

**BLACK ADULTS' PERCEPTIONS OF HEALTHY FAMILY  
FUNCTIONING**

**C. ZWANE**

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FUNCTIONING**

**C. ZWANE Hons. B.A.**

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degree of Magister Artium (Clinical Psychology) at the  
North-West University (Potchefstroom Campus)**

**Supervisor: Prof C.A.Venter**

**Assistant Supervisor: Mr Q.M. Temane**

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## **SUMMARY**

### **BLACK ADULTS' PERCEPTIONS OF HEALTHY FAMILY FUNCTIONING**

**Keywords:** Black adult, family functioning, healthy families, normal families, family therapy models, research on family functioning.

The aim of this research was to establish what black adults' perceptions are of factors that contribute to healthy family functioning. Qualitative research was conducted. Random sampling was used to obtain eighteen black participants between the ages of 20 and 50. These participants responded in writing to the following open ended question: "What factors do you think contribute to healthy family functioning?" Semi-structured interviews were also conducted with the eight participants who presented with the richest data. Analysis of the data yielded 10 prevalent themes and eleven other themes.

The 10 prevalent themes were: respect, love, communication, family time/ spending time together, trust, understanding, discipline, availability for each other, boundaries and religion. The other eleven themes were: personal space, responsibility, hierarchy, family rules, conflict handling, morality, roles, maturity, intelligence, culture and forgiveness. The above mentioned 21 themes were grouped in seven broad categories, namely communication, conflict handling, affectionate involvement, family rules, boundaries, religion and other dimensions.

All these themes were compared to existing research results. It appeared that themes of this study correspond with many dimensions of family functioning as indicated by family therapy models and existing research. Participants also indicated new dimensions not mentioned by the existing literature. Recommendations were made concerning future research.

## **OPSOMMING**

### **SWART VOLWASSENES SE PERSEPSIE VAN GESONDE GESINSFUNKSIONERING**

**Sleutelwoorde:** Swart volwassene(s), gesinsfunksionering, gesonde/ normale gesinne, gesinsterapiemodelle, navorsing oor gesinsfunksionering.

Die doel van hierdie navorsing was om te bepaal watter faktore, volgens 'n groep swart volwassenes, bydra tot gesonde gesinsfunksionering. Kwalitatiewe navorsing is gebruik. Ewekansige steekproeftrekking is gebruik om 18 swart deelnemers by die navorsing te betrek. Die deelnemers moes skriftelik respondeer op die vraag: " Watter faktore dra by, volgens jou mening, tot gesonde gesinsfunksionering?" Daarna is semi-gestrukteerde individuele onderhoude gevoer met die deelnemers wie se data die bruikbaarste (rykste) data bevat het.

'n Analise van die deelnemersresponse het 21 temas opgelewer, tien waarvan deur meer as vyf respondente genoem is. Hierdie tien temas is respek, liefde, kommunikasie, gesinstyd/gesintydbesteding, vertroue, verstandhouding, dissipline, beskikbaarheid vir mekaar, grense en religie. Die ander 11 temas wat elk deur minder as vyf respondente genoem was, is persoonlike ruimte, verantwoordelikheid, hiërargie, gesinsreëls, konflikhantering, moraliteit, rolle, volwassenheid, intelligensie, kultuur en vergifnis. Die genoemde 21 temas is ingedeel in sewe breë kategorieë, naamlik kommunikasie, konflikhantering, affektiewe betrokkenheid, gesinsreëls, grense, religie en ander dimensies.

Die deelnemersresponse het in 'n groot mate ooreengestem met gesaghebbende gesinsmodelle, asook met navorsingsresultate in hierdie verband. Sekere nuwe dimensies wat nie voorheen in die literatuur aangespreek is nie, is ook deur die deelnemers aangedui. Aanbevelings is gemaak vir verdere navorsing.

## **CONSENT**

We, the co-authors, hereby give consent that Cynthia Zwane may submit the manuscript for purposes of a dissertation. It may also be submitted to the South African Journal of Psychology for publication.

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Prof CA Venter

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Mr QM Temane

## **INTENDED JOURNAL AND GUIDELINES FOR AUTHORS**

South African Journal of Psychology

The manuscript as well as the reference list has been styled according to the above journal's specifications.

(Guidelines for authors on next page)

***SOUTH AFRICAN JOURNAL OF PSYCHOLOGY***  
**INSTRUCTIONS TO AUTHORS**

1. The manuscript should be typed in 12-point font (Times Roman) double-spacing.
2. The first page should contain the title of the article, the name(s) of the author(s), as well as the address of the author to whom the correspondence should be addressed.
3. The abstract should be on a separate page.
4. The text of the article should be started on a new page.
5. Indicate the beginning of a new paragraph by indenting its first line two spaces, except when the paragraph follows a main or secondary heading.
6. The headings should all start at the left margin, and should not be numbered. The introduction to the paper does not require a heading.
7. The referencing style of the SAJP is similar to those used by the British Psychological Society and the American Psychological Association (See *SAJP Guide to Authors*).
8. In the reference list, the first line of each reference starts at the left margin; subsequent lines are indented two spaces.
9. Illustrations, tables, and figures should be prepared on separate A4 sheets. They should be numbered consecutively, grouped together, and attached to the end of the manuscript. Tables should be drawn without grid-lines separating the cells in the tables. The appropriate positions in the text should be indicated.
10. Authors are requested to pay attention to the proportions of illustrations, tables, and figures so that they can be accommodated in single (82mm) or double (179mm) columns after reduction, without wasting space.
11. Once the article has been accepted for publication, a computer diskette must also be submitted. MS Word is the preferred text format. The manuscript number and author or author's name(s) should be clearly indicated on the diskette.
12. As the SAJP does not employ a full-time language editor, it is recommended that, once articles have been accepted for publication, authors send their manuscripts to an external language specialist for language editing. Furthermore, it is recommended that a note indicating that the manuscript had been language edited accompany the final submission of the manuscript.

# MANUSCRIPT

## **MANUSCRIPT TITLE, AUTHORS AND ADDRESSES**

### **TITLE**

**BLACK ADULTS' PERCEPTIONS OF HEALTHY FAMILY FUNCTIONING**

### **AUTHORS**

Cynthia Zwane  
5 Zonnebloem Street  
Sonneveld Ext. 9  
Brakpan  
1541

E-mail: [sithembiso.zwane@kumbaresources.com](mailto:sithembiso.zwane@kumbaresources.com)

Chris Venter

Department of Psychology  
North-West University (Potchefstroom Campus)  
Private Bag X6001  
Potchefstroom  
2520

E-mail: [psgcav@puk.ac.za](mailto:psgcav@puk.ac.za)

Michael Temane

Department of Psychology  
North-West University (Potchefstroom Campus)  
Private Bag X6001  
Potchefstroom  
2520

E-mail: [psgqmt@puk.ac.za](mailto:psgqmt@puk.ac.za)

Correspondence should be addressed to Chris Venter

## **ABSTRACT**

The aim of this research was to establish what black adults' perceptions are of factors that contribute to healthy family functioning. Qualitative research was conducted. Random sampling was used to obtain eighteen black participants between the ages of 20 and 60. These participants responded in writing to the following open ended question: "What factors do you think contribute to healthy family functioning?" Semi-structured interviews were also conducted with the eight participants who presented with the richest data. Analysis of the data yielded 10 prevalent themes and eleven other themes. All these themes were compared to existing research results. It appeared that themes of this study correspond with many dimensions of family functioning as indicated by family therapy models and existing research. Participants also indicated new dimensions not mentioned by the existing literature. Recommendations were made concerning future research.

Authors agree that the family is a very important unit for the facilitation of development and maintenance of family members (Barker, 1998; Epstein & Bishop, 1981; Martin & Martin, 2000; Walsh, 1982). Lidz, as quoted by Walsh (1982: 20), states it as follows: "... in every society, the family has been the primary agency to provide for the child's biological needs and development into an integrated person capable of living in society and of maintaining and transmitting its culture". According to Barker (1998) a family should meet the current emotional and psychological needs of all its members.

This importance of the family was recognised by therapists and the family therapy movement developed during the late forties and early fifties in the United States of America (Venter, 1979). Because of this interest in the family, research on family dynamics developed. It appears from the literature that most of the research, overseas and in South Africa, was done on dysfunctional families or factors leading to it. (Cf. Gladding, 1998; EBSCOHOST- data base; ISAP – data base; NEXUS-data base.) It also appears that most of this research was quantitative in nature. The fact that most of the research was done on dysfunctional families was in line with the theoretical and therapeutic emphasis in psychology on pathology. Lately there has been a shift to a new paradigm in psychology, called psychofortology, which focuses on enhancement of strengths (Strümpfer, 1990; Wissing & van Eeden, 1999). This trend has led theoreticians, therapists and researchers to focus on the strengths of individuals.

This new trend is also apparent in the family therapy field. The literature indicates that theorists/therapists representing major clinical models of the family proposed important factors/dimensions in normal/healthy family functioning and that some researchers have done important work in this field (Barker, 1998; Becvar & Becvar, 2003; Greeff, 2000; Gurman & Kniskern, 1981, 1991; Walsh, 2003). It would appear that the most comprehensive models that address the concept of normal/healthy family functioning is the well known Beavers-, Circumplex- and McMaster-models (Barker, 1998; Walsh, 2003).

It would appear, though, that specific research on normal/healthy families is limited. In her review of the last five years' articles in four well known family therapy journals, Mudie (2002), could not find any research published in this field. The journals were Family Process, Journal of Marital and Family Therapy, American Journal of Family Therapy and Family Therapy Networker. In the South African context there also appears to be a great lack of research in this field as only three studies could be found on the characteristics of so-called normal/healthy families (Greeff, 2000; Le Roux, 1992; Mudie, 2002).

Little research has been done on Black families in South Africa. In his research Nzimande (1987) focused on the extended family as an important support system in a black community.

Russell's (1994) study suggested a more acceptable approach in the analysis of black urban family dynamics without imposition of preconceived models imported from Western Sociology. Viljoen (1994) did a qualitative study on the strengths and weaknesses in the family life of black South Africans. The research focused on three areas of marriage and family life, namely values and norms regarding marriage and the family, the deterioration of traditional and parental authority, and parenting strategies. Van Rensburg (1994) explained the reasons for the supportive kin networks in black rural communities and squatter camps which resulted from the disappearance of the nuclear family. Malefo (1995) investigated the contributions of family environment, stress and coping preferences in relation to academic performance among African women students at the University of Natal. Van Dyk (1996) analysed the applicability of a child protection policy and legislation to black families and children in South Africa. Matjeke (1996) made a study of the consequences of relocation into a white community for wives in black middle class families. Vilakazi (1998) conducted a study on factors that influence decision making on the choice of health service (emotional & physical) needed by African families. ZA (1998) in his research focused on African cosmology in family dynamics, counselling and pastoral therapy. Russell (1998) focused on black and coloured urban households, specifically looking at the family dynamics and family structure in South Africa. Ntlailane (2000) researched the adoption of a systematic family therapy model from a Western context to the cultural context of the Zulu family. Mosue (2001) focused mainly on the role of dead - living in the African family system healing.

From the above discussion it is evident that there is a lack of research on so-called "normal/healthy family functioning" specifically with regard to black families in South Africa. The research question is therefore: What are black adults' perceptions of the factors involved in healthy family functioning? The research specifically focuses on black families because of the significant influence that ethnicity has on family functioning (McGoldrick, Preto, Hines & Lee, 1991).

The term healthy family functioning is used in a broad sense as it indicates normal and/or well-functioning families. This is done as it would appear that theorists, researchers and therapists use their own specific terms and definitions according to their own theoretical positions (Walsh, 1982). Walsh (1982; 2003) uses the term normal family processes, Becvar and Becvar (2003) use the terms health/normalcy, whilst Gurman and Kniskern (1981, 1991) use the terms healthy/well-functioning families. It would appear that the common thread that exists among therapists'/theoreticians' discussions of so-called healthy/normal family functioning is that they propose certain basic processes or several process dimensions interacting with one another to integrate, maintain and foster the growth of the family unit, in relation to both individual and social systems.

For the purpose of this study the term family is also used in a broad sense as it does not consider all the different constellations of families that have developed in recent times (Walsh, 1982).

This information could stimulate new research and could be used in family therapy and family enrichment programmes.

## **AIM OF RESEARCH**

The aim of the research was to establish what black adults' perceptions are of factors involved in healthy family functioning.

## **HYPOTHESIS**

There is no hypothesis as this is an exploratory study.

## **RESEARCH METHOD**

### **Research Design**

Qualitative research was used (Moore, 1999) using interpretative phenomenological analysis (cf. Smith & Osborn, 2003). This approach explores how the participants make sense of their personal and social worlds by the meaning they attach to particular experiences and events.

### **Participants**

Eighteen participants, four male and fourteen female, served as sample group for the purposes of this study. The group's ages ranged from twenty six to fifty four years of age. The distribution and frequency of the highest educational qualifications of participants at the time of the research include Grade 10 (standard 8) – one, Grade 12 (standard 10) – two, BA Education (third year student) - one, BSc (metallurgy) - one, BSc (optometry) - one, Diploma (civil engineering)- one, Diploma (education) - one, BA Education - three, BA (Social Science) - two, BCom - one, BCom Honours (accountancy) - one and MBChb - three.

Out of the eighteen participants three were general practitioners, one an optometrist, one a social worker, one a metallurgist, one a civil engineer, one a chartered accountant, one with a

BCom degree but working as a chef, four teachers (educators), one a final year student with BA (education), one human resource officer, one clerk, one data capturer and one unemployed person.

With regard to marital status it was a very diverse group. Seven of the participants were in their first marriage, three were in their second marriage, two were single and living alone, three were single and living with their boyfriends, one was single and living with her parents and her brother and two were divorced, one of which was living with her boyfriend and the other alone with her children. In eleven of the cases there were two to four children in the household, in two cases there were two children and in five cases no children – this being the case with some of the single participants.

Eleven of the participants' home language was South Sotho (Setswana), four were Zulu, two were North Sotho (Pedi), and one was Xhosa.

No formal enquiry was done with regard to the participants' socio-economic status, but in view of their occupations it might be assumed that it ranged from the lower to the higher group with most of the participants in the middle socio-economic group.

The researcher is interested in family dynamics especially those of healthy functioning families. Her belief is that a family is an important corner stone of identity development. On completion of her study as a psychologist she would like to apply the identified factors of healthy family functioning to family therapy.

### **Selection of participants and procedure**

The participants were recruited from three different areas in Gauteng, namely Daveyton township on the East Rand, Crystal Park – a small suburb next to Daveyton, and the Human Resource Department in 1 Military Hospital, Pretoria. The researcher decided on these three places because of the accessibility and convenience as far as transport is concerned.

The part of Daveyton that was visited is called Ezinzuleni section where the majority of the inhabitants are Zulus. The researcher chose this specific area because she understands Zulu, which she thought was going to be used during the data gathering sessions. As it turned out many of the participants' home language was not Zulu. Fortunately the researcher is capable to use the other black languages fluently. The researcher selected every second street in this area and went from one house to another explaining the research and handing out the questionnaire to individuals who were willing to participate. In Daveyton the researcher gave twenty people the questionnaires.

In Crystal Park the researcher selected every house in every second street explaining the nature of the study and asking for volunteers. The researcher left fifteen questionnaires to the individuals who were willing to participate in the study.

The people in the above-mentioned two areas were visited during the late afternoon, early evening and week-ends.

A third place targeted for recruiting participants was the Human Resources Department at 1 Military Hospital. The Human Resources Department consists of thirty workers. The researcher selected every second worker, explained the nature of the study and handed out questionnaires. Fifteen participants received questionnaires.

The agreement was made between the participants and the researcher that questionnaires would be collected after three days. After three days the researcher managed to collect eight questionnaires. Some of the individuals who agreed to complete the questionnaires were either not at home or had not yet completed them at all and some said they had misplaced them. Participants who had misplaced the questionnaires were issued with other questionnaires. The researcher went back after a week to collect the rest of the outstanding questionnaires. Out of the forty-two outstanding questionnaires, ten were collected and the rest were either incomplete or the individual had misplaced the questionnaire again.

The available eighteen questionnaires were then scanned for rich information. Eight questionnaires were found to have the richest information and only those participants were also interviewed individually. Some of the interviews were conducted in their homes, some in the individuals' offices and some in their cars. Each interview lasted for approximately 30 to 45 minutes.

Out of the eight interviewed participants, two couples were from one household and the rest were from different households.

### **Method of gathering information**

Two methods were used to obtain the data, namely a questionnaire as well as interviewing. The questionnaire consisted of only one open ended question, namely "What factors do you think contribute to healthy family functioning?" that all participants had to respond to in writing. A semi-structured interview was then conducted with the eight individuals who presented the richest data. The interviews were used as a way of prompting further clarification of the written data and of further elaboration on the topic (cf. Huysamen, 1994).

## **Analysis of data**

The researcher made a qualitative interpretational analysis of the written and interview responses. McMillan and Schumacher's analytical process (Leedy, 1997) was used to group the data into as many categories as possible. This technique was used to identify similarities and distinctions among categories to discover patterns and themes (Leedy, 1997).

The themes were compared and integrated with literature on healthy/normal family functioning. To assure the trustworthiness of the data the following procedures were used, namely triangulation of data (Krefting, 1991), co-coding or research triangulation (Denzin, as quoted by Flick, 1992), peer group evaluation (Krefting, 1991), description of internal processes as well as orientation towards the research (Stiles, 1993), grounding of interpretations (Paget & Waitzkin, as quoted by Stiles, 1993) and auditing proof (Maykut & Morehouse, 1994).

## **Ethical Consideration**

To ensure that ethical aspects were adhered to, information about the research was given to the participants. The anonymity of the participants was preserved and they were assured of the confidential handling of the data. Participants were also informed that should sensitive issues be tapped on during the research that might stir up psychological distress, they could be referred for psychotherapy.

## **RESULTS**

As stated the data consisted of the responses of eighteen respondents. On analysing the data the following ten themes clearly came to the fore as prevalent themes: respect, love, communication, family time / spending time together, trust, understanding, discipline, availability for each other, boundaries, and religion. There were also other themes that were not mentioned as frequently as the foregoing themes. These themes were mentioned by fewer than five of the participants. These themes were: personal space, responsibility, hierarchy, family rules, conflict handling, morality, roles, maturity, intelligence, culture, and forgiveness.

## **Respect**

Fifteen respondents – four males and eleven females - viewed this factor as important. Their general comments were “respect is important....”, “....respect is critical....” and “.....respect plays an important role....” During the interviews three respondents said the following: “If there’s disrespect.....there’s a danger that outside influences can infiltrate the family and cause fighting, discourse and eventually break the family”, “If someone has done something wrong, you need to show him or her with respect”, and “Respecting each other is the greatest gift you can give your partner and one could do that by listening to the partner’s or children’s point of view, irrespective of how lame it may sound and do not lash out”.

## **Love**

Thirteen respondents – five males and eight females - mentioned love as an important factor in sustaining a family. Comments that were made by males were “ If you can’t find love in the family that is not a family” and “love hides a heap of sins, if you love someone you look at some of the things they do or say and say it was not malicious, not intentional and was not meant to harm but to bring forth the message”. Comments that were made by some of the women were: “If we love each other we are able to accommodate and accept each other, even our weaknesses”; “.....love is required in building and transforming a house into a home and it should be unconditional, irrespective of faults or shortcomings..... ” One respondent, according to the written data, specified “ A healthy family starts with parents who love each other and are committed to their family”.

## **Communication**

Thirteen respondents – two males and eleven females - mentioned communication as important. The general comments about communication were: “.....communication is very important.....”, “We need to communicate.....”, “Communication is the basis.....” and “Communication is the foundation.....” Two tape recorded respondents said “It is the heart of every good relationship” and “....will change for better as a family, but communication has to be crucial”. It is important to note that the respondents, according to the written data, specified clarity and listening as the crucial aspects when communication takes place. They wrote:” Talking and listening are both vital....”, “.....need to communicate in a clear manner” and “...using the I message is important

when communicating". A respondent who was tape-recorded mentioned that the strategy used when communicating is very important. She said "...no name calling, no ridiculing....". A respondent wrote that to her communication involves "How a thing is said and when it is said". It is clear from the above respondents that it is not merely communication that is important but also the way it is being done, as the specifications mentioned under communication clearly illustrate.

### **Family time / Spending time together**

Twelve respondents – three males and nine females - mentioned this factor as one of the critical factors that contribute to healthy/normal family functioning. The respondents' general comments about the importance of togetherness were: "A family needs to share quality time together..."; "...important to make time together...", and "We need each other...." Four of the respondents who were tape- recorded said: "Spending time together will help a family to plan and bond...", "It is important to make time together as a family; where you share ideas, review some of the things, thanking God up to so far and discussing the next moves", "Togetherness builds a family....." According to the written data one of the respondents pointed out the following in connection with couples: "Successful couples set aside time together".

### **Trust**

This factor was mentioned by nine respondents - three males and six females. Three of the respondents only mentioned trust without elaborating on it. The other six respondents' comments were "Trust each other without questioning" and "Trust your partner...." Another respondent explained as follow "Families where there is positive emotional bond between parents and children create a climate of trust among members of the family". The third respondent felt that this factor mainly relates to husband and wife and he put it like this, "This refers to a situation whereby both members can be honest and open about their fears, worries and concerns. If you trust each other, you trust that the decision made by the other partner is meant to benefit the whole family as opposed to an individual; although it might not be the right decision all the time. A respondent wrote "...trust and hope....become the cornerstone for healthy family functioning".

## **Understanding**

Two males and six females viewed understanding as important. The respondents' general comments were "Understanding is crucial....", "There should be understanding" and "...it is important..." Some respondents only mentioned this factor as important without elaborating on it, some felt that understanding has to be there specifically between the husband and wife, and others thought it should be there amongst the family members. For instance, some of them said: "It relates mainly to husband and wife", "If we don't understand one another it will be difficult for a family to relate and exist", "As a family we must understand one another and our differences", and "There should be mutual understanding amongst parents and children too".

## **Discipline**

Seven respondents, one male and six females, felt strongly about discipline as an important factor. Six of the seven respondents specified that discipline in children is important whilst the other respondent only stated that "Discipline, when called for, is important". This statement might have meant discipline in children or amongst the family members irrespective of the member's age. The other six respondents' comments were: "Disciplining the children is important ....if not they'll disrespect....."; "Discipline is important in children and parents should work hand in hand in disciplining the children". One respondent said that children must be disciplined privately not in front of their peers. According to the written data one of the respondents stated that discipline depends on the parents' relationship. She wrote: "Discipline becomes difficult especially when children know that the parent's relationship is not stable". Another respondent who was tape-recorded strongly felt that "When deciding to have a family, they need to share some views on child rearing methods e.g, discipline; how do they want their children to be raised differently from their own background?"

## **Availability for each other**

Seven respondents, two males and five females, felt strongly that availability was important. Some of these comments were: "...needed to be available for each other. Mother for father, father for mother, parents for children and children for parents", "We need each other as a family and we need to be there for each other", and "...taking interest in one's family members' lives."

## **Boundaries**

This theme came to the fore in five participants' responses – two males and three females. Respondents referred to boundaries within the family system and between the family and the outside world. Within the family, the boundaries were further specified into individual boundaries and the subsystems within the family. Two respondents said "...being together but at the same time being an individual..." and "Privacy of a member should be respected and confidentiality equally so". This is how the respondent put it when he defined the boundaries of the subsystems: "Well defined demarcations between circles, e.g. parents, children and family so that roles of each member are clearly defined and boundaries are not violated. Boundaries in the family need to be respected at all times; the family circle, parents' circle and children's' circle need to be respected". A respondent felt that boundaries between the family and the outside world were equally important. He said: "A family of a partner should not be allowed to infiltrate the confidentiality of the family; because the moment they know too much, they think they know all. They then start coming with wrong advice thereby bringing discord within the family". According to the written data one respondent wrote, "Whatever influences us from the outside should have a minimal impact on the inside so that we can live healthy".

## **Religion**

Five respondents regarded religion as of critical importance - three males and two females. The theme of religion came to the fore in different ways which were: belief system, Christianity, praying together and religion. One respondent said "It is important to have a common view, common belief system in a family unit, e.g. going to church on Sundays. It is critical to have a common religion especially between husband and wife and children". Two other respondents said "...a family that prays together stays together. You need to have a moment with God as a family and that will help you to bond. We also need to serve God as individuals, couples and as a family"; "Allow Lord Jesus Christ to be the foundation of your family". A respondent, according to the written data, explained that "A family has to be built upon a solid foundation of Gods principles; this would serve as a yardstick to guide and shape the success of a family."

## **Personal space**

Although twelve respondents thought family time was important, four of the 12 respondents that thought so, also felt that personal space was equally important. Two respondents said “Privacy of a member should be respected and confidentiality equally so” and “....respect each other’s space and give each other time to grow.”

## **Responsibility**

There were four respondents, two males and two females, who mentioned this factor as important. During the interviews the respondents had a tendency to mention responsibility together with roles. Somehow the two factors were inseparable to them. Their views about this factor were “Share responsibility”. A respondent who was tape-recorded expressed her opinion like this “Everyone should know his/her responsibilities and should be accountable to all other family members. Everyone must do their chores and be accountable for whatever they do.” Another respondent said “It is the responsibilities of a mother to bring warmth to the family and cook, not say I’m tired. Even if a man cooks, but it is a responsibility of a wife to clean and take care of the children. This is biblical”. Another respondent felt strongly that “All family members should have different responsibilities.....”

## **Hierarchy**

This theme was mentioned by four respondents – one male and three females. Three respondents said “Children from families in which lines of authority are clear, where members of a family know who is involved in the decision making; has an influence in healthy/normal family functioning”, “....a man is a head. A man must be able to support his family. It does not mean that if a man has no money that stops him from being a man”, and “They should respect hierarchical structure of the family. The hierarchy will keep the family together.” A respondent wrote “Head of the family should take charge of the mammoth responsibility to drive the success of the family nucleus. All the members of the family should have different responsibilities assigned by the head of the family in order to maintain continuity and subsistence in the family.”

## **Family Rules**

Three females viewed this as an important factor. One of these respondents only mentioned this factor without elaborating on it. However, the other two respondents felt that rules are a must in a family. Their comments were: “There should be clear definition of family rules....” and “ It is important to have family rules...”. The two respondents gave the following reasons for their comments: “We need to have a clear definition of family rules. This will make everyone to know what is expected of him or her. It also will enable to participate in the family activities” and the second respondent explained “It is important to have family rules so that children knows what is expected of them in order to maintain discipline. In adolescence children want to be independent and they are realising they’re grown ups. You come with your rules, so it has negative effect on the child. If the child has been taught rules before adolescence it won’t be stressful.”

## **Conflict handling**

This factor was mentioned by one male and two female respondents. Some respondents saw conflict as a negative thing which must not happen at all, for instance “There should not be any fights or any quarrels”. Some saw it as something that must or is bound to happen “.....find a place where you are supposed to solve your problems...”. Disputes and arguments must be solved as soon as possible in order to discourage physical fights and bearing of grudges”. One of the respondents felt that if conflict involves the parents, it must be kept between them “Parents shouldn’t talk ill about each other in front of the children because it will lead to children developing an attitude towards the parents”. The respondents also mentioned that some sort of apology should follow after there had been conflict. These statements were: “... apologising ...”; “... acknowledge his or her mistake or ask for apology ...” and “learn to say I’m sorry ...”

## **Morality**

This factor was mentioned by one male and two females. Two respondents wrote, “Morality.....to mention a few become the cornerstone for healthy family functioning” and “Good morals, we should go back to good morals i.e. respect each other. Older people should be considered and respected. We should eliminate fear by applying good morals and values”. A tape-recorded respondent said “The way in which you bond with your children.....it build the morality of the child.... Morality contributes to family functioning.”

## **Roles**

One male and one female felt strongly that roles in the family were important. They said "...if roles of each member are clearly defined, boundaries are not violated" and "in order to coexist, the family roles must be put in place. A family is built or made out of two different people. Male and female and they have different roles to play. A man must act like a man and be seen as both a man and a father, a father to a wife and children because a man is a head."

## **Maturity**

One male and one female felt strongly that this factor is important. The one respondent felt maturity at different levels was important. He said "Spiritual maturity- to a Christian, mental maturity and emotional maturity is important". The second respondent specified this factor to be important only to husband and wife "....these two people need to be matured, both of them need to be strong but at the same time be able to compromise....." The first respondent further explained and said "...If one wants to do something to the family; one must look back and say if it was someone doing this to me, will it be acceptable? Doing and saying things you would like your partner to do them to you". This respondent also regarded mental stability as equally important.

## **Intelligence**

Two females mentioned this theme. Intelligence was mentioned as an important factor, which both husband and wife should have. One respondent stated "intellectual and financial factors .... Couples mismatched in both, eventually have unhealthy family functioning."

## **Culture**

One male mentioned this factor as important. He wrote that "Culture must play a significant role in determining the way of life of the family."

## **Forgiveness**

This factor was mentioned by one male. He said: “Children must grow up in an environment where forgiveness is important; this results in a sense of wanting to move forward, not live in the past. It is also impossible to agree at all times, disagreement does not mean enemies but different view points. It is okay to disagree on issues and forgiveness is critical and a centre of any normal functioning relationship”.

## **DISCUSSION OF RESULTS**

Further analysis of the themes indicated that some of the themes might be grouped together. An appropriate grouping might be the following:

- Communication.
- Conflict handling.
- Affectionate involvement which consists of love, respect, spending time together, trust, understanding and availability for each other.
- Family rules which consist of rules, discipline, roles and responsibility.
- Boundaries as indicated by boundaries, personal space and hierarchy.
- Religion which incorporates religion, morality and forgiveness.
- Other dimensions, namely maturity, intelligence and culture.

An important aspect to note is that the respondents indicated eight of the themes identified as being especially important with regard to the husband-wife relationship. These themes were love, spending time together, trust, understanding, discipline, conflict handling, roles and maturity. This finding of the importance of the marital sub-system in healthy family functioning concludes with the assumptions of the structural and strategic family therapy models (cf. Becvar & Becvar, 2003).

It appears that the findings of this research coincide well with the findings of Mudie's (2002) study. In her qualitative study Mudie's aim was to determine which factors according to a group of young adults, 10 white participants aged between 20 – 39, contribute to healthy family functioning. Specific themes that were found in Mudie's (2002) study and not in the present research were: finances, physical security and safety, good relationships with friends and extended family, example set by parents as role models, humour and active work and investment in the family. Specific themes found in this research and not in that of Mudie's (2002) are: boundaries,

personal space, intelligence and culture. Although not separately mentioned by Mudie, the themes of boundaries and personal space were implemented in some of the other themes of her research.

A comparison between the present research and the research of Le Roux (1992) and Greeff (2002) is more difficult than is the case with Mudie's (2002) research. Both Le Roux and Greeff identified important dimensions of family functioning from the literature beforehand and only those were studied. Le Roux focused on six specific characteristics of strong families whilst Greeff used scales based on the Circumplex model. Themes of Le Roux's study that coincide with the present research are religious values, acceptance, recognition, support and being available for each other. Themes that were also found in Greeff's study are: sound marital relationship, communication and conflict management.

Themes of the present research correspond with many dimensions of the Beavers-, Circumplex- and McMaster-models, namely boundaries, negotiation, intimacy and communication (Beavers model); communication, boundaries, coalitions, time together, discipline, roles and rules (Circumplex model), and communication, problem-solving, affecting involvement, roles and behaviour control (McMaster Model). (Cf. Beavers & Hampson, 2003; Epstein, Ryan, Bishop, Miller & Keitner, 2003; Olson & Gorall, 2003.)

## **CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

The following conclusions can be made from the research:

- Results from this research confirmed the results from previous research but some differences were also found.
- The results from this research with black participants coincide to a great extent with the results of Mudie's (2002) research where white participants were used. Therefore it might be concluded that emotions and relationships are not determined by culture and race but are a matter of the heart.
- Although the study sample consisted of members of a black population, results cannot be generalised to the Black population as a whole because different themes might have been gathered from rural families.

The researcher's experience in the process of conducting the study was that although it was very interesting it was challenging and at times frustrating. It was challenging in the sense that she had to think of the ethical aspects all the time. Some issues could not be probed further due to their

sensitive nature. It was frustrating because some people displayed no interest and some were uncooperative. An important advantage the researcher had was that she could speak and understand the respondents' language, had knowledge of the black culture and a more or less similar background which made it easier for her to relate and connect with the participants at a certain level.

The personal experience gained was enriching and much was learned. It caused the researcher to question her own family's well-being and normality. It also gave the researcher a clue on how family dysfunction might or can develop.

A possible limitation of this research was that the participants were of different family types and literature indicates that there are different dynamics in different family types. It could also be argued, though, that this need not be considered as a major limitation as it can be argued on logical grounds that certain common interactional dimensions could/will be part of all family types. Another limitation of this research is that the richness of the data has been interfered with due to the restricted probing because of the ethical aspects. The data could have been richer than the resulting descriptions because of reading, re-reading and analysing the data where in the process the subjectivity of the researcher might have been activated. Due to the fact that the study is presented in an article format, the researcher made a selection of the data and therefore the richness of the data could not be fully expressed.

In view of the study the following recommendations can be made:

- A more complete picture could be obtained if the same study could be repeated with participants of rural areas as it will clearly indicate how environment or socio-economic status can influence one's perceptions of matters of the heart.
- A more age - specific study can help in broadening our perspective on children's (aged 6 – 12 years) and adolescents' views on healthy family functioning.
- Future studies could be attempted with participants of different family types.
- Future studies could be attempted on participants from specific religions to establish how religion can colour the individual perceptions on family functioning.

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