between developing a unique, individual identity, and still being accepted and fitting in (Oswalt, 2010; Papalia & Feldman, 2012).

Berk (2006) sees the identity as a well-organized conception of the self, made up of values, beliefs, and goals to which a person is solidly committed. According to Papalia and Feldman (2012), a coherent sense of self is valued in society. Positive outcomes during the development phase leads to integration, and negative outcomes lead to identity confusion about future adult roles (Berk, 2006; Papalia & Feldman, 2012). For intellectually challenged adolescents, the search to find who they are and what to become are no different from that of "normal" adolescents.

Marcia (1980) expanded on Erikson's concept of identity crisis and identity confusion. Marcia used the term *identity status* to describe four unique developmental identity categories. These categories are not stages; according to Marcia (1980), they represent the status of identity development at a particular time and they are likely to change in any direction (multi-directional) as young people continue to develop. The statuses differ according to the presence or absence of

a crisis (*a period of conscious decision-making*) and commitment (personal investment in an occupation or system of beliefs) – two elements which are crucial to identity development, according to Erikson (1950/1982). These statuses are *identity diffusion* (no commitment, no crisis), *identity moratorium* (crisis with no commitment), *identity foreclosure* (commitment without crisis), and *identity achievement* (crisis leading to commitment) (Marcia, 1980; Papalia & Feldman, 2012). Each identity status represents a particular configuration of progress (in the sense that each one flows to the next) with regard to identity exploration and commitment to the values, beliefs and goals that contribute to identity. Adolescents, including intellectually challenged adolescents, may experience different identity statuses at a time. It should not be assumed that adolescents' identity status is uniform across all aspects of their development.

From a ***Gestalt*** theoretical perspective, adolescence involves three evolutionary phases, each of which emphasises a different aspect of recognizing and developing the contact boundary and corresponds to the phases of development in traditional models (McConville & Wheeler, 2001). Unlike in traditional models, these are not seen as discrete stages of development, but as reflecting tasks contained in the development *process* that emerge at different times and in different ways (McConville, 1995). These processes are:

- *Early adolescence* (12–14 years), which is a dis-embedding process in which differentiation takes place from the field of family relations, emerging from introjections of the family system and other social influences. The adolescent develops a stronger sense of boundary, takes ownership of the self and his/her experiences and explores the intrapsychic and interpersonal fields (McConville & Wheeler 2001).
- The *interiority process* (15–16 years), middle adolescence, where adolescents explore the differentiated intrapsychic and interpersonal fields, actualizing their sense of agency and authorship. During this phase adolescents become more interior, more reflective and more

conflicted within themselves. Perls et al. (1951) regard this phase as the expression/retroflexion phase.

- The *integration process* (17+ years) is the late adolescence phase, where adolescents achieve stable organization of intrapsychic and interpersonal experiences (McConville & Wheeler, 2001). In *Gestalt Theory*, the developing child in his/her adolescence is a product of the organismic environmental and intersubjective fields (McConville, 1995). As organisms we move within the environment, and as a person we experience the field as self and other. The field is a metaphor to describe a web of mutually influencing forces, in that everything is of the field and that everything *within* the field affects everything else (Yontef, 1993). For intellectually challenged adolescents, it is also a process of discovering and coming to awareness of physical, emotional and social changes within themselves and their fields. During adolescence, the peer group becomes a figural field of influence, and often parents and other adults become the background (Woldt & Toman, 2005). McConville (1995) describes the changing developmental tasks of adolescence as maintaining a place in the family field (a place of belonging), while also focusing on forming a “self” separate from the family.

3.1.4 Emotional development

The emotional development phase is often characterized by rapidly fluctuating emotions, and it is sometimes referred to as the “storm and stress” phase. During adolescence such fluctuations seem to be a natural process that is necessary to cope with a much larger array of new and unfamiliar situations than most children encounter (Larson & Brown, 2007; Oswalt, 2010). Emotion is often defined as a complex state of feeling that results in physical and psychological changes that influence thought and behaviour (Hockenbury & Hockenbury, 2007; Myers, 2004).

A central feature of emotional development is the capacity for understanding emotions in relation to complex interacting systems. These systems are the interpersonal systems (self, others and social groups), cultural systems and internal bio-psycho systems (Larson & Brown, 2007). Adolescents have to manage their emotions and learn to identify, understand and express their emotions in healthy ways. This includes the ability to understand the impact of their emotions on their thoughts and behaviour, and the ability to delay or inhibit impulsive reactions to powerful or intense emotions (Berk, 2006; Oswalt, 2010; Papalia & Feldman, 2012). Because of cognitive and language delays, intellectually challenged adolescents may experience difficulties in understanding, recognizing, verbalizing and controlling their emotions, which is necessary to establish a realistic and coherent sense of identity in the context of relating to other. The process of developing a sense of identity involves experimenting with different ways of appearing, sounding and behaving. Each adolescent, including intellectually challenged adolescents, approaches this exploration in his/her own unique way (Berk, 2006; Papalia & Feldman, 2012; Rothbart, Ahadi, & Evans, 2000).

3.1.5 *Moral and religious development*

Morality refers to a set of principles regarding what is considered right or wrong, and also conformity to a standard of “right” behaviour (*Merriam Webster*, 2003). Moral development is a process through which children develop particular attitudes and behaviours towards other people in society, based on social and cultural norms, values and laws (Oswalt, 2010). As adolescents’ cognitive, emotional and social development continues to mature, their understanding of morality develops and their behaviour becomes more closely aligned with their values and beliefs, which suggests that there are improvements in their ability to infer the perspectives of others, to understand **the self**, and solve social problems (Berk, 2006; Hart & Carlo, 2005).

Kohlberg’s (1984) theory of morality suggests that moral development is a gradual process and that it proceeds in an orderly and linear fashion. In his six-stage theory of moral

development, stages are grouped together into three stages of higher order levels of development. Kohlberg (1984) regarded these moral stages as invariant and universal. He saw each stage as an organized whole (Berk, 2006). Adolescents enter into the conventional level, which includes the morality of interpersonal co-operation (a “*good boy/good girl*” orientation) and the social order-maintaining orientation (*law and order*) (Hart & Markey, 2004). During this stage, adolescents make moral decisions by anticipating how their decisions would be judged by other influential group members, as they seek approval from those people whose opinion matters to them (Berk, 2006; Hart & Markey, 2004). By contrast, in the social-order orientation stage, adolescents become more broadly concerned with society as a whole, and try to abide by the rules of the society they live in. The emphasis is on obeying laws, respecting authority and performing one’s duties so that social order is maintained, reflecting a shift from the social group to society at large (Hart & Markey, 2004; Kohlberg, 1984). Adolescents, including intellectually challenged adolescents, fully understand right from wrong and the consequences involved if they do not obey rules in their day-to-day functioning and living, such as “don’t tell lies”, “show respect to your teacher”, and “do not ignore a red traffic light”. However, Kohlberg (1984) believes that they do not fully grasp the laws of society at large, as they have developed their moral principles primarily through thinking about them as they arise (see also Fleming, 2004/2008).

Religion has been proposed as a way to provide answers to adolescents about their feelings of meaninglessness and instability during adolescence. Young people tend to convert to new religious groups which offer new perspectives on life, a social network and a sense of belonging in order to cope more effectively with their problems or even escape these (Ream & Savin-Williams, 2006). According to Fowler (1981), religious development offers a framework for understanding how people conceptualize God, a Higher Being, and how influences of the Divine have an impact on core values, beliefs and meanings in their personal lives and in their relationships with others. Adolescents enter into a synthetic-conventional faith stage where they

are capable of abstract thinking, understand the concept of a higher order and abstract concepts, and begin to reflect on their own thinking and stories (King & Roeser, 2009).

Representations of God are often anthropomorphized, focusing on personal qualities such as love, understanding, loyalty, and support (King & Roeser, 2009). In this synthetic-conventional stage, adolescents depend on others for confirmation and clarity about *their sense of self* (King & Roeser, 2009; Ream & Savin-Williams, 2006). Adolescents form a personal myth/parable of their own becoming, in identity and faith – incorporating their past and anticipating the future in an image of the ultimate environment. Fowler (1981) points out that there are two risks in this stage. The first is that the expectations and evaluations of others can be so compellingly internalised that later autonomy can be put at risk. The second is that interpersonal betrayals or disloyalties can cause negativist despair about a personal principle of ultimate being or lead to a compensatory closeness with God unrelated to ordinary relations.

Intellectually challenged adolescents also have a clear understanding of a higher “Being”, a “God”, and concepts such as love, support and understanding can easily be grasped. In terms of their own struggle with being intellectually challenged, “different”, they may try to make sense of their disability through their parents’ set of religious beliefs by seeing their disabilities not as a burden, but as a blessing. This is supported in some religious beliefs, where an intellectually challenged child is seen as a gift that brings goodness and mercy (Fisher & Goodley, 2007).

4. THEORIES ON THE SELF AND SENSE OF SELF

Trying to explain something called “the self” raises a multitude of problems, as there are many theories and views describing the term. In general, theories on the self focus on the development of a sense of self, which is a matter of first learning to distinguish oneself from others by means of visual, auditory and other perceptual modes. According to Proshansky, Fabian and Kaminoff (1983), in this process, a child is taught informally and formally to apply

appropriate verbal statements in making these distinctions. The child comes to know, identify and distinguish him-/herself from significant others and objects. Making these objects and persons significant sets up a particular relationship to the “self”.

The researcher made an enormous effort to gain insight into the concept called the “self” and how it is constructed. It is clear that there is no consensus among theorists when referring to the “self”. However, there is consensus that the concept of the self is a *complex psychological structure* and that the primary function of the self is to be integrative, in that it organizes and unifies a person’s behaviour and experiences. In this sense, the self can be thought of as a term which describes the individual as a total system, including both conscious and unconscious perceptions of the past, daily experiences and behaviours and future ambitions (cf. Erikson, 1950/1982; Freud, 1923/1974; James, 1890; Jung, 1970; Mead, 1962).

A brief overview of some of the views and perceptions on the concept of the self reveals the following: many writers and theorists divided the self into distinct parts such as the phenomenal and non-phenomenal self (Snygg & Combs, 1949), the authentic and unauthentic self (Seeman, 1966), the inner and outer self (Franks & Morolla, 1976), and a true and a false self (Winnicott, 1965). The self is also referred to as a “looking-glass self”, which refers to an individual’s perceiving him-/herself in the way others perceive him/her (Cooley, 1902). Adler (1930) makes special reference to the birth order and rearing styles of parents, because birth order creates different conditions of childhood, which can affect personality development or sense of self. James (1890) refers to the self in the context of being a social, spiritual and material self.

A number of theories are mentioned below, describing different theoretical perspectives on how the self is constructed and different theoretical perspectives relevant to the study.

4.1 Theoretical perspectives on the construction of the self

4.1.1 Philosophical perspective

It is interesting to note that references to the “self” date back to Ancient Greece, where a philosophical framework for understanding the self was introduced by **Socrates** and **Plato**. Socrates, 469-399 B.C.E., and Plato, 427-347 B.C.E., were of the opinion that the self is synonymous with the soul. They believed that every human being possessed an immortal soul that survived the physical body (as cited in Chaffee, 2010). For Socrates, reality is dualistic, and is comprised of two dichotomous realms: one realm is changeable, transient and imperfect, and the other realm is unchanging, eternal and immortal. Our bodies belong to the physical realm: they change, are imperfect and die. Our souls, however, belong to the ideal realm: they are unchanging and immortal, and survive death (as cited in Chaffee, 2010; Phillipson, 2009). Plato further defines the soul or self (Greek for the psyche) by introducing three components: Reason, which enables us to think deeply and make choices, Physical appetite, which refers to our basic biological needs such as hunger, thirst and sexual desire, and Spirit or passion, which refers to basic emotions such as love, anger, ambition and empathy. These three elements of our selves are in a dynamic relationship with each other that may work together or in opposition (Chaffee, 2010).

In the 17th century, the French Enlightenment philosopher **René Descartes**, 1596–1650, brought a new perspective on the self by focusing on fundamental questions of human existence – the thinking process in answering these questions: “*Cogito, ergo sum*” – I think, therefore I am. For Descartes, the act of thinking, reasoning about the self, of being self-conscious and aware of ourselves is in itself proof that there is a self (Chaffee, 2010; Cottle, 2003; Phillipson, p. 4, 2009).

The English humanist philosopher **John Locke**, 1632–1704, believed that the self is made possible by self-consciousness. He argued that our constant perceiving self is necessary to form a personal identity or knowledge of the self, as a person not only thinks or reasons but tries to

understand (Locke, 1689/1997). Locke believed that our personal identity and the immortal soul in which that identity is located are very different entities. The key is conscious awareness (the moment) and memories of previous experiences in understanding the self. The personal identity (or self) is a matter of psychological continuity. The self is to be founded in consciousness (memory), and not on the substance of either the soul or the body (Nimbalkar, 2011). Locke postulates an “empty” mind, a *tabula rasa*, which is shaped by experiences, including sensations and reflections, the two sources of all our ideas (Chaffee, 2010).

4.1.2 Neo-psycho-analytical perspective

The theories of philosopher and psychiatrist **Alfred Adler**, 1870–1937, is worth mentioning, as he focuses on the important role of external social influences, such as the family system, sibling influences, birth order parenting styles and social comparison (Adler, 1930; Schultz & Schultz, 2005). He identifies four situations: that of the first born-child, of the second-born child, of the youngest and of the only child (Adler, 1930). One’s order of birth within the family – being older or younger than one’s siblings, creates different conditions of childhood that can affect personality development or sense of self (Berk, 2006; Schultz & Schultz, 2005). According to Adler, rivalry between siblings is grounded in each child’s need to overcome potential feelings of inferiority. As a means of reducing competition, siblings often differentiate or “de-identify” by developing different personal qualities and choosing different roles and functions (Schultz & Schultz, 2005). Research on parents’ differential treatment of siblings and parental rearing styles are consistent with Adler’s theory, documenting that parental favouritism of one sibling over the other is linked to poorer sibling relationships (Berk, 2006, Schultz & Schultz, 2005).

4.2 Theoretical perspectives on the construction of the self relevant to the study

4.2.1 Neo-psycho-analytical perspective

Erich Fromm, 1900–1980, argues that we are not inflexibly shaped by instinctive biological forces, but suggests that our personality is influenced by *social and cultural forces* (Fromm, 1992; Schultz & Schultz, 2005). The development of an individual in childhood parallels the development of humankind throughout history. As children grow, they gain increasing independence and freedom at the expense of security and the primary maternal ties. Fromm identified six psychological needs that result from the polarity between the drive for security and the drive for freedom through *relatedness, transcendence (wholeness), rootedness, identity, a frame of orientation and an object of devotion, excitation and stimulation* (cited in Cottle, 2003, pp. 97-102).

In Cottle's (2003) work *A sense of self: The work of affirmation*, he refers to Fromm's theory by explaining the needs and relevant in how the self is constructed by referring to the following: *Relatedness* involves knowing people for what they truly are and acknowledging that *there is another person out there*. *Transcendence* (wholeness) refers to the need to rise above our animal instincts and to find a purpose in life. *Rootedness* is our connection with nature, eventually forming a system of kinship or identification with family, friends, groups and our community. *Identity* refers to the development of our individual talents, intelligence and potential. Cottle (2003, p. 99) provided an answer to the fundamental question "Who am I?": "I am that I am". But we cannot reach this conclusion until another makes us aware of the legitimacy/validity of our own being, through the *act of affirmation – identifying ourselves* (Fromm, 1992). The notions of a frame of orientation and an object of devotion suggests that we seek to develop coherent views of our social and physical environments through a framework that provides us with an objective rational perspective, which we call "*shared reality*" (Fromm, 1992). Whatever else this framework provides, we become committed to construct meaning of our lives. In this context,

we can think of our devotion to our family, friends and even a figure called God (Cottle, 2003; Fromm, 1992). Cottle (2003) suggests that meaning arises from an act of devotion and appreciation of one's own being (see also La Guardia, 2009). This view is also prominent in Appreciative Inquiry, where appreciation for self and others is expressed (Cooperrider, Whitney and Stravros. 2008).

Lastly, the need for excitation and stimulation, according to Fromm (1992), refers to a stimulating environment so that each individual can maintain alertness/awareness and energy to cope with the everyday demands of life. Cottle (2003) sees this alertness as one's own life force, one's own being necessary to affirm (strengthen) the self. Fromm (1992) states that none of the six fundamental human needs are likely to advance unless a person is supported and appreciated by his/her family, society and culture.

4.2.2 *Psycho-social perspective*

Erik Erikson, 1902–1994, developed a theory on human development, which he believes involves a series of personal conflicts. These conflicts present themselves at each stage that confronts a person with adaptive and maladaptive ways of coping. Erikson (1950/1982, 1968) divided the growth of the personality (the self) into eight psycho-social stages, governed by the epigenetic principle of maturation, which implies that each stage depends on genetic forces determined by the environment (Schultz & Schultz, 2005). Each developmental stage has a particular crisis or turning point that necessitates some change in behaviour and personality. The personality can only continue to develop normally when each conflict has been resolved (Erikson, 1968).

In this study, adolescence is the focus as the period during which the *ego identity* is formed, leading either to *identity cohesion* or to *role confusion*. Research has shown that the ego is the master orchestrator of the personality/identity. The ego provides individuals with a subjective sense of their personality/self: traits and motives (Syed & Seiffge-Krenke, 2013).

According to Erikson (1950/1982), the personality develops throughout the course of our lives. He proposed that each of these eight psycho-social stages provides us with an opportunity to develop our basic strengths, which emerge once the crisis has been resolved satisfactorily (cf. McLean & Pasupathi, 2012). The basic strengths are interdependent, as one's strength cannot develop until the strength from the previous stage has been confirmed. These strengths are hope, will, purpose, competence, fidelity, love, care and wisdom. For Erikson (1950/1982), the search for a *coherent identity implies the formation of a coherent conception of self*, made up of goals, values and beliefs to which the person firmly commits (see also Meeus, 2011).

4.2.3 Humanist perspective

Carl Rogers, 1902–1987, believed that people are motivated by an inborn tendency to actualise, maintain and enhance the self. This actualising goal of the self is to become a fully functioning person (Rogers, 1961). As infants, we gradually develop a more complex *experiential field* from widening social encounters, where one part of the infant's experience becomes differentiated from the rest. This separate part, defined by the words "I, me and myself" is viewed as the self or the self-concept (Rogers, 1961, p.17; Schultz & Schultz, 2005). Rogers proposes that the formation of the self involves distinguishing what is directly and immediately a part of the self from the people, objects and events that are external to oneself. The self is our image of what we are, what we should be and what we like to be (Rogers, 1961). The self is ideally a consistent pattern, an organised whole and all aspects of the self that strive for consistency (Schultz & Schultz, 2005).

As the self emerges, infants develop the need for *positive regard*: acceptance, love and approval from others. Rogers believes that this need for positive regard is universal and persistent. As we interpret feedback (approval or disapproval) from others, we refine our self-concept and internalise the attitudes of others. Rogers (1961) believes that in time positive regard comes from within ourselves rather than from other people; this is called positive self-regard.

Positive self-regard becomes as strong as our need for positive regard from others. This positive regard and self-regard support the view and positive principles of Appreciative Inquiry, as they bring out the best in people by touching on the positive core of individuals, to feel appreciated and valued by significant others. In return this creates positive self-regard/esteem (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010).

4.2.4 Social Constructionist perspective

The Social Constructionist perspective focuses on the construction of perceived realities, which is an ongoing, dynamic process, created by humans (Gergen, 2011). The main concepts of Social Constructionism are that all experiences are subjective and that human beings re-create themselves through an ongoing, never static *process*. This re-creation takes place during social interaction, and is grounded in language, customs, cultural and historical forces (Hutchison, 2014; Mead, 1992).

According to **Gergen** (2011), the self is *socially constructed* through realities and people's experiences of the world, which are embedded in *relationships* with others and cannot be separated from people's socio-cultural and historical contexts. (cf. also see Hutchison, 2014). This construction takes place through social processes, such as everyday interactions between people and how they use *language* to construct their reality (Young & Colin, 2004). Realities are constituted within conversations that lead to the self's being constructed and re-constructed as conversations unfold. The structure of language refers to the self/other dichotomy, and personal pronouns such as I, you, he and me have contributed significantly to an ontology of *separate selves* which *emerges through narratives* (Gergen, 2011; Mead, 1964). This is in line with the constructionist principle of Appreciative Inquiry that suggests that we are created through language and conversations – “words create worlds” (Whitney & Trosten-Bloom, 2010, p. 33).

4.2.5 *Gestalt Theoretical perspective*

In **Gestalt Theory**, the self is seen as a system of contacts that occur at the boundary between the “me” and the “not me”, a system of present contact, structured by dynamic forces in the field, and an agent of growth (Perls et al., 1951; Yontef, 1993). The self is seen as a process, continuously evolving and becoming (Perls et al., 1951). According to Spagnuolo Lobb and Lichtenberg (2005), the self is a process, a function and a boundary event. Yontef (1993) refers to the self as a whole person – the core of the person. Polster (2005) mentions a natural *Gestalt* formation. The self is multi-dimensional, a notion explaining that each individual’s personality is composed of a multiplicity of selves (McLeod, 1993; Polster & Polster, 1973). Kepner (1987/2001) refers to the self as a body process by emphasising: “I sense therefore I am”, which includes bodily feelings, organic drives and wants, images, thoughts and perceptions of the environment. All our experiences and actions in the world emerge from and are grounded in our sensory background, which begins in a sensation, an awareness that results in a figure that moves us towards contact (Kepner, 2001, pp 74).

4.2.6 *The Field Theory perspective*

According to the **Field Theory perspective**, the self exists in the here and now and simply comprises what constitutes the field (Woldt & Toman, 2005). The self is dialogical and relational: dialogue is seen as contact that takes place in the realm of the “between”. The “between” is a construct similar to the *Gestalt* idea that the whole is greater than the sum of its parts (Hycner, 1989; Mackewn, 1997; Perls et al., 1951). Out of the “between” arises an awareness and differentiation of the self from the not-self (Polster & Polster, 1973; Woldt & Toman, 2005). The dialogical encompasses two polar stances: the “I-thou”, which a natural connection, a genuine moment, and the “I-it”, which implies natural separation (Buber, 1923/1970).

Functions of the self. The self is supported by three structures, the *Id*, the *Ego* and *Personality*, which can be described as aspects of functions of the self and major stages of

creative adjustment (Perls et al., 1951). The Id function can be defined as an organism's capacity to make contact with the environment by means of the sensory-motor background of assimilated contacts; it corresponds to the sensation state, during which our feelings could be out of awareness (Clarkson & Mackewn, 1993; Perls et al., 1951; Woldt & Toman, 2005). The Ego function is the intentional state, which supports mobilisation towards contact-making in the here and now, and expresses the different capacities to identify oneself (this is me, this is not me) (Perls et al., 1951; Woldt & Toman, 2005). The Personality function expresses the capacity of the self to *make contact with the environment* (the field) on the basis of what one has become. It is the system of our experiences which have contributed to generate our attitudes, and behaviours that emerge in the process of contact (Perls et al., 1951; Woldt & Toman, 2005).

Diversity of self. People experience a sense of self through a process of self-configuration, in which selves are formed into a *unified pattern through personal experiences* (Polster, 2005). Organizational reflexes form clusters of experiences, which evolve into designated selves. These personal experiences have to register (intensity) in order to form configurations and the formation of self. According to Polster (2005), there are two classes of selves: essential selves, which are extremely enduring, as an individual experiences a compelling identity with them, and member selves, which are in greater flux, are more responsive to immediate experience, and are more field-oriented than essential selves.

The *naming of selves*, according to Polster (2005), is an important process of self-formation, as it gives selves brightness and recognizability, and has implication for likely behaviour and feelings. This process takes place naturally and clusters of characteristics might evolve that can warrant designation of a self. The self is dynamic, which is a concept proposed by Polster (2005), with four key processes, in order to deepen an understanding of the person, both on the surface level and deeper level – the unconscious:

- *Point/counterpoint* relatedness embraces polarities (different selves where the person has to come into focus, crossing the line between surface experience and depth). There is no real self hidden by surface experience, but rather a community of selves which are in competition to ascend or be in harmony with each other.
- *Configuration*: selves are formed by a configurational reflex, which takes the disparate details of personal experiences and forms unified patterns. The raw data of a person's life and experiences are registered, and these then evolve into a recognition of personal characteristics and self-formation.
- *Animation*: the self is more than just experiences, it is composed by the human inclination to create fiction, forming characters out of characteristics. It is a named entity representing clusters of experiences. When we personify characteristics (giving them a human-like – anthropomorphic – identity), we animate these characteristics, for example, a “sensitive self” or an “angry self”. Buber's theory of the “I-thou” relationship is another example of anthropomorphism. He applied the term “Thou” to the deeply experienced other, by which he meant inanimate objects as well as people (Buber, 1923/1970; Kaufmann, 1970).
- *Dialogue* takes place between selves who are in competition with each other for a place in the life of the person, and might lead to conflict or friction. As Polster (2005) puts it, it occurs in “the radical middle” between two selves; Perls et al. (1951) refer to this as “creative indifference”, for example, between the “angry” self and the “gentle” self.

The integration of selves is facilitated by three operations that, together, according to Polster (2005), compose the process of introjection. The key to well-being is not whether we introject, but how well the introjected experiences are integrated into the person (Polster, 2005). The integration is facilitated by three operations, an introjection triad of contact, configuration and tailoring:

- *Contact* is seen as the instrument of connection between the adolescent and his/her world. It is only through contact that the individual will meet the world and find anything to introject (Perls et al., 1951; Polster & Polster, 1973).
- *Configuration* is the process that is designed to create internal unity by organizing registered experiences (Polster, 2005).
- *The tailoring* process helps to maximize the success of the configurational reflex in connecting all that is taken in. It is through tailoring that people improve the prospects of successful configuration, which takes place within the family and contact with others. Poor contact and tailoring lead to fragmented self-configuration (Polster, 2005; Yontef, 1993).

Self-awareness is necessary to gain self-knowledge and insight into one's self or selves. According to Mackewn (1997), it is a way in which we understand ourselves, what we need, the way in which we organize our field and make meaning of our experiences (also see Polster & Polster, 1973). Perls et al. (1951) see awareness as spontaneous sensing of what arises in us and of what we are doing, feeling, planning and introspecting. Yontef (1993) describes full awareness as a process of being in contact with the most important events in our environmental field. Insight is perceived as a form of awareness which is necessary to create new meaningful wholes and integration. Awareness goes hand in hand with owning, a process of knowing our choices and taking responsibility for our behaviour and feelings. Perls et al. (1951) list three zones of awareness: the *Inner zone*, which refers to the internal world of the individual and includes subjective phenomena such as our perception of our heartbeat, breathing, sensations and feelings; the *Outer zone*, which refers to an awareness of contact with the outside world through our behaviour, speech and action; and the *Middle zone*, which consists of our thinking, memories, fantasies and anticipation (cf. also Joyce & Sills, 2010).

5. THE FAMILY AS A SOCIAL SYSTEM

5.1 Defining a family system

Research shows that the traditional definition of what constitutes a family has changed dramatically over the past few decades, from intact nuclear families to “postmodern families” characterized by multitude of family structures: extended families, divorced, single-parent, remarried or adoptive families, and domestic partners and same sex families (Anderson & Sabatelli, 2011; Papalia & Feldman, 2012; Teachman, Tedrow, & Crowder, 2000). Despite changes in family structures, it is important, according to Anderson and Sabatelli (2011) that all family systems, regardless of who comprises the family, must comply and deal with specific tasks. These tasks are to (1) establish a clear identity for the family as a whole and for each individual member; (2) develop and define clear boundaries between the family and the outside world and between individual members within the family; (3) manage the family household by allocating chores, addressing finances and solving problems; and (4) manage the emotional stresses and difficulties of family life (Goldenberg & Goldenberg, 2013).

Karpel and Strauss (2014) summarise various kinds of family as follows: (1) *the functional family* – defined by a shared household, shared activities, shared responsibility for daily life and child rearing; (2) *the legal family* – defined by a legal structure, altered by divorce and adoptive placement of children; (3) *the family as seen by its members* – defined by the perceptions (experiences) of its members and seen as “in” the family by family members; (4) *the family of long-term commitments* – defined by long-term expectations of loyalty and commitment; trust, reliability and fairness are basic expectations; (5) the biological family – defined by blood relationships; parent-child relationship. (A weakness in the definition is not acknowledging changes in family structures sufficiently). The third definition, of *the family as seen by its members* – defined by the **perceptions (experiences) of its members** and seen as “in” the family by family members, is the most relevant to this study.

There is consensus that a family is the most stable association and institution of human society and that a society is a composite of families, without which civilisation cannot exist (Amoateng, Richter, Makiwane, & Rama, 2004). The family is seen as a unit of social organization, a system that provides individuals with socialization experiences, which in turn contribute to the development of each member's personal identity by providing information about **the self** (Anderson & Sabatelli, 2011). It is through our interaction with significant others that we obtain information about how we are supposed to behave as male or female members of a family and society (roles), about our personal abilities, our physical and sexual characteristics, our strengths and weaknesses, and the difference between right and wrong (moral values). These attributes contribute towards our framework of meaning in that they influence how we perceive ourselves, interact with others and how we expect others to interact with us (Anderson & Sabatelli, 2011; Berg-Cross, 2014).

5.2 Characteristics of a family system

The family can be regarded as a natural system. It is defined by two central dimensions: its *structure* and *tasks*. Family structure includes both the *family's composition* and its *organization*. Composition refers to the family members who make up the family; the family's structural organization refers to the unique set of rules that govern the pattern of interactions found in the family system (see 5.2.1 structural composition of a family). Tasks (first order and second order) refer to the essential responsibilities (chores and duties) that each member needs to fulfil in order to regulate and maintain the family (Anderson & Sabatelli, 2011; Goldenberg & Goldenberg, 2013).

5.2.1 Structural composition of a family

- *Nuclear family*: This is a family group consisting of parents (biological or step-parents) with their biological or adoptive children only. It is also referred to as an *intact family* and is still the most commonly found type of household in South Africa (Holborn & Eddy, 2011).

- *Extended family*: This is a type of family in which relatives in addition to parents and children (such as grandparents, aunts, uncles and cousins) live in a single household. It is also referred to as a *multigenerational family* and it may or may not share the same household.
- *Skip-generation household*: This is a family type where grandparents raise their grandchildren, without the grandchildren's parents. It is estimated that 7.6% of all South African children live in skip-generation households, also described as “fragile” households, largely because of the grandparents' struggle with their own personal health, custodial matters, financial constraints and obligations, as well as with the psychosocial and behavioural issues they face with their grandchildren (Statistics South Africa, 2011b).
- *Single-parent households*: In this kind of household, an unmarried parent or married with an absent spouse heads the household. The majority of single parent households are headed by women. Divorced and separated families also form part of this category.
- Other types of families worth mentioning are *child-headed households*, otherwise known as child only households (comprised only of individuals aged 18 years and younger) – it is estimated that about 92 400 South African children live in such households; *polygamous families*, *migrant and refugee families*, and same-sex families are some of the emerging family types in South Africa (Statistics South Africa, 2011b).
- The terms *family versus household* are often used as the *unit of analysis* and it is important to note that a household and a family are not necessarily synonymous (Belsey, 2005). The United Nations (1989) regards a household as comprised either of (a) a single person who makes provision for food and other essentials for living or (b) a group of at least two people living together who make common provision for food and other essentials. This implies that a household can contain a family, but that household members do not necessarily have to be a family.

5.2.2 Organizational properties of a family

5.2.2.1 Wholeness and relationships

Goldenberg and Goldenberg (2013) point out that two key concepts in understanding how systems operate are organization and wholeness. Family systems are characterized by the property of wholeness – they are made up of a group of individuals who stand in some *consistent relationship* to one another, and together form a complex and unitary *whole that transcends the sum of its separate parts* (Anderson & Sabatelli, 2011). The wholeness property suggests that each family is unique and can only be understood by understanding the interactional rules that structure the system. It is important to know who is in the system, because the composition of the family places a range of demands on the system and influences interactional patterns. To determine the uniqueness of each family system, one must consider what connects the individuals within the system, which implies that the system is greater than the sum of its parts (Anderson & Sabatelli, 2011; Becvar & Becvar, 2013; Goldenberg & Goldenberg, 2013).

5.2.2.2 Organizational complexity and interdependence

Anderson and Sabatelli (2011) refer to the term organizational complexity to indicate that a family system normally includes various smaller units or subsystems. Each of the individual family members can be thought of as a subsystem. The most continuing subsystems are the *marital*, *parental* and *sibling* subsystems. The marital or spousal subsystem teaches children about male-female intimacy and commitment by providing a model of marital interaction. The parental subsystem (which may also include grandparents or older children assigned to parental roles) is involved with child rearing, and attends to functions such as nurturing, guidance, socialization, and control. The sibling subsystem are the longest-lasting connections we make, extending over most of our lifespan, and offer opportunities for learning patterns, co-operation,

competition and personal disclosure (Becvar & Becvar, 2013). Other subsystems do exist in families, such as father-daughter, mother-son, and brother-sister subsystems, to name a few.

These subsystems stand in an overall dynamic relationship, each simultaneously influencing and being influenced by the others (Goldenberg & Goldenberg, 2013). A good example describing family dynamics and influence is that when adolescents attempt to establish their own identity and independence, they prepare to commit to more adult roles and responsibilities. These developmental demands may appear to have an impact only on the adolescent, but they affect the entire family system. The increased autonomy needed by adolescents necessitates changes in the parental subsystem, and can also change the marital relationship and other relationships within a family (Anderson & Sabatelli, 2011).

It is important to mention that the family system is only one subsystem in a broader community and societal system, which also has a reverberating impact on the family system and on each individual within the family (Anderson & Sabatelli, 2011). Goldenberg and Goldenberg (2013) point out that in order to get a better understanding of the different subsystems, a schematic diagram called a **genogram** (a genetic tree) can be used, giving a better understanding of family systems, trends in family structure and organization, and a rich description of family relationships (see also McGoldrick, Gerson, & Petry, 2008; Milewski-Hertlein, 2001).

5.2.2.3 Family strategies and rules

Goldenberg and Goldenberg (2013) perceive the family as a cybernetically rule-governed system, where strategies become organized patterns of interaction between family members, indicating what is permitted or expected of each family member. According to Anderson and Sabatelli (2011), these strategies are influenced by factors such as the historical era, a family's generational legacy, class, race and ethnicity, and they become well-established rules over time. Rules regulate and contribute to the maintenance, stability and functioning of the family system. A family's rules reveal its values, help set up roles, determine the way people pattern their

behaviour, and define the family as unique (Anderson & Sabatelli, 2011; Becvar & Becvar, 2013). Rules may be overt or covert. Overt rules are explicit and openly stated, for example – “everyone in the family may voice his/her opinion”. Covert rules are implicit, meaning that everyone knows the rules, although no one has explicitly stated them. Most family rules are covert and unstated, which means that family members draw from repetitive patterns in relationships they observe at home – for example, “your dad is handling all finances – ask him”. Rules serve the purpose of maintaining homeostasis within the family system (Anderson & Sabatelli, 2011; Goldenberg & Goldenberg, 2013).

5.2.2.4 Feedback processes, information and control

Systems are constantly in flux, simultaneously pursuing goals and responding to outside forces. For a system to maintain a steady state, it needs to monitor its attempts, achieve goals, and provide feedback as a regulatory mechanism. Feedback refers to the process whereby information about past behaviour controls the system, and thereby increases the likelihood of the system’s survival; it is fed back into the system in a circular manner (Becvar & Becvar, 2013; Goldenberg & Goldenberg, 2013). The information about how a system is functioning is looped back through circular mechanisms called **feedback loops** (positive or negative), to modify or correct input signals to alleviate excessive fluctuation and thereby extend the life of the system (Becvar & Becvar, 2013).

Feedback loops do not imply a value judgement; they rather refer to the impact of behaviour on the system and the response of the system to that behaviour. Thus *positive feedback* acknowledges that a change has occurred and has been accepted by the system, and *negative feedback* indicates that the status quo is being maintained. Both feedback processes may refer to something that is good and/or bad, but can only be evaluated relative to the context. The exchange of information within a family, and between family members and the outside world, helps reduce uncertainty and ensures homeostasis (Becvar & Becvar, 2013).

5.2.3 Family functioning and tasks

5.2.3.1 *First-order tasks*

Identity Tasks: Anderson and Sabatelli (2011) point out that all families must facilitate the development of a *sense of identity* for the individual family member, but also for the family as a whole. Three interrelated identity tasks can be identified. The first task is *constructing family themes*. Family themes include elements such as attitudes, beliefs and values which help organize the family's identity and provide each individual within the family with a framework of how family members interact with others and expect others to interact with them. It positions the individual to others in the family and outside the family. Family themes also relate to ethnic and cultural heritage, such as being African, Christian, Protestant or Catholic, and it influences the orientations and behaviours of family members. The second task is *providing socializing experiences* that in turn contribute towards each family member's personal and social identity. The third is *establishing satisfactory congruence of images* for the members within the family. Anderson and Sabatelli (2011) believe that the family holds an image of an individual that is consistent with the image that the individual holds of him-/herself, which facilitates a congruent social identity. Congruence of images fosters personal identity by defining, in part, a person's role and position in the family (Brooker, 2006; Fisher & Goodley, 2007). From a Social Identity theory perspective, people develop a social identity when they feel that they belong to a social group and they value their membership of that social group (Ashforth & Mael, 1989; Hogg, 2006; Stets & Burke, 2000).

Boundary Tasks: A boundary in this context is an invisible line of demarcation that separates an individual, a sub-system, or a system from outside surroundings. Anderson and Sabatelli (2011) identify two types of family boundaries. The first type is *external boundaries*, which define the family to distinguish it from other systems, determine family membership by defining who is in and who is out of the family, and regulate the flow of information between the

family and other social systems. The second type, *internal boundaries*, regulate the flow of information *between and within* the family subsystem and influence the degree of autonomy and individuality allowed within the family (Becvar & Becvar, 2013; Brooker, 2006).

Maintenance tasks: Families are responsible for providing basic necessities such as food, shelter and education to their members. Maintenance tasks can be described as the decision-making strategies that families develop to perform tasks that are important for family functioning and the organization of the system. Taking care of the basic needs and education of an intellectually challenged child is stressful to parents and primary caregivers, so it often causes increased feelings of stress due to an additional financial burden, and this can have an emotional impact on the whole system, including other siblings (Baker et al., 2003; Opperman & Alant, 2003; Canary, 2008).

Managing the family's emotional climate: Family systems are responsible for creating an emotional climate in a way that promotes and enhances the emotional and psychological well-being of its members (Anderson & Sabatelli, 2011; Blacher, Bruce, & MacLean, 2007; Davis & Gavidia-Payne, 2009). The family as a system needs to provide closeness, involvement, acceptance, and nurturance. This requires families to engage in suitable strategies to deal with conflict and distribute power within the family. *Conflict* is inevitable in all ongoing systems, but has the potential to disrupt a system's functioning seriously. Anderson and Sabatelli (2011) see patterns of authority, control and power as important factors that promote or prevent the experience of cohesion and cooperation within a system. *Cohesion, expression* and cooperation are important factors that contribute to the experience of intimacy and the emotional and psychological well-being of family members.

5.2.3.2 Second Order tasks

Adaptability and managing system stress: Families have to adapt to stress and various demands over time in order to establish and maintain the family structure. The concepts *openness*,

stress, and adaptability are linked, in a systems perspective, to the second order task of managing the demand for change that occurs within family systems. Von Bertalanffy (1975) first outlined *open and closed family systems*, explaining that the degree of interaction with and accessibility to the outside environment is critical. All family systems operate as open systems, but some may appear more closed, in the sense of being rigid. The more open and flexible the system, the more adaptable and accessible the system is to change and new experiences. Such a system has a tendency to move towards maximum order; this is called *negentropy* (Hoffman, 1981).

Closed systems run the risk of *entropy* and tend toward maximum disorder and disintegration, where the system gradually regresses and decays, due to insufficient input or feedback to the system (Becvar & Becvar, 2013; Goldenberg & Goldenberg, 2013). To understand the relationship between stress and adaptability, system theorists such as Von Bertalanffy (1975) introduced the concepts of **morphostasis** and **morphogenesis**. Morphostasis refers to those processes that operate within a system to resist changes to existing strategies, and the system's tendency towards stability, a state of dynamic equilibrium. Morphogenesis, on the other hand, refers to those processes that operate in systems that foster systemic growth, creativity, innovation and change. Both morphogenesis and morphostasis are essential for successful family functioning (Becvar & Becvar, 2013; Goldenberg & Goldenberg, 2013). A growing family moves through a life cycle. With each new stage, appropriate changes need to be incorporated into the system in order to maintain family functioning. If, for example, an adolescent seeks autonomy by wanting to spend more time with his/her peers and the family (parents or primary care givers) do not permit the needed change, it may threaten the system's well-being. On the other hand, if too many changes are permitted too frequently, the previously established degree of functioning of the family system may be threatened.

The characteristics of family dynamics are recognised by Cooperrider Dole, Silbert, Mann and Whitney (2008), in their work *Positive family dynamics: Appreciative Inquiry*

questions to bring out the best in families. These authors point out that positive communication patterns, unconditional positive regard, and boundaries based on healthy values are important for healthy, thriving family relationships and the strengthening of each family member's self-esteem and well-being.

6. APPRECIATIVE INQUIRY AS AN INTERVENTION APPROACH

6.1 What is Appreciative Inquiry?

Appreciative Inquiry is the study of what gives life to human systems when they function at their best. This approach to personal and organizational change is based on the assumption that *questions* and *dialogue* about strengths, successes, values, hopes and dreams are themselves transformational (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010; Watkins & Stavros, 2010). Appreciative Inquiry suggests that human organizing and change at its best is a *relational process of inquiry, grounded in affirmation and appreciation*. The appreciative paradigm is a perspective that attends to the *positive core of relationships* and organizations. This positive core lies at the heart of the Appreciative Inquiry “5-D” process: Define, Discover, Dream, Design and Destiny (Stavros & Torres, 2005; Watkins & Stavros, 2010). The strength of the Appreciative Inquiry process depends on the quality of the questions asked, which should lead us in life-giving directions (Watkins & Stavros, 2010).

Four sets of generic questions provide the basic foundation of an Appreciative Inquiry. These are discussed below.

- *Best experience questions:* Tell me about the best times that you have had within your community, group, and organization. Looking at the entire experience, recall a time when you felt most alive, most involved or most excited about your involvement. What made it an exciting experience? Who was involved? Describe the event.
- *Values questions:* What are the things you value deeply – specifically the things you value about yourself, your family, your work?

- *Core life-giving factor or value:* What do you think is the core life-giving factor of value of your community/group? What is it that, if it did not exist, would make your community/group totally different than it currently is?
- *Three best wishes:* If you had three wishes for your community/group what would they be?

Vogt, Brown and Daugherty, (2003) in their article “The art of powerful questions” mention that powerful questions generate curiosity in the listener, which stimulates reflective conversations, is thought-provoking, invites creativity and new possibilities, generates energy and creates forward movement. These authors felt that leaders/facilitators leading inquiries should have suitable capabilities and skills to enhance dialogue and deepen mutual inquiry. These skills are to the ability to create a climate of discovery, suspend premature judgement, explore underlying assumptions and beliefs, listen for connections between ideas and themes, and encourage diverse perspectives, honouring everyone’s contributions, and harvesting and sharing collective discoveries. Since story-telling is central to the Appreciative Inquiry process, one needs to develop questions that encourage stories, conversations and dialogue. Questions such as *who, what, when, and how* related to the story will facilitate meaningful dialogue (Vogt, et al. 2003).

Appreciative Inquiry dialogue, according to Cooperrider et al. (2008) creates guiding *images* for the future, which evoke positive emotions and move people toward a choice for *positive action* (Cooperrider, 1999). It is argued that all human systems display a continuing or ongoing “inner newsreel” that is best understood through the concept of inner dialogue. *Inner dialogue* functions as an inner dialectic (interaction) between positive and negative adaptive statements (Cooperrider et al., 2008). The heliotropic hypothesis states that human systems have a tendency *to evolve and move* towards the direction of those positive images that are the brightest, boldest and most promising (Cooperrider, 1999; Cooperrider et al., 2008). Bushe

(1998) refers to this inner dialogue as a change agent in Appreciative Inquiry, stating that organizations have an inner dialogue made up of the things people say to each other in small confidential groups that are discussible in official forums. It is through inquiries that people's real thoughts and feelings are discussed, revealed and communicated. Inner dialogue is mainly carried through the stories people tell themselves and each other to justify their interpretation of events and decisions. The *change theory* is that if one changes the stories one changes the inner dialogue too (Bushe, 1998; Cooperrider, 1986).

6.2 The shift from deficit-based change to positive change

Whitney and Trosten-Bloom (2010) point out that Appreciative Inquiry is a bold shift in the way we think about and approach organizational change. The paradox of Appreciative Inquiry is that it does not aim to change anything – it aims to uncover and bring to the fore existing strengths, hopes and dreams, and to strengthen the positive core of organizations or systems. In this process, people and organizations are transformed. By contrast, most other approaches are deficit-based approaches – focusing on problems and how to overcome them, whereas Appreciative Inquiry's focus is on positive potential – the best of what has been, what is and what might be (Cooperrider et al., 2008). The researcher integrated the research topic into the deficit-based change versus positive change table below.

Table 1

The shift from deficit-based change to positive change

	Deficit-based change	Positive change
Intervention focus	Identified problem.	Affirmative topic: <i>An Appreciative Inquiry to strengthen intellectually challenged adolescents' sense of self: Mixed methods study.</i>
Participation	Selective inclusion of people.	Whole system (<i>family</i>).

Action research	Diagnosis of the problem. Causes and consequences. Quantitative analysis. Profile of need. Conducted by outsiders.	Discovery of the positive core in family functioning. Organization (<i>family</i>) at its best. Narrative analysis – (<i>families' experiences on the sense of self of adolescents</i>). Mapping of positive core. Conducted by (<i>family</i>) members
Dissemination	Feedback to decision-makers.	Widespread and creative sharing of best practice (<i>within the family</i>).
Creative Potential	Brainstorm list of alternatives.	Dreams of a better world and human aspirations.
Result	Best solution to resolve the problem.	Design to realise dreams and human aspirations (<i>within the family</i>)
Capacity Gained	Capacity to implement and measure the plan.	Capacity for ongoing positive change (<i>strengthening the sense of self within familial relations</i>).

Source: Adapted from Whitney and Trosten-Bloom (2010, p. 17)

Why does Appreciative Inquiry work? It builds relationships and enables people to be known in relationships rather than in roles; it creates an opportunity for people to be heard; it generates opportunities for people to dream and to share their dreams; it creates an environment where people can choose how they would like to contribute and be supported to act; and it encourages people to be positive (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010).

6.3 Appreciative Inquiry principles

Appreciative Inquiry as an underlying guide to practice uses a set of five original principles identified by Cooperrider (1986), as well as an overall guiding principle of Wholeness (Srivasta, Cooperrider, & Associates, 1990). The principles of Appreciative Inquiry are unique and are derived from three generalised streams of thought: *Social Constructionism*, *Image Theory* and *grounded research*. The principles suggest that human organizing and change are a positive, socially interactive process of discovering and crafting life-affirming, guiding images of the future (Whitney & Trosten-Bloom, 2010).

Social Constructionism postulates that human communication is the central process that creates, maintains and transforms realities (Berger & Luckmann, 1966). This tradition serves as the theoretical foundation for Appreciative interviews, and the notion that bringing all stakeholders together is essential to contrive organizational/systemic change (Gergen, 1994; Whitney & Trosten-Bloom, 2010). *Image Theory* suggests that the images we hold of the future influence the decisions and actions we take in the present (Boulding & Boulding, 1955). *Grounded research* methodology is based on an openness to understanding a society, culture or organizations through the eyes of its inhabitants. It proposes that all *inquiry is intervention* and that participant observation is the best means of data-gathering for those who wish to understand and describe living cultures. Appreciative Inquiry has adopted this view and engages members of an organization or a system (like a family) into their own research: inquiry into the most life-giving forces in their organization by discovering the root causes of their success and their positive core (Cooperrider et al., 2008; Whitney & Trosten-Bloom, 2010).

Table 2

Appreciative Inquiry principals

Constructionist Principle	Words create worlds Reality as we know it is subjective, rather than objective. It is continuously and socially created through language and conversations. Knowledge of the world grows from relationship and is embedded not within individual minds, but within interpretive communal traditions (Gergen, 1994).
Simultaneity Principle	Inquiry creates change Inquiry is intervention. The moment we ask questions, it stimulates ideas and innovation, and creates change. There are no questions that are neutral – all inquiry questions take you somewhere.
Poetic Principle	We can choose what we study What we choose to study makes a difference. It describes, and even creates the world as we know it. We influence our worlds through the metaphors we choose to describe human organizing.
Anticipatory Principle	Images inspire action Human systems move in the direction of their images of the future. The more positive and hopeful the images of the future are, the

	more positive the present-day action will be. Images of the future are created and exist in conversations and inner dialogue.
Positive Principle	Positive questions lead to positive change Momentum for large-scale change requires large amounts of positive affect and social bonding, most significantly through the discovery and mapping of the positive core.
Wholeness Principle	Wholeness brings out the best Wholeness brings out the best in people and organizations. Bringing all stakeholders together (all parts of the system) stimulates creativity and builds collective capacity. People transcend (rise above) the “I” to become a “We”. What is common becomes apparent.
Enactment Principle	Acting “as if” is self- fulfilling Positive change occurs when the process used to create the change is a living model of the ideal future.
Free-Choice Principle	Free choice liberates power People perform better and are more committed when they have freedom to choose how and what they contribute. Free choice stimulates organizational excellence and positive change.

Source: Whitney and Trosten-Bloom (2010:52), Cooperrider et al. (2008) and Kelm (2005).

7. CONCLUSION

The focus in the literature review was exploring and describing different concepts and theories that underpinned this research, such as the constructs of adolescence, the self, family relations, intellectual developmental disabilities and Appreciative Inquiry as an intervention approach. The researcher’s goal in undertaking this study was to explore and describe whether the sense of self of intellectually challenged adolescents can be strengthened within their familial relationships, by using Appreciative Inquiry as an intervention approach. Appreciative Inquiry’s principles and foundations are grounded in *affirmation* (validating, strengthening) and *appreciation* (acknowledging your uniqueness) which suggests that all human change is at its best a *relational process* that takes place through *dialogue* and the sharing of *narratives*. This dialogical process can be facilitated through the Appreciative Inquiry “5-D” process (Define, Discover, Dream, Design and Destiny) that creates opportunities for families to be heard and to

express their opinions and dreams for each of these families and for the intellectually challenged adolescent in that family.

The focus in the study was early adolescence, because this is a stage of many physical, mental, emotional and social changes that influence the formation of an identity, and an awareness of different selves in relation to the others in the field: their families, peers and significant others. The family was chosen as a focus for this study because it is within a family system that we develop close bonds and interconnected relationships, have social experiences and obtain information about ourselves – who we are and our value to society. The self is seen by the researcher as a complex, psychological structure, a natural *Gestalt* formation, multi-dimensional and composed by a multiplicity of selves that are socially constructed through realities and experiences of the world and embedded within relationships.

REFERENCES

- AAIDD – see American Association of Intellectual and Developmental Disabilities
- Adler, A. (1930). Individual psychology. In C. Murchison (Ed.), *Psychologies of 1930* (pp. 395-405). Worcester, MA: Clark University Press.
- Adnams, C. M. (2010). Perspectives of intellectual disability in South Africa: Epidemiology, policy, services for children and adults. *Current Opinion in Psychiatry*, 23(5), September, 436-440.
- American Association on Intellectual and Developmental Disabilities. (2010). *Intellectual disability: Definition, classification, and systems of supports* (11th ed.). Washington, DC: Author.
- American Association of Intellectual and Developmental Disabilities (AAIDD). (2013). *Definition of intellectual disability*. Retrieved from <http://aaidd.org/intellectual-disability/definition>
- American Psychiatric Association (APA). (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* (5th ed.). Arlington, VA: Author.
- Amoateng, A. Y., Richter, L. M., Makiwane, M., & Rama, S. (2004). *Describing the structure and needs of families in South Africa: Towards the development of a national policy framework for families*. Cape Town: Human Sciences Research Council.
- Anderson, S. A., & Sabatelli, R. M. (2011). *Family interaction: A multi-generational developmental perspective* (5th ed.). Boston, MA: Pearson.
- APA – see American Psychiatric Association
- Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organisation. *Academy of Management Review*, 14(1), 20-39.

- Baker, B. L., McIntyre, L. L., Blacher, J., Crnic, K., Edelbrock, C., & Low, C. (2003). Pre-school children with and without developmental delays: Behaviour problems and parenting stress over time. *Journal of Disability Research*, 47, 217-230.
- Becker, K. A. (2003). *History of the Stanford-Binet Intelligence Scales: Content and psychometrics* (Stanford-Binet Intelligence Scales, Fifth Edition Assessment Service Bulletin No. 1). Itasca, IL: Riverside.
- Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration* (5th ed.). Boston, MA: Allyn and Bacon.
- Belsey, M. A. (2005). *AIDS and the family: Policy options for a crisis in family capital*. New York, NY: United Nations.
- Berg-Cross, L. (2000). *Basic concepts in family therapy: An introductory text*. New York, NY: Haworth.
- Berger, P. L., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge* (7th ed.). London: Pelican.
- Berk, L. E. (2006). *Child development* (7th ed.). Boston, MA: Pearson Education.
- Berryman, J. C., Smyth, P. K., Taylor, A., Lamont, A., & Joiner, R. (2002). *Developmental Psychology and you* (2nd ed.). Oxford: Blackwell.
- Blacher, J., Bruce, L., & Mac Lean, W. E. (2007). Positive impact of intellectual disability on families. *American Journal on Intellectual and Developmental Disabilities*, 112(5), 330-348.
- Boulding, E., & Boulding, K. E. (1995). *The future: Images and processes*. Thousand Oaks, CA: Sage.
- Brooker, L. (2006). From home to home corner: Observing children's identity-maintenance in early childhood settings. *Children and Society*, 20(2), 116-127.
- Buber, M. (1970). *I and thou*. New York, NY: Scribner. (Originally published 1923).

- Bushe, G. R (1998). Five theories of change embedded in Appreciative Inquiry. Paper presented at the 18th Annual World Congress of Organisation Development, Dublin, Ireland, July, 14-18. In Cooperrider, D., Sorenson, P., Whitney, D. & Yeager, T. (Eds.)(2001). *Appreciative Inquiry: An emerging direction for organisation development* (pp.117-127). Champaign, IL: Stipes.
- Canary, H. E. (2008). Negotiating dis/ability in families: Construction and contradictions. *Journal of Applied Communication Research*, 36, 437- 458.
- Chaffee, J. (2010). *The philosopher's way: Thinking critically about profound ideas* (3rd ed.). Upper Saddle River, NJ: Prentice Hall.
- Chhagan, M. K., & Kauchali, S. (2011). *Child development and developmental disability*. Presentation on behalf of the Development Disabilities Research Collaboration (DDRC) between the University of KwaZulu-Natal and the Departments of Education, Health and Social Development. Retrieved from http://www.ruralrehab.co.za/uploads/3/0/9/0/3090989/children_development_and_developmental_disabilities_ddrc_2011.pdf
- Clarkson, P., & Mackewn, J. (1993). *Fritz Perls*. London: Sage.
- Coles, C. D. (2006). Prenatal alcohol exposure and human development. In M. W. Miller (Ed.), *Brain development: Normal processes and the effects of alcohol and nicotine* (pp123-142). New York, NY: Oxford University Press.
- Cooley, C.H. (1902). *Human nature and the social order*. New York: Scribner's.
- Cooperrider, D. L. (1986). *Appreciative Inquiry: Towards a methodology for understanding and enhancing organizational innovation*. (Unpublished dissertation). Case Western Reserve University, Cleveland, OH.

- Cooperrider, D. L. (1999). Positive images, positive action: The affirmative basis of organising. In S. Srivastva, & D. L. Cooperrider (Eds.), *Appreciative management and leadership* (pp. 91-125). Euclid, OH: Lakeshore Communications.
- Cooperrider Dole, D., Silbert, J. H., Mann, A. J., & Whitney, D. (2008). *Positive family dynamics: Appreciative Inquiry questions to bring out the best in families*. Chagrin Falls, OH: Taos Institute.
- Cooperrider, D. L., Whitney, D. & Stavros, J. (2008). *Appreciative Inquiry handbook*. Brunswick, OH: Crown.
- Cottle, T. J. (2003). *A sense of self: The work of affirmation*. Amherst, MA: University of Massachusetts Press.
- Couper, J. (2002). Prevalence of childhood disability in rural KwaZulu-Natal. *South African Medical Journal*, 92, 549-552.
- Daily, D. K., Ardinger, H. H., & Holmes, G. E. (2000). Identification and evaluation of mental retardation. *American Family Physician*, 61(4), 1059-1067.
- Davis, K., & Gavidia-Payne, S. (2009). The impact of child, family, and professional support characteristics on the quality of life in families of young children with disabilities. *Journal of Intellectual & Developmental Disability*, 34(2), June, 153-162.
- Drews, C. D, Yeargin-Allsopp, M., Decoufle, P., & Murphy, C. C. (1995). Variation in the influence of selected socio-demographic risk factors for mental retardation. *American Journal of Public Health*, 85, 329-334. doi: 10.2105/AJPH.85.3.329
- Durkin, M. (2002). The epidemiology of developmental disabilities in low-income countries. *Mental Retardation and Developmental Disabilities Research Reviews*, 8, 206-211. doi: 10.1002/mrdd.10039
- Emerson, E. (2007). Poverty and people with intellectual disabilities. *Mental Retardation and Developmental Disability*, 13, 107-113. doi: 10.1002/mrdd.20144

- Epstein CJ. (1995). Down syndrome (trisomy 21). In: Scriver CA, Beaudet AL, Sly WS, Valle D, editor. In *Metabolic and Molecular Bases of Inherited Disease*. (pp. 749-794). New York: McGraw Hill.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Erikson, E. H. (1982). *The life cycle completed*. New York, NY: Norton. (Originally published in 1950).
- Fancher, R. E., & Rutherford, A. (2012). *Pioneers of psychology*. New York, NY: Norton.
- Fisher, P., & Goodley, D. (2007). The linear model of disability: Mothers of disabled babies resist with counter-narratives. *Sociology of Health and Illness*, 29(1), 66-81.
- Fleming, J. S. (2008). *Psychological perspectives on human development: Piaget, Kohlberg, Piaget, Gilligan, and others on moral development*. (Originally published in 2004). Retrieved from swppr.org/Textbook/Contents.html
- Fowler, J. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. Database Academic (Search Premier). Retrieved from <http://search.ebsco-host.com/login.aspx?>
- Franks, D., & Morolla, J. (1976). Efficacious action and social approval as interacting dimensions of self-esteem: Formulation through construct validation. *Sociometry*, 39, 324-341.
- Freud, S. (1974). *The ego and the id*. London: Hogarth. (Originally published in 1923).
- Fromm, E. (1992). *The art of being*. New York, NY: Continuum.
- Gergen, K. J. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA: Harvard University Press.
- Gergen, K. J. (2011). The social construction of self. In S. Gallagher (Ed.), *The Oxford handbook of the self* (pp. 633-653). Oxford: Oxford University Press.

- Goffman, E. (1963) *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Goldenberg, I., & Goldenberg, H. (2013). *Family therapy. An overview* (6th ed.). Belmont, CA: Thomson Brooks/Cole.
- Greenwood, N. W., & Wilkinson, J. (2013). Sexual and reproductive health care for women with intellectual disabilities: A primary care perspective. *International Journal of Family Medicine*. Vol 2013. Retrieved from <http://dx.doi.org/doi:10.1155/2013/642472>
- Guralnick, M. J. (2000). The early intervention system and out-of-home child care. In D. Dryer, & T. Harms (Eds.), *Infants and toddlers in out-of-home care* (pp. 207-234). Baltimore, MD: Brookes.
- Guralnick, M. J., & Kosmitzki, C. (2005). Early intervention for children with intellectual disabilities: Current knowledge and future prospects. Centre on Human Development and Disability, University of Washington, Seattle, WA. *Journal of Applied Research in Intellectual Disabilities*, 18, 313-324.
- Harbour, C. K., & Maulik, P. K. (2010). History of intellectual disability. In: J. H. Stone, & M. Blouin (Eds.), *International encyclopaedia of rehabilitation*. Retrieved from <http://cirrie.buffalo.edu/encyclopedia/article.php?id=143&language=en>
- Hart, D., & Carlo, G. (2005). Moral development in adolescence. *Journal of Research on Adolescence*, 15, 223-233. doi: 10.1111/j.1532-795.2005.00094
- Hart, D., & Markey, C. (2004). Coming of age in the study of adolescence. *Handbook of Adolescence. Contemporary Psychology*, 49, 727–729.
- Heubner, A. (2000). *Adolescent growth and development*. Virginia Cooperative Extension Publication No. 350-850. Retrieved from <http://www.ext.vt.edu/pubs/family/350-850/350.html>

- Hockenbury, D. H., & Hockenbury, S. E. (2007). *Discovering psychology*. New York, NY: Worth.
- Hoffman, L. (1981). *Foundation of family therapy: A conceptual framework for systems change*. New York, NY: Basic Books.
- Hogg, M. A. (2006). *Contemporary social psychology*. Edited by P. E. Burk. Stanford, CA: Stanford University Press.
- Holborn, L., & Eddy, G. (2011). *First steps to healing the South African family*. Johannesburg: South African Institute of Race Relations.
- Holness, W. (2013). Agenda: Empowering women for gender equity. Gender and human rights: Biology and bodies. Informed consent for sterilisation of women and girls with disabilities in the light of the Convention on the Rights of Persons with Disabilities. *Agenda-Empowering women for gender equity*, 27(4). (pp.35-54).
doi:10.1080/10130950.2013.857869
- Hussong, A. M., Huang, W., Curran, P. J., Chassin, L., & Zucker, R. A. (2010). Parent alcoholism impacts the severity and timing of children's externalizing symptoms. *Journal of Abnormal Child Psychology*, 38(3), 367-380. doi: 10.1007/s10802-009-9374-5
- Hutchison, E. D. (2014). *Dimensions of human behaviour. The changing life course* (5th ed.). Virginia Commonwealth University: Sage.
- Hycner, R. (1993). *Between person and person: Towards a dialogical psychotherapy*. New York, NY: Gestalt Journal Press.
- James, W. (1890). The self and its selves. In C. Lemert (Ed.), 2010, *Social theory: The multicultural readings* (pp. 161-166). Philadelphia, PA: Westview Press.
- Joyce, P. S., & Sills, C. (2010). *Skills in Gestalt counselling and psychotherapy* (2nd ed.). London: Sage.

- Jung, C. G. (1970). *Structure and dynamics of the psyche. Collected Works of C.G. Jung, Vol. 1*. Princeton, NJ: Princeton University Press.
- Karpel, M., & Strauss, E. (2014). Family evaluation. In L. Berg-Cross (Ed.), *Basic concepts in family therapy: An introductory text*. (pp. 3-27). New York, NY: Haworth
- Kaufmann, W. (1970). *I and Thou. Martin Buber. A new translation, with a prologue and notes*. Edinburgh: Clark.
- Kelm, J. B. (2005). *Appreciative living: The principles of Appreciative Inquiry in personal life*. Wake Forest, NC: Venet.
- Kepner, J. I. (2001). *Body process: A Gestalt approach to working with the body in Psychotherapy*. Orleans, MA: Gestalt Press. (Originally published in 1987).
- King, P. E., & Roeser, R.W. (2009). Religion and spirituality in adolescent development. In R. M. Lerner, & L. Steinberg (Eds.), *Development, relationships and research methods. Handbook of adolescent psychology, Vol. 1* (pp. 435-478) (3rd ed.). Hoboken, NJ: Wiley.
- Koenen, K. C., Moffit, T. E., Caspi, A., Taylor, A., & Purcell, S. (2003). Domestic violence is associated with environmental suppression of IQ in young children. *Development and Psycho-Pathology*, 15, 297-311.
- Kohlberg, L. (1984). *The psychology of moral development: The nature and validity of moral stages*. San Francisco, CA: Harper & Row.
- Kromberg, J., Zwane, E., Manga, P., Venter, A., Rosen, E., & Christianson, A. (2008). Intellectual disability in the context of a South African population. *Journal of Policy Practice Intellectual Disability*, 5(2), June, 89 -95. doi: 10.1111/j.1741-1130.2008.00153.x
- Kuhn, D. (2006). Do cognitive changes accompany developments in the adolescent brain? *Perspectives on Psychological Science*, 9, 59-67.

- La Guardia, J. G. (2009). Developing Who I am: A Self-determination theory approach to the establishment of healthy identities. *Educational Psychologist*, 44(2), 90-104.doi: 10.1080/00461520902832350
- Larson, R. W., & Brown, J. R. (2007). Emotional development in adolescence: What can be learned from a high school theatre program. *Child Development*, 78(4), 1083-1099.
- Leonard, H., & Wen, X. (2002). The epidemiology of mental retardation: Challenges and opportunities in the new millennium. *Mental Retardation and Developmental Disability Research Reviews*, 8(3), 117-134.
- Locke, J. (1997). *An essay concerning human understanding*. Edited by R. Woolhouse. New York, NY: Penguin. (Originally published in 1689).
- Mackewn, J. (1997). *Developing Gestalt counselling*. London: Sage.
- Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 159-187). New York, NY: Wiley.
- McConville, M. (1995). *Adolescence: Psychotherapy and the emergent self*. San Francisco, CA: Jossey-Bass.
- McConville, M. & Wheeler, G. (2001). *The heart of development. Gestalt approaches to working with children, adolescents and their worlds. Volume II: Adolescence* (pp. 54-72). Hillsdale, NJ: Analytic Press.
- McGoldrick, M., Gerson, R., & Petry, S. S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York, NY: Norton.
- McLauren, P., Solarsh, G., & Saloojee, G. (2003/4). Disability and disablement. In *South Africa Health Review* (pp. 163-173). Durban: Health Systems Trust. Retrieved from <http://www.hst.org.za/publications/423>

- McLean, K.C., & Pasupathi, M. (2012). Processes of identity development: Where I am, and how I got there. *Identity: An International Journal of Theory and Research*, 12, 8-28. doi: 10.1080/15283488.2011.632363
- McLeod, L. (1993). The Self in Gestalt Therapy Theory. *The British Gestalt Journal*, 2 (1) pp.25-40.
- Mead, G. H. (1962). *Mind, self and society from the standpoint of a social behaviourist*. Edited by C. W. Morris. Chicago, IL: University of Chicago Press.
- Mead, G. H. (1964). Natural rights and the theory of political institution. In A. Reck (Ed.), *Mead: Selected writings* (pp. 150-170). Indianapolis, IN: Bobbs-Merrill.
- Meeus, W. (2011). The study of adolescent identity formation 2000-2010: A review of longitudinal research. *Journal of Research on Adolescence*, 21, 75-94. doi: 10.1111/j.1532-7795.2010.00716.x
- Mendle, J., Turkheimer, E., D'Onofrio, B. M., Lynch, S. K., Emery, R. E., Slutske, W. S., & Martin, N. G. (2006). Family structure and age at menarche: A children-of-twins approach. *Developmental Psychology*, 42, 533-542.
- Merriam Webster. (2003) *Merriam-Webster's Collegiate Dictionary*. (11th ed.). Springfield, MA: Oneworld.
- Milewski-Hertlein, K. A. (2001). The use of socially constructed genogram in clinical practice. *American Journal of Family Therapy*, 29(1), 23-39.
- Moeschler, J. B., & Shevell, M. (2006). Clinical genetic evaluation of the child with mental retardation of developmental delays. *Paediatrics*, 117(6), 2304-2316.
- Muuss, R. E. H. (1975). *Theories of adolescence* (3rd ed.). New York, NY: Random House.
- Myers, D. G. (2004). Theories of emotion. *Psychology*. (7th ed.). New York, NY: Worth.
- Nimbalkar, N. (2011). *John Locke on personal identity*. doi: 10.4103/0973-1229.77443

- Opperman, S., & Alant, E. (2003). The coping response of the adolescent siblings of children with severe disabilities. *Disability and Rehabilitation*, 25, 441-454.
- Oswalt, A. (2010). *Child development theory: Adolescence*. Seven Countries Services, Inc. Retrieved from http://www.sevencountries.org/poc/view_doc.php?type=doc&id=41153&=1310
- Papalia, D. E., & Feldman, M. R. D. (2012). *Experience human development* (12th ed.). New York, NY: McGraw-Hill.
- Perls, F., Hefferline, R. F., & Goodman, P. (1951) *Gestalt Therapy. Excitement and growth in the human personality*. London: Souvenir Press.
- Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development*, 15, 1-12.
- Phillipson, P. (2009). *The emergent self: An existential-Gestalt approach*. London: Karnac.
- Polster, E. (2005). *A population of selves: A therapeutic exploration of personal diversity*. Gouldsboro, ME: Gestalt Journal Press.
- Polster, E., & Polster, M. (1973). *Gestalt therapy integrated*. New York, NY: Brunner/Mazel.
- Proskansky, H. M., Fabian, A. K., & Kaminoff, R. (1983). Place-identity: Physical world and socialisation of the self. *Journal of Environmental Psychology*, 3, 57-83.
- Rogers, C. R. (1961). *On becoming a person: Therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin.
- Ream, G. L., & Savin-Williams, R. C. (2006). Religious development in adolescents. In G. Adams, & M. Berzonsky (Eds.), *Blackwell handbook of adolescence* (pp. 51-58). Malden: Blackwell.
- Roeleveld, N., & Zielhuis, G. A. (1997). The prevalence of mental retardation: A critical review of recent literature. *Developmental Medicine & Child Neurology*, 39(2), 125-132. doi: 10.1111/j.1469-8749.1997.tb07395.x

- Roid, G. H. (2003). *Stanford-Binet Intelligence Scales* (5th ed.) Assessment Service Bulletin Number 1. History of the Stanford-Binet Intelligence Scales: Content and Psychometrics. Itasca, IL: Riverside.
- Rothbart, M. K, Ahadi, S. A., & Evans, D. E. (2000). Temperament and personality: Origins and outcomes. *Journal of Personality and Social Psychology*, 78, 122-135.
- Seeman, M. (1966). Status and identity: the problem of inauthenticity. *The Pacific Sociological Review*, Vol 9(2) 67-73.
- Schneider, M., Claasens, M., Kimmie, Z., Morgan, R., Naicker, S., Roberts, A., & McLaren, P. (1999). "We also count!" *The extent of moderate and severe reported disability and nature of the disability experience in South Africa*. Report commissioned by the Department of Health, Pretoria, conducted by the Community Agency for Social Enquiry (CASE).
- Schultz, D. P. & Schultz, S. E. (2005). *Theories of personality*. Belmont, CA: Wadsworth Thomson Learning.
- Shaffer, D. R. (2009). *Social and personality development* (6th ed.). Belmont, CA: Wadsworth.
- Shannon, P., Grinde, L. R. & Cox, A. W. (2003). Families' perception of the ability to pay for early intervention services. *Journal of Early Intervention*, 25, 164-172.
- Shprintzen, R. (2005). Velo-Cardio-Facial Syndrome. *Progress in Pediatric Cardiology*, 20(2), 187-193. doi: 10.1016/j.ppedcard.2005.04.009
- Silverman, W. (2009). Prevention of intellectual and developmental disabilities. *Intellectual and Developmental Disabilities*, 47(4), 320-322. doi: 10.1352/1934-9556-47.4.320
- Snygg, D., & Combs, A. W. (1949). *Individual behaviour: A new frame of reference for psychology*. New York, NY: Harper.
- South Africa. (1996). *Constitution of the Republic of South Africa*. Retrieved from www.gov.za/documents/constitution/1996a108-96.pdf

- Spagnuolo Lobb, M. & Lichtenberg, P. (2005). Classical gestalt therapy theory. In A. L. Woldt & S. M. Toman (Eds.), *Gestalt therapy: History, theory, and practice* (pp. 21-40). Retrieved from doi: <http://dx.doi.org/10.4135/9781452225661.n2>
- Srivastva, S., Cooperrider, D. L. & Associates (1990). *Appreciative management and leadership*. San Francisco, CA: Jossey-Bass.
- Statistics South Africa. (2005). *Prevalence of disability in South Africa census 2001/Statistics South Africa*. Pretoria. Retrieved from <http://www.statssa.gov.za/census01/html/Disablitiy.pdf>
- Statistics South Africa. (2007). *Statistical Release P0301. Community Survey, 24*. Pretoria. Retrieved from <http://www.statssa.gov.za/publications/P0301/P0301pdf>
- Statistics South Africa. (2011a). *Profile of persons with intellectual disabilities*. Pretoria: Republic of South Africa. Retrieved from <http://beta2.statssa.gov.za/publications/Report-03-01-59/Report-03-01-592011.pdf>
- Statistics South Africa. (2011b). *Social profile of vulnerable groups in South Africa, 2002-2010*. Pretoria: Republic of South Africa.
- Stavros, J. M., & Torres, C. B. (2005). *Dynamic relationships: Unleashing the power of Appreciative Inquiry in daily living*. Chagrin Falls, OH: Taos Institute.
- Stets, J. E., & Burke, P. J. (2000). Identity theory and Social Identity theory. *Social Psychology Quarterly*, 63, 224-247.
- Susman, E. J., & Rogol, A. (2004). Puberty and psychological development. In R. M. Lerner, & I. Steinberg (Eds.), *Handbook of adolescent psychology* (pp. 15-44) (2nd ed.). Hoboken, NJ & New York: Wiley.
- Swango-Wilson, A. (2011). Meaningful sex education programs for individuals with intellectual/developmental disabilities. *Sexuality and Disability*, 29(2), 113-118.

- Syed, M., & Seiffge-Krenke, I. (2013). Personality development from adolescence to emerging adulthood: Linking trajectories of ego development to the family context and identity formation. *Journal of Personality and Social Psychology*, 104(2), 371-384.
- Teachman, J. D., Tedrow, L. M., & Crowder, K. D. (2000). The changing demography of America's families. *Journal of Marriage and Family*, 62(4), 1234-1246.
doi:10.1111/j.1741-3737.2000.01234.x
- The Arc of the United States. (2001). *Preventing mental retardation: A guide to the causes of mental retardation and strategies for prevention*. Silver Spring, MD. Retrieved from [http:// www.thearc.org/document.doc?id=3667](http://www.thearc.org/document.doc?id=3667)
- UNICEF. (2008). *Monitoring child disability in Developing Countries: Results from the Multiple Indicators Cluster Surveys*. New York, NY: UNICEF.
- United Nations. (1989). *Demographic Yearbook 1987*. New York, NY: United Nations.
- Vogt, E. E., Brown, J., & Daugherty, N. (2003). *The art of powerful questions: Catalyzing insight, innovation and action*. Mill Valley, CA: Whole Systems Associates.
- Von Bertalanffy, L. (1975). *Perspectives of General Systems Theory – Scientific and philosophical studies*. New York, NY: Braziller.
- Vygotsky, L. S. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.
- Vygotsky, L. (1986). *Thought and language*. Cambridge, MA: MIT Press.
- Watkins, J. M., & Stavros, J. (2010). Appreciative Inquiry: Organizational Development in the post-modern age. In W. J. Rothwell, J. M. Stavros, R. L. Sullivan, & E. Sullivan (Eds.), *Practicing Organization Development: A guide for leading change* (pp. 158-182). San Francisco, CA: Wiley.
- Winnicott, D. W. (1965). *The Maturation Process and the Facilitating Environment*. International Psycho-Analytical Library, 64: 1-276. London: The Hogarth Press and the Institute of Psycho-Analysis

- Whitney, D., & Trosten-Bloom, A. (2010). *The power of Appreciative Inquiry*. San Francisco, CA: Berrett-Koehler.
- WHO – see World Health Organization
- Woldt, A. L., & Toman, S. M. (2005). *Gestalt therapy: History, theory and practice*. Thousand Oaks, CA: Sage.
- World Health Organization (WHO). 2001. *International classification of functioning, disability, and health*. Geneva. Retrieved from www.who.int/classifications/icf
- World Health Organisation (WHO). (2007). *Atlas: Global resources for persons with intellectual disabilities*. Geneva. Retrieved from www.who.int/mental_health/evidence/atlas_id_2007.pdf
- World Health Organisation (WHO). (2015). *Maternal, new-born, child and adolescent Health. Adolescent development*. Retrieved from http://www.who.int/maternal_child_adolescent/topics/adolescent/dev/en
- Young, R., & Collin, A. (2004). Introduction: Constructivism and social constructionism in the career field. *Journal of Vocational Behaviour*, 64(3), 373-388.
- Yontef, G. M. (1993). *Awareness, dialogue and process: Essays on Gestalt Therapy*. Highland, NY: Gestalt Journal Press.

SECTION B

ARTICLES

Article I

“Who Am I?” – A Reflective Experience on the Sense of Self of Intellectually Challenged Adolescents within Familial Relationships

Abstract

This study explored intellectually challenged adolescents’ experiences of their sense of self within familial relationships. An embedded, mixed methods approach was used – semi-structured interviews were conducted with 12 adolescents, who also completed an emotional intelligence measure, the BarOn Emotional Quotient Inventory: Youth Version. The participants’ scores indicated average emotional intelligence, supporting their capacity to recognize, understand, and manage emotions experienced by the self and others. The adolescents provided corroborating qualitative evidence that they recognized the influence of family relationships, and positive and negative broader social experiences (e.g. peers in school) on their sense of self. Exploration and self-reflection facilitated the formation of strong, stable selves, and creates awareness that some adolescents need supportive reinforcement to construct a positive sense of self.

Keywords: sense of self, adolescence, familial relationships, intellectual developmental disabilities, mixed methods.

Introduction

“Sense of self” is a general term used by many theorists in describing human development and self-theories. Theorists such as Erikson (1963/1993), Polster (2005) and

Rogers (1961) prefer the term “identity”, “self-concept” and “selves”. Jung (1947), Rowan and Cooper (1999) regard the self as the center of the total personality, which includes the conscious and the unconscious. The self is also seen as the core part of a person and a sense of awareness a person has of him-/herself (Cottle, 2003; Crocetti, Rubini, Luyckx, & Meeus, 2008; Yontef, 1997). There is no consensus among theorists regarding the “self”, but most agree that the self is a complex psychological structure and that the primary function of the self is to integrate, organize and unify a person’s behavior, experiences and future ambitions (Erikson, 1968; Freud, 1923/1974; James, 1890/2010; Mead, 1962).

Forming a self-identity has long been considered a central developmental task during adolescence and emerging adulthood. This period is marked by many physical, mental, emotional and social changes. It is referred to as the identity cohesion stage versus a confusion stage, as adolescents ask “*Who am I?*”, “*What am I to become?*” and “*What is my place in society?*” (Erikson, 1968). Oswalt (2015) believes that the configuration of a self during adolescence and adulthood creates a sense of psychological well-being, a feeling of being “at home” in one’s body. According to Papalia and Feldman (2012), it includes a sense of knowing where one is going. Adolescents struggle to find answers to the questions on the self that they ask, and, according to Erikson (1968), the search for a coherent identity implies the forming of a coherent conception of self, which is made up of goals, values and beliefs to which a person commits firmly.

Gergen (2011) argues that the formation of a self does not take place in isolation, but that the self is *socially constructed and re-constructed* through realities, external social influences, and dynamic forces of the field. It involves our experiences of the world and our relationships with others (Hutchinson, 2003; Yontef, 1997). These experiences take place through social processes, such as everyday interactions between people, and conversations as they unfold (Young & Colin, 2004). The family is one such place where interactions occur.

Furthermore, the family constitutes a complex structure of interconnected relationships and interdependent individuals, none of whom can be understood in isolation from the system (Anderson & Sabatelli, 2011; Baron & Byrne, 2000; Pillay, 2010).

Adolescents are part of a family system, which provides socialization experiences, and also contributes to the development of each family member's personal identity by providing information about the self (Formby & Osborn, 2010; Krekula, 2002). Becvar and Becvar (2013) and Berk (2006) point out that this network of interdependent relationships constantly evolves, and is a relational and intricate part of people's personal and social lives (see also Brah, Hickman, & Mac an Ghaill, 2004). In this sense, adolescents with intellectual and developmental disabilities appear to be no different from other developing adolescents, as they too seek answers about themselves, their abilities, social acceptance and close relationships with their families and friends.

Intellectual and development disability (IDD), previously known as mental retardation, refers to a neuro-developmental disorder that occurs before the age of 18. The terms "intellectually disabled" or "intellectually challenged" are now preferred by most English-speaking countries (American Association of Intellectual and Developmental Disabilities, 2010; World Health Organization, 2014), and these are also the terms chosen by the researcher for this study. The term "intellectual and developmental disabilities" refers to a more general and broader concept, whereas the term "intellectually challenged" is used to refer to the specific adolescents who participated in this study. The disability is characterized by an intelligence quotient (IQ) of 70 or below, with approximately two standard deviations below the population, with significant limitations in *intellectual functioning* and *adaptive behavior* (American Association of Intellectual and Developmental Disabilities, 2013). The *Diagnostic and Statistical Manual of Mental Disorders V (DSM-V)* classifies the disability into five

categories, as mild, moderate, severe and profound, or unable to classify (APA, 2013), based on intellectual functioning measured by means of standard tests of the intelligence quotient (IQ).

Previous research on people with disabilities has found that this population often do not talk about their disabilities, but are well aware of society's reaction towards their disabilities; their perceptions and views of themselves are also often restrained by the way society constitutes them as strangers in a modern world (Gwernan-Jones, 2008; Michailakis, 2003; Reeve, 2002). Michailakis (2003, p. 209) points out that "one is not born a disabled person – one is observed to be one". Similarly, Goodley and Tregaskis (2006) report that young persons with disabilities in particular seem to be aware of their differences and their exclusion from society. However, Hughes, Russell and Paterson (2005) and Taylor (2000) have found that some people with intellectual disabilities construct a world for themselves in which the disability is not stigmatized, and suggest that their experiences of the disability and the formation of their self depends largely *on the relationships they have with family members* and significant others. Gill (2001), in an overview of prior studies, suggests that people with disabilities may experience a sense of estrangement even within their families and that their sense of self-acceptance and self-formation are significantly related to how friends and family members *react* towards their disabilities.

Gill (2001) and Watson (2002) assume that the formation of the self can be structured on shared experiences, but that the self in a person with disabilities is fixed. By contrast, Terry and Campbell (2009), as well as Woodbridge, Buys, and Miller (2011) reject this argument, claiming that the self or selves of people with disabilities are fluid, not stagnant, and continuously evolve and become within family relations. Some studies indicate that emotional autonomy is reached in adolescents' relationships and that it often includes the development of more mature emotional connections with adults and peers (Reeve, 2002; Steinberg, 2011). Only through self-exploration can adolescents discover who they are, recognize their natural

abilities and uniqueness, and construct a positive sense of self, reaching identity achievement and optimal functioning.

Despite these prior studies, there is still a lack of research on how intellectually challenged adolescents experience and see their sense of self within familial relationships. Hence, the present study explores these experiences and the influence of familial relationships on the configuration of an identity – a self. Key questions raised in this study are whether intellectually challenged adolescents' emotional intelligence (EQ) is affected by their limited cognitive abilities, whether their sense of self is stagnant, and to what extent family relationships and the perceptions of others influence the configuration and perception of these adolescents' sense of self. On the basis of the literature discussed above, the following research questions were formulated: What are the experiences of intellectually challenged adolescents of their sense of self? How does the sense of self of intellectually challenged adolescents compare with that of normal adolescents' sense of self?

Method

Participants.

The sample consisted of 12 intellectually challenged adolescents between the ages of 11 and 14 ($M = 12.17$, $SD = .94$), living in the Ekurhuleni Metropolitan Area, in the Northern Region of Gauteng, South Africa. Of the 12 participants, four were female, and eight were male. The racial distribution was Black ($n = 5$) and White ($n = 7$). Potential participants were identified by teachers and therapists at a school for learners with mild to moderate intellectual and learning disabilities. The participants represented broad socio-economic strata. They were raised in intact two-parent families, single-parent or divorced families, extended three-generational or skip-generational families.

Measures.

Qualitative interview questions. A semi-structured interview schedule was used to elicit responses from the participants. Questions focused on how the adolescents experienced their sense of self (their identity) and their relationships with family members. The following guiding questions were used to provide a framework for each interview: Tell me about yourself. How do you see yourself? Is there anything that you want to change about yourself? Tell me how you experience (see) yourself within your family. What do you enjoy about your family? How do you think your family view/feel about you? The order in which the questions were asked depended on the conversational flow of each interview.

Quantitative questionnaire. In this study, quantitative data were used to support the qualitative data. There is no instrument that measures sense of self as a construct, so the BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i:YV) was chosen as a measure of certain components of sense of self, namely *self-awareness* and *self-perception*. The BarOn EQ-i:YV, developed by Bar-On and Parker (2000), was used to measure the social and emotional competencies of the participants. The inventory contains 60 Likert-type items anchored at 1 (*very seldom or not true of me*) and 4 (*very often true or true of me*). The items are divided into six subscales. Four subscales combine for a total measure of emotional intelligence (EQ): (a) Intrapersonal (six items – e.g., “It is easy to tell people how I feel”), (b) interpersonal (12 items – e.g., “Having friends is important”), (c) stress management (12 items – e.g., “I can stay calm when I am upset”), (d) adaptability (10 items – e.g., “I am good at solving problems”). The remaining items cover two scales: (e) general mood (14 items – e.g., “I feel sure of myself”), and (g) positive impression (six items – e.g., “I think I am the best in everything I do”). For each scale, higher scores reflect superior emotional and social abilities.

The factor structure found in the initial development and validation of the BarOn EQ-i:YV (Bar-On & Parker, 2000) has been supported in a subsequent study (Parker, Saklofske,

Shaughnessy, Huang, Wood, & Eastabrook, 2005). Research has provided evidence of the discriminative power of the measure, showing that the BarOn EQ-i:YV is able to differentiate between primary and high school students with different academic achievement (for example, grade point average) levels. Higher scores for students clustered into more successful groups (Eastabrook, Duncan, & Eldridge, 2005; Parker, Creque, Barnhart, Harris, Majeski, & Hogan, 2004). Internal consistency estimates for the BarOn EQ-i:YV scales have been acceptable to strong ($\alpha = .65$ to $.90$) across several studies (for example, Bar-On & Parker, 2000; Harrod & Sheer, 2005; Parker, Taylor, Eastabrook, Schell, & Wood, 2008). Acceptable test-retest reliability has also been found at an interval of three weeks for the EQ scales ($r = .70-.89$) and the general impression and positive impression and general mood scales ($r = .60-.77$) (Bar-On & Parker, 2000; Hassan & Sader, 2005).

Based on the purpose of this study, only those scales that combined for a measure of the total EQ were used. Two of the sub-scales that were important for this study were the intrapersonal and interpersonal scales, which are closely linked to self-awareness, self-perceptions, feelings and relationships with others.

Procedure

Institutional ethical approval was sought and granted to conduct the study, and formal permission was obtained from the South African Department of Education to access the relevant school. The school gave permission to access the participants. Informed consent was obtained from the participants' parents. Assent was obtained from the intellectually challenged adolescents. The participants and the participating families were fully informed of the purpose and nature of the study, the conditions of participation, the fact that participation was voluntary, that confidentiality and anonymity would be maintained, and that participants had the right to withdraw.

The BarOn EQ-i:YV was administered to the adolescents individually (one-on-one) at the school for learners' with intellectual and learning disabilities. Because of these learners limited English capacity, the test (which is in English) was read out aloud to each adolescent by the test administrator. In order to accommodate the unique abilities of the adolescents, visual cues and prompts were provided when questions were presented to them. The instrument took approximately 15 to 20 minutes per person to complete. After the completion of the BarOn EQ-i:YV, semi-structured interviews were conducted with the adolescents at the school in a quiet and comfortable area at the school. Each interview took about 45 to 60 minutes. Family photographs taken earlier with the adolescents' families and genograms drawn by the adolescents were used during the interviews to stimulate dialogue between the researcher and each adolescent.

Data analysis

Qualitative data. The interview data were analyzed using a six-phase thematic analysis, as described by Boyatzis (1998) and Braun and Clark (2012), using the following thematic analysis steps: data gathered through narratives and observations were familiarized, coded and verified by two independent therapists with post-graduate research experience. They looked for themes relevant to the research question, then reviewed, identified and named the themes.

Quantitative data. EQ-i:YV raw scores were converted to standardized scores and descriptive statistics were computed for each of the relevant scales. Differences between sex and race groups on each scale were examined, using independent sample *t*-tests, and one sample *t*-tests were performed using the total sample by specifying a comparative standardized mean value (that is, 100) for each variable (see Table 1). Before proceeding with parametric testing, all hypothesis testing assumptions were tested and appropriately fulfilled. An alpha level of .05 was used for all statistical analyses. Cohen's (1992) effect size guidelines of .2

(small), .5 (medium), and .8 (large) were used to evaluate the strength of differences (or a lack thereof) between the comparisons that were made.

Results

A mixed method embedded design was selected for the study, which included both quantitative (embedded) and qualitative results. According to Creswell and Plano Clark (2011), a mixed methods design provides a more holistic picture of the research question, and enhances data triangulation, validity and the congruence of findings (cf. also Menon & Cowger, 2010). Delpont and Fouché (2011) argue that the advantage of an embedded design is that two types of data collected concurrently can be compared and interpreted to determine the effectiveness of an intervention. The findings are reported in Table 1.

With regard to the quantitative analysis, the majority of the participants (67%-75%) scored within 1 standard deviation of the mean across each scale (see Table 1). There were no statistically significant differences between the participants on each of the scales based on sex or race. However, on the intrapersonal scale (negligible effect size), small to medium effect sizes were found for each of the comparisons, with the exception of race. The total sample did not display statistically significant differences from the specified standardized mean value, but large effect sizes were found on the interpersonal and general mood scales. In particular, the sample in this study seemed to score markedly lower on the interpersonal scale, and markedly higher on the general mood scale, than average members of the population.

Table 1

Descriptive and t-test statistics for EQ-i-YV scales

Variable	Sex		Race		Total	Below 1 SD from M	Above 1 SD from M
	Female (1)	Male (2)	Black (1)	White (2)			
Intrapersonal						1	3
<i>M</i>	100.25	105.50	104.00	103.57	103.76		
<i>SD</i>	5.19	14.96	7.48	15.79	12.51		
<i>t-test</i>	$t(10) = -.67, p = .52$		$t(10) = .06, p = .96$		$t(11) = 1.04, p = .32^a$		
<i>d</i>	.47		.03		.63		

Interpersonal						3	1
<i>M</i>	91.00	95.00	90.00	96.29	93.67		
<i>SD</i>	8.17	13.98	5.39	15.16	12.10		
<i>t-test</i>	$t(10) = -.52, p = .61$		$t(10) = -.88, p = .40$		$t(11) = -1.81, p = .10^a$		
<i>d</i>	.35		.55		1.09		
Stress management						1	2
<i>M</i>	97.25	101.88	103.80	97.86	100.33		
<i>SD</i>	5.74	18.57	7.95	19.21	15.29		
<i>t-test</i>	$t(10) = -.48, p = .64$		$t(10) = .65, p = .53$		$t(11) = .08, p = .94^a$		
<i>d</i>	.34		.40		.04		
Adaptability						2	2
<i>M</i>	94.25	99.50	93.40	100.86	97.75		
<i>SD</i>	11.59	19.21	8.44	20.86	16.67		
<i>t-test</i>	$t(10) = -.50, p = .63$		$t(10) = -.75, p = .47$		$t(11) = -.47, p = .65^a$		
<i>d</i>	.33		.41		.28		
General Mood						0	0
<i>M</i>	102.50	105.50	103.00	105.57	104.50		
<i>SD</i>	8.58	6.87	4.58	8.87	7.23		
<i>t-test</i>	$t(10) = -.66, p = .52$		$t(10) = -.59, p = .57$		$t(11) = 2.16, p = .05^a$		
<i>d</i>	.39		.36		1.30		
Total EQ						2	2
<i>M</i>	96.00	102.50	98.60	101.57	100.33		
<i>SD</i>	8.64	15.17	8.68	16.43	13.30		
<i>t-test</i>	$t(10) = -.78, p = .45$		$t(10) = -.37, p = .72$		$t(11) = .09, p = .93^a$		
<i>d</i>	.53		.23		.05		

Note. ^a one-sample *t*-test, *M* = mean, *SD* = standard deviation, *d* = Cohen's *d*.

The quantitative and qualitative findings are summarized in a joint display in Table 2.

Table 2

Joint display of quantitative and qualitative results

Variable	<i>N</i>	Scale description	Adolescents' experiences and awareness on sense of self
Intrapersonal	12	Emotional <i>self-awareness</i> : ability to recognize, understand one's feelings.	Self-descriptions were made with reference to several domains with positive and negative experiences.
Very high to extremely well-developed EQ (120-129).	2		
High to well-developed EQ (110-119).	2	Assertiveness: ability to <i>express feelings</i> , beliefs, and thoughts.	Characteristics attached to abilities and inabilities, seen as disabilities.
Average to adequate EQ (90-109).	7	Self-regard: the ability to accurately appraise oneself.	Abilities seen as capable selves and accepted by society.
Low to underdeveloped EQ (80-89).	0		
Very low to extremely underdeveloped EQ (70-79).	1	Self-actualization: realize one's potential, capabilities.	Disabilities seen as disabled selves and rejected by society.
		Independence: self-directed and controlled thinking and actions.	Gender, gender roles and physical traits. Religious and cultural selves.
Interpersonal	12	Empathy: ability to be aware of, understand and appreciate <i>feelings of others</i> .	<u>Family relationships vitally important for the formation of selves:</u>
Very high to extremely well developed EQ (120-129).	1		
High to well-developed EQ (110-119).	0	Social responsibility: ability to demonstrate oneself as cooperative, contributing and a constructive member of one's social group.	Majority adolescents expressed the desire to have closer and affectionate bonds with their family members. More important than their disability.
Average to adequate EQ (90-109).	7		

Low to underdeveloped EQ (80-89).	3	Interpersonal relationship: ability to establish and maintain satisfying relationships characterized by emotional closeness.	<u>Relationships with peers, and friends:</u> difficulties in forming and maintain relationships (Disability hinders contact-making)
Very low to extremely low underdeveloped EQ (70-79).	1		Compared self to typically developed adolescents without disabilities Majority felt rejected by social group and larger community
Stress management	12		<u>Stress symptoms noted during the test administration and during the semi-structured interviews with adolescents, were:</u>
Markedly high to atypically EQ (130+).	1	Stress tolerance: ability to withstand adverse events and stressful situations, without falling apart, by positively coping with stress.	Anxiousness, difficulties in speech, restlessness and shyness – protecting eyes and ears.
Very high to extremely well-developed EQ (120-129).	0		
High to well-developed EQ (110-119).	1	Impulse control: ability to resist or delay an impulse and control one's emotions.	Responses by adolescents regarding their experiences after test administration were positive, but there was some stress reaction as they felt that they had not answered correctly.
Average to adequate EQ (90-109).	9		
Low to underdeveloped EQ (80-89).	0		
Very low to extremely low underdeveloped EQ (70-79).	1		During semi-interviews: narratives revealed that most of the adolescents felt that they needed to perform "better" to get love and acceptance from parents.
Adaptability	12		<u>Intellectually challenged adolescents required structure and routine to feel safe and secure:</u>
Very high to extremely well developed EQ (120-129).	2	The ability to validate one's emotions and the flexibility to adjust one's emotions, thoughts and behavior to changing situation and conditions.	Any changes in the school environment, travelling on the school bus, or to be subjected to any changes in their normal routine caused stress.
High to well-developed EQ (110-119).	1		
Average to adequate EQ (90-109).	4	The ability to identify, define problems and generate and implement potentially effective solutions.	Some adolescents were not able to adapt easily, resistance for the "unknown" such as testing or interviewing.
Low to underdeveloped EQ (80-89).	4		
Very low to extremely low underdeveloped EQ (70-79).	1		
General Mood	12		This scale is connected to the Intrapersonal scale.
Very high to extremely well developed EQ (120-129).	0	Optimism: ability to look on the brighter side of life and maintain a positive attitude in the face of adversity.	Most of these adolescents reflected an attitude of being happy and content.
High to well-developed EQ (110-119).	3		
Average to adequate EQ (90-109).	9	Happiness: ability to feel satisfied with one's life, enjoy oneself and others.	A positive and supportive school environment and family relationships contributed towards this finding.
Low to underdeveloped EQ (80-89).	0		
Very low –to extremely low underdeveloped EQ (70-79).	0	Strongly connected to intrapersonal wellbeing.	Male participants had higher scores than female participants. Female adolescents displayed more concern regarding their physical appearance.
Total EQ	12		
Very high to extremely well-developed EQ (120-129).	2	The total EQ score reflects an individual's emotional and social intelligence, which consists of the ability to understand oneself and others, relating to	

High to well-developed EQ (110-119).	1	people, adapting to changing environmental demands, and managing emotions.
Average to adequate EQ (90-109).	7	
Low to underdeveloped EQ (80-89).	2	
Very low to extremely low underdeveloped EQ (70-79).	0	

Discussion

The participating intellectually challenged adolescents described their selves by referencing to several self-descriptions viewed as “selves”. In the discussions, the responses of the adolescent were labelled (A) for (adolescent) and numbered, indicating the particular participant’s response, but protecting the participant’s identity. Where adolescents responded in Afrikaans, a translation is provided in square brackets. Most of these adolescents commented on their “competent” or “talented” selves by referring to their abilities, such as the ability to draw, sing, paint, and be helpful to others (A1, A3, A11). Participants referred to their self as “kind” or “responsible”, which were important traits for them to be accepted by their family and friends (A6, A10). The participants also connected the self to positive and negative experiences. They connected negative experiences to disabilities – typical comments were: *“I cannot count, read or write. I am slower”* (A1, A7, A10, A11, A12); *“I always hear about the things I cannot do and not what I can do”* (A6); *“I have difficulties in walking carrying things – slower”* (A9, a participant diagnosed with cerebral palsy). According to Polster (2005), such experiences (positive or negative) register, and may evolve and warrant a description, the naming of a self which is recognizable, and lead to inferences for likely behavior and feelings. This is a natural process of configuration that takes place through contact between a person and his/her field. The field is seen as a person’s family and contact with others (McConville & Wheeler, 2001; Yontef, 1993).

Selves were attached to *gender, gender roles and physical appearance*. These self-descriptions and responses from intellectually challenged adolescents were much like those of

adolescents without intellectual and developmental disabilities. Most of the participants referred to themselves as male or female, referring to gender roles and physical appearance. Male participants referred to the boys' and men's being "expected" to play sport, be "manly" and "attractive" (A7, A12). Female participants saw themselves as feminine, with features they regarded as attractive, such as blue eyes and long black hair (A3); others referred to gender-related tasks and roles such as being able to cook and clean (A1), taking care of younger siblings (A4), and having children (A2). These roles and expectations attached to roles were imposed on them by family and society. These intellectually challenged adolescents also compared themselves to adolescents without intellectual and developmental disabilities, and they were aware that they did not meet the expectations of family members and society. Typical responses were: "*I cannot do what other boys do – play sport*" (A6); "*Ek is n meisie maar sal nooit kinders hê nie*" [*I am a girl but will never have children*] (A2 – this adolescent had been sterilized); "*Ek is anders as ander seuns, ek speel met poppe. Ek wil eendag 'n haarkapper word, daarom speel ek met hul hare*" [*I am not like other boys, I play with dolls. I want to be a hairdresser that's why I play with their hair*] (A8).

Female participants recorded slightly lower scores on the Intrapersonal and the General Mood scales of the BarOn EQ-i:YV (which are closely linked) than the male participants. This suggests that the male adolescents were slightly more positive, happier and satisfied with their body, looks, and themselves. These findings were in line with the findings of the semi-structured interviews with the participating adolescents (see Table 2). Although participants who experienced difficulty with accepting themselves did not regard themselves as "disabled", they perceived their disability as an obstacle that prevented them from becoming more independent and from being accepted by their peers and society.

The self was strongly connected to *religion* and *culture*, a finding which supports the arguments of Erikson (1968), Fromm (1992) and Vygotsky (1986), who posit that the central

task in identity formation is a consolidation of the emerging self in a **social context**, including cultural background. The participants often mentioned their cultural background and/or home language, which they regarded as an important factor in feeling a sense of belonging to or rejection from their social system or group; for example, some of them said: “*I am Italian*” (A3); “*I speak Sepedi – we come from a proud family. My grandparents live in Lesotho*” (A4); “*I was called after my grandfather – he is a great man. My mother feels ashamed of me. It is shameful in my culture to be different – like me*” (A10).

A religious sense of self provided answers to some participants as to why they were created “differently”. Their perceptions of a “religious self” were influenced by the views and values of family members, who did not perceive them to be a burden, but saw them as a blessing from God. These findings are in line with those reported by Fisher and Goodley (2007), who also found that parents perceived children and adolescents with intellectual and developmental disabilities as a gift that brings goodness and mercy. The views of their parents and significant others strongly influenced how participants A1, A2 and A11 saw themselves; they referred to God as the Creator, who should not be questioned, as there must be a reason, and a purpose for their existence: “*Hulle (grootouers) sê dit is Jesus wat my so gemaak het – anders, en Jesus gebruik my om te sing*” [They (grandparents) say it is Jesus who made me like this – different, and that Jesus is using me to sing] (A11); “*Ek dink ek is special al is ek anders. Ouma sê dit is hoe Jesus my gemaak het*” (A2). [I think I am special, despite being different. Granny says it is Jesus who made me like this] (A2)

All the participants referred to the importance of having a family, family relations and a sense of belonging. The participants see their families as a safe haven where they can feel accepted, do fun things and be loved. Responses such as the following emphasized relationality and connectivity: “*My family is everything to me – I am nothing without my family*” (A3); “*My family is always there to help me – I’m happy to have a family*” (A6);

“Pappa kom altyd op vir my – hy is my hero. Hy laat my sy naels en toonnaels cutex – ons lag baie saam” [My father always defends me – he is my hero. He lets me put nail varnish on his nails and toenails – we laugh together a lot] (A2).

However, some participants falsely internalized negative experiences and comments from family members and significant others as part of their selves, questioning their self-worth and abilities: *“I think my mother left because of me – I am slow, not normal” (A7); “I used to cut myself (self-mutilation), but not now. They (parents) must listen to me. My family keep secrets from me, maybe because they think I do not understand – dumb you know” (A3); “My boetie is lief vir my, maar hy noem my lelike name – retard en stupid” [My brother loves me – but he calls me bad names – retard and stupid] (A8).*

Most participants expressed a desire to be more independent, to be trusted by family members and allowed to explore new experiences, such as making friends, going on school camps and doing chores and activities without being reminded of their “disability”. A typical response was *“Dit voel asof hulle my nie hoor of sien nie. Hulle wil alles vir my doen – ek wil dit vir myself doen – al is ek stadig” [It feels as if my family do not hear or see me. They want to do everything for me – but I want to do it for myself – despite being slow] (A1).*

A common theme mentioned by all the participants was the important role that peer relationships, friends and the larger social community plays in their functioning, and in how they regard and construct their selves. Their positive and/or negative experiences in this respect influenced how they value themselves. Their main focus was the relationships aspect, rather than the disability, in determining their self-worth and value. Strong bonds and relationships generated positive experiences, whereas rejection and exclusion were more connected to negative experiences. Some responses that reflected their positive and/or negative experiences were the following: *“Maats is belangrik vir my..., van hulle sien my raak” [Friends are important to me – some of them notice me] (A1); “I have friends who accept me*

and play with me. I am invited to other children's parties at church" (A4); "My friend makes fun of me when I told them I am in this school [referring to the school for intellectual and learning disabilities]. I don't want to tell people where I go to school. We do not have grades in my school, you know" (A10).

Most of the participants compared themselves with adolescents without intellectual and developmental disabilities and expressed difficulty in socializing with peers or other adolescents during sport gatherings/leadership camps. A slightly lower score on the interpersonal scale of the BarOn EQ-i:YV than that of the average population reflected these difficulties (see Table 2). Participants with noticeable physical features associated with the disability also voiced feelings of rejection because of derogatory comments made to them. Some adolescents (A9 and A11) felt ashamed to be associated with a "special school" and their family and social class. McConville and Wheeler (2001) see this as a natural process, a disembedding process. In that process, differentiation occurs from the field of family relations, towards the peer group that becomes a figural field of influence (Yontef, 1993). McConville & Wheeler, (2001) describes this developing task of adolescence as maintaining a place in the family field (a place of belonging) while also focusing on forming a "self" separate from the family. McConville and Wheeler (2001) argue that to develop a stronger sense of self, adolescents need to take ownership of the self, and explore both the intra- and interpersonal fields – what Philippon (2009, p. 21) refers to as the "me and not me". It is only through shared realities with family and friends and experiencing love and acceptance that a fully developed self will emerge (Rogers, 1961; Schultz & Schultz, 2005). According to Cottle (2003, p. 99), this emerging self leads to an affirmed self – *"I am that I am"*.

Conclusion, Limitations and Recommendations

The purpose of this study was to achieve a better understanding how intellectually challenged adolescents experience their sense of self in familial relations and how this understanding influences the construction of an identity – a self. The results from the quantitative analysis indicate that the majority of the participating intellectually challenged adolescents fell within the *average to adequate range of emotional intelligence*. This implied that most of these adolescents were able to recognize and express their emotions, show positive self-regard and an ability to understand the feelings of others. This finding contradicts the general perception that intellectually challenged adolescents, because of their limited cognitive abilities, reflect low emotional intelligence (are not in touch with their intra- and interpersonal selves), implying that intellectually challenged adolescents have stagnant identities. This study's findings do not support such assumptions.

The current study has some limitations: the findings should not be generalized across the spectrum of all adolescents with intellectual and developmental disabilities, given the small sample size, and the fact that the study focused on early adolescence as a developmental phase. It is suggested that in future, a longitudinal study be considered in which researchers track children and adolescents with intellectual and developmental disabilities from early to late adolescence. Administering the BarOn EQ-i:YV also had some practical implications, because no norms for children and adolescents with intellectual and developmental disabilities were available to enable comparisons in that cohort. This gap can be explored by researchers, who might check the internal reliability of the BarOn EQ-i:YV on the different scale items (questions) and generate norms for children and adolescents with intellectual and developmental disabilities. Despite these limitations, the study identified several important aspects which practitioners in the field of mental health should take into consideration in rendering services to children and adolescents with intellectual and developmental disabilities.

A key element to note is the important role that familial relationships play in adolescents with intellectual and developmental disabilities' construction of their self-identity. It is thus vital for practitioners to introduce family-centered approaches based on the principles of positive psychology in rendering support. It is promising that it appears possible for intellectually challenged adolescents' emotional intelligence to be developed by supportive familial relationships and intervention programs.

It can also be concluded that intellectually challenged adolescents' selves are not fixed or stagnant, but dynamic and constantly evolving, like those of developing adolescents without intellectual and developmental disabilities. The participating adolescents understood and perceived their world (field) on the basis of shared constructions of their field, which included family and friends as role models. Role models played an important role in how these adolescents imagine their future selves. Exploration and self-reflection helped the adolescents to ground themselves, feeling less confused, and shaped their perceptions of belonging.

References

- American Association on Intellectual and Developmental Disabilities. (2010). *Intellectual disability: Definition, classification, and systems of supports* (11th ed.). Retrieved from [http://aaidd.org/intellectual disability/definition/classification](http://aaidd.org/intellectual%20disability/definition/classification)
- American Association of Intellectual and Developmental Disabilities. (2013). *Definition of intellectual disability*. Retrieved from <http://aaidd.org/intellectual-disability/definition>
- American Psychiatric Association (APA). (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* (5th ed.). Arlington, VA: Author.
- Anderson, S. A., & Sabatelli, R. M. (2011). *Family interaction: A multi-generational developmental perspective* (5th ed.). Boston, MA: Pearson.
- Baron, R. A., & Byrne, D. (2000). *Social psychology* (9th ed.). Boston, MA: Allyn & Bacon.

- Bar-On, R., & Parker, J. D. A. (2000). *BarOn Emotional Quotient Inventory: Youth Version*. (BarOn EQ-i:YV). *Technical manual*. North Tonawanda, NY: Multi-Health Systems.
- Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration* (5th ed.). Boston, MA: Allyn and Bacon.
- Berk, L. E. (2006). *Child development* (7th ed.). Boston, MA: Pearson Education.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Brah, A., Hickman, M. & Mac an Ghaill, M. (2004). *Thinking identities: Ethnicity, racism and culture*. London: Palgrave MacMillan.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155-159. doi: 10.1037/0033.112.1.155
- Cottle, T. J. (2003). *A sense of self: The work of affirmation*. Amherst, MA: University of Massachusetts Press.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). London: Sage.
- Crocetti, E., Rubini, M., Luyckx, K., & Meeus, W. (2008). Identity formation in Early and Middle Adolescents from various ethnic groups: From three dimensions to five statuses. *Journal Youth Adolescence*, 37, 983-996. doi: 10.1007/s10964-007-9222-2
- Delpont, C. S. L., & Fouché, C. B. (2011). Mixed methods research. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delpont (Eds.). *Research at grass roots for the social sciences and human service professions* (pp. 433-448) (4th ed.). Pretoria: Van Schaik.

- Eastabrook, J., Duncan, A., & Eldridge, B. (2005). *Academic success in elementary school: Does EI matter?* Paper presented at the annual meeting of the Canadian Psychological Association, Montreal, Quebec.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Erikson, E. H. (1993). *Childhood and society* (2nd ed.). New York, NY: Norton. (Originally published 1963).
- Fisher, P., & Goodley, D. (2007). The linear model of disability: Mothers of disabled babies resist with counter-narratives. *Sociology of Health and Illness*, 29, 1, 66-81.
- Formby, P., & Osborn, C. (2010). The influence of union instability and union quality on children's aggressive behavior. *Social Science Research*, 39, 912-924.
- Freud, S. (1923/1974). *The Ego and the id*. London: Hogarth.
- Fromm, E. (1992). *The art of being*. New York, NY: Continuum.
- Gergen K. J. (2011). The social construction of self. In S. Gallagher (Ed.), *Oxford handbook of the self* (pp. 633-653). Oxford: Oxford University Press.
- Gill, C. J. (2001). Divided understanding. The social experience of disability. In G. L. Albrecht, K. D. Selman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 351-372). Thousand Oaks, CA: Sage.
- Goodley, D., & Tregaskis, C. (2006). Storying disability and impairment: Retrospective accounts of disabled family life. *Qualitative Health Research*, 16, 630-646.
- Gwernan-Jones, R. (2008). *Identity and disability: A review of the current state of developing trends*. School of Education and Lifelong Learning, University of Exeter. Retrieved from http://www.beyondcurrenthorizons.org.uk/wp-content/uploads/final_gwernan-jones_identitydisability_20081201_jb.pdf
- Harrod, N., & Scheer, S. (2005). An exploration of adolescent emotional intelligence in relation to demographic characteristics. *Adolescence*, 40, 503-512.

- Hassan, K., & Sader, M. (2005). Adapting and validating the BarOn EQ-i:YV in the Lebanese context. *International Journal of Testing*, 5, 301-317.
- Hughes, B., Russell, R., & Paterson, K. (2005). Nothing to be had “off the peg”: Consumption, identity and the immobilization of young disabled people. *Disability and Society*, 20(1), 3-17.
- Hutchinson, E. D. (2003). *Dimensions of human behavior: Person and environment* (2nd ed.). Thousand Oaks, CA: Sage.
- James, W. (1890). The self and its selves. In C. Lemert (Ed.) (2010), *Social theory: The multicultural readings* (pp. 161-166). Philadelphia, PA: Westview Press.
- Jung, C. G. (1947). On the nature of the psyche. In *Collective works of Jung, C.G, Volume 8* (pp. 159-234). Princeton, NJ: Princeton University Press
- Krekula, C. (2002). *The concept of family from the children's perspective*. Paper presented at the CFR session at the International Sociological Association's 15th Congress, Brisbane. Retrieved from <http://www.soc.uu.se/plugins/pdfdownload.php?id=1201>
- McConville, M. & Wheeler, G. (2001). *The heart of development. Gestalt approaches to working with children, adolescents and their worlds. Volume II: Adolescence* (pp. 54-72). Hillsdale, NJ: Analytic Press.
- Mead, G. H. (1962). *Mind, self and society from the standpoint of a social behaviorist*. Edited by C. W. Morris. Chicago, IL: University of Chicago Press.
- Menon, G. M., & Cowger, C. D. (2010). Integrating qualitative and quantitative research methods. In B. A. Thyer (Ed.), *The handbook of social work research methods* (pp. 609-619) (2nd ed.). Los Angeles, CA: Sage.
- Michailakis, D. (2003). The Systems Theory concept of disability: One is not born a disabled person, one is observed to be one. *Disability and Society*, 18(2), 209-229.

- Oswalt, A. (2015). *Child development theory: Adolescence*. Seven Countries Services.
- Retrieved from http://www.sevencountries.org/poc/view_doc.php?type=doc&id=41153&=1310
- Papalia, D. E., & Feldman, R. D. (2012). *Experience human development*. 12th edition. New York, NY: McGraw-Hill.
- Parker, J., Creque, R., Barnhart, D., Harris, J., Majeski, S., & Hogan, M. (2004). Academic achievement in high school: Does emotional intelligence matter? *Personality and Individual Differences*, 37, 1321-1330.
- Parker, J., Saklofske, D., Shaughnessy, P., Huang, S., Wood, L., & Eastabrook, J. (2005). Generalizability of the emotional intelligence construct: A cross-cultural study of North American aboriginal youth. *Personality and Individual Differences*, 39, 215-227.
- Parker, J., Taylor, R., Eastabrook, J., Schell, S., & Wood, L. (2008). Problem gambling in adolescence: Relationships with internet misuse, gaming abuse and emotional intelligence. *Personality and Individual Differences*, 45, 174-180.
- Pillay, A. (2010). The influence of household structure and family composition on the lives of children in the Chatsworth area. (Unpublished MA dissertation). University of KwaZulu-Natal, Durban.
- Polster, E. (2005). *A population of selves: A therapeutic exploration of personal diversity*. Gouldsboro, ME: Gestalt Journal Press.
- Reeve, D. (2002). Negotiating psycho-emotional dimensions of disability and their influences on identity construction. *Disability and Society*, 17, 493-508.
- Rogers, C.R. (1961). *On becoming a person: Therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin.
- Rowan, J., & Cooper, M. (1999). *The plural self*. London: Sage.

- Schultz, D. P. & Schultz, S. E. (2005). *Theories of personality*. Belmont, CA: Wadsworth Thomson Learning.
- Steinberg, L. (2011). *Adolescence* (9th ed.). New York, NY: McGraw-Hill.
- Taylor, S. J. (2000). "You're not retard, you're just wise": Disability, social identity and family networks. *Journal of Contemporary Ethnography*, 29, 58-92.
- Terry, L., & Campbell, A. (2009). Family myths of a child's identity and the effect on service provision. *Learning, Disability Practice*, 12(8), 24-29. doi: 10.7748/ldp 2009.10.12.8.24.c7310
- Vygotsky, L. (1986). *Thought and language*. Cambridge, MA: MIT Press.
- Watson, N. (2002). "Well, I know this is going to sound very strange to you, but I do not see myself as a disabled person". *Disability and Society*, 17(5), 509-527.
- Woodbridge, S., Buys, L., & Miller, E. (2011). "My grandchild has a disability": Impact on grandparenting identity, roles and relationships. *Journal of Aging Studies*, 25, 355-363.
- World Health Organization (WHO). (2014). *International classification of functioning, disability and health*. Retrieved from: <http://www.who.int/classifications/icf/en/>
- Yontef, G. M. (1993). *Awareness, dialogue and process: Essays on Gestalt Therapy*. Highland, NY: Gestalt Journal Press.
- Yontef, G. M. (1997). Relationship and sense of self in *Gestalt* therapy training. *The Gestalt Journal*, 20 (1), 17-48.
- Young, R. & Collin, A. (2004). Introduction: constructivism and social constructionism in the career field. *Journal of Vocational Behavior*, 64 (3), 373-388.

Article II

Intellectually Challenged Adolescents' Sense of Self:

A Mixed Methods Analysis of Family Experiences

Abstract

This study explored families' experiences of 12 intellectually and developmentally challenged adolescents' sense of self and the family environment. An embedded, mixed methods approach was selected. The families participated in family interviews from an Appreciative Inquiry perspective and completed a quantitative measure, the Family Environmental Scale (FES) relationship dimension. The quantitative findings indicated that these families can be regarded as families in distress, because of the unique challenges of raising adolescents with intellectual and developmental disabilities. Families' scores on the FES were high on conflict and expression, and low on cohesion. The qualitative results indicated that families experienced the sense of self of adolescents by describing positive and negative experiences. These experiences were strongly embedded within family relationships, which are central to positive outcomes. The families referred to characteristics, attributes, and abilities/disabilities, which they saw as the adolescents' selves. The study shows that those families that were generally more positive were also more committed to addressing challenges, such as stress factors that had an impact on the family environment. These exploratory findings contribute to a holistic understanding of the experiences of these families, the family environment and the important role that families play in constructing a positive sense of self in adolescents. Future research could involve developing an integrative Appreciative Inquiry coaching model to enhance supportive service to the families of children with intellectual and developmental disabilities.

Keywords: Family, identity, sense of self, adolescence, intellectual and developmental disabilities, mixed methods.

Introduction

Intellectual and developmental disability (IDD) is a neuro-developmental disorder that occurs before the age of 18. According to the American Association of Intellectual and Developmental Disabilities (AAIDD), it is characterized by an intelligence quotient (IQ) of 70 or below, with significant limitations in two main areas: intellectual functioning and adaptive behavior (AAIDD, 2013). According to the AAIDD (2013) and the fifth edition of the American Psychiatric Association's (APA's) *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, this disorder can be classified into five categories: mild, moderate, severe, profound and unable to classify (AAIDD, 2013; APA, 2013). The researcher prefers the term "disabled" or "intellectually challenged", which is used by most English-speaking countries, and which has replaced the term mental retardation (AAIDD, 2010; World Health Organization, 2014). The term "intellectual and developmental disabilities" refers to a more general and broader concept, whereas the term "intellectually challenged" is used to refer to the specific adolescents in this study. The classification and diagnosis of developmental disorders are based on a medical model of deficit, overlooking prognoses, treatment and the feelings and experiences of the person with the disorder and his/her family. According to Scorgie and Sobsey (2002), thus far, relatively little research has been conducted on families' experiences of intellectually challenged adolescents; previous research has focused predominantly on the individual, in particular, the person with the disability and his/her mother, as a unit of analysis, overlooking the experiences of fathers, siblings and the family as a whole (Maes, Broekman, Dosen, & Nauts, 2003; Shapiro, Monzo, & Rueda, 2004).

Families play an important role in the development and well-being of individuals (Cooperrider Dole, Silbert, Mann & Whitney, 2008). Positive family dynamics create a safe and supportive environment in which family members can care for one another, and positively influence one another's learning, development and emotional well-being (Cooperrider Dole et

al., 2008). The family can be described as a natural social system, a complex structure and a network of interrelated and interdependent relationships (Becvar & Becvar, 2013; Berk, 2006; Goldenberg & Goldenberg, 2013). From a Family Systems theory perspective, a family is hierarchically organized. It contains many subsystems, which are usually understood by their boundaries (Wright & Leahey, 2005). The theory also postulates that a change in one family member influences and affects the entire system, and that the central concepts of what constitutes a family are *holism* (an understanding of the family system as a whole, and not in terms of individual members in isolation) and *homeostasis*, the family's ability to create a balance between stability and change (Becvar & Becvar, 2013; Bowen, 1978; Wright & Leahey, 2005).

Research has shown that what constitutes a family and family structures has changed dramatically in the last few decades (Schneider, Wedgewood, Llewellyn, & McConnell, 2006). Papalia and Feldman (2012) note that instead of only traditional intact nuclear families, today there are also "postmodern families" with a multitude of different family structures, including extended families, divorced, single-parent, remarried, and adoptive families, domestic partners and same-sex families (Teachman, Tedrow, & Crowder, 2000). Children no longer grow up in an intact two-parent family, but more often in single-parent families, families that are created and/or recreated through marriage, divorce, remarriage, cohabitation, and births outside of marriage (Schneider et al., 2006). Despite these changes in family structure, it is important that all family systems, regardless of who constitutes a family, address specific tasks within family functioning, such as establishing a clear identity for the family as a whole, and for each individual member (Anderson & Sabatelli, 2011; Becvar & Becvar, 2013; Goldenberg & Goldenberg, 2013). These complex structures associated with interconnected relationships play an important role in the construction of each member of a family's personal identity, by providing additional information about the self (Anderson & Sabatelli, 2011; Baron & Byrne, 2000; Berk, 2006; Pillay, 2010).

Most theories on the self explain the self as a complex psychological structure that organizes and unifies a person's behavior and experiences (Cottle, 2003; Perls, Hefferline, & Goodman, 1951). It is seen as a total system that includes the conscious and unconscious perceptions of the past, daily experiences, behaviors and future ambitions (Erikson, 1968). The self is also seen as a process that continuously evolves, and that is socially constructed and re-constructed within relationships (Gergen, 2011; Yontef, 1993). This construction of the self, according to Polster (2005), is a natural *Gestalt* formation caused by dynamic forces of the field. The self is also an agent of growth, a system of contacts that occurs at the boundary between the "me" and the "not me"; it is multi-dimensional and composed by a multiplicity of selves constructed through realities and experiences of the world, and embedded within relationships (McLeod, 1993; Perls et al., 1951; Polster & Polster, 1973; Yontef, 1993). These views on the self as a holistic and dynamic system underpinned the researcher's meta-theory and the theoretical assumptions that guided this study.

The formation of the self occurs mainly during adolescence, a stage of identity exploration and commitment (Erikson, 1963/1993). During adolescence, many physical, mental, emotional and social changes take place, and these influence the formation of an identity and an awareness of different selves in relation to others in the field (McConville & Wheeler, 2001). During this stage, adolescents ask questions about themselves, who they are, and their place in the family and society (Erikson, 1963/1993). The question has arisen whether this also applies to intellectually challenged adolescents, and it seems that for them this stage is similar to that of other developing adolescents who are not intellectually challenged, as they too need to establish their own identity and find their place in the family and society (Papalia & Feldman, 2012). In the context of this study, it should be remembered that the developmental demands may appear to have consequences only for the intellectually

challenged adolescents, but in fact they affect the entire family system (Upadhyaya & Havalappanavar, 2008).

In the last decade, there has been a shift from viewing families with children and adolescents with disabilities from a psychopathological framework towards focusing on more positive aspects of raising such children and adolescents (Blacher & Baker, 2007).

Nevertheless, this shift has been on a small scale. There have been calls for researchers and professionals to pay greater attention to positive family experiences, because of the potential of providing positive outcomes, not only to the intellectually challenged, but to the family as a support system (Goodman, 2004; Scorgie & Sobsey, 2002; Schneider et al., 2006). Previous research by Dervishaliaj and Murati (2014) and Green (2007) has pointed out that parents often raise their children with disabilities in a context of powerful societal discourses that devalue disabilities, and therefore they expect to feel emotionally burdened and drained. Connidis and Mc Mullin (2002) point out that families with children with disabilities are often perceived as having ambivalent feelings. Other studies have claimed that these families experience conflicting emotions with a tearing effect on the entire family system (Chen, 2008; Hassall & Rose, 2005). Questions have been raised as to what these ambivalent feelings are, and what families' real experiences are, and how these experiences affect the family environment. However, thus far, little research has been done on such positive outcomes and the functioning of families with children and adolescents with intellectual and developmental disabilities. There are almost no supportive programs that focused on the positive core and experiences of families with intellectually challenged adolescents.

The purpose of this study was therefore to explore how families experience intellectually challenged adolescents' sense of self, as well as the family environment, from the perspective of an Appreciative Inquiry framework.

Method

Participants.

The sample included 12 intellectually challenged adolescents ($M = 12.17$, $SD = .94$) and their respective household families. There were eight male participants, and four female participants. The adolescents were categorized as mildly (50-75) to moderately (35-55) challenged in their intellectual abilities and their families represented a broad range of family types (see Table 1).

Table 1

Adolescents' family characteristics

Variable	<i>N</i>	<i>Mage</i>	<i>SD</i>
Family structures:			
Two-parent	6	30,57	14,23
Single-parent	3	32,00	12,81
Multi-generational	1	40,40	19,78
Skip-generational	1	49,50	3,54
Divorced/extended	1	29,86	15,64
<i>N</i>	12		
Parents (Male = 10, Female = 9)	19	42,11	6,97
Grandparents (Male = 2 , Female = 2)	4	53,75	5,56
Siblings (Male = 11, Female = 6)	17	17,47	5,01
<i>N</i>	40		

Design and materials.

A mixed method embedded design was selected for this study (quantitative embedded within qualitative). The results were integrated in order to provide a holistic representation of the findings and the research question. According to Creswell and Plano Clark (2011), using a

mixed method increases the validity and congruence of the findings, and also strengthens data triangulation (see also Menon & Cowger, 2010).

Qualitative interviews. A set of family interviews was conducted. These interviews were grounded in an embedded mixed methods design (see Figure 1) and an Appreciative Inquiry framework (based on the positive, wholeness, constructionist, simultaneity, poetic and anticipatory principles), which elicited families' experiences of intellectually challenged adolescents' sense of self. Two phases of the "5-D" process were used, namely the Defining and Discovery (valuing & appreciating what is) phases, using specific questions in each phase, as described by Cooperrider, Whitney, and Stavros (2008), and Whitney and Trosten-Bloom (2010). The remaining phases – the Dreaming phase (envisioning and imagining what might be), the Designing phase (dialoguing and determining what should be), and the Destiny phase (innovating and creating what will be) did not form part of the investigation reported in this article, but were included in a larger study, where the effectiveness of Appreciative Inquiry was evaluated.

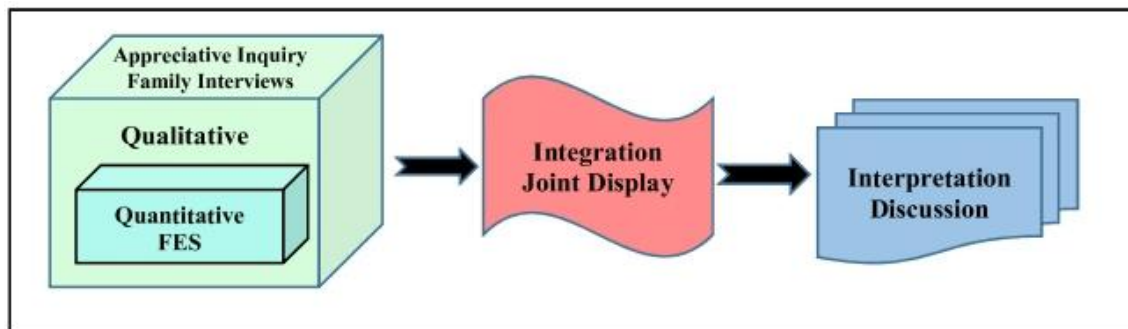


Fig. 1: An embedded quantitative and qualitative research design and process

Questions that were put to families during the Discovery phase and relevant to this topic can be divided into three sets. The first set of questions was related to **best experiences** (individually and/or collectively). Examples of the questions are the following: Tell me about a time when you were really happy/excited to be part of your family. Describe the event in detail: What was happening? Who was involved? What did you do? What made it such an

existing/enjoyable experience? How did you and your family feel at the time? What do you value most from these experiences – individually and collectively? The second set contained **value questions** such as the following: What do you deeply value about your family, the adolescent and what do you think your family values most about you? (These questions support the cohesion and expression questions in the Family Environmental Scale (FES) questionnaire, see below.) The third set are questions to determine how effectively **conflict situations and challenges** are dealt with in the family. This set includes questions such as the following: Tell me about a time when you experienced conflict in your family and you were able to deal with it in such a way that you were happy/satisfied with the outcome. What was happening? Who was involved? What did you do? What did you learn from it? (These questions support questions on conflict in the FES questionnaire.)

Quantitative questionnaire. An adapted version of the FES (Moos & Moos, 1994, 2009) was used to assess family environments according to the perspectives of each family member. The instrument contains 90 items (1 = False, 2 = True), divided into 10 subscales focusing on the dimensions of personal growth, relationship, and system maintenance. For the purposes of this study, only 27 items were administered, namely the items that comprise the relationship dimension scales of cohesion (nine items – e.g., “Family members really help and support one another”), conflict (nine items – e.g., “We fight a lot in our family”), and expression (nine items – e.g., “Family members often keep their feelings to themselves”). The participants were asked to respond to the set of items according to their actual family experiences. In terms of the internal consistency on the Relationship dimension, previous studies indicated .78, for cohesion, .69 expression and .75 for conflict (Moos & Moos, 1994, 2009). The instrument’s test-retest reliability on the subscales for Form R (as it is actual and real) were all in an acceptable range and varied from a low of .68 to a high of .86 on the 2-

month test-re-test, and was relatively high for the 4-month interval (Moos & Moos, 1994, 2009).

Procedure

Institutional ethical approval was sought and granted to conduct the study. Formal permission was obtained from the Department of Education to access the relevant school. The selected school gave permission for the researcher to access potential participants and their families. Informed consent was obtained from the adolescents' legal guardians and age-appropriate family members. They were informed of the details of the purpose and nature of the study and the conditions of participation. They were told that participation was voluntary, and that they could withdraw at any time. They were also reassured regarding the confidentiality and anonymity of the data. Written informed consent was attained from family members and assent from adolescents and relevant siblings.

The FES questionnaires (Moos & Moos, 2009) was sent via an existing school communication system to relevant family members living in the same household as the intellectually challenged adolescent. The questionnaires were completed by all family members and were returned to the school in sealed envelopes before the individual family interviews (called family meetings). Family meetings took place at the school on Saturdays, to accommodate all family members. The meetings took approximately two to four hours per family to complete the process, depending on the family's structure and size.

Data analysis

Qualitative analysis. A six-phase thematic analysis framework (Braun & Clark, 2001) was used, allowing for exploration and elaboration of the data gathered through narratives told by family members during family meetings. The data were coded and verified, and common themes were identified, reviewed and named. Themes such as having fun, being loved, cared for, and togetherness emerged, describing family members' best experiences during family

occasions and events. Family members described each adolescent's characteristics, traits, and talents which they viewed as the adolescent's self. The self was connected to abilities and inabilities, perceived by some as disabilities. Most family members referred to the word "identity", rather than to a "self" and their experiences reflected the importance of their *relationships* with the adolescent, which were connected to an emotional component of positive and/or negative experiences and family expectations.

Quantitative analysis. For each scale on the FES (cohesion, expression and cohesion), raw scores were calculated for each family member, following an average raw score per family. The families' averages were converted to standardized scores and descriptive statistics were computed (see Table 2). The results were compared with the standardized scores in the FES (Moos & Moos 2009) for normal and distressed families. For the purposes of this study, only the norms for distressed families were selected for comparison, as families raising children with intellectual and developmental disabilities are seen as being in a crisis situation, in distress, due to the negative impact of the disability on family relations, and the family's financial and social situation (Koepke & Denissen, 2012; Perry, Harris, & Minnes, 2004). One sample *t*-test were performed to determine whether differences existed on each scale, between the standardized scores for the current sample and the norms for distressed families (see Table 2; Moos & Moos, 2009).

The hypothesis testing assumptions associated with parametric testing were evaluated and appropriately fulfilled before proceeding, and all statistical analyses were run using an alpha level of .05. Small (.2), medium (.5), and large (.8) effect size standards (Cohen, 1992) were used to determine the strength of the results obtained.

Results and discussion

The results on the FES (Moos & Moos, 2009) indicated statistically significance scores between families with intellectually challenged adolescents and distressed families on the

expression and *conflict* scales (scores were higher among the families with intellectually challenged adolescents), which were large in effect size (see Table 2). Although comparisons on the *cohesion* scale did not reach statistical significance, a medium effect size was found (scores were lower among families with intellectually challenged adolescents).

Table 2

FES scale descriptive statistics, population norms, and one-sample t-test results

Variable	Families in current study (<i>N</i> = 12)		Normal families (<i>N</i> = 1432)	Distressed families (<i>N</i> = 788)	One-sample <i>t</i> -test comparisons with distressed family norms		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>M</i>	<i>t</i> (<i>df</i>)	<i>p</i> -value	<i>d</i>
Cohesion	38.17	8.85	50	40	-.72 (11)	.49	.43
Expression	52.42*	6.67	50	46	3.33 (11)	.01	2.01
Conflict	57.25*	4.67	50	54	2.41 (11)	.04	1.45

Note. * denotes higher mean scores that reached statistical significance at $p < .05$.

The qualitative (themes) and quantitative findings are reflected in a joint display in Table 3.

Table 3

Joint display of quantitative and qualitative research findings

Variables	<i>N</i>	Qualitative themes		
Cohesion	12	Parent-adolescent relationship (Positive and negative experiences)	Sibling-adolescent relationship (positive and negative experiences)	Other factors: contributing positively/ negatively to environment
<i>High</i>	0	Close bonds, loving and supportive relationships – acceptance of adolescent. Not focused on disability but relationship experience.	Strong bonds.	Religious beliefs – comfort and sense of purpose.
<i>Standard</i>	0		Shows empathy, nurturance and emotional support.	Supportive families and friends – acceptance of adolescent and family.
<i>Low</i>	12		Companionship and good friends.	

Conflict	12	<u>Focused on disability/unable</u>	<u>Feelings:</u> Rejection by	<u>Stress factors:</u>
<i>High</i>	11	selves.	own peers. Anger	Financial challenges
<i>Standard</i>	0	<u>Frustrations of parents –</u>	towards parents –	and special needs of
<i>Low</i>	1	adolescent not able to	inconsistent parenting	adolescent not met.
		perform. Compare with	and protecting	
		normal adolescent.	adolescent.	
		Unable to address challenges.	Uncertainty regarding	<u>Family structure:</u>
		Feeling overwhelmed –	own future.	Single-parent
		stressed.	<u>Negative experiences:</u>	households (mothers)
		Lacking coping skills.	led to strained	higher in conflict.
		<u>Feelings:</u> guilty and	sibling/adolescent	
		responsible for diagnosis.	relationship and name-	<u>Stigmatization:</u>
		Ashamed of adolescent.	calling:	Judgment from
			“slow/retarded”.	family, friends and
			<u>Dual relationship:</u> parent	society.
			and sibling (taking care	Isolation.
			of adolescent).	
			<u>Visible disabilities</u>	
			(cerebral palsy and	
			visible facial features	
			attached to disability: –	
			feelings of shame.	
Expression	12	Express enduring	Older siblings – more	<u>Family structure:</u>
<i>High</i>	6	characteristics and attributes:	expressive and	Extended/Large
<i>Standard</i>	2	Being loveable, kind-hearted,	protective towards	families more
<i>Low</i>	4	free-spirited seen as self.	adolescent.	expressive.
		Proud of and sense of	High responsibility and	<u>Family functioning:</u>
		belonging.	acting as role model to	<i>High functioning and</i>
		Expressive families –	adolescent.	<i>academically</i>
		positive outlook on life and		<i>advanced families:</i>
		strong life values.		more focused on
		Fathers/grandfathers express		achievements and
		higher levels of protection		mastering of skills –
		towards daughters and		develop full potential
		granddaughters.		of adolescent.
		Mothers/grandmothers are		<i>Low functioning/</i>
		more focused on mastering		<i>academically</i>
		of skills – independence of		<i>achieved families:</i>
		adolescent.		focused on survival
				(in constant crisis).

Note: denotes standard mean score (50) for normal families on FES (Moos & Moos, 2009)

Relationships between family members and the intellectually challenged adolescent were identified as one of the most important factor (themes) when families described their experiences regarding the sense of self of intellectually challenged adolescents. Relationships

(close or distant) were affected by the amount of cohesion, expression and conflict present in each family unit and between family members.

The experiences of family members were influenced by stress factors, such as having to care for the intellectually challenged adolescent's special needs, social challenges, additional financial commitments, as well as the family structure (size) and functioning. These factors contributed to high scores on conflict and low scores on cohesion (see Table 2). The expression construct tested above the norm, implying that families in this study were more expressive than normal families and families in distress. Positive expressions were voiced by family members, when describing the endearing characteristics of the intellectually challenged adolescents, such as being kind-hearted, free-spirited, a good singer or cricket player seen as "abled" selves. In their study, Moos and Moos (2009) found that positive families (in terms of how they viewed the world and expressed their opinions) projected high levels of cohesion and expression. This was also noted in the families in this study during the interviews, as they projected a positive outlook on life and verbalized their love for and support towards the adolescents. Typical responses from family members are cited verbatim below, and are related to the relevant adolescent in the study, labelled A (Adolescent) plus a number. Where participants' words are cited in Afrikaans, a translation is provided in square brackets.

Some positive comments from **siblings** were: *"I like taking care of my sister, but sometimes she is difficult and I have to understand that is who she is"* (A1); *"My sister is so funny, I like to be with her – she makes me feel better when I am down. She is my best friend"* (A3). One **father** said: *"Alles van jou is vir my mooi – Jy is deur Jesus gemaak."* [Everything about you is beautiful. You are made by Jesus] (A2). **Grandparents** commented: *"Our granddaughter is a blessing, not a burden"* (A2); *"Our grandson is a blessing from God"* (A11).

Religious comments made by family members referring to their children/grandchildren as a “blessing from God,” “made by God” showed that they sought to find some justification for the disability and that attributing a religious purpose to the disability made it easier for family members to bear. Fisher and Goodley (2007) reported that in their study parents tried to make sense of the disability by using a spiritual pathway to accept and understand the situation. Similar findings are reported by King and Boyatzis (2004) and Divan, Vajaratkar, Desai, Liewers, and Patel (2012), whose research indicated that this “transcendence” (spiritual way) is what parents draw on, using their religious belief as a way to make sense of their children’s suffering and challenge their own spiritual and moral beliefs (see also Blacher, Neece, & Paczkowski, 2005).

Negative experiences of family members that affected their relationship with the intellectually challenged adolescent were connected to the “disability”, as illustrated in the following responses. One **father** expressed frustration: “*Why can’t he (son) read or write – doesn’t he get it – can’t he think for himself?*” (A7). Two **mothers** said: “*My daughter is so slow – how is she going to take care of herself one day?*” (A2); “*He should be able to read and write. He is not in a normal school – like my friends’ children*” (A10). One **sibling** responded: “*I have to take care of him (adolescent brother) when my mother is working. I can’t be with my friends. I feel ashamed of my brother, not only is he a retard, he also plays with dolls*” (A8).

Blacher and Baker (2007) point out that positive and negative impacts are not dichotomous: several studies have reported parental accounts of both positive and negative experiences and the impact on the family system (Scorgie & Sobsey, 2002). Collins and Laursen (2004) found in their research that a close **parent-adolescent relationship** often alters the impact or negative sources of influence such as difficulties at school, destructive peer relationships and bullying. The relationship between family members and adolescents determines whether parents and adolescents come to terms with the “disability” and accept the

intellectually challenged adolescent (Blacher & Baker, 2007). During the family interviews in this study, it became evident that most of the family members did not focus on the disability of the adolescent, but more on the quality of their relationship, as is reflected in the following comments:

“We focus on limitations and challenges not abilities/disabilities, normal or not normal – what is normal?” (A9); “Family means unconditional love, support, protection and embracing differences – to see the positive in all situations” (A11); “We are a normal family – just like others: socializing, disciplining and parenting” (A1). One mother pointed out: “You have to have a vision for your family – all your children including your disabled child” (A2).

It was evident that fathers were more protective towards their intellectually challenged daughters (A1, A2, A3, A4), whereas mothers were more focused on the adolescents’ mastering skills, in order for their daughters to become independent. Fathers and grandfathers who indicated close relationships with their adolescent sons/grandsons (A10, A11, A12) were connected to their sons/grandsons through a shared interest in sport, such as rugby or cricket, and their special times together. High-functioning parents with academic degrees (A9, A10) tended to focus on the abilities and achievements of the adolescents.

During family interviews, the **siblings** of A1, A6 and A8 described their experiences of living with a brother/sister with intellectual disabilities as enriching, and referred to a positive impact, strong bonds and close relationships between them. One positive impact was that they developed more empathy toward their brother/sister, engaged in a more dominant “parent-role” relationship, provided high levels of protection and demonstrated nurturance and emotional support. This finding is in line with those of Hannah and Midlarsky (2005) in their study on siblings with a disabled brother or sister, compared with typically developing adolescents. The findings also supports the findings of Hastings and Taunt (2002) and Llewellyn et al. (2010), who found that typically developing siblings, regardless of age, are likely to report a positive

effect that their brother/sister with disabilities has had on their lives and in how they view their intellectually challenged brother/sister (see also Dew, Blandin, & Llewellyn, 2008). According to Gallagher, Powell and Rhodes (2006), older siblings also serve as a significant companion and friend throughout the development stages of the intellectually challenged (see also Cuskelly & Gunn, 2003; Stoneman, 2005). This was evident in the families of A1, A3 and A12, where there were older siblings.

Some family members' experiences were influenced by the perceptions of friends and society regarding intellectual and developmental disabilities. Parent and grandparents felt that responses from others created the perception that the whole family is "disabled" and that their grandchild has a "disabled" identity. Responses from siblings illustrated that they felt isolated from and negatively perceived by their own peers. Some siblings felt ashamed, or believed they were discriminated against or rejected by their peers, which caused conflict in the whole family. Responses from family members included those by one **mother**, who said: "*[Family and friends] think because my son is disabled, that the whole family is disabled*" (A10).

Comments from two families with **grandparents** living with and taking care of the adolescents (A2, A11) were similar in referring to responses from the public as follows: "*You are special people chosen by God to take care of a child like **that**.*" Siblings commented as follows: "*It is difficult to go on family outings, everyone is staring at us*" (A6, who has been diagnosed with cerebral palsy); "*Everyone stares at us, he (brother) walks funny*" (A9, who has been diagnosed with cerebral palsy); "*Alles draai om hom, daar is nie tyd vir ons nie. My ma beskerm hom*" [*Everything is about him and there is no time for us. My mother protects him*] (A12).

Research has confirmed that families who display negativism tend to avoid social interaction, distance themselves from other family members and friends and often from the intellectually challenged adolescent. Siblings' negative attitudes are more directed to worries and concerns for the future, especially about who is going to take care of their parents and

brother/sister when they get old (Cuskelly & Gunn, 2003). Siblings reported difficulties in accepting their intellectually challenged brother/sister when the impairment was more visible, as is clear from the sibling response above. Unlike a physical disability (which is observable at birth), an intellectual disability only becomes apparent when developmental milestones are not met, for example, when speech distortion and the inability to perform expected tasks become apparent. Cuskelly and Gunn (2003) report that a physical disability (in their study, cerebral palsy) in itself may not be as bad for the adolescent and his/her family members as the social experience of rejection and stigmatization, especially in those cases where the handicap or impediment is visible. King, Shultz, Sted, Gilpin, and Cathers (1993) argue that in modern Western society, physical appearance and motor functioning are highly valued and are important factors in determining the popularity of children and adolescents.

Family members, and in particular parents, voiced their feelings of incompetence in being a parent (A7) and/or expressed feelings of guilt, because they felt responsible for the disability, and/or disappointed in the adolescent for not being able to function like other adolescents (A10). They voiced frustration and anger towards other family members (uncles, aunts, cousins, etc.), friends and the larger community for rejecting and stigmatizing the adolescent. One parent's negative responses towards her adolescent son (A10) revealed blame, and shame, as she felt that she had been judged by her family and community. These negative experiences contributed towards strained relationships between family members, as they focused on "unmet" expectations connected with the "disabilities" – not seeing the intellectually challenged adolescent's unique self – his/her own identity. This finding is in line with the literature, for example, Stadelmann, Perren, Von Wyl, and Van Klitzing (2007) point out that families with high scores in conflict and a low score in cohesion are likely to be families experiencing difficulties in addressing unique challenges, such as having to take care

of the intellectually challenged adolescent's special needs, or to being lacking in support and rejection from society (see also Khamis, 2007; Perry et al., 2004).

Lastly, it was noted that the different family structures (intact, single, extended, or multi-generational), played an important role in how families come to terms with the diagnosis, their outlook on life, their coping strategies in facing challenges, and their views of the intellectually challenged. A study by Enos and Handal (1986) has shown that in many social settings, larger group size *family structures* are associated with less cohesion and more conflict; Dworkin and Larson (2001) have reported that in one-parent families expressiveness and conflict are often higher. Single mother-headed families tend to be more expressive but higher in conflict, as these mothers are more likely to express anger and frustration towards their children because these women are trying to cope without a partner or husband (Dworkin & Larson, 2001). This seems to be true of the different family structures of this population too. Single-parent families (A6, A7, A8) were low in cohesion; some were lower in expression and higher in conflict. Larger (extended) family structures with older siblings (A3, A12) presented higher scores in expression and conflict, and lower scores in cohesion. The findings also suggested that siblings in a larger/extended family structure (A12), and from families with higher socio-economic status (A3) with a younger brother/sister with a disability coped better and reflected normal standard scores on conflict and expression.

Conclusions, Limitations and Recommendation

This study set out to explore how families experienced the sense of self of intellectually challenged adolescents and the family environment. Based on a review of the available literature, this study appears to be the first in the South African context to explore how whole families experienced intellectually challenged adolescents' sense of self by applying Appreciative Inquiry as an interviewing technique. This technique focuses on the positive core of families, by bringing out the best experiences, strength, values and core life-giving factors.

Negative experiences were not overlooked, but were reframed into possibilities to address challenges, as suggested by Cooperrider et al. (2008) and Watkins and Mohr (2001).

The study also explored how these experiences might affect the family environment, which was measured through family *cohesion*, *expression* and *conflict* in family functioning. The findings from the FES indicated that the families in this study can be regarded as families in distress, given their high scores on conflict and low scores on cohesion. The literature rightly points out that having to take care of adolescents with intellectual and developmental disabilities puts additional strain on the family and on family relationships (Chen, 2008; Hassall & Rose, 2005; Koepke & Denissen, 2012). Most families in this study recorded high scores on expression, which can be connected to expressing conflict and/or appreciation, both of which were evident during the family interviews. It was evident that family structure and socio-economic stratum played a role in how families are dealing with challenges unique to families with intellectually challenged adolescents.

The qualitative findings indicate that the sense of self of intellectually challenged adolescent is multi-faced and complex. Families viewed the adolescents' self as their "identity", and referred to self-descriptions such as characteristics, attributes and the talents of the intellectually challenged, which the families connected to abilities, and/or to inabilities, which were perceived by some as disabilities. The adolescents' characteristics were perceived by most family members as positive and as endearing qualities. Abilities were noted, seeing the adolescents as able and talented selves. Inabilities were perceived by some family members as a disability, and indicative of an unable, impaired or unfit self, and were rejected by society. An emotional component (positive and/or negative) was attached to their experiences, which were imbedded in familial relationships. This emotional component influenced how members regarded the adolescent's sense of identity or self.

Families with positive experiences embraced the challenges of having to care for the challenged adolescent; they were open to sharing their experiences, which fosters systemic growth, innovation and change, called morphogenesis (Von Bertalanffy, 1995). By contrast, morphostasis refers to the system's tendency towards stability, a state of dynamic equilibrium, which can be seen when families were protective towards the intellectually challenged adolescent, in order to minimize negative experiences such as rejection and exclusion from society. It is important for a family system to have both morphogenesis and morphostasis in order for successful family functioning to be possible (Becvar & Becvar, 2013). Negative experiences by families led to the family system's closing, avoiding contact, input or feedback from the outside world. They felt shamed, rejected and judged by society for having to raise an intellectually challenged adolescent.

Both positive and negative experiences by family members were connected to how the larger community/society defines, isolates and marginalizes the disability. Although most of the family members constructed and viewed the self of intellectually challenged adolescents without considering the disability, they were aware of society's perception of their "disabled" adolescent. Some members voiced their own sense of loss and grief as they focused on the disability and on having to come to terms with failed dreams and unrealistic expectations for the challenged adolescent. Despite families' awareness of the stigma attached to the disability, the most important finding was that families placed a greater emphasis on having a close and healthy relationship with the adolescent.

The focus in the study was on the qualitative experiences of families, and this was also central to the research process. These experiences were revealed through rich narratives from family members, openly sharing their feelings, love and care, exposing themselves and making themselves vulnerable not only to the researcher, but to all family members. It is a process that needed to be honored by the researcher, and the families have to be commended for their

willingness and enthusiasm to participate in exploring their experiences from an Appreciative Inquiry stance.

Findings in this study cannot be generalized to all families with intellectually challenged adolescents and their experiences of the sense of self of intellectually challenged adolescents, because of the small sample size. Moreover, familial experiences are unique and not universally defined. Previous research on intellectual and developmental disabilities tended to focus more on the individual with the disability, and the experiences of mothers, excluding experiences of fathers, siblings and the family as a whole. Society as a larger social system has also often been overlooked in terms of its views on the disability and the impact thereof on families and their experiences. This study has pointed out that a family cannot function in isolation, and that in the broader community positive societal support is necessary to develop healthy families and stronger self-identities in adolescents.

The study has confirmed that families with a positive outlook on life were more positive, and were willing to address the challenges of raising adolescents with intellectual and developmental disabilities. Further research is warranted to explore the positive outcomes of treatment programs. An integrated Appreciative Inquiry family approach or a family coaching model can be developed to support, reinforce/strengthen family relationships and family functioning.

References

AAIDD – see American Association on Intellectual and Developmental Disabilities
American Association on Intellectual and Developmental Disabilities (AAIDD). (2010).

Intellectual disability: Definition, classification, and systems of supports (11th ed.).

Retrieved from <http://aidd.org/intellectual-disability/definition/classification>

- American Association of Intellectual and Developmental Disabilities (AAIDD). (2013). *Definition of intellectual disability*. Retrieved from <http://aaidd.org/intellectual-disability/definition>
- American Psychiatric Association (APA). 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* (5th ed.). Arlington, VA: Author.
- APA – see American Psychiatric Association
- Anderson, S. A., & Sabatelli, R. M. (2011). *Family interaction: A multi-generational developmental perspective* (5th ed.). Boston, MA: Pearson.
- Baron, R. A., & Byrne, D. (2000). *Social psychology* (9th ed.). Boston, MA: Allyn & Bacon.
- Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration* (5th ed.). Boston, MA: Allyn and Bacon.
- Berk, L. E. (2006). *Child development* (7th ed.). Boston, MA: Pearson Education.
- Blacher, J. & Baker, B. (2007). Positive impact of intellectual disability on families. *American Journal on Mental Retardation*, 112, 330-348.
- Blacher, J., Neece, C. L. & Paczkowski, E. (2005). Families and intellectual disability. *Current Opinion in Psychiatry*, 18(5), September, 507-513. doi: 10.1097/01.yco.0000179488.e8,PMid:16639109
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Aronson.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chen, E. (2008). Effects of a future care planning workshop for aging parents of the mentally ill. *Families in Society: The Journal of Contemporary Human Services*, 89(1), January, 44-49. doi: 10.1606/1044-3894.3708
- Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112, 155-159. doi:10.1037/0033.112.1.155

- Collins, W. A., & Laursen, B. (2004). Parent-adolescent relationships and influences. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent development* (pp. 331-361). Hoboken, NJ: Wiley.
- Connidis, I. A., & McMullin, J. A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, 64(3), 558-567.
- Cooperrider Dole, D., Silbert, J. H., Mann, A. J., & Whitney, D. (2008). *Positive family dynamics: Appreciative Inquiry questions to bring out the best in families*. Chagrin Falls, OH: Taos Institute.
- Cooperrider, D. L., Whitney, D. & Stavros, J. (2008). *Appreciative Inquiry handbook*. Brunswick, OH: Crown.
- Cottle, T. J. (2003). *A sense of self: The work of affirmation*. Amherst, MA: University of Massachusetts Press.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). London: Sage.
- Cuskelly, M. & Gunn, P. (2003). Sibling relationships of children with Down syndrome: Perspectives of mothers, fathers and siblings. *American Journal of Mental Retardation*, 108, 234 -244.
- Dervishaliaj, E., & Murati, E. (2014). Families of children with developmental disabilities: Perceptions and experiences of adolescent siblings of children with developmental disabilities. *European Scientific Journal*, 10(2), 129-142.
- Dew, A., Blandin, S., & Llewellyn, G. (2008). The psychosocial impact on siblings of people with lifelong physical disability: A review of the literature. *Journal of Developmental and Physical Disability*, 2, 485-507.

- Divan, G., Vajaratkar, V., Desai, U., Lievers, L., & Patel, V. (2012). Challenges, coping strategies and unmet needs of families with a child with Autism Spectrum Disorder in Goa, India. *Autism Research*, 5, 190-200.
- Dworkin, J. B. & Larson, R. (2001). Age trends in the experience of family discord in single-mother families across adolescence. *Journal of Adolescence*, 24, 529-534.
- Enos, D. M. & Handal, P. J. (1986). The relation of parental marital status and perceived family conflict to adjustment in white adolescents. *Journal of Consulting and Clinical Psychology*, 54, 820-824.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Erikson, E. H. (1993). *Childhood and society* (2nd ed.). New York, NY: Norton. (Originally published 1963).
- Fisher, P., & Goodley, D. (2007). The linear model of disability: Mothers of disabled babies resist with counter-narratives. *Sociology of Health and Illness*, 29(1), 66-81.
- Gallagher, P. A., Powell, T. H., & Rhodes, C. A. (2006). *Brothers and sisters: A special part of exceptional families* (3rd ed.). Baltimore, MD: Brookes.
- Gergen K. J. (2011). The social construction of self. In S. Gallagher (Ed.), *Oxford Handbook of the Self* (pp. 633-653). Oxford: Oxford University Press
- Goldenberg, I., & Goldenberg, H. (2013). *Family therapy. An overview* (6th ed.). Belmont, CA: Thomson Brooks/Cole.
- Goodman, H. (2004). Elderly parents of adults with severe mental illness: Group work interventions. *Journal of Gerontological Social Work*, 44(1/2), 173-188.
- Green, S. E. (2007). "We're tired, not sad": Benefits and burdens of mothering a child with a disability. *Social Science and Medicine*, 64, 150-163.
- Hannah, M. E. & Midlarsky, E. (2005). Helping by siblings of children with mental retardation. *American Journal on Mental Retardation*, 110, 87-99.

- Hassall, R., & Rose, J. (2005). Parental cognitions and adaptation to the demands of caring for a child with an intellectual disability: A review of the literature and implications for clinical intervention. *Behavioural and Cognitive Psychotherapy*, 33, 71-88.
doi: 10.1017/S135246580400178X
- Hastings, R. P. & Taunt, H. M. (2002). Positive perceptions in families of children with developmental disabilities. *American Journal on Mental Retardation*, 107, 166-127.
- Khamis, V. (2007). Psychological distress among parents of children with mental retardation in the United Arab Emirates. *Social Science and Medicine*, 64, 850-857.
- King, G. A., Shultz, I. Z., Sted, K., Gilpin, M. & Cathers, T. (1993). Self-evaluation and self-concept of adolescents with physical disabilities. *American Journal of Occupational Therapy*, 47(2), 132-140.
- King, P. E., & Boyatzis, C. J. (2004). Exploring adolescent spiritual and religious development: Current and future theoretical and empirical perspectives. *Applied Developmental Science*, 8, 2-6.
- Koepke, S., & Denissen, J. J. A. (2012). Dynamics of identity development and separation-individuation in parent-child relationships during adolescence and emerging adulthood – A conceptual integration. *Developmental Review*, 32(1), 67-88.
doi:10.1016/j.dr.2012.01.001
- Llewellyn, G., Bundy, A., Mayes, R., Mc Connell, D., Emerson, E., & Brentnall, J. (2010). Development and psychometric properties of the family live interview. *Journal of Applied Research in Intellectual Disabilities*, 23, 52-62.
- Maes, B., Broekman, T. G., Dosen, A., & Nauts, J. (2003). Caregiving burden of families looking after persons with intellectual disability and behavioural or psychiatric problems. *Journal of Intellectual Disability Research*, 47, 447-455.

- McConville, M. & Wheeler, G. (2001). *The heart of development. Gestalt approaches to working with children, adolescents and their worlds. Volume II: Adolescence* (pp. 54-72). Hillsdale, NJ: Analytic Press.
- McLeod, L. (1993). The self in Gestalt therapy theory. *British Gestalt Journal*, 3, 25-40.
- Menon, G. M., & Cowger, C. D. (2010). Integrating qualitative and quantitative research methods. In B. A. Thyer (Ed.), *The handbook of social work research methods* (pp. 609-619) (2nd ed.). Los Angeles, CA: Sage.
- Moos, R. H., & Moos, B. S. (1994). *Family Environment Scale manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Moos, B. S., & Moos, R. H. (2009). *Family Environmental Scale* (4th ed.). Centre for Health Care Evaluation, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Palo Alto, CA: Stanford University Press.
- Papalia, D. E., & Feldman, M. R. D. (2012). *Experience human development* (12th ed.). New York, NY: McGraw-Hill.
- Perls, F., Hefferline, R. F., & Goodman, P. (1951) *Gestalt Therapy. Excitement and growth in the human personality*. London: Souvenir Press.
- Perry, A., Harris, K., & Minnes, P. (2004). Family environments and family harmony: An exploration across severity, age, and type of developmental disability. *Journal on Developmental Disabilities*, 11(1), 17-29.
- Pillay, A. (2010). The influence of household structure and family composition on the lives of children in the Chatsworth area. (Unpublished MA dissertation). University of KwaZulu-Natal, Durban.
- Polster, E. (2005). *A population of selves: A therapeutic exploration of personal diversity*. Gouldsboro, ME: Gestalt Journal Press.
- Polster, E., & Polster, M. (1973). *Gestalt therapy integrated*. New York, NY: Brunner/Mazel.

- Schneider, J., Wedgewood, N., Llewellyn, G., & McConnell, D. (2006). Families challenged by and accommodating to adolescent years. *Journal of Intellectual Disability Research*, 50(12), 926-936. doi:10.1111/j.1365-2788.2006.00925.x
- Scorgie, K., & Sobsey, D. (2002). Transformational outcomes associated with parenting children who have disabilities. *Mental Retardation*, 38, 195-206.
- Shapiro, J., Monzo, L. D., & Rueda, R. (2004). Alienated advocacy: Perspective of Latina mothers of young adults with developmental disabilities. *Mental Retardation*, 42, 36-54.
- Stadelmann, S., Perren, S., Von Wyl, A. & Van Klitzing, K. (2007). Associations between family relationships and symptoms/strengths at kindergarten age: What is the role of children's parental representations? *Journal of Child Psychology and Psychiatry*, 48(10), 996-1004.
- Stoneman, Z. (2005). Siblings of children with disabilities: Research themes. *Mental Retardation*, 43, 339-350.
- Teachman, J. D., Tedrow, L. M., & Crowder, K. D. (2000). The changing demography of America's families. *Journal of Marriage and Family*, 62(4), 1234-1246. doi: 10.1111/j.1741-3737.2000.01234.x
- Upadhyaya, G. R., & Havalappanavar, N. B. (2008). Stress in parents of the mentally challenged. *Journal of the Indian Academy of Applied Psychology*, 34, Special Issue, 53-59.
- Von Bertalanffy, L. (1975). *Perspectives of General Systems Theory – scientific and philosophical studies*. New York, NY: Braziller.
- Watkins, J. M., & Mohr, B. (2001). *Appreciative Inquiry: Change at the speed of imagination*. San Francisco, CA: Jossey-Bass/Pfeiffer.
- World Health Organization (WHO). 2014. *Definition: Intellectual disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/factsheet.pdf

Whitney, D., & Trosten-Bloom, A. (2010). *The power of Appreciative Inquiry*. San Francisco, CA: Berrett-Koehler.

Wright, M., & Leahey, M. (2005). *Nurses and families. A guide to family assessment and intervention* (4th ed.). Philadelphia, PA: F.A. Davis.

Yontef, G. M. (1993). *Awareness, dialogue and process: Essays on Gestalt Therapy*. Highland, NY: Gestalt Journal Press.

Article III

Strengthening intellectually challenged adolescents' sense of self: an Appreciative Inquiry family intervention

This article focuses on the effectiveness of Appreciative Inquiry in strengthening the sense of self of intellectually challenged adolescents within familial relationships. In an embedded mixed method approach with an experimental design, a sample of 24 intellectually challenged adolescents and their families living in the same household was selected, tested and interviewed. Quantitative data were collected using the BarOn Emotional Quotient Inventory (BarOn EQ-i:YV) on adolescents, and the Family Environmental Scale (FES) on families in the experimental and control groups, before and after intervention. These findings were not statistically significant. Qualitative data were gathered through an Appreciative Inquiry intervention and semi-structured interviews with adolescents in the experimental group. The qualitative findings indicated that adolescents and family members experienced the sense of self of intellectually challenged adolescents positively, rather than as 'disabled'. The Appreciative Inquiry shows potential to strengthen intellectually challenged adolescents' sense of self in a supportive, positive family environment.

Keywords: Appreciative Inquiry, familial relationships, sense of self, identity adolescence, intellectual and developmental disabilities

Points of interest:

- This article introduces Appreciative Inquiry as an innovative way of thinking, valuing and discovering what gives 'life' to living systems when they function at their best. Appreciative Inquiry involves the art and practice of asking positive questions to strengthen a system's capacity to apprehend, anticipate and heighten positive potential.
- The family is seen as a living system which plays a crucial role in how intellectually challenged adolescents construct an identity, a sense of self.
- A mixed method embedded design with measuring instruments not used for this purpose before, namely the BarOn Emotional Quotient Inventory (BarOn EQ-i:YV) and the Family Environmental Scale (FES), can facilitate the

process in determining how the intellectually challenged adolescents' sense of self and family relationships can be strengthened.

- The research found that intellectually challenged adolescents did not perceive their identities as 'disabled', although they were aware of the stigmatization attached to the disability. Their families can be regarded as families in distress, which require positive and supportive programmes and therapeutic interventions.

1. Introduction

Appreciative Inquiry is the study of what gives life to human systems when they function at their best (Cooperrider, Whitney, and Stavros 2008). According to Watkins and Stavros (2010), Appreciative Inquiry suggests that human organization and change at its best is a relational process of inquiry, grounded in affirmation and appreciation (Whitney and Trosten-Bloom 2010). The art of 'appreciation' is the art of discovering and valuing factors that give 'life' to a living system (Cooperrider et al. 2008). Appreciative Inquiry originated as a theory and as a qualitative research technique with five core principles, namely the constructionist, simultaneity, poetic, anticipatory, positive and the wholeness principles (Cooperrider et al. 2008; Gergen 1995; Whitney and Trosten-Bloom 2010). This innovative approach creates new possibilities and meaningful changes in all living systems by means of a '5-D' cycle process: Define, Discover, Dream, Design and Destiny (Watkins and Stavros 2010; Whitney and Trosten-Bloom 2010). The process involves the art and practice of asking positive questions, interviewing and storytelling in order to draw out the best of the past, to understand what one wants more of, and effective visualization of the future (Cooperrider et al. 2008; Watkins and Stavros 2010). It is from this stance that Appreciative Inquiry as an intervention approach was selected and applied during family meetings in this study.

According to Baron and Byrne (2000) and Anderson and Sabatelli (2011), the family is a living system, a unit of interdependent relationships, which plays a crucial role in the

formation of the self, or identity, which is the focus of this study (see also Amoateng, Richter, Makiwane, and Rama 2004; Becvar and Becvar 2013; Erikson 1968). It is within their families that people develop and construct an identity, discover who they are, and form close relationships, receive support and encouragement (Fomby and Osborn 2010; Pillay 2010; Silkos and Kerns 2006). Polster and Polster (1973) see this discovering as a becoming aware of, whereas Cottle (2003) regards it as a process of affirmation or being strengthened. This in turn leads to the emergence of an autonomous sense of self (Pietromonaco and Feldman Barrat 2000).

The self is seen as a complex psychological structure; from a *Gestalt* Theory perspective, it is seen as a system of contacts (Yontef 1993), a process that is continuously becoming and evolving (Perls, Hefferline, and Goodman 1951). According to Gergen (2011), the self is continuously constructed through socially created language and conversations within relationships, belonging to a group (family), being valued and accepted by that group. This in turn leads to a social identity and positive identity or self (cf. also Ashforth and Mael 1989; Cooperrider Dole, Silbert, Mann, and Whitney 2008; Hogg 2006; Stets and Burke 2000).

In this study, intellectually challenged adolescents are therefore not considered in isolation but are seen as part of a group – a dynamic familial system. They too are searching for answers about their world, their identities, their abilities and about themselves. This exploration to find answers is characteristic of adolescence (Marcia 1980). According to Erikson ([1963]1993), adolescence is an identity formation versus identity confusion stage. During this stage, intellectually challenged adolescents (like other adolescents) bring together all their experiences in discovering their own identity and place in the family and in society. In this study, the term ‘intellectual and developmental disabilities’ refers to a general, broad concept, whereas the term ‘intellectually challenged’ has been chosen to refer to the specific adolescents in this study. Intellectual challenge or disability is a neuro-developmental disorder

that occurs before the age of 18 and is characterised by an intelligence quotient (IQ) of 70 or below. In terms of the American Psychiatric Association's (APA's) *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* classification, the level of disability is divided into five categories based on IQ: *mild, moderate, severe, profound* and *unable to classify* (APA 2013; see also American Association on Intellectual and Developmental Disabilities 2013). Significant limitations are present in two main areas: intellectual functioning and adaptive behaviour (APA 2013).

Gill (2001) argues that individuals with intellectual and developmental disabilities may experience a sense of isolation within their families. How their families and friends react towards their disabilities influences the formation of their identity and self-acceptance significantly. Goodley and Tregaskis (2006) point out that people with developmental disabilities are aware of their difference and exclusion from society, which they perceive as stigmatization attached to the disability. This stigmatization influences the formation of their social identity and interaction with others negatively (Gwernan-Jones 2008; Michailakis 2003; Reeve 2002; Taylor 2000). Davis and Gavidia-Payne (2009) are of the opinion that stigmatization and lack of support from families and friends can intensify feelings of inadequacy, frustration and rejection in people with intellectual disabilities, which influence how they view themselves (see also Canary 2008; Hughes, Russell, and Paterson 2005). However, a study by Schwartz and Gidron (2002) found that the formation of the self in disabled individuals depended more on the relationships the disabled have with their families and society than on the stigma attached to their disabilities (cf. also Taylor 2000; Upadhyaya and Havalappanavar 2008). Thus far, the literature has provided limited insight into intellectually challenged adolescents' sense of self and the influences of familial relationships on the configuration and affirmation of the self. Prior research on intellectually challenged adolescents and their relationships has focused predominantly on traditional problem-solving

processes, which, according to Koepke and Denissen (2012), separate and dissect pieces of the system, overlooking important factors such as the evolving experiences of familial relationships, whether these are positive or negative (Grant, Nolan, and Keady 2003; Nachshen, Woodford, and Minnes 2003; Woodbridge, Buys, and Miller 2011).

It is from this stance that this study set out to gain a better understanding on the sense of self of intellectually challenged adolescents, the influences of familial relationships on the construction of a self, and how the sense of self can be strengthened or affirmed in the context of a family. The study was conducted using an Appreciative Inquiry framework, from the perspective of Family Systems theory, which postulates that a change in one family member influences the entire family system (Cooperrider et al. 2008; Wright and Leahey 2005). The aims of this study were to explore and describe (Fouché and De Vos 2011) how the sense of self of intellectually challenged adolescents could be strengthened within familial relationships, and to evaluate (Babbie and Mouton 2001) the effectiveness of Appreciative Inquiry as an intervention approach.

2. Method

Participants

A sample of 24 intellectually challenged adolescents with mild (50-75) to moderate (35-55) intelligence, between the ages of 11 and 14 years and their families living in the same household in the Ekurhuleni Metropolitan Area, in the Northern Region of Gauteng in South Africa, was purposefully selected for the study. The families represented different family types (see Table 1). They were randomly divided into an experimental group and a control group.

Table 1. Sample characteristics

Variable	Adolescents								
	Intervention Group			Control Group			Total		
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>
Age	12	12,17	0,94	12,00	12,25	1,22	24,00	12,21	1,06
Gender									
Male	8	12,13	0,83	8,00	12,63	1,30	16,00	12,38	1,09
Female	4	12,25	1,26	4,00	11,50	0,58	8,00	11,88	0,99
Race									
Black	5	12,00	1,00	3,00	12,50	1,29	8,00	12,22	1,09
White	7	12,29	0,95	9,00	12,13	1,25	16,00	12,20	1,08
Adolescents' families									
Family structures:									
Intact	6	30,57	14,23	5	29,74	18,73	11	30,14	16,55
Single-parent	3	32,00	12,81	5	25,71	12,89	8	27,37	12,83
Multi-generational	1	40,40	19,78	-	-	-	1	40,40	19,78
Skip-generational	1	49,50	3,54	-	-	-	1	49,50	3,54
Divorced/extended	1	29,86	15,64	2	30,83	20,15	3	30,31	17,08
<i>N</i>	12			12			24		
Parents	19	42,11	6,97	19	39,74	6,60	38	40,92	6,80
Grandparents	4	53,75	5,56	3	61,33	4,16	7	57,00	6,14
Siblings	17	17,47	5,01	21	13,81	7,41	38	15,45	6,63
<i>N</i>	40			43			83		

Ethical considerations

Ethical clearance was obtained from the North-West University, Potchefstroom, in South Africa, and permission was granted by the South African Department of Education to conduct the research in the relevant school. Informed consent was obtained from parents and legal guardians, and written assent from the intellectually challenged adolescents and siblings. Two introductory meetings were held at the school before testing and the commencement of the intervention to explain the purpose and nature of the study, and the conditions of participation. Participants were assured that their participation was voluntary and that they could withdraw if they wished; it was explained that no remuneration was offered, and that the information they gave would be kept confidential and anonymous.

Procedure

The procedure involved an embedded mixed method experimental design (Creswell and Plano Clark 2011; Fouché and Schurink 2011; Strydom 2011), which included quantitative and qualitative data collection and analysis (Delpont and Fouché 2011). The quantitative data in this study were gathered by means of standardised tests, the BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i YV) developed by Bar-On and Parker (2000) and the Family Environmental Scale (FES), developed by Moos and Moos (2009). The use of these instruments was embedded within the qualitative data collection by means of the Appreciative Inquiry intervention and semi-structured interviews with the participating adolescents.

The BarOn EQ-i:YV **pre-intervention** and **post-intervention tests** were administered to the 24 intellectually challenged adolescents in the experimental and control groups at the school. The FES questionnaires were sent via an existing communication system at the school to family members to be completed by both the experimental and control groups' families. Thereafter, 12 Appreciative Inquiry intervention meetings with the experimental group's family members took place on Saturdays, to accommodate family members who worked on weekdays. Each Appreciative Inquiry intervention took approximately two to six hours, depending on the size of the family unit. The Discover and Dream phases were grouped together, as were the Design and Destiny phases, in order to ensure continuation and integration. After the completion of the family intervention sessions, semi-structured interviews were held with the intellectually challenged adolescents from the experimental group.

Quantitative measuring instruments

The BarOn EQ-i:YV (Bar-On and Parker 2000) was chosen to measure the emotional and social intelligence of the participating adolescents. As there is no instrument that measures sense of self as a construct, the decision was made to use the BarOn EQ-i:YV because it measures certain components of a sense of self on the Intrapersonal and Interpersonal scales,

which are closely linked to self-awareness, self-perceptions, feelings and relationships with others. The instrument consists of 60 Likert-type items, anchored at 1 (*very seldom or not true of me*) and 4 (*very often true or true of me*), and divided into eight subscales, of which four subscales combined measured the total emotional intelligence: (a) Intrapersonal (six items – e.g. ‘I can easily describe my feelings’), (b) Interpersonal (12 items – e.g. ‘I can tell when one of my close friends is unhappy’), (c) Stress Management (12 items – e.g. ‘I can stay calm when I am upset’), (d) Adaptability (10 items – e.g. ‘Even if things get hard, I do not give up ‘). The factor structure of the BarOn EQ-i:YV has been found to be valid during the initial development (Bar-On and Parker 2000) and this finding was supported in subsequent studies (Parker et al. 2005). The instrument is able to differentiate between primary and high school students at various levels of academic achievement in terms of grade point averages, as higher scores are recorded for students clustered into more successful groups (Eastabrook, Duncan, and Eldridge 2005; Parker et al. 2004). The BarOn EQ-i:YV scales’ internal consistency has been found to be satisfactory to strong ($\alpha = .65$ to $.90$) across several studies (Bar-On and Parker 2000; Harrod and Sheer 2005; Parker, Taylor, Eastabrook, Schell, and Wood 2008). Acceptable test-retest reliability has also been found at an interval of three weeks for the EQ scales ($r = .70$ to $.89$) and for the General Impression and Positive Impression and General Mood scales ($r = .60$ to $.77$) (Bar-On and Parker 2000; Hassan and Sader 2005).

The FES (Moos and Moos 1994, 2009) is a social climate instrument which is used to assess family environment from different members’ perspectives. The instrument contains 10 subscales, consisting of 90 True/False items (1 = False, 2 = True) that focus on the dimension of Personal growth, Relationship and System maintenance. The Relationship dimension was of special interest to this study. It is comprised of the subscales Cohesion (nine items – e.g. ‘There is a feeling of togetherness in our family’), Expression (nine items – e.g. ‘We tell each other about our personal problems’), and Conflict (nine items – e.g. ‘Family members often criticize

each other’). The participants were asked to complete all the items according to their actual (real) family experiences. The FES’s internal consistency has been found to be in an acceptable range for all 10 subscales: for the relationship dimension relevant to this study, the internal consistency for Cohesion was .78, for Expression .69 and for Conflict .75 (Moos and Moos 1994, 2009). The test-retest reliability on the subscales for Form R (actual and real) is in an acceptable range and varies from a low of .68 to a high of .86 on the two-month test-retest, to relatively high for the four-month interval (Moos and Moos 1994, 2009).

Qualitative intervention process.

The findings are summarised in Table 2.

Table 2. Appreciative Inquiry ‘5-D’ intervention process that underlined relevant principles

Phases	Relevant questions	Principles
Define phase	<u>Identifying the topic of inquiry:</u> The research topic was identified in working with the intellectually challenged adolescents and their families.	<u>Poetic principle:</u> we can choose what we study, to create, influence and make a difference in the world. <u>Constructionist principle:</u> Words create worlds (Gergen, Gergen, and Schrader 2009). Identity continuously and socially created through language and conversations (Gergen 2011).
Discover phase	<u>Valuing and appreciating ‘what is.’</u> Questions were asked about families’ best experiences, individually and collectively: Tell me about a time, an event or experience that you had within your family, when you were really happy/excited to be part of your family? Describe the event in detail: What was happening? Who was involved? What did you do? What made it such an exciting/enjoyable experience? How did you and your family feel at the time? (These questions supported the FES questions: Expression and Cohesion). <u>Core life-giving factor or values:</u> what do you deeply value/appreciate about your family and yourself? And what do you think your family values most about you? What is the one thing or gift that makes your family unique, the way it is right now? (These questions supported the BarOn-i:YV Intra- and Interpersonal scales).	<u>Simultaneity principle:</u> Inquiry is an intervention and creates change. Questions stimulate ideas, innovation. <u>Positive principle:</u> Positive change is enabled through discovery and by mapping the positive core. Positive expression grows possibilities. <u>Wholeness principle:</u> Collective creativity brings out the best in people. The ‘I’ becomes a ‘We’.

	<u>Facing conflict and challenges</u>: Tell me about an event when you experienced conflict within your family. How did you resolve it and what have you learnt from it? (These questions supported the FES questions: Conflict).	
Dream phase	<u>Envisioning and imagining</u> ‘what might be’ If you had three wishes for your family what would they be? What is happening and what is different within your family while dreaming on?	<u>Anticipatory principle</u>: Images inspire actions, and create conversations and inner dialogue. Human systems move in the direction of their images of the future (Gergen and Gergen 2004).
Design phase	<u>Dialoguing and determining</u> ‘what should be’ This is a planning phase where wishes become a reality by crafting provocative propositions, and statements are written in the present tense: What small steps/changes can you and your family (individually and collectively) take to accomplish/achieve these dreams?	<u>Enactment principle</u>: Acting ‘as if’ is self-fulfilling. Positive change occurs when the process used to create the change is a living model of the ideal future.
Destiny phase	<u>Innovating and creating</u> ‘what will be’ It is a visual/concrete representation on the path forward, giving direction and commitment to what needs to be done to support and strengthen relationships. The following questions were asked: What have you learnt from this experience? What were the highlights of this family intervention? How can you apply this in you daily interactions with your family members going forward? Do you see your family members differently?	<u>Free-choice principle</u>: Free choice liberates power. People are more committed when they have freedom to choose how and what they contribute towards.

The Appreciative Inquiry “5-D” process as adapted from Truschel (2007); Stavros and Torres (2005). Principles of Appreciative Inquiry (Whitney and Trosten-Bloom, 2010; Cooperrider et al. 2008; Kelm, 2005).

Semi-structured interviews

Semi-structured interviews were held with the intellectually challenged adolescents in the experimental group, focusing on how they experienced their sense of self, as well as how they experienced their relationship with family members. Typical questions were: Tell me about how you see yourself within your family. Is there anything that you want to change about yourself? If so, what would that be? Tell me about how you experienced your family ‘meeting’ (intervention)? How was the experience for you? Can you recall the ‘meeting’, looking at your family photos and your family drawing? As suggested by Milewski-Hertlein (2001), genograms were used to evoke memories of the intervention and the stories shared, and photographs were taken during the family meeting as a shared activity. Typical questions were: What did you enjoy about the family ‘meeting’ and how did it made you feel? What were the things that your

family talked about that you did not know about yourself? After the ‘meeting’ (intervention), what is different about your family and how do you think and feel about yourself? What has changed?

Data analysis

The *qualitative data analysis* involved identifying patterns, constructing a framework – according to Babbie (2007), Creswell (2007), and Schwandt (2007), a framework can communicate the essence of the data revealed – and discovering underlying meanings and relationship patterns. A six-phase thematic method developed by Braun and Clarke (2006) was selected to analyse and describe the textual and visual data. Initial codes and themes were identified from the raw data and verified, as recommended by Fouché and De Vos (2011).

The quantitative analysis’s raw scores on the relevant BarOn EQ-i:YV and FES scales were converted to standardized scores, and descriptive statistics were computed for each of the relevant scales. The primary purpose was to examine changes in the scores prior to and after the intervention. Intervention and control group, 2 x 2 (group x time) mixed analyses of variance (ANOVAs) were performed on the relevant scales as dependent variables to determine the main interaction effects (see Table 3). Before proceeding with parametric testing, all hypothesis testing assumptions were tested and appropriately fulfilled. An alpha level of .05 was used for all statistical analyses. Partial eta-squared (η_p^2) values were computed as estimates of effect size, which were evaluated using Cohen’s (1992) effect size standards of .02 (small), .12 (medium), and .28 (large).

3. Results

Quantitative results

The pre- and post-intervention test descriptive statistics for both the experimental and the control groups are reported in Table 2. For the BarOn **EQ-i:YV Intrapersonal scale**, the 2 x 2 (group x time) mixed ANOVA revealed the group by time interaction effect, $F(1, 22) = .00, p$

= 1.000, $\eta_p^2 = .000$; the main effect for condition, $F(1, 22) = 1.28, p = .270, \eta_p^2 = .055$, was not statistically significant. Although the main effect for time was not statistically significant, $F(1, 22) = 3.83, p = .063, \eta_p^2 = .148$, a medium effect size was found. Therefore, it seems that both groups' *intrapersonal skills* improved in the pre- to post-intervention test interval, but the improvements tended to be similar across both groups. Similar results were found for the 2 x 2 mixed ANOVA on the **Interpersonal scale**: the interaction, $F(1, 22) = 2.09, p = .163, \eta_p^2 = .087$, the main effect for time, $F(1, 22) = .33, p = .574, \eta_p^2 = .015$, and the main effect for group, $F(1, 22) = .90, p = .353, \eta_p^2 = .039$, were not statistically significant. Considering the small to medium effect size found for the interaction and the descriptive statistics in Table 2, it seemed that the experimental (intervention) group improved from Time 1 to Time 2, whereas the control group displayed a reduction in *interpersonal skills* over time.

On the **General Mood scale**, the interaction effect for the 2 x 2 (group x time) ANOVA was marginally non-significant, $F(1, 22) = 3.27, p = .084, \eta_p^2 = .129$, although this result was medium in effect size (Cohen 1988). The pattern of group scores suggest that the experimental (intervention) group's general mood improved, yet appeared to decline among the control group from Time 1 to Time 2. Neither the main effect for time, $F(1, 22) = 0.01, p = .938, \eta_p^2 = .000$, nor group, $F(1, 22) = .048, p = .828, \eta_p^2 = .002$, was statistically significant.

The 2 x 2 (group x time) mixed ANOVA for the **FES scale of Cohesion** demonstrated a significant group by time interaction, $F(1, 22) = 12.47, p = .002, \eta_p^2 = .362$, and main effect, $F(1, 22) = 11.61, p = .003, \eta_p^2 = .345$. The large effect sizes support greater increases in family cohesion among the intervention group from the pre-intervention test to the post-intervention test, as compared to the scores of the control group. However, the main effect for group was not statistically significant, $F(1, 22) = .13, p = .721, \eta_p^2 = .006$.

For the **Expression scale**, the group by time interaction was not statistically significant, $F(1, 22) = 1.06, p = .315, \eta_p^2 = .046$. Although the main effects for group, $F(1, 22) = 1.49, p =$

.236, $\eta_p^2 = .063$, and time, $F(1, 22) = 4.12, p = .055, \eta_p^2 = .158$, also did not reveal any significant differences, the time main effect was medium in effect size. This suggests that families' levels of expression increased in a similar way from the pre-intervention test to the post-intervention test across both groups.

The 2 x 2 (group x time) mixed ANOVA for the **Conflict scale** indicated that the interaction effect, $F(1, 22) = 1.81, p = .193, \eta_p^2 = .076$, the main effect for time, $F(1, 22) = .674, p = .420, \eta_p^2 = .030$, and the main effect for group, $F(1, 22) = .002, p = .962, \eta_p^2 = .000$, were not statistically significant. Neither group seemed to evidence statistically meaningful changes in family conflict from Time 1 to Time 2.

Table 3. Descriptive statistics for dependent variables across experimental conditions from Time 1 to Time 2

Dependent variables	Intervention group		Control group	
	Pre-intervention test	Post-intervention test	Pre-intervention test	Post-intervention test
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
Intrapersonal	103.75 (12.1)	108.33 (11.16)	99.08 (10.88)	103.67 (11.87)
Interpersonal	93.67 (12.10)	100 (13.48)	103.42 (15.11)	100.67 (20.07)
General Mood	104.50 (7.23)	108.50 (9.25)	107.50 (10.18)	103.83 (14.58)
Family Cohesion	38.17 (8.85)	47.58 (3.89)	42.08 (5.84)	41.92 (7.54)
Family Expression	52.42 (6.67)	57.25 (5.03)	50.50 (9.56)	52.08 10.08)
Family Conflict	57.25 (4.67)	57.83 (5.44)	58.83 (4.84)	56.42 (5.25)

BarOn EQ-i: Youth Version (Bar-On and Parker 2000). FES (Moos and Moos 2009).

Qualitative Results

The Appreciative Inquiry process (Discover, Dream Design and Destiny) formed the main themes of the study and were integrated with the themes collected during the semi-structured interviews held with the intellectually challenged adolescents from the experimental group (see Table 4).

Table 4. Joint display of quantitative and qualitative findings for the experimental group

Variables	Appreciative Inquiry intervention themes	Semi-structured interviews' themes (after intervention)
<u>FES:</u> <u>Family Cohesion:</u> Pre-intervention test: 38.17 (8.85) Post-intervention test: 47.58 (3.89) *large effect size supports greater increase in cohesion.	<u>Family experiences:</u> close bonds and connections, togetherness, belonging to, part of (inclusion), fun and excitement; love and acceptance, nurturance and supportiveness. <u>Family strengths and core values:</u> family roots, religious and cultural beliefs, unconditional love, positive attitudes, embracing challenges. Creating safe and secure family environment. Expressed high levels of responsibility, protection, especially from grandparents and siblings.	<u>Family time:</u> togetherness, fun, family memories. Appreciative Inquiry meeting: taking photographs and drawing genograms created fun and togetherness. <u>Family relationships:</u> ‘Family means everything, I am nothing without my family’. ‘I want to feel that I belong to a family’, ‘I want to make them feel proud of me’. Adolescents not focused on disability by close relationship.
*medium effect size changes <u>Family Conflict</u> Pre-intervention test: 57.25 (4.67) Post-intervention test: 57.83 (5.44) *no statistically significant changes	<u>Family challenges:</u> addressed feelings of adolescents and siblings about not being valued, respected, accepted and included in family decisions. Family liked to be seen as a ‘normal’ family, without judgement.	<u>Adolescents' challenges:</u> Seek independence, acceptance, to be heard. Afraid not meeting expectations and to be judged. Blaming and name calling – increased feelings of rejection. ‘I feel it is my fault’.
Variables	Familial experiences on sense of self	Adolescents' experience of sense of self
<u>BarOn EQ-i:YV:</u> <u>Intrapersonal</u> Pre-intervention test: 103.75 (12.51) Post-intervention test: 108.33 (11.16) *a medium effect size.	Majority of family members described positive and warm feelings towards the adolescent. Proud of accomplishments and supportive – based on strong family values and religious beliefs. Siblings and parents/grandparents more focused on intrarelationship with adolescent. Some family members questioned own sense of self and that of the family, their parenting skills, and capabilities to take care of and help development of the adolescent. Intrapersonal feelings of guilt and shame (due to rejection by society and own peers).	Described different selves: connected to positive and negative experiences, characteristics attached to abilities, and inabilities (seen as disabilities). Referred to gender, gender roles and physical traits. Abilities were seen as capable selves and accepted by society. Disabilities (visible and unable to perform) were seen as disabled selves and rejected by society. Strong religious and cultural selves. Majority of adolescents' experiences on sense of self were positive and embedded within relationships.

<u>Interpersonal</u>	<u>Expressed endearing characteristics/</u>	<u>Family relationships:</u> vitally
Pre-intervention test:	<u>attributes of adolescents:</u> being	important for the formation of the
93.67 (12.10)	lovable, kind-hearted, free-spirited seen	self; most of the adolescents
Post-intervention test:	as self. For the majority of family	expressed a desire to have closer and
100 (13.48)	members, the relationship was more	more affectional bonds with their
*small-to-medium effect size suggests improvement	<u>Positive and negative experiences:</u>	family members. They seek
	based on acceptance of society and	acceptance from their family, and this
	capabilities of the adolescent. Proud of	is more important than their
	the adolescent's achievements.	disability.
	Protective towards the adolescent to	<u>Relationships with peers, friends:</u>
	evade judgement and rejection from	the adolescents experienced
	peers and society.	difficulties in forming and
	Most families had a positive outlook on	maintaining relationships (disability
	life – they embrace challenges, focus	hinders contact-making and
	on mastering of skills and on the	acceptance).
	independence of the adolescent.	Adolescents compared themselves to
		typically developed adolescents
		without disabilities. Most felt
		rejected by their social group and the
		larger community.
<u>General Mood</u>	<u>During Appreciative Inquiry:</u>	<u>During Appreciative Inquiry:</u>
Pre-intervention test:	Families were open to sharing feelings	Participants were initially anxious.
104.50 (7.23)	and experiences from a positive stance.	General mood changed to positive
Post-intervention test:	This created a mood of light-	due to fun and togetherness, with a
108.50 (9.25)	heartedness, jokes and fun, which was	positive impact on how the
*medium effect size suggests improvement	enhanced by taking family photos.	<u>During semi-interviews:</u> narratives
		revealed that the majority of
		adolescents felt that they need to
		perform 'better' in order to get love
		and acceptance from parents.

4. Discussion

During the ***Discover phase***, family members selected stories to describe their best experiences of being part of the family individually and collectively. Families' narratives referred to special occasions, such as birthdays, holidays, family and cultural gatherings, where the whole family were present (including grandparents, uncles, aunts and cousins). The focus was on socializing, preparing meals and memories of fun and excitement. Some families described events surrounding the birth of the intellectually challenged adolescent, growing up and openly expressed love and care. Most of the intellectually challenged adolescents and some family members voiced their surprise at the stories surrounding them.

Responses from families (F) and of Adolescents (A) are cited verbatim below to give feedback on the Appreciative Inquiry process. Typical responses during the Discovery phase with families, and during the semi-structured interviews with the adolescents later, were the following:

A1, A2: I was not aware that my family feels this way.

A5, A8: I did not know they care for me so much.

A9, A11: I felt so proud to hear positive things.

A7: Was not aware how my son felt.

For some adolescents it was difficult to hear positive comments, stories and memories surrounding them, as they appeared to be shy (A2, A6). One cried (A5) and one (A1) placed her hands over her ears because she experienced the attention as overwhelming. Some adolescents were able to express their feelings verbally, or non-verbally, by hugs, sitting closer to a family member or sitting on the lap of a particular family member who made positive comments.

Values questions

These questions supported the BarOn EQ-i:YV questions in the Interpersonal and Intrapersonal constructs, focusing on perceptions of self and others. Family members valued the intellectually challenged adolescent's sense of self, referring to several domains such as their relationship with the adolescent, his/her attributes, abilities/disabilities, which they viewed as the adolescent's self. Families acknowledged the adolescent's uniqueness, friendliness, kindness, helpfulness, shyness, always trying his/her best, being a good swimmer, singer or cricket player, and showing perseverance and endurance despite physical and intellectual disabilities. This naming of selves (e.g. a kind self or a shy self), according to Polster (2005), is an important process of self-formation, as it gives the self a brightness and recognisability, and has implications for likely behaviour and feelings. By listening to families' stories, the intellectually challenged adolescents became aware of how others saw them and they

introjected new perceptions about their selves (if they were not aware of these perceptions), and altered old perceptions and experiences they had of themselves. According to Polster (2005), in order for experiences to be introjected, contact, configuration and tailoring are necessary. Contact is the connection between an adolescent and his/her world (field) and configuration (Perls et al., 1951). The process that is designed to create internal unity by organising registered experiences that the individual becomes aware of. Tailoring or altering improves the prospects of successful configuration, which takes place within the family and in contact with others. In order for adolescents to strengthen their sense of self, the family intervention experiences have to register significantly in order to lead to configuration and affirmation of the self.

Core life-giving factor or value questions

These questions formed part of the Appreciative Inquiry process where families were made aware of family values, their own uniqueness and experiences of each other. Some typical responses were:

A2: Family means everything.

A1, A8, A3: Families stick/stand together.

A10: Families stay together, support and protect each other.

A4: Family roots are important: where you came from, who you are, where you are going.

A11: Family means unconditional love and support – to see the positive in all situations.

These responses emphasised the central role that families play in the development of adolescents' identities and in the formation of close relationships through support and encouragement. These findings are in line with those of prior studies by Anderson and Sabatelli (2011), Becvar and Becvar (2013), Fomby and Osborn (2010) and Silkos and Kerns (2006). It further illustrated some degree of emotional bonding, a shared sense of history and expectations from family members. Cooperrider Dole, Silbert, Mann and Whitney (2008) point out the importance of having a safe and mutually supportive family environment, where family

members can care for one another and positively influence each other's development. Families with positive attitudes are thriving families that bring out the best in each other, show unconditional positive regard, and have healthy boundaries and positive communication patterns. From a Family Systems perspective, these positive and/or negative influences affect the entire family system, as family members do not function in isolation, and change in one family member or sub-system will ultimately have an impact on and change the whole family (Bowen 1978, Wright and Leahey 2005).

Challenges and conflict within families

Conflict arises when something is really important to us and is not seen as important or valuable by others, and conflict is intersubjective within relationships. In conflict situations, energy is released which can produce change and become a transformative source within the family and within the individual him-/herself. According to Cooperrider et al. (2008), 'negative' comments during meetings or in data, can be managed, redirected and put into affirmatives. Negative comments and conflict situations were mentioned by family members during the intervention meetings, such as not being heard by family members (A1, A2), or sibling rivalry (F3, F12), or not being respected, being called 'stupid' or 'retarded' (A8). These comments were rephrased during the family meetings. Small steps were put in place during the Design phase to show how the adolescents can be heard, respected and valued.

Dream phase (three wishes)

These were different for each family unit, as some families (F5, F6) focused on more concrete desires such as living in better conditions, being more financially secure, and being able to support the adolescent more, with extra activities or therapy, so the person can reach his/her full potential. Families envisioned their intellectually challenged adolescent as more responsible (A2) and self-supportive (A11) when he/she grows older. Families dreamed of fewer fights and conflict between siblings and the intellectually challenged adolescent (A3, A8)

and of being seen as a 'normal family' (F10, F12). The dreams of the intellectually challenged adolescents focused on their desire to have a better and closer relationship with their parents (especially in absent father and mother households (F6, F8) and in strained relationships with parent(s) (A7) and siblings. Typical responses of adolescents mentioned a desire to be accepted by their siblings and peers, to be heard (have a voice), to be seen for 'who they are' and not focusing on what they cannot do (A6). According to Cooperrider and Whitney (2005), our dreams, visions and positive images bring to the fore more positive actions, altering our future (anticipatory principle) by creating inspiring new images of what we want. This then allows us to make small changes in the present (Kelm 2005).

The ***Design phase*** is a co-constructing phase, a planning phase where families' wishes became a reality, by crafting provocative propositions, questions and visions for the future (Cooperrider et al. 2008). The questions that we ask set the stage for what we find. What we discover becomes the stories out of which the future is conceived and constructed (Cooperrider and Whitney 2005). The propositions were different for each family unit. Through brainstorming and dialogue, members were able to contribute to practical steps for *how* their dreams of being heard, being respected, validated and accepted by family members and society, as well as of spending more quality time together, could become a reality. Some of the families' responses were the following:

- A12: We are a growing family – encouraging each other to discover own potential, bringing out the best of the individual and family.
- A3: We are a family that stands together, showing courage to share with others, to enable us to grow.
- A2: We are a family with a vision for all our children – including our disabled child.
- A9: We are different – but unique with own difficulties and strengths.
- A1: We are a normal family – just like others: socialising, disciplining and parenting.
- A7: We embrace our challenges, stand together to make it work.

According to Cooperrider et al. (2008), a proposition is a statement that bridges the best of ‘what is’ and ‘what might be’. A proposition has to be desired by the group, grounded in the available examples of an ideal, a real possibility and a participative process. This is a crucial stage in sustaining positive change and responding to families’ positive past. Inquiry and change are not separate moments – but happen simultaneous (simultaneity principle). Three elements are necessary in moving forward, namely *novelty* (unexpected newness, how things will be different), *transition* (planned change as to the first steps in getting from here to there), and *continuity* (a vision for the family that things have really happened, even if only once). Some comments of family members, such as ‘we are just like other families’ or ‘wishing to be like other families’ showed that members were comparing themselves with other families that they perceived to be ‘normal’. According to the Social Identity theory’s perspective, individuals tend to categorise themselves by first comparing themselves to and then evaluating other groups. This social comparison is based on the characteristics of the group, its members and benefits. The outcome of such social comparisons, and the values placed on the group, and on the individual, largely determine our social identity (Festinger 1954; Stets and Burke 2000). The majority of families expressed a desire to belong to and to be accepted by a social group without being judged for raising an intellectually challenged adolescent. During the Design phase, family members decided as part of their family plans to reach out to other family members with similar challenges, in order to get support and understanding, and to address their own family difficulties (F6, F10).

Questions raised during the Design phase were the following: How do we embrace our challenges? How do we respect each other’s privacy and opinions? How do we communicate with each other in ways besides shouting and screaming? What is our vision for our family and for our intellectually challenged adolescent? These questions assisted in moving the system to positive action and intended results. This phase involved the collective construction of positive

images of the family's future. It underlines the Social Constructionist perspective, which states that all experiences are subjective and that human beings re-create/reconstruct themselves through an ongoing, never static *process*. This construction is embedded within relationships with others, which cannot be separated from our social-cultural and historical context (Gergen 2011). Practical designs from family members were parents' changing work rosters and shifts in order to spend more time with the family and adolescent (F4), enhancing communication by making constructive efforts such as having meals together (F10, F8), making use of a communication board (F12, F3) with important dates (birthdays, school functions) and the allocation of each member's chores. Parents recognised the importance of 'letting go' by allowing adolescents to go on school trips and inviting and socializing with friends at their homes. This will enhance the independent and autonomous selves of the intellectually challenged adolescents (A7, A1, A2).

This exploration of adolescents in seeking independence and autonomy is underpinned by a *Gestalt* theory perspective regarding a dis-embedding process, where differentiation takes place from the field of family relations, and emerges from introjection of the family system and other social influences. According to this theory's field perspective, the 'field' is a metaphor to describe a web of mutually influencing forces – everything is of the field and everything *within* the field affects everything else (McConville and Wheeler 2001; Yontef 1993). Inquiry (asking questions and becoming aware of different selves and of others) is a form of exploration through which the adolescent develops a stronger sense of boundaries, takes ownership of the self and explores the intrapsychic and interpersonal fields (McConville and Wheeler 2001).

During the ***Destiny phase***, also called the delivery phase, dreams become a reality through continuous dialogue (Gergen and Gergen 2004; Whitney and Trosten-Bloom 2002). It is where families shared positive images in co-creating the future. This phase was different for each family, as their dreams, challenges and plans were unique. This phase focused on

members' commitment to what needed to be done, implementing the designing plans in order to support and strengthen relationships. Questions put to families during this phase stimulated dialogue and integrated the whole intervention process. Appreciative Inquiry dialogue, according to Cooperrider et al. (2008), creates guiding *images* for the future, which in turn evoke positive emotions and move people toward a choice for *positive action* (Cooperrider 1999). It is argued that all human systems display a continuing or ongoing 'inner newsreel' that is best understood through the concept of inner dialogue. *Inner dialogue* functions as an inner dialectic (interaction) between positive and negative adaptive statements (Cooperrider et al. 2008). Typical comments by families included the following:

- A9: The meeting was meaningful.
- A3: It was enlightening – gaining insight into my family's feelings.
- A1: It was enlightening – gaining insight into my adolescent's feelings.
- A8: It helped us to address difficult issues.
- A12: It helped us to become aware that we are not so different. [We] tend to focus on what we do not have instead on what we do have
- A7: To focus more on how we are going to spend time together.

Dialogue, expression and positive emotions are at the core of Appreciative Inquiry and underline the positive principle. Positive expression not only broadens thinking and action, but it undoes negative ones; it builds resiliency and creates upward spirals – for possibilities and change (Cooperrider and Whitney 2005).

During the family interventions, strengths, weaknesses, opportunities and threats, internal and external, were noted. General **strengths** were strong religious and cultural beliefs (see family quotes), positive attitudes in embracing the challenges of having to take care of an intellectually challenged adolescent, strong bonds, relationships and support. **Weaknesses**/challenges were being overprotective, not including the adolescent in family decisions (A4, A8), a sense of guilt in parents, who blamed themselves for the diagnosis of the intellectually challenged adolescent (A7). These feelings of shame from siblings and family members (F8, F10) led to close system

family functioning, not allowing for changes and natural feedback processes. Other factors contributing to this were a lack of insight into the positive possibilities in raising an intellectually challenged child, single-parent family structures and financial difficulties (F5, F6). Families with a positive outlook on life focused on **opportunities** such as sharing their experiences and challenges with friends (F3, F11), or using programmes available not only for the adolescent, but for the family as a whole, by attending school programmes and requesting help and assistance (F2, F4). Families identified **threats** as judgemental behaviour from society that has a negative impact on how they viewed themselves, stigmatization, and name-calling of intellectually challenged adolescents (A6, A9), which influenced their own perceptions and behaviour towards the adolescent (F10, A7). Parents and siblings voiced feelings of insecurity and fears regarding what is going to happen when the adolescent grows up and who is going to take care of him/her.

5. Conclusion, limitations and recommendations

The purpose of this study was to explore and describe how the sense of self is viewed by intellectually challenged adolescents and their families and how it could be strengthened within familial relationships by using Appreciative Inquiry. The findings were consistent with previous research regarding the vital role that families play in child development, the forming of close bonds and relationships, socializing and the construction of an identity (Becvar and Becvar 2013; Erikson 1968). However, previous research was largely based on a deficit model that focused on the limitations of and symptomatic behaviour by intellectually challenged adolescents. Strengthening the sense of self of intellectually challenged adolescents involves the whole family, which needs to make time for conversations, caring, seeing the best in each other and to affirm their uniqueness. Strengthening came from valuing, listening, collaborating and showing respect to the adolescents. In this study, the Appreciative Inquiry family intervention created a platform for intellectually challenged adolescents to see themselves

through the eyes of their family members, affirming and/or altering their own perceptions of self. Cottle (2003) suggests that this kind of affirmation takes place through our *relatedness* with others, discovering another person (otherness) out there apart from us, and with which we form a kinship (relationship) or identification with – *a rootedness*.

The quantitative findings indicated no statistically significant changes after the intervention allowing the conclusion that adolescents' sense of self was strengthened within the familial relationships by using Appreciative Inquiry as an intervention technique. This could be due to a small sample size, and to the BarOn EQ-i:YV test's not having separate standardized norms for adolescents with intellectual and developmental challenges. Moreover, the FES questionnaire was completed by all family members at home and not in a controlled environment. The researcher did indicate clearly that the FES questionnaire was to be completed individually, but it is unknown whether any parental influence played a role in the findings. Further results on the FES findings (Cohesion and Conflict) comparing the scores of 'normal' families raising typically developing adolescents to the scores of families with intellectually challenged adolescents show that the families of intellectually challenged adolescents can be considered as families in distress. This could be due to unique challenges that families have to face in living with and raising intellectually challenged adolescents.

The qualitative data obtained from the Appreciative Inquiry intervention approach showed potential for strengthening intellectually challenged adolescents' sense of self within familial relationships. These findings were evident in the close emotional bonds and familial relationships, togetherness, and feelings of belonging observed during the intervention, but most importantly, the role that the family played in validating and accepting the adolescents for who they are. Despite families being aware of the adolescents' disability and the stigma attached to the disability, the majority of families were able to experience the sense of self of the intellectually challenged adolescents positively, and not as a 'disabled' self.

One of the limitations in this study may be that it would have been ideal to do follow-ups with the families of the experimental group regarding the implementation of the collective family plans constructed (verbally) during the Design phase. In terms of semi-structured interviews with the adolescents, it would have been ideal to have a secondary follow-up to determine whether the implementation of the families' collective plans (Destiny phase) had altered their perception of their self (intrapersonal) and that of others (interpersonal). In this study, families participated as 12 individual family units in the Appreciative Inquiry intervention, but it is recommended that in future research the approach be applied on a larger scale, where a population of families with intellectually challenged adolescents can be grouped together.

Findings on the FES can serve as a motivation to conduct future research in supporting and coaching families with intellectually challenged adolescents. The development of an Appreciative Inquiry integrative coaching model is suggested to address challenges in the family environment to strengthen family relationships and the identity formation and strengthening of the identities of intellectually challenged adolescents.

References

- American Association of Intellectual and Developmental Disabilities (AAIDD). 2013. *Definition of Intellectual Disability*. <http://aidd.org/intellectual-disability/definition>
- American Psychiatric Association (APA). 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. 5th ed. Arlington, VA: Author.
- Anderson, S. A., and R. M. Sabatelli, 2011. *Family Interaction: A Multi-Generational Developmental Perspective*. 5th ed. Boston, MA: Pearson.
- Amoateng, A. Y., L. M. Richter, M. Makiwane, and S. Rama, S. 2004. *Describing the Structure and Needs of Families in South Africa: Towards the Development of a National Policy Framework for Families*. Cape Town: Human Sciences Research Council.
- Ashforth, B. E., and F. Mael. 1989. "Social Identity Theory and the Organisation." *Academy of Management Review* 14 (1):20–39.
- APA – see American Psychiatric Association
- Babbie, E. 2007. *The Practice of Social Research*. Belmont, CA: Wadsworth.
- Babbie, E., and J. Mouton. 2001. *The Practice of Social Research*. Cape Town: Oxford University Press.
- Baron, R. A., and D. Byrne. 2000. *Social Psychology*. 9th ed. Boston, MA: Allyn and Bacon.
- Bar-On, R., and J. D. A. Parker. 2000. *BarOn Emotional Quotient Inventory: Youth Version. (BarOn EQ-i:YV). Technical Manual*. North Tonawanda, NY: Multi-Health Systems.
- Becvar, D. S., and R. J. Becvar. 2013. *Family Therapy: A Systemic Integration*. 5th ed. Boston, MA: Allyn and Bacon.
- Bowen, M. 1978. *Family Therapy in Clinical Practice*. New York, NY: Aronson.
- Braun, V., and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2):77–101.
- Canary, H. E. 2008. "Negotiating Dis/ability in Families: Construction and Contradictions." *Journal of Applied Communication Research* 36:437–458.
- Cohen, J. 1988. *Statistical Power Analysis for the Behavioral Sciences*. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum.
- Cohen, J. 1992. "A power primer." *Psychological Bulletin* 112:155–159. doi: 10.1037/0033.112.1.155
- Cooperrider, D. L. 1999. "Positive Images, Positive Action: The Affirmative Basis of Organising." In *Appreciative Management and Leadership*, edited by S. Srivastva and D. L. Cooperrider, 91–125. Euclid, OH: Lakeshore Communications.

- Cooperrider, D. L., and D. Whitney. 2004. *Appreciative Inquiry: A Positive Revolution in Change*. San Francisco, CA: Berrett-Koehler.
- Cooperrider, D. L., Whitney, D., and J. Stavros. 2008. *Appreciative Inquiry Handbook*. Brunswick, OH: Crown.
- Cooperrider Dole, D., J. H. Silbert, A. J. Mann, and D. Whitney, D. 2008. *Positive Family Dynamics: Appreciative Inquiry Questions to Bring out the Best in Families*. Chagrin Falls, OH: Taos Institute.
- Cottle, T. J. 2003. *A Sense of Self: The Work of Affirmation*. Amherst, MA: University of Massachusetts Press.
- Creswell, J. W. 2007. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. London: Sage.
- Creswell, J. W., and V. L. Plano Clark. 2011. *Designing and Conducting Mixed Methods Research*. 2nd ed. London: Sage.
- Davis, K., and S. Gavidia-Payne. 2009. "The Impact of Child, Family, and Professional Support Characteristics on the Quality of Life in Families of Young Children with Disabilities." *Journal of Intellectual and Developmental Disability* 34(2), June:153–162.
- Delport, C. S. L., and C. B. Fouché. 2011. "Mixed methods research." In *Research at Grass Roots for the Social Sciences and Human Service Professions*, edited by A. S. de Vos, H. Strydom, C. B. Fouché, and C. S. L. Delport, 433–448. 4th ed. Pretoria: Van Schaik.
- Eastabrook, J., Duncan, A., and Eldridge, B. 2005. "Academic Success in Elementary School: Does EI Matter?" Paper presented at the annual meeting of the Canadian Psychological Association, Montreal, Quebec.
- Erikson, E. H. 1968. *Identity: Youth and Crisis*. New York, NY: Norton.
- Erikson, E. H. (1963) 1993. *Childhood and Society*. 2nd ed. New York, NY: Norton.
- Festinger, L. 1954. "A Theory of Social Comparison Process." *Human Relations* 7:117–140.
- Fomby, P., and C. Osborn. 2010. "The Influence of Union Instability and Union Quality on Children's Aggressive Behaviour." *Social Science Research* 39:912–924.
- Fouché, C. B., and A. S. de Vos. 2011. "Formal Formulations." In *Research at Grass Roots for the Social Sciences and Human Service Professions*, edited by A. S. de Vos, H. Strydom, C. B. Fouché, and C. S. L. Delport, 89–99. 4th ed. Pretoria: Van Schaik.
- Fouché, C. B., and W. Schurink. 2011. "Qualitative Research Designs." In *Research at Grass Roots for the Social Sciences and Human Service Professions*, edited by A. S. de Vos, H. Strydom, C. B. Fouché, and C. S. L. Delport, 307–327. 4th ed. Pretoria: Van Schaik.

- Gergen, K. 1995. *Realities and Relationships*. Cambridge, MA: Harvard University Press.
- Gergen, K. J. 2011. "The Social Construction of Self." In *The Oxford Handbook of the Self*, edited by S. Gallagher, 633–653. Oxford: Oxford University Press.
- Gergen, K., and M. Gergen. 2004. *Social Construction: Entering the Dialogue*. Chagrin Falls, OH: Taos Institute.
- Gergen, K., M. Gergen, and M. Schrader. 2009. *Constructing Worlds Together: Interpersonal Communication as Relational Process*. Boston, MA: Pearson Education.
- Gill, C. J. 2001. "Divided Understanding. The Social Experience of Disability." In *Handbook of Disability Studies*, edited by G. L. Albrecht, K. D. Selman, and M. Bury, 351–372. Thousand Oaks, CA: Sage.
- Goodley, D., and C. Tregaskis. 2006. "Storying Disability and Impairment: Retrospective Accounts of Disabled Family Life." *Qualitative Health Research* 16:630–646.
- Grant, G., M. Nolan, and J. Keady. 2003. "Supporting Families over the Life Course: Mapping Temporality." *Journal of Intellectual Disability Research* 47:342–351.
- Gwernan-Jones, R. 2008. *Identity and Disability: A Review of the Current State of Developing Trends*. School of Education and Lifelong Learning, University of Exeter.
http://www.beyondcurrenthorizons.org.uk/wp-content/uploads/final_gwernan-jones_identitydisability_20081201_jb.pdf
- Harrod, N., and S. Sheer. 2005. "An Exploration of Adolescent Emotional Intelligence in Relation to Demographic Characteristics." *Adolescence* 40:503–512.
- Hassan, K., and M. Sader. 2005. "Adapting and Validating the BarOn EQ-i:YV in the Lebanese Context." *International Journal of Testing* 5:301–317.
- Hogg, M. A. 2006. *Contemporary Social Psychology*. Edited by P. E. Burk. Stanford, CA: Stanford University Press.
- Hughes, B., R. Russell, and K. Paterson. 2005. "Nothing to be Had 'Off the Peg': Consumption, Identity and the Immobilization of Young Disabled People." *Disability and Society* 20 (1):3–17.
- Koepke, S., and J. J. A. Denissen. 2012. "Dynamics of Identity Development and Separation-Individuation in Parent-Child Relationships During Adolescence and Emerging Adulthood – A Conceptual Integration." *Developmental Review* 32 (1):67–88.
doi:10.1016/j.dr.2012.01.001
- Kelm, J. B. 2005. *Appreciative Living: The Principles of Appreciative Inquiry in Personal Life*. Wake Forest, NC: Venet.

- Marcia, J. E. 1980. "Identity in Adolescence." In *Handbook of Adolescent Psychology*, edited by J. Adelson, 159–187. New York, NY: Wiley.
- McConville, M., and Wheeler, G. (2001). *The Heart of Development. Gestalt Approaches to Working with Children, Adolescents and Their Worlds. Volume II: Adolescence*, 54–72. Hillsdale, NJ: Analytic Press.
- Michailakis, D. 2003. "The Systems Theory Concept of Disability: One is Not Born a Disabled Person, One Is Observed to Be One." *Disability and Society* 18 (2):209–229.
- Milewski-Hertlein, K. A. 2001. "The Use of Socially Constructed Genograms in Clinical Practice." *American Journal of Family Therapy* 29 (1):23–39.
- Moos, R. H., and B. S. Moos. 1994. *Family Environment Scale Manual*. 3rd ed. Palo Alto, CA: Consulting Psychologists Press.
- Moos, B. S., and R. H. Moos. 2009. *Family Environmental Scale*. 4th ed. Centre for Health Care Evaluation, Department of Psychiatry and Behavioural Sciences, Stanford University School of Medicine. Palo Alto, CA: Stanford University Press.
- Nachshen, J. S., L. Woodford, and P. Minnes. 2003. "The Family Stress and Coping Interview for Families of Individuals with Development Disabilities: A Lifespan Perspective on Family Adjustment." *Journal of Intellectual Disability Research* 47:285–290.
- Parker, J., R. Creque, D. Barnhart, J. Harris, S. Majeski, and M. Hogan. 2004. "Academic Achievement in High School: Does Emotional Intelligence Matter?" *Personality and Individual Differences* 37:1321–1330.
- Parker, J., D. Saklofske, P. Shaughnessy, S. Huang, L. Wood, and J. Eastabrook. 2005. "Generalizability of the Emotional Intelligence Construct: A Cross-Cultural Study of North American Aboriginal Youth." *Personality and Individual Differences* 39:215–227.
- Parker, J., R. Taylor, J. Eastabrook, S. Schell, and L. Wood. 2008. "Problem Gambling in Adolescence: Relationships with Internet Misuse, Gaming Abuse and Emotional Intelligence." *Personality and Individual Differences* 45:174–180.
- Perls, F., R. F. Hefferline, and P. Goodman. 1951. *Gestalt Therapy. Excitement and Growth in the Human Personality*. London: Souvenir Press.
- Pillay, A. 2010. "The Influence of Household Structure and Family Composition on the Lives of Children in the Chatsworth Area." Unpublished MA dissertation. University of KwaZulu-Natal, Durban.

- Pietromonaco, P. R., and L. Feldman Barrat. 2000. "The Internal Working Models Concept: What Do We Really Know About the Self in Relation to Others?" *Review of General Psychology* 4 (2):155–175. doi: 10.1037/111089-2680.4.2.155
- Polster, E. 2005. *A Population of Selves: A Therapeutic Exploration of Personal Diversity*. Gouldsboro, ME: Gestalt Journal Press.
- Polster, E., and M. Polster. 1973. *Gestalt Therapy Integrated*. New York, NY: Brunner/Mazel.
- Reeve, D. 2002. "Negotiating Psycho-Emotional Dimensions of Disability and Their Influences on Identity Construction." *Disability and Society* 17:493–508.
- Schwandt, T. A. 2007. *The Dictionary of Qualitative Research*. 3rd ed. Thousand Oaks, CA: Sage.
- Schwartz, C., and R. Gidron. 2002. "Parents of Mentally Ill Adult Children Living at Home. Rewards of Caregiving." *Health and Social Work* 27 (2):145–154.
- Silkos, S., and K. A. Kerns. 2006. "Assessing Need for Social Support in Parents of Children with Autism and Down Syndrome." *Journal of Autism and Developmental Disorders* 36: 921–933.
- Stavros, J. M., and C. B. Torres. 2005. *Dynamic Relationships: Unleashing the Power of Appreciative Inquiry in Daily Living*. Chagrin Falls, OH: Taos Institute.
- Stets, J. E., and P. J. Burke. 2000. "Identity Theory and Social Identity Theory." *Social Psychology Quarterly* 63:224–247.
- Strydom, H. 2011. "Single-System Design." In *Research at Grass Roots for the Social Sciences and Human Service Professions*, edited by A. S. de Vos, H. Strydom, C. B. Fouché, and C. S. L. Delport, 159–170. 4th ed. Pretoria: Van Schaik.
- Taylor, S. J. 2000. "'You're Not Retard, You're Just Wise': Disability, Social Identity and Family Networks." *Journal of Contemporary Ethnography* 29:58–92.
- Truschel, J. H. 2007. "Using Appreciative Inquiry in Advising At-Risk Students: Moving from Challenge to Success." *The Mentor: An Academic Advising Journal*, July 6. <http://www.psu.edu/dus/mentor>
- Upadhyaya, G. R., and N. B. Havalappanavar. 2008. "Stress in Parents of the Mentally Challenged." *Journal of the Indian Academy of Applied Psychology* 34, Special Issue: 53–59.
- Watkins, J. M., and J. Stavros. 2010. "Appreciative Inquiry: OD in the Post-modern Age." In *Practicing Organization Development: A Guide for Leading Change*, edited by W. J. Rothwell, J. M. Stavros, R. L. Sullivan, and E. Sullivan, 158–182. San Francisco, CA: Wiley.

- Whitney, D., and A. Trosten-Bloom. 2010. *The Power of Appreciative Inquiry*. San Francisco, CA: Berrett-Koehler.
- Woodbridge, S., L. Buys, and E. Miller. 2011. “‘My Grandchild Has a Disability’: Impact on Grandparenting Identity, Roles and Relationships.” *Journal of Aging Studies* 25:355–363.
- Wright, M., and M. Leahey. 2005. *Nurses and Families. A Guide to Family Assessment and Intervention*. 4th ed. Philadelphia, PA: F.A. Davis.
- Yontef, G. M. 1993. *Awareness, Dialogue and Process: Essays on Gestalt Therapy*. Highland, NY: Gestalt Journal Press.

SECTION C

CRITICAL REFLECTION ON THE STUDY

1. INTRODUCTION

This section aims to provide a summative overview of the study, and to critically evaluate the research process and whether the goals and objectives of the study have been met. The process starts with a brief overview of the research, in order to put the critical evaluation, conclusions and recommendations in context. More importantly, this section facilitates my reflection on the process followed, the challenges that I faced in this study, and the insights gained during the research process.

2. SUMMARY OF THE RESEARCH

This research focused on the implementation of Appreciative Inquiry as an intervention technique to strengthen intellectually challenged adolescents' sense of self within family relationships. Working with intellectually challenged children, adolescents and their families for more than ten years has been exciting, challenging and, at times, humbling. I became aware that families with intellectually challenged adolescents tended to focus predominantly on the negative symptomatic behaviour of these adolescents, their own feelings of frustration, and their sense of being overwhelmed by the unique challenges that they had to face in raising an intellectually challenged adolescent. These difficulties were exacerbated by the specific developmental phase of the intellectually challenged, namely adolescence. An Appreciative Inquiry "5-D" process was selected for the study because it represents a new way of innovative thinking, creates new possibilities, and has the potential to introduce meaningful changes within family relationships by means of a positive framework of what gives "life to human systems" when they function at their best (Gergen & Schrader, 2009; Watkins & Cooperrider, 2000; Whitney & Trosten-Bloom, 2010).

3. EVALUATION OF THE RESEARCH PROCESS

The research process did not start with the administration of the measuring instruments, or with the intervention or interviews held with the participating intellectually challenged adolescents, but began by gaining valuable information from experts working in the field of Mental Health, the Department of Education and Appreciative Inquiry facilitators. I realised that in this research process I would face many obstacles, ranging from selecting appropriate measuring instruments, to choosing a mixed method design, involving the whole family as a unit of investigation, and introducing a new intervention technique. At the outset, I had to consider seriously comments such as “this has not been done before” or “this is a difficult concept (the self)” or “this intervention is normally applied within larger organisations”. I took heart from a question Albert Einstein once asked: “If we knew what it was we were doing, it would not be called research, would it?”

I embarked on this journey by attending an intensive training programme in Appreciative Inquiry theory, principles and technique presented by two internationally recognized Appreciative Inquiry facilitators, in order to lay the foundations I needed to apply the approach. This programme helped me to formulate the correct intervention questions in order to conduct the intervention. Most of the attendees were advanced Appreciative Inquiry students in training. On the one hand, it was comforting, because I thought I would get first-hand experience. On the other hand, I found myself out of my comfort zone and had to rethink how this technique could be adjusted to be applied within families.

The technique and questions, as overseen by the international facilitators, were tested on a pilot family, which was randomly selected from the population, and which did not form part of the final research population. I was excited to apply this new skill, although initially I had some doubts and questions, such as “Am I ready to conduct the intervention and what if...?” The facilitators reassured me that there was no better time, and advised me to “just do it” and trust

the process. These efforts enabled me to measure the steps taken during the research process, and whether the objectives were met.

3.1 Data collection

The intellectually challenged adolescents who were selected were excited about participating in this research, although their families were initially reserved (displaying some resistance), indicating their reservations about including the whole family. After two information meetings to explain the rationale of the study, the technique and measuring instruments, they became more enthusiastic. The fact that the study was conducted from a positive and appreciative framework motivated the families to participate.

The BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i:YV) was first administered to participants, and thereafter the Family Environmental Scale (FES) questions were put to the families. I was concerned about whether the adolescents would be able to grasp the questions in the BarOn EQ-i:YV, and if they would be able to cope with the test environment. The Department of Education has a strict policy and views regarding subjecting pupils to standardised IQ tests, and this added to my concerns. However, after I had explained that the constructs would measure emotional intelligence, permission was granted, to the surprise of most of my colleagues. An amendment was requested to administer the longer version (60 items) of the BarOn EQ-i:YV instead of the shorter version of (30 items) in order to include two important constructs, General Mood and the Inconsistency Index. The General Mood construct is closely linked to the Intrapersonal and Interpersonal constructs that measure some components of a sense of self. The Inconsistency Index provides an estimate of how consistent the participants were in their responses, in order to enable a comparison between the pre-intervention test and the post-intervention test, and to ensure internal reliability and the validity of the findings. Both the Department of Education and the Ethics Research Committee approved the amendments.

During the process described above, I became aware of my nurturing (self) that wanted to protect the adolescents from the formal test environment. I was concerned about the possible harm. After discussing this with my promoters (who oversaw the process) and arranging for a clinical psychologist to be available to provide counselling in case the participants experienced any discomfort, I was reassured. The test administrators were also familiar with the BarOn EQ-i:YV measuring instrument and their professional conduct put me and the school's governing body at ease.

The intervention (the Appreciative Inquiry) was implemented at the school on Saturdays during an intensive process of 12 weeks. Thorough planning had to be done to administer the two measuring instruments as a pre-intervention test and a post-intervention test in order to ensure that the process flowed smoothly. This process required me to be organized, detailed and transparent, and to include all the role players, namely the test administrators, the parents, the adolescents and their teachers, in the planning of the relevant dates. Initially, the intellectually challenged adolescents were slightly anxious during the pre-intervention test using the BarOn EQ-i:YV and during the intervention, because they did not know what to expect, but as the process unfolded, they participated with enthusiasm. I was surprised by family members' willingness to participate and their excitement about doing so, but also at how they wanted to be validated as a family and as individuals.

The qualitative part of the research process had the biggest impact on me, as I was touched by families' rich narratives, conveying their experiences and challenges, and showing their vulnerabilities. I was constantly aware of a huge responsibility to create a safe environment, setting the tempo according to the abilities of the intellectually challenged adolescents, and pacing the intensity of the family intervention. Enjoying family breaks and lunch together, and taking family photos during these times added to positive family experiences. These shared moments were something new to families and adolescents. During the intervention process, I was

aware of my own subjective feelings and opinions, which I was able to set aside as far as possible by writing field notes after each family event, processing my own thoughts of what was relevant and what was not.

From the semi-structured interviews with the adolescents, I gained a better understanding of these adolescents' subjective experiences, and the meaning they attached to these experiences. This made me aware that one must be seen within the context of one's field – the family and significant others, and that affirmation takes place through one's relatedness and rootedness with others (Bowen, 1978; Cottle, 2003; Wright & Leahey, 2005). I noticed that the adolescents sought validation from me, especially during the semi-structured interviews and were also forthcoming with their feelings about their family experiences, their own awareness and what had changed.

These family interventions and semi-structured interviews have changed me and how I currently conduct and render services to my clients in private practice, by asking questions from a positive framework, and incorporating the core principles of Appreciative Inquiry. I have begun to address my personal challenges differently, and have become more appreciative of myself and my own family. This experience reminds me of Bushe's (1998:3) view that at the core of Appreciative Inquiry is "*inquiring with the heart*". The heart is concerned with bringing things together (wholeness) and it is from there that inquiry can be healing. Through healing, old wounds can be addressed, health and vitality can be added to relationships and to systems. I have witnessed this during the interventions with families. I firmly believe that through Appreciative Inquiry intellectually challenged adolescents and their family members can restore and strengthen relationships, and, in turn, through that process, affirmation of their identities can take place.

3.2 Data analysis

The quantitative data derived from the administration of the BarOn EQ-i:YV and FES were initially analysed by JvR Research Consultants. The findings were discussed with my promoters, and it was decided to run additional tests – a mixed analysis of variance (ANOVA), and Cohen’s effect size – given the high scores of the adolescents on the Positive Impression construct and the Inconsistency Index. The **Positive Impression** scale is designed to detect participants who might be giving an exaggeratedly positive impression of themselves, more than two standard deviations above the mean (<130), indicating overly positive responses. Elevated scores could also indicate self-deception or a lack of *self-awareness*, rather than an attempt to make a positive impression.

On the **Inconsistency Index**, a score higher than 10 would indicate that adolescents might have *misunderstood the instructions*, or might have responded randomly. Another concern was that the BarOn EQ-i:YV does not comprehensively capture sense of self, but only measures certain components that reflect a sense of self. Also, there are no separate standard scores available for children and adolescents with intellectual and developmental disabilities. I was aware that the quantitative findings on the BarOn EQ-i:YV did not fully measure sense of self and that it might not corroborate the findings of the qualitative data. However, I was interested in the findings on the Intrapersonal scale, which measures *self-perception*, *self-expression* and *emotional awareness*, and in the Interpersonal scale, which measures the ability to establish and maintain *satisfying relationships*, *emotional closeness*, and *understanding of another’s feelings*.

To gather the **qualitative data**, a six-phase thematic method designed by Braun and Clarke (2006) was followed. This has enabled me to familiarise myself with the data, the coding, and the themes that were generated. The themes were revised, edited and verified by two independent therapists with postgraduate research experience, which reassured me that the most appropriate themes were identified for me to explore further in the literature. I was aware that

some of the identified themes were similar to the findings of prior research, for example, the findings relating to negative feelings from family members and the impact of stigmatization. However, I was excited about the new findings that emerged, and the value that this study might bring to other researchers. Crystallisation, a form of triangulation (Ellingson, 2009), took place throughout the research process, ensuring that the required steps were followed in order to write a final report and the articles.

3.3 Research findings

The aim of this study was to explore, describe and evaluate three relevant questions, which are discussed below.

3.3.1 Question 1: What were the experiences of the intellectually challenged adolescents on their sense of self?

For me an interesting finding was that adolescents did not see their identities as “disabled” and that their sense of self was strongly embedded in family relationships and their connections with their peers and friends. The majority of the participating adolescents compared themselves with other developing adolescents; they were aware of their disability and the stigmatization of that disability, but did not attach these to their identities. The sense of self of the adolescents was not stagnant, but was constantly evolving, which contradicted the findings of prior research by Baker, Blacher, Cnric, and Edelbrock (2002), Koepke and Denissen (2012) and Schneider, Wedgewood, Llewellyn, and McConnell (2006).

In respect of the quantitative findings on the BarOn EQ-i:YV, seven of the 12 participants scored an average to adequate EQ (90 to 109) and two participants displayed a very high to extremely well-developed EQ (120 to 129). This was an interesting finding, as it was assumed that, given these adolescents’ intellectual disabilities, they would have a score lower than that of a typically developing adolescent. I was excited when the quantitative findings on the BarOn

EQ-i:YV total EQ scores validated the qualitative findings and confirmed the value of selecting an embedded mixed method approach for conducting combined research.

3.3.2 Question 2: What were the experiences of family members of intellectually challenged adolescents' sense of self and the family environment?

Based on the interviews held with the participating adolescents' family members, I foresaw that families' experiences of intellectually challenged adolescents' sense of self would be connected to positive and negative feelings. Positive feelings were strongly connected to the relationship dimension and negative feelings of not being able to cope with the situation in raising an intellectually challenged adolescent. However, I was surprised that the quantitative findings on the FES, indicated that families in this study were regarded as families in "distress", despite their positive attitudes and experiences, and that their stress was connected to their unique challenges in having to care for an intellectually challenged adolescent, and their own feelings of not being a "competent" parent. These findings were in line with the literature, validating the results. The literature points out that most families of intellectually challenged children and adolescents compare themselves with "normal" families and express a desire to belong to, and to be accepted by, a social group without being judged for raising an intellectually challenged adolescent (Festinger, 1954; Stets & Burke, 2000).

3.3.3 Question 3: How effective is Appreciative Inquiry as an intervention in strengthening intellectually challenged adolescents' sense of self within family relationships and the family environment?

This question lies at the root of why the research was conducted. The quantitative findings indicated that some changes, with a medium to large effect size, did indeed occur on some of the constructs on the BarOn EQ-i:YV (Intrapersonal, Interpersonal and General Mood) and on the FES (Cohesion and Expression). However, I was hoping for a stronger, more statistically significant outcome. It is worth mentioning that on the **Positive Impression scale**, as discussed

under data analysis, four adolescents in the intervention group and four in the control group had a post-intervention score of 130, indicating either self-deception or a lack of self-awareness. On the **Inconsistency Index**, after the intervention, four of the adolescents from the intervention group and two from the control group scored 10 and higher, which indicates that these adolescents might have misunderstood the instructions, or might have responded randomly. In retrospect, these adolescents should not have formed part of the final analysis, in order to reflect a more balanced outcome. However, it was decided to keep these adolescents' scores as part of the results, and to determine the possible effects and place them in context with their disabilities, or suggest reasons for their obtaining these high scores.

I explored factors that might have had an impact on these scores. Based on the notes of the test administrators and feedback from teachers, the following possible reasons were identified: **Emotional factors** that might be considered were the impact of a bus accident (a traumatic event) a week before the post-intervention testing – four adolescents from the intervention group were involved, and some of them were hospitalised. One adolescent from the control group had an epileptic seizure during testing that had an impact on other participants waiting to be tested. One adolescent scored higher than 10 (19) on the Inconsistency Index. Family members informed me after the data analysis that this adolescent had been diagnosed with a brain tumour.

Despite the above factors, I felt that there were more positive factors than negative ones, for example, the value of the measuring instrument was confirmed with regard to the **Interpersonal, Intrapersonal** and **General Mood** constructs (Bar-On & Parker, 2000). When I discussed the above findings with experts in this field, they indicated that they had found that changes on the relevant constructs do not usually take place in a short time (in this study, there was a gap of four to six weeks between testing). They pointed out that some test participants (normal typically developing adolescents) in their own findings had had lower scores on post-

intervention tests, as they became aware of positive and/or negative feedback from others which they had to process and work through before any significant changes could be seen.

On the **Family Environmental Scale**, I was amazed to find high scores on the constructs Expression and Conflict, and low ones on Cohesion. However, I found that the literature indicated that high scores should not be interpreted as a negative finding, as they can be connected to positives as well (Moos & Moos, 2009). In order to develop high cohesion within a family, conflict issues need to be identified and expressed verbally, indicating that families are not in denial, but willing to address problem issues/challenges. This made sense to me when I reflected on the family meetings held, where family members (especially siblings) were forthcoming in the discovery and dreaming phases in their willingness to address challenges/conflict within their families. The post-intervention test scores also indicated that after the intervention, families continued to discuss and address these challenges/conflict, which implies that conflict should be seen as a transformative source to effect change.

In respect of the Appreciation Inquiry intervention, I was confident that the findings would indicate that the sense of self of the adolescents could be strengthened within family relationships. In focusing on strengthening the sense of self, I remembered that strengthening implies many aspects, such as defining the self (this is who I am, and this is who I am not), which is a prerequisite to be affirmed and to be empowered. Reflection on the responses from the intellectually challenged adolescents showed that they were able to express who they are, owning their stories, making choices as to how they could address their challenges.

I felt more confident when families came forward, participated and gave positive feedback regarding their experiences, describing the intervention as uplifting, insightful, giving hope that they were doing the best they could to contribute to the development of a positive sense of self in adolescents. The majority of the family members expressed appreciation during the intervention process, as they had a non-judgemental platform, and were made aware of the

positive within their family system and in each other. These comments reassured me that the “5-D” process was being successfully followed. Some of the families’ propositions (statements) that were insightful and encouraging to me were comments such as the following:

“We are a growing family – encouraging each other to discover our own potential, and bring out the best of the individual and the family”, “We are a family that stands together, showing courage to share with others, enabling us to growth”. We are different – but unique with our own difficulties and strengths”, “We are a normal family – just like others: socialising, disciplining and parenting.”

I do not regard the quantitative results (despite there not being statistically significant differences) as negative, or less valid in determining the value of the intervention, but as a learning experience, where knowledge and insight were gained into the worlds of intellectually challenged adolescents and their families. I am excited about what can be done differently, and how the measuring instruments can be adapted to accommodate adolescents with intellectual and developmental disabilities. Further, what positive questions can be asked to get better results and make long-term changes? I believe that when one is faced with challenges, new opportunities and solutions present themselves.

4. CONCLUSION

The study has provided valuable insights into how intellectually challenged adolescents and their families viewed their sense of self, the influences on identity formation and the positive and negative impact of perceptions on the family system. It became evident to me during the research process that self-formation takes place through reflected appraisals from family and friends, social comparison and self-attribution. Furthermore, it was evident that adolescents were able to choose what they perceived to be part of their identities, their sense of self, and ignored and/or rejected “identities” such as being “disabled” or the “stigmatized” selves forced on them by characteristics ascribed to them by others.

The primary research questions have been answered, and the objectives have been met, and I am of the opinion that the sense of self of intellectually challenged adolescents can indeed be strengthened within family relationships by implementing Appreciative Inquiry as an intervention technique, although some aspects raised by the quantitative findings need to be explored further.

5. CONTRIBUTION OF THE STUDY

Based on the findings of a review of the available literature, as well as feedback from experts in the field of Education and from the Department of Mental Health, and international Appreciative Inquiry trainers, I can state that this study is the first in a South African context to explore the sense of self of intellectually challenged adolescents, and the experiences of the whole family. The BarOn EQ-i:YV and the FES as measuring instruments have not been previously been administered to adolescents with intellectual and developmental disabilities and their families in the South African context. Implementing Appreciative Inquiry as an intervention technique is a new concept in addressing challenges and facilitating change in the field of family therapy and group therapy, as professionals are mainly trained in client-based and problem-focused strategies.

Although this study used a small sample, it makes a contribution to the South African literature and research on intellectually challenged adolescents and their families. The findings may help professionals to get a better understanding of intellectually challenged adolescents' sense of self and the important role of families in the construction of a self-identity. I am optimistic that the findings will motivate and inspire researchers to explore and investigate some of the areas identified, as well as take note of the recommendations made in this study.

6. LIMITATIONS OF THE STUDY

The current study has some limitations. The findings may not be generalised across the spectrum of all adolescents with intellectual and developmental disabilities, given the small sample size. Moreover, the study focused only on early adolescence as a developmental phase.

To determine the long-term effectiveness of the intervention, namely the Appreciative Inquiry “5-D” process, it would have been ideal to have a *second follow-up* with family members after the implementation of the families’ design plans, as well as a *second follow up of semi-structured interviews* with the intellectually challenged adolescents to determine the influence of family plans and their long-term effects on how adolescents viewed their sense of self.

The FES questions were sent via a communication system at the school to all families of adolescents. It would have been ideal to complete the questions in a controlled environment, for example, at the initial information meetings with family members’ prior to the intervention and after the intervention at a family feedback session. Despite clear instructions and a clear example as to how the questionnaire was to be completed individually, I had no control over the assistance or influence that parents might have had on the responses of the participating adolescents’ siblings.

7. RECOMMENDATIONS FOR FUTURE RESEARCH

It is suggested that for future research, a longitudinal study could be considered in which researchers track *children and adolescents* with intellectual and developmental disabilities from early to late adolescence to determine their experiences on their sense of self.

I hope that future researchers will consider conducting a study to develop standardized scores on the BarOn EQ-i:YV for children with intellectual and developmental disabilities, and further explore the internal reliability on the different scale items (questions), as some of the questions might be difficult for adolescents to conceptualise.

Further research is warranted on positive outcomes of family treatment programmes, and it is suggested that an integrated Appreciative Inquiry family approach (family coaching model) based on Appreciative principles be explored to support and strengthen family relationships, family functioning and the family environment.

It is recommended that an Appreciative Inquiry conference (summit) be applied to larger organizational systems which are rendering services to children and adolescents with intellectual and developmental disabilities and their families. The Appreciative Inquiry summit can address challenges that organizations are faced in working with and rendering services to children and adolescent with intellectual and developmental disorders and their families in order to facilitate changes within organizations and communities.

REFERENCES

- Baker, B. L., Blacher, J., Crnic, K. A., & Edelbrock, C. (2002). Behaviour problems and parenting stress in families of three-year-old children with and without developmental delays. *American Journal on Mental Retardation*, 107, 433-444.
- Bar-On, R., & Parker, J. D. A. (2000). *BarOn Emotional Quotient Inventory: Youth Version. (BarOn EQ-i:YV). Technical manual*. North Tonawanda, NY: Multi-Health Systems.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Aronson.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Bushe, G. R (1998). Five theories of change embedded in Appreciative Inquiry. Paper presented at the 18th Annual World Congress of Organisation Development, Dublin, Ireland, July, 14-18. In Cooperrider, D., Sorenson, P., Whitney, D. & Yeager, T. (Eds.)(2001). *Appreciative Inquiry: An emerging direction for organisation development* (pp.117-127). Champaign, IL: Stipes.
- Cottle, T. J. (2003). *A sense of self: The work of affirmation*. Amherst, MA: University of Massachusetts Press.
- Ellingson, L. L. (2009). *Engaging crystallisation in qualitative research: An introduction*. Thousand Oaks, CA: Sage.
- Festinger, L. (1954). A theory of social comparison process. *Human Relations*, 7, 117-140.
- Gergen, M. & Schrader, M. (2009). *Constructing worlds together: Interpersonal communication as relational process*. Boston, MA: Pearson Education.
- Koepke, S., & Denissen, J. J. A. (2012). Dynamics of identity development and separation-individuation in parent-child relationships during adolescence and emerging adulthood – A conceptual integration. *Developmental Review*, 32(1), 67-88.
doi:10.1016/j.dr.2012.01.001

- Moos, B.S., & Moos, R.H. (2009). *Family Environmental Scale* (4th ed.). Centre for Health Care Evaluation, Department of Psychiatry and Behavioural Sciences, Stanford University School of Medicine. Palo Alto, CA: Stanford University Press.
- Schneider, J., Wedgewood, N., Llewellyn, G., & McConnell, D. (2006). Families challenged by and accommodating to adolescent years. *Journal of Intellectual Disability Research*, 50(12), 926-936. doi:10.1111/j.1365-2788.2006.00925.x
- Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 63, 224-247.
- Watkins, J. M. & Cooperrider, D. L. (2000). Appreciative inquiry: A transformative paradigm. *Journal of the Organization Development Network Practitioner*, 32(1), 6-12.
- Whitney, D. & Trosten-Bloom, A. (2010). *The power of Appreciative Inquiry*. San Francisco, CA: Berrett-Koehler.
- Wright, M., & Leahey, M. (2005). *Nurses and families. A guide to family assessment and intervention* (4th ed.). Philadelphia, PA: F. A. Davis.

**An appreciative inquiry to strengthen
intellectually challenged adolescents' sense of
self within family relationships: A mixed
methods study**

**CJ Louw
10285229**

ADDENDA

Thesis submitted for the degree *Doctor Philosophiae* in
Psychology at the Potchefstroom Campus of the North-West
University

Promoter: Prof HB Grobler
Co - Promoter: Dr RC Cowden

November 2016

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Addendum A

- (i) Appreciative Inquiry family intervention questions.**
- (ii) Pilot family intervention field notes.**
- (iii) Appreciative Inquiry certificate of participation and training.**
- (iv) Trainers**

(i) **APPRECIATIVE INQUIRY – FAMILY INTERVENTION MEETINGS**

POSITIVE QUESTIONS

Appreciative Inquiry questions were integrated with two measuring instruments: BarOn EQ-i: YV and Family Environmental scale (FES). AI questions were formulated according to the 4-D cycle: Discovery, Dream, Design and Destiny.

Discovery Phase: Best Experience

1. **Tell me about a time when you were really happy/excited to be part of your family? Describe the event in detail. [focus on cohesion and expression in FES questionnaire]**
 - What was happening?
 - Who was involved? What did you do?
 - What made it such an existing/enjoyable experience?
 - How did you and your family feel at the time?
 - What do you value most from these experiences – individually and collectively?

Values:

2. **What do you deeply value about: [focus on the sense of self of adolescent]**
 - (a) Your family;
 - (b) Adolescent and [intra – perception of self- EQ-i YV]
 - (c) What do you think your family values most about you? [inter -perception of others – EQ-i YV]
 - (d) How do you experience the sense of self [identity] of adolescent?
3. **Tell me about a time when you experienced conflict in your family and you were able to deal with it in such a way that you were happy with the outcome? [Focus on conflict concept in FES questionnaire]**

What was happening?
Who was involved? What did you do?
What did you learn from it?

Core life-giving factor or value:

4. What is the one thing/gift that makes your family unique, the way it is right now?

Dreaming Phase: Three Wishes:

5. If you had three wishes for your family what will that be?
6. What can us as a family do/small steps to achieve these wishes?

Design Phase: [action phase]

7. What small steps/changes can you and your family (individually and collectively) take to accomplish/achieve these dreams? [became a reality]

Path forward:

- What have you learn from this family experience?
- What is the highlight of this family intervention?
- How can you apply this in you daily interactions with your family members going forward?

(ii) PILOT FAMILY: APPRECIATIVE INQUIRY – FIELD NOTES

INTERVIEW SUMMARY FORM

Name of the researcher: Christene Louw

Date of interview: 10 May 2014. 09:00 – 13:00 at Centre.

Surname of family that is interviewed: Pilot family

Family Photo

Name of family members/Structure:

Father: W, Mother: M, Brothers: J (10 years), K (9 years), Adolescent: N (13 Years)

What was the most compelling story that came out of this interview?

The family's perception of each other. They refer to them in a **metaphor** representing the Zoo. Joking together during the intervention session. Compiling Genogram

Mother is a queen bee – bumble bee be aware. Dad a bear. Jason as a cheetah as he is a fast runner, Kevin as a chimp as he is funny and silly, and Nathan as the lion as he is protective of his brother and the enforcer of rules.

Dad's comment that his family is an evolving family – growing and experiencing life as journey!

Overall, what was my sense of what was most important to this individual/family?

To be seen as a normal family – despite their struggles to cope with raising children with learning disabilities and challenges. Family members were expressing their anger, conflict but most of all their appreciation for each other.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

1. Best experience - stories:

- K: Our holiday at the beach early this year. My father and N were smiling – It made me feel happy as they did not smile in a long time.
- J: Watching a rugby game [bulls versus Sharks] at Loftus with some family friends. It was also N's birthday. We were so excited shouting and **having fun** at the game. We were together and we feel like normal being with friends.
- Adolescent: Watching rugby with my father – our special time together. Just the two of us. I was in a boarding school for a long time and only living with my family since 2012. **Bonding**
- W brother felt that every holiday with his family is special. No TV or play stations – communicating, and “putting back together our family” **togetherness**
- Mother – family gathering Bamitsa [Jewish celebrations] when Nathan came to aged – becomes a man. Family came together – eating, drinking and playing rugby together. Every family member were supportive of Nathan, welcome him back in the family. **[restoring relationships. validation]**

2. Addressing conflict positively:

Constant fighting about sharing. Parent draw up a list of sharing computer, chores, play station and TV programs. Joint decision on the consequences should they not comply – time out.

3. What do they deeply value/appreciate about family/yourself:

- K: I value that my dad is funny, and that mommy sometimes weird and my brothers surprising me by playing with me. I see myself as creative, funny and loves animals.
- J: **My family is fun**. Father always jokes a lot, Mother allows me to jump on her bed sometimes and Nathan helping me with my school work. I value that I am a sensitive child and I am intelligent and bright.
- Mother- value children individually: Jason is a diligent, hardworking, Kevin a sweet child. Nathan growing into a beautiful young man. My husband W, **stable, a provider** and my best friend. I value about myself – that I am a home maker, good and supportive mother.
- Father: I value that my **family is evolving** during the years, growing up and each **developing their own personalities**. I value of myself by being playful, a pillar of strength and good looking – humour

Wishes for the future?

- W – for my family to keep **having fun, grew closer** together and enjoy time spending together, be more flexible.
- Mother- for us as a family to be a **normal family**, not to deal with issues such as schooling, and fighting. I just want to enjoy my family
- J– **not to fight so much** about stuff: play station, computer and TV
- Adolescent – Not to be the **scapegoat**, get the blame for everything that goes wrong.

Steps put in place?

1. Your wishes for this family is to work together, make important decisions about important aspects such as sharing? Can you make some suggestions as to how you want to make decisions together? 2. If you think about all the fighting That means that you have some image in your mind about how good it will be without fights, would you like to share some of that ideas?

Feedback from family:

Family gave positive feedback – they were able to sit down and make a list of what they would like to address in family. They focus on the positive, suggestions to solve the challenge and not on negative. New challenges that they address were monthly pocket money, manipulative behaviour of K and scape coating of Adolescent by not listening to gossip and negative feedback from brothers. Dynamic have changes.

Experiencing adolescent's sense of self:

Realises and recognises that he is a young man – same needs and wants [wants a girlfriend, going out] as his normal developing peers. Have to let go – give more validation and recognition. Focus on his accomplishments and physical abilities. Good son/brother. Enforcer of rules. Kind and gentle nature, very religious outlook on life.

Address negative by reframing question into positive: if you want to be a “normal family” – it seems that you have a good idea or picture of how a normal family should look like? Do you want to share some of that ideas and can that work for your family when dream and planning ahead?

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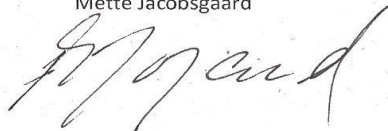
CERTIFICATE

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has attended the

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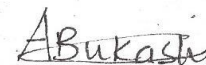
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Appreciative
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Unleashing positive potential through meaningful questions

Anastasia Bukashe



(iv) Trainers: Anastasia Bukashe adjunct Professorial Lecturer Department of Public Administration and Policy



Dr. Anastasia Bukashe, based in Johannesburg, South Africa, has recently joined our faculty to take the lead in the International Fieldwork course. Dr. Bukashe is known worldwide for her work on peace-building, dialogue, systems change and reconciliation in South Africa. A member of the NTL Institute, she is a successful international consultant, trainer and facilitator, with a specialization in Appreciative Inquiry and strengths-based approaches to organization change. She consults to clients in a variety of sectors and countries. She has received honors and awards from organizations in the United States and South Africa.

Degrees

BA, University of Witwatersrand, Johannesburg, Psychology. MPhil, St Augustine College, Johannesburg, Christian Spirituality. PhD, Case Western Reserve University, Organizational Behavior

Mette Jacobsgaard, Convenor of the Lincoln Workshop Series –Appreciative Inquiry

Contact e-mail: 101572.622@compuserve.com



Mette is an organisation and development aid consultant with a background in law and social and political sciences from University of Copenhagen, Denmark and Cambridge University, UK. She has worked with Appreciative Inquiry since 1994 and was one of the first to be trained in Appreciative Inquiry in Europe. Mette is a member of the NTL Institute for Applied Human Behavioural Science and among a group of 22 Founding Partners in Appreciative Inquiry Consulting - an organisation that is committed to advancing work of significant and enduring consequence through the development of people and organisations that lead - organisations, industries, and individuals that are working in a positively correlated way toward a world future of: (1) prosperous and sustainable economic development; (2) human and ecological well-being; and (3) an awakening to a set of higher values (emerging global ethics) that are able to inspire human action in the service of the widest possible goal.

Mette has worked for 27 years in the field of international development in a wide spectrum of cases and countries. Her client base stretches from grass roots development projects in rural Africa and Asia to high-level work with governments, ministries and judiciaries world-wide. In addition, Mette is a trained mediator and has worked with mediation and conflict resolution in diverse environments.

Mette also works as a trainer of Appreciative Inquiry and trains groups both in Europe as well as in Africa, Asia and the US. A number of grass roots training interventions in Africa and Asia have been conducted over the years where the goals of the projects have been to advance progress toward sustainable development and to facilitate sustainable livelihoods by providing governmental and non-governmental organisations with a better method of designing and delivering programmes.

Mette has used AI as an approach that facilitated communities, organisations, projects and NGOs move beyond participatory problem and needs analysis. The focus has been on identifying and building on past achievements and existing strengths within a community, establishing consensus around a shared vision of the future, and constructing strategies and partnerships to achieve this vision.



Building Flourishing Societies Together: Elevating, Aligning and Reflecting our Best to Create a Prosperous World for All



Dear Colleagues and Friends,

I am thrilled to announce the 2015 World Appreciative Inquiry Conference, from July 6-10, in the beautiful city of Johannesburg, South Africa. The World AI Conference has been previously convened in the U.S., Nepal, and Belgium. In 2015, I look forward to us gathering together in South Africa – a country of transformation and inspiration – where we can join as a community of practitioners and scholars to learn from each other and advance the field of strength-based work. With this setting serving as our inspiration, we will explore the cutting edge work being done around the world in Appreciative Inquiry and other strength-based methodologies so that we can take the positive revolution for change to the next level together!

I look forward to seeing you there!

I thank you in advance for your help to make sure we share great work with the whole world.

Sincerely,

**David Cooperrider, Ph.D.
Professor, Case Western Reserve University
Honorary Chair for the 2015 World AI Conference, South Africa**

Message from Conference Co-Chairs: Anastasia Bukashe and Freddie Crous



Dear Colleagues and Friends

“The growth and application of Appreciative Inquiry... has been nothing short of phenomenal. It is arguably the most powerful process of positive organizational change ever devised.”

~ Ken Gergen

Nearly three decades ago David Cooperrider and Suresh Srivastava’s ground-breaking article, “Appreciative Inquiry into Organizational Life” forever changed the way we look at leadership and change.

It shifted our attention from the world of organizational life as “a problem-to-be-solved” to the world as an innovation, spawning a “universe-of-strengths.”



A decade later Gallup unveiled the results of its landmark research study with 1.5 million people worldwide and confirmed the basic principle: that a person, organization or larger system, will excel only by knowing and amplifying strengths, never by fixing weaknesses.

Since then, millions of people in every sector of society around the world have shifted their attention to strengths-based leadership, and many are now asking, “What’s next?” “How, exactly, do we take the strengths mind-set beyond the important talent and performance management application—focused mainly on the individual or small groups—to embed strength-based methods into everything we do across our enterprise and beyond?” “How do we forge strength-centred organizational cultures and create strength-accelerating networks where collaborative partnerships result in transformative innovations for a better world?”

The answer to these questions is now starting to become clear: we must create strength-based organizations at every level of society...*organizations, including groups, families, and communities, explicitly designed and managed for the elevation of strengths, the combination and magnification of strengths, and ultimately, the amplified reflection of our highest human strengths outward into the world.*

Every three years the World Appreciative Inquiry (AI) Conference moves members of the AI community from across the globe to come together and share in conversations. So, once again, we invite you to join us at our upcoming conference, set to take place for the first time on African soil. Building on the words of Gillian Tett, social anthropologist and US managing editor of the Financial Times, this event has as its aim to fulfil our desire to belong to the AI ‘tribe’, thus allowing us to affirm our network and identity, forge bonds and express our shared values.

That is what the WAIC 2015: South Africa is all about– exploring the ways that we can build exceptional partnerships across the globe to help create strength-based organizations that build a flourishing and prosperous world for all. We thank you in advance for your interest and effort to help us make this global gathering a unique event in the history of AI.

ADDENDUM B

- (i) Consent from School Governing Body and Department of Education**
- (ii) Consent, assent and confidentiality agreements to participant from adolescents, families, teachers and therapists**



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

For administrative use:
Reference no. D2014/135

GDE RESEARCH APPROVAL LETTER

Date:	2 July 2013
Validity of Research Approval:	2 July 2013 to 20 September 2013
Name of Researcher:	Louw C.J.
Address of Researcher:	P.O. Box 9042
	Edleen
	Kempton Park
	1625
Telephone Number:	011 976 2288 / 084 872 2768
Fax Number:	011 976 2288
Email address:	Christene@iburst.co.za Christene.louw@telkomsa.net
Research Topic:	An appreciative inquiry into self-configuration of intellectually challenged adolescents within familial relationships
Number and type of schools:	ONE LSEN school
District/s/HO	Ekurhuleni North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Delivered
2013/07/03

1

Making education a societal priority

Office of the Director: Knowledge Management and Research

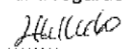
9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Dr David Makhado
Director: Education Research and Knowledge Management

DATE: 2013/07/03

2

Making education a societal priority

Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

For administrative use:
Reference no. D2014/262 A

GDE AMENDED RESEARCH APPROVAL LETTER

Date:	9 October 2013
Validity of Research Approval:	10 February to 3 October 2014
Previous GDE Research Approval letter reference number	D2014/135 dated 2 July 2013
Name of Researcher:	Louw C.J.
Address of Researcher:	P.O. Box 9042
	Edleen
	Kempton Park
	1625
Telephone Number:	011 976 2288 / 084 872 2768
Fax Number:	011 97622588
Email address:	Christene@iburst.co.za Christene.louw@telkomsa.net
Research Topic:	Utilizing Appreciative Inquiry to strengthen the sense of self of intellectually challenged adolescents within familial relationships
Number and type of schools:	ONE LSEN School
District/s/HO	Ekurhuleni North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

1

Making education a societal priority

2013/10/09
Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0505

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
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9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

David Makhado

Dr David Makhado

Director: Education Research and Knowledge Management

DATE: 2013/10/09

2

Making education a societal priority

Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506

ADDENDUM B : REQUEST FOR PRINCIPAL CONSENT

INFORMATION AND REQUEST FOR CONSENT FOR RESEARCH FROM PRINCIPAL

Dear Principal

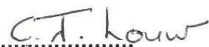
**YOUR CONSENT FOR THE RESEARCH: UTILISING APPRECIATIVE INQUIRY TO
STRENGTHEN THE SENSE OF SELF OF INTELLECTUALLY CHALLENGED
ADOLESCENTS WITHIN FAMILIAL RELATIONSHIPS, ARE HEREBY REQUESTED**

I am studying for a PhD degree in Psychology at the North-West University (Potchefstroom Campus). The research study will be conducted under the ethical code NWU-00060-12-A1 as approved by the North-West University. Permission and consent will be obtained from the Gauteng Province: Department Education's research co-ordination unit. The objectives of this research will be:

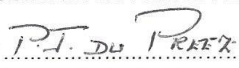
- To explore and describe how intellectually challenged adolescents experience their sense of self with familial relationships;
- To explore and describe how family members experience the sense of self of intellectually challenged adolescents within their relationships.
- To evaluate the effectiveness of Appreciative inquiry regarding new ways of thinking within families to strengthen intellectually challenged adolescent's sense of self.

Families and adolescents will be asked to participate voluntarily in interviews in order to gather information. There are **no known risks** to participate, but should any concerns arise during the research the researcher will address and provide counselling to all participants. Those that are involved in the selection of research participants will be asked to sign a **confidentiality agreement**.

The information gathered will be **confidential** between the researcher and the research leader. The names of families, adolescents and the school where the research will be conducted will **not** be disclosed during the research or publication of the results. Feedback will be given to all interested parties once the research has been completed. Your consent for this research to take place at your school will be greatly appreciated and regular feedback will be given to ensure transparency. My research promotor can be contacted if needed: Dr Herman Grobler, at Centre for Child, Youth and Family Studies Faculty of Health Sciences, North-West University Potchefstroom (0027 21 864 3593).


C. Louw
(Researcher)

CONSENT BY PRINCIPAL TO UNDERTAKE RESEARCH

I  hereby give consent that I have been informed of the research project and give permission for the research project to take place.

Signed

(Date)

02 July 2013

REQUEST FAMILY CONSENT

INFORMATION AND REQUEST FOR FAMILIES AND SIBLINGS TO PARTICIPATE IN RESEARCH

Dear Family Member

YOUR CONSENT FOR THE RESEARCH: UTILISING APPRECIATIVE INQUIRY TO STRENGTHEN THE SENSE OF SELF OF INTELLECTUALLY CHALLENGED ADOLESCENTS WITHIN FAMILIAL RELATIONSHIPS, ARE HEREBY REQUESTED

I am studying for a PhD degree in Psychology at the North-West University (Potchefstroom Campus). I am doing research on the above topic and will appreciate if you and your adolescent child can take part in this research. The objectives of this research will be:

- To explore and describe how intellectually challenged adolescents experience their sense of self with familial relationships;
- To explore and describe how family members experience the sense of self of intellectually challenged adolescents within their relationships.
- To evaluate the effectiveness of Appreciative inquiry regarding new ways of thinking within families to strengthen intellectually challenged adolescent's sense of self.

You and your adolescent-child will be asked to participate in research interviews: make drawings and submit/take photographs of family members in order to gather information. There are **no known risks** to participate, but should any concerns arise during the research the researcher will address and provide counselling to all participants. Those that are involved in the selection of research participants will be asked to sign a **confidentiality agreement**.

The information gathered will be **confidential** between the researcher and the research leader. Your name and that of your adolescent child and the school where the research will be conducted will **not** be disclosed during the research or publication of the results. Feedback will be given to all interested parties once the research has been completed. Participation is **voluntary** and you are kindly requested to complete the attached consent form to indicate that you and your adolescent-child are willing to participate in this research.

.....

C. Louw
(Researcher)

CONSENT BY FAMILIES AND THEIR CHILDREN TO PARTICIPATE IN RESEARCH

I hereby consent to the voluntary participation in the research project. I have been informed of the goals and objectives of the research.

Signed

Parent's Signature

(Date)

REQUEST ADOLESCENT CONSENT

INFORMATION AND REQUEST FROM INTELLECTUALLY CHALLENGED ADOLESCENT TO PARTICIPATE IN RESEARCH

Dear Adolescent [Put in name]

I am a student at the North-West University, Potchefstroom. I am talking to parents (moms and dads) and children to help me to understand children better.

I want to see:

HOW YOU SEE YOURSELF IN YOUR FAMILY, WHAT YOU WANT FOR YOURSELF AND FOR YOUR FAMILY: PARENTS, BROTHERS/SISTERS LIVING WITH YOU.

That means that I will ask you to talk to me about your **family: parents, brothers/sisters** and how you see **yourself**: what makes you **happy** and what is **good** about your family. I want to know if you want to help me with my work. If you say “Yes”, I will ask you to draw **picture** and talk about yourself. I will also ask your family what they want for you and for your family. Together we will draw pictures and take **photographs** of yourself and your family. If you do not want to help me you may say “No, I do not want to help you”, at any time.

It is not bad for you to talk to me, but should you not feel well: sad or angry and you do not want to talk to me anymore you can stop and I will ask for help so that you can feel better. Everything that we talk about, or what you draw will be only between me and my teacher, Dr Herman Grobler, who is working at North West University Potchefstroom. Everyone that will work together with me will sign a letter, to say that they will not talk about you, or your family with anyone.

Your name, your family’s names and the name of our school will not be in a letter that I must write when we are finished my work. If you want to help me, please write your name on this letter.

.....

C. Louw
(Researcher)

CONSENT BY INTELLECTUALLY CHALLENGED ADOLESCENT TO PARTICIPATE IN RESEARCH

I want to help Christene with her work

Signed (Date)
Your Signature

Researcher will be assisted by educator to explain consent form to adolescent participant

**I (Educator at school (not involved in study) explained the purpose and
conditions of the study to the above mentioned learner.**

**CONFIDENTIALITY AGREEMENT OF TEACHERS, THERAPISTS TO PARTICIPATE
IN RESEARCH**

Dear Participant

YOUR CONFIDENTIALITY IN PARTICIPATING IN THE RESEARCH: UTILISING APPRECIATIVE INQUIRY TO STRENGTHEN THE SENSE OF SELF OF INTELLECTUALLY CHALLENGED ADOLESCENTS WITHIN FAMILIAL RELATIONSHIPS ARE HEREBY REQUESTED

I am studying for a PhD degree in Psychology at the North-West University (Potchefstroom Campus). The research study will be conducted under the ethical code NWU-00060-12-A1 as approved by the North-West University. Permission and consent will be obtained from the Gauteng Province: Department Education's research co-ordination unit. The objectives of this research will be:

- To explore and describe how intellectually challenged adolescents experience their sense of self with familial relationships;
- To explore and describe how family members experience the sense of self of intellectually challenged adolescents within their relationships.
- To evaluate the effectiveness of Appreciative inquiry regarding new ways of thinking within families to strengthen intellectually challenged adolescent's sense of self.

Families and adolescents will be asked to participate voluntarily in interviews in order to gather information. There are **no known risks** to participate, but should any concerns arise during the research the researcher will address and provide counselling to all participants. **Those that are involved in the selection of research participants and during the research will be asked to sign a confidentiality agreement.**

The information gathered will be **confidential** between the researcher and the research leader. The names of families, adolescents and the school where the research will be conducted **will not be disclosed** during the research or publication of the results. Feedback will be given to all interested parties once the research has been completed. Your agreement to confidentiality for this research will be greatly appreciated.

.....

**C. Louw
(Researcher)**

AGREEMENT TO CONFIDENTIALITY OF RESEARCH PROJECT AND INFORMATION

I hereby give consent that I have been informed of the research project and sign an agreement that no information regarding the research participants and the research project will be discussed.

Signed

(Date)

ADDENDUM C

- (i) BarOn EQ-i: YV questions, scoring and test administration.**
- (ii) Visual finger presentation.**

BarOn EQ-i:YV

by Reuven Bar-On, Ph.D. & James D. A. Parker, Ph.D.

Client ID: _____ Age: _____ Gender: **Male** **Female**

(Circle One)

Birth Date: ____/____/____ Today's Date: ____/____/____
Month Day Year Month Day Year

Instructions: Read each sentence and choose the answer that best describes you. There are FOUR possible answers. 1 = Very Seldom True of Me; 2 = Seldom True of Me; 3 = Often True of Me; and 4 = Very Often True of Me. Tell us how you feel, think, or act MOST OF THE TIME IN MOST PLACES. Choose one, and only ONE answer for each sentence, and circle the number that matches your answer. For example, if your answer is "Seldom True of Me," you would circle the number 2 on the same line as the sentence. This is not a test; there are no "good" or "bad" answers. Please circle an answer for every sentence.

	Very Seldom True of Me	Seldom True of Me	Often True of Me	Very Often True of Me
1. I enjoy having fun.	1	2	3	4
2. I am good at understanding the way other people feel.	1	2	3	4
3. I can stay calm when I am upset.	1	2	3	4
4. I am happy.	1	2	3	4
5. I care what happens to other people.	1	2	3	4
6. It is hard to control my anger.	1	2	3	4
7. It is easy to tell people how I feel.	1	2	3	4
8. I like everyone I meet.	1	2	3	4
9. I feel sure of myself.	1	2	3	4
10. I usually know how other people are feeling.	1	2	3	4
11. I know how to keep calm.	1	2	3	4
12. I try to use different ways of answering hard questions.	1	2	3	4
13. I think that most things I do will turn out okay.	1	2	3	4
14. I am able to respect others.	1	2	3	4
15. I get too upset about things.	1	2	3	4
16. It is easy for me to understand new things.	1	2	3	4
17. I can talk easily about my feelings.	1	2	3	4
18. I have good thoughts about everyone.	1	2	3	4
19. I hope for the best.	1	2	3	4
20. Having friends is important.	1	2	3	4
21. I fight with people.	1	2	3	4
22. I can understand hard questions.	1	2	3	4
23. I like to smile.	1	2	3	4
24. I try not to hurt other people's feelings.	1	2	3	4
25. I try to stick with a problem until I solve it.	1	2	3	4
26. I have a temper.	1	2	3	4
27. Nothing bothers me.	1	2	3	4
28. It is hard to talk about my deep feelings.	1	2	3	4
29. I know things will be okay.	1	2	3	4
30. I can come up with good answers to hard questions.	1	2	3	4

Items continued on back page...



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by Reuven Bar-On, Ph.D. & James D. A. Parker, Ph.D.

(Circle One)

Month Day Year

Month Day Year

Name: _____

To obtain raw scores for scales A, B, C, D, E, and G, add the numbers in each column and enter the sum in the box at the bottom of the column.

See instructions below for scoring scale F.

11



A B C D E F G

 $\pm 6 \quad \pm 12 \quad \pm 12 \quad \pm 10$

(round to the nearest whole number)

(round to one decimal place)

+	+	+	=	x 5	=	

Is the Inconsistency Index TOTAL
10 or greater? ☐ yes ☐ no

Inconsistency
Index TOTAL[illegible]

Score												

[illegible][illegible]

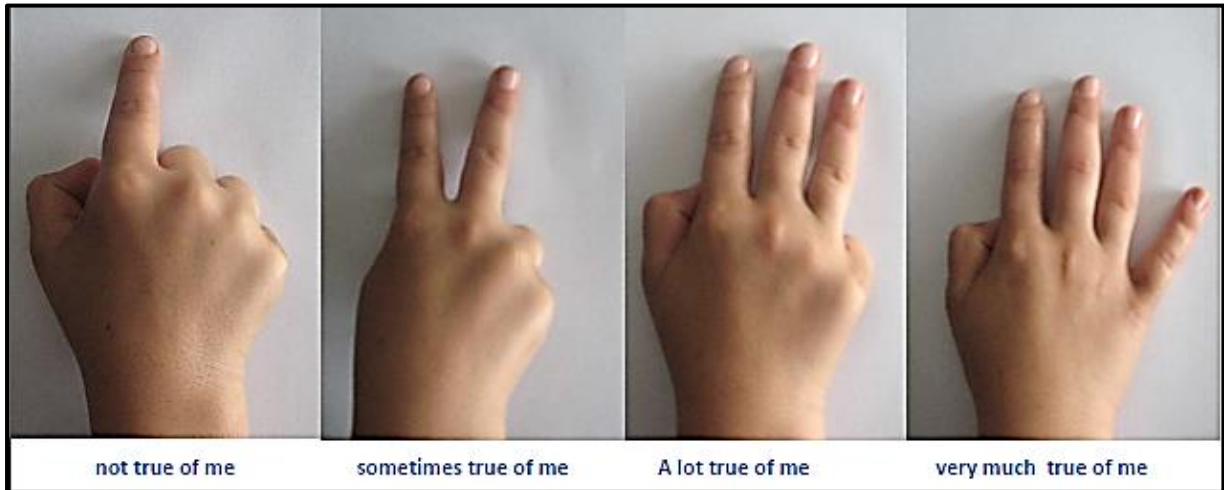
MUS Copyright © 2004 Multi-Health Systems Inc. All rights reserved. In the U.S.A.: P.O. Box 950, North Tonawanda, NY 14120-0950 (800) 456-3003

MHS In Canada, 3770 Victoria Park Ave., Toronto, ON M3J 1M6, (800) 368 6011. Internationally, (1 416 497 5677 Fax: (1 416 492 1143 or (888) 540 4484

244

244

(ii) Visual Finger Presentation



ADDENDUM D

- (i) Raw score to Standard score conversion table and profile.**
- (ii) Family Environment scale pre-and post-test questions and answering sheet.**

Appendices

Appendix A

Form R Raw Score to Standard Score Conversion Table (Normal Family Sample; N = 1,432)

Achievement Raw Score	Cohesion	Expressiveness	Conflict	Independence	Orientation
9.0	65	71	80	69	72
8.5	62	68	78	65	69
8.0	59	65	75	61	66
7.5	55	62	73	57	63
7.0	52	59	70	53	59
6.5	48	56	67	49	56
6.0	45	53	65	45	53
5.5	42	50	62	41	50
5.0	38	47	60	37	47
4.5	35	44	57	33	44
4.0	31	40	54	29	41
3.5	28	37	52	25	38
3.0	25	34	49	21	35
2.5	21	31	46	17	32
2.0	18	28	44	13	29
1.5	14	25	41	9	25
1.0	11	22	39	5	22
0.5	8	19	36	1	19
0.0	4	16	33	—	16

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Family Environment Scale Profile

Circle form used R I E

Name _____ Date _____

Comments _____

Standard Scores	C	Ex	Con	Ind	AO	ICO	ARO	MRE	Org	Ctl	Standard Scores
100											100
90											90
80											80
70											70
60											60
50											50
40											40
30											30
20											20
10											10
0											0

	C	Ex	Con	Ind	AO	ICO	ARO	MRE	Org	Ctl
R/S										
S/S										

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FAMILY ENVIRONMENT SCALE

FORM R ITEM BOOKLET

Rudolf H. Moos
Published by Mind Garden, Inc.
1974, 1994, 2002, 2009

INSTRUCTIONS

Firstly, I would like to express my gratitude and appreciation for your participation in completing these statements.

Secondly, there are 27 statements in this booklet. They are statements about families. You are to decide which of these statements are **TRUE** of your family and which are **FALSE**. Mark on a separate **yellow** answering sheet. If you think the statement is **TRUE** or mostly **TRUE** of your family, you make an X in the box labelled T (true). If you think the statement is **FALSE** of your family, make an X in the box labelled F (false).

You may feel that some of the statements are true for some family members and false for others. Mark T if the statement is true for **most members**. Mark F if the statement is false for most members. If the members are evenly divided, decide what the stronger overall impression is and answer accordingly.

Remember, we would like to know what your family seems like to YOU. So do not try and figure out how other members see your family, but do give us your general impression of your family for each statement.

EXAMPLE

True	X 1		2
False			X

FAMILY ENVIRONMENT SCALE

Answer Sheet for Form R (Pre Test)

All family members who are living in the SAME HOUSEHOLD as the adolescent, please complete the questions individually on a separate answering sheets as attached. The family dynamics: individually and as a whole are important for this study.

Adolescents should NOT complete the questions.

All information is strictly confidential and no details or names will be disclosed. Names will be changed to codes

Please provide the information requested below.

Your name: _____

Age: _____

Gender: Male/ Female (circle)

Please indicate your position in the family (Tick one):

Mother (wife) _____ Father (husband) _____

Sister _____ Brother _____

Other _____ (Please specify) _____

Today's date: _____

Please read the instructions on the front of your Family Environment Scale Item booklet and be sure that you understand them. When you are ready, read each statement in your booklet and then in the boxes of this sheet, mark T (true) if you think the statement is true of your family, and F (false) if the statement is not true of your family.

Use a heavy X, as in the example: Please use a pencil with an eraser, not a pen. Be sure to match each number in the booklet with each one of this answering sheet

Questions: (Form R)

1. Family members really help and support one another.
2. Family members often keep their feelings to themselves.
3. We fight a lot in our family.
11. We often seem to be killing time at home.
12. We say anything we want to around home.
13. Family members rarely become openly angry.
21. We put a lot of energy into what we do at home.
22. It is hard to “blow off steam” at home without upsetting somebody.
23. Family members sometimes get so angry they throw things.
31. There is a feeling of togetherness in our family.
32. We tell each other about our personal problems.
33. Family member hardly ever lose their tempers.
41. We rarely volunteer when something has to be done at home.
42. If we feel like doing something on the spur of the moment we often just pick up and go
43. Family members often criticize each other.
51. Family members really back each other up.
52. Someone usually gets upset if you complain in our family.
53. Family members sometimes hit each other.
61. There is very little group spirit in our family.
62. Money and paying bills is openly talked about in our family.
63. If there’s a disagreement in our family, we try hard to smooth things over and keep the peace.
71. We really get along well with each other.
72. We are usually careful about what we say to each other.
73. Family members often try to one-up or out-do each other.
81. There is plenty of time and attention for everyone in our family.
82. There are a lot of spontaneous discussions in our family.
83. In our family, we believe you don’t ever get anywhere by raising your voice.

FAMILY ENVIRONMENT SCALE

Answer Sheet for Form R (Post-test)

All family members who are living in the SAME HOUSEHOLD as the adolescent, please complete the *questions* on a separate answering sheets.

These questions are the same as the first pre-test as we would like to measure the effectiveness of the intervention in the post-test.

The family dynamics: individually and as a whole are important for this study. Adolescents who are part of this research study should NOT complete the questions.

All information is strictly confidential and no details or names will be disclosed.

Please provide the information requested below.

Your name: _____

Age: _____

Gender: Male/ Female (circle)

Please indicate your position in the family (Tick one):

Mother (wife) _____ Father (husband) _____

Sister _____ Brother _____

Other _____ (Please specify) _____

Today's date: _____ Post-test after the intervention.

Please read the instructions on the front of your Family Environment Scale Item booklet and be sure that you understand them. When you are ready, read each statement in your booklet and then in the boxes of this sheet, mark T (true) if you think the statement is true of your family, and F (false) if the statement is not true of your family.

Use a heavy X, as in the example: Please use a pencil with an eraser, not a pen. Be sure to match each number in the booklet with each one of this answering sheet

ADDENDUM E

- (i) Quantitative data-analysis – The BarOn Emotional Quotient Inventory: Youth Version and The Family Environmental Scale.**

EQ Youth Version Data Analysis: Experimental Group

Paired Samples Statistics^a

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre Intrapersonal (scale)	103,42	12	12,551	3,623
	Post Intrapersonal (scale)	108,33	12	11,155	3,220
Pair 2	Pre Interpersonal (scale)	93,67	12	12,101	3,493
	Post Interpersonal (scale)	100,75	12	12,672	3,658
Pair 3	Pre Stress Management (scale)	100,58	12	15,270	4,408
	Post Stress Management (scale)	102,17	12	9,980	2,881
Pair 4	Pre Adapability (scale)	97,75	12	16,674	4,813
	Post Adapability (scale)	107,25	12	15,094	4,357
Pair 5	Pre General Mood (scale)	104,50	12	7,230	2,087
	Post General Mood (scale)	108,33	12	9,528	2,751
Pair 6	Pre Total EQ (scale)	100,17	12	13,375	3,861
	Post Total EQ (scale)	108,25	12	10,797	3,117
Pair 7	Pre Positive Impression (scale)	115,50	12	15,952	4,605
	Post Positive Impression (scale)	119,42	12	10,825	3,125

a. Group = Experimental

Female to Male Comparison

Scales		Mean			Total Population		
		Female N=4	Male N=8	Total N=12	Std. Deviation	N within 1 Std Dev	Std. Error Mean
A	Intrapersonal (scale)	100,25	105,5	103,42	12,551	8	3,623
B	Interpersonal (scale)	91,00	95,00	93,67	12,101	10	3,493
C	Stress Management (scale)	97,25	101,88	100,58	15,270	9	4,408
D	Adapability (scale)	94,25	99,5	97,75	16,674	8	4,813
E	General Mood (scale)	102,5	105,5	104,50	7,230	8	2,087
F	Total EQ (scale)	96,00	102,5	100,17	13,375	8	3,861
G	Positive Impression (scale)	123,50	111,50	115,50	15,952	9	4,605

Paired Samples Test^a

Paired sample Test: Pre- and Post-test Experimental Group		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Deviation	Error Mean	Interval of the Difference				
					Lower	Upper			
BarOn Eqi YV Scales									
Pair 1	Pre Intrapersonal (scale) - Post Intrapersonal (scale)	-4,917	9,949	2,872	-11,238	1,405	-1,712	11	,11
Pair 2	Pre Interpersonal (scale) - Post Interpersonal (scale)	-7,083	11,325	3,269	-14,279	,112	-2,167	11	,05
Pair 3	Pre Stress Management (scale) - Post Stress Management (scale)	-1,583	8,826	2,548	-7,191	4,025	-,621	11	,55
Pair 4	Pre Adaptability (scale) - Post Adaptability (scale)	-9,500	13,892	4,010	-18,327	-,673	-2,369	11	,04
Pair 5	Pre General Mood (scale) - Post General Mood (scale)	-3,833	9,154	2,642	-9,649	1,983	-1,451	11	,17
Pair 6	Pre Total EQ (scale) - Post Total EQ (scale)	-8,083	8,969	2,589	-13,782	-2,385	-3,122	11	,01
Pair 7	Pre Positive Impression (scale) - Post Positive Impression (scale)	-3,917	16,267	4,696	-14,252	6,419	-,834	11	,42

a. Group = Experimental

Bar -On EQ Youth version - Male Article 1

Dimensions	Mean	N	Deviation
Intrapersonal (scale)	105,50	8	14,957
Interpersonal (scale)	95,00	8	13,980
Stress Management (scale)	101,88	8	18,574
Adapability (scale)	99,50	8	19,206
General Mood (scale)	105,50	8	6,866
Total EQ (scale)	102,50	8	15,166
Positive Impression (scale)	111,50	8	18,291

Bar -On EQ Youth version -Female Article 1

Dimensions	Mean	N	Deviation
Intrapersonal (scale)	100,25	4	5,188
Interpersonal (scale)	91,00	4	8,165
Stress Management (scale)	97,25	4	5,737
Adapability (scale)	94,25	4	11,587
General Mood (scale)	102,50	4	8,583
Total EQ (scale)	96,00	4	8,641
Positive Impression (scale)	123,50	4	4,933

EQ Youth Version Data Analysis: Control Group

Paired Samples Statistics^a

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre Intrapersonal (scale)	98,08	12	12,079	3,487
	Post Intrapersonal (scale)	103,67	12	11,873	3,427
Pair 2	Pre Interpersonal (scale)	103,42	12	15,108	4,361
	Post Interpersonal (scale)	100,67	12	20,074	5,795
Pair 3	Pre Stress Management (scale)	95,58	12	17,064	4,926
	Post Stress Management (scale)	94,75	12	16,723	4,828
Pair 4	Pre Adapability (scale)	104,67	12	16,250	4,691
	Post Adapability (scale)	111,00	12	21,269	6,140
Pair 5	Pre General Mood (scale)	107,50	12	10,176	2,937
	Post General Mood (scale)	103,83	12	14,584	4,210
Pair 6	Pre Total EQ (scale)	100,83	12	15,503	4,475
	Post Total EQ (scale)	104,67	12	14,606	4,216
Pair 7	Pre Positive Impression (scale)	120,42	12	13,392	3,866
	Post Positive Impression (scale)	119,42	12	13,514	3,901

a. Group = Control

Paired Samples Test^a

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the				
					Interval of the				
					Lower	Upper			
Pair 1	Pre Intrapersonal (scale) - Post Intrapersonal (scale)	-5,583	11,642	3,361	-12,980	1,814	-1,661	11	,12
Pair 2	Pre Interpersonal (scale) - Post Interpersonal (scale)	2,750	18,504	5,342	-9,007	14,507	,515	11	,62
Pair 3	Pre Stress Management (scale) - Post Stress Management	,833	15,153	4,374	-8,794	10,461	,191	11	,85
Pair 4	Pre Adapability (scale) - Post Adapability (scale)	-6,333	9,029	2,606	-12,070	-,597	-2,430	11	,03
Pair 5	Pre General Mood (scale) - Post General Mood (scale)	3,667	11,633	3,358	-3,725	11,058	1,092	11	,30
Pair 6	Pre Total EQ (scale) - Post Total EQ (scale)	-3,833	13,557	3,914	-12,447	4,780	-,980	11	,35
Pair 7	Pre Positive Impression (scale) - Post Positive Impression	1,000	14,529	4,194	-8,231	10,231	,238	11	,82

a. Group = Control

EQ Youth Version: Comparison of Experimental and Control Groups

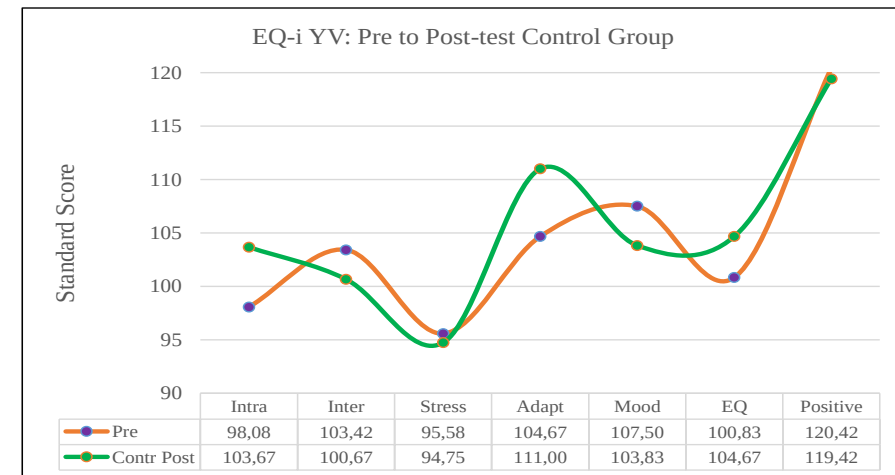
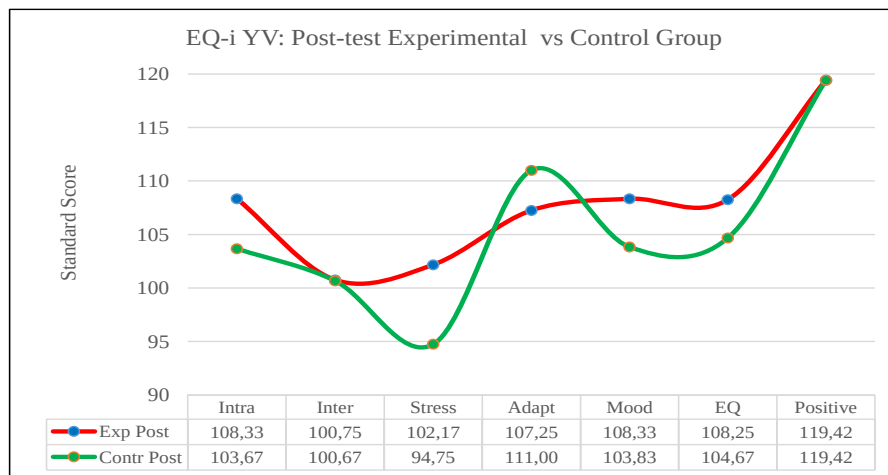
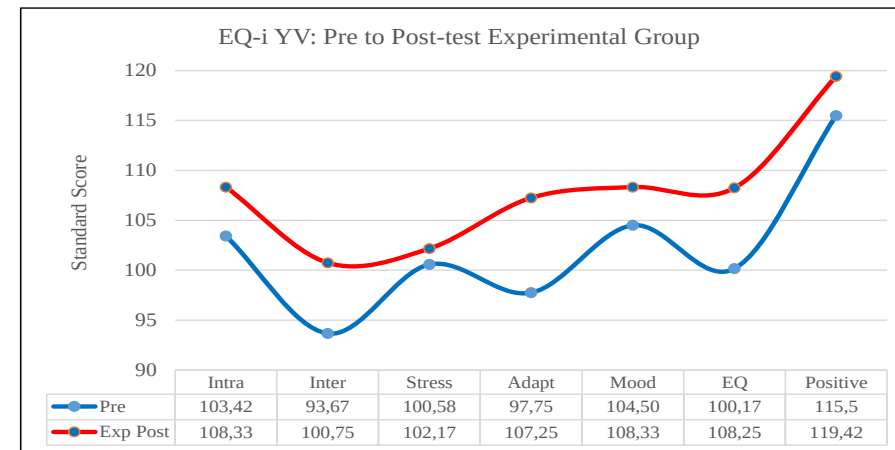
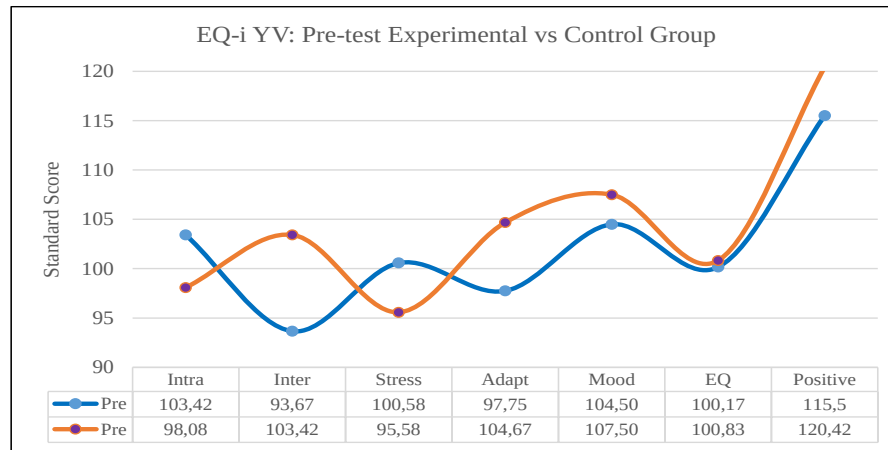
Group Statistics

Group		N	Mean	Std. Deviation	Std. Error Mean
Pre Intrapersonal (scale)	Experiemental	12	103,42	12,551	3,623
	Control	12	98,08	12,079	3,487
Pre Interpersonal (scale)	Experiemental	12	93,67	12,101	3,493
	Control	12	103,42	15,108	4,361
Pre Stress Management (scale)	Experiemental	12	100,58	15,270	4,408
	Control	12	95,58	17,064	4,926
Pre Adapability (scale)	Experiemental	12	97,75	16,674	4,813
	Control	12	104,67	16,250	4,691
Pre General Mood (scale)	Experiemental	12	104,50	7,230	2,087
	Control	12	107,50	10,176	2,937
Pre Total EQ (scale)	Experiemental	12	100,17	13,375	3,861
	Control	12	100,83	15,503	4,475
Pre Positive Impression (scale)	Experiemental	12	115,50	15,952	4,605
	Control	12	120,42	13,392	3,866
Post Intrapersonal (scale)	Experiemental	12	108,33	11,155	3,220
	Control	12	103,67	11,873	3,427
Post Interpersonal (scale)	Experiemental	12	100,75	12,672	3,658
	Control	12	100,67	20,074	5,795
Post Stress Management (scale)	Experiemental	12	102,17	9,980	2,881
	Control	12	94,75	16,723	4,828
Post Adapability (scale)	Experiemental	12	107,25	15,094	4,357
	Control	12	111,00	21,269	6,140
Post General Mood (scale)	Experiemental	12	108,33	9,528	2,751
	Control	12	103,83	14,584	4,210
Post Total EQ (scale)	Experiemental	12	108,25	10,797	3,117
	Control	12	104,67	14,606	4,216
Post Positive Impression (scale)	Experiemental	12	119,42	10,825	3,125
	Control	12	119,42	13,514	3,901

Independent Samples Test

	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Pre Intrapersonal (scale)	1,061	22	,300	5,333	5,029	-5,095	15,762
Pre Interpersonal (scale)	-1,745	22	,095	-9,750	5,588	-21,339	1,839
Pre Stress Management (scale)	,756	22	,457	5,000	6,610	-8,709	18,709
Pre Adapability (scale)	-1,029	22	,315	-6,917	6,721	-20,855	7,022
Pre General Mood (scale)	-,833	22	,414	-3,000	3,603	-10,473	4,473
Pre Total EQ (scale)	-,113	22	,911	-,667	5,911	-12,924	11,591
Pre Positive Impression (scale)	-,818	22	,422	-4,917	6,013	-17,386	7,553
Post Intrapersonal (scale)	,992	22	,332	4,667	4,703	-5,086	14,420
Post Interpersonal (scale)	,012	22	,990	,083	6,853	-14,129	14,295
Post Stress Management (scale)	1,319	22	,201	7,417	5,622	-4,242	19,076
Post Adapability (scale)	-,498	22	,623	-3,750	7,529	-19,364	11,864
Post General Mood (scale)	,895	22	,381	4,500	5,029	-5,929	14,929
Post Total EQ (scale)	,683	22	,501	3,583	5,243	-7,291	14,457
Post Positive Impression (scale)	0,000	22	1,000	0,000	4,998	-10,366	10,366

Quantitative Data Analysis of Experimental and Control Groups: BarOn EQ-i: YV



FES: Data Analysis Experimental Group

Paired Samples Statistics^a

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PreCohStd	38,1667	12	8,85061	2,55495
	PostCohStd	47,5833	12	3,89541	1,12451
Pair 2	PreExpStd	52,4167	12	6,66686	1,92456
	PostExpStd	57,2500	12	5,02946	1,45188
Pair 3	PreConfStd	57,2500	12	4,67343	1,34910
	PostConfStd	57,8333	12	5,44115	1,57072

a. Group = Experimental

Paired Samples Correlations^a

		N	Correlation	Sig.
Pair 1	PreCohStd & PostCohStd	12	,429	,164
Pair 2	PreExpStd & PostExpStd	12	,430	,163
Pair 3	PreConfStd & PostConfStd	12	,281	,377

a. Group = Experimental

FES scale descriptive statistics, population norms, and one-sample t-test results. Article II

Variable	Families in current study (N = 12)		Normal families (N = 1432)	Distressed families (N = 788)	One-sample t-test comparisons with distressed family norms		
	M	SD	M	M	t (df)	p-value	d
Cohesion	38.17	8.85	50	40	-.72 (11)	.49	.43
Expression	52.42*	6.67	50	46	3.33 (11)	.01	2.01
Conflict	57.25*	4.67	50	54	2.41 (11)	.04	1.45

Note . * denotes higher mean scores that reached statistical significance at $p < .05$.

Paired Samples Test^a

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	Interval of the Difference				
					Lower	Upper			
Pair 1	PreCohStd - PostCohStd	-9,41667	7,99384	2,30762	-14,49571	-4,33762	-4,081	11	,002
Pair 2	PreExpStd - PostExpStd	-4,83333	6,39365	1,84569	-8,89567	-,77100	-2,619	11	,024
Pair 3	PreConfStd - PostConfStd	-,58333	6,09707	1,76007	-4,45723	3,29056	-,331	11	,747

a. Group = Experimental

FES: Data Analysis Control Group

Paired Samples Statistics^a

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PreCohStd	42,0833	12	5,83809	1,68531
	PostCohStd	41,9167	12	7,53728	2,17583
Pair 2	PreExpStd	50,5000	12	9,55843	2,75928
	PostExpStd	52,0833	12	10,07660	2,90886
Pair 3	PreConfStd	58,8333	12	4,83986	1,39715
	PostConfStd	56,4167	12	5,24765	1,51487

a. Group = Control

Paired Samples Correlations^a

		N	Correlation	Sig.
Pair 1	PreCohStd & PostCohStd	12	,754	,005
Pair 2	PreExpStd & PostExpStd	12	,590	,043
Pair 3	PreConfStd & PostConfStd	12	,558	,060

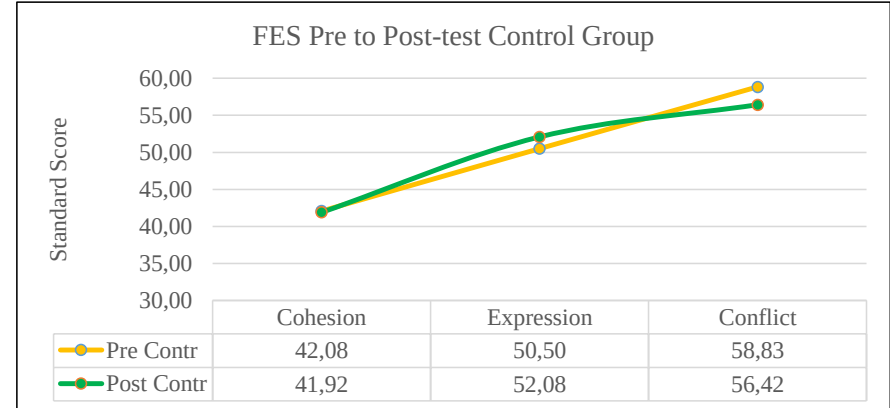
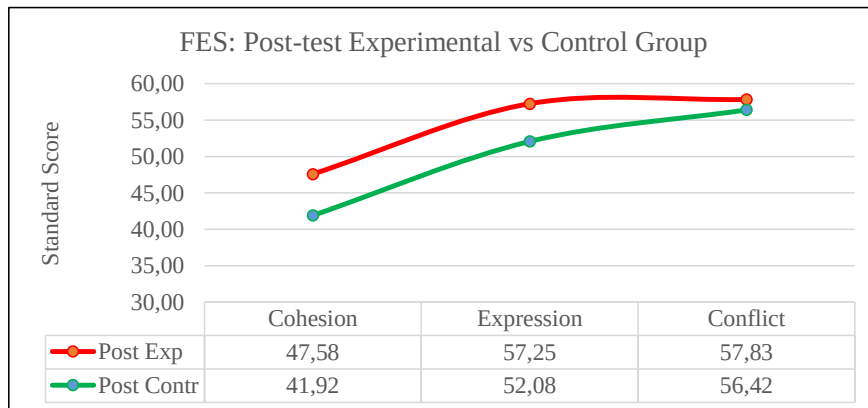
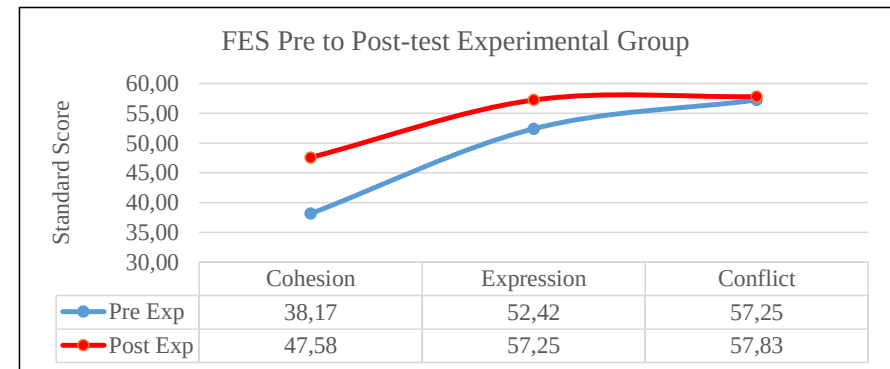
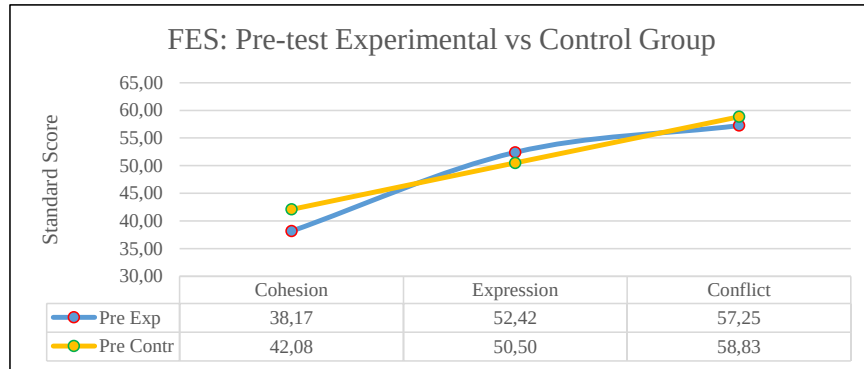
a. Group = Control

Paired Samples Test^a

		Paired Differences					t		
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	PreCohStd - PostCohStd	,16667	4,95128	1,42931	-2,97923	3,31256	,117	11	,909
Pair 2	PreExpStd - PostExpStd	-1,58333	8,89799	2,56863	-7,23685	4,07018	-,616	11	,550
Pair 3	PreConfStd - PostConfStd	2,41667	4,75697	1,37322	-,60577	5,43910	1,760	11	,106

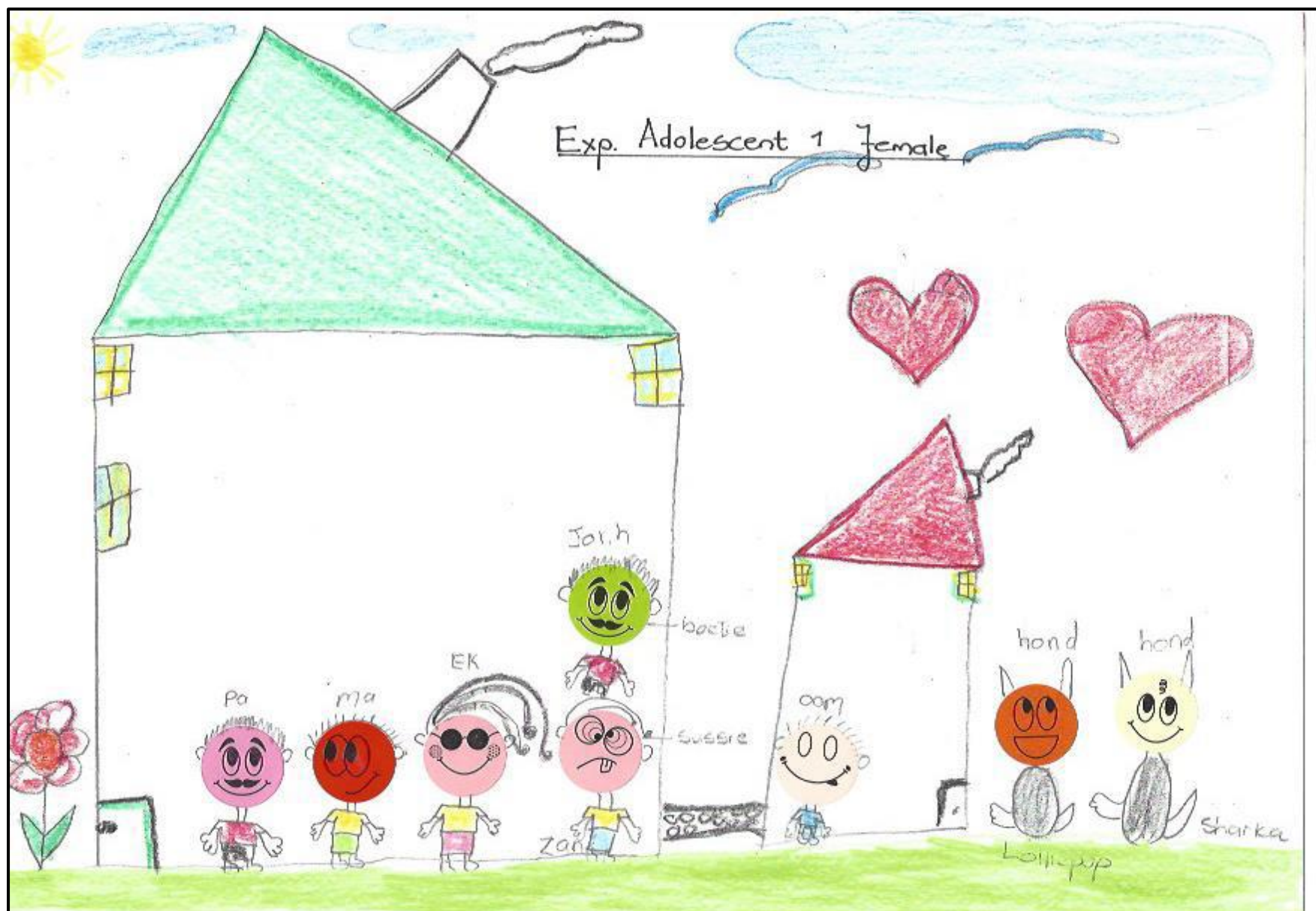
a. Group = Control

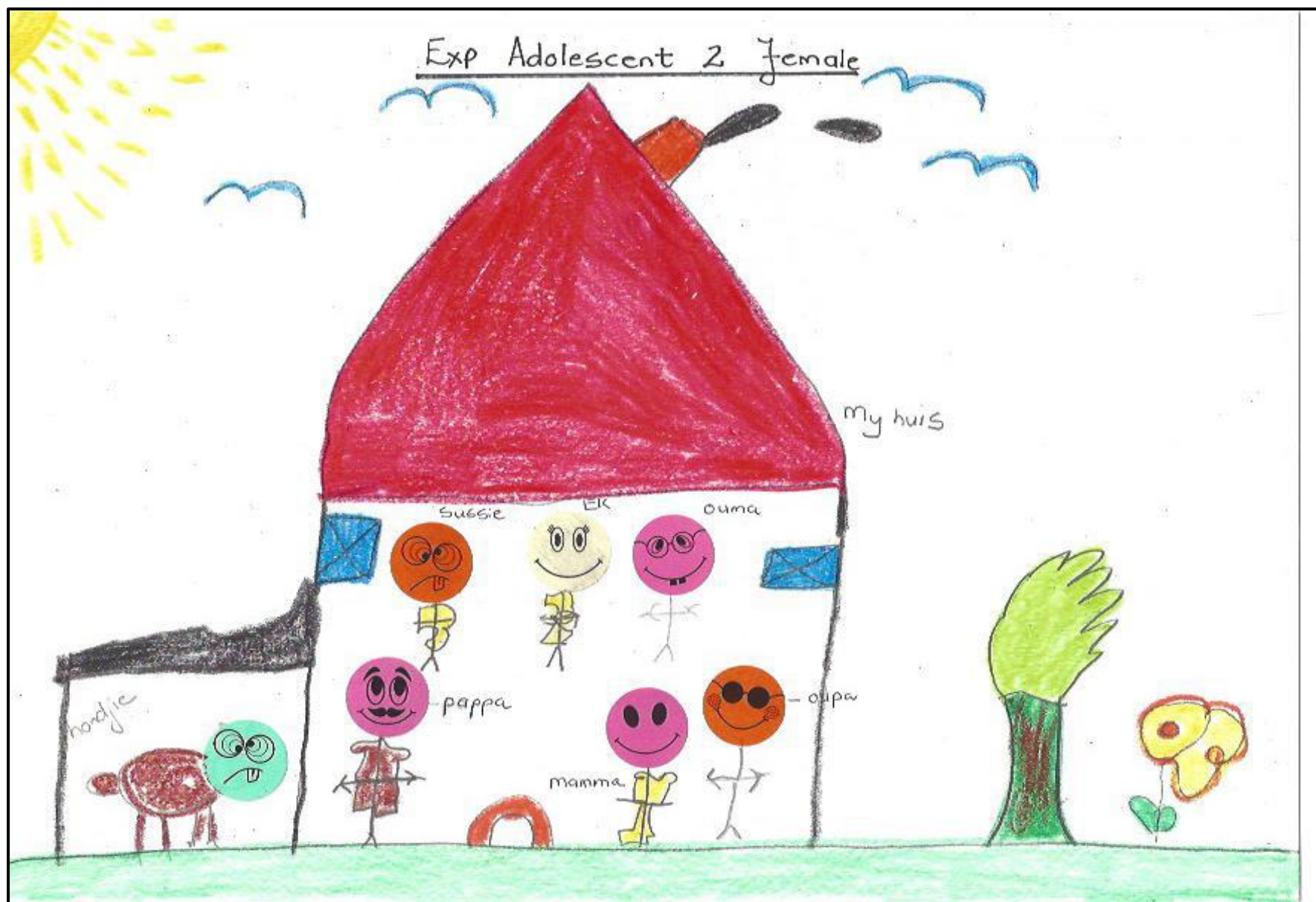
Quantitative Data Analysis of Experimental and Control Groups: FES



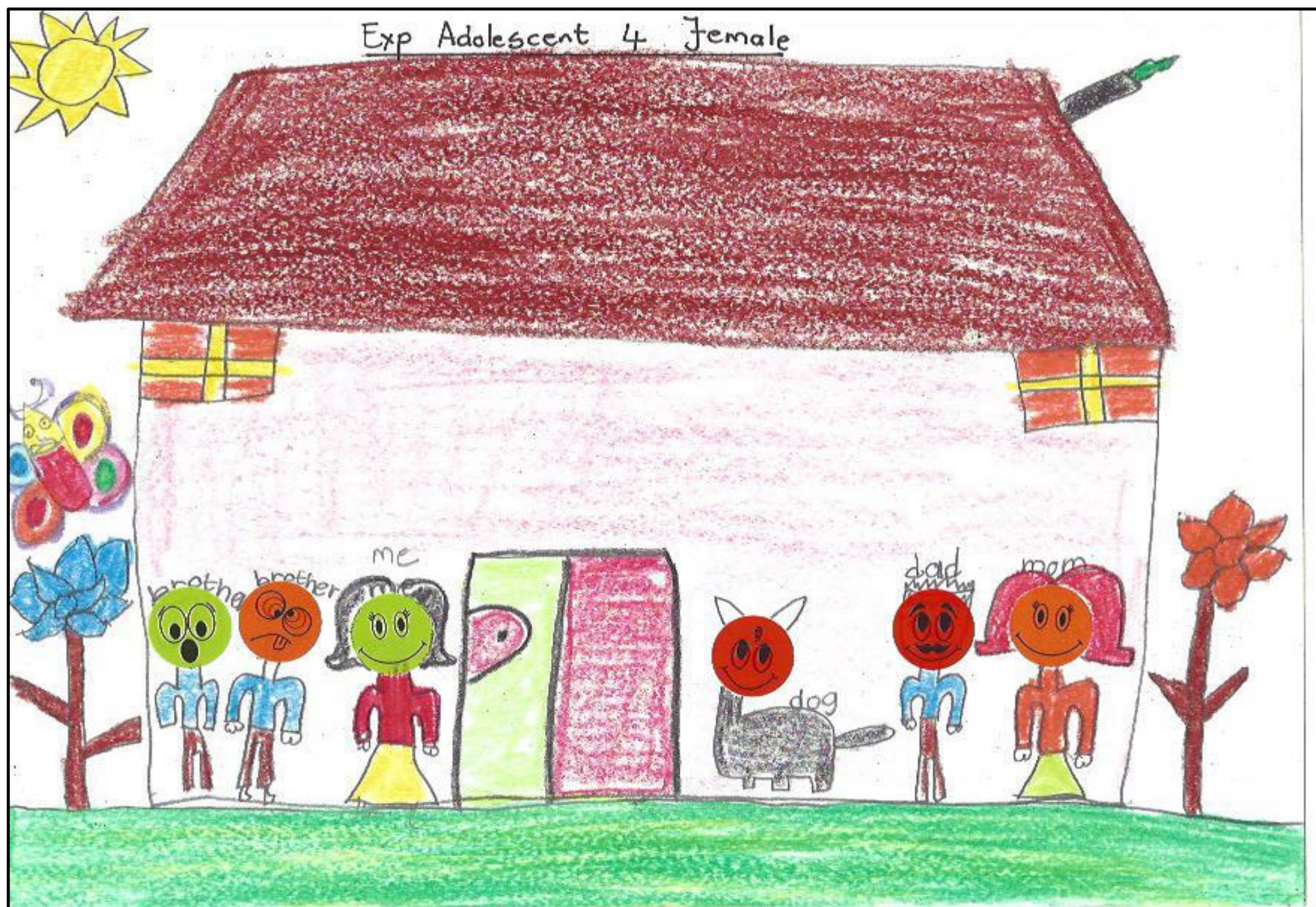
ADDENDUM F

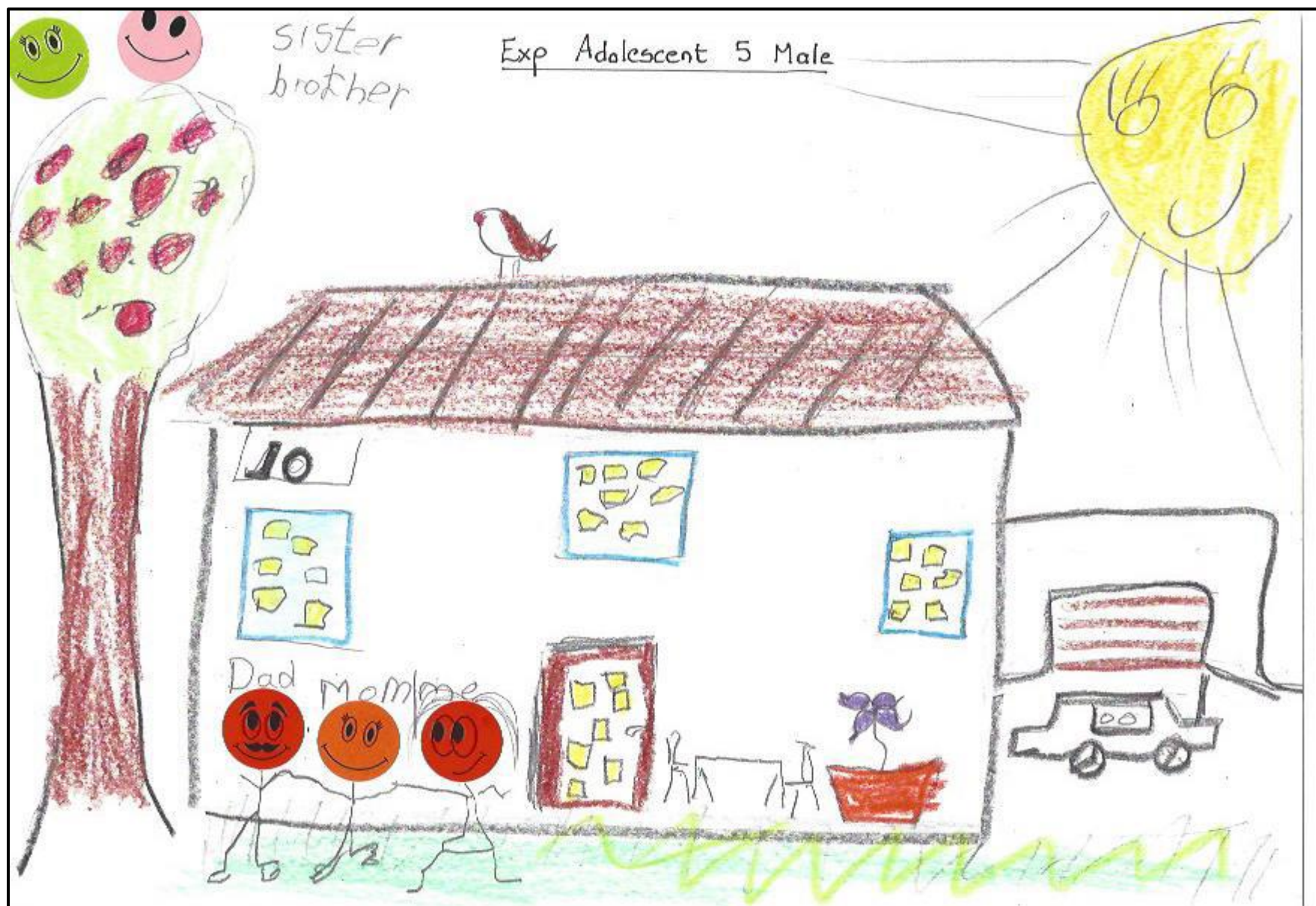
- (i) Genograms of the experimental group adolescents.**
- (ii) Qualitative data-analysis – Appreciative Inquiry family intervention themes.**
- (iii) Qualitative data collection: semi-structured themes.**
- (iv) Qualitative data analysis – Appreciative family intervention field notes.**



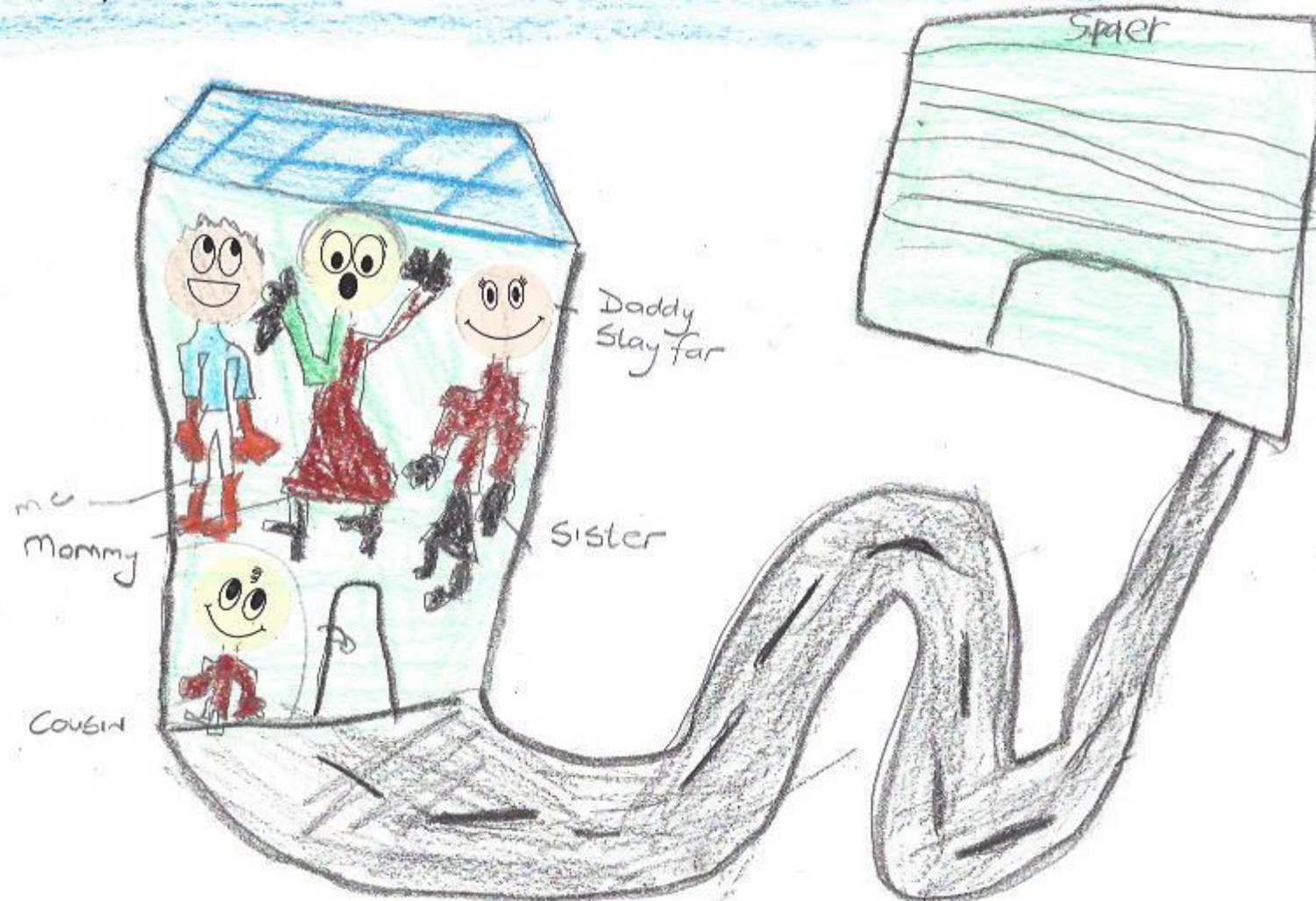




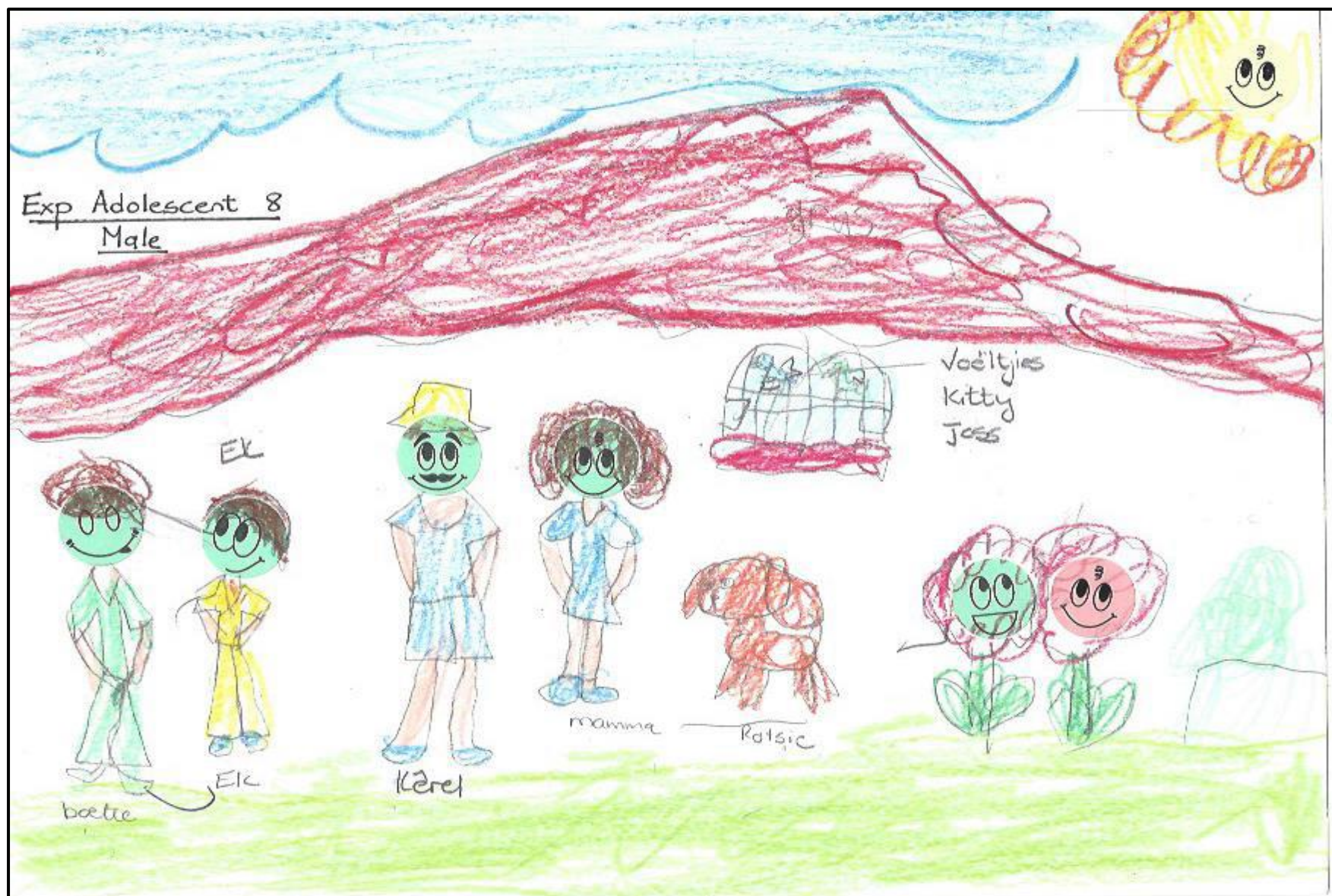




Exp Adolescent 6 Male

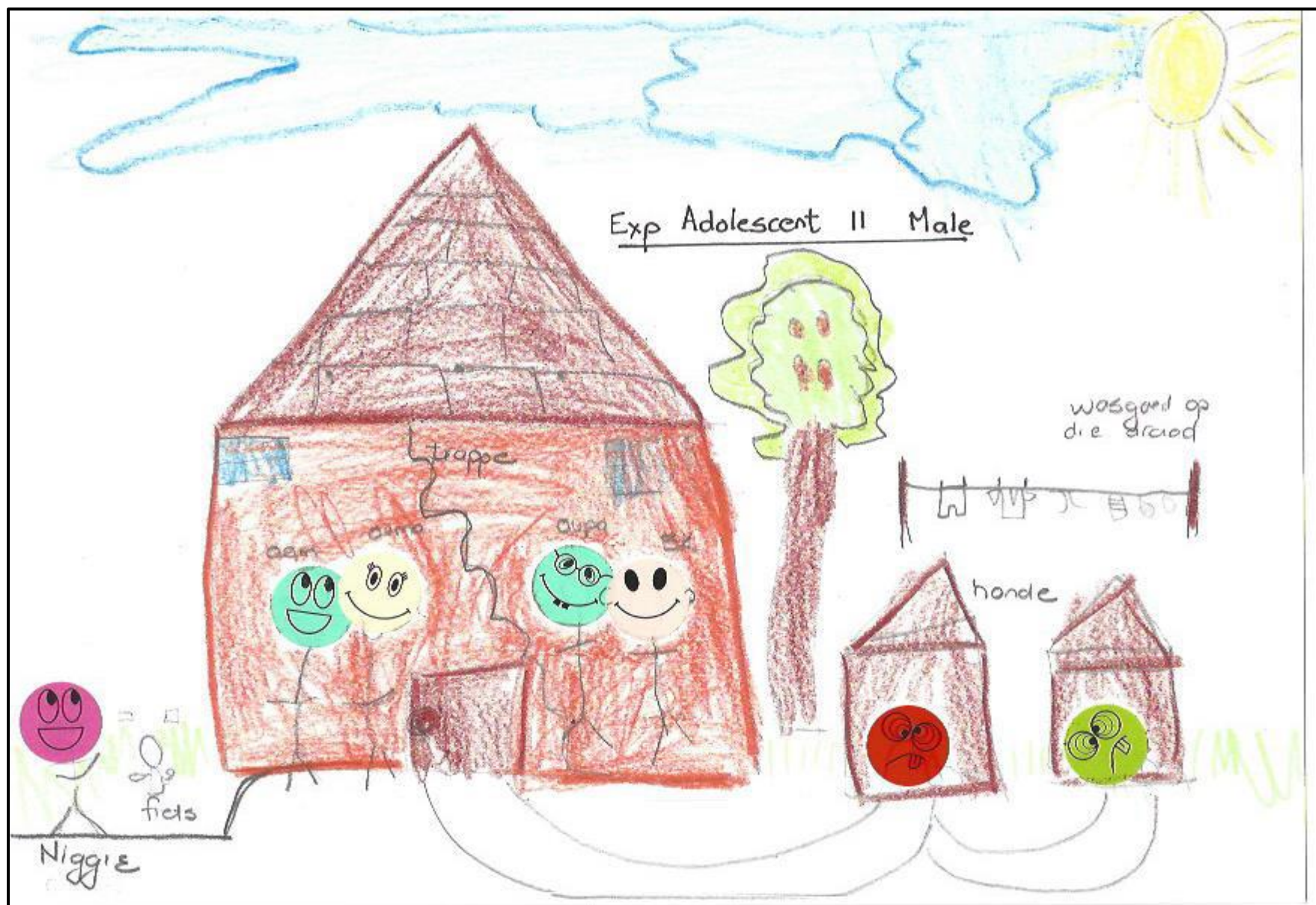






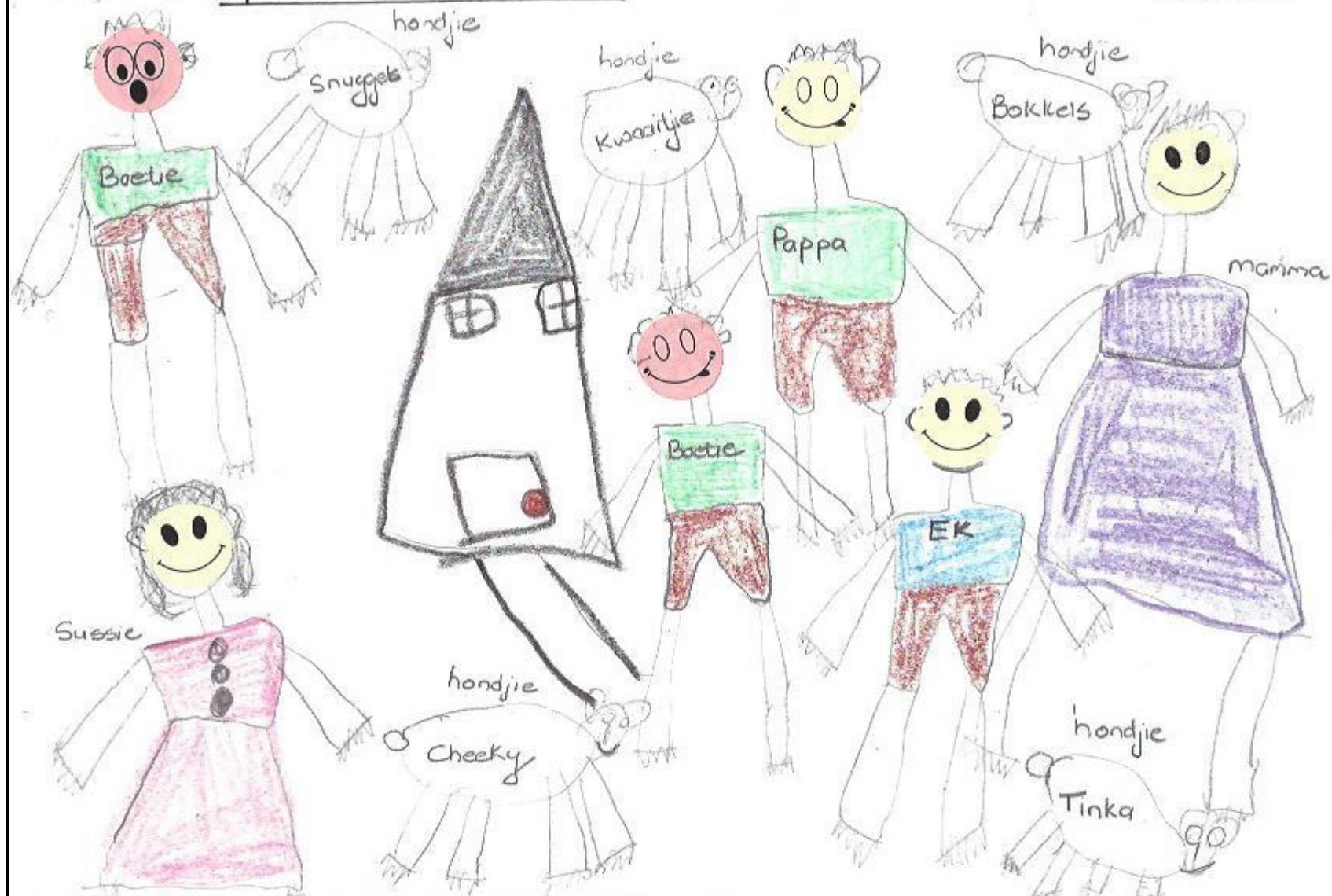






Exp Adolescent 12 Male

Shonde



(ii) Qualitative data analysis: (Themes) Appreciative Inquiry family meetings [Intervention] See individual summary family reports

Population	Family events : AI Process	Adolescent [awareness] Interviews	Parents & Siblings [perceptions & experiences on Adolescent]	Researcher's observations
EXP 1 Female	Family members described individual stories underlining the family's strong religious values, part of a larger social community - bike riding and fishing . Experiencing sense of belonging, experiencing new things and fun together . Appreciation for the adolescent's characteristics: honesty & friendliness wanting to make everyone happy. Family members surprised by adolescent's comments about family not allowing her to do things for herself. Family tends to talk over adolescent. Family quote: family stick & pray together. We are a normal family – just like others: socialising, disciplining and parenting	Adolescent felt shy when she heard parents and siblings talked what they appreciate about her. Started to cry & close ears when Father says that she is everything a dad can wish for. Difficult to accept as she "always felt different" not like them . Voice feelings with difficulty. Wants family to "listen to me too" Aware of what is important: family & friends .	Sense of self: Adolescent is honest and friendly. Helpful. At times gets her way. Seek meaning for disability through spiritual believes. See more potential in her. Talk over her/no voice. Stepsister special bond, closeness - best friend. "I like taking care of my sister, but sometimes she is difficult and I have to understand that is who she is. She is my best friend" Stepbrother - conflict due to inconsistent parenting. Gets special treatment because she "is different - can't think like us" Have to tolerate sister's behaviour. Parents - holding back to explore and become independent. Overprotective	Extended family structure: Step- siblings very surprise about comments made by adolescent. Adolescent not given time to voice own feelings and respect her contribution to family. All decision made for her.
EXP 2 Female	Large family living together - three generations. Grandparents, parents and adolescent. Selected individual stories which underline togetherness, love . Strong Christian values & respect. Meeting adolescent on her level- closeness and connection. She is special. Grandparents: stated that adolescent is free spirit and caring. They refer to friends and family calling them "You special people... creating an identity of disabled that refer to them. Family means everything to us. We are a family with a vision for all our children - including our disabled child.	Having fun with her dad - fishing, feeding the ducks, playing in sea sand. Painting his nails while sleeping+ patient with her. Proudness, togetherness . Adolescent surprise about how parents & grandparents perceives her - emotional to hear positive - shy] Sat on dad's lap. Closeness. Aware to certain extend of capabilities. Voice that she is different because others told her.	Sense of self: Grandparents: free spirited, proud of her. At times stubborn and temper tantrums. Our granddaughter is a blessing, not a burden - she is created by God. Father - everything he wants in a daughter. "Alles van jou is vir my mooi – Jy is deur Jesus gemaak" Mother My daughter is so slow – how is she going to take care of herself one day" difficulties with hygiene. Adolescent has a five year old sister. She is protective and stand up for her sister and tolerance of her behaviour. Hold them together, wants them to be better parents, huge responsibility to develop Adolescent to reach full potential. Overprotective	Three generation family structure: A very supportive family- tender father. Respect towards each other, close relationships & expression [open] Family is everything. Strong religious values. Open communications. Acceptance and love from father - strong father figure. Sensitive to his daughter's needs.
EXP 3 Female	Family selected individual & collective events, celebrating birthdays. Special mention to "whole family" indicating family of origin and extended family members. Themes mentioned are: togetherness, special bond and wishes to get closer as a family. Open towards Adolescent's uniqueness, embracing qualities of free spirit and show respect towards her needs. Proudness. Zest for life! Conflict between stepsiblings. Needs to show more respect - allow everybody to voice their feelings. Good steps to resolve. See individual reports. Family stick together. We stands together, showing courage to share with others - to enable us to grow.	Adolescent has a younger brother that is also intellectually challenged. Closeness and bond between siblings. Has 2 elder sisters and two stepbrothers who embraces adolescent. Adolescent surprised about positive comments . Aware that she wants things her way [insight]. Exited as family photos was never taken from the "whole family" or discussions about her and her feelings. Talks easily about feelings & positive perception of herself . Surprised to hear positive from family.	Sense of self: Parent (mother & stepfather) see her as unique, always singing, dancing, happy and positive self. Sometimes bossy, want things her way. Protective and supportive towards adolescent. Brother Sees her as his best friend - Having fun together. Not feeling ashamed of her. She is funny. Brings them together in family fights - funny. Family embraces differences by talking and sharing, having a vision for Adolescent and family as a whole. Sister: My sister is so funny, I like to be with her – she makes me feel better when I am down"	Extended family structure: Large family of 8 members: blood relatives and extended family members. A Very expressive, passionate and outspoken family. Cultural background important. Wanted to address several challenges. Voice opinion re intellectually challenged and willingness to grow & evolve. Two siblings intellectually challenged. Conflict & Expression high

EXP 4 Female	Parents selected a collective event and adolescent an individual story underlying togetherness, fun and excitement . Embrace cultural background & family gatherings. Parents are proud of adolescent - wants her to excel. [some unrealistic expectations]. Parents surprise about adolescent's sense of humour & jokes. Collectiveness and sense of warmth. Family roots important - grounds who you are	Adolescent has a good relationship and bond with her father who is supportive & protective. Awareness of her capabilities and caring deeply for her sibling and children in her neighbourhood. Teasing parents, lots of humour and contentment in family unit. Adolescent is aware of her father's love. Sometimes she feels that she disappoints her mother. Wants mother to voice that. Felt good to hear mother is proud of her.	Sense of self: Parents: Sees her as funny, discover that she has a sense of humour/witty. She cares for others, responsibility towards brothers. Brother - felt that she stands up for him and helps him with his homework. He trust her. His best friend. Father: see her as young women, proud of her, believes in her. See positive and not negatives. Wants her to excel and reach full potential. Overprotective.	Intact -two parent family structure: Proudness in family for what they have accomplished. Strong cultural believes and collectiveness. Strong involvement from grandparents, maternal and paternal. Cohesion & Expression high. Conflict high between mother and Adolescent.
EXP 5 Male	Mother and son selected individual stories: Reflecting feelings of appreciation for spending family time & meals together - fun and rituals [living apart for long periods of time - due to financial reasons/motor accident]. Close bond between mother & son. Courage and preservice, Believes in son's abilities. Family quote: our family is special because we care for other families. Collective and connectedness	Adolescent is aware that he is "different" . Introjected words such as dumb, stupid, did not fit in with other children in his previous mainstream schools. No friends and hard to express feelings. Since in this school - he is "clever and a beautiful child" Felt validated, proud and emotional to hear mother's comments about himself. Did not know that she care so much for me. It makes me feel good.	Sense of self: A soft, kind hearted boy and very attentive. Wants to be a fashion designer - draws well. No siblings at home - living with family members. Financial difficulties. Mother seeks meaning for disability - spiritually - difficult to accept. Rejected by family members. His name means Mercy from God. Through him she has grown to become better mother.	Single parent family structure Father working in Zimbabwe. Strong religious values and humbleness. Notice cohesion and respect in family. Low in conflict, High in cohesion
EXP 6 Male	Family selected on story involving the adolescent's birthday celebrations. Mother and sister expressed feelings of proudness and core value respect for self and others. Cultural believes and rituals very important to parent. Close relationships. Feelings of warmness, accomplishments in raising family on her own. Dedicated to Adolescent. Family quote: we care deeply for each other. To have a disabled child does not mean that the family must be disabled"	Adolescent compares himself with his peers and other families in terms of capabilities and material possessions. Aware of his body and that which he is good in: soccer. Close bond with mother and sister. Desires father figure & bonding [doing the things boys and fathers do]. Felt that family always focussed on the things that he has done wrong. He feels that his sister accepts him unconditionally.	Sense of Self: Mother: Helpful at home, check doors & safety. Take good care of his things/books. Difficulties with hygiene. Keeps to himself. Wants to be seen as normal and rich. Compare with other peers. Father deserted due to diagnosis. Adolescent express anger for not acknowledging him and his sister. Sister his best friend. Mother avoids social contact & gatherings - tired to explain his condition. Sister felt that brother had taught her to be more sensitive, tolerant and acceptance of differences. It is difficult to go on family outings, everyone is staring at us. Adolescent been diagnosed with cerebral palsy. Overprotective	Single mother family structure. Absent father. Dedication and perseverance. Strong religious believes and cultural heritage, Mother rejected by her own family.
EXP 7 Male	Father: finds it difficult to express feelings and share a family story. Adolescent selected a story - where family were not divided and enjoy an outing full of laughter & fun, togetherness and sense of belonging . Parent not aware of son's needs, however responsible, protective. . Committed to be part of research. Family takes care of each other	Adolescent express the desires to have contact with mother, siblings and family - feeling of isolation and loneliness. Felt that parents split up because of him not doing well in school and have learning disabilities. Aware of limitations and want to be "normal"	Sense of self: He is a loner, soft hearted, cries easily. Father & Uncle compare with peers- rejecting diagnosis - putting pressure on him to read and write. Why can't he (son) read or write – don't he get it – can't he think for himself" Felt ashamed - parents' divorce and Adolescent is taken care by father. Limited contact with older two brothers/mother. Lacks nurturing. Father dual relationship: friend and parent. Realises that he needs to focus more on what Adolescent's needs are.	Single father family structure: _ Father dedicated to take care of adolescent. Communication between parent and adolescent are open, honest. Difficult to voice emotions. Adolescent lacks nurturing and care [re clothes, lunches and when ill]

EXP 8 Male	Mother, brother and adolescent selected a collective story of bring out the best experience. Trip camping together. Describe feelings of being together, inclusion, and closeness. Religious value system. Mother surprised by comments of adolescent and brother: "Never had a family discussion like this". Mother tends to speak on their behaviour. Family quote: Family stands together no matter what"	Adolescent shows insight into his sense of self: been a good friend and brother, kind and gentle, always forgives & helpful. Surprised by negative comments made by brother re his mannerism and playing with dolls - name calling. Sees brother as role model. Express feelings of hurt as he is called "stupid & retarded". Good relationship with his mother and grandmother - feels that they accept him just how he is.	Sense of self: Mother and grandmother: He is a kind son and takes care of his animals. Gets upset easily and wants to be normal like others. Mother overprotective & inconsistent parenting. Brother: dual relationship - brother and parent. Feels ashamed of adolescent - in front of his friends. I have to take care of him (adolescent brother) when my mother is working. I can't be with my friends. I feel ashamed of my brother, not only is he a retard, he also plays with dolls. Difficult to adapt to Adolescent's emotional outbursts. Surprised to learn that adolescent sees him as role model. Have to tolerate adolescent's behaviour. Feels embarrassment in public.	Single parent/ Divorced family structure: absent father figure. Overpowering and domineering partner of mother. Desires to be a normal family - like others and not to be different. Despite great financial difficulties: close bonds. Able to voice conflict through expression. Brother very high conflict & rejection. Conflict between sibling & Mother
EXP 9 Male	Parent's selected two collective stories- celebrating mother & twins birthday party and standing together in crisis situation: pointing out: happiness, togetherness endurance and appreciating life. Close family unit. Parents acknowledge adolescent's challenges re physically [cerebral palsy]. Encourage adolescent to excel. Strong values: Cultural & respect & honesty and dedication to each other. We are different - but unique with own difficulties/strengths. We focus on limitations and challenges not abilities/disabilities, normal or not normal - what is normal?	Very strong sense to care for his twin brother. More responsible and dedicated re school work. Adolescent struggles to accept physical appearances [will undergo orthopaedic surgery in 2015]. Very surprise & proud to hear positive from parents about him. Wants to be treated equally despite handicap. Pushes himself to perform. Aware of his potential, however lacks confidence.	Sense of self: Parents: adolescent is very responsible, pushes himself to perform. Has function of one hand, walks with difficulty - wants to do things for himself. Twin brother in mainstream school, Adolescent protects and covers for him. Adolescent strong sense of care, dedication, perseverance. Compare with twin. Acknowledge that they need to allow him to explore and become own person - overprotective. Parents: Express guilt feelings re his diagnosis and condition. Overprotective parents. Brother: everyone stare at us, he (brother) walks funny. Diagnosed with cerebral palsy.	Intact/ nuclear family structure: Strong family bonds & closeness. High functioning family - education and financial means. Dedicated and willingness to grow and do whatever it takes to facilitate adolescent reaching his full potential. Strong cultural believes
EXP 10 Male	Family members selected individual events and stories to illustrate their best times together: Father focus on adolescent's achievements and times spend together practising & watching golf and cricket on TV. Siblings voiced happiness, closeness during family gathering: singing and preparing food together (however not a lot of get together). Embrace cultural background. Mother finds it difficult to focus on positive. Feels ashamed of adolescents. Mom: They (family and friends) think because my son is disabled that the whole family is disabled. Father: family stays together, support and protect each other.	Adolescent recall happy memories of him spending time with his father. Is aware of his mother feeling ashamed of him for not being in "normal" school. Teased by friends re his school for intellectually challenged learners. Proud of his parents. Good relationship with father. Seeking acceptance and wants to be "normal" in order to get approval, acceptance and love from mother. Mother acknowledge that he has good manners and thankful that he has no physical disabilities.	Sense of self: Father: Kind, gentle, always tries -despite repeated failure. Has talent: good cricket bowler. Protects him against siblings and mother. Brother & sister (older) has a good relationship, however Conflict due to inconsistent parenting. Mother rejecting adolescent - See him as unable and connect to his identity. He cannot read or write. Wants to send him to boarding school. Avoidance from social interaction/gatherings - do not want to explain condition - she is rejected by her family & culture. Sibling they have become more sensitive & tolerant towards the adolescent.	Intact two parent family structure. High functioning mother wants adolescent to achieve. Voiced shame & disappointment. Siblings accept that adolescent is different however overprotection causes conflict. Mother unrealistic expectations of adolescent. [He should be able to read and write. He is not in a normal school - like my friends children]. Comparing with others

EXP 11 Male	Adolescent is raised by grandparents, mother not involved. Grandparents selected a collective story - illustrating, fun, togetherness, and love. Proudness re adolescent's accomplishments and unique qualities. Support to excel. Realistic expectations and long term goals re care. Grandparents chose not to be called a disabled family because of taking care of their grandson. Some friends refer to them as chosen from God to take care of a disabled child. Family means unconditional love and support, to see the positive in all situations.	Adolescent is aware of grandparent's love for him - verbalises safeness and security. Insight into own capabilities [singing] and challenges [two hearing aids]. Ability to express feelings and care for others. Do not want anything to do with his biological mother - she rejected him. He prefers to stay with his grandparents. Feels confident when with them - mother rejects him he feels not special or important.	Sense of Self: Grandparents; Kind, gentle nature, talent as a singer (won prizes). Our grandson is a blessing from God. Difficulties - physical (walking and hearing aids) Grandparents raise adolescent as he is rejected by mother. Has the ability to connect with others, not ashamed of who he is. See him as confident. Very Afraid of dark and dying. Grandparents seeks meaning for his condition through spiritual believes. They have a purpose - raising adolescent and he has a purpose re his singing and disabilities. Educating other. Family a vision for him. Positive but overprotective	Skip generation's family structure: Grandparents dedication, love and care for adolescent facilitates growth in adolescent. Very responsible and making choices that benefit adolescent's functioning on all levels: emotional and financial.
EXP 12 Male	Family make use of a collective story: a holiday where all family members were present. Describing the trip & fun of traveling/visiting family members. Eating meals and having fun on beach. Describing feelings of togetherness, warmth, happiness. Exploration and sharing duties and resources. Parents acknowledge Adolescent's unique qualities: enforcer of rules, determine and needs structure and order. Pushes boundaries and sometimes controlling. Value: family means everything. We are a growing family-encourage each other to discover own potential/bring out best for individual & family.	Adolescent is aware that his parents and siblings deeply cares for him. Suppressed to hear about the positive qualities and comments. Always felt that he is different and that they are ashamed of him. Not in a "normal school" Feels inferior and poor when comparing with others. Dream is for his family to be the same as other families - having photos, outings - Comparison. Seek acceptance. Express feelings of belonging to, family keep him safe. Parents protective and acceptance for each other	Sense of self: Parents: proud of him, enforcer of rules [switch of lights, TV and set alarm and clocks]. Does not respond well to changes. Mother: overprotective and see him as a boy. Siblings' needs overshadowed by mother - Inconsistent parenting which causes conflict. Difficult to accept temper tantrums. Alles draai om hom, daar is nie tyd vir ons. My ma beskerm hom" They are negatively impact by mother's emotional wellbeing (depression). Parents. Express feeling of guilt due to their financial situation not able to provide more towards his development. Mother: overprotective	Extended family structure: Large family of 6 members. Depression [bipolar] in family which impacts family functioning and connection with others/outings/. Mother is housebound/needs oxygen & lacks mobility. Despite depression an open family re expression, structure and order. Humble and appreciate little things. Siblings: high conflict.

<u>Article II: Families' experiences on the sense of self of intellectually challenged adolescent</u>
<u>Themes:</u>
Refer to enduring characteristic traits of which parents & siblings feels proud of: kind, gentle, honest, loveable, honest, well-mannered strong will, friendly respectful, beautiful child,
Refer to abilities (talents) of which they feel proud/some accomplishments in themselves: good soccer player, singer, take care of siblings, good with cooking, drawing, setting clocks, ability to connect with others, wants to be an artist, fashion designer, nurse, mechanic
Refer to disabilities/unable to do not proud of/shame: cannot read/write, take care of own hygiene, physical disabilities: walking, using hands, hearing aids and unattractive facial visible feature.
Refer to behavioural symptoms : temper tantrums, not adapting well to change, manipulating, frustrated, fights, acting out behaviour in public places
Refer to emotional affect : parents feels rejected, angry and hurt and adolescents- lonely & withdrawn
<u>Positive and Negative impact connected to themes/selves</u>
<u>Negative dimension referring to conflict:</u>
<u>Parents</u> : own feelings of incompetence, disappointment, frustrations, guilt, anger towards family and friends, avoidance from social interaction
<u>Siblings</u> :
Own needs overshadowed by parents/expectation of parents are for them to be normal/have to tolerate adolescents embarrassing behaviour (friends/public)
Isolation from own activities & friends/minimises own problems - not able to express/distant self from parents & adolescent (no cohesion), worry about future/have to take care of adolescent [dual relationship: sibling and parent]
Have questions on own health/mental stability and heritability/are they at risk?
Conflict: parent - sibling relationship/ peer - sibling relationship/ sibling - adolescent relationship
<u>Positive dimension referring to warmth/cohesion/expression</u>
Gained: increased sensitivity, tolerance, responsibilities, high acceptance of adolescent's differences, increase their own social skill, shaping their own lives according to experiences of situation.
Sense of accomplishment in having done one's best for your child, increase sense of purpose, change perspective on life,

<u>Article III: The Effectiveness of Appreciative Inquiry in strengthening the sense of self of intellectually challenged adolescents within familial relationships</u>		
A= Adolescent		
<u>Family Quotes: Core giving Factors/Values</u>	<u>General Sub-Themes:</u>	<u>Responses Family members</u>
Family means everything A2	Close connections with members/family bond/togetherness	Meeting was meaningful (for some a first) A9
Families stick/stands together A1 & A8, A3,	Safeness/security/protection	To Focus more on how we are going to spend time together A7
Family matters. A7	Positiveness, supportiveness,	It was enlightening - gain insight into my family's feelings, looking differently at my family A3
Family creates safeness, prays together embraces the positive A11	Feeling of belong/contentment	Gain insight into my adolescent's feelings A1
Family stays together, support and protects each other A10	Strong values/norms and religious belief system	Help us to address difficult issues A8
Family roots important: where you came from/who you are/where you are going A4	Stories: fun, rituals, humour	To become aware that we are not so different A12
Our family is special because we care deeply for other families A5	Seeking acceptance, validation in family and from others	Accept own abilities/be true to self - share and communicate with your family and friends
Family means unconditional love and support, to see the positive in all situations A11	Compare with others	The meeting was an eye-opener. Was not aware how my son felt. A7
Family means everything A2 . Family means unconditional love A9		Make family aware of what is good within their own family. Tends to focus on what we do not have instead on what we do have A12
Family cares for each other A6		

<u>Family Statements/Propositions</u> [See individual family reports]	<u>Sub-themes:</u>
We are a growing family- encouraging each other to discover own potential, bring out the best for the individual/family A12	<u>Family time</u> : spending time together to attend functions/fun =togetherness cohesion
We are a family that stands together- showing courage to share with others, to enable us to growth A3 (see us & hear us)	<u>Family experiences</u> : how it made them feel, excitement, happiness, part of and belonging to
We are different - but unique with own difficulties and strengths A9	<u>Family relationship</u> : close and supportive. Expressed desires to have closer and better relationships
We are a family with a vision for all our children - including our disabled child A2	<u>Family expectations</u> : of each other (individually and collectively as a family). expression
To have a disabled child does not mean that the family must be disabled A6.	
We focus on limitations and challenges not disabilities and not on normal and not-normal - what is normal? A9	
We are a normal family - just like others: socialising, disciplining and parenting A1	
We embrace our challenges, stand together to make it work. A7	

(iii) Qualitative Data-Collection: Post intervention semi structured interviews with Adolescents [experimental group]

AI - Appreciative Inquiry Meeting IC - Intellectually challenged

Population	Adolescent responses & awareness	Researcher's observations	Feedback: test administrator/ teachers	Total EQ-Pre	Total EQ- Post
EXP 1 Female	Ek is n meisie en help my ma om die huis skoon te maak. Ek het n mooi hartjie, help almal en is vriendelik. Leen my sakgeld vir my ma. My boetie terg my baie. sussie help my om aan te trek en speel saam met my pop. Dit was lekker om te hoor hoe pappa & mamma oor my voel. Hulle was self ook verbaas oor my! Dit het gevoel asof hulle my nie hoor of sien nie. Wil alles vir my doen - ek wil dit vir myself doen - al is ek stadig. Dit is die eerste keer dat ons as familie so praat - oor my. Ek voel beter oor myself - nie meer so skaam nie. Boetie praat ook mooier met my en ma luister as ek praat. Ons bid nou saam in die aand. "Jesus is vir my alles. Maats is belangrik vir my.... van hulle sien my raak. Ek het op n skoolkamp gegaan en n nuwe maatjie gekry.[na ons familie dag].	Extended family & Step siblings Afrikaans speaking. Strong Christian values. Adolescent presented a shy sense of self [put hands in front of her eyes and when speaking in front of her mouth - not believing in her abilities during the family meeting. Her perception of self is that she is different than her siblings: Slower and not as "good" She feels rejected by her normal peers/cousins as she is attending a school for intellectually challenged. She is more confident during the interview than during the AI meeting and express her opinion, shows awareness (insight) into how others feels. Keeps hands away from eyes and mouth, makes eye contact and smiling.	Teacher mentioned that parents gave permission for adolescent to join a school camp - previously parents refused - were overprotective. She is talkative in class. Has a new friend. Parents also allowed a sleep over. She is very kind and gentle with other IC children. Test: Friendly during test administration/ eye contact fully aware.	107	102
EXP 2 Female	Ek is n meisie, maar sal nooit kinders he nie. Ek help baie in die huis en kyk na my sussie. Ek voel partykeer dom. Ek word nie na partjies uitgenooi omdat ek anders is. Ek het nie geweet oupa & ouma, mamma & pappa voel so oor my nie - van babatjie tot nou. Hulle is so lief vir my - my ma ook. Sy raas nie meer so baie nie en sy en pappa baklei ook nie meer oor my. Pappa kom altyd op vir my – hy is my hero. Hy laat my sy naels en toonnaels cutex – ons lag baie saam. Dit was lekker om hulle by die skool te he - en die fotos van ons almal saam en te praat oor my. Ek dink ek is special al is ek anders. Ouma se dit is Jesus wat my so gemaak het. Ek het skaam gevoel oor my lyf - nie nou so baie nie - weet Jesus het my gemaak.	Three Generation family living together. Adolescent suffered brain injuries & oxygen deprived at birth Afrikaans speaking & strong Christian values. Very supportive family during AI meeting - family members were grieving death of uncle and grandmother. Adolescent able to voice and express her own feelings during semi-structured interview more clearly than during AI meeting. Very shy and aware of her body posture - overweight and visible facial features - express feelings of embarrassment and rejection by her normal peers at church and family gatherings.	More outspoken and pushing boundaries, wanting things her way. Adapted to new class and friends. Spoke about her been overweight and wanting to change. Became aware of herself and how she relates to others. Show more confidants and is talking about her family. During test: anxious, not fully understand questions.	95	104

EXP 3 Female	I am Italian. I have long black hair, blue eyes. (indicating attractive features) I am good with painting & colouring. I am very kind. This was our first meeting talking about me, and what I feel. They are proud about me - make me feel better about myself. Everybody enjoyed the meeting. I wish we can have it again. Everybody loved the photos. We look so happy. I use to cut myself (self-mutilation), but not now. They (parents) must listen to me. My family keep secrets from me, maybe because they think I do not understand – dumb you know. I do not want to do that anymore. My parents fight a lot but not now so much. My stepdad used to get aggressive - not now after our meeting. He is listening more. My family is everything to me – I am nothing without my family. [Conflict, cohesion & expression].	<u>Extended family structure & stepfather and stepsiblings. Italian speaking.</u> During AI meeting - family members were angry with each other, not talking. They were very expressive, loud. Adolescent able to voice and express feelings. She noticed changes in her family: more respectful, listen before fighting and her feelings counts. Show insight into self and others. Relationship with family members restored and brought closeness. Relationship with brother who is also intellectually challenged - means alot to client. Aware that people are staring at them when in public. Brother draw attention due to his physical appearances.	Teacher has a good relationship with adolescent. She appears more talkative, spoke about the family meeting, photos and her parents not fighting so much. She feels happy about her life and are proud about her family. Talked about her stepbrother and stepfather that are talking to each other. During test administration: friendly, talkative, random answering.	97	114
EXP 4 Female	I am a girl [got beautiful long hair and blue eyes] and speaks Sepedi - we come from a proud family - my grandparents live in Lesotho. I can make toast for my parents. I take care of my siblings. The family meeting was good for me. It is the first time my parents visit my school and talk about me. I like us taking photos and eating together. We laugh a lot. My father is so funny - I can also make jokes. Did not know my mother was proud about me - that I am OK. They know me - what I like and don't like. I feel better about myself, sometimes scared of my mother she shouts, I know I am can look after my bothers. I have friends who accept me and play with me” I am invited to other children’s parties at church.	<u>Intact family Structure. Very supportive father. Diagnosed with Cerebral Palsy. Speaks Sepedi.</u> Adolescent finds it difficult to communicate. Researcher had to clarify: what the adolescent says - is what she is means. She has a great sense of humour - teases researcher about looks. Uses "I" language during interview. Very proud re her cultural background. At time not aware of the impact on her environment - with regards to communicating. During research involved in bus accident - was in hospital for 2 weeks. Test result post might be effected either by the accident or becoming aware of herself and how she relates to outside world.	She tends to keep to herself most of the times. She has an abrupt way of speaking & making contact with others, which makes it difficult for friends to connect and relate to her. Was not aware of her sense of humour and funny comments. She is more helpful towards her classmates and show self-confidence During Test - friendly, making eye contact, slightly nervous. Some questions - difficult: 8, 12 and 22.	104	100

EXP 5 Male	I am a boy and speaks Zulu. I did not realised that my mother is so proud about me- that's why I started to cry. I felt different - stupid. I could not read in the other school. They tease me, but now I feel smart and special in this school. I take care of my mother when she is ill and clean my shoes. [responsible] I wish I can tell my other school - they will not believe me. I know that I am a good friend. I always help my friend. The questions were easy for me [second time] about myself - I loved the photos - my mother is showing everyone. I feel good about me -not like before when they call me retard. Now I am happy.	<u>Single household.</u> Diagnosed with brain injuries at birth Absent father due to work commitments. <u>Speaks Zulu & Tswana.</u> Culture & religion important factor in functioning. Adolescent had bad experiences in previous "normal" schools being teased and making fun of. He was transferred to IC school. He introjected false believes that he is stupid - able to express feelings, share his thoughts and aware of other's [mom] feelings. Gets on well with school friends. Very respectful adolescent - call researcher "Mam".	He is performing better in class. He got spectacles and is able to read. This has given him confidence. He has good manners - always helpful. Something changed - more talkative. Assured of himself. During test administration performs well.	110	120
EXP 6 Male	I am a black boy - I cannot do what other boys do - play sport. It was good for me - to hear my mother and sister talk about me. - it makes me feel shy. I did not know how special I am and how good my family is - My family is always there to help me - I'm happy to have a family. I don't know why my father left - but I don't want to see him. We loved the photos, [during the family meeting] it makes me feel part of my family. Felt proud to show my friend. In school I always hear about the things I cannot do and not what I can do. I feel now like the man of the house. I am good at drawing and know all the cricket players. I can tell my mother & sister how I feel. I think I am still the same - but others look at me differently, because of the meeting.	<u>Single parent household (mother).</u> Diagnosed with cerebral palsy & microcephaly. <u>Speaks Zulu.</u> A shy adolescent, during the family meeting did not make eye contact. During S/interview he does and smiles. Able to voice & express how he thinks. Blocks emotions. Awareness of his importance in family - feels validated. Feels angry for his father and some family members that rejected him because he is in a "disabled school" Voice opinion about school and own observation about how others behave towards him that has changed.	Very quiet. Keep to himself- Has only one school friend. Finds outlet by drawing. Teacher stated that his drawings are done with less aggression. During test - shy, withdrawn, limited eye contact. Difficult to adapt to situation. Slightly anxious.	100	120
EXP 7 Male	I'm good looking boy - look like Justin Bieber - girls like me I am good at video games and watching TV. I am a good swimmer. We never talk like this before - about what I want. My dad thinks that he knows me. He can't talk to me. It was good to tell him how I feel and what I miss [mother & stepsibling]. Expression. I felt alone - no friends. I think my mother left because of me I am slower - not normal. I cannot read - my uncle forces me to. When my dad started to cry - I know that he loves me. I want to do lots of things- maybe he will let me - I must start believing that I can. We talk more at home, I have new friends. I now look the same as the others with my new school clothes. They use to stare at me - think I am poor [desires/inclusion].	<u>Divorced family structure. Single Parent (mother).</u> Diagnosed with placenta abruption. <u>Speaks English.</u> This adolescent was able to voice what he thinks, feels and the pressure his uncle puts on him to be "normal" pushing him to read, spell. He feels ashamed to be in IC school and do not want to travel on the school bus. He enrolled recently in school: did not have same school clothes. Made him feel inferior. By voicing he became aware that he can belief in himself.	Teacher commented that adolescent is more confident - he has new school clothes and feels the same as others. He is joking in class and outspoken. Talked about his father allowing him to visit other school friends - he thinks it is because of the meeting with researcher. Talk positive about the AI family meeting. During test- difficult to answer some questions re own feelings/insight.	103	117

EXP 8 Male	Dit was lekker om saam met my ma en boetie te wees en oor my te praat - die fotos en eetgoed was mooi.. Ek het nie geweet hoe baie my ma & boetie vir my doen. Ek is anders as ander seuns - ek speel met poppe. Ek wil eendag n haarkapper word daarom speel ek met hul hare. Ek is jammer hy[boetie] voel skaam omdat ek met poppe wil speel. Ek sal dit nie meer voor sy maats doen. My ouma se dit is hoe Jesus my gemaak het. My boetie is lief vir my, maar hy noem my lelik name – retard en stupid. Ek is bly hy gaan my nie meer lelike name noem nie. Ek het nie n pa nie maar bly ek het n boetie. Ek is baie lief vir diere - ek kyk goed na my voeltjies en honde. Ons fight nie meer so baie. My ma se ou skree ook nie meer so baie op ons nie.	<u>Single-parent (father) household. Brain injuries at birth. Speaks English. Closed family structure.</u> Adolescent became aware of his behaviour who makes his brother feels ashamed of him. Brother tends to get verbally aggressive and angry as he has to take care of adolescent when mother is working. Mother aware of her inconsistent parenting and favouritism re adolescent [overcompensate]. Adolescent desires a father figure and thinks that his father left because of him been slow. Brother became aware that he has an important role to play. Relationship changed through expression & appreciation.	According to teacher - loves animals. He has a soft and gentle nature. Tends to take care of others. Talkative in class about the AI family meeting, photos and eating together with his family. He mention that he and his brother are getting on better - best friends. During test administration: labile, emotional. Afraid to answer wrong.	100	95
EXP 9 Male	I am a black boy and speaks Venda - we have two homes. It was a good and bad experience for me the meeting. The photos and talks with my parents were good (Expression) To hear that I am more responsible than my brother and never lies was nice to hear. I always tries my best and take care of him. I want to do the same things he does and do not want to be seen different - but I am - I have difficulties in walking, carrying things, and slower. [Insight]. Sometimes others are laughing at me. I walk slowly and it is difficult to carry things. I also wet my pants can't help it. Things change after our meeting- I am not so hard on myself, not ashamed of my body, and my parents and brother loves me.	<u>Intact/nuclear family structure. Strong cultural values. Speaks Venda. Diagnosed with Cerebral Palsy. Head Injury.</u> Adolescent is one of twins. Very supportive & educated family. Twin brother in mainstream school. He compared himself, pushes him to do the same things in order to get acceptance and love. He became aware of his challenges and able to express feelings and thoughts. Has physical difficulties that are noticeable and mention that people makes fun of him in public places. Adolescent more talkative, big smile and making eye contact. Very supportive high functioning family. Father social worker and committed to research process.	Teacher commented that adolescent has a problem - wetting pants - not in awareness. At times difficult to accept by his peers. Adolescent has asked twice if he may leave the classroom [took a plastic bag with-clean underpants and changes]. More assured of himself. He has a new friend. Class mates no longer make jokes. During test - slightly anxious, answer quickly. He wants to do well.	103	108
EXP 10 Male	I am good in cricket - I won cricket player of the year award. I was surprise when my brother and sister & father talk about me - being a good brother and kind. My father is so proud of me. I was called after my grandfather - he is a great man. My mother feels ashamed of me. It is shameful in my culture to be different - like me. I cannot count or write - I am slower. My mother was surprised to hear about what I can do - she treats me differently. We do not visit other family members or friends – I think it is because of me. My mother is ashamed of me. She is not going to send me away. I feel better about myself but know that I will never be like my brother or sister - very bright [awareness & insight].	<u>Intact/nuclear family structure. Strong cultural values. Speaks Sotho. Very supportive father, Educated mother.</u> Adolescent aware that his mother and her family are ashamed of him. She felt ashamed, compares him with other family and friend's children. Adolescent wants his mother to focus on what he can do playing cricket, have good manners and being respectful towards others. My friends makes fun of me when I told them I am in this (IC) School. We do not have grades in my school – they laughed!	Teacher was not aware that he was cricket man of the year - she thought that he was lying when he told her. Normally recognition will be given at school. This underlines adolescent's perception that he cannot perform or be normal - society defines what "normal or achieving means" Very critical mother. Good relationship with father. Feels dumb.During tests: anxious & finds it difficult to adapt.	98	110

EXP 11 Male	Dit was lekker om saam met my ouma en oupa te wees en te praat oor my - die fotos en saam eet. Ek weet hulle is trots op my - ek kan baie mooi sing. Hulle (grootouers) sê dit is Jesus wat my so gemaak het - anders en Jesus gebruik my om te sing- Ek voel partykeer dat ek nie alles kan doen soos hulle wil nie - ek kan nie mooi skryf nie. [Insight and awareness of temper tantrums]. Ek voel bietjie ok - ek kan maar partykeer nie weet nie, of my woorde vergeet. Ek weet ek raak partykeer somer kwaad en dan wil ek huil. Die kinders spot my – ek kan nie mooi hoor nie want ek dra twee gehoorstukke. My oom en ma baklei partykeer met my ouma omdat hulle my alles gee. My ma het my weggegooi - ek wil nie by haar kuier/bly nie.	<u>Skip-generation family structure. Afrikaans speaking. Strong Christian values and supportive. Brain tumor & hard of hearing (two hearing aids).</u> Adolescent has a strong sense of self: he is aware of his strong traits: singing, likeable, respectful and caring for others. At times he gets frustrated as he wants to be the best, wanting his way. This is been maintained by grandparents "everything of him is good - the best" - some unrealistic expectations and overcompensating.	At times difficult: has temper tantrums - He expects his classmates to accommodate him. Has hearing difficulties and in remission [cancer]. Good manners and good self-esteem. Behaviour changed towards class mates. During test- answer quickly, knows everything/ slightly emotional	115	117
EXP 12 Male	Ek lyk soos my ma maar my pa se ek is soos hy - lief vir rugby. Ek is lief vir diere Dit was die eerste keer dat ons so saam sit en praat oor ons en wat ons van mekaar like. ek wou protrette he en nou het ons die foto's op die muur gesit. Was bly mamma was opgewek en daar was nie bakleiery toe jy daar was nie. Conflict. Ek weet nou dat ons ook n special family is en ons kan saam werk. “Partykeer voel ek arm – het nie so baie soos ander. Ek weet dat ek nie soos my suster en neefies kan lees en skryf nie - Ek is stadig. Ek weet nou dat ek goed is met horlosies en dat ma-hulle dink ek is slim om al die horlosie en alarm te stel. Dit laat my goed voel. (Expressions).	<u>Extended family structure. Diagnosed with autistic spectrum disorder. Afrikaans speaking. Compare family with others "normal" and with more financial means. Afrikaans speaking.</u> Family meeting took place at home. The client's mother is housebound due to depression and obesity. On oxygen. Family members and adolescent felt ashamed. Adolescent verbalises that he feels ashamed to travel with the school bus and tell other family members that he is in a school for IC children. Adolescent more talkative during the semi-structured interview - feelings of proudness as his family is also special.	Teacher report that adolescent does not like changes. Wants routine & consistency [where he sits, & program]. Aware of the time and makes teacher aware/reminded her if she is not keeping to program. Notice that he tries to accommodate others, more considerate. Soft spoken/hearted adolescent. During test: aware of others, comparing self, slightly anxious, but in full awareness. Understands questions	115	120

(See colour coded thematic themes, p.286).

THEMATIC THEMES (COLOUR CODED)

SUB-THEMES

1. Sense of self-described with reference- attributes connected to abilities/disabilities.	Can draw, paint, sing, sports, talent competitions/can't read, write/abilities have been accepted by society.
2. Sense of self-described with reference to gender/gender-roles & traits.	Can cook, clean, take care of siblings, good looking, different than other boys, girls, not having children.
3. Sense of self with reference culture & religion.	I am Zulu/Italian, speaks Sepedi, from Venda, In my culture. I am different - Jesus made my, Jesus is vir my alles.
4. Sense of self with reference to familial relations (grandparents, parents/siblings).	Family is everything, always there, do fun things together. Parents, grandparents, siblings important influence: positive/negative
5. Sense of selves with reference to peers, friends and social group/social identity.	Friends are important, good to feel accepted. Some laugh at me or /tease. Compare self and family to others

(iv) Qualitative data analysis – Appreciative Inquiry intervention field notes

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: 07 June 2014 12:00 – 16:00

Surname of family that was interviewed: Experimental family 1 IvR

Name of family members/Structure:

Father/stepfather: B – 49 years old

Mother: R 44 years old

Stepbrother: J– 19 years

Stepsister: Z– 16 Years

Adolescent:

Family photo

What was the most compelling story that came out of this interview?

The parent's perseverance to get custody of their two elder children. Mother was in an abusive relationship and she filed for divorce. The father took the two children and fled. The couple had to hire a detective to locate and serve with necessary documents. It took hard work to address the fears and emotional scares of the two eldest children. The couple's feelings of joy and happiness when adolescent was born. "They felt like a completed family". Spoke about family sticking together in hard & difficult times.

Overall, what was my sense of what was most important to this individual/family? Their strong bond between parents and children and their zest for life – they have biker's trips, caravan outings and is part of a larger family at Church and at bikers – community. This is noticeable in their way of living – big lapa, bikes, braais, pool table which create a **sense of belonging to a large community. Social Identity and religious values.** "They do not see themselves as better as others" but knows the difference between right and wrong.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience story:

- Father: the day when he and his wife got the news that they are expecting a baby – adolescent. It was the happiest day of his life besides marrying wife. **She is everything a dad can wish for!** She brings so much joy.
- Mom – realising that her family is important in a difficult time of her life - losing both her parents in a fire. She realises then that she was blessed when adolescent was born.
- Brother – going on a game hunting trip with his father and grandfather. He felt like one of the men – grown up. He tried to shoot a buck – but failed. He will never forget that event as he realises that he **belongs to a new family** – his stepdad's family which is his own.
- Sister – Making a decision on her 13th birthday, that **she will love** her stepdad as he fights for her to have a better life.
- Adolescent described two events: one when she was only 5 years old – jumping into their swimming pool and showed them that she can swim. She did not have any lessons – but she did it and how her parents, siblings and friend were shouting, clapping hand. She felt

so good. [accomplishment] Second event is how she and her sister will set up a tent in their room, pack all their soft toys and Barbie dolls out and play and sleep in the tent. She has a playmate. They are doing it still today, even if Z (sister) is sixteen she **is my best friend**.

Addressing conflict positively:

Children not wanting to stick to rules such: as cleaning their rooms, respecting other. At times will shout and scream at each other. Family felt that their mother wanted her way all the time. How did they turn it into a positive? Their parents made a chores list of duties which they rotated. As for mom who wants things her way, they decided not to argue but together with their dad show her a sign/ or letter that she is overstepping boundaries. Adolescent felt that when her brother is calling her bad names, she will tell her dad. [Dad was not aware].

What do they deeply value/appreciate about family/yourself?

The willingness to embrace each other just the way we are. Focus on what they value:

- Brother and sister: She is a sunshine child – always smiles, spontaneous and always willing to forgive and to love despite realising that she is “slower”
- Mother: Adolescent’s dedication to prayer and showing them at times how to act and behave. Have 5 dogs and she and her brother have some snakes – not afraid – as she cares for them.
- Father: her uniqueness to connect with people.

Wishes for the future?

- Mother: wishes that her children will be successful, **take responsibilities for their actions**
- Father: that his children stays just as they are, and that he will be a good example to them to follow in their adult lives. For his children not to lower their values. [**Acceptance of his family, & setting good example**]
- Brother and sister to **stick together as a family**, to have love for each other and **closeness** in their family. “To have Jesus in their lives”.
- Adolescent: To be always together, talk nicely to each other. To listen to me too.

Steps put in place?

1. To have more open discussions like this to **voice their deeper feelings and to respect** each other more by being more patient towards each other. Talking will make them aware of how each other feels and not explode so quickly.
2. To give more attention to Adolescent – allow her to speak as she felt that she is **not been heard. She has no voice**. [will sit in her room and cry]
3. Children to be more helpful in house and more respectful by stop shouting to each other.

Family feedback:

Parents amazed to hear how their daughter felt and perceptions of her world and connections to family members. Not aware of how strong she can voice her opinion.

Family intervention was a good experience as it made them aware of many challenges: Allow Adolescent to express herself more often, allow her to experience new challenges – outing with her friends and not to be so over protective.

Experiencing adolescent’s sense of self: Described abilities/characteristics

Kind and gentle, wants to help and serve [enduring qualities and definite gender roles] Brother – controlling and have to look after her. Wants attention too. Sister – she is my best friend. Parents – realises that she is her own person and have to let her voice her opinion – not talking down to her.

Acknowledged that: “We are a normal family - just like others: socialising, disciplining and parenting”

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: Wednesday 18 June 2014. at Centre: 10:00 -14:00

Surname of family that was interviewed: Experimental Family 2 SL

Name of family members/Structure:

- Father: 39 Years old and working as Fitter and Turner – training.
- Mother: 37 years old and housewife
- Sister: who is in Grade R. Pre Primary school.
- Grandfather & Grandmother: [60 years] and [56years old]
- Adolescent

Family photo

What was the most compelling story that came out of this interview?

When adolescent's father told her that he loves everything about her: her smile, the way she has been made by God, the way that she is: "Alles van jou is vir my mooi – jy is my poplap" Very tender and caring father. Adolescent started to cry and got up- sitting on her father's lap and hold on to him. Father was very emotional.

Overall, what was my sense of what was most important to this individual/family? Family is supportive – 3 generations living together. Great grandfather and uncle also lived with the family and passed on during November/ December 2013. Strong religious belief-system and **standing together** as a family. Mr takes care of his in-laws, and also his own mother, who passed on during February 2014. "Family is everything".

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories: [re their experiences of adolescent]

- Grandparents: Spoke about her birth and first birthday – open mouth, always laughing and smiling. "bekkie wat oophang en altyd bly om hulle te sien" net n bondeltjie liefde"
- Mother: recalls her first Christmas and how she started to walk, opening her presents and a joy.
- Father: recalls and spoke about two incidents: firstly last year where he was able to take his whole family [in-laws and own mother] on holiday to see. It was the first time that Adolescent and sister, saw the sea. They were building sandcastle, eating sand, playing ball and dug a hole and buried his body in sand except his head. **The togetherness, happy feelings and absolute contentment.**
- His daughter, painting his tone and fingernails with red cutex. He pretended to be fast asleep. Daughters, family members were laughing. He kept the cutex on to work and his colleagues had a laugh. **Free spirit and meeting daughter on her level – connecting and enjoy creativity.**
- Adolescent – remember how she and her family members went to a nearby dam [Boksburg] their father bought them small fishing rods and showed them how to put line in water. They feed some of the ducks. Their uncle accompanied them and it was a family outing. Grandparents help feeding the ducks. Adolescent remember how her father showed her how to fish. **Teaching and exploring new skills**

Focus was on adolescent and their fun things together. As a family – many holidays at the beach. Christmas always special – it is about family.

Addressing conflict positively:

Parents described where a negative behaviour – adolescent not doing her chores. This caused conflict between mother and adolescent. Parents were able to explain that it is **important to them - value** that she learn certain skills to equip her for when she is older. She was able to understand why they asked her to wash dishes, make her bed and help with preparing with food together with mom. This is put in positive rewards of pocket money. **Educational way of addressing conflict.**

What do they deeply value/appreciate about family/yourself?

- Father – value his daughter, how she is – every aspect of her personality.
- Mother- her kind/loveable nature. Always writing cards telling them that she loves them/ as well as hugging them – showing love
- Grandparents: adolescent's concern about them. Wanting to know if they want something to eat & drink and if they are well.
- Adolescent values her parents as they are always there- helping her. Her mother showing her how a girl should dress and behave. Grandparents looks young and dress beautiful. She is so proud of them.
- She sees her family in animals: Oupa is n tier, oma n kameelperd, pappa is apie – maak haar lag, mamma is n varkie en Susie n hondjie en sy n hasie.

What makes this family unique?

Religious bond, standing together, defending each other, see the good in every situation, and a positive attitude towards life – appreciate each other.

Wishes for the future?

1. Parents: for adolescent to develop to her **maximum potential** and the insight as parents to know how to facilitate, not to give up.
2. Grandparents to be daily part of their granddaughter's progress and happiness.
3. Adolescent wants a cell phone – to phone her parents & grandparents and her friends. **To be the same as all her other friends.**

Steps put in place?

1. Parents are involved in her homework/research/eager to get feedback and to be part of follow-up therapy after research.
2. Parents express that they would be more **sensitive to adolescent's feelings** and **explain more** before she assumed that she did not want to do things. Will see her temper tantrums and signs for more open discussions with her. Mother decided to **be less angry and not punish so quick** by taking away benefits: pocket money, watching TV. She expresses the need to have a **closer mother- daughter bond.**

Family feedback:

They experience the family session as positive and express the need for more feedback sessions from school. The experiences brought the family together where they were able to express deep feelings, cried about a lot of things as discussed in session: loss of grandmother, uncle and son and to still focus on the positive – **family is everything.**

Experiencing adolescent's sense of self: described abilities/close relationship/religious self, gender roles

Strong will, but also free spirited and a loveable nature. Wants to be the same as her friends – dress and cell phone. Affected them deeply as a family – holds them together, makes them appreciate life and enjoy her. Wants to be better parents and allow her to develop to her full potential.

“You have to have a vision for your family - all your children including your disabled child”

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM **CONFIDENTIAL**

Name of the researcher: Christene Louw

Date of interview: Saturday 26 July 2014. 10:00 – 14:30. At centre

Surname of family that was interviewed: Experimental family 3 CLG [Italian speaking family]

Family photo

Name of family members/Structure: Living all together in same household.

- Stepfather: 54 years old. Caring for Adolescent and brother from aged 6 and 10 years respectively.
- Mother: 50 years old
- Sister: 22 years old and studying.
- Brother: 18 years old - Intellectually challenged and in same school as adolescent.
- Stepbrother – 23 years old
- Stepbrother – 21 years old
- Fiancé of sister –25 years old – has a huge influence on family.
- Adolescent 14 years old.

What was the most compelling story that came out of this interview?

Sticking together during a family dispute of custody of intellectually challenged adolescent and her brother. Embracing their differences and no feelings of shame for having two children that are intellectually challenged.

Overall, what was my sense of what was most important to this individual/family?

- Passionate about family, family functions and supporting each other. Openly expressive and voicing opinions. Embracing adolescent as normal. Not hiding away – direct communication in session with both.
- Embracing different cultures – Family from different backgrounds. Zest for life – a collectiveness.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

- Adolescent– talk about her birthday function. She and her sister went shopping the morning and the evening the **whole family** went to a restaurant at Irene. They made it special – as they were singing to her and **felt special**. All family members were there – even her father and his girlfriend.
- Sister, stepbrothers spoke about their 21 first birthday functions that were memorable. They went to Stone Cradle for sister's birthday, and the other two had a function at home with many friends, eating & dancing.
- Mother recall that many of their get together are surrounded by preparation of food for the function and **togetherness**. They have a huge entertainment area, Lapa, snooker table and braai facilities.

Addressing conflict positively:

Address conflict of been in considered: not letting parents know if they will be home for dinner, **not considered** at breakfast table – sharing and cleaning after each other. Discussed openly of what is **expected** – put dishes in dishwasher, be respectful to leave table orderly and share food, phone or sms when late or not planning to come home. It is working much better and needs to be reminder by each other. [**Expectations of each other**]

What do they deeply value/appreciate about family/yourself:

- Mother value adolescent's loving and kind nature, the **willingness** to help others,
- Sister feels that her sister **never sees the negative** or bad in people or a situation.
- Brother she is caring and my best friend.
- Stepbrothers: always talking- bubbly personality
- Fiancé: singing and dancing. Sometimes bossy
- Stepfather: Adolescent is creative, loves colours, good heart and likes to look after people
- Adolescent is appreciative of stepdad who helped her very much to accept her parent's divorce. Stepbrothers always makes her laugh and they are caring. Her mother is the best – always there for me and brother. About myself: caring for people, sometimes to bossy and wants things my way.

Wishes for the future?

- Stepbrother wishes that his family can **get closer** and develop a **stronger bond**.
- Brother wishes that his father and stepmother **be more considerate**: not to bring their work problems to home – It affects everybody. To his father to treat him as an adult and not dictating to everybody.
- Sister wishes for her family to be **more respectful** towards each other when speaking to each other, considerate about cleaning after themselves;
- Stepdad wishes that family member be **more responsible** –taking care of household items, sharing and respectful towards others.
- Mother wanted her family to **live in peace** and love one another.
- Adolescent's wishes is for her family to **stick together**, stay supportive and **less fights**. **Voice her opinion – sometimes too scared to do so.**
- Brother felt that he wants his family to allow him to voice his own feeling and opinion.

Steps put in place?

1. More family meetings and open discussion like intervention to **voice feelings and opinion**.
2. Parents were not aware of work problems affecting family members. Decided to leave work behind and only in emergency to discuss privately not where children are in their safe space in entertainment area.
3. Children agree that they will **show more respect** by cleaning up after functions, limit their swearing which will limit fights and explosive situations.
4. **Listen more** to adolescent and her brother about what they want/ like and dislikes.
5. Family suggested a **white board** in Kitchen to write messages, appointments and complaints – this will enhance communication.

Family feedback:

The family intervention is something new. It is refreshing, insightful and making you aware of each other's needs, looking a family members differently, more appreciating of each other.

“Acceptance of your own abilities, be truthful to yourself as a parent, show your emotions, communicate and connect and talk about it: to your family & friends”

Experience adolescent sense of self: See point 3 – good description. At the worst of times in family functioning (family fights) she will remind them what is more important in life. Realises to treat her with more respect and as a young person. Value her free spirit. See as strong and determine to succeed whatever she decide to do. Very creative – Family members see possibilities – not disabilities.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM **CONFIDENTIAL**

Name of the researcher: Christene Louw

Date of interview: 16/07/2014 10:00 – 14:00 at Centre.

Surname of family that was interviewed: Experimental family 4 KG

Family photo

Name of family members/Structure:

Father: 34 years. Zimbabwean citizen

Mother: years old – Speaking Sepedi – Had to translate.

Two brother: aged 6 and one year respectively. Baby was with grandmother during the family intervention.

Adolescent: aged 13 and in English speaking class.

What was the most compelling story that came out of this interview?

Adolescent's story of how she prepare breakfast/ making sandwiches for her parents every morning and served them tea in bed. [Gender-role and expectations from family] Her **humour** about her father being the one who is not having a good brain – as he tends to forget.

Overall, what was my sense of what was most important to this individual/family?

Parent's proudness speaking about or referring to adolescent as well as their protective nature of wanting the best for their daughter.

Their genuine, warmth and support. Humour, making jokes, loud voices, speaking up; agree and disagree with each other, laughter through the family intervention. Father had to translate some of the comments made by mom but overall she was able to voice her feelings.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

- Adolescent's stories are surrounded around her parents and brothers socialising at Resturant in Kempton Park. They will play games **together** of which the motorbike games is the favourite. They will have a meal together and sometimes with go to the movies. It is surrounded by **fun and excitement**.
- Brother's story is about going with his father and sister to buy some toys for them. Father will always make it a special outing and eating together.
- Parent's stories is about **family gatherings**. They have a second home in Mpumalanga, where family members lived. It is about connection and preparing meals together with family members and having meals together. Preparing those meals forms part of mother's story of where she feels excited.

Addressing conflict positively:

Father is working long hours as a tour/bus operator, taking visitors to Airport or hotels. This caused some conflict between parents and children, especially adolescent was questioning if he does not love them – He discussed with his employer and he was able to get a different shift and route. Family is happy and he feels that he had put them first.

What do they deeply value/appreciate about family/yourself?

- Mother values Adolescent's **caring spirit**, taking care of her brothers and smaller neighbourhood children.
- Father values her **dedication** to go to Sunday school meetings. She wants him to go as well and her promptness to complete school work, sign forms and to get early to prepare. She is very neat.
- Adolescent, values her parent's, love and support. She thinks she is brighter than her father " he does not have a good brain – he keeps on asking what, what and she has to repeat what she says over and over to him" She loves that her mother is studying to speak English.

Wishes for the future?

1. Adolescent's wishes is to become a nurse, as she enjoys **helping people** and to excel in her netball playing at school.
2. Mother's wishes are for her daughter to **study a course** which she will be able to grasp cognitively. To be responsible by **not getting pregnant before getting married to a good man, like her father.**
3. Father's wish is for his daughter is to keep **her spirit, and humour** and whatever she does to be successful and happy. He is aware of her challenges, but wants to supports her and believe in her abilities. That is the reason that they took her out previous school as the focus was not on enhancing her abilities. She is very confident – however still shy in class and in relating to her friends.

Steps put in place?

1. Parents would like to have feedback after completions of research and the outcome in order to change/enhance adolescent's progress. They are involved as much as possible.
2. Assisting adolescent more by supporting her to go to Sunday school meetings, **taking care of children** whilst parents are in church service as it will enhance her skills. This will create a sense of self-confidence.
3. Enquiry at hospital were father is a social worker if adolescent can work in children's ward at hospital to develop her skills.

Family feedback:

Family felt that they would have like more of these meetings with teachers and therapist to become aware how to support and help their daughter.

It was a new experience to them and the voiced the proudness re adolescent been their daughter.

Experiencing adolescent's sense of self: Described characteristics/abilities/cultural selves.

Witty, humorous, free spirited, very responsible re her brothers and her school clothes and signing of communication book. A young women but still needs protecting. Wants her to develop herself – be independent in working.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: 09 June 2014. 09:00 -13:00 Visit at Centre

Surname of family that was interviewed: Experimental Family 5 Moh

Name of family members/Structure: Open family structure with cohesion.

Family Photo

Father: 40 years old working and living in Zimbabwe. Visit family not often. Mother: 38 years old.
Adolescent: M

Sister: 21 years boarding school in Mafikeng

Brother: 19 years and living with maternal grandmother in North West province.

- Adolescent and siblings lived with their grandmother until 2012. Mother was involved in a serious taxi accident and broke her hip. She had several operations. She lost her employment and was not able to take care of children and send children to
- Adolescent's father is working in Zimbabwe and only comes home when he has money.
- Adolescent's name according to mother means "Mercy from God".

What was the most compelling story that came out of this interview?

Adolescent's reaction when he heard his mother talking about him and what she values most about him. He started to cry – and then mom cried. They hugged each other. Adolescent's observation of what **made his family special/standing out** – "they are a family that cares for others"

This adolescent's empathy with his mother situation [physical pain] and compassion for others – his friends stood out. He is so respectful – call researcher "mam"

Overall, what was my sense of what was most important to this individual/family?

Togetherness and how they value relationships. Mom and adolescent experience feelings of loss/loneliness when family members are not with each other – due to circumstances

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - story:

- Adolescent: The best story for him was when his "mommy" and "daddy" brought him to this school. He was not scared. He did not like previous school. **"It was hard for me... I had no friends and I felt dumb" "I did not fit in"** My parents were with me when I came to this school and they were happy when they brought me to the school. He enrolled in 2012 at XXXX He loves his school and excel in teacher Lenie's class. Well mannered. Called teacher & researcher, mam.
- Mom felt that the day she brought her children back from her mother in 2012 – when she was able to take care of them again after her second hip operation. All were together and having meals together which is very special to her. "My children are my life"

Addressing conflict/challenges positively:

- Adolescent: He forgot to clean his school shoes and his mommy and daddy talked to him. He understand that they had to pay a lot of money to buy his shoes. He promise not to forget a gain. **Parents explain how they value not only relationships but financial/concrete possessions, by taking care off.**

- Mom described an incident when there were fights between siblings not **respecting each other**, and how she sat them down and talk to them about respect, not hitting each other because they are brother and sister. Discipline is important to mom.

4. What do they deeply value/appreciate about family/yourself:

- Mom value Adolescent's kindness, helpfulness and his lovely spirit. He is a lovely boy and a blessing. (Mohau started to cry) He feels so proud.
- Mohau value himself: **"I am now clever, kind, and a beautiful child"** and **"I like myself"** and I always helps others. Able to express openly in front of mom.
- He value his mother: she loves him very much, is always there for him and never wants to leave her and his father again to live with his grandmother.
- Core value of your family: **"my family is special because they care for other families"**

Wishes for the future?

1. Adolescent – wishes for his mother to walk again, to find a job and for them as a family [brother, sister and father] to live together again. He wants his father to be more at home, but understand that he is working to take care of him and his mother. Father is a very quiet man – soft and kind according to mom.
2. Adolescent wants to be a fashion designer – he loves drawings, cutting and colouring in. Need to give feedback to teacher re senior phase to explore. He is practicing already – by drawing/cutting pictures & paste
3. Mom – wishes that her operation can take place this year – as she is on a waiting list. She wants to walk and work again and able to provide much more for Mohau and her family. Sees herself as core of her family

Steps put in place?

This is a family that is so grateful to be together and to have bare necessities, such as food and rented home. Family support important. Strong bond between mother and son. Father absent due to work responsibilities.

Family feedback: It was a good experience. Gave feedback to husband who complete form FES. Feels that adolescent can accomplish much more – wants school to assist with technical experience. Will arrange for eye test (difficulties in seeing)

Experiencing adolescent sense of self: Described characteristics/abilities/cultural self /religious self [positive experiences]

Kind and helpful. Very disciplined and value things such as food & clothes. Experiencing financial difficulties. Wants to protect him against stigma re his disability – feels frustrated for not be able to do more for him.

Mother felt that adolescent is send by God as a blessing. [Religious believes – trying to make sense of his disability by focussing on spiritual]. Sees that he needs friends and at times alone. Adolescent's name – meaning: Mercy from God and also named after a grandfather and uncle.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM **CONFIDENTIAL**

Name of the researcher: Christene Louw

Date of interview: Saturday 5 July 2014. 10:00 – 14:00

Surname of family that was interviewed: Experimental family 6 SpD

Family Photo

Name of family members/Structure:

Mother: 39 years old. Domestic worker. Taking care of both children.

Biological father: not involved. Parents got divorced when S was a baby. Marriage characterised by physical abuse and domestic violence. Rejected by husband when discovered that adolescent is intellectually challenged.

A Younger brother of biological father, called Africa is involved and act as a father figure - Adolescent adores him

Sister: – 21 years old

Adolescent: 12 years

What was the most compelling story that came out of this interview?

This is a family that lives in a small one room and during the interview they mentioned several times how blessed they are by being together and mom able to care for them by working and supporting them. Mom and daughter will make Adolescent feel very special when they tell him that “he is the man of the house” and mom and sister “have to ask his permission should his sister wants to go and visit her friends or if mom is going to the shops”. It made him smile every time and he will then give permission or approval. He acts responsibly, locking the door, and checking on their safety.

Overall, what was my sense of what was most important to this individual/family?

Being together and genuine involvement of mother with her children. This is a family with lots of fun – playing games and making every event special. **Positive family with a strong value system** of taking care of each other, been respectful to all, good manner and always try your best. Very involved parent and sister.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

- Mom tells the story of adolescent’s birthday party on 14 April 2014. She worked hard and safe to treat him and his sister to spend the day at Greenstone shopping centre. They ate at Spur, and the staff sang to him – he blew out the candles. He felt a little shy but could not stop talking about it. Then he played a few games, riding car at the centre – showed some photos to researcher to tell about this special event. They also went to the movie – saw an animated movie. They got popcorn. Adolescent told the same story and elaborate on the event. He felt so special and that they could do the things he wanted to and also felt that he is a rich child. He compares himself to others and their families.
- Sister: spoke about her 21 first birthday function which turned into a family celebration as all her mother’s family were at the party. Her brother was her date – accompanied her when making

speeches and connecting with family members. He is not at all quiet and reserved as he appears in class. She spoke about her dreams to get a good job after her studies and help her mother and her brother.

Addressing conflict/challenges positively:

Mom mentioned that at times adolescent and his sister will not clean after them or pick up clothes that they dropped. She explain the important value of respecting other and also cleaning after yourself. When they understood that it is important to her they try to do. Mom explain that order and structure is important especially if you stay in one room. **[Core value]**

What do they deeply value/appreciate about family/yourself?

- Adolescent: What I appreciate about my mom and sister is that they are taking good care of me. They make me feel special and respect me – what I think. My sister is my best friend – “I can tell her anything” My mother and sister sat with me in hospital – I was not even afraid. [Adolescent circumcised recently]. Adolescent spoke about the event – he is a man now. He got sweets, ice-cream from his uncle Africa which he calls papa.
- What I like about myself is my body – I am good soccer player. I am smart
- Mom appreciate that adolescent is dedicated to his school work. Wants her to sit with him at night to check if he has done her work correctly. He is so helpful – wants to help her with chores and that he has a kind and gentle nature. [He reacted with a smile tell her to stop talking about him - difficult to hear all the good remarks.
- Sister: He is so respectful towards me. He always ask me if I am ok and if I am happy. We have a close relationship.

Wishes for the future?

- Mom – wishes for her children to be successful. For daughter to find employment and for Adolescent been able to take care of himself one day. For them as a family to stay together. She wishes to get a two bedroom compartment. **Wishes were connected to concrete needs such as housing, food and security.**
- Sister: to obtain a professional job – she completed a two year diploma in Business and financial management. To be able to take care of mom and adolescent.
- Adolescent wants to be an artists & soccer player. Has a good general knowledge of soccer and his favourite star is Messi who plays for Argentina. He has one good friend Akhu – who he wishes will stay his best friend for ever.

Steps put in place?

1. To keep as a family together is to enjoy the times that we spend together and appreciate small things like eating a burger together, or cleaning their home.
2. Sister will submit her CV to relevant agents to assist. No she will focus on taking care of home and Adolescent.
3. Adolescent suggested to show his teacher his drawings and that he might get help from her to excel in putting something together to be sold on the upcoming Christmas market at XXX School. In terms of keeping his good friend he will try more to ask him how he feel and share with him his lunch or sweets.

Family feedback:

The family enjoyed the photo session and to share it with their friends at home and at school. Sense of pride.

Mother noticed that Adolescent is more **assured of himself, speaks more freely** about his school and his friends. [This could be due to having completed the EQ-i YV tests and been selected to participate – confidence]He appears to be less shy when communicating with researcher. During individual sessions he commented that he always hears about the things that he cannot do at school and the family meeting make he feel that he can do allot of things.

Experiencing adolescent sense of self: described abilities/disabilities/ characteristics

He is responsible, respectful and kind. Compare himself to others. Struggle not having a father figure. Wants to be normal and also “rich” Very artistic and good soccer player. Wants him to achieve and develop his potential.

Finds it difficult to explain to family, friends that Adolescent is intellectually challenged therefor avoid social interaction and gatherings. Father left them because of that – felt ashamed

“To have a disabled child does not mean that the family must be disabled”

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: Friday 20 June 2014. Centre at 14:00 – 16:00

Surname of family that was interviewed: Experimental family 7 MB

Family photo

Name of family members/Structure: Single father family system [close system]

Divorce family. Mother living in Durban with stepfather. Mother married three times before. Adolescent have two stepbrothers: 22 and 24 and two stepsisters: 12 and 6 years from different father. Limited contact with mother and stepbrothers.

Father: 45 Years. An electrician

Adolescent – 14 years

What was the most compelling story that came out of this interview?

Adolescent's story, which involved his family members: mother and stepsiblings visiting Shaka in Durban about 4 years ago. He was not able to come up with a recent story involving his father, other than they watch TV together and make sometimes super together.

Adolescent **desires contact with his mother**. Felt abandoned and deprived of his mother- love.

Overall, what was my sense of what was most important to this individual/family? How difficult it is for the father to take care of adolescent, not in touch with his own inner feelings and awareness. Struggling to open up and talk freely. However after meeting several contacts expressing his appreciation. His willingness to partake in research.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

Adolescent – being with his family visiting Shaka in Durban. They were doing it as a family together, without any conflict/fights. He **felt normal** to have a family and siblings. His grandmother was part of the outing and he has a good relationship with her. He felt that **he belongs**

Addressing conflict/challenges positively:

According to adolescent's father he tends to lock the gates after he is been dropped by school bus at home. This is causing problems as the father cannot obtain access to home. He had to climb over security gates. He discussed with Adolescent and the arrangement is to get him a phone, and phone in order for him to open for Dad. This is working better.

What do they deeply value/appreciate about family/yourself:

- **Father:** Adolescent is a lovely child, always friendly and kind. He is not a child that you can get angry & aggressive with – as he will cry easily. He does not adapt to new rules and needs consistency. He has improved in terms of more communicative since he is in school. Previously in CEC School [Creative Education Centre] he did not fit in.
- **Adolescent:** he loves his dad and feels sorry for him for having to take care of him – he is doing a good job and proud of his dad.

- Adolescent values that he is good looking [girls calls him Justin Beaver] he is respectful towards his teacher and girls in school. Limited insight into self and awareness of self.

Wishes for the future?

1. Adolescent to find himself/ develop **more responsibility and feelings of wellness**. Is afraid what will happen to Matthews if he should not be able to look after him.
2. Desire from both Dad and adolescent to have a **closer relationship** and communication. Days will go by without any discussion/communication as dad works long hours and shifts during evenings.
3. Adolescent: wishing that he can drive a car, have lots of girls & food and on more serious note for his mother to have more regular phone calls.

Steps put in place?

1. How can the father put above in place – more regular work hours and a definite plan to have suppers together, talking about how adolescent feels.
2. To arrange more contact with his group of friends – has been invited by a few, but never followed up. Adolescent would love that – as he feels **isolated and lonely**.

Family feedback:

Father gave feedback that session was an eye opener as he was not aware how Adolescent felt and what he needs to change and do more of the exiting things Matthews talked about in order to bring a closer relationship.

Experiencing adolescent's sense of self;

Loner, soft hearted, cry easily, and needs structure and safeness. Do not like changes. Desires contact with his mother and siblings – not feeling connected.

Need more friends and father listening to him. Father's experience: sometimes he feels that he is failing his son and expressed the desire to understand him better. Dual relationship father and friend. Need to stand up more for adolescent and talk about his challenges, to improve communication and relationship.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: 23 June 2014, 13:00 – 17:00. Intervention at centre.

Surname of family that was interviewed: Experimental family 8 JB

Family photo

Name of family members/Structure: Divorced family – limited contact with biological father. Mother has a friend – living and working in Pretoria. Friend is financially supporting family.

- Mother: 41 years old. Domineering and inconsistent in parenting. Overcompensating for absent father but positive focus on bring children up with good manners and value system.
- Brother: 15 years and attending XXXX High school in Grade 10. More technical subjects and loves Geography. He finds it difficult to accept his mother's friend, who is a divorcee. Not a good relationship with two boys. Brother hates his father– as he deserted them and he, Brother had to stand in being a father to adolescent

Adolescent: 12 years. He loves animals and playing with dolls, which is a constant conflict between brothers.

What was the most compelling story that came out of this interview?

Despite difficult home circumstance: financial difficulties and being without a father, the **closeness and bond** between brothers are note. They describe an incident where they cover for each other when mother's friend became difficult. Brother was late and suppose to take care of his brother, Mother was with boyfriend and when she phone adolescent he told her that brother was there – but he was not. Later it came out and both were reprimanded by friend. They stand together.

Overall, what was my sense of what was most important to this individual/family? To be seen as a family that **stands together**, having good manners and respect one another. Mother protective off her sons. Try to work out conflicts and differences out between them. Strong **religious value system**.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

A camping trip which their mother arranged in the beginning of this year. They bought a small tent and went to Klipdraai dam/river near Vanderbijlpark – only the family and brother took a friend with. They went on a boat – which you can hire and puddle on dam. They swim in the river. Their mother was sitting watching and reading. They made a fire and braai. It felt good, exciting, – no boyfriend. **Inclusion and exclusion** of boyfriend. They shared stories about visiting their maternal grandparents – having birthday parties and what they desires. Brother wants to live on a Game farm, Adolescent wishes to be able to fly in aeroplane, and to become a hairdresser. Mother wishes for the family to **stand together**.

Addressing conflict/challenges positively:

It seems that adolescent playing a lot with dolls which is causing **conflict** at home, especially when brother wants to bring his friends over – her feels ashamed. He has a clear understanding and expectation of what boys needs to do. When he was able to express that to adolescent he was surprise and not aware that his brother thought that he was different. Adolescent asked his brother if it will help if he does not play with

the dolls when he invites his friends over. Adolescent asked his brother then will not call him those [stupid and moffie] names. Mother noted the dialogue between brothers and was excited that they were able to turn negative into positive.

What do they deeply value/appreciate about family/yourself?

- Value of each other: That despite their conflicts and differences [see above] that they can be together. That their mother fight for them and that they do **belong to a family** – even if it is not like other families.
- Value of adolescent: He is a kind and gentle child – loves animals, looking up to his brother. His brother value adolescent despite him being sometimes ugly to him – as he **always forgives** him.
- Adolescent values of himself: that he has good manners, loves his mother & brother and all his animals: dogs, birds. That he is a good friend to children at school.
- Mom value of adolescent's brother: that he is mature and responsible for taking care of his brother.

Wishes for the future?

1. To have a better relationship with mother's boyfriend and not to feel that they have to have permission for everything they do in their house [specifically when he visits over week-ends]
2. Adolescent: His brother not to call him names: "stupid or moffie" playing with dolls. He likes to nurture and take care of his animals and do hair of dolls – as he wants to be a hairdresser.
3. Mother – to be able to have more of these sessions – in order to express and resolve challenges, gain insight in how to handle conflict and facilitate expression between brothers.

Steps put in place?

1. Family decided that they will have a meeting with boyfriend and explain how they feel.
2. They will have more alone week-ends together with mom to keep the bond and enjoy company of each other.

Family feedback:

Awareness from Researcher: Adolescent is seeking a father figure- sees that in his brother. Have a good relationship with mother and grandmother – no male figures in life other than boyfriend who appears to be strict/distant.

Experiencing adolescent's sense of self:

See adolescent as kind, caring and showing love to his animals and family. Forgives easily. He is different not like other boys – playing with dolls and not able to communicate his feelings. Gets emotional easily.

Brother – dual relationship of been a parent (father) and taking care of adolescent. Resent him for playing with doll – as he felt humiliated by his disability in front of his friends and he is not acting like a boy.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: Saturday 21 June 2014. At centre 10:00 – 14:00

Surname of family that was interviewed: Experimental family 9 NL

Family Photo

Name of family members/Structure:

Father: 37 years. Social worker at XXXX Hospital Kempton Park

Mother: 34 years and working in XXX bank as teller

Brother: [one of twin] 12 years and in M Primary school

Brother: 2 years old in crèche

Adolescent 12 years [one of twin] In an car accident when he was 4 years. Several brain operations.

What was the most compelling story that came out of this interview?

The family is doing things together: shopping, visiting, relaxing – as mom puts it “we are tied to each other”

Overall, what was my sense of what was most important to this individual/family?

Open communication, respect towards each other and their positive outlook on life and perseverance re their children’s education, progress and well-being. Willingness and eagerness to participate in research. Parents able to **voice their different opinions** and mother the driving force, father more the quite/strong and protecting force. Sons will discuss challenges first with their father and then go to their mother. Feelings of safeness.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

- Mother: talked about her birthday party – a surprised arranged by father and boys at Nando’s – flowers and presents rapped up. She felt special. The boys made a birthday card. She felt **appreciated and validated**.
- Father: he took ill and was admitted to hospital. His family visiting him every day- coming together – bringing him cards of getting well. **Their love and concern**.
- Adolescent & twin brother: birthday party where all their friends were invited- those living in the same area as them and two school friends each. Their family members celebrating their birthday at place where they could all play together. Big cake and sing by restaurant staff and family members. **Togetherness and been treated equally. Acknowledgment of challenges – not in denial and willingness to embrace and explore.**

Addressing conflict/challenges positively:

Discuss brother’s tendency to leave his suitcase/books at school and will ignore the problem – until mom discovers. He is irresponsible. Adolescent will not split on his brother, but when ask by parents directly if he is aware of the situation, he always speaks the truth. Parents able to sit down and have joint meeting in how to avoid – put in a communication board in kitchen. **Encourage expression, openness.**

What do they deeply value/appreciate about family/yourself?

- Parents: appreciate that Adolescent is so responsible – that despite his challenges – physically and mentally that he is taking care of his brother. He was born first and then twin brother followed. He has a lovely & always happy nature of wanting to help. He does not want to be treated differently. Example: if his brother is making tea for mom, he can do that as well even if it is with one hand.
- Brother: feels that his brother **is taking care of** him, helps him with his homework and reminds him to study or do his chores. Parents are teaching them good manners.
- Adolescent – feels that he is very clever – now more since he is in XXX School, he is **helpful** to his family. He does not feel different when he is with his family, but sometimes different when he plays with other friends of his brother.

Wishes for the future?

1. Keep their closeness/ love and togetherness in family- father
2. Adolescent – dream to drive an automatic car and take care of his family members. Parents are of the opinion that with several operations/prostheses that Adolescent will be able to accomplish his dreams with realistic support and believing in his abilities.
- 3.

Steps put in place?

1. Family plan to have more regular meetings whereby they discuss children's school programs, mother's working days and father's work responsibilities.
2. Medically – have an appointment booked with orthopaedic to give feedback re the possibility to straighten his hand/arm with an operation and to investigate occupational therapy.

Family and feedback:

Father send an email – expressing gratitude and appreciation for making them aware as parents of their son's unique qualities and gentle nature. They noticed a changed, smiling more and more assured of himself.

Experiencing Adolescent's sense of self:

Very responsible, always happy and tries his best despite physical challenges (walks with difficulties and function of one hand). Challenges of taking care of his hygiene. Do not want to be treated differently. At times feelings of frustration. Family express initial feelings of guilt, anger and frustration. Now adolescent is an inspiration to them all and they are proud. Have to acknowledge that adolescent is strong will and show perseverance.

“We focus on challenges not disabilities and not on normal and not-normal - what is normal?”

Unconditional love

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM **CONFIDENTIAL**

Name of the researcher: Christene Louw

Date of interview: 18 July 2014. 10:00 – 14:00 at the centre.

Surname of family that was interviewed: Experimental family 10 TLA

Family Photo

Name of family members/Structure:

Father: 53 years and working for an Engineering company.

Mother: aged 47 years working at XXXX Hospital as qualified nurse.

Brother: 23 years old, completed his diploma in computer science

Sister: 18 years old, studying through Unisa in marketing. She is expecting parent's first grandchild.

Adolescent: 14 years old.

What was the most compelling story that came out of this interview?

- A father **sense of proudness** on his son's achievements. Not judgemental or ashamed but supportive. Wanting his sons to carry his family traditions forward. Standing up for his son - by not putting Adolescent in boarding school as mother suggested. Proudness of eldest son and daughter's accomplishments. He cannot read or write himself properly: has not go far in school or studied.

Overall, what was my sense of what was most important to this individual/family?

The sacrifices that family members make for each other. If all family members cannot share in good fortune, food etc. they will not enjoy it. They stick together. Despite the negative comments made by mom, she values their time that they do spend together.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

- Father's story about his son adolescent's achievements as the best bowler of the season. He is playing cricket at a Private club in Bedfordview. He **felt so proud** he started to cry. He wanted the school to acknowledge his son's achievement but it seems that this is not allowed at school.
- Brother and sister remember a trip early this year to paternal family members living in Bloemfontein. They enjoyed the **family gathering**, connecting with nephews and nieces. On their way back they were rejoicing by singing songs together in the car they were **communicating with each other**. It brought back happy **feelings and memories as a family**. They do not have a lot of them as their mother is always working.
- Adolescent recalls fond **memories of happiness** going to work with his dad, buying him food and taking him to cricket practice. It is just the two of them and he always feels special.

Addressing conflict/ challenges positively:

Conflicts that got out of hand of children not helping and completing chores – ending into shouting, screaming and parents taking side. They had a joint meeting, wrote out chores and expectations. Also decided to stick together as parent in order not for children to manipulate the situation. Parents more communicative and open with their expectations.

What do they deeply value/appreciate about family/yourself?

- Parents deeply value adolescent's spirit of kindness and gentleness. [Try to address negative comments about mother about her child who is special and not be able to attend a normal school. Friends and family calls him a stupid child. She finds it difficult to see the positive in adolescent]
- Brother and sister appreciate that Tlaki always tries, even if he fails he keep on trying.
- Adolescent loves the fact that he father accept/loves him even if he is a special child {he does not judge}

Wishes for the future?

1. Mother wish is for Adolescent not to **get into fights, to listen** to them as parents and help with house chores. She wants him to learn how to read and write. (Why can he do that?) She feels pain to explain why her son is "like this" Had to rephrase into positive

2. Father wishes for the family to **stay together, support** each other

3. Brother and sister's wishes for the family is to show more respect towards each other and for parents to be more consistent in parenting. Not to show favouritism

4 Adolescent's wish is to no longer feel "**stupid – different from other children and not having confidence.**" He is aware that his school does not talk about grades and he cannot even tell his friends in what grade he is in.

Steps put in place?

- Mom has a clear understanding of what is the ideal/better/ brighter. In that context can she perhaps focus on the positive things that she can put in place to get what she wants? More **positive comments** on chores that Adolescent is doing well, assisting with the difficult aspects such as not able to write and acknowledges progress. His beautiful manners at school, his helpfulness in the class. {He became shy when that is put to parents}
- More family meetings to discuss challenges in household and allowing children to have a say, voice their opinion.
- To support Adolescent more by **standing up for him** in family gatherings, and with his friends by focussing on the positive of Adolescent.
- Will arrange a school meeting to discuss with teacher progress and requesting assistance, re speech therapy

Family feedback:

Parents express their appreciation for the family session as it was so difficult to turn away from the negative and what Adolescent cannot do. It has opened their eyes, gained insight into how to support adolescent in the future. Be more positive than negative, more supportive and less criticisms.

Experiencing adolescent's sense of self:

Parents clearly disagree regarding adolescent's sense of self. Father focuses on ability and mother on disability. Blessing versus Burden. Sibling felt that he is getting off – father not so strict with him and inconsistent parenting. Mother distant and harsh. Overall sibling felt that they have gained more: sensitivity, tolerance, and acceptance of differences. Mother express difficulties such as having to explain why adolescent is not in a normal school to family and friends – now she is avoiding social gatherings and family meeting. Adolescent been named after family member – feels ashamed that he does not resembles those characteristics.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM **CONFIDENTIAL**

Name of the researcher: Christene Louw

Date of interview: 18 July 2014 10 – 13:00 Home visit

Surname of family that was interviewed: Experimental family 11 OTL

Family Photo

Name of family members/Structure:

Grandfather: 47 years old and working at xxx – IT specialist

Grandmother:-52 years and working as beautician

Adolescent: 12 years old. Wearing two hearing aids. Speak very loud.

Mother of adolescent was in an abusive relationship, she got divorced. Did not bond with Adolescent and is raised by maternal grandmother and step grandfather. Adolescent visits his mother, who remarried and have a daughter, (stepsister) occasionally. He does not refer to her as mother but aunt and stepsister as his niece.

What was the most compelling story that came out of this interview?

The Grandparents love for this little boy – **embracing the positive** and motivating Adolescent to experience new things and believing in him. Taking this child and raising him as their son, with care and support, emotionally and financially. He was diagnosed with brain cancer and after chemo treatment is in remission for last 2 years.

Overall, what was my sense of what was most important to this individual/family?

- Respect and support. Taking the **responsibility** for caring of adolescent with **unconditional love and the choices** the make to facilitate the above. Embracing adolescent despite shortcomings – supporting grandchild to develop own personality by allowing him to voice his own feelings and opinion.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

Best experience - stories:

- Grandparents and Adolescent just came from a 4 week holiday – at sea. They were caravanning and touring for a month. Adolescent spoke about him and his grandfather, fishing and his grandmother and him picking up sea shells. He has a beautiful personality and at the Caravan park was loved and adored. He sang at a function/ get together and got standing ovation. **He felt special.**
- Adolescent spoke about helping his grandfather putting up the tent, helping with braai and cleaning the fish that they caught. He enjoys being with them as they love him and he always wants them in his life. He describes how he and his grandfather are talking on their walky-talkies when he baths himself and when finished he will call his grandfather. Sometimes when he feels scared he is allowed to sleep with his grandparents. That makes him feel safe. **[cohesion and safeness]**
-

Addressing conflict/challenges positively:

At times Adolescent refused to bath on his own or to sleep in his own bedroom. He is afraid of the dark and about dying. Grandparents got him a walky- talkies which keeps him contact with grandfather whilst bathing and been in his room. It created safeness and he can communicate with grandparents

What do they deeply value/appreciate about family/yourself?

- Grandparents' values Adolescent's kind and gentle nature, his beautiful singing voice and acting talent. He won a few prizes gold and silver at Eisteddfod and in a Choir. He is taking acting lessons. He puts in a back track and sing "Tomorrow – tomorrow" Very confident.
- Grandmother adores his ability to connect with different people and his good manners.
- Adolescent loves his grandparents who is actually his parents. His Grandfather never gets cross and he will show him when he has done something wrong. He is also allowed to voice what he likes and dislikes.

Wishes for the future?

- Grandfather wishes for Adolescent to make his own CD and to perform for larger audiences. He feels that his grandson has a purpose.
- Grandmother wishes that Adolescent will grow up to be self-sufficient taking care of himself with limited supervision and support.
- Adolescent is not asking much: he always wants his grandparents to take care of him and love him

Steps put in place?

- Speak with teacher at choir re the possibility to make grandfather's dream come true
- Looking and assessing realistically the possibility of Adolescent living in flat let attached and supervised by Uncle should something happen to them.

Family feedback: Positive family that supports and develop Adolescent to his full potential. Positive family environment which impacts how Adolescent sees himself: a confident adolescent

Experiencing Adolescent's sense of self:

Unique and has a purpose – by touching people's hearts. Ability to make contact with everyone. At times difficult – strong will and wants things his way. Also fearful of losing his grandparents/of death and dying. Hard hearing (two hearing aids) physical challenges.

Impacted family – appreciate life and small things such as health/relationships. Trying to make sense of disability though spiritual connection with God who has purpose for his life.

QUALITATIVE INTERVENTION: APPRECIATIVE INQUIRY

INTERVIEW SUMMARY FORM: CONFIDENTIAL

Name of the researcher: Christene Louw

Date of interview: 28 June 2014. 11:00 – 15:00. Home visits

Surname of family that was interviewed: Experimental family 12 AL

Family Photo

Name of family members/Structure: Open family system

Father: 49 Years – Working at XXX World logistics. Long hours to look after family of 6. Soft spoken man. Makes eye contact.

Mother: 43 Years. Been diagnosed with depression. On medication for years. On oxygen daily and most of the time bed bound- little mobility. Proud of family.

Daughter: 18 years – In XXX High school. Writing Matric. Experiencing difficulties coping at school and to be part of a group. She wants to study to be a teacher.

Two Nephews: living with the family for last 13 years. Father & mother got divorced. Children place with family by Children's court. Nephew 1 is 18 years – In XX High School. Writing Matric. Good relationship with niece. Very sensitive child. Communication open and honest. Wants to be counsellor. Nephew 2 15 years – In XXX High school in Grade 9. Subject more technical as he wants to work with cars. He is popular with the girls. He has high standards and wants a girl to be respectful and not “sleeping around”

Adolescent [2001-12-07]

What was the most compelling story that came out of this interview?

This is a family that does not have a lot in terms of financial security/ material possessions but as they put it they are a humble/ plain family that sticks together. They are aware that they are not seen as rich, important or a force to be reckon with – but that they are real. What you see is what they get. The adolescent however wants his home and family to be the same as other – in order to get recognition as also important.

Overall, what was my sense of what was most important to this individual/family?

Family values: treating people with **respect, honesty and appreciate** that what is given to them – each other/ love and care.

What were the 1-3 positive factors/themes that stood out most during the interview? [See positive questions]

1. Best experience - stories:

- Family decided to make use of one collective story to describe positive. They decided as a family to go to Port Elizabeth on holiday in 2013– visiting their Aunt and to get away as a family. Family does not have a lot of outings – due to mother been sick in bed. They discussed this and together they decided that want to do something that everybody will like and enjoy – group discussion.
- Father – strong father figure and glad that he was able to take family on holiday, taking care of his family's needs. Seeing them enjoying it on beach/ family braai makes the long working hours worthwhile. For him it was the feeling of **warmness, togetherness**.

- Children – to interact with their other nephews/nieces and play volleyball on beach. **“To be just like others!”** To experience something different – **explorations and sharing** with each other
- For Adolescent – to see his mother and father together on beach [mother was able to have a portable oxygen container. Eating together in Wimpy as they drove down, and no fighting. Feelings of excitement.

Addressing conflict/challenges positively:

Conflict arises in this family when family members tend to be selfish/or not realising the impact of their action on whole family, such as leaving lights, TV on or not setting the alarm. The family is living in an area which is known to have a lot of breakings/hijackings. Two examples were used:

- Sharing bathroom and cooking/cleaning up in kitchen. It seems that sister and oldest nephew are the two preparing most of the meals and then the other two needs to clean up. Parents drawn up a list and children are making turns. Duties have been divided: cleaning home, feeding dogs. Adolescent’s chores is to see that all electrical appliance has been switch off, setting all clocks and the alarm, cleaning after the dogs.
- Despite mother’s depression and been in bed – there is **structure and order** re chores and what is allowed/or not. They all eat supper together and during this time dialogue takes place.

What do they deeply value/appreciate about family/yourself?

Family members agrees collectively is that they are there for one another. When someone is feeling down/sick the others will support, enquire and try to help out.

- Family values their father’s **dedication** to his family, strict but fair, “always makes a plan in a crisis”
- Mother – that she is there to listen. She is able to know how each of her children feels. Good in rephrasing therapist’s questions to put to Andrew and others, **protective**.
- Nephews: this is their family/their parents and their siblings. Feelings of belonging to a family.
- Daughter: My parents are there for me. My father arrange for me to see a therapist and a dietician as I felt rejected at school. He worked extra hours to be able to afford that. He made a plan. Can talk about any topic to each other – **safe container/environment**
- Adolescent: I value myself as I try always my best. I look after my mother and father. I tell the others they must love them. “Ek hou daarvan om iets vir hulle te doen” Ek is slim en ek wen meeste van die tyd. Ek hou van stiptelikheid en hou jou beloftes”. [Family confirm that he sticks to time/ precise and organised/ make them aware of rules and an enforcer. “Ek raak partykeer kwaad as juf belowe sy gaan iets doen en vergeet” Needs structure – that is what he can control.
- Family members value Adolescent: he is good with figures/times/ computer games/ saving his money. Goal orientated – if he has decided that he is going to safe to buy a game – he safe and does not get distracted. He has a soft and gentle nature. Difficult to adapt at times, but when explain to him he understands. He is an entrepreneur – selling buck/salami at school and get pocket money. **Wants recognition**.

What makes this family unique?

We care for one another and also for other families/ people going through difficult times.

Wishes for the future? Collective wishes:

1. Wishes for the improvement of their parent’s health of parents & prosperity: mother to get better and no need for oxygen. Father diagnosed with diabetes II. Gets injections. For financial support or a work to study further. Father to be able to support his children and be available/accessible for my children.
2. Other children: to be accepted in group for “who I am” – to be part of a large social system and recognition.
3. Adolescent - to work with clocks & watches, to be always first in my class – then they will like me/ - I am clever. For my house to be beautiful “I also wants pictures/protrette on our walls” To always be together. **To be accepted by others**

Steps put in place?

1. To keep on having our family meetings, be open with each other and share that which we find difficult at school, and at work.
2. Practical steps: Guidance at school and availability of bursaries.
3. Mother to become part of a support group for depression – help and motivate with her health & emotional wellbeing.

Family feedback: Family expresses their excitement to once again realise - what is good within their family/ to appreciate more. Tend to focus on what other families have and not focussing on what they have – and to appreciate each other's individuality more.

Experience Adolescent's sense of self:

Good insight into who adolescent is – describe what he can do and also what he finds difficult and challenging. Embrace his differences. See their present situation (financial difficulties) as contributing to Adolescent not receiving more – like extra classes in speech/occupational and training.

They focus on all their children's needs and no preference is made. However mother has a close bond with adolescent – her emotional well-being (suffer from depression) impact adolescent's emotional status.

ADDENDUM G

(i) Ethics application and approval



NORTH-WEST UNIVERSITY
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To whom it may concern

Faculty of Health Sciences
Tel: 018-299 2092
Fax: 018-299 2088
Email: Minrie.Greeff@nwu.ac.za

8 November 2013

Dear Dr. Grobler

Ethics Application: NWU-00060-12-A1 "Developing sustainable support to enhance quality of life and wellbeing for children, youth and families in South Africa: A trans-disciplinary approach"

All ethical concerns have been addressed and your request to include the study, entitled "Utilising Appreciative Inquiry to strengthen the sense of self of intellectually challenged adolescents within familial relationships" under this umbrella project have been approved.

Yours sincerely

Prof. M. Greeff
Ethics Sub-committee Vice Chairperson

Original details: Prof. M. Greeff(10187308) C:\Users\13210572\Documents\ETIEK\2012 ETHICS\NWU-00050-12-A1 Add request 3.docm
8 November 2013

File reference: NWU-00060-12-A1



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Dr HB Grobler
AUTHeR

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8 July 2014

Dear Dr Grobler, Prof van Eeden and Ms Louw

**NWU-00060-12-A1 Investigating experiences and barriers relating to
quality of life and wellbeing of children, youth and families**

Request to change the scale

Your request to use the longer version of the same scale has been granted.

I wish you well with your studies.

Kind regards

Prof Minnie Greeff
Chairperson Health Research Ethics Committee

Original details: Prof Minnie Greeff(10187308) C:\Users\13210572\Documents\ETIEK\2012 ETHICS\NWU-00060-12-A1 Approval HB Grobler & CJ Louw.docm
8 July 2014

File reference: NWU-00060-12-A1

Christene Louw

From: Susan Lindeque <Lindeque.Susan@nwu.ac.za>
Sent: Tuesday, 18 October 2016 9:04 AM
To: christene.louw@telkomsa.net
Subject: Titelregistrasie 20 Sept 2016

Categories: Green Category

Beste Christene

Hiermee die titel wat goedgekeur is op die bogenoemde datum:

An appreciative inquiry to strengthen intellectually challenged adolescents' sense of self within family relationships: A mixed methods study

Groete
Susan

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ADDENDUM H

- (i) Research Report Summary for Gauteng Department of Education.**

RESEARCH REPORT SUMMARY FOR GDE REF D2014/262 A

(Maximum length 2 pages)

Title: An appreciative inquiry to strengthen intellectually challenged adolescents' sense of self within family relationships: a mixed method study.

Author: CJ Louw Degree:

PhD Psychology University: North West University

Promotor: Prof HB Grobler. Co-promotor: Dr RC Cowden

Date: November 2016

1. INTRODUCTION (maximum 2 sentences)

This study sets out to explore to gain a better understanding on the sense of self of intellectually challenged adolescents, the influences of familial relationships on the construction of a self and how the sense of self can be strengthen or affirmed in the context of a family.

2. BACKGROUND: (Maximum 3 sentences)

Research on intellectually challenged adolescents, their relationships, focus predominantly on traditional problem-solving processes, which separate and dissect pieces of the system, overlooking important factors, such as evolving experiences of family relationships

3. RESEARCH PURPOSE:

The aim of the study was to explore and describe how the sense of self of intellectually challenged adolescents can be strengthened within family relationships by utilising the Appreciative Inquiry.

4. MAIN RESEARCH QUESTIONS / HYPOTHESIS: (Max 3)

- 4.1). What are the experiences of intellectually challenged adolescents regarding their sense of self within family relationships?
- 4.2). What are the experiences of family members regarding the sense of self of intellectually challenged adolescents within their relationships?
- 4.3) How can Appreciative Inquiry "5-D" process strengthen intellectually challenged adolescent's sense of self within family relationship.

5. METHODOLOGY:

5.1) Type of research: A mixed method single system design was chosen for this study where quantitative data were embedded within qualitative data.

5.2) Scope: 24 intellectually challenged adolescents and their family members. Adolescents attending a LSEN school for children with intellectual and developmental disabilities.

5.3) Target group: Intellectually challenged adolescents and their family members living in the same household

6. MAIN FINDINGS: (Maximum 5)

- 6.1). Intellectually challenged adolescents do not perceived their identities as Disabled but are aware of the disability and stigma attached to the Disability. Selves were attached to characteristics /attributes/ abilities and disabilities rejected by society.
- 6.2) Participants' scores on the instrument indicated they were of average emotional intelligence, supporting their capacity to recognize, understand and manage the emotions experienced by the self and others.
- 6.3) Families were seen as families in distressed due to unique challenges in Taking of intellectually challenged adolescents. They draw comparison between themselves and "normal" families.

7. MAIN RECOMMENDATIONS: (Maximum 5)

- 7.1). It is suggested that for future research, a longitudinal study could be considered in which researchers track children and adolescents with intellectual and developmental disabilities from early to late adolescence.
- 7.2) To develop an Appreciative Inquiry family coaching model to support And strengthen family relationships and family environment
- 7.3) To utilise Appreciative Inquiry as an approach on a larger scale (sample) with families, who raise children and adolescents with intellectual and developmental disabilities, in order to gain a better understanding and insight on family experiences and influences.

8. CONCLUSION: (Maximum 2 sentences)

Intellectually challenged adolescent are no different than your typically developing adolescents. Appreciative Inquiry shows potential in strengthening sense of self of intellectually challenged adolescents.

ADDENDUM I

(i) Guidelines of accredited Academic Journals

AMERICAN JOURNAL ON INTELLECTUAL AND DEVELOPMENTAL DISABILITY
(AJIDD).

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)

The ***American Journal on Intellectual and Developmental Disabilities (AJIDD)*** is consistently among the top three journals in the special education and rehabilitation fields according to the impact factor rankings. The *AJIDD* reports current and critical research in biological, behavioural, and educational sciences. It is a singular, multidisciplinary resource in the causes, treatment, and prevention of intellectual disability. The premier journal in its field for more than 115 years, *AJIDD* is an essential reference and resource tool for doctoral and master's-level universities, research organizations, teaching hospitals, sciences and human services libraries, and local, state and federal agencies interested in understanding causes, prevention and treatment for intellectual disabilities. The *AJIDD* is appropriate for students, researchers and allied health professionals in the fields of disabilities, life science biology, neuroscience, and behavioural and health sciences, as they pertain to intellectual and related disabilities.

Intellectual and Developmental Disabilities (IDD) is clinical and applied journal that ranks consistently among the top journals in special education and rehabilitation. *IDD* is a journal of policy, practices, and perspectives for professionals, clinicians, and other support staff interested in intellectual disabilities and related developmental disabilities. *Intellectual and Developmental Disabilities* is dedicated to meeting the information needs of those who seek effective ways to help people with intellectual disabilities.

Information for Authors

Manuscript Submission: *Intellectual and Developmental Disability (IDD)* uses a Web-based manuscript submission and peer-review system called AllenTrack. Manuscripts must be submitted electronically to <http://idd.allentrack.net>. All manuscripts are peer-reviewed by at least two and usually three anonymous reviewers selected by the Editor or an Associate Editor. *IDD* strives toward fairness and courteousness in the review process. The initial review process ordinarily takes from 8 to 10 weeks, and revisions are often requested. Corresponding authors who require assistance in submitting their manuscripts through AllenTrack should contact the editorial office via e-mail (iddaidd@uic.edu). AllenTrack is able to convert most word-processing files (e.g., Word, WordPerfect, Text, PostScript, and Rich Text Format).

Potential authors should carefully read the editorial policy. Papers are judged on relevance to policy or practice, potential reader interest, originality, and clarity of writing. Research papers are reviewed

based on standards appropriate to the methodology used in the study. Other submissions are reviewed according to scholarly or literary standards. Authors should address the implications of their findings for policy and practice, if that is not apparent. Article-length theoretical pieces, conceptual papers, and literature reviews that include syntheses of recent research or topical debates are published in the "Perspectives" section of the journal. IDD welcomes thoughtful, well-reasoned, interesting, clearly written contributions for this section. All manuscripts are peer reviewed.

Before submitting a **manuscript**, please gather the following information:

All Authors: First Names, Middle Names/Initials, Last Names, Institution, Department, E-mail addresses. Title and Running Title (you may copy and paste these from your manuscript). Abstract (you may copy and paste this from your manuscript). Key words: 3-6 keywords.

Manuscript files in Word (doc), WordPerfect (wpd), or Rich Text Format (rtf). All tables and figures will have to be provided as either Word or Excel files.

The separate **Cover Page**, Word (doc), WordPerfect (wpd), or Rich Text Format (rtf) should include the following elements:

Cover Page: TITLE OF MANUSCRIPT

(All Authors First Names, Middle Initials [if applicable], and Surnames [in order of authorship])

Corresponding Author:

Author Name Highest degree earned, title (if applicable)

Email address: xxxx@xxx.edu

Institutional Affiliation

Departmental Affiliation

Street Address

City, State, Zip, and Country

Second Author Name Highest degree earned, title (if applicable), affiliation, city, state, zip, country

Third Author Name Highest degree earned, title (if applicable), affiliation, city, state, zip, country

Style: IDD adheres to the *Publication Manual of the American Psychological Association* (APA, 6th edition). All sections of the manuscript (including quotations, references, and tables) should be double-spaced with a 1-inch margin on all sides. References must be in APA style. An abstract of no more than 120 words is required. Manuscripts should not exceed 20 pages in length, including references; authors are encouraged to submit shorter manuscripts. Because papers are reviewed anonymously, the authors'

names and other identifying information should not appear on the cover page nor anywhere in the manuscript is (the authors' information captured in AllenTrack). Likewise, other identifying information, such as acknowledgments, should not be included in submitted manuscripts. Content footnotes not used.

IDD adheres to AAIDD's policy regarding the use of people-first language. Authors should use language that emphasizes the humanity of people with intellectual disability. Generic descriptive terms, such as *people*, *participants*, *students*, *children*, and *adults* are preferred over *subjects* or *informants*. Language should be free of gender bias: *He* should not be used generically to refer to persons of both genders.

Numerical and Illustrative Presentations: The metric system should be used for all expressions of linear measures, weight, and volume. Tables and figures should be kept to a minimum. Information should be presented only once-whether in the text or in a table or figure. For this reason, short tables may be deleted or combined into larger ones during the copyediting process. Tables must be created using the table function of a word-processing program. All columns should be provided with headings. Any accompanying figures must be submitted as separate files (not embedded in the text) and must be over 200 dpi resolution. It is the authors' responsibility to submit publishable graphic elements. Any graphics that are of a lower resolution than 200 dpi will be rejected.

Accepted Manuscripts: After a manuscript is accepted for publication by the Editor, the remainder of the production process, including copyediting, is coordinated by AAIDD's Publications Department (journals@aaidd.org). Authors will be sent a copyedited manuscript; any changes or corrections must be made at this stage. Authors will not receive galleys. Tables that exceed 10 double-spaced pages are subject to being published online only, at the discretion of AAIDD. If authors wish to receive a complimentary copy of the issue in which their article is published, they must include a complete mailing address in the AllenTrack system.

Copyright Assignment: In view of the Copyright Revision Act of 1976, if a manuscript is accepted for publication, the author(s) must sign a Copyright Assignment and Agreement conveying all copyright ownership, including electronic rights, to AAIDD. Permission to reproduce copyrighted materials for classroom uses is granted.

JOURNAL OF CHILD AND FAMILY STUDIES

The *Journal of Child and Family Studies* is an international forum for topical issues pertaining to the mental well-being of children, adolescents, and their families. The journal translates the latest research results into practical applications for clinicians and healthcare practitioners, by addressing all facets of emotional disorders, including issues associated with identification, diagnosis, treatment, rehabilitation, and prevention. Original papers detail basic and applied research, program evaluation, service delivery, and policy issues on emotional or behavioral disorders, child abuse and neglect, respite care, foster care, mental health care financing, homelessness, *family stress*, AIDS, and substance abuse, among other timely topics.

IMPACT FACTOR: 1.163 (2014) *

Journal Citation Reports®, Thomson Reuters

Instructions for Authors

In general, the journal follows the recommendations of the 2010 Publication Manual of the American Psychological Association (Sixth Edition), and it is suggested that contributors refer to this publication. The research described in the manuscripts should be consistent with generally accepted standards of ethical practice. The anonymity of subjects and participants must be protected and identifying information omitted from the manuscript.

Manuscript Submission

The Journal uses Editorial Manager™ as its submission and peer review tracking system. All authors are required to register as a new user with Editorial Manager the first time they login in to the system. Straightforward login, registration procedures and step-by-step instructions for submitting manuscripts can be found on the website. Authors can use the Editorial Manager to track the review of their manuscripts in real time.

Manuscript Style

All manuscripts should be formatted to print out double-spaced at standard 8" x 11" paper dimensions, using a 10 pt. font size and a default typeface (recommended fonts are Times, Times New Roman, Calibri and Arial). Set all margins at one inch, and do not justify the right margin. Double-space the entire manuscript, including title page, abstract, list of references, tables, and figure captions. After the title page, number pages consecutively throughout including the reference pages, tables, and figure legends. The average article length is approximately *30 manuscript pages*. **Title Page:** A title page is to be provided and should include: (1) the title (maximum of 15 words); (2) full names of the authors (without degree),

with a bullet between the names of the authors; (3) brief running head; and, at the bottom of the title page, (4) the corresponding author's initials and last name (without degree), affiliation, mailing address, and e-mail address. The initials and last name of all authors should be listed as well. All authors from the same institution should be listed together, with a bullet separating the names. For all, but the corresponding author, list the affiliation, city and state only.

Abstract: The abstract should be between 200 and 250 words.

Key Words: A list of 5 key words is to be provided directly below the abstract.

Text: Text should begin on the second numbered page. Authors are advised to spell out all abbreviations (other than units of measure) the first time they are used. Do not use footnotes to the text. When using direct quotations from another publication, cite the page number for the quotation in the text, immediately after the quotation. When reporting statistically significant results, include the statistical test used, the value of the test statistic, degrees of freedom, and p values.

Footnotes: No footnotes are to be used. **References:** Cite references in alphabetical order within the text. Last names and initials of all authors, year published (in brackets), title of article, name of publication, volume number, and inclusive pages

Consult the Publication Manual of the American Psychological Association, 6th Edition (Chapter 7) for formatting references. The style and punctuation of the references should conform to strict APA style – illustrated by the following examples:

Tables: Tables follow the Reference section. Create tables using the table creation and editing feature of your word processing software (e.g., Word) instead of spreadsheet programs. Tables that are a single column are actually lists and should be included in the text as such. Number tables consecutively using Arabic numerals in order of appearance in the text. Cite each table in the text and note approximately where it should be placed. Type each table on a separate page with the title and legend included. Double-space the table and any footnotes to it. Set each separate entry in a single table cell.

Figures: Figures follow the tables. Figures must be submitted in electronic form. Figures and illustrations (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals. Manuscripts that are accepted for publication will be checked by our copyeditors for spelling and formal style.

JOURNAL DISABILITY AND SOCIETY

2015 Impact Factor: 1.030

Ranking: 34/93 (Social Sciences, Interdisciplinary) & 38/71 (Rehabilitation)

"Disability & Society" is an international journal providing a focus for debate about such issues as human rights, discrimination, definitions, policy and practices. It appears against a background of change in the ways in which disability is viewed and responded to. Definitions of disability are more readily acknowledged to be relative; segregated approaches are seen as inadequate and unacceptable - placing greater emphasis on community care and inclusion. The journal publishes articles that represent a wide range of perspectives including the importance of the voices of disabled people.

Instructions for authors

General guidelines

Manuscripts are accepted in English. Any consistent spelling and punctuation styles may be used. Please use single quotation marks, except where 'a quotation is "within" a quotation'. Long quotations of 39 words or more should be indented without quotation marks.

Manuscript submission

All submissions should be made online at the Disability & Society Scholar One Manuscripts website. New users should first create an account. Once logged on to the site, submissions should be made via the Author Centre. Online user guides and access to a helpdesk are available on this website.

Manuscripts may be submitted in any standard editable format, including Word and EndNote. These files will be automatically converted into a PDF file for the review process. LaTeX files should be converted to PDF prior to submission because ScholarOne Manuscripts is not able to convert LaTeX files into PDFs directly. All LaTeX source files should be uploaded alongside the PDF.

Those eligible to submit:

Students may be pursuing a Bachelors, Masters, or Doctorate degree at any university worldwide. Work can be submitted as a Student Perspectives paper during your course of study or within one year of conferment. Collaborations will be accepted when all contributors fit either the criteria of registered student status or recent completion.

A typical manuscript will not exceed 8,000 words (excluding the bibliography). Manuscripts that greatly exceed this will be critically reviewed with respect to length. Authors should include a word count with their manuscript. Manuscripts should be compiled in the following order: title page (including Acknowledgements as well as Funding and grant-awarding bodies); abstract; keywords; main text; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).

Abstracts of 100-150 words are required for all manuscripts submitted.

•An additional and separate summary headed ' **Points of Interest** ' must also be uploaded and should be between 100-150 words (maximum) describing in plain English the importance of your work for lay readers. We suggest you aim to do this in 4 or 5 bullet points.

Keywords: 2-6 keywords

Referencing style: **Taylor & Francis Standard Reference Style:** Chicago (The Chicago Manual of Style (16th edn)).

Font: Times New Roman, 12 point, double-line spaced. Use margins of at least 2.5 cm (or 1 inch). Guidance on how to insert special characters, accents and diacritics is available.

Title: Use bold for your article title, with an initial capital letter for any proper nouns.

Spelling and punctuation: Each journal will have a preference for spelling and punctuation, which is detailed in the Instructions for Authors. Please ensure whichever spelling and punctuation style you use is applied consistently.

Tables and captions to illustrations: Tables must be typed out on separate sheets and not included as part of the text. The captions to illustrations should be gathered together and also typed out on a separate sheet. Tables and figures should be numbered by Arabic numerals. The approximate position of tables and figures should be indicated in the manuscript. Captions should include keys to symbols.

Tables and figures: Indicate in the text where the tables and figures should appear, for example by inserting [Table 1 near here]. The actual tables should be supplied either at the end of the text or in a separate file. The actual figures should be supplied as separate files. The journal Editor's preference will be detailed in the Instructions for Authors or in the guidance on the submission system. Ensure you have permission to use any tables or figures you are reproducing from another source.

Figure: Please provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour. Figures must be saved separate to text. Please do not embed figures in the manuscript file.

Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).

All figures must be numbered in the order in which they appear in the manuscript (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)). Figure captions must be saved separately, as part of the file containing the complete text of the manuscript, and numbered correspondingly.

There is no submission fee for Disability & Society.