

# Section 1: Overview of the study



## **OVERVIEW OF THE STUDY**

The background and rationale that inspired this study on the psychosocial well-being of families are discussed first, followed by the problem statement, paradigmatic and theoretical statements and the research methodology. The study's thesis is presented in article format with manuscripts prepared according to the instructions of the journals of choice and is concluded by the evaluation, recommendations and discussion of its limitations. This overview serves as a background document for the research, and the manuscripts serve as the research reports. It is therefore acceptable that some duplication of content may occur between the overview and the manuscripts, with the latter containing the details of the empirical research.

### **1.1 INTRODUCTION TO AND RATIONALE FOR THE STUDY**

A mind shift has, in recent years, occurred within the traditional knowledge base of Psychology to include the emerging field of Positive Psychology. The focus of practice and research changed from remediating and studying psychological deficits and disability, to understanding and promoting human strengths and identifying that which enhances well-being in people (Carr, 2011; Seligman, 2002). With regard to family dynamics and functioning the focus has also moved from family deficits, dysfunction or weakness to that of a strength-based collaboration with families to discover positive family functioning, well-being and strengths (Laursen, 2000). This approach, which is relatively new in South Africa, allows the researcher to question, investigate and explore family matters from a different perspective. It poses a challenge for South African researchers as South Africa is mostly known for its tragic history of a separated nation who is still recovering from the scars of Apartheid and is still struggling to find equality (Neff, 2004). Other nations have long since taken up the challenge and used this approach to strengthen their families, communities and ultimately, their nations (Marks, 2011; Pawelski, 2011).

*Well-being* is conceptualised as a broad state of health that includes physical-, mental- and social well-being. It also refers to subjective well-being, which can be described as

the experience of more positive affect than negative affect, satisfaction with life and low levels of neuroticism or psychological stress (Diener & Lucas, 1999). Peterson (2006) refers to well-being as the overall perception that one's life is good, pleasant and satisfying to live. *Psychological well-being* however, entails a much broader and more detailed context of well-being (Linley & Joseph, 2004), referring to engagement with life and its challenges (Keyes, Shmotkin, & Ryff, 2002), personal growth and fulfilment (Linley & Joseph, 2004), personal strengths and capabilities (Wissing & Van Eeden, 2002) and the assumption that the source of psychological well-being is the inherently intrinsic personal world of the person (Linley & Joseph, 2004). *Psychosocial well-being* furthermore refers to the location of psychological well-being in the "context of the individual within community and culture, rather than the individual in isolation" (Linley & Joseph, 2004, p.721). Keyes' (2004, 2007) model of optimal mental health indicates that psychological well-being, emotional well-being and social well-being contribute in equal measures to the mental health of an individual. For the purpose of this study, psychosocial well-being will lean on both the above stated viewpoints and refer to the psychological-, emotional- and social health and wellness of individuals and their families within their community and cultural context. The terms family well-being/wellness and family psychosocial well-being will be used interchangeably in this research, and may become neologisms for family-related studies in Positive Psychology.

South Africa is a country rich in diversity, which is apparent in a mix of cultures and languages. Research indicates that cultural and ethnic differences related to well-being account for different ways of perceiving it, and consequently different factors influence different groups' subjective well-being (Neff, 2004). In South Africa transport, housing, sanitation, water, energy, education and health care seem to be important *external determinants* of the well-being of South African families (Bookwalter & Dalenberg, 2004). Behnke and MacDermid (2004) state that contextual influences (contexts in which families find themselves) can have an influence on the family's well-being. Examples of contextual influences include: social class or family economic status, social networks and support and neighbourhoods or communities. Furthermore, culture and cultural background has also been found to contribute to the well-being of individuals as it

influences the values, standards, customs and traditions associated with different societies (Diener, Oishi, & Lucas, 2003; Tubbs & Moss, 2003).

Babington (2006) reports that family well-being is enhanced when family members experience *internal factors* such as physical- and mental health among family members, supportive intra-family relationships (effective resolution of conflict, opportunities to learn values and traditions from family, support and encouragement from other members of the family), positive social relationships outside of the family, and economic security.

The family is not simply a group of people that share physical and psychological space (Goldenberg & Goldenberg, 2004). Every family is a natural social system with deep and strong relationships, emotional bonds and loyalties that adapt and change over time. Becvar and Becvar (2006) describe a healthy, functional family as a family that has clear communication, the ability to adapt and closeness among family members. Healthy families influence the emotional-, physical- and social well-being of family members in a positive way. Factors that may contribute to this process include a family's internal strengths and the durability of the family as a unit. Families differ from other social groups as they are primarily able to provide the needed psychological safety and support to promote self-confidence/-esteem and positive adjustment in children and adults. Healthy functioning families are also better equipped to cope with stressful experiences and deal with unexpected challenges that they are confronted with. A family's primary function is therefore to create an environment that promotes the successful growth and development of individual family members and the family as a whole (Peterson & Green, 2009). The McMaster model of family functioning refers to six dimensions of family functioning that contribute to the well-being of family members. These dimensions include a family's ability to: solve problems, communicate, allocate roles appropriately, display affective responsiveness as well as empathic affective involvement, and to exert flexible behaviour control (Epstein, Ryan, Bishop, Miller, & Keitner, 2003). Dysfunctional families, on the other hand, are characterised by poor problem solving skills, family conflict and a lack of harmony (Prinstein, Boergers, Spirito, Little, & Grapentine, 2000; Smith, 2008). These families seem to seek control and make use of

demands, threats, coercion, etc., as interactive mechanisms to enforce control (Becvar & Becvar, 2006). They do not provide a healthy psychosocial environment for family members to develop and to thrive in relational trust, security and support (Papalia, Olds, & Feldman, 2009).

The Caledon Institute of Social Policy (2001) reports that families also have an influence on the well-being of their communities and healthy, happy families mean healthy, happy communities. Positive Psychology can help families and communities to view the themes in their lives and history in a way that increases family and community connectedness (Landau, Cole, Tuttle, Clements, & Stanton, 2000). This study was therefore approached from theoretical frameworks within the fields of Positive Psychology, Developmental Psychology and Marital/Couples and Family Therapy, and the investigation and understanding of positive families or family well-being is the main objective.

## **1.2 PROBLEM STATEMENT**

From the literature explored above, it becomes clear that the family plays an essential role in the well-being of its members, and also contributes to the well-being of its community. The landscape of the family structure has changed dramatically over the decades and is being replaced by an increasingly diverse family structure where single-parent families and extended family care arrangements are more common. The need to promote the well-being of South African families and to restore the value of family life is becoming increasingly important (Sheridan, Eagle, & Dowd, 2006), especially seen in the light of recent statistics from the South African Institute for Race Relations (Holborn & Eddy, 2011), indicating that only 34% of all South African children are living in complete family units of parents and children, while 40% are living with the mother, 3% with the father and 23% not with any of the biological parents. Possible results for youth of fractured families include educational difficulties, risky sexual behaviour, drug and alcohol abuse, mental health and self-perception problems, violent behaviour and suicidal tendencies (Holborn & Eddy, 2011). Families are sources of connectedness or belongingness that give a sense of emotional security to its members, especially to

children. Resilience research indicates that the sense of being connected to a secure and trusted relationship structure such as the family, is a powerful protective factor against risk behaviours and promotes resilient coping during difficult times (Benard, 2002, 2004). Youth without such a secure base for emotional development are much more at risk for problem behaviour and psychosocial dysfunction (Parritz & Troy, 2011). Literature searches via various academic search engines such as EbscoHost, Science Direct, Jstor, Juta and Google Scholar indicate that literature and research is limited regarding the psychosocial well-being of families in South Africa, as well as about how knowledge pertaining to the functioning and strengths of psychosocially well families can be implemented to improve the psychosocial well-being of South African families overall.

For the purpose of this study the following research questions were posed:

- What is the prevalence of psychosocial well-being in families from diverse cultures in a South African context?
- What are the contributions of family functioning, attachment, family satisfaction and family hardiness to the psycho-social well-being of a family as a whole?
- Can a measurement model for the psychosocial well-being of families from diverse cultures in South Africa be developed?
- What can be learned from the analysis of stories (narratives) of and interviews with members of families from diverse cultures, about aspects that contribute to the psychosocial well-being of their families?
- Can a conceptual framework and a model for the psychosocial well-being of families from diverse cultures in a South African context, be developed from the results obtained from answers to the above question?

## **1.3 AIMS OF THE RESEARCH**

### **1.3.1 General objective**

The general aim of this study was to investigate the psychosocial well-being of a group of families to develop a conceptual framework from the findings obtained, followed by a model for the psychosocial well-being of families from diverse cultures in a South African context.

### **1.3.2 Specific objectives**

The general aim was obtained by achieving the following specific objectives:

- To study how family psychosocial well-being in South Africa and universally, is conceptualised in literature;
- To determine the prevalence of psychosocial well-being in families from diverse cultures in a South African context by means of the completion of validated questionnaires;
- To identify families who manifest high, moderate and low levels of psychosocial well-being, from whom participants for the qualitative research will be selected;
- To propose a measurement model for family psychosocial well-being in a South African context;
- To explore and describe aspects that contribute to the psychosocial well-being of families from diverse cultures in a South African context by analysing data obtained through narratives and drawings of and discussions with identified families;
- To formulate a conceptual framework and a model for the psychosocial well-being of families from diverse cultures in a South African context.

## **1.4 PHILOSOPHICAL POSITIONING/PARADIGMATIC PERSPECTIVE**

The researcher agrees that research is not free of values and holds the view that a proclaimed philosophical position is important and that the researcher's beliefs and values have an influence on the research (Burns & Grove, 2005). All scientific research takes place within a specific paradigm and is influenced by the way in which one views

research material (De Vos, Strydom, Fouché, & Delpont, 2002). A paradigm is defined as a worldview that offers a general perspective on reality (Polit & Beck, 2006). In the practice of science, this refers to philosophical positioning and belief systems, and it enables us to interpret the world around us. The researcher focuses on the dynamic, holistic and individual aspects of phenomena (Polit & Beck, 2006) and views different philosophical paradigms and methods as compatible with regard to the multi-method research that was used in this study (Tashakkori & Teddlie, 2003). The paradigm is viewed as being determined by the researcher and the research problem and not the method. The meta-theoretical-, theoretical- and methodological assumptions applicable to this study are stated below.

#### **1.4.1 Meta-theoretical assumptions: Ontological and epistemological dimensions**

Mouton and Marais (1996) describe meta-theoretical assumptions as non-epistemic statements without the intention to be tested. According to Creswell (2007), ontology and epistemology form part of the philosophical assumptions that lead to the selection of a research design. *Ontology* refers to the foundation and the study of reality. The ontological dimension in this case includes the researcher's beliefs about the nature, structure, form and status of family related phenomena and the investigated family embedded reality (Mouton & Marais, 1996). *Epistemology* refers to how one can know about this reality; the search for truth and knowledge. With regard to the study in question, the researcher therefore tried to produce results that are indicative of the true family related reality as far as possible through a continuous awareness and by being critical, interpretive and inquisitive (Mouton & Marais, 1996). My assumptions are however based on my Christian philosophy and originate from my belief system. The following assumptions are based on my personal worldview.

##### **1.4.1.1 View of person-in-family**

The researcher views a person as a holistic being with interacting biological, psychological, social and cognitive dimensions created by God to interact with others and their environment. Every person is seen as unique and as part of a unique family system

with a unique way of interacting with the environment. In this study a person refers to individual family members. The term family refers to diverse forms of families including complete family units, single-parent households, and households without biological parents with children under the care of either extended family members or other caregivers.

#### **1.4.1.2 View of society/environment**

The researcher views society as the environment, culture and family background that family members come from. The environment refers to both internal and external forces that influence a person at any given time in their lives. The internal environment includes physical-, social-, spiritual- and psychological dimensions within the individual, whilst the external environment includes external forces in a person's environment, which includes family. The person and environment are in constant interaction with each other and affect each other. The environment in this study comprised elements of family life that influence the whole family's psychosocial well-being. Society consists of a diversity of family forms in South Africa and thus the broad socio-cultural environment is seen to be influenced by the psychosocial well-being of each family.

#### **1.4.2 Theoretical assumptions**

The theoretical assumptions include the central theoretical statement, theoretical approaches and/or conceptual definitions from various fields in psychology, used in the research study.

##### **1.4.2.1 Central theoretical statement**

The investigation of family psychosocial well-being in a South African context will lead to the identification of families who report psychosocial well-being. Analysis of the stories and drawings of and interviews with psychosocially well families, characteristics, strengths and other factors can be identified to understand family psychosocial well-being in South Africa. From these findings a conceptual framework and a consequent model

will be developed to facilitate and promote family psychosocial well-being in South Africa.

#### **1.4.2.2 Theoretical approaches**

This study was underpinned by conceptual and/or theoretical approaches in fields of Psychology such as Positive Psychology, Developmental Psychology and Marital/Couples and Family Therapy. Due to the theory generative nature of this study, the phenomena under investigation (family psychosocial well-being) must be explained in the light of a conceptual framework that evolves during the research itself (Strauss & Corbin, 1990). Therefore, the initial decisions were not based on preconceived theoretical frameworks or fields of psychology, but are rather an acknowledgement of existing useful theories and/or models in discovering significant aspects of the phenomena under investigation. Relevant conceptual and/or theoretical approaches from fields in Psychology will be briefly explained below.

##### **Positive Psychology**

Positive Psychology is defined as the scientific study of strengths, qualities and virtues of ordinary human beings, with the aim of shifting the focus of psychology from the negative and the repair of defective things in life to the positive, which includes building strengths, competence and enhancing positive qualities (Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001). Positive psychologists therefore aim to investigate the aspects of individuals, families and communities that allow them to flourish and function in optimal ways, without advocating being positive and happy all the time and without competing with 'negative' psychology (Lyubomirsky & Abbe, 2003). The strengths and abilities that enable individuals, families and communities to deal with and overcome adverse and/or distressing experiences and circumstances, is also at the core of positive psychology's paradigm (King, 2011).

##### **Developmental Psychology**

Developmental psychology may be defined as the field of psychology that is focused on the lifelong process of bio-psycho-socio change or the study of holistic psychosocial

development of a human being over the total lifecycle from conception until death (Louw & Edwards, 2003; Reber & Reber, 2001). This development refers to physical-, cognitive-, social-, emotional-, personality-, and moral-spiritual development in various phases of a person's life (Louw & Edwards, 2003). The family as the central tenet or organising structure of human development throughout the lifespan is a core principle of human developmental psychology (Carr, 2009a; McGoldrick, Carter, & Garcia-Preto, 2010).

### **Marital/Couples and Family Therapy**

By far the most theories about families, their development, growth, functioning and the dynamics that govern family life and behaviour, are found in the applied fields of family science or the fields of marital/couples and family therapy (Becvar & Becvar, 2006; Corey, 2009). During the decades of the 1960's and 1970's psychodynamic, behavioural and humanistic approaches to family therapy and counselling were the dominant ways of attempting to correct what went wrong in families' interactions and relationships. Since the 1980's however, the family systems framework with its various approaches to therapy and counselling, (but in complete agreement about one basic assumption), is the most widely used intervention in family research and therapy. The basic assumption shared by all systemic approaches to family life, is that the behaviour of an individual is better understood within the social system of the family (Goldenberg & Goldenberg, 2004). People and life events are viewed as existing in a context of mutual influence and interaction, and family members are seen as embedded in a network of relationships. By helping a family to adjust or change negative or dysfunctional behaviour, each member's behaviour is considered as crucial (Carr, 2009a; Carr, 2009b; Goldenberg & Goldenberg, 2004). The family is viewed as a functional unit that is comprised of, but also more than the sum of the roles of its individual members. The family is also seen as an interactional unit with its own set of traits that operate in unique patterns and according to specific rules (Becvar & Becvar, 2006; Goldenberg & Goldenberg, 2008). Family therapy is based on the theoretical assumptions of various authors about relational and interactive dynamics and patterns or processes, used by families to function as close netted systems and to maintain the cohesion of the family structure (Corey & Corey, 2006; Goldenberg

& Goldenberg, 2008). A brief overview of the main contributing authors and their concepts will be given below:

Alfred Adler was the first to identify *family constellation* and the *birth order* of children as factors that influence family interactions (Corey & Corey, 2006). Toman (1961) and Bowen (1976) respectively later elaborated by identifying personality characteristics based on birth order and by suggesting that married couples' interaction patterns portray the roles and functions they individually performed in their families of origin due to their birth order. Adler also believed that all behaviour in families is purposeful and performed in patterns motivated by the need to belong. Parents and children can become locked in repetitive and even harmful patterns of behaviour to satisfy the need for belongingness (Christensen, 2004).

Murray Bowen played a major role in mainstream family therapy and he is known for his conceptualization of multigenerational family therapy. Bowen saw the family as an emotional unit with a network of relationships, which is most easily understood within a multigenerational or historical framework. The *multigenerational transmission process* suggests that severe dysfunction results from the degrees of differentiation in family members over several generations, since generations may produce individuals with progressively poorer or lower levels of differentiation who are more prone to anxiety, until eventually a level is reached that is consistent with dysfunction (Bowen, 1976). According to Kerr and Bowen (1988), a predictable pattern of interpersonal behaviour characterizes the functioning of families across generations and therefore the unresolved emotional fusion to one's family must be dealt with, to emancipate as an authentic individual. *Triangulation*, in which triads result in a two-against-one experience (Corey & Corey, 2006), is an important Bowenian concept. Triangles refer to the family's emotional or relational systems and the involvement of a vulnerable third person in situations. This threatens the stability of a relationship and causes anxiety in an attempt to lessen or dilute the tension (Goldenberg & Goldenberg, 2004). The *differentiation of the self* refers to an individual's ability to differentiate into a sense of self as a result of the psychological separation of intellectual- and feeling processes that are experienced, so

that their behaviour is free from being influenced by emotional cues from others. Such a degree of emotional separation as one matures plays an important role in independence, personal responsibility and autonomy (Goldenberg & Goldenberg, 2004). According to Bowen (1978), people select partners whose levels of differentiation match their own and undifferentiated people therefore select other undifferentiated people as partners, who will together produce a family with the same characteristics. The nuclear family's emotional system that then forms is unstable and will attempt in different ways to lessen the tension and regain or maintain stability. Results include the physical or emotional dysfunction in a spouse, marital conflict and the psychological impairment in a child (Kerr & Bowen, 1988) when parents transmit their own level of differentiation onto a child that is vulnerable and infantile (Bowen, 1976). Emotional cut-off refers to children who are not as involved in the projection process, who are able to separate their feeling and thinking from parental influence and who may try to cut themselves off from the family through physical distance or geographic separation as an attempt to break emotional ties. This occurs more frequently in families where there is a high level of anxiety or emotional dependency (Bowen, 1976).

Virginia Satir followed an experiential and humanistic approach and emphasized family connection and the importance of communication and meta-communication in family interaction. She viewed families as peplemakers or peoplebreakers and promoting the peplemaking powers and energies of families characterised Satir's whole approach (Satir, 1972). Her initial work was conjoint family therapy, but later her unique and nurturing approach became known as the human validation process model (Corey & Corey, 2006; Satir, 1983). Haim Ginott (1969) developed the parent-child- and parent-adolescent communication models, which had a strong impact on the improvement of family interaction. Ginott's work was based on Satir's peplemaking concept.

Salvador Minuchin (1974) introduced the idea that families have structures made up of their interactional patterns and that problems in family relationships and –functioning could be ameliorated by bringing about structural change, changing their transactional rules and creating appropriate boundaries (Corey & Corey, 2006). Jay Hayley became a

colleague of Minuchin and further developed the structural/strategic approach to family difficulties by recognising and reorganising problematic structures in families such as setting clear boundaries and unbalancing certain power alliances that dominate family decision making (Hayley, 1976). *Family structure* refers to a family's set of demands, rules or codes that organises the way in which family members relate to and interact with each other. Once these patterns of how family members relate are established, they are usually resistant to change until something comes along that causes tension or imbalance. According to Goldenberg and Goldenberg (2004) families also organise themselves into *family subsystems* in order to carry out their basic functions. These subsystems are formed based on gender, generation, common interests or function and are components of a family's structure. Of these subsystems, spousal, parental and sibling subsystems are the most prominent in the family. *Boundary permeability* refers to how clear a subsystem's boundaries are and the nature and frequency of contact between members of a family. Clearly defined boundaries allow separateness and belongingness at the same time and enhance family well-being by providing support and encouraging independence. *Alignments, power and coalitions* respectively have to do with how members of a family join together or oppose each other when taking part in a family activity. Structuralists believe that for a desired outcome to take place, parents need to clearly define generational boundaries, align with each other on key issues and have rules related to power and authority (Goldenberg & Goldenberg, 2004). Lastly, *family dysfunction* refers to family transactions becoming ineffective or inappropriate and a dysfunctional family is defined as failing to nurture the growth of its members (Colapinto, 1991).

In the work of Breunlin, Schwartz and Mackune-Karrer (1997), a metaframeworks approach to working with families was introduced that not only integrated aspects of the older systemic theories, but also extended them into a 'blueprint' (p. 281) for therapy and research. Six core metaframeworks were identified and presented as six lenses through which to study and assess families: The *internal family system* of each individual refers to those parts of his/her personality that have been shaped by, but also function in the family's social interactions and development experiences. The *teleological lens* looks at the goals of family functioning and the aims or purposes of individual behaviour, e.g.

what motivates actions or reactions, what purposes do symptoms serve, the goals of triangles and the functions of patterns and routines. The *sequences or patterns of interaction lens* views the way in which family life is ordered, the sequences or patterns that steer interaction between members and the repetitive order that these interactions have developed over time. Breunlin et al. (1997) refer to these patterns as embedded sequences. The *organization lens* looks at the family's rules, routines, rituals and imposed roles, or the living structure of the family (Corey & Corey, 2006) that operate as an organising process to hold everything together and to give a sense of unity or wholeness. The *developmental lens* explores the family's progress through the family life cycle, how they handle transactions, their level of competence to facilitate the growth and development of each individual, as well as the growth or stagnation of relational processes (Corey & Corey, 2006). The *multicultural lens* looks at the cultural fit of the family in its societal context, how economics, education, ethnicity, race, gender and age influence family processes and the position of the family against the dominant culture's power and influence. The *gender lens* regards gender role development and gender role functioning in the family, as well as the effects of patriarchy and other power discourses concerning gender on the family. Finally, the *process lens* explores the enabling and disabling processes that the family has created to meet the needs and demands of everyday life (Satir & Bitter, 2000), the resources (internal or external) that they use, the communication they use to make decisions and how they solve problems, meet challenges and manage stress (Breunlin et al., 1997; Corey & Corey, 2006).

From the above it is clear that families are multilayered systems made up of individual members who play various roles, who relate to one another and who together form sequential patterns of interactions that serve as the organizing principles for family life and unity. Families also affect and are affected by the larger and varied systems in which they are embedded. In the discussion of the concepts and constructs used in this study that follows next, the researcher will attempt to integrate those aspects of family life and functioning that were selected to represent the psychosocial well-being of South African families with dimensions of the theories about families and their dynamics discussed above.

### **1.4.2.3 Conceptual definitions**

The following definitions represent the researcher's use of core concepts that are applicable to this study:

#### **1.4.2.3.1 Family**

The family institution is in essence multidimensional, as it not only affects, but is also affected by other institutions (social, economic, cultural, and political) that form the social structure of societies (Amoateng & Richter, 2007). White (1991) defines the family as an intergenerational social group that is organised by varied social norms with regard to descent, affinity, reproduction and nurturing socialisation of youth. According to Goldenberg and Goldenberg (2004) families of today occur in diverse forms with a diversity of cultural heritages, and each family may be seen as a natural social system with its own properties, rules, roles, power structures and forms of communication, problem solving and negotiating. According to Nsamenang (2000), the family constantly interacts with the environment and is influenced by and influences the environment. The family context therefore plays an integral role in what contributes to or hinders development in children. In the African context, the familial ethos in which parental actions and regulatory behaviours are embedded does not only include parents but also siblings, relatives and other mentors such as peer mentors of the extended family networks and communities (Hook, Watts, & Cockcroft, 2002). South African families consist of families from various and diverse cultures and languages. South African law does not identify any single definition for 'family' and the traditional nuclear family, which refers to a married man and woman and their children, does not reflect the reality of the current South African society (South African Law Commission, 2002).

*For the purpose of this study, the concept of family refers to complete family units, single-parent households, extended family and non-biological families of people that are in the participants' immediate vicinity and environment. These family structures occur in diverse cultures of South Africa.*

#### **1.4.2.3.2 Psychosocial well-being**

According to the Inter-Agency Network for Education in Emergencies (INEE, 2011) the term *psychosocial* refers to the connection between people's psychological aspects (thoughts, emotions and behaviour, etc.) and social experiences (relationships, traditions, culture). The term psychosocial therefore refers to a situation wherein psychological and social factors interact (Reber & Reber, 2001). *Well-being* refers to physical-, cognitive-, emotional-, social-, physical-, and spiritual health or wellness and is seen as a process that includes all that is a good for a person, namely a meaningful social role, being happy and hopeful, living according to good values, positive social relationships/support, coping, and security (INEE, 2011).

*For the purpose of this study, psychosocial well-being will include the above stated aspects and refer to the psychological, emotional and social health and wellness of individuals and their families within their community and cultural context. The terms family well-being/wellness and family psychosocial well-being will be used interchangeably in this research and as stated before, and may become neologisms for family-related studies in Positive Psychology.*

For the purpose of this study family psychosocial well-being is determined by measuring the family's functioning style, their attachment, family satisfaction, family hardiness and their dimensions of functioning respectively. This approach to the discussion of family psychosocial well-being is based on constructs from literature and the researcher therefore acknowledges that these constructs may stem from values and assumptions that may or may not be universal. These constructs are represented in the following figure and thereafter discussed:



Figure 1.1. Measuring family psychosocial well-being

#### 1.4.2.3.3 Family Functioning Style

Family functioning is defined as a multidimensional construct that reflects the effectiveness of a family's activities and interactions that enable families to meet their goals, give each other support and contribute to family members' well-being (Walsh, 2003). According to research by McCreary and Dancy (2004), family functioning seems to be influenced by aspects such as socio-economic status, culture, family structure and developmental stage. Families with effective family functioning report emotional nurturing, effective communication, doing things together, helping each other and appropriate parenting. Dunst, Trivette, and Deal's (1988) family functioning style model consists of 5 domains, namely: interactional patterns, family values, coping strategies, family commitment and resource mobilisation (Early, 2001). *Interaction* is defined as an indicator of how families organize themselves in order to do the activities that characterize them as enduring groups (Aldous, 1977). Generally, as discussed before, families exhibit stable, collaborative, purposeful and recurring patterns with regard to interaction that are mostly unnoticed or unstated, and that are not even always understood

by the family members (Goldenberg & Goldenberg, 2004). Research has found that these interaction patterns can have an influence on the family by impacting the effectiveness of their problem-solving (Tallman & Miller, 1974). *Values* are defined as a set of beliefs that guide a family to be an ethical and moral unit of society (Revillard, 2006). *Coping strategies* refer to those strategies used by families to manage stressful situations with limited resources (Zeidner & Endler, 1996). Literature and research make the distinction between three styles of coping, namely: problem-focused (used for controllable stresses), emotion-focused (used to manage affective states) and avoidant coping (used in some situations where a break from active coping is needed to gather personal resources before returning to active coping) (Zeidner & Endler, 1996). *Commitment* is defined as an agreement or loyalty to a system and the act of committing oneself to a charge or trust (Allen, 2006) and in this study, family commitment is understood as loyalty to and involvement with one's family. *Resource mobilisation* is defined as the act of putting one's available means of support (resources) into movement or action (Allen, 2006) and in this study it means with regard to one's family. The family functioning style construct focuses mainly on the effectiveness of family interactions, but also considers the role of culture, structure and development and can therefore be seen as corresponding to the internal family system-, multicultural- and developmental lens of the metaframeworks approach by Breunlin et al. (1997), discussed above.

*For the purpose of this study, the concept family functioning style refers to the effectiveness of family activities and interactions as essential aspects of family psychosocial well-being.*

#### **1.4.2.3.4 Attachment**

The basic premise of attachment theory is that people develop certain expectations about relationships based on experiences in their early childhood, and that these expectations or beliefs can become resistant to change (Tesser, 1995). Attachment is seen as a strong affectional bond with another person that cannot be replaced (Tonin, 2004). This bond is characterised by trust and belongingness between family members and forms the basis (prototype) of all other relationships to follow in people's lives. Bowlby (1958, 1973)

describes various phases in the development of attachment: (1) the pre-attachment phase, (2) the attachment-in-the-making phase, (3) the phase of “clear-cut” attachment and (4) the formation of a reciprocal relationship. The *pre-attachment phase* (indiscriminate responsiveness to humans) lasts for the first two to three months of a baby’s life. During this phase a baby’s behaviour is characterised mainly by genetically determined reflex responses and a baby’s reactions tend to be the same concerning both familiar people as well as strangers. The *attachment-in-the-making phase* (focusing on familiar people) lasts from about the third to sixth month of a baby’s life. During this phase, babies have different reactions concerning familiar people and strangers or unfamiliar people. A greater degree of attachment is noticeable between the baby and primary caregiver, where babies tend to smile and “talk” to the primary caregiver more so than to others and the baby may also become upset when separated from the primary caregiver. The “*Clear-cut*” attachment (active proximity seeking) stage lasts from about six months to two years of age. During this phase infants can crawl or walk and usually try to go where the caregivers are. Attachment can thus be clearly noticed during this phase. Infants also tend to protest, for example by crying when the caregiver/s leave/s the room. The *formation of reciprocal relationship* (partnership behaviour) stage starts at about the age of two. During this phase cognitive-, social- and emotional behaviour develops and attachment between a child and caregiver becomes more complex. In this phase, toddlers may attempt to influence the behaviour of their caregiver/s to make them more responsive to their own needs.

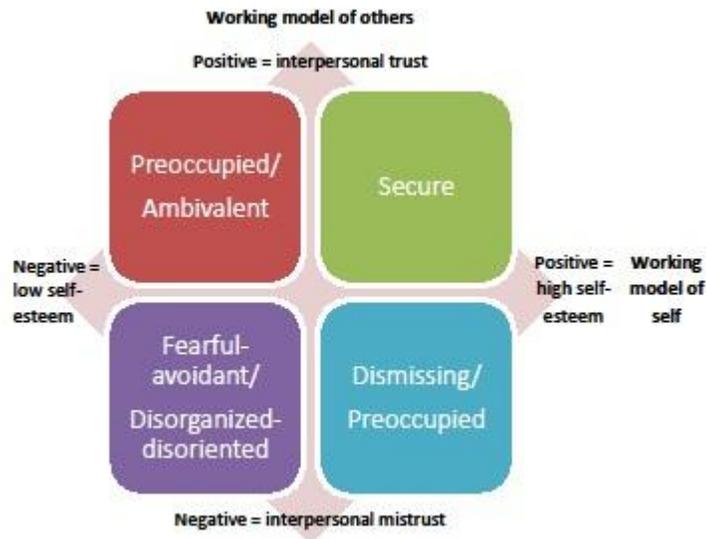
Based on research, Ainsworth (1973) and her team identified three categories of attachment: (1) secure, (2) avoidant and (3) ambivalent. Main and Solomon (1986) identified a fourth category: (4) disorganised-disoriented attachment. *Secure Attachment*: In infancy the mother/primary caregiver becomes the baby’s security base and babies tend to be visibly upset or experience distress when they are separated from their mother. When the mother/primary caregiver returns, the baby is happy and welcomes physical contact with the mother. When the baby comes into contact with strangers, his/her reaction is relatively positive when the mother/primary caregiver is present. In adulthood, a person with a secure attachment style is characterised by high self-esteem and a positive

feeling towards others. These people seek interpersonal closeness and are comfortable in relationships (Baron & Byrne, 2003; Carr, 2011). Persons with this style tend to have lasting, committed and satisfying relationships (Shaver & Brennan, 1992).

*Avoidant/Dismissing Attachment:* In infancy the baby is not upset when the mother leaves; and when the mother returns, the baby usually ignores her. These babies do not attempt to explore the environment when with their mothers. They are not unduly upset when they come into contact with strangers, but may also ignore and avoid strangers as with their mothers/primary caregivers. In adulthood, persons with this attachment style have a positive self-image whilst expecting the worst of others. Their self-descriptions differ significantly from how others describe them (Onishi, Gjerde, & Block, 2001). These individuals are likely to fear closeness and avoid face-to-face interactions, preferring impersonal contact, such as e-mail (McGowan, Daniels, & Byrne, 2000 as cited in Baron & Byrne, 2003).

*Ambivalent/Preoccupied Attachment:* In infancy, the baby tends to be anxious before the mother/primary caregiver leaves and becomes very upset when she leaves the room; and when the mother/primary caregiver returns, the baby acts ambivalently (trying to make contact with the mother/primary caregiver, but also trying to avoid the mother/primary caregiver by kicking, crying and so on). These babies are not likely to explore the environment and are wary of strangers, even with their mother/primary caregiver present. In adulthood, people with this attachment style have a negative view of themselves and positive expectations concerning others (Baron & Byrne, 2003; Carr, 2011). They seek closeness (sometimes too much closeness), but experience feelings of guilt and anxiety, feeling they do not deserve the other person's love (Lopez, Gover, Leskela, Sauer, Schirmer, & Wyssmann, 1997).

*Disorganised-disoriented/Fearful-avoidant Attachment:* An infant may develop this type of attachment if its mother/primary caregiver is insensitive, intrusive or abusive. This type of attachment reflects the greatest insecurity. When the mother/primary caregiver returns, the baby tends to greet her happily but then turns away and engages in a variety of confused or contradictory behaviours. In adulthood, these people are characterised by low self-esteem and are negative about other people. They avoid close relationships and minimise interpersonal closeness with the intention to avoid rejection (Baron & Byrne, 2003; Carr, 2011). The four attachment styles may be represented as follows:



*Figure 1.2.* Four attachment styles based on attitudes towards self and others (Bartholomew, 1990)

Attachment unfolds in phases and stages of development and influences how expectations and behaviours are formed, based on experiences in early childhood. This construct can therefore be compared to the developmental- and internal family system lens of Breunlin et al. (1997) explained above.

*For the purpose of this study, the concept attachment refers to the strong affectional bond between family members, a strong contributing factor to family psychosocial well-being.*

#### **1.4.2.3.5 Family Satisfaction**

Family satisfaction refers to a family’s ability to act as a support system to which individual family members can turn when they feel uncertain about their future (Caprara, Pastorelli, Regalia, Scabini, & Bandura, 2005). Research indicates that family satisfaction has an influence on developmental aspects such as individuation and differentiation of its members, and especially children in the family (Scabini, Lanz, & Marta, 1999). Family satisfaction has been found to correlate with the quality of the parent-adolescent

relationship (Belsky, Jaffee, Hsieh, & Silva, 2001) and also with a sense of self-worth among family members (Gilman, 2001). Dissatisfaction with family life on the other hand may result in the experience of emotional estrangement between family members (Valois, Zullig, Huebner, & Drane, 2001). The Family Satisfaction Scale (FSS) of Olson and Wilson (1982) used in this study assesses family satisfaction on the dimensions of family cohesion and family adaptability. *Cohesion* refers to the extent or measure of emotional bonding between members of a family and their ability to balance separateness and togetherness (Olson, 2000). *Adaptability*, which is also referred to as flexibility, refers to how capable a family is to adapt or change when it is required in a situation and the degree to which a family can tolerate change and require stability (Olson, 2000). The family satisfaction construct focuses mainly on cohesion/bonding (degree of emotional bonding that steers a family's interactions, but also creates a sense of unity) and adaptability/flexibility (how the family meets and adapts to change or demands) and shows similarity to the sequence or patterns of interaction-, organization- and process lenses of Breunlin et al. (1997) described above.

*For the purpose of this study family satisfaction refers to the satisfaction of individual family members with the family as a support system and a source of emotional security, core elements for psychosocial well-being of families.*

#### **1.4.2.3.6 Family Hardiness**

Family hardiness is defined as a mediating strength between stressful situations and family adaptation that consists of four dimensions, namely: control, challenge, commitment and confidence (Ford-Gilboe & Cohen, 2000; McCubbin, McCubbin, & Thompson, 1991). *Control* refers to the sense of control that a family has with regard to life events while *challenge* refers to the family's ability to see change as an opportunity for growth. *Commitment* refers to how actively oriented a family is towards adapting to stressful life events and *confidence* refers to the family's ability to show interest and find meaning in life experiences (Ford-Gilboe & Cohen, 2000; McCubbin et al., 1991). This construct can be linked to the process- and organization lens (Breunlin et al., 1997) described above, as these lenses respectively refer to the processes and resources that a

family make use of in everyday life when facing challenging and stressful situations, as well as the use of rules, routines, rituals and imposed roles that ensure family cohesion and wholeness.

*For the purpose of this study, the concept family hardiness relates to the family's ability to adapt to stressful situations with a sense of control and confidence in their abilities. This is seen as a source of family psychosocial well-being.*

#### **1.4.2.3.7 Dimensions of Family Functioning**

The McMaster model of family functioning refers to six dimensions of family functioning that contribute to the well-being of family members. These dimensions include a family's ability to: solve problems, communicate, allocate roles appropriately, display affective responsiveness as well as empathic affective involvement, and to exert flexible behaviour control (Epstein, Ryan, Bishop, Miller, & Keitner, 2003). According to Epstein, et al. (2003), *problem-solving*, a family's ability to resolve problems in an effective manner is one of the key characteristics of a healthy functioning family because the stability of the family is not threatened by unresolved problems. *Communication* is defined as an index of family operations according to which a family transacts the business of life (Scherz, 1962). According to Satir (1964), it provides a blueprint by which a child develops from infancy to maturity. Theory and research indicate that each family is regarded as distinct, with their own values, history and norms for behaviour. Families therefore have expectations concerning the individual members and their communication within the family (Tubbs & Moss, 2003). For communication in families to be effective, their interactions need to be clear and direct, and family members should be able to express their feelings to each other (Peterson & Green, 2009). DeVito (2004) explains that in an attempt to understand families and their communication, it is helpful to look at the communication patterns that dominate different relationships. Four general communication patterns have been identified, and each interpersonal relationship can be viewed as a variation of these patterns: The equality pattern shows that each person participates equally in the communication transactions and the roles played by the persons who are involved, are equal. Communication is usually open, honest and direct.

The equity theory states that equity (where the rewards and costs of the relationship are equal) contributes to family satisfaction. The balanced split pattern implies that equality still exists in the relationship, but different people have authority over different domains. For example, the husband is the provider of material goods whilst the wife manages the household and takes care of the children. The unbalanced split pattern indicates that one person is dominant and is seen as the expert in most of the areas that concern mutual communication. This expertise can take on the form of control in a relationship, with the person who is in control being more intelligent, having more knowledge or even being more physically attractive or earning more money. The monopoly pattern signifies that one person is seen as the authority. Instead of communicating, this person gives orders to and lectures the other person, telling the non-controlling person how things will and will not be. The person in control rarely asks for the other's advice and also speaks more frequently. *Family roles* refer to recurrent patterns of behaviour that family members display in order to fulfil family functions (Epstein et al., 2003). In healthy functioning families, these roles enable family members to deal with changes throughout life by utilizing clear, flexible and age appropriate roles ascribed to members (Peterson & Green, 2009). *Affective responsiveness* in families implies the ability to respond in an emotionally appropriate way to other family members (Epstein et al., 2003). Healthy functioning families are able to share and experience feelings, whereas families that are unable to display or express such feelings may become emotionally distanced and restricted (Peterson & Green, 2009). *Affective involvement* on the other hand refers to the interest in activities of other family members. Over-involvement and under-involvement in the activities and interests of other family members can be problematic for families and balance therefore plays an important role (Epstein et al., 2003; Peterson & Green, 2009). The patterns of behaviour that families use to enable them to deal with situations in the family are referred to as *behaviour control* (Epstein et al., 2003). Families with flexible patterns of behaviour control are better equipped to cope with changing circumstances (Peterson & Green, 2009). The dimensions of family functioning construct refers to and focuses on various aspects namely problem solving, communication, role allocation, affective responsiveness, empathetic affective involvement and flexible behaviour control, and can therefore be compared to the various lenses of Breunlin et al. (1997).

These include the process lens, which explores processes used in problem solving, the organization lens, which looks at family rules and roles, the internal system lens, which refers to the family's interactions and finally, the sequences or patterns of interaction lens, which views the way in which a family is ordered, as well as patterns of behaviour in a family.

*For the purpose of this study, the dimensions of family functioning refers to a family's ability to solve problems, communicate, allocate roles appropriately, display empathic responsiveness and interested affective involvement, and to exert flexible behaviour control as essentials of family psychosocial well-being.*

### **1.4.3 Methodological Assumptions**

The methodological assumptions that guide this study include the assumptions discussed below and the methodology used in this research. Methodological assumptions act as the philosophical grounding that is used to make decisions with regard to appropriate methods for investigation. The multi-method research approach applied in this study was appropriate as it contributed to a better understanding of the research problem through triangulation by obtaining statistical quantitative results from a sample and then following up with identified families to explain the quantitative results in more depth and using the qualitative results to develop a conceptual framework and model for the psychosocial well-being of South African families (Creswell, 2003).

#### **1.4.3.1 Quantitative research**

The process of quantitative research aims to be systematic and objective by using numerical data from only a selected subgroup of a population to generalise the findings to the larger population that is being studied, by using deductive reasoning (Burns & Grove, 2005). The first phase of this study consisted of a quantitative research design to determine prevalence of psychosocial well-being in families and to identify families who report high, moderate and low levels of psychosocial well-being, using validated psychological instruments. Data were captured and statistically analysed by utilising the PASW 18.0 program (PASW, 2010). Descriptive statistics, reliability indices, and Pearson

correlations between measuring instruments were determined. Structural equation modeling (SEM) methods implemented in AMOS (Arbuckle, 2009), were used to test measurement models.

*For the purpose of this study, quantitative research methods were applied to investigate the prevalence of family psychosocial well-being in a South African context.*

#### **1.4.3.2 Qualitative research**

Qualitative research is an interpretive and naturalistic approach, attempting to make sense of phenomena in terms of the meaning people assign to a given phenomenon (Denzin & Lincoln, 1994). Qualitative research makes use of a holistic approach and considers truth or reality to be co-constructed by people. Therefore there is not only one reality, but rather multiple realities or perceptions that are contextual in nature (Burns & Grove, 2005). Qualitative research allows the researcher to understand the meaning through a process of structural and inductive reasoning. The second phase of this study consisted of a qualitative, explorative research design used to understand and describe aspects that contribute to the psychosocial well-being of families from diverse cultures in a South African context, by analysing the storied (narrative) experiences and drawings of and family interviews with identified families who manifest psychosocial well-being or less thereof, in the first phase of the study (Creswell, 2003).

#### **Explorative and descriptive**

The aim of exploratory research is to explore the nature of a phenomenon in full, including the manner in which the phenomena exists and manifests and other factors that may be related by formally documenting the exploration (Burns & Grove, 2005) in order to allow the researcher to gain more knowledge about the explored phenomenon. Description is the process of identifying and understanding the nature of specific phenomena (Burns & Grove, 2009). According to Mouton and Marais (1996) the aim of descriptive research is to discover new information of phenomena in order to provide in-depth feedback of characteristics regarding the phenomena. The current research aims to

explore and describe family psychosocial well-being in a South African context as part of theory generation.

### **Contextual**

Qualitative research is described as always being contextual since the data is only valid in a specific context (Klopper, 2008). It is therefore important to include a description of the context wherein the research is conducted. In this research the context for the completion of narratives, drawings and family interviews was the physical and relational environment or homes of participating families or if so preferred, community facilities suited for the purpose.

*For the purpose of this study, qualitative research methods were implemented to collect data on the experience of family psychosocial well-being in a South African context.*

### **1.4.3.3 Theory generation**

Chinn and Kramer (1995) defines a theory as the structuring of ideas in a creative and rigorous way in order to project a view of a phenomenon tentatively, purposefully and systemically. A theory may also be defined as a means to identify and express key ideas regarding the essence of practice (Walker & Avant, 2005). Theory development or generation gives the researcher an opportunity to explore the essence of a phenomenon of practice in terms of general or delimited explanations and descriptions of the person, family and society.

*For the purpose of this study the researcher used theory generation to develop a model for the psychosocial well-being of families from diverse cultures in a South African context.*

### **1.4.3.4 Model**

A model is defined as a symbolic representation of concepts and variables and the interrelationships that exist among those concepts or variables (Polit & Beck, 2008). A model may be seen as the symbolic depiction or representation of reality, and it

represents the relationships among phenomena schematically through the use of symbols and diagrams, consequently giving structure to the way we view situations, events and people (Brink, Van der Walt, & Van Rensburg, 2006).

*For the purpose of this study a model refers to the symbolic depiction of strengths and characteristics or features that contribute to the psychosocial well-being of families from diverse cultures in a South African context, in order to enhance the psychosocial well-being of South African families overall.*

In conclusion, the methodological assumptions that guide this study include the assumptions discussed above and the methodology used in this research. The ontological and epistemological assumptions reflect how we think about reality and knowledge, this informs the methodological assumptions. The methodology entails what one does to understand the reality and may be defined as the study of how we know the world or gain knowledge of it through research. It comprises logical planning and scientific decision making in order to conduct research, and using the most appropriate research methods in order to obtain valid findings (Denzin & Lincoln, 1994; Mouton & Marais, 1996). The researcher sees the research process as being influenced by interdependent and interconnected practice, theory, and philosophy that gives direction with regard to how the researcher can gain knowledge of the investigated phenomenon. According to pragmatism, both quantitative and qualitative methods may be used in a single study. Such a combined approach draws on the ideas of “what works” in diverse approaches and the value of both subjective and objective knowledge (Tashakkori & Teddlie, 2003). In this study such a combined method was applied by using quantitative methods in a sample of a population to identify families who could further add depth to the findings through qualitative methods. From a quantitative investigation into the prevalence of psychosocial well-being in families from diverse cultures, identified families who manifested high, moderate and low levels of psychosocial well-being, were qualitatively researched to explore their shared experiences of family psychosocial well-being in order to identify strengths and characteristics or features that contribute to psychosocial well-being of families in a South African context. The findings obtained were used to

formulate a conceptual framework and a model for the psychosocial well-being of families from diverse cultures in a South African context in order to promote the psychosocial well-being of South African families overall. This process may be represented as follows:



Figure 1.3. Ontological, epistemological, and methodological assumptions

## 1.5 RESEARCH METHODOLOGY

### 1.5.1 RESEARCH DESIGN

A brief layout of the research method is presented as two stages namely, stage one: a multi-method approach using quantitative and qualitative research for theory generation, and stage two: formulation of a conceptual framework followed by a visual model. Stage one is described hereafter, while stage two can be found on page 42. See figure 1.4 for a visual presentation of the research design and its two stages.

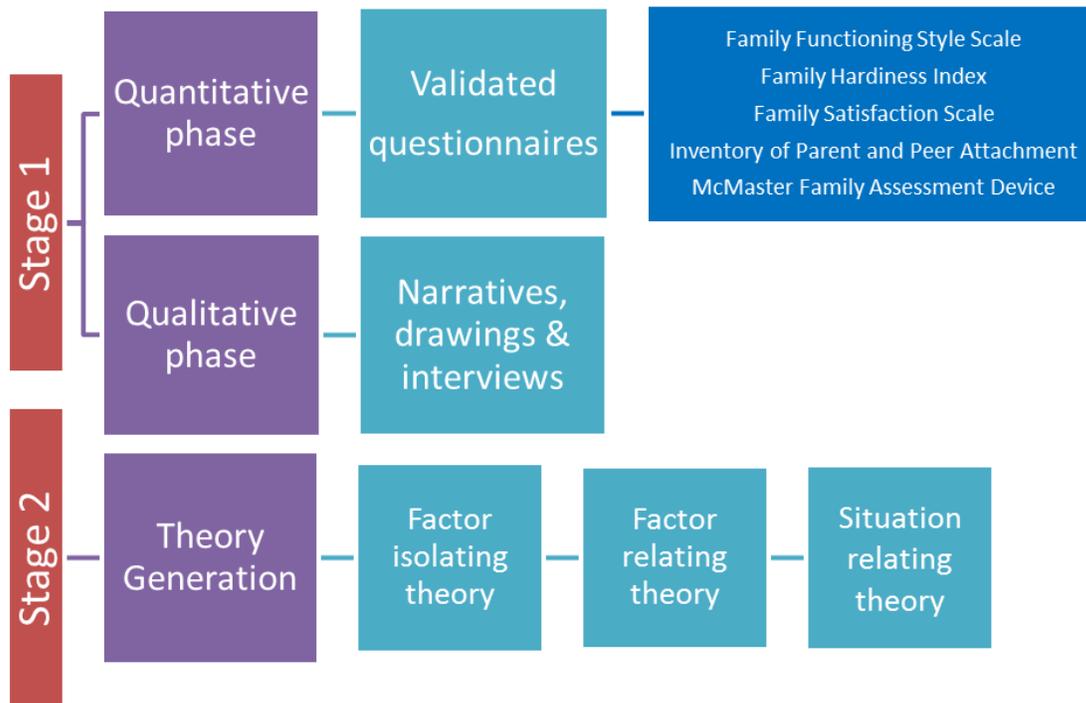


Figure 1.4. Design Map

### Stage one: Multi-method research

A multi-method quantitative and qualitative design with two phases was used in this stage of the study, for purposes of theory generation (Brink, Van der Walt, & Van Rensburg, 2006). The *first phase* consisted of a quantitative research design to determine the prevalence of psychosocial well-being in families, to identify families who report high, moderate and low levels of psychosocial well-being and to statistically develop a measurement model for psychosocial well-being of families. Validated psychological measuring instruments, assessing aspects of psychosocial well-being were completed by youth as representatives of their families. The *second phase* consisted of a qualitative, explorative research design used to understand and describe those aspects of family-being that contribute to the psychosocial well-being of families from diverse cultures in a South African context. Data was obtained by analysing the storied (narrative) experiences, drawings of and family interviews with identified families who showed psychosocial well-being or less thereof in the first phase of the study (Creswell, 2003). From these

findings a conceptual framework was developed in stage two, followed by a model for the psychosocial well-being of families from diverse cultures in a South African context.

## **1.5.2 RESEARCH METHODS**

The research methods included sampling, data collection, data analysis, the research procedure and data handling.

### **1.5.2.1 Sampling**

#### **Participants and Setting**

The setting for completion of questionnaires was the school that participating youth attended. Thereafter, the setting for the completion of narratives, drawings and family interviews was the homes of participating families or community facilities suited for the purpose.

Participant individuals had to meet the following criteria for the first phase:

- They had to be willing to participate voluntarily;
- They had to have parental written consent to participate;
- They had to be able to communicate in English or Afrikaans.

Participant families had to meet the following criteria for the second phase:

- The youth as representatives of families had to be identified by scoring either in the upper range, the moderate range or the lower range of scores of the measuring instruments used in phase one;
- They had to be willing to participate voluntary as individuals and/or families in the second phase and share by writing their family stories/narratives about wellness or less thereof and/or depicting it through drawings, as well as having interviews with the researcher that were recorded on a voice recorder.

### Sampling method

Voluntary, all-inclusive, non-discriminatory sampling of youth attending semi-urban secondary schools and their parents/caregivers were used. The participants in the *first phase* included youth of five semi-urban (a combination of rural and urban) secondary schools, representing families from diverse cultures who were willing to participate voluntarily. The secondary schools included three English medium, one Afrikaans medium and one double-medium school, and were chosen on convenience grounds from three areas in the Gauteng province of South Africa. The youth attending these schools come from a broad spectrum of socio-economic and cultural backgrounds. The statistics of participating schools according to the annual survey of ordinary and mainstream schools for 2011 were as follows:

Table 1.1

#### *Distribution of Learners*

	<b>Black/ African</b>		<b>Coloured</b>		<b>Indian</b>		<b>White</b>		<b>Other</b>		<b>Total</b>
<b>Gender</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	
<b>School 1</b>	417	609	55	87	5	6	9	16	1		<b>1205</b>
<b>School 2</b>	347	447	6	7	13	10	22	25		1	<b>878</b>
<b>School 3</b>	141	217	18	16	11	22	210	246			<b>881</b>
<b>School 4</b>	404	463			1						<b>868</b>
<b>School 5</b>	9	18	30	35	1	1	389	497			<b>980</b>

The schools that were approached and that agreed to participate in the research were given an approximate number of learners that would be needed from each school irrespective of their age, grade, gender or culture. The schools then went about informing the learners about the research and identifying the learners that were willing to participate.

In the *second phase* purposive sampling was used to select participants and their families who were identified from the first phase as manifesting psychosocial well-being or less

thereof, and who were willing to share their stories until data saturation was obtained (Woods & Catanzaro, 1988).

### **Sample size**

The sample size was 772 participants ( $N = 772$ ) in the first phase of the study to ensure validity. The sample size was estimated at ( $N = +750$ ) as advised by a statistical consultant of the NWU. The sample size of the second phase was determined by data saturation (Burns & Grove, 2005). Data saturation was achieved when the data became redundant and there was repetition of information from new participants (Polit & Hungler, 1995).

#### **1.5.2.2 Data collection**

In the quantitative phase (phase 1) of the research, data was collected by means of validated psychological measuring instruments completed by youth as representatives of families. The researcher consulted literature and research to examine the various psychological measuring instruments available to measure family constructs in order to choose the most appropriate instruments for this study. Aspects that were taken into consideration in this process included the reported validity and reliability of the instruments, whether the language was easy to understand and overall user friendliness. When referring to “validated” measuring instruments it means that the measures have been thoroughly researched and statistically analysed to ensure that they measure the theoretical construct that they were intended for and nothing else (De Vos et al., 2002). This means that a good “fit” exists between the conceptual and operational definitions of the construct (Terre Blanche, Durrheim, & Painter, 2006). The instruments used in this study have been extensively used in research with research groups that differ, as far as context and culture is concerned, from the original norm groups and the validity for use in those diverse research groups have mostly been statistically indicated. Yet, the researcher is aware of the fact that the family values and dynamics that these theoretical constructs assume and are based on, may differ in the contexts of the participants in this study. For that reason South African studies in which the measuring instruments were used were sourced and the reliability and validity of the measures in such research groups

were established. Based on an assumption of the preliminary validity of the instruments in South African participants obtained from the South African research scrutinized, the researcher decided to proceed with the use of these measures in this research group. The Family Functioning Style Scale is an exception and the researcher will remain aware of the fact that this scale may not be unconditionally valid for use in this research group.

- *The Family Functioning Style Scale* (FFS; Dunst, Trivette, & Deal, 1988) is a family-centered assessment that specifically measures the positive aspects of family functioning or family strengths (Trivette, Dunst, Deal, Hamby, & Sexton, 1994). The FFS consists of 26-items and the scale covers 3 domains, namely: family identity, information sharing and resource mobilisation. Example items include: “In our family, we try not to take one another for granted” and “No matter what happens in our family, we try to look at the bright side of things”. The items are rated on a 5 point Likert scale from “not at all like my family” to “almost always like my family”. The FFS can be used as both an assessment tool and outcome measure (Early, 2001). The total score range is from 26-130. Higher scores indicate good family strengths and sound family functioning (McGrath & Sullivan, 1999; Trivette et al., 1994). The split-half reliability coefficient for the scale is 0.85, and the average correlation among the items 0.92. Although widely used in research, no evidence could be found that this questionnaire had been used in South African studies.
- *The Family Hardiness Index* (FHI; McCubbin, McCubbin, & Thompson, 1991), measures the internal strengths and durability of a family. The scale consists of 20 items with three subscales: commitment, challenge, and control. Sample items include: “Life seems dull and meaningless” and “We strive together and help each other no matter what”. The items are arranged along a 5-point Likert-type scale and respondents rate their satisfaction on each item ranging from false, mostly false, mostly true, true, and not applicable. The scale has a Cronbach’s alpha of 0.82 (McCubbin et al., 1991). The scale has been used in South African studies (Brown, Fouché, & Coetzee, 2010; Greeff & Van der Merwe, 2004).

- *The Family Satisfaction Scale* (FSS; Olson & Wilson, 1982), assesses family satisfaction on the dimensions of family cohesion and family adaptability. The scale consists of 14 items, for example “How satisfied are you with how close you feel to the rest of your family?” and “How satisfied are you with the number of fun things your family does together?” The items are arranged along a 5-point Likert-type scale and respondents rate their satisfaction on each item, with 1 = dissatisfied, 2 = somewhat dissatisfied, 3 = generally satisfied, 4 = very satisfied and 5 = extremely satisfied. The scale has a Cronbach’s alpha of 0.94 (12 months,  $N = 541$ ) and 0.95 (60 months,  $N = 340$ ) and the five-week test-retest correlation for the total score of the Family Satisfaction Scale was 0.75 (Olson & Wilson, 1982). The scale has been used in South African studies (Koen, 2009; Pillay & Wassenaar, 1997; Roux, 1997).
- *The Inventory of Parent and Peer Attachment* (IPPA; Armsden & Greenberg, 1987), assesses adolescents’ trust of and anger toward or emotional detachment from their parents and peers. The subscales include aspects of trust and communication (together seen as attachment-trust) as well as alienation, anger and isolation (together seen as attachment-anger). For the purpose of this study only the parent attachment inventory with the subscales of attachment-trust and attachment-anger were used. The scale consists of 28 items, for example: “My parents accept me as I am” and “I feel that no one understands me”. Respondents indicate how often each statement is true for them on a 5-point Likert scale. Response categories include *never true*, *seldom true*, *sometimes true*, *often true* and *always true*. The Inventory of Parent and Peer Attachment showed three-week test-retest reliabilities of 0.93 for the parent attachment measure and good reliability and validity indices were found (Armsden, & Greenberg, 1987). The scale has been used in South African studies (Koen, 2009; Williams, 2006).
- *The McMaster Family Assessment Device* (FAD; Epstein, Baldwin, & Bishop, 1983), has seven subscales: Problem solving, communication, roles, affective responsiveness, affective involvement, behaviour control and general functioning. The scale consists of 60 items rated with a 4-point Likert response format.

Example items include: “When someone is upset the others know why” and “We resolve most emotional upsets that come up”. These scales have shown good internal consistency (alphas ranging from 0.72 to 0.92) and one-week test-retest reliability (0.66 to 0.76). This scale was used in the South African study of Botha, Van den Berg, and Venter (2009).

A biographical questionnaire was included to obtain socio-demographic information, such as age, grade, gender and culture, about the participants and their families.

A pilot study was conducted on 17 young people outside of the sample who fitted the selection criteria. The participants indicated that they found the questionnaires to be user-friendly, easy to understand and that it took approximately 30 – 45 minutes to complete the questionnaires. The PASW 18.0 program (PASW, 2010) was utilised for the reliability analysis of the pilot study. The Cronbach alpha reliability indices for the five scales were as follows for the pilot study: IPPA: 0.97, FSS: 0.89, FFS: 0.96, FHI: 0.89, and FAD: 0.97.

In the qualitative phase (phase 2) of the research, data was collected from a group of identified psychosocially well families as well as those who manifested moderate to low well-being. Stories written in respondents’ own words and/or drawings about aspects that contribute to the psychosocial well-being of their families or hinder their well-being, were obtained. In addition, interviews were conducted with the families about aspects that contribute to their psychosocial well-being. The family interview questions used to guide the interviews, were discussed with the study supervisor to ensure usefulness and clarity, and were as follows:

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

During the interviews the following communication techniques were applied (Okun, 1992):

- Paraphrasing: Words of participants were repeated in other ways without adding new ideas or information.
- Reflecting: Used to show that participants' words are heard and understood without interpretation.
- Summarizing: Synthesis of what was said during interviews with the focus on important themes.
- Clarifying: Attempting to obtain a better understanding or more detailed information regarding certain information given by participants.
- Minimal verbal responses: Verbal and non-verbal responses of the researcher should encourage participation, but should be kept to a minimum.

### **Field notes**

Field notes were written immediately after each family interview (Appendix E) to ensure that observations during the focus groups were recorded while the researcher still remembered the observations clearly (Creswell, 1998). The purpose of these notes was to record additional information that may not have been disclosed by participants. Included in the notes are the researcher's observations and an account of circumstances prevailing during the family interviews. In order to limit possible insidious influence the researcher's own feelings, thoughts and experiences with regard to the phenomenon and context were included in the field notes to make the researcher aware of them. Notes were taken according to the format provided by Schatzman and Strauss (1973) and are discussed as follows:

- **Observational notes**

An account of what happened during a family interview without attempting to interpret the events. These notes include who, what, when, where and how of the circumstances.

- **Theoretical notes**

These notes consist of the researcher's self-conscious and systematic interpretation of observations during the family interviews. These notes are described in relation to the observational notes and reflect the meaning and conceptualisation by linking the present to previous responses.

- **Methodological notes**

These notes contain the researcher's awareness regarding the appropriateness of the methodology followed. In these notes, the researcher reflects on the process of family interviewing to ensure it is consistent with the selected methodology (Schatzman & Strauss, 1973).

The name codes of participants, dates and setting for family interviews were recorded and arranged appropriately, in readiness for data analysis.

### **Trustworthiness**

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

Table 1.2

*Measures to Ensure Trustworthiness*

<b>Criteria</b>	<b>Description</b>	<b>Measures</b>
<b>Credibility</b>	<ul style="list-style-type: none"> <li>• Truth value/Accurate reflection of truth</li> </ul>	<ul style="list-style-type: none"> <li>• Literature control.</li> <li>• Field notes taken after each interview.</li> <li>• Use of an independent, experienced co-coder for data analysis.</li> </ul>
<b>Transferability</b>	<ul style="list-style-type: none"> <li>• Strength of qualitative method</li> </ul>	<ul style="list-style-type: none"> <li>• Dense description of data collection and data analysis.</li> </ul>
<b>Dependability</b>	<ul style="list-style-type: none"> <li>• Consistency and auditability of data</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent reporting and recording.</li> <li>• Dense description of methodology and results.</li> <li>• Logical reasoning used in discussion.</li> </ul>
<b>Confirmability</b>	<ul style="list-style-type: none"> <li>• Criterion of neutrality</li> <li>• Researcher's status</li> <li>• Selection of participants</li> </ul>	<ul style="list-style-type: none"> <li>• Auditing interviews, field notes, raw data, keep records.</li> <li>• Build a trust relationship with participants.</li> <li>• Emphasise value of participation to all.</li> <li>• Use of an independent, experienced co-coder.</li> <li>• Environment with minimal distractions.</li> <li>• Use of a purposive voluntary sample.</li> <li>• Set selection criteria for participants.</li> <li>• Build rapport with participants.</li> <li>• Explain value of participation.</li> <li>• Create conducive, relaxed atmosphere.</li> </ul>

**1.5.2.3 Research procedure**

For the *first phase*, written, informed consent was obtained from all the role players and the participants. The researcher contacted the Department of Education and principals of the different schools to explain the objectives of the research and to obtain their approval for learners/youth to participate in the study. This entailed visits to the principals of the schools with letters to explain the study and to request permission for the research to be conducted in the school. Once written permission was obtained from the Department of

Education and principals, the researcher made appointments with learners who agreed to participate, to explain the objectives of the research and what their participation would entail, as well as to get informed, voluntary and written assent from them and consent from their parents/caregivers. Appointments were confirmed at least a day before every scheduled session to obtain data in both phases of this investigation. Teachers, trained for the purpose by the researcher, assisted. The questionnaires, bound in a booklet, were administered by the researcher, who is a registered psychological counsellor and intern research psychologist. For the *second phase* participants and their families who were identified in the first phase as manifesting high, moderate and low levels of psychosocial well-being were approached by the researcher and requested to further participate in the qualitative investigation of their family well-being. The researcher was the primary instrument for data collection and analysis in the second qualitative phase of the research, although a co-coder was used for analysis.

#### **1.5.2.4 Data analysis**

Data in the first phase of the research were captured and statistically analysed utilising the PASW 18.0 program (PASW, 2010). Descriptive statistics, reliability indices, and Pearson correlations between measuring instruments were determined. Structural equation modeling (SEM) methods implemented in AMOS (Arbuckle, 2009), were used to test the measurement models. Absolute fit indices (Chi-square statistic, Standardised Root Mean Residual (SRMR), and Root-Means-Square Error of Approximation (RMSEA)) and incremental fit indices (Tucker-Lewis Index (TLI) and Comparative Fit Index (CFI)) and Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) (see Hair, Black, Babin, & Andersen, 2010) were determined. Data capturing and analysis were done by the researcher in consultation with statistical consultants and the co-supervisor of the study.

The analysis of data in the second phase involved qualitative thematic content analysis. The researcher and an experienced co-coder coded the data independently (Brink, 2002). The co-coder was provided with a work protocol for analysis (see Appendix H). In a consensus discussion, the researcher and co-coder then discussed coding themes and reached consensus on categories to ensure trustworthiness with regard to data analysis

(Polit & Hungler, 1987). Trustworthiness is the term used to refer to what quantitative researchers call validity and reliability of a study (Lincoln & Guba, 1985). The following four criteria were applied to ensure the trustworthiness of the study (De Vos, 1998; Woods & Catanzaro, 1988): *Credibility*, which was ensured by writing field notes that were the researcher's own observations of family psychosocial well-being in a South African context; *Transferability* which refers to the applicability of the results in other contexts, settings and other groups. It also concerns whether the results can be transferred into other contexts. Transferability was ensured by providing a detailed and rich description of the participants and research process. *Dependability* refers to the consistency and auditability of the data (Lincoln & Guba, 1985). In this study, the researcher explained to the participants that they were the experts with regard to the subject, and they were requested to be open and honest in their discussion; *Confirmability* (Lincoln & Guba, 1985) refers to the criterion of neutrality according to which the bias of the researcher should be avoided with regard to the procedures and findings. In the qualitative phase, a literature control was done and the findings were discussed within the context of what is already known about family psychosocial well-being in South Africa (Streubert & Carpenter, 1999). The literature therefore serves as a means of confirming the data, identifying findings in literature that were not evident in this study, or findings unique to this study. Data confirmed by literature was also indicated (Burns & Grove, 2005).

#### **1.5.2.5 Data handling**

The data will be stored for the period of time that is prescribed by the North-West University (2 years). The questionnaires, voice recordings, transcriptions and narratives will be safely stored by the researcher, and after the prescribed time period has transpired the data will be destroyed in an appropriate manner.

#### **Stage two: Theory generation**

In this stage an exposition of theory generation is given and described in three levels according to the approach of Dickoff, James, and Wiedenbach (1968). This approach to theory generation was chosen based on the clarity of the steps provided in order to

develop a visual model. Only three levels of this process were relevant for this study, as the fourth level focuses on testing of hypothesis and operationalization of a model once it is finalized. The levels relevant to this study are as follows:

- **Level one: Factor isolating theory**  
The concepts relating to psychosocial well-being of families were identified, classified, analysed and defined. The concepts came from qualitative data obtained from youth and their parents/caregivers, representing the families researched.
- **Level two: Factor relating theory**  
The researcher delineated the relationship between identified concepts to make explicit the theoretical statements and to decide which variables were important and which relationships were most suitable. This enabled the construction of a conceptual framework. Dickoff, James, and Wiedenbach's (1968) survey list was used for this purpose.
- **Level three: Situation relating theory**  
Concepts were consolidated to form an overall picture of what the framework should consist of. A visual image depicts the structure and process of psychosocial well-being in South African families.

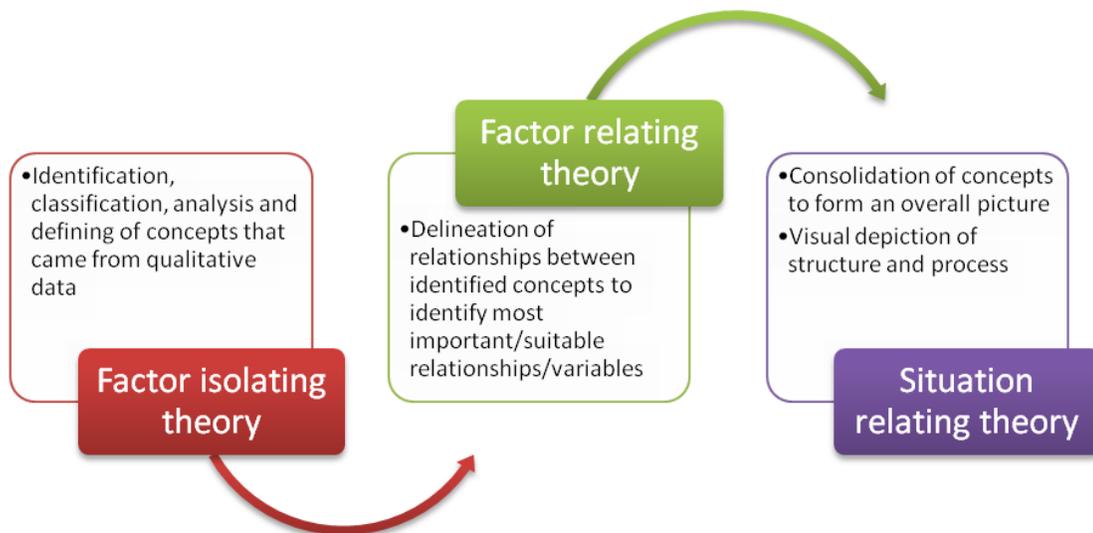


Figure 1.5. Exposition of theory generation in three levels

## **1.6 RIGOR**

The research process in its entirety was guided and evaluated by the following considerations (Guba & Lincoln, 2005):

- Is the research well defined in order to promote theoretical validity?
- Are the research findings trustworthy and is credibility present in population choice, data collection and the analysis of data?
- Are the research findings transferable and suitable to be used elsewhere?
- Are the research findings consistent?
- Are the research findings neutral/unbiased?
- Does the research have operational value?
- Are the arguments logical?
- Can the research decisions and findings be justified?

Rigor was also ensured through the use of a multi-method approach with quantitative and qualitative phases to collect data. The quantitative phase included five validated psychological measuring instruments to determine the prevalence of family psychosocial well-being and to develop a measurement model and the qualitative phase included narratives and drawings of and interviews with identified families in order to identify factors that contribute to family psychosocial well-being or less thereof.

## **1.7 ETHICAL CONSIDERATIONS**

The researcher made use of various international ethical principles, such as those stated in the Helsinki declaration (Burns & Grove, 2005) in order to conduct the research in an ethical manner (see Table 1.3). The researcher considered certain ethical issues in order to ensure that the rights of participants were observed, namely: anonymity, respect for the dignity of persons, non-maleficence and confidentiality (Terre Blanche et al., 2006). Participation was voluntary and anonymous and participants were able to withdraw at any stage if they so wished, without any repercussions. Permission for the study was

obtained from the Gauteng Department of Education and the various secondary schools where the research was conducted, and informed voluntary agreement was obtained in written form from both the participants and their parents/caregivers (see Appendix A, B and C). Permission was also obtained from the Ethical Committee of the North-West University (NWU-00069-11-A9, see Appendix C). The researcher made provision for single session counselling services to learners or their families who experienced emotional discomfort due to the nature of this research or their participation therein. The researcher was not personally involved in such sessions.

The following ethical principles were observed in the study (Burns & Grove, 2005; Terre Blanche, Durrheim, & Painter, 2006):

Table 1.3

*Measures for Ethical Accountability*

<b>Principle</b>	<b>Implications</b>	<b>Measures</b>
<b>Respect</b>	<ul style="list-style-type: none"> <li>• Right to voluntary participation</li> <li>• Right to withdraw voluntarily at any stage</li> <li>• Right to withhold information</li> </ul>	<ul style="list-style-type: none"> <li>• Permission from Ethics Committee</li> <li>• Permission from Gauteng Department of Education</li> <li>• Permission from principals</li> <li>• Letter of assent to learners &amp; letters of consent to parents</li> </ul>
<b>Quality of research</b>	<ul style="list-style-type: none"> <li>• The researcher maintained the highest standard of research by using credited and accepted methods as recommended by the supervisors of the study and literature on the topic.</li> </ul>	<ul style="list-style-type: none"> <li>• Validated questionnaires ; narratives, drawings and family interviews.</li> <li>• Questionnaires analysed according to statistical requirements.</li> <li>• The researcher facilitated the completion of questionnaires.</li> <li>• Teachers who assisted the researcher also completed the questionnaires beforehand to ensure that they understood the questionnaires, so that they could answer any questions that learners might have during the completion of questionnaires.</li> <li>• Qualitative data analysed according to acceptable qualitative methods and recommendations.</li> <li>• The researcher was trained in interviewing skills.</li> </ul>
<b>Confidentiality &amp; Anonymity</b>	<ul style="list-style-type: none"> <li>• Right to anonymity</li> <li>• Right to confidentiality of data</li> </ul>	<ul style="list-style-type: none"> <li>• Participants' identities were protected throughout research procedure.</li> <li>• The identity of no participant or school can be linked with the research data.</li> <li>• Privacy, personal worth &amp; dignity of participants were maintained.</li> </ul>

## **1.8 REPORT OUTLINE**

The research report is presented in article format, as described by General Regulation A 14.4.2 of the North-West University and includes the following:

- Section 1: Overview of the study
- Section 2: Article 1: Psychosocial well-being of families in a South African context  
Article 2: Hearing their voices: Narratives and discussions of families' psychosocial well-being in a South African context  
Article 3: A model for the psychosocial well-being of families in a South African context
- Section 3: Conclusions, limitations and recommendations

## REFERENCES

- Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. M. Caldwell & H. N. Ricciuti (Eds.), *Review of child development research* (Vol. 3, pp. 1-94). Chicago, IL: University of Chicago Press.
- Aldous, J. (1977). Family interaction patterns. *Annual Review of Sociology*, 3, 105-135.
- Allen, R. (2006). *Penguin student dictionary*. London: Penguin Books.
- Amoateng, A. Y., & Richter, L. M. (2007). Social and economic context of families and households in South Africa. In A. Y. Amoateng & T. B. Heaton (Eds.), *Families and households in post-apartheid South Africa: Socio-demographic perspectives* (pp. 61-88). Cape Town: HSRC Press.
- Arbuckle, J. L. (2009). *Amos 18.0*. Crawfordville, FL: AMOS Development Corporation.
- Armsden, G. C., & Greenberg, M. T. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16, 427-451.
- Babington, B. (2006). Family well-being in Australia: A Families Australia version. Families Australia Inc. Retrieved March 14, 2011 from <http://www.familiesaustralia.org.au>
- Baron, R. A., & Byrne, D. (2003). *Social psychology* (10th ed.). New York, NY: Allyn & Bacon.
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, 7, 147-178.
- Becvar, D. S., & Becvar, R. J. (2006). *Family therapy: A systemic integration* (6th ed.). Boston, MA: Pearson.
- Behnke, A., & MacDermid, S. (2004). Family well-being. Sloan Work and Family Research Network: Boston College. Retrieved March 14, 2011 from <http://www.irp.wisc.edu> > Research
- Belsky, J., Jaffee, S., Hsieh, K., & Silva, P. A. (2001). Child rearing antecedents of intergenerational relations in young adulthood: A prospective study. *Developmental Psychology*, 37, 801-813.

- Benard, B. (2002). Turnaround people and places: Moving from risk to resilience. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 213-227). Boston, MA: Allyn & Bacon.
- Benard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA: WestEd.
- Bookwalter, J. F., & Dalenberg, D. (2004). Subjective well-being and household factors in South Africa. *Social Indicators Research*, 65, 333-353.
- Bowen, M. (1976). Theory in the practice of psychotherapy. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 42-90). New York, NY: Gardner Press.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Aronson.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, 39, 350-373.
- Bowlby, J. (1973). *Attachment and loss, Vol. 2. Separation*. New York, NY: Basic Books.
- Botha, A., Van de Berg, H. S., & Venter, C. A. V. (2009). The relationship between family-of-origin and marital satisfaction. *Health SA Gesondheid*, 14, 441-448. doi:10.4102/hsag.v14i1.441
- Breunlin, D. C., Schwartz, R. C., & Mackune-Karrer, B. (1997). *Metaframeworks: Transcending the models of family therapy*. San Francisco, CA: Jossey-Bass.
- Brink, H. I. (2002). *Fundamentals of research methodology for health care professionals*. Kenwyn, UK: Juta.
- Brink, H. I., Van der Walt, C., & Van Rensburg, G. (2006). *Fundamentals of research methodology for health care professionals* (2<sup>nd</sup> ed.). Cape Town, SA: Juta.
- Brown, O., Fouché, P., & Coetzee, M. (2010). Bouncing forward: Families living with a type 1 diabetic child. *South African Family Practice*, 52, 536-541.
- Burns, N., & Grove, S. K. (2005). *The practice of nursing research: Conduct, critique, and utilization* (2nd ed.). St. Louis, MO: Elsevier Saunders.
- Burns, N., & Grove, S. K. (2009). *The practice of nursing research: Conduct, critique and utilization* (5th ed.). London, UK: W.B. Saunders.
- Caledon Institute of Social Policy. (2001). Healthy families, healthy communities. Retrieved March 10, 2011 from <http://www.caledoninst.org/Publications/PDF/1-894598-53-9.pdf>

- Caprara, G. V., Pastorelli, C., Regalia, C., Scabini, E., & Bandura, A. (2005). Impact of adolescents' filial self-efficacy on quality of family functioning and satisfaction. *Journal of Research on Adolescence, 15*(1), 71-97.
- Carr, A. (2009a). *What works with children, adolescents and adults? A review of the effectiveness of psychotherapy*. London, UK: Routledge.
- Carr, A. (2009b). The effectiveness of family therapy and systemic interventions for child-focused problems. *Journal of Family Therapy, 31*, 3-45.
- Carr, A. (2011). *Positive psychology: The science of happiness and human strengths* (2<sup>nd</sup> ed.). New York, NY: Brunner-Routledge.
- Chinn, P. L., & Kramer, M. K. (1995). *Theory and nursing: Systemic approach* (4th ed.). St Louis, MO: Mosby.
- Christensen, O. C. (Ed.). (2004). *Adlerian family counselling* (3rd ed.). Minneapolis, MN: Educational Media Corp.
- Colapinto, J. (1991). Structural family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy, 2* (pp. 417-443). New York, NY: Brunner/Mazel.
- Corey, G. (2009). *Case approach to counselling and psychotherapy* (7th ed.). Belmont, CA: Brooks/Cole.
- Corey, G., & Corey, M. (2006). *Groups: Process and practice* (7th ed.). Belmont, CA: Thomson Brooks/Cole.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2<sup>nd</sup> ed.). Thousand Oaks: Sage.
- Denzin, N. K., & Lincoln, Y. S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 1-22). Thousand Oaks, CA: Sage.
- DeVito, J. A. (2004). *The interpersonal communication book* (10th ed.). Boston, MA: Pearson Education.
- De Vos, A. S. (1998). *Research at grass roots: A primer for the caring profession*. Pretoria, SA: Van Schaik.

- De Vos, A. S., Strydom, H., Fouché, H. B., & Delport, C. S. L. (2002). *Research at grass roots: For the social sciences and human service professions* (2nd ed.). Pretoria, SA: Van Schaik.
- Dickoff, J., James, P., & Wiedenbach, E. (1968). Theory in a practice discipline: Practice oriented theory. *Nursing Research, 17*, 415-435.
- Diener, E., & Lucas, R. E. (1999). Personality and subjective well-being. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 213-229). New York, NY: Russell Sage Foundation.
- Diener, E., & Oishi, S., & Lucas, R. E. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology, 54*, 403-425.
- Dunst, C. J., & Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
- Early, T. J. (2001). Measures for practice with families from a strengths perspective. *The Journal of Contemporary Human Services, 8*(2), 225-232.
- Epstein, N., Baldwin, L., & Bishop, D. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy, 9*, 171-180.
- Epstein, R., Ryan, C., Bishop, D., Miller, I., & Keitner, G. (2003). The McMaster model: A view of healthy family functioning. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (pp. 138-160). London, UK: The Guilford Press.
- Ford-Gilboe, M., & Cohen, J. A. (2000). Hardiness: A model of commitment, challenge, and control. In V. Hill Rice (Ed.), *Handbook of stress, coping, and health: Implications for nursing research, theory, and practice* (pp. 425-436). Thousand Oaks, CA: Sage.
- Gilman, R. (2001). The relationship between life satisfaction, social interest, and frequency of extracurricular activities among adolescent students. *Journal of Youth and Adolescent, 30*, 749-767.
- Ginott, H. G. (1969). *Between parent and teenager*. New York, NY: Scribner
- Goldenberg, I., & Goldenberg, H. (2004). *Family therapy: An overview* (6th ed.). Pacific Grove, CA: Thomson Brooks/Cole.

- Goldenberg, I., & Goldenberg, H. (2008). *Family therapy: An overview* (7th ed.). Belmont, CA: Brooks/Cole.
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (p.1212). London, UK: Sage.
- Greeff, A. P., & Van der Merwe, S. (2004). Variables associated with resilience in divorced families. *Social Indicators Research*, 68, 59-75.
- Hair, J. F., Black, W. C., Babin, B. J., & Andersen, R. E. (2010). *Multivariate data analysis: A global perspective*. Upper Saddle River, NJ: Pearson.
- Hayley, J. (1976). *Problem-solving therapy: New strategies for effective family therapy*. San Francisco, CA: Jossey-Bass.
- Holborn, L., & Eddy, G. (2011). South African Institute of Race Relations. First steps to healing the South African family. Retrieved April 12, 2011, from <http://www.sairr.org.za/>
- Hook, D., Watts, J., & Cockcroft, K. (2002). *Developmental psychology*. Granjon, SA: Creda Communications.
- Inter-Agency Network for Education in Emergencies. (2011). INEE thematic issues brief: Psychosocial well-being. Retrieved June 28, 2011, from <http://www.ebookbrowse.com/inee-thematic-issue-brief-psychosocial-pdf-d82613712>
- Keyes, C. L. M. (2004). The nexus of cardiovascular disease and depression revisited: The complete mental health perspective and the moderating role of age and gender. *Aging and Mental Health*, 8, 266–274. doi: 10.1080/13607860410001669804.
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62, 95–108. doi: 10.1037/0003-066X.62.2.95.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York, NY: Norton.
- Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82, 1007-1022.

- King, L. A. (2011). Are we there yet? What happened on the way to the demise of positive psychology. In K. M. Sheldon, T.B. Kashadan & M. F. Steger (Eds.), *Designing positive psychology* (pp. 115-132). New York, NY: Oxford University Press.
- Klopper, H. C. (2008). The qualitative research proposal. *Curationis*, 31(4), 62-72.
- Koen, V. (2009) *The parent-adolescent relationship and the emotional well-being of adolescents*. Unpublished master's dissertation, North-West University, Vaal Triangle Campus, Vanderbijlpark, South Africa.
- Landau, J., Cole, R., Tuttle, J., Clements, C. D., & Stanton, M. D. (2000). Family connectedness and women's sexual risk behaviours: Implications for the prevention/intervention of STD/HIV infection. *Family Process*, 39, 461-475.
- Laursen, E. (2000). Strength based practice with children in trouble. *Reclaiming Children and Youth*, 9(2).
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Linley, A., & Joseph, S. (2004). Toward a theoretical foundation for positive psychology in practice. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 713-731). Englewood Cliffs, NJ: Wiley.
- Lopez, F. G., Gover, M. R., Leskela, J., Sauer, E.M., Schirmer, L., & Wyssmann, J. (1997). Attachment styles, shame, guilt, and collaborative problem-solving orientations. *Personal Relationships*, 4, 187-199.
- Louw, D. A., & Edwards, D. J. A. (2003). *Sielkunde: n Inleiding vir studente in Suider-Afrika* (2nd ed.). Johannesburg, SA: Heinemann.
- Lyubomirsky, S., & Abbe, A. (2003). Positive psychology's legs. *Psychological Inquiry*, 14(2), 132-136.
- Main, M., & Solomon, J. (1986). Discovery of an insecure, disorganized/disoriented attachment pattern: Procedures, findings and implication for the classification of behaviour. In M. W. Yogman & T. B. Brazelton (Eds.), *Affective development in infancy* (pp. 95-124). Norwood, NJ: Abbex.
- Marks, N. (2011). Positive nations: The need for new measures. Positive nations day. Retrieved March 11, 2011, from <http://www.connect.fas.public-i.tv/site/player/text.php?a=45963&m=flash>

- McCreary, L. L., & Dancy, B. L. (2004). Dimensions of family functioning: Perspectives of low-income African American single-parent families. *Journal of Marriage and Family*, 66(3), 690-701.
- McCubbin, M., McCubbin, H., & Thompson, A. (1991). FHI: Family Hardiness Index. In H. McCubbin & A. Thompson (Eds.), *Family assessment inventories for research and practice* (pp. 125-141). Madison, WI: University of Wisconsin.
- McGoldrick, M., Carter, B., Garcia-Preto, N. (2010). *The expanded family life cycle: Individual, family, and social perspectives* (4th ed.). New Jersey, NJ: Pearson Education.
- McGrath, M. M., & Sullivan, M. C. (1999). Medical and ecological factors in estimating motor outcomes of pre-school children. *Research in Nursing and Health*, 22, 155-167.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Mouton, J., & Marais, H. C. (1996). *Basiese begrippe: Metodologie van die geesteswetenskappe*. Pretoria: Raad vir Geesteswetenskaplike Navorsing.
- Neff, D. F. (2004). Subjective well-being, poverty and ethnicity in South Africa: Insights from an exploratory analysis. Retrieved October 14, 2010, from <http://www.springerlink.com/content/64rl777u3p817364/>
- Nsamenang, B. A. (2000, September), *African view on social development: Implications for cross-cultural developmental research*. Paper presented at the Fifth Biennial Africa Regional Workshops of the ISSBD, 25-30, Kampala, UG.
- Okun, B. F. (1992). *Effective helping: Interview and counseling techniques*. California, CA: Brookes/Cole.
- Olson, D. H. (2000). Circumplex model of marital and family systems. *Journal of Family Therapy*, 22, 144-167.
- Olson, D. H., & Wilson, M. (1982). Family satisfaction. In: D. H. Olson, H. I. McCubbin, H. Barnes, A. Larsen, M. Muxen, & M. Wilson (Eds.), *Family Inventories: Inventories used in a national survey of families across the family life cycle*, (pp. 25-31). St Paul, MN: University of Minnesota.

- Onishi, M., Gjerde, P. F., & Block, J. (2001). Personality implications of romantic attachment patterns in young adults: A multi-method, multi-informant study. Retrieved March 10, 2011, from <http://psp.sagepub.com/content/27/9/1097.abstract>
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2009). *Human development* (11th ed.). New York, NY: McGraw-Hill.
- Parritz, R. H., & Troy, M. F. (2011). *Disorders of childhood: Development and psychopathology*. Belmont, CA: Wadsworth.
- PASW Inc. (2010). *PASW 18.0 for Windows*. Chicago, IL: SPSS Inc.
- Pawelski, J. O. (2011). Positive cultures: A fundamental step toward positive nations. Positive nations day. Retrieved March 11, 2011, from <http://www.connect.fas.public-i.tv/site/player/text.php?a=45963&m=flash>
- Peterson, C. (2006). *A primer in positive psychology*. Oxford: Oxford University Press.
- Peterson, R., & Green, S. (2009). Families first: Keys to successful family functioning. Virginia cooperative extension. Retrieved March 10, 2011, from <http://www.pubs.ext.vt.edu/350/350-092/350-092.html>
- Pillay, A. L., & Wassenaar, D. R. (1997). Recent stressors and family satisfaction in suicidal adolescents in South Africa. *Journal of Adolescence*, 20, 155-162.
- Polit, D. F., & Beck, C. T. (2006). *Essentials of nursing research: Methods, appraisal and utilization* (4th ed.). Philadelphia, PA: Lippincott.
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). London, UK: Lippincott Williams & Wilkins.
- Polit, D. F., & Hungler, B. P. (1987). *Nursing research: Principles and methods* (3rd ed.). Philadelphia, PA: Lippincott.
- Polit, D. F., & Hungler, B. P. (1995). *Nursing research: Principles and methods* (5th ed.). Philadelphia, PA: Lippincott.
- Prinstein, M., Boergers, J., Spirito, A., Little, T. D., & Grapentine, W. L. (2000). Peer functioning, family dysfunction, and psychological symptoms in a risk factor model for adolescent inpatients' suicidal ideation severity. *Journal of Clinical Child Psychology*, 29(3), 392-405.
- Reber, A. S., & Reber, E. S. (2001). *Dictionary of psychology* (3rd ed.). London, UK: Penguin Books.

- Revillard, A. (2006). Work/Family policy in France. *International Journal of Law, Policy and the Family*, 20(2), 133-150.
- Roux, P. W. (1997). *The family process of high school underachievers*. Unpublished master's dissertation, North-West University, Potchefstroom, South Africa.
- Satir, V. M. (1964). *Conjoint family therapy*. Palo Alto, CA: Science & Behaviour Books.
- Satir, V. (1972). *Peoplemaking: Because you want to be a better parent*. Palo Alto, CA: Science and Behavior Books, Inc.
- Satir, V. (1983). *Conjoint family therapy* (3rd ed.). Palo Alto, CA: Science and Behaviour Books.
- Satir, V. M., & Bitter, J. R. (2000). The therapist and family therapy: Satir's human validation process model. In A. M. Horne (Ed.), *Family counselling and therapy* (3rd ed., pp. 62-101). Itasca, IL: F. E. Peacock.
- Scabini, E., Lanz, M., & Marta, E. (1999). Psycho-social adjustment and family relationships: A typology of Italian families with a late adolescent. *Journal of Youth and Adolescence*, 28, 633-644.
- Schatzman, L., & Strauss, A. L. (1973). *Field research: Strategies for a natural sociology*. New Jersey, NJ: Prentice-Hall Englewood Cliffs.
- Schers, F. H. (1962). Multiple-client interviewing: Treatment implications. *Social Casework*, 15, 11-16.
- Seligman, M. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfilment*. New York, NY: Free Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14.
- Shaver, P. R., & Brennan, K. A. (1992). Attachment styles and the "big five" personality traits: Their connections with each other and with romantic relationship outcomes. *Personality and Social Psychology Bulletin*, 18, 536-545.
- Sheldon, K. M., & King, L. (2001). Why positive psychology is necessary. *American Psychologist*, 56(3), 216-217.

- Sheridan, S. M., Eagle, J. W., & Dowd, S. E. (2006). Families as contexts for children's adaption. In S. Goldstein & R.B. Brooks (Eds.), *Handbook of resilience in children* (pp.165-179). New York, NY: Springer.
- Smith, M. J. (2008). *Child sexual abuse: Issues and challenges*. New York, NY: Nova Science Publishers.
- South African Law Commission. (2002). Discussion paper 103: Review of the child care act. Retrieved June 28, 2011, from <http://www.justice.gov.za/salrc/dpapers/dp103.pdf>
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedure and techniques*. California, CA: Sage.
- Streubert, H. J., & Carpenter, D. R. (1999). *Qualitative research in nursing: Advancing the humanistic perspective* (2nd ed.). Philadelphia, PA: Lippincott.
- Tallman, I., & Miller, G. (1974). Class differences in family problem solving; the effects of verbal ability, hierarchical structure and role expectations. *Sociometry*, 37, 13-37.
- Tashakkori, A., & Teddlie, C. (2003). *Handbook of mixed methods in social and behavioural research*. Thousand Oaks, CA: Sage.
- Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences* (2nd ed.). Cape Town, SA: University of Cape Town Press.
- Tesser, A. (1995). *Advanced social psychology*. New York, NY: McGraw-Hill.
- Toman, W. (1961). *Family constellation: Its effects on personality and social behaviour*. New York, NY: Springer.
- Tonin, E. (2004). The attachment styles of stalkers. *The Journal of Forensic Psychiatry & Psychology*, 15(4), 584-590.
- Trivette, C. M., Dunst, C. J., Deal, A. G., Hamby, D. W., & Sexton, D. (1994). Assessing family strengths and capabilities. In C. J. Dunst, C. M. Trivette & A. G. Deal (Eds.), *Supporting and strengthening families: Methods, Strategies and Practices* (pp. 132-139). Cambridge, MA: Brookline Books.
- Tubbs, S. L., & Moss, S. (2003). *Human communication: Principles and contexts* (9th ed.). Boston, MA: McGraw-Hill.

- Valois, R. F., Zullig, K., Huebner, E. S., & Drane, J. W. (2001). Relationship between life satisfaction and violent behaviours among adolescents. *American Journal of Health Behaviour, 25*, 353-366.
- Walker, L. O., & Avant, K. C. (2005). *Strategies for theory construction in nursing* (4th ed.). New Jersey, NJ: Pearson Prentice Hall.
- Walsh, F. (2003). Changing families in a changing world: Reconstructing family normality. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (3rd ed., pp. 3-26). New York, NY: Guilford.
- White, J. M. (1991). *Dynamics of family development: The theory of family development*. New York, NY: Guilford.
- Williams, C. M. (2006). *An exploration of father-child relationships, current attachment styles and self-esteem amongst adults*. Unpublished master's dissertation, Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Wissing, M. P., & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology, 32* 32-44.
- Woods, N. F., & Catanzaro, M. (1988). *Nursing research: Theory and practice*. St. Louis, MO: C.V. Mosby.
- Zeidner, M., & Endler, N. (1996). *Handbook of coping: Theory, research, applications*. New York, NY: Wiley.