EXPLORING FAMILY RESILIENCE IN URBAN SHONA CHRISTIAN FAMILIES IN ZIMBABWE

BY

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DECLARATION

I declare that, Exploring Family Resilience in Urban Shona Christian Families in Zimbabwe is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

__________________________  __________________________
Signature                      Date
Acknowledgements

- Many thanks to the All Mighty God for keeping the strength in me strong and guiding me to the finishing line. This research would not be a success if I had lost hope and faith.
- To my husband and children, Tadiwa and Tafara for keeping up with my multi-tasking and being supportive and patient with me.
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Abstract

This study addresses the factors that assist families towards family adaptation during adversities and contribute to family resilience. The study aimed to identify, describe and explore family resilience factors that enable urban Shona Christian families to withstand life crises in the midst of a society facing economic hardships and manage to bounce back from these challenges. The study also sought to reach out to families facing challenges and who are struggling to adapt and recover from their challenges. The Resiliency model of Family Stress, Adjustment and Adaptation was used as a theoretical framework for this study (McCubbin, Thompson & McCubbin, 2001).

A quantitative method was employed. A total of 106 participants including parents and adolescents from 53 families independently completed 6 questionnaires including a biographical questionnaire. The questionnaires measured family adaptation and aspects of family functioning in accordance with the Resiliency model of Family Stress, Adjustment and Adaptation. The data collected was subjected to correlation regression analysis which was computed using SPSS to identify family resilience factors that assisted families in family adaptation.

The results showed that family adaptation was fostered by first, the family’s internal strengths; affirming and less incendiary communication; passive appraisal; and control over life events and hardships. Secondly, the family’s external strengths; seeking spiritual support; social support from within the community; and mobilising the family to acquire community resources and accept help from others. These findings could be used to develop interventions that promote family resilience and establish the potential of family members within a family when facing adversities.
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CHAPTER ONE

BACKGROUND AND MOTIVATION FOR RESEARCH

1.1 BACKGROUND

Twenty-first century families are suffering and experiencing a great deal of transformation and redefinition towards resilience. Ideas about what a family is and how it should be structured vary across cultures and according to Hildreth, Boglin and Mask (2000), the form of families is constantly changing. This is a phenomenon which Africa has not escaped (Kwaku, 1997). In Zimbabwe, families are under pressure from equality of sexes, technologies and economic status change of women and non-traditional families are becoming more and more common (UN 1994). A family is considered to be a structure of inter-related parts in which the whole is greater than the sum of its parts (Hildreth et al., 2000). The structure is in a continuous process of evolution but can also resist changes during times of stress and promote family resilience. Despite the changing nature of families, it has become increasingly clear that the family, as a basic unit of society, must play major roles in resolving social problems. According to Kwaku (1997), governments are pushing more and more responsibilities to families by expecting them to care for the mentally ill and to groom their children for the future, educationally and socially. In addition, teachers, social workers, health and other practitioners routinely look upon the family as part of the resource or solution to the problems they deal with. However, families are not always ready or able to effectively carry out these responsibilities.

According to Stinnet (1979), the strengths of a family are seen through the social and psychological characteristics which create a sense of positive family identity, promote satisfying and fulfilling interaction among family members, encourage the development of the potential of the family group and individual family members, and contribute to the family's ability to deal effectively with stress and crisis. McCubbin and McCubbin (1988) also suggested that family resilience represents those psychological characteristics of families which help families to be resistant to disruption in the face of change and be adaptive in the face of crisis situations.
Christian families seem to show great psychological stability when facing life threatening circumstances (Greeff & Loubser, 2008). Life stressors are very demanding within families, and unity amongst family members no matter the severity of the adversity can produce positive results towards solving their problems (Greeff & Loubser, 2008). The term resilience has been used to refer to such kind of families. These families are able to bounce back to their original normal psychological state after experiencing an adversity (Hildreth et al., 2000). Christian families seem to possess psychological resourcefulness in their attempt to be resilient towards an adversity. Their state of mind is psychologically resilient when both dealing with a crisis and after facing a crisis because such families enforce a spirit of endurance in their midst.

In the face of so much family change, social change, and changes in the national community, it is increasingly important that individuals and families prepare for and adapt to the stress that comes with change (Strasser & Strasser, 2005). If researchers and community leaders can understand what helps some people to function well in the context of high adversity, they may be able to incorporate this knowledge into new practice strategies (Greeff & Van der Merwe, 2004). Inasmuch as many scholars have researched on the issue of resilience in other countries, little or no research has been conducted in Zimbabwe on the subject of family resilience. There is an apparent scarcity of research on how Black Christian families recover from adversity and how their churches help them to cope. This calls for studies, since the concept of family resilience can be presented as a valuable framework to guide research, intervention and prevention efforts.

Previous studies on family resilience make mention of pathology and adversities faced by families. This is evident in the study by Gordon Rouse, Longo, and Trickett (2000), which found that family participation in household tasks and hobbies contributes to family resilience. In a study of families with a medically fragile child, some families developed positive meanings about their situation as a way of coping (Patterson, 1993). Stinnett and DeFrain (1985) studied family strengths in different countries. Their cross-cultural research identified the following qualities as contributing to a member’s sense of personal worth and feelings of relationship satisfaction: commitment to the family, appreciation and affection, communication, shared enjoyable times, a sense of spiritual well-being and the ability to successfully manage stress and crisis.
In South Africa, researchers on family resilience have thus far contributed a number of studies in a South African context. Van Der Merwe and Greeff (2003) in a study that focused on individual resilience evaluated the efficacy of coping mechanisms of 82 unemployed African men with dependents. They found familial support to be an important stress mediator in the coping devices of these unemployed African men. Also, Smith (2006) conducted a study on South African isiXhosa families and explored their cultural phenomenon and resilience. The study found several resilience factors to be significant towards family resilience namely, communication, problem solving, emotional support and Christianity. Lastly, Theron and Malindi (2010) conducted a study on street youth and resilience and found that their resilience was rooted in a blend of ecological resources.

In Zimbabwe, the church is an integral part of life and society and in its various forms has had a major impact on Zimbabwean ways of life. Having operated in tandem with colonialism, the Christian ideology tends to be dominant (Strasser & Strasser, 2005). The church in Zimbabwe is a complex body of four main groups made up of the Roman Catholic, mainline Protestant, Pentecostal/Evangelical and African Independent Churches (AIC’s). According to Chitando (2002), in Harare, Pentecostal churches continue to grow at a phenomenal rate, converting cinema houses into houses of prayer and African Independent Churches seem to be taking over most trees in the neighbourhoods.

According to World Council of Churches (2004), these churches are to be found within every community and hold much credibility with the people because of their presence at grassroots, their involvement with the people at every aspect of their lives and for the many services that they offer. They have the widest network coverage in the country; have the largest constituency of people and an enviable infrastructure, extending from the international community to the most marginalized and to the poorest of the poor. The church is an organic grassroots expression of human-divine exchange. Its central qualities of faith, hope, healing, mercy, and continued seeking inspiration on the biblical text separate it from any other social grouping (World Council of Churches, 2004). Worshipping communities can foster and shape self-identity, vision and honesty as strengths that have great contributions to social life. The church’s role in forming, norming, advocating and creating a relatively safe social life is essential in increasing family resilience in all persons, including the youth (Hildreth et al., 2000).
In respect of the above mentioned and the current economic and political situation in Zimbabwe, the family can be viewed as a context in which Christian values and cultural values are played out hence there is need to understand the factors that contribute to the resilience of these families. Families need to be aware of the coping strategies embedded in them that they might make full use of these strategies and help other families implement them when faced with challenges (Greeff & Thiel, 2012).

A range of mechanisms have been postulated to explain the link between Christianity and positive family functioning. Mahoney, Pargament, Tarakeshwar and Swank (2001), distinguish between the functional aspects of Christianity and its substantive aspects. The latter refers to the content of Christian beliefs. According to Mahoney et al. (2001) such beliefs carry a freight of positive messages about pro-social values. They may also offer a framework for coping with difficult situations and enable families to make meaning out of adversity. Messages from Christian leaders may also shape parental beliefs that could shape attitudes to parenting. The functional aspects of Christianity may even be more important (Mahoney et al., 2001). One important mechanism through which Christian participation affects family functioning may be by augmenting a family's social capital. Membership of a church congregation provides links to other people with similar values, which may provide increased access to social support, child care and instrumental or financial assistance in dealing with problems. Attendance at church services may also help the family to achieve cohesion by engaging in joint activities or by promoting shared value systems. Participation in prayer could also afford families a form of therapeutic strength (Mahoney et al., 2001).

This research is intended to describe and explore coping strategies within the urban Shona Christian families as exhibited by Christian church practices that enhance family resilience. To achieve this, the study was done within the theoretical framework of the Resiliency Model of Family Stress, Adjustment, and Adaptation (McCubbin, Thompson, & McCubbin, 1996). In addition, existing empirical coping mechanisms were explored. The research would be able to contribute to identifying coping mechanisms that can be used as tools of intervention and creating awareness so that tools for intervention can be added within family therapy and the community; and to improve people’s understanding of the resourcefulness of Christian church practices in dealing with family crises.
1.2 RATIONALE OF THE STUDY

According to McCubbin and McCubbin (1996), knowledge about resilience in a family context is limited and calls for more investigations (McCubbin, Thompson, Thompson & Futrell, 1999). Family resilience in Zimbabwe has not been explored or identified in published studies and so there is a need to conduct research on the subject. The generalization of family resilience findings from white predominantly male populations which is empirically evident has led various authors to identify this generalisation as problematic (Gnaulati & Hein, 2001). This is problematic because white populations value individualism while black populations value collectivism (Smith, 2006). The researcher feels obligated to do a study on resilience focusing on Christian families and use quantitative methods for collecting data in order to explore the existence of family resilience factors within the Zimbabwean community.

The tremendous efforts that have been evident in the lives of the urban Shona Christian families living in Harare contribute to the reason why the researcher seeks to engage in this study. Most of these families have shown that they can recover from adversity and create positive attitudes out of those adversities. Family life in Zimbabwe has changed dramatically in the past decades, and this trend is likely to continue. While change always brings challenges, families can meet these challenges by using the strategies that are going to be identified and explored to build greater family resilience. All families have some strength and by building on those strengths, families can minimize the stress they will experience. A stronger family requires the commitment, cooperation, and hard work of all its members (McCubbin et al., 1996). The payoff will be a close and more vibrant family that functions well during normal times and during times of extreme stress.

1.3 PROBLEM STATEMENT

Resilient families emerge from adversities strong, revived and better equipped for future unknown adversities. But to consider that families actually do not self-destruct when crises strike calls for theories and research that would explain these resilient families (McCubbin & McCubbin, 1996). According to Walsh (1996), theories about pathology and family failures have long dominated the literature on the family field. Hence McCubbin et al. (1999) have regarded knowledge about resilience in a family context as limited.
Generalising findings from white predominantly male populations as it has been empirically evidenced has been found to be problematic. However, there are studies that have been conducted in a South African context (Gnaulti & Heine 2001; Sato 2001). In South Africa, Greeff and Van Der Merwe (2004) conducted a study from an individual perspective; they found an internal locus of control to be a psychological coping device contributing to a reduction in the negative effect of stressful life events. In 2003 they conducted a study on unemployed African men and found familial support to be an important stress mediator in their coping devices. Also, Smith (2006) conducted a study on the South African isiXhosa families and explored their cultural phenomenon and resilience. Furthermore, Theron and Malindi, (2010), conducted a study on street youth and resilience. They found that their resilience was rooted in a blend of ecological resources and urged researchers, service providers and mental health practitioners to acknowledge the importance of ecologies in igniting and sustaining resilience. But these studies are few and more need to be done to investigate family resilience within Africa’s different communities.

In Zimbabwe there has been a shortfall of studies focusing on the resilience of families especially those being affected by the current economic and political situation that has hard hit the majority of the families. The above mentioned limitations have raised the researcher’s attention towards the urban Shona Christian families and how they overcome adversities. These families possess different reactions towards adversity. Others emerge stronger from the adversities while other Christian families collapse and blame God for the problems they experience. This becomes a contentious issue and thus needs to be investigated by researchers.

1.4 RESEARCH QUESTION

The following research questions have been formulated to guide this investigation:

What Christian church practices influence resilience among the urban Shona Christian families?

Sub questions:

- What coping strategies do the urban Shona Christian families utilise in the face of adversities?
How do Christian church practices assist urban Shona Christian families in understanding and fostering family resilience?

1.4.1 Research Aims

General Aims
The overall aim of this research was to identify and explore the resilience factors exhibited by urban Shona Christian families who suffered non-normative financial crises due to the downturn of the Zimbabwean economy.

Specific Aims
The specific aims of the study included the following:
- Reviewing the literature on family resilience.
- Identifying existing coping factors which had contributed to family resilience.
- Exploring factors that strengthened urban Shona Christian families in times of adversity.

1.5 RESEARCH METHOD

The following subheadings were used to explain this study namely, research design, participants, data collection, research procedure and data analysis.

1.5.1 Research Design

Research is an academic activity that involves defining problems, formulating hypotheses, collecting and evaluating data. It is also an original contribution to the existing body of knowledge. A quantitative survey method was employed in this study. This method is supported by the positivist paradigm which assumes that social reality has an objective structure with individuals as responding agents to the objective environment (Cohen, Manion, & Morrison, 2007). Also, the use of the quantitative method is advantageous because the positivists are based upon values of reason, truth and validity. They also focus on facts gathered through direct observation, experience and measured empirically using quantitative methods and statistical analysis (Cohen et al., 2007).
The use of a quantitative survey in this study assisted the study in exploring family resilience in a population that has not been studied before. The data was gathered using questionnaires adopted from McCubbin et al. (1996; 2001) and analysed using SPSS. According to Creswell (2009) the advantage of using a quantitative survey method is that it uses numbers and statistics to draw descriptive inferences and the researcher can be able to work with data easily. The use of questionnaires allows the participants to remain anonymous, and it is also convenient and easy to administer. In addition, this method is non-threatening to the participants. Surveys also allow for greater numbers of participants to be studied (Cozby, 2004).

The quantitative survey method also has some disadvantages. Depending on the type of sampling techniques used the data cannot be generalised to the larger population. It fails to capture individual experiences of participants. Participants may lack motivation from the questionnaires and find them boring when completing these questionnaires (Cozby, 2004).

1.5.2 Participants

A population is a set of entities in which all measurements that are interesting to the researcher are represented. This kind of population can be viewed as a total set from which the individuals are chosen (Strydom & Venter, 2002). For the purpose of this study, the population from where our sample was taken is that of Black Shona Christian families residing in the capital city of Harare in Zimbabwe.

The participants in this study included 106 participants from 53 families; they included at least one adult and one adolescent from each family. The inclusion of a parent and an adolescent was a way to get the views and opinions of the whole family and this offered a multigenerational perspective. The participants were members of families who faced an unexpected financial setback due to the economic and political crisis in Zimbabwe (non-normative crisis). The ministers from the identified mainline churches assisted the researcher in identifying potential families who suited the study criteria because they are well acquainted and involved with the community. As community members are mostly familiar with one another, the identified participants were asked to identify other families that suffered from some non-normative crisis.

The size of the total sample was determined by the number of family members in a family who agreed to participate. The sample was diverse in terms of age, occupation, religious
affiliation and educational standard. Harare is the capital city of Zimbabwe and the majority of the population is centralized in the city. To consider the cultural aspect of the population, the study identified the participants as Shona speaking.

1.6 DATA COLLECTION

1.6.1 Quantitative Measures

A biographical questionnaire consisting of semi-structured questionnaires was used to describe independent variables and introduce the character of the participating families. These variables included age, gender, employment, income levels and religious affiliation of the participants. Participants were expected to answer all the questions on the form provided together with the consent forms.

Five self-report questionnaires were administered to the participants. These included, a Social Support Index (SSI), Family Problem-Solving Communication Index (FPSC), Family Hardiness Index (FHI), Family Crisis Oriented Personal Evaluation Scale (FCOPES) and Family Attachment and Changeability Index 8 (FACI8).

The Family Hardiness Index (FHI) was developed by McCubbin, McCubbin and Thompson and it measures the internal strengths and durability of the family. The scale consists of 20 items and has three subscales, commitment, challenge and control. The participants were assessed on a 4 point likert rating scale, the degree to which each statement describes their current family situation. The internal reliability of this questionnaire is .82 (Cronbach’s alpha) and its validity coefficient ranges between .20 and .23 with family satisfaction, time and routine, and adaptation (McCubbin et al., 1996).

The Family Crisis Oriented Personal Evaluation Scale (F-COPES) was developed by McCubbin, Larsen and Olson (McCubbin et al., 1996). It identifies family problem solving and behavioral strategies utilized by families in crisis situations. The scale consists of 30 items with 5 subscales, reformulating the problem, passive appraisal, seeking spiritual support, utilizing family support and social support. The subscales cover two dimensions, namely internal and external coping strategies. The F-COPES has an internal reliability of .77 and the overall test-retest reliability coefficient obtained for the whole test was .71(McCubbin et al., 1996).
The Family Problem Solving Communication scale (FPSC) developed by McCubbin, McCubbin and Thompson is a 10 item scale which measures two types of communication within the family, the affirming type which is positive and the incendiary type which is negative. The alpha reliability of the scale is .89, with incendiary communication .78 and affirming communication .86 (McCubbin et al., 1996).

The Social Support Index (SSI) developed by McCubbin, Patterson and Glynn in 1982 measures the extent to which families find support from and in their communities (McCubbin et al., 1996). The SSI can be linked to the family resources (BB) component of the Resiliency model (McCubbin et al., 1996). The index is a 17 item instrument which uses a 5-point likert scale ranging from strongly disagree to strongly agree. Its internal reliability is .82 and the validity coefficient being .40 on a criterion of family well-being. Social support varies across stages of the family life cycle, its lowest point is at the school age stage and its highest point is at the empty nest stage.

The Family Attachment and Changeability Index 8 (FACI8) developed by McCubbin, Thompson and Elver (1995) measures family functioning and adaptation. The scale is a 16 item scale divided into two subscales, attachment and changeability and with a 5 point likert scale of how often events occur ranging from Never to Always. This instrument is a dependent variable that measures the adaptation of the family after experiencing a crisis. The changeability subscale has an internal reliability of .80 and the attachment subscale has an internal reliability of .73 (McCubbin et al., 1996). Validity was established by determining the FACI8’s relationship to a treatment program’s successful outcome (McCubbin et al., 1996).

1.6.2 Procedure

Harare is a densely populated city, and in order to get participants from the targeted population the researcher approached four ministers of churches from the four main groups of churches that is, Roman Catholic, mainline Protestant, Pentecostal/Evangelical and African Independent Churches. The ministers posed as the most resourceful persons and were in a better position to identify potential participants fitting this research profile. The identified participants also assisted the researcher by further identifying more families that suited the research profile. Request letters and consent forms were hand delivered to the families at their churches, which briefed them of the research and asked them for their participation in the research. Issues of privacy and anonymity for the families were made clear in the request
letter. In cases where identified families refused to participate, other families were identified to participate in the research. The questionnaires took approximately 45 minutes to an hour to complete. The researcher was available to the participants during the sessions to answer any queries from the participants and to make sure that the right participants answered the questionnaires.

1.7 DATA ANALYSIS

The researcher used the computer program SPSS (Statistical Package for the Social Sciences) to analyze the quantitative data from the biographical questionnaire and the adapted instruments. SPSS is among the most widely used programs for statistical analysis in the social sciences. The Pearson’s correlation and regression analysis was executed to find the relationship between the coping strategies of urban Shona speaking Christian families to family adaptation. Measures of correlation indicated the strength and the direction of the relationship between a pair of variables. According to Bryman and Cramer (1997) correlation entails the provision of a yardstick whereby the intensity or strength of a relationship can be gauged. Correlation results are easy to recognise and interpret hence their widespread use in social sciences (Bryman & Cramer, 1997). This would generate a solid analytical process as quick and powerful statistics were used to understand and effectively present the results with high-quality tabular and graphical output (Bryman & Cramer, 1997). Results from this data analysis program enabled the researcher to be more accurate and make sensible decisions by uncovering key facts and recommendations.

1.8 DEFINITIONS OF OPERATIONAL CONCEPTS

Various key concepts need to be explained for the benefit of the readers and for them to relate to the researcher’s context.

Family

This is a difficult concept to define as it has various meanings attached to it depending on the context it is applied to (Walsh, 1996). In this study the term family will be used to refer to a group of people connected through genetic, biological, marital and parental ties who share emotive, cognitive and interpersonal values with related duties and responsibilities (Smith, 2006).
**Black Christian family**

This refers to a unit of people that share the same characteristics with related duties and responsibilities and consider themselves African and are Christian or have high moral values (Matthews, 2003). For the purpose of the study ‘black’ refers to a black African family residing in Zimbabwe with a Zimbabwean culture. The family vests its activities before an omnipresent and leads a Christian life.

**Resilience**

In this study, resilience is used to refer to protective factors embedded in families and are used to help families bounce back from adversities and fight risk factors. According to Werner and Smith (1986) resilience is the capacity to cope effectively with the internal (psychological) stresses of vulnerabilities and external (environmental) stresses. It also refers to the process of, capacity for or outcome of successful adaptation despite challenging or threatening circumstances, as defined by Masten, Best and Garmezy (1990). Cowan, Cowan and Schulz (1996) also describe resilience as the idea that some individuals or families possess physiological strengths, psychological resourcefulness, and interpersonal skills that enable them to respond successfully to major challenges and to grow from the experience.

**Family Resilience**

This term involves characteristics, dimensions and properties of families which help families to be resistant to disruption in the face of change and be adaptive in the face of crisis situations (Greeff & Du Toit, 2009). Simply put, this study refers to those factors that can be identified as assisting families in regaining and maintaining positive strength from adversities.

**1.9 CHAPTER LAY-OUT**

Chapter One provides the introduction and background of the study. The aim of the study and how the study will be conducted is highlighted.

In Chapter Two, the study examines the literature review and formulation of family resilience including economic hardships and resilience among families.
Chapter Three provides the theoretical framework of the study and the conceptual model that was used in the present study to understand family resilience.

The discussion in Chapter Four outlines the research design and methodology of the study and the ethical considerations relating to this study.

In Chapter Five, the results of the study are outlined and interpreted. These have been obtained from the data analysis.

Chapter Six discusses the results obtained in Chapter Five.

Chapter Seven brings the conclusions of the study and recommendations together. This chapter also discusses the limitations of the study and its contributions to the field of research.

1.10 CONCLUSION

This chapter provided the background and motivation into family resilience within which this study was conducted. The aim of this study was highlighted and the need to conduct it also emphasized. This chapter also concluded by outlining the layout of the other chapters that are part of this study. The following Chapter Two focuses on family resilience.
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The family is an ever-changing form in the 21st century and families across the globe face the task of raising family members into better resilient people who can withstand adversities. According to Haddad (2007) significant progress in family resilience is becoming vast. The concept has evolved from resilient children and individual resilience to family resilience within a systems perspective. This chapter reviews family resilience from a system perspective. It begins by examining the resilience interest among researchers and its definitions. This is followed by the multi-dimensions of family resilience and the integration of the family system into family resilience. The chapter also reviews the factors of family resilience and the components of the resilience process. Lastly this is followed by a discussion on the economic hardships experienced by families.

2.2 THE EMERGENCE OF THE RESILIENCE CONSTRUCT IN PSYCHOLOGY

Resilience in psychology emerged from the studies of children who were at risk for problems and psychopathology (Luther 2003; Masten 2007). In the 1960s psychologists and psychiatrists who had an interest in the aetiology of psychopathology had begun studies on children considered vulnerable and at risk of serious problems because of their schizophrenic parents, premature births and poverty surrounding their environments. But these researchers were amazed by the outcomes of some of the children who were developing quite well. Researchers from a developmental perspective also studied children growing up in high risk situations to find out if they were able to develop into healthy adults. Researchers Werner and Smith (1992) conducted a longitudinal study of 700 children living in impoverished conditions in Kauai, Hawaii and the results showed that many were able to develop into fine well-behaved adults. The subjects also had the capacity to work, play and love well. These researchers had inspired the first generation of research for the beginning of resilience.

The concept of resilience grew out of concern for identifying risk factors that could negatively affect a child’s development and wellbeing. These risk factors were explored from
a deficit framework; and outcomes were explored from a psychopathology perspective in search of factors that predicted specific negative outcomes related to adverse events and environments (Hooper, 2009). Considerable research has been conducted towards the study of resilience in order to gain understanding of individuals and systems that show adaptation in spite of risks faced (Hooper, 2009).

When researchers discovered some children doing well and growing into healthy, adjusted adults despite living in poor environments as children; the deficit framework gave way to strength framework (Werner 1993; Wolin & Wolin, 1993). Thus resilience became relevant and applicable to adults as well. Luthar and Brown (2007) proposed that resilience be evidenced “because of” the challenging environment and not “in spite of” the challenging environment. Even in the worst conditions positive outcomes can be experienced (Waller, 2001). Therefore, it can be argued that even if the investigation of individual-related outcomes is of vital importance, familial experiences (like context, culture, family values and beliefs, and spirituality) play a significant role in an individual’s trajectory. This is because it is impossible to separate the implications of the family system from the outcomes experienced at individual level which may perhaps be related to childhood adversity.

According to Nichols and Schwartz (2000), and Walsh (2006) the field of family therapy refocused its attention from family deficits to family strengths. This shift rebalanced the overemphasis on pathology and assumptions of family causality in the field of mental health which was influenced by the medical model and psychoanalysis. The therapeutic relationship became collaborative and empowering of client potential. It recognized that successful interventions depend on tapping into family resources than on the techniques of the therapist (Walsh, 2006).

Resilience is one of the great puzzles of human nature and it appears to be an ordinary magic that enables some individuals to progress well despite difficulties. The surprise of resilience research is its ordinariness; it appears to be a common phenomenon that results in most cases from the operation of basic human adaptation systems (Masten, 2001). The study of resilience is a fascinating subject that identifies those characteristics that empower others to do well in life, even though they have experienced what seem like insurmountable difficulties (Killian, 2004). Persistent challenges and stressful crises influence the whole family and in turn, key family processes mediate the recovery and resilience of vulnerable members as well as the family unit. Rutter (1987) emphasized that in order for us to
understand resilience and protective factors a focus on the interplay between families and politics, economic and social climate is desirable. The researcher realizes that there are various aspects in the environment that have an effect on the family whether it is positive or negative towards being resilient against a crisis; these can be either community resources, social resources or economic resources. Hence this research would like to explore the various factors present within families experiencing economic hardships and if there are Christian factors contributing to resilience.

2.3 THE CONCEPTUALISATION OF RESILIENCE

After years of focusing on pathology, researchers began the task of identifying strengths, resources, and talents of families (Hawley & DeHaan, 1996; Rutter, 1987; Walsh, 1996). Resiliency has been defined as being able to cultivate strengths or returning to original form or position after being bent (Valentine & Feinauer, 1993), and reparation of one’s self after hardship (Wolin & Wolin, 1993). Resiliency is better understood as an issue involving the whole family than being an individual characteristic (Genero, 1998). According to Walsh (1998), being resilient includes more than merely surviving and being a victim for life, it also encompasses the ability to heal from painful wounds, take charge, and go on to live fully and love well. Ungar (2008, 2011), in his studies on resilience across cultures summed up resilience as both the capacity of individuals to navigate their way to health sustaining resources including opportunities to experience feelings of wellbeing and a condition for the family, community and culture to provide these resources. In reviewing resiliency, Hawley and DeHaan (1996) found three common properties in the resiliency literature; hardship, buoyancy, and wellness. These properties referred to the adversity the family would likely face; the resilience and strength to be used by the family in dealing with the adversity; and the adaptation of the family after a crisis.

Western studies on pathology caused researchers to focus on stressors and the risks they entailed, but however some findings indicated the unexpected well-functioning despite adversity (Brethereton, Walsh, & Lependorf, 1996; Pillemer & Suitor, 1996). This spurred the possibility of the presence of protective factors. Pearlin and Schooler (1978), found an internal locus of control to be contributing to a reduction in the negative effect of stressful events. Greeff and Van der Merwe (2004) also found the same results in a South African study of unemployed men. Furthermore, other studies revealed that families that were able to
develop and use social support were more resistant to major crises and were able to recover from the crises (Walsh, 1996). Families that suffered from losing either a parent or losing a job found social support to be buffering and the presence of intra-familial emotional support made it even better (Olson, 1993; Walsh, 1998). In remarried families, social support; support from family and friends; and supportive communication were found to be buffering (Greeff & Du Toit, 2009).

Research has identified the family as a protective factor for individuals at risk. Communication, maintenance of rituals and daily routines has also been found to play a role in defining a family and distinguishing it from other families (Patterson, 2002). Several studies found that families found positive meaning about their situations and emerged even stronger, for example, a study of families with a medically fragile child (Patterson, 1993; Patterson & Leonard, 1984); families with a member with a psychological disorder (Greeff, Vansteenwegen & Ide, 2006); and in families where a husband had prostate cancer (Greeff & Thiel, 2012).

Resilience has been variously defined in the strengths literature. McCubbin and Patterson (1981) are researchers who led the way in conceptualizing the term resilience; they defined it as an adaptation process used by families to cope with stressful situations. Cowan, Cowan and Schultz (1996) and Walsh (2006) view resilience as an adaptive capacity or strength for balance in a family when facing crises. They suggest that adaptation activates flexibility, problem solving and resource mobilization within families for future adversities to be endured. Ungar (2008), postulated that resilience has multiple uses, as a description of developmental outcomes; as competence when under stress; and the positive functioning indicating recovery from trauma. Researchers like Greene (2002) and Luthar (2003) also supported this definition of resilience. Resilience is more than surviving, getting through an ordeal or escaping a serious ordeal; it is the ability to bear up in spite of hardships (Greene, 2007).

Walsh (1998) defines resilience as the capacity to bounce back from adversity strengthened and in some cases more resourceful. She argues that it is important to distinguish resilience from the perceptions of invulnerability and self-sufficiency. Human vulnerability to stress cannot be equated with weakness or invulnerability with strength. Resilience involves struggling well by experiencing both suffering and courage, while working through difficulties (Walsh, 2006). McCubbin et al. (1996) suggest that if a family
presents behavior and functioning that is positive during stressful times and show possibilities of recovery, then they are resilient. They define resilience as “the positive behavioral patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which determine the family’s ability to recover by maintaining its integrity as a unit while insuring, and where necessary restoring, the well-being of family members and the family unit as a whole” (McCubbin et al., 1996, p.5). McCubbin and Walsh have contributed various studies towards resilience. Their assumptions towards the concept of resilience have been well accepted and in this study McCubbin et al.’s (1996) model and definition will be used to understand factors being used by family members and their units in establishing and maintaining resources that keep them resilient towards a non-normative economic crisis.

Resilience can be seen as an outcome, a collection of personal characteristics or as a process towards development in one’s life span. Lefebvre (2012) saw resilience as both the capacity to withstand trauma and to rebuild one’s self after the trauma. While, Cyrulnik (2009), described resilience as being able to return to one’s previous development state after a crisis and in worse situations, like facing natural disasters or death of a family member, resilience can be finding a new way of organizing the ego. Adversities may also be a positive force (for example living home, getting married and starting a family) that can help people develop and reinforce resilience qualities within them, which can be used in the future. Resilience is not a personality trait but a product of ordinary competences that can be learned, developed or lost, depending on one’s life experiences (White, Driver & Warren, 2008).

Greene (2007) defines resilience as people’s internalized capacities and the associated behaviors that enable them to maintain a sense of integration in the face of adversities. Walsh (2006) postulated that resilience is an active process of endurance, self-righting and growth in response to crisis and challenge. It is the capacity to rebound from adversity strengthened and more resourceful.

With the shift of focus by researchers from pathology and individual resilience to family resilience various models saw their existence in an attempt to understand the factors contributing to family resilience and positive adaptation despite the presence and build-up of stressors. There was the ABCX model by Hill (1949), the double ABCX model by McCubbin & Patterson (1982) and the Resiliency model of Stress, Adjustment and Adaptation by McCubbin et al. (1996). Family resilience focuses on the whole family as a unit and the
factors it utilises to adapt and adjust from crises while resilience focuses on personality traits and individual capacity to withstand stress and catastrophe. Both family resilience and resilience have been found to share a common ground of existing where there has been a crisis and where there has been an achievement of positive adaptation (Coleman & Ganong, 2002).

Resilience has been conceptualized and defined in many ways and all the above definitions argue that resilience occurs in the presence of adversity and they view resilience as a process involving adaptation within the context of adversity. Furthermore, in order to understand resilience as a process, it has to be taken into consideration that resilience is experienced when individuals and families get exposed to significant threat or severe adversity and where there is an achievement of positive adaptation regardless of major assaults on the development process (Coleman & Ganong, 2002).

2.4.1 THE DIMENSIONS OF RESILIENCE

Resilience is multi-dimensional. There are various aspects that need to be reviewed in order to understand resilience. Resilience is a crucial component in determining ways in which people react to and deal with stress. It is a measure for stress-coping ability, and has become one of the most important factors in assessing healthy and pathologic adjustment and adaptation after facing a traumatic situation (Lyons, 1991). Resilient individuals believe that stress can have a strengthening effect, and that they can be able to adapt to change and can refer to past experiences to deal with current challenges.

To measure resilience there is a need for the presence of a crisis, finding meaning of the challenge and the successful management and overcoming of the adversity (Patterson & Kelleher, 2005). If an individual has encountered a crisis or challenge in one’s life stage and is able to identify and manage the challenge and move forward or bounce back to normal, resilience can be evidenced. The outcome prepares the individual to look forward to future challenges and reflect on previous achievements. After a challenge has been encountered it can be determined if a person has been resilient or failed to cope with the challenge leading to maladjustment. In a study on women superintendents and leadership, Johnson (2012) utilized dimensions of resilience to identify and understand ways in which women responded to barriers and adversity. The women reported being courageous, being true to their personal values and ethics. The women also reported having strong religious faith and benefiting from
the support of their families and community. Warner and April (2012) conducted a study to understand personal resilience that can be used to enhance resilience at work and they noted that the work of Patterson and Kelleher (2005) perceives resilience as multi-dimensional.

The following section will explore three dimensions of resilience, that is, interpretation of the current adversity; resilience capacity to deal with the adversity; and the actions needed to become more resilient (Patterson & Kelleher, 2005).

2.4.1.1 Interpretation of the current adversity

When adversity strikes an individual or family and community there is an initial reaction that takes place. They define the adversity, establish the causes of this adversity and find out the risks posed because of the adversity. When the adversity is interpreted it draws on one’s sense of what led to the adversity, who or what caused the adversity, the risks and what the future entails as a result of the adversity. Depending on an individual’s interpretation a response is selected. But when people choose how they want to respond to adversity this affects their outcome with the adversity positively or negatively. According to Patterson and Kelleher (2005), this dimension serves as a master filter that all stimuli passes through it before a response can be given or selected. This level is important in determining one’s resilience and is an expression of the level of optimism or pessimism. Optimism is when an individual is positive and hopeful in the outcome of the adversity and is seeking to understand fully the reality of the situation and the causes of the adversity. On the other hand, pessimism is when an individual has an accurate interpretation of the reality of the past but views efforts as having little or no impact on the future (Simmons, 2011).

2.4.1.2 Resilience capacity

According to Patterson and Kelleher (2005) after an individual has identified and understood the adversity affecting them, they explore their personal values, efficacy and energy to see if they can fight the crisis and bounce back again to their normal state. The person’s belief in right or wrong, their strength in fighting adversity, seeking support from others and their physical, spiritual and mental energy are exercised during a crisis. These elements assist an individual to gain the strength to overcome the current crisis and future challenges (Patterson & Kelleher, 2005).
2.4.1.3 Action

This is a call to action towards overcoming adversities. When a crisis has been identified, and the capacity and strength of the individual is identified, the individual takes action against the crisis. This can be positive action or negative action that leads to either adaptation or maladaptation (Patterson & Kelleher, 2005). For example in cases where there was death in the family, resilience can be achieved through acting towards finding closure, acceptance and moving on from the tragedy.

These dimensions assist people in dealing with crisis responsibly and carefully with assistance from the society so that resilience can be achieved and a normal state of being can be reached. It can be normative or non-normative crises occurring through developmental life stages (McCubbin et al., 2001).

2.4.2 FACTORS INFLUENCING FAMILY RESILIENCE

According to Walsh (2000), stressful crises and persistent challenges influence the whole family, and in turn, key family processes mediate the recovery and resilience of vulnerable members as well as the family unit. The process of resilience is an interaction of risk and protective factors which ultimately reduces the negative impact of the risk. In order to understand family resilience we have to address factors that promote and hinder it. Various key processes have been identified in various contexts and studies as assisting families in the overcoming of adversities and bouncing back to a normal state of affairs as before the crisis occurred. There are two dimensions that can be considered, risk factors that cause stress and expose families to crises and protective and recovery factors exercised by families in order to adjust and adapt to the crises (Sunarti, 2007). It is necessary to both identify risk factors a family is faced with and the protective factors of the family. These factors will interdependently impact on each other to render the family resilient on a scale of either coping well, not so well, or not coping at all (Moss, 2010).

2.4.2.1 Stress as a Risk Factor

All families encounter problems at some stage in their lifespan. A stressor is a demand placed on the family and has the capability of producing changes in the family system. When these problems are placed on the family, they have the possibility to weaken the functioning
of the family and its relationship or otherwise strengthen the family (Black & Lobo, 2008; Haddad, 2007).

McCubbin and McCubbin (2001) defined a series of crises as a state of imbalance, disharmony and disorganization in the family system. A stressor can also be reviewed as a life event or transition that impacts upon or within a family which has the potential of producing change in the family social system. Examples of stressors are death, purchasing of a home, parenthood, financial problems, disability and natural disasters, to mention a few (Greeff & Human, 2004; Mullin & Arce, 2008; Walsh, 2007; Young, Green & Roger, 2008). The severity of stress is determined by the degree to which the event threatens or disrupts the family’s stability (Sunarti, 2007).

Family stress can be classified into two categories, normative and non-normative stressors. Normative stressors are related to those stressors which are expected over the lifespan of a family, for example, parenthood or adolescence. On the other hand, non-normative stressors are those related to the unexpected crises, for example, untimely death, job losses, disasters or a sudden economic crisis of a country. The stressors have an impact in the survival of families. In studies by Larson, Wilson and Beley (1994) and Voydanoff and Donelly (1988), they found that non-normative stressors affected marital adjustment and problem solving in families. These non-normative chronic crises have a way of pushing a family to the extremes of adaptation, either they decline in competence or they become more competent (Larson et al., 1994). The current study faces a non-normative crisis affecting the family’s financial resources. The study will explore and identify the resources that emerged and were useful in dealing with the economic crisis. Also, the study will explore how Christian practices assisted in the development of the resilient factors.

2.4.2.2 Protective and recovery factors

Various studies identify common underlying protective and recovery factors used by resilient families that support them to be strong and healthy. Protective factors facilitate adjustment, the ability to maintain the integrity of the family, fulfill developmental tasks and help a family develop flexibility (Walsh, 2006). Recovery factors promote the ability to adapt or rebound in crisis. During various family cycle situations, the family relies on some of the resilience factors more than the other factors due to the severity of the stressors at that particular cycle (McCubbin & McCubbin, 1993). Walsh (2006) established core processes for resilience and grouped them into three domains of belief systems, organizational patterns and
communication patterns. These key processes enable the family unit to be strong, buffer stress, reduce the risk of dysfunction during adversity and look forward to positive adaptation (Walsh, 2006). The research will review these factors adopted by families that can improve a family’s growth and response to challenges and crises. The research will delve more on belief systems as it is attached to the population being investigated, that is the Shona ‘Christian’ families. These families already have been identified by the belief system factor and this will help us understand the study better. It is also important that when we consider these processes, we should take note and acknowledge ethnic and cultural differences that can affect how these ideas may be perceived in any particular family.

2.5 INTEGRATING THE FAMILY AS A SYSTEM INTO FAMILY RESILIENCE

To understand resilience within the family and among family members the study will explore the concept of the family and how it relates to resilience. To begin with, the family is a difficult concept to define considering its evolving state especially in the 21st century. According to the United Nations (1994), the nuclear (traditional) family no longer represents the household pattern of most families. Non-traditional families like cohabitation are becoming more apparent. We could also include gay and lesbian families, polygamy (small houses) in a fashion sense in Zimbabwe, single parent families, joint-custody families, voluntary child-free families, infertile couples, blended and step-families, grandparent-led families, commuter families, foster families and communal families. Families are groups of people related by kinship, residence, and close emotional attachments (Zeitlin, Megawangi, Kramer, Colletta, Babatunde & Garman, 1995). Their tasks include physical maintenance, socialization and education, control of social and sexual behavior, maintenance of family morale and motivation to perform roles inside and outside the family.

Families are dynamic and cultural themselves, they have different values and ways of realizing dreams. As a system or unit, families become the source of a rich cultural heritage and spiritual diversity and create potential neighborhoods, communities and a nation as whole (McCubbin et.al, 2001). The structure is still in a continuous process of evolution but also resists changes during times of stress (Hildreth et al., 2000). Despite the changing nature of families, it is becoming increasingly clear that the family, as a basic unit of society, must play major roles in resolving social problems.
The family systems perspective mentioned earlier in the chapter has emphasis on the whole family, but its focus is on relationships amongst members, its interactions and its functional status so that it can be able to address the needs, goals and sustainability of the family members. Reuben Hill (1949) one of the influencers in the systems perspective, described a family as a group of unified persons forming a living unit and changing over time as they act, react and meet challenges of separation, and loss. Hill’s notion was influenced by wartime challenges and his research identified a family stress experience of adjustment which showed a decrease in family functioning, crisis and disorganization. This led to the development of the ABCX model by Hill, which was extended to the Double ABCX model by McCubbin and Patterson (1982) and later advanced to the Resiliency model of Stress, Adjustment and Adaptation also known as the Resiliency model by McCubbin and McCubbin, (1996). The resiliency model is however the model that this research is going to be based upon.

Governments are pushing responsibilities of raising children and providing for family members to families, while teachers, social workers, health and other practitioners are routinely looking upon the family as part of the resource or solution to the problems they deal with (Kwaku, 1997). But, families are not always ready or able to effectively carry out these responsibilities. Hence, it is increasingly important that families prepare for and adapt to the stress that comes with change (Strasser & Strasser, 2005). If we can understand what helps families to function well in the context of high adversity, we may be able to incorporate this knowledge into new practice strategies (Greeff & Van der Merwe, 2004).

Economic hardship in families can be burdensome and cause enormous stress on the whole family. This forces change to the family system in aspects like role relationships among family members, family lifestyle and family-value priorities (Lee, Lee, Kim, Park, Song & Park, 2004). A family under stress can experience cognitive, emotional, social imbalances that disturb the functioning of the family. Hence, families must be able to tap into their resources and mobilize even more resources in order to adjust, adapt and respond to crises situations.

To be resilient is more than just managing or withstanding negative situations; it includes survival and positive change, growth and resourcefulness in response to highly stressful events (Lietz & Strength, 2011). To be considered a functional family, members of the family must be a unit greater than the sum of its parts. They (including children) should be able to
love, rear and protect one another and shield each other from negative effects. Communication, maintenance of rituals, and daily routines play a role in defining a family and distinguishing it from other families (Patterson, 2002a). Several studies indicated that families found positive meaning about their situations and emerged even stronger, for example, a study of families with a medically fragile child (Patterson & Leonard, 1984; Patterson, 1993); families with a member with a psychological disorder (Greeff, Vansteenwegen & Ide, 2006); and in families where a husband had prostate cancer (Greeff & Thiel, 2012).

A family’s typology also has an influence on the individual, family and the community when dealing with a crisis. Identifying the type of family that members belong to can be able to determine if the family is going to emerge stronger from an adversity or not. According to McCubbin et al. (1996; 2001), family typology is a predictable pattern of family function which is important in facilitating the development, restoration and maintenance of harmony and balance within the family. There are four types of families that we need to mention in order to understand resilience. Regenerative families which are high in hardiness; Versatile families who emphasize highly on bonding; Rhythmic families that value family time and routines; and Traditionalistic families that value family traditions. These types of families are experienced within the family’s life cycle stages. The researcher realizes that families do not experience positive factors influencing resilience at all stages in life but that if a family works together, shows respect and care for its family members and value the meaning of life, surely they will be able to address the problems they will be facing by following their traditions, having time for each other and bonding together.

The current research identifies the family as a group of people connected through genetic, biological, marital and parental ties who share emotive, cognitive and interpersonal values with related duties and responsibilities. The target families for the study are Christian families who have moral values and reside in Zimbabwe with a Shona culture and their activities are vested before an Omnipresent. Positively charged (functional) families have ample material and social resources to care for the family, and they are part of a community of people that can provide assistance to one another when need arises. Hence, improving the quality of parenting assisted by interventions can alleviate the impact of risks on the family member’s cognitive, motor and social-emotional development (Drimie & Casale, 2008).
After years of focusing on pathology and risk the families caused and exposed on their members, researchers began the task of identifying strengths, resources, and talents of families (Hawley & DeHaan, 1996; Rutter, 1987; Walsh, 1996). Family resilience is a concept which is complex to define. It is involved in different contexts and situations at different developmental stages of a family’s life cycle. According to De Haan, Hawley and Deal (2002), family resilience is a dynamic trait that cannot be captured at a single point in time. It describes the path a family follows as it adapts and adjusts in times of stress, both in present and overtime. Thus, family resilience should be considered as a path that families follow in response to specific stressors and not as a static construct applied to some families and not others. Also, a developmental perspective seems necessary when dealing with family resilience (Haddad, 2007). The functioning of the family can be assessed over time as the family grows and moves forward, coping with significant events and transitions. The family life cycle presented by Carter and McGoldrick (2005), needs to be considered when examining the events in the life of a family. The cycle consists of six stages namely, leaving home; creating new families through marriage; families with young children; families with adolescents; launching the children and moving on; and finally families in later life.

McCubbin and McCubbin (1988), define family resilience as characteristics, properties and dimensions possessed by families that help families to be resistant towards disruption when faced with crisis situations. It recognises the family’s potential for transformation and growth during and after a crisis, for example, a diagnosis of prostate cancer (Greeff & Thiel, 2012), adult female cancer survivors (Valenti, 2012) and living with a family member with a psychological disorder (Greeff et al., 2006).

Hawley (2000) also identified resilience in families as a path which is followed by a family over time, in response to a series of stressors. In crises situations McCubbin and McCubbin (2001), accentuated resilience as positive behavioral patterns and functional competence that family members demonstrate which determine the family’s ability to recover and restore the wellbeing of the family unit as a whole.

In order to comprehend family resilience there is a lot that we can learn from the studies of individual resilience (as mentioned earlier). The studies have contradicted the views that suggest families, environmental risk factors and negative life events produce childhood and later adult disorders. Previous studies on family resilience make mention of pathology and adversities faced by families. But, Gordon, Rouse, Longo, and Trickett (2000) found family
participation in household tasks and hobbies to contribute to family resilience. In a study of families with a medically fragile child, some families developed positive meanings about their situation as a way to cope (Patterson, 1993). Stinnett and DeFrain (1985) studied family strengths in different countries. Their cross-cultural research identified the following qualities as contributing to member’s sense of personal worth and feelings of relationship satisfaction: commitment to the family, appreciation and affection, communication, shared enjoyable times, a sense of spiritual well-being and the ability to successfully manage stress and crisis.

Western studies on pathology caused researchers to focus on stressors and the risks they entailed, but however some findings indicated the unexpected well-functioning despite adversity (Brethereton, Walsh & Lependorf, 1996; Pillemer & Suitor, 1996). This spurred the possibility of the presence of protective factors. Pearlin and Schooler (1978), found an internal locus of control to be contributing to a reduction in the negative effect of stressful events. Greeff and Van der Merwe (2004) also found the same results in a South African study of unemployed men. Furthermore, other studies revealed that families that were able to develop and use social support were more resistant to major crises and were able to recover from the crises (Walsh, 1996). Families that suffered from losing either a parent or losing a job found social support to be buffering and the presence of intra-familial emotional support made it even better (Olson, 1993; Walsh, 1998). In remarried families social support, support from family and friends and supportive communication were found to be buffering (Greeff & Du Toit, 2009).

In conclusion, family resilience involves more than managing stressful conditions, shouldering a burden or surviving an ordeal. It recognizes the potential for personal and relational change and growth that can be forged out of adversity (Black & Lobo, 2008; Stinett & DeFrain, 1985; Walsh, 2008). According to White, Richter, Koeckeritz, Munch, and Walter (2004) managing a crisis as a family may result in the family emerging more loving, stronger and more resourceful when meeting more challenges.

A crisis can be a wakeup call and can become an opportunity for re-appraisal of priorities, stimulating new or renewed investment in meaningful relationships and life pursuits. In other words, members may discover untapped resources and abilities they had never recognized. The definitions mentioned earlier of family resilience are of an enduring force that leads a family to change its functioning in order to solve problems (Lee et al., 2004). Hawley and DeHaan (1996), postulated that family resilience can be conceptualized at the family level
but, however, operationalising the construct for research purposes would be a difficult task, especially for definitions that rely on socially constructed meanings among family members. In this case, this study will use a definition that will be operational in the context of this proposed study. The researcher will focus on those factors that can be identified as assisting families in regaining and maintaining positive strength from adversities.

Family resilience also encompasses the ability for families to heal from painful wounds, take charge and go on to live fully and love well (Walsh, 1998). By encouraging the main factors/processes for resilience (communication, belief systems and organizational patterns), families can become stronger and more resourceful through their shared efforts (Black & Lobo, 2008).

The following sections discuss the dimensions within family resilience and the key processes that identify a strong resilient family or that identify family resilience.

2.6 COMPONENTS OF THE FAMILY RESILIENCE PROCESS

The process leading to resilience is achieved through incorporating the following factors within the system and among members of the family. The family has to be able to put in effort towards identifying, acting against and defeating a crisis. The way a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes itself and moves forward will influence immediate and long-term adaptation for every member of the family and the unit as a whole. The following section discusses the components of the family resilience process by Walsh (1998), shared belief systems, communication styles and family organizational skills.

2.6.1 Shared belief system

Resilience is cultivated through shared beliefs that help family members to attach meaning to crisis situations or hardships and form a positive outlook. Strengths and resources make families react successfully to crises and continuous challenges, and this belief assists families to organize family processes and the family’s way of approaching crisis situations (Greeff & Loubser, 2007). A shared belief system can be understood as a way the family makes meaning of the crisis at hand and maintain a positive outlook with hope and belief that is beyond them (cultural and religious traditions). Families that show positive resilient belief systems are able to put their problems into context and find hope beyond them and spiritual
values that can assist them in maintaining a positive outlook. Families with a belief of unworthiness present self-loath, destructive behavior or social isolation (Walsh, 2008). The resilient transformation of families shows that they accepted learning, change and growth from adversity. The family’s crisis is seen as an opportunity for them to reassess, reaffirm and redirect life’s priorities. An appreciation of life and value for others with an action and concern to benefit others is strengthened (Walsh, 2008).

Spirituality can be expressed and experienced through religion, which is characterized by beliefs and social organization. According to Wolin, Muller, Taylor, and Wolin (1999) and Fukuyama and Sevig (1999), spirituality keeps hope alive in the midst of hardship and that there is a way through trials and tribulations. They further postulate that spirituality promotes realistic hope, attachment of meanings and man’s relationship with God. In a study by Greeff and Human (2004), 67% of families in which a parent had died identified religion and spiritual support as coping resources. Oshodi (1999) found that spirituality forms a part of achievement and motivation in Nigerian adults and students. Spirituality is an important process, and various studies have found the power of believing in something greater than them (families) to be a key to overcoming various adversities.

A study in Lietz (2007) found that the belief of God allowed them to make sense of their losses and shed light on their shadowed strengths. On the other hand, another study found 80% of the 25 participating families discussed a common theme of having a spiritual or religious belief system in assisting them to cope with a death in the family (Greeff and Joubert, 2007).

It should be noted however that spirituality may or may not be religion-based and whatever the spiritual orientation, families with an internal value system feel a connection with the family, community and universe (Marks, 2004; Tanyi, 2006). White et al. (2004) found that patients with end-stage renal disease and their families expressed spirituality in differing ways but it was an important factor in family resilience. This study draws its family participants from churches in order to support the notion of shared belief systems being an important key process in providing families with the strength to adjust and adapt in crises situations.

2.6.2 Communication

Another domain that facilitates family functioning towards resiliency is communication. Key processes described in this domain include clarity and open emotional expression;
mutuality in speaking and listening; and accuracy and problem solving (Walsh, 1998). Communication in a family has been found to be resourceful and a source of strength for some patients with cancer (Greef & Thiel, 2012). Clear unambiguous communication is important to family resilience. Clarity in messages helps facilitate effective family functioning (Walsh, 2006). Positive interaction and feelings of connectedness provide strength for coping in families, and as a result more realistic plans are made. Open communication also prevents wasting valuable energy on constructing and maintaining barriers among family members (Walsh, 2003a).

Clear communication patterns shared among family members from a place of emotional state and a desire to solve problems with family members in the family forms part of the communication process (Walsh, 2006). A family should be able to be clear and clarify on any verbal or written messages being transmitted between members of the family. After identifying a problem affecting the family, allowing for empathy, sharing a range of emotions and shared decision making allows for the family to focus on positive goals, learn from their mistakes and prepare for future challenges (Walsh, 2006).

There are two types of communication, affective and instrumental. These two facilitate the family’s outcome, negative or positive towards family resilience (Patterson, 2002b). Affective communication involves the family’s means to show love and support amongst each other. Various gestures, words, phrases and behaviours are used to communicate feelings and emotions between family members. Instrumental communication involves members of the family letting each other know how things will be done, for example, in role assignments, decision making and conflict resolution. There are various ways of examining communication, such as clarity, coherence, and who dominates or initiates in times of a crisis. Use of proper communication skills within families provides them with effective management of stressful situations either in financial, health or environmental difficulties (Patterson, 2002b).

2.6.3 Family organisational skills

The final process of functioning that affects family resilience is family organisation. Families need to organise themselves during challenging times so that a level of stability, peace, comfort and trust can be reached (Plumb, 2011). This process includes being flexible, connected, and having social and economic resources that a family can tap into when the need arises. If a family is flexible it can easily adapt to changing demands and maintain order
in functioning as a family. Part of being organised as a family means the family can tap into its social and professional networks for financial and support resources. Organisational patterns are revealed in families adapting to change depending on the nature of the relationship within family members, which is seen as nurturing, supportive and respectful.

In conclusion, groups that are identified as being a family are bound by the above mentioned processes. In order for challenges to be confronted and for families to bounce back there is a need for communicating with other family members, showing respect for one another, sharing a common belief and following set rules and regulations. Managing a crisis is influenced by the ability of a family to rise above its comfort zone, accepting existing differences within its members and communicating positively to achieve a common goal. The positive behavioural patterns and functional competence possessed by resilient families determine the family’s ability to recover and restore the well-being of the family unit as a whole (McCubbin & McCubbin, 2001). The current study will explore the shared belief system process in an attempt to explore resilience factors exhibited by families in crisis times.

2.7 ECONOMIC HARDSHIPS AND RESILIENCE AMONG FAMILIES

Economic pressures lead to demoralization and depression for both parents, which results in greater marital conflict and disruptions in skillful parenting. This financial burden can however also affect parenting skills that can produce adverse consequences for adolescent development.

Economic vitality is one factor necessary for individual, family and community survival. A sagging economy increases risks and diminishes long-term opportunities for families. When exploring the type of stressors to family functioning, economic stressors and low social support were identified as related to the decrease in family functioning (Conger & Elder, 1994; Nickols, 1994); while lower wages were found to be linked to higher levels of depression and reduced marital quality (Brody, Stoneman & Flo, 1996). Although the concerns faced by families dealing with financial challenges may not constitute a clearly defined risk such as divorce, it may still present as a serious stressor to the family.

According to McCubbin and McCubbin (1988); and Fox and Bartholomae (2000), good decision-making skills for money management and satisfaction with the economic status can contribute to family well-being. However, financial pressure can contribute to family tension
and stress. It has been shown to have a pervasive effect on emotional well-being and interpersonal relationships (Walsh, 2002). The emotional state and marital interactions of adults in a family tend to be affected first by the economic pressures then the care-taking environment of children follows (Mederer, 1999). Poor families have to deal with multiple stresses in their life cycle, such as unemployment, substandard housing, crime and violence, lack of health care and substance abuse. The combination of psychological, social and economic burdens renders the family at risk for multiple problems (Staveteig & Wigton, 2005). But, despite the pressures, many low-income families can meet basic needs and avoid violence and crime involvement, keep children in school and maintain family cohesion (Woolley & Grogan-Kaylor, 2006). A study of 373 low income households which overcame financial hardships presented protective factors such as, high levels of warmth, affection and emotional support for one another and a sense of promise for a brighter future (Orthner, Jones-Sanpei & Williamson, 2004).

The population the researcher is interested in has been exposed to some kind of hardship: political, social, environmental and economic among other. However, the study is only interested in the economic hardships. Zimbabwe's economic hardships made most of its population to live below the poverty datum line. Less than 5 percent of the population (families and businesses) monopolised almost 70 percent of the nation’s income, making Zimbabwe one of the world’s most unequal societies. The country has faced its worst economic crisis since its independence in 1980, with unemployment reaching over 60 percent and inflation over 114 percent (Chagonda, 2010). Most families had to live and survive below their means, and with good family function other families were able to show resilience. To date, Zimbabwe has since introduced the US dollar from March 2009 in the wake of devastating hyper-inflation and a political crisis that reached its peak with the electoral crisis of the 2008 elections (Chagonda, 2010).

2.8 CONCLUSION

Family resilience is an enduring force that leads a family to change its dynamics of functioning in order to solve problems associated with stresses encountered. Family resilience is the strength that supports family functioning as changes and adaptations are required in the family in response to both internal and external forces (McCubbin et al., 2001). Healthy families should not be assumed to be without problems, as no family is problem free. Most
families face crises and challenges along the life cycle which range from severe to not so severe problems (Walsh, 2002).

Various studies have shown that there are variations in definition and terminology of family resilience. Research literature on resilience shows that there is some consensus about the definition, with variations in its operationalisation and measurement. Also, discrepancies exist in the conceptualisation of resilience as a personal and family trait versus a dynamic process. Further, there is little consensus around the terms that are used within models of resilience, for example protective factors or vulnerability factors.

To understand family resilience’s causal and long term outcomes better, there is need for rigorous longitudinal studies with different family structures, age, and ethnic samples. However, research on family resilience is limited, particularly research focusing on resilience factors playing a role in families faced with economic non-normative hardships or financial setbacks (Smith, 2006). Consequently, the aim of this study is to explore and identify factors associated with the adaptation of families who suffered financial setbacks because of a weakened economy in Zimbabwe.
CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

Family resilience is a kind of resilience involving positive behavioural patterns and functional competence that is demonstrated by a family unit when facing stressful and adverse circumstances (McCubbin et al., 1996). These patterns determine the family’s ability to recover and maintain their integrity as a unit and make sure they restore the well-being of the family and its members. The framework to be applied in this study gained its existence from the family stress theory. It is the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin et al., 1996) which was developed to evaluate and understand contributing factors to family resilience.

The Family stress and the family strengths perspectives found their existence from the Family systems theory which originated from the works of Ludwig von Bertalanffy (1968). Bertalanffy (1968), argued that organisms were complex, organised and interactive. The Systems theory expanded the view of individual adaptations rooted in broader transactional processes in a family context (Walsh, 2006). This led to the Family systems theory viewing research on individuals, family and community as a unit. Several systems-oriented research, prevention, and intervention models have provided a framework for identifying key processes that are thought to strengthen a family’s ability to cope with stressful life situations. From these family systems models, two will be reviewed later in this study; their focus is specifically on the concept of family resilience. These two models, the Resiliency Model of family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1988; McCubbin et al., 1995) and the Family Resiliency theory (Walsh, 1998), seem to provide a meaningful bridge between the family system orientation and resilience-oriented practices.

The family is greater than the sum of its parts, and to study individuals without understanding the unit (family) of the individuals gives defective results. In a family, a system is something which is more than parents or children, there are rules and behaviours practiced by the unit that do not derive from the individual. The focus of resilience has however been extended from the individual to the family unit (McCubbin & McCubbin, 1988; Walsh, 1998).
With the shift of focus by researchers from pathology and individual resilience to family resilience various models saw their existence in an attempt to understand the factors contributing to family resilience and positive adaptation despite the presence and build-up of stressors. Family resilience has no one definition but however, most definitions acknowledge the attempt of individuals in a family to cope with adversity, change or opportunity in a way that results in the identification, fortification and enrichment of resilient qualities or factors (Richardson, 2002). White, Driver and Warren (2008) argue that resiliency is not a personality trait that one can possess or not possess but rather resiliency is a product of ordinary or adjustable competences that can be learned, developed or even lost depending on one’s life experiences. Researchers like Walsh and McCubbin have been exploring family resilience since the 1980’s and both these researchers expanded their focus of work to include resilience in families. McCubbin, Thompson, Thompson and Fromer (1998) conceptualize family resilience as behavioral patterns and functional competences that help families negotiate and cope with hardships.

3.2 MOTIVATION FOR USING THE RESILIENCY MODEL AND ADVANTAGES OF THE FAMILY RESILIENCE FRAMEWORK

The aim of the research is to investigate and explore what is family resilience and the existing coping mechanisms present in families for them to be resilient. By utilizing the resiliency model the aims of the study will be able to be explored and a measurement of the resilience factors can be established in the current study.

The resiliency model focuses on the family as a system and not the individual. An individual is part of a family and whatever happens to the individual’s life it is influenced by its surrounding environment, and in this case it is the family. Therefore it is reasonable to mention that the whole is better than the sum of its parts.

The goal of the resiliency model further makes it suitable to be utilized in the current study. Its goal is to examine how the family’s methods of coping over time affected two systems, that is, the individual-family system and the family-community system. The functions of the family include, membership (belonging) and family formation (procreation); economic (financial) support; education and socialization; and the protection of vulnerable members. If any of these functions should be compromised the family system becomes vulnerable and existing and new patterns of family functioning are negotiated. The resilience
model becomes a relevant model to use in determining the resilience level of the families and measuring the outcome of the resilience.

The current study is focused on an African population in Zimbabwe and the resiliency model offers to be tested in a collective cultural setting. A possibility that families develop basic and unique competencies, patterns of functioning, and capabilities made to protect them from non-normative stressors and foster their recovery, is another motivation for using the resiliency model. These notions complement the target population of the study. Above all, measuring resilience (as a process) is difficult and complex, but McCubbin et al. (1996) solved the issue by operationalising the measurement of resilience in terms of the measurement of protective factors and the outcome of the resilience process, namely adaptation (Smith, 2006).

The social ecological perspective puts into consideration families that are culturally, socially and communally bound together. This is supported by the resiliency model to be applied in this study as we investigate and explore the urban Christian Shona people affected by economic hardships. Also, the ecosystemic perspective supports the view that during periods of stress and crises a family draws from and contributes to the network of relationships and resources in the community, including its ethnicity and cultural heritage (McCubbin et al., 1996). The above reasons influence the selection of the resiliency model as the framework for this research study.

3.3 THE EVOLUTION OF RESILIENCE MODELS

This section will explore the Resiliency model by McCubbin et al. (1996) and the Family Resilience theory by Walsh (2002) as they are supported by the family resilience approach and the ecological perspective.

3.3.1 The Family Resilience Approach

The ecosystemic approach has been used in many fields of study. However, in the field of psychology, the ecosystemic approach has its roots in several scientific theories such as general systems theory, ecological theory and cybernetic thinking (Capuzzi & Gross, 1995). In order to take into account childhood and adult spheres of influence in risk and resilience an ecological perspective helps identify the different systems that are inter-connected and have an influence on the family (Walsh, 2002). The environment and the larger social systems that
influence the family’s survival are seen as nested contexts for social competence (Bronfenbrenner, 1979).

There are two family system models that explicitly contributed to the focus on family resilience. These are, the Resiliency model by McCubbin et al. (1996) and the system theory of family resiliency by Walsh (1998). These two models have managed to bridge together the family systems orientation and the resilience-oriented practices meaningfully hence this study is able to explore Walsh’s work and use McCubbin’s model as the framework for this study.

Earlier research into family resilience investigated the variability of responses to the crisis of war in military families (McCubbin & Dahl, 1976). This led to other studies that focused on families facing chronic stressors and illnesses, family transitions and changes over their life cycles and native population groups in the United States (McCubbin & McCubbin, 1988). As research interest in family resilience grew, emphasis on the need for theory building (De Haan, Hawley & Deal, 2002), and investigation of family typologies (McCubbin et al., 1996; 2001) was highlighted. Other family resilience interests focused on clinical implications, that is, the way resilient families could affect clinical work (De Haan et al., 2002; Walsh, 2003). The studies suggested that resilience-oriented families empower one another because they are viewed as survivors of a crisis (Walsh, 2003).

The exploration of familial resources had been limited to parental pathology, and resilience was viewed as an individual aspect. However, this linked the emergence of resilience to three areas of interest, the individual, family and the environment. According to McCubbin, McCubbin, Thompson, Han and Chad (1997), studies that focused on children highlighted the importance of the family system which promotes resilience. Van Breda (2001) agrees that there has been significant progress in family resilience research; he noted the move from viewing the family as a source of dysfunction to families as a source of resilience and strength. The family is seen as no longer a context for development of individual resilience but a system/unit that extends resilience in relationships with other family members.

The family resilience approach encourages and inspires family members to believe in their own possibilities for regeneration and facilitate healing and healthy growth. It builds on developments to strengthen the family’s competence to master adversity and encourage key processes for resilience (Moss, 2010). It has a climate conducive for fostering empowerment and assisting family members gain the ability to overcome challenges through working
together and experiencing success from shared efforts and resources. The achieved success enhances a family's pride and a sense of worth that enables the family to cope more effectively. Challenges facing a family encourage reconciliation and a search for unrecognized strengths in the network of family relationships. Whenever there is an attempt to understand individual resilience it should be in the context of the family and community, as these groups are intertwined. However, a clear understanding of resilience, risks, strengths and protective factors can create hope and beliefs that life can be improved.

The Family Resilience theory by Walsh (1998) proposed the model of Family Resilience to identify factors promoting resilience in families and their members. Nine key processes in family resilience were identified and were grouped into three domains namely, belief systems, organizational patterns and communication processes. These domains have been identified in families that have been faced with crises as positive factors that have assisted them in adjusting and adapting to new situations.

The key processes inspire families to believe in their own possibilities to facilitate healing and healthy growth. The approach is built on developments to strengthen the family’s capacity to master adversity and to encourage key processes for resilience (Walsh, 1998). In this way, it fosters an empowering climate. Family members can be seen as gaining the ability to overcome crises and challenges by working together and experiencing positive success through shared efforts. This however, increases family pride and worthiness and prepares families for future challenges to come (Walsh, 2002).

All in all, the family resilience approach has the ability to make families recover from adversity strong and more resourceful. For a family to achieve its set goals there is a need for reference to coping and adaptation. The family is an important unit that cannot function without the sum of its parts. To understand individual resilience requires the context of the family, community and the environment at large (McCubbin et al., 1996; Walsh, 2002). The basic principle contained in the approach is that serious and persistent adversities have an effect whether positive or negative on the family and its members and that each life cycle phase brings in new stressors and circumstances to the family to be dealt with (Moss, 2010). However, using Walsh’s key processes alone is insufficient and is not broad enough when dealing with families in crises (Mullin & Arce, 2008). This study makes mention of both the family resilience approach and the resiliency model which emphasizes adaptation processes of families exposed to adversities (Patterson, 2002).
3.3.2 Summary of the Family Systems Models

Below is a summary of the resiliency model by McCubbin et al. (1996) and the family resilience model by Walsh (1998).

Table 1. Summary of the Resiliency model and the Family Resilience model.

<table>
<thead>
<tr>
<th>Resiliency model</th>
<th>Family Resilience model</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Emphasizes the adaptation processes of families exposed to adversities</td>
<td>• Emphasizes that serious life crises and persistent adversity have an impact on the family unit and its members</td>
</tr>
<tr>
<td>• Focuses on family recovery, resiliency, and change whilst highlighting family adjustment and adaptation processes</td>
<td>• It fosters a compassionate understanding of parent life challenges, encourages reconciliation and searches for unrecognized strengths in the network of family relationships.</td>
</tr>
<tr>
<td>• Emphasizes family systems functioning in four domains, interpersonal relationships; development, well-being and spirituality; community relationships and nature; and structure and function which are important to family recovery</td>
<td>• Family life cycles bring new stressors and situations to deal with</td>
</tr>
<tr>
<td>• Emphasizes the importance of ethnicity and culture, and diversity in family structure.</td>
<td>• Protective processes foster resilience by buffering stress and facilitating adaptation for positive outcomes</td>
</tr>
</tbody>
</table>

Within the systems approach, the resiliency model and the family resiliency theory are geared towards the same goal. The above table shows that they emphasize on identifying factors that can assist a family to bounce back from adversity despite the severity of the crisis, normative or non-normative. The boundaries of families have been broadened from a traditional family to include the various family structures with its ethnic and cultural varieties. Both these theories want to discover what behaviors, patterns, and interactions explain the variability in family outcomes especially in family recovery and the changes in the well-being of family members and the condition of the family unit. To add, the theories
both highlight the complex and meaningful role played by family properties, behaviors and capabilities in buffering the impact of stressful life events and in facilitating the recovery of the family when facing crises (McCubbin et al., 2001).

In conclusion, a systems approach enables us to understand how family processes mediate stress and can enable family members and their families to overcome crises and withstand prolonged hardships. Also, how a family will confront a crisis and reorganize itself to move forward will influence immediate and long term adaptation for its family members and the longevity of the unit (Walsh, 2006).

3.4 HISTORY OF THE RESILIENCY MODEL

The ABCX model by Hill (1949); the double ABCX model by McCubbin and Patterson (1982) which is an extension of Hill’s model; the Family Adjustment and Adaptation Response Model (FAAR model) a further extension of the double ABCX model which emphasizes adaptation as the most central outcome of the stress process after a family has experienced adversity; and the Resiliency model of Stress, Adjustment and Adaptation, or simply the Resiliency model by McCubbin et al. (1996) will be explored as the study unravels factors that promote adaptation in families affected by financial setbacks.

Research on family stress classifies it into two: normative and non-normative stress. Normative stress is related to expected stressors over the lifespan for example, parenthood or adolescence; and non-normative stress relates to those unexpected sudden stressors like disasters, illness, untimely loss of a family member, retrenchment and financial instability. Larson, Wilson and Beley (1994) found that non-normative stressors (insecurity and job loss) could affect marital adjustment and problem solving in families. However, Van der Merwe and Greeff (2003) conducted a study on 82 unemployed African men with dependents and found that they presented significant relationships between stressful events and coping mechanisms namely, internal locus of control, extended family support and health within the family. In another study, investigating the loss of a parent, it was found that individual members of a family produced individual characteristics, interpersonal characteristics, religion, and family hardiness that contributed to a successful adjustment to loss (Greeff & Human, 2004).
These studies show that despite facing non-normative stressors, families can be able to pull in their resource and bounce back to their normal state. The resiliency models are important in the identification and realisation of positive factors that lead families to adapt and bounce back to their normal lives and by exploring their existence (models) research would be able to affirm notions on positive mechanisms found within families.

3.4.1 The ABCX Model

In 1949, Hill formulated a model on how stressors impact on families. It was the first conceptual model of family stress research. The model laid the foundation on all family resilience models. Hill’s model has remained the prototype of all other models on resilience (Van Breda, 2001). The ABCX model focussed on the pre-crisis factors in families and examined the variability in families’ adaptations to stressful events.

Hill’s model focuses on three variables that interact with each other to produce a crisis. The stressor (A) an event that impacts on the family in a way that causes change or disruption to occur, interacts with the family’s crisis-meeting resources (B) which are the ones that help the family prevent a crisis, which then interacts with family definition of the event (C) to produce the crisis (X). The family resources and definition of the event which are the second and third determinants lie within the family itself and must be seen in terms of the family’s structures and values. The hardships of the event which makes up the first determinant lie outside the family and are an attribute of the event itself.

The family journeys through three stages when facing a crisis, that is, disorganisation; recovery; and reorganisation after encountering a stressful event. When the family interprets the stressor, it reflects the family system’s values and their previous experiences and the ultimate impact, if the family views the stressor as a challenge they can face or as something that is beyond their control and do not have the ability to cope (McCubbin & Patterson, 1982; Robinson, 2007). There were various patterns of crisis response that were identified in this model. These are: the roller coaster, increased functioning, decreased functioning, mixed changes, and no change. This model provided clinicians with resources and definitions which are within the family’s control so that they can enhance the resilience of families. Hill’s model empowers families subject to stressors to resist entering crises especially when they have no control over the stressors.
3.4.2 The Double ABCX Model

The double ABCX model of Adjustment and Adaptation was developed by McCubbin and Patterson (1982). It was due to the realisation that the Hill’s model had some deficits and needed to be expanded. The model argues that families are not subjected to a single stressor but, rather they are faced with normative stressors over time. The resources they need when in crisis are broader, change over time and often have to be created (Robinson, 2007). This model however, emphasizes more on the coping and social support which facilitates family adaptation to crises and it attempts to identify and measure aspects that enhance resilience. Its focus is on both pre- and post-crisis factors and processes.

More factors were incorporated in this model that influenced the impact of family adaptation over time (post-crisis). These are a pile-up of stressors (family dealing with a build-up of stressors at a time), the new resources a family develops as a result of dealing with post-crisis factors, and the meaning the family attributes to the total crisis situation. By giving meaning to a crisis the family may view their situation as an opportunity for growth and development and have hope which can assist the family to cope and adapt (McCubbin & Patterson, 1982). Family adaptation is the key concept in this model and is the outcome of family efforts to achieve a new level of balance in family functioning. It can also be described as a continuum ranging from positive adaptation (bonadaptation) to negative adaptation (maladaptation) (McCubbin & Patterson, 1982).

3.4.3 The FAAR Model

The Family Adjustment and Adaptation Response Model (FAAR model) was developed by Joan Patterson (1988) and it was expanded from the Double ABCX model. According to McCubbin et al. (1996), the FAAR model is an ecologically based model that evolved from family stress theories. It focuses on the pre- and post-crisis family factors that contribute to the ability to adapt in crisis times. The FAAR model describes the process by which family demands and family capabilities interact with family meanings to create adjustment and adaptation during a crisis (McCubbin et al., 1996). These family capabilities originate from individual family members, the family or the community, while the family demands originate from either, normative and non-normative stressors, ongoing family stressors or daily minor stressors in life (Parsley, 2005; Patterson, 2002b). The balancing process within the family in overcoming a crisis concurrently interacts with family meanings.
The goal of family adaptation in the model seeks to find balance between stressors and the protective mechanisms; between the family and its members; and between the family and community. This model’s outcomes are similar to those of the double ABCX model in that the family either adjusts or adapts with improved functioning or it functions poorly as a result of the crises (Patterson, 2002b).

3.5 THE RESILIENCY MODEL OF FAMILY STRESS, ADJUSTMENT AND ADAPTATION (RESILIENCY MODEL)

This model incorporates elements from the above mentioned models to focus on the discovery and testing of resilience factor processes in families. It was introduced by McCubbin et al. (1996) to better understand the multiple individual, familial and contextual variables that impact on families. Four domains have been added to what the other previous models proposed. These are, interpersonal relationships; development, wellbeing and spirituality; community ties; and structure and functioning (McCubbin, Thompson & McCubbin, 2001). The model encompasses four areas for improving coping, that is, coping that reduces demand on families; coping that obtains additional resources; coping that involves managing emotional tensions; and coping that realizes meaning of the demand (stress) (McCubbin et al., 1996). Also, families are evaluated on various domains, like, vulnerabilities, resources, appraisal, support, patterns of functioning, coping and problem-solving and processes.

The focus of the resiliency model is on family recovery, resilience, and change while stressing on family adjustment and adaptation processes (McCubbin et al., 2001). The model also depicts the protective role that certain family characteristics play in facilitating a family’s recovery from stressful life events (Moss, 2010). According to Greeff, Vansteenwegen and Herbiest (2011), the Resiliency model highlights different problem-solving and coping strategies that contribute to good family adaptation. The resiliency model will function as the theoretical basis for this study.

According to Moss (2010) and McCubbin et al. (1996,2001) the Resiliency Model of Family Stress, Adjustment and Adaptation is built upon the assumptions that families face hardships and change as natural predictable aspects of life; that families can develop strengths to foster family growth and member development; that families can develop unique capacities to deal with non-normative and normative stressors and be able to foster
adaptation; and overall families benefit from their communities and contribute to the networks of community relationships and resources. This model views the family’s culture and ethnicity as important factors that play a role in the development and recovery of the family and contributes to the ecological system that the family belongs to (Normand, 2007).

McCubbin et al. (1996) assumed a leading role in the field of family resilience by developing a theoretical model and relating measuring instruments to evaluate contributing factors to family resilience. Some of the instruments will be employed in this research study. Hawley (2000) and Walsh (1996) described resilience as a process where protective factors play a role in reaching unexpected adaptation despite the adversity. But since resilience as a process is difficult to measure the Resiliency model attempts to clarify the process by mapping it in terms of stressors and risk, protective factors and adaptation (Smith, 2006). This will enable a measurement of the resilience process by tending to its compilation of stressors, protective factors and adaptation. A similar approach will be followed in this study.

The resiliency model illustrates the role of a pile-up of stressors in stress adaptation. Stressor events are those events that have the potential to provoke change in the family system (McCubbin & Lavee, 1986) and stress is the tension that arises from actual or perceived demands and distress appears when the family members perceive the stress as ‘unpleasant and undesirable’ (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1985). It has been found that if previous stressors are left unresolved it can affect family functioning for example, Reddon, McDonald, and Kysela (1992) found a link between accumulated stressors and decreased functioning among mothers of disabled children. If a pile-up of stressors is not managed they deplete resources and may lead to family tension and stress (Lavee, McCubbin, & Patterson, 1985; Olson et al., 1985).

The resiliency model has two phases of outcomes namely, adjustment and adaptation. The adjustment phase. The family makes few changes to their coping styles and functioning. This phase consists of multiple factors such as, pile-up of stressors, established patterns of functioning, family appraisal of the stressor, problem solving, coping and the family’s resources that interact following a stressor to support either bonadjustment or maladjustment. If a family fails to find balance during the adjustment phase with minor changes then the family becomes disorganized and experiences a crisis (McCubbin et al., 1996).
The result of these multiple factors interacting together leads into a circular cycle of family resources, family appraisal of the stressor, and problem solving and coping mechanisms. Family resources refer to the ability of the family to cope with the stressor and its demands in an effort to avoid a family crisis. According to McCubbin et al. (1996) there are key family resources that have been identified when families achieved adjustment. These are social support, economic stability, cohesiveness, hardiness, shared spiritual beliefs and open communication, to mention a few. Outcomes of the adjustment phase are on a continuum which ranges from bonadjustment (positive adjustment) to maladjustment (accumulates to a crisis). Stress creates pressure for adjustment and it can result in either distress or eustress (tension seen as positive) (McCubbin et al., 1996). If a family fails to adjust they continue in the cycle and stress builds up demanding families to make more changes. This leads to the adaptation phase.

The adaptation phase involves families that have experienced maladjustment. This phase is the outcome of family efforts to achieve a new level of balance, harmony and functioning after a stressful situation. Sharing family respect, support, hardiness, coherence and trust can promote bonadaptation through changing established patterns of functioning, expanding family resources and developing new coping strategies. The family introduces changes aimed at restoring its harmony and balance and the external environment.

Failure to adapt leads families to move back into a crisis situation with maladaptation until new patterns of survival are adopted and adaptation is achieved (Friedman, Savardsdottier & McCubbin, 1998; McCubbin, et al., 1996). The following figure shows McCubbin et al.'s (1996) model of family stress, adjustment and adaptation.
According to Figure 1, family members are rendered vulnerable (V) because of previous stressors (aA). This worsens because of recurrent impacts of the current crisis (X) faced by the family. Vulnerability interacts with the family’s typology (T), referring to established patterns of family functioning. McCubbin and Thompson (1991) identified four family types, regenerative, resilient, rhythmic and traditionalistic families. Regenerative families manage normative strain better and recover better from non-normative stressors (Marsh, Lefley, Evans-Rhodes, Ansell, Doerzbacher, LaBarbera, & Paluzzi, 1996). The family’s potential to meet demands of stressors is determined by a combination of factors already existing or newly developed and strengthened by the family. These resources (bB) include individual traits of family members, traits of the family or family typology.

Families appraise the situation (cC) by defining the plan as minor, moderate or catastrophic and use their existing and new resources (bB) in trying to reach adaptation. The family’s perception (cC) of the pile-up of stressors (aA), of resources (bB) and of what needs to be done in order to cope is a critical factor in predicting family adaptation (McCubbin & Patterson, 1982; McKenry & Price, 2000).
Perception (C) interacts with the family’s problem solving and coping strategies (PSC) for example, seeking social support. Family coping refers to family attempts to reduce or manage demands on the family system (McCubbin & Thompson, 1991). It is viewed as an adaptation strategy developed over time and is not a state created instantly (McKenry & Price, 2000). All the components in the model interact with one another to shape the level of adaptation (XX) which can be bonadaptation or maladaptation (McCubbin et al, 1996).

The aim of this research is to identify and explore factors contributing to the resilience of families affected by economic hardship (non-normative crises). This can be referred to as unexpected, uncommon and adverse life events experienced as disruptive and demanding adaptation in order to survive (Walsh, 1993). The economic stress is due to the uncertainty of income sources, the inadequacy of earnings to meet needs and desires and the instability of the economy (Fox & Bartholomae, 2000). The use of the resiliency model as a theoretical basis is deemed necessary. Traditional western psychology is characterized by acclaiming the individual at the cost of the group/familial/collective influences which is valued important to the African context. Verloff and Goldberger (1995) found cultural sensitivity in psychological studies wanting and declared psychology giving less attention to the role of culture in human behavior and development. Shuda (1990) regards exploring culture differences as important towards enabling processes of healing for the people. While traditional therapeutic models tend to focus on the problem clients bring to therapy, viewing families as resilient provides an alternative paradigm.

By incorporating the resiliency model this study indicates the models’ support and focus on family rather than individual strength. The model includes a pile-up of stressors which supports the perspective of family resilience as a process which is mapped up in terms of stressors and risk; protective factors and adaptation. The model offers its potential to be tested in a collective African tradition and in this case the Shona population of Harare in Zimbabwe and supports the notion of family resilience as a process or a pathway a family follows overtime in response to a stressor (Hawley, 2000; Walsh, 1996). This statement supports the economic turmoil that Zimbabwe is experiencing in terms of the length of time the stressor has taken. More studies need to be conducted in order to account for the resilience factors that are being exposed by the African family. To measure resilience as a process is difficult and complex, but McCubbin et al. (1996) solved this problem by operationalising the measurement of resilience in terms of the measurement of stressors,
protective factors and adaptation. The model will be employed in the quantitative section of the study.

The following section explores the ecosystemic perspective which has its origins from the general systems theory and supports the external influences that affect the capacity of families (Bronfenbrenner 1979).

3.6 THE SOCIAL ECOLOGICAL SYSTEM

This is a form of a general systems theory. Its concern is on the survival of the human being among other entities within the same environment. The focus of the perspective is on the growth, development and potentialities of human beings and other properties in the environment that support or hinder the expression of human potentials (Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009). In other words, the ecological view emphasizes resilience as the ongoing maintenance of balance; the system is seen as liable for achieving balance in response to changing contexts (Luthar, Cicchetti & Becker 2000). An individual is viewed as part of a large system and entangled in the web of interactions hence; they cannot separate themselves from the society. The focus of the ecosystem theory is on the whole or total system rather than dealing with some parts of human behavior in isolation. The above assumption saw Waller (2001, p.290), saying “resilience is a multi-determined and ever-changing product of interacting forces within a given ecosystemic context”.

It seems appropriate to make mention of this approach towards this study because of the lifestyle of the Zimbabwean people. They lead a communalist lifestyle; individuals are closely tied to their family, relatives, group and community thus they are all intertwined in a web of complex relationship and interactions.

In the event of an adversity striking a family, the family experiences stress in a unique way that is different from the other families. Because family stressors are varied and have multiple elements, it is impossible to stereotype families in relation to the stress dynamic (Bromer, 2002). The ecological/systemic resilience is where individual risk and resilience are understood as being shaped by a dynamic environment that includes the microsystems (family, work, school environments) and the macrosystems of social, economic and political processes (McCubbin & McCubbin, 2005). The ecological approach highlights resilience as the ongoing maintenance of balance, where the family is responsible for achieving balance in
response to changing contexts. The level of interactions between individual, family and community systems determines or contributes to resilience.

The ecological perspective stresses the relationships within and between the social systems rather than observing individuals in isolation from their cultural, social and communal contexts. Resilience is more than the sum of factors from either component (individuals). Waller (2001) postulates that resilience is a multi-determined and ever-changing product of interacting forces within a given ecosystemic context. Resilience is a useful concept in ecology because it draws attention to the ability of ecosystems to acclimatize to environmental stress through transformation. Kirmayer et al. (2009) suggest this resilience can be found at the micro-level of families, groups, communities and larger social systems. When many families in the same community exhibit resilience it can contribute in making the whole community resilient and work together more easily to respond to stresses and challenges.

In ecology, resilience can refer to the capacity of an ecosystem to recover from environmental stresses like drought, economic hardships or climate change. Kirmayer et al., (2009) also add that if the natural systems are able to respond to stress or challenge by self-correcting processes that restore pre-existing patterns and populations of plants and animals, then families and their communities can come together and exercise their protective factors in promoting resilience and growth from challenges. According McCubbin and McCubbin (2005) in order to achieve balance and harmony in a resilient system the family interacts with a larger social ecology which results in adjustments in roles, goals, values, rules and priorities. This statement demonstrates that the use of the Resiliency model in this study (which will be elucidated in the subsequent sections) is a great move in support of the cultural and socio-systemic nature of the Zimbabwean Shona Christian families.

The ecosystemic perspective views the family as influencing the environment as well as being influenced by their environment. In other words there is rarely a direct causal pathway leading to a particular outcome, but only ongoing interactions between protective and vulnerability factors within a family and its environment (Ungar, 2003b). According to Benard (1993), the ecosystemic perspective is useful in the conceptualization of resilience because it situates risk in the broader social context of war, racism, or poverty and not in individuals, families or communities. It asks how families develop in the face of such
adversities successfully. Hence, resilience is grounded in an ecological context and is built on the strengths perspective (Greene, 2002).

The following section will examine the key elements of Bronfenbrenner’s systems thinking with regards to family functioning. There are five systems of interactions involved in a person’s life which depend on one’s contextual nature, that is, microsystem, mesosystem, exosystem, macrosystem and chronosystem. Because of these systems, individuals are able to have more social knowledge, possibilities for learning problem solving and access to new dimensions of self-exploration.

3.6.1 Elements of Social Ecology

One of the leading scholars in the field of development psychology is Urie Bronfenbrenner (1979). His theory holds that development reflects the influence of several environmental systems. Within those systems, an individual is observed as being connected to the family and the family to its community and the community to the wider society. Bronfenbrenner (1979, p.3) states that “the ecological environment is conceived as a set of nested structures, each inside the next, like Russian dolls”. Any crisis or stress that affects the individual is felt by the other systems, that is, the family and the community at large. The ecosystem perspective emerged from ecology and general systems theory. Ecology is concerned with the adaptive fit of organisms and their environments and the means by which they achieve a balance and some maturity. The general systems theory is a science of wholeness that describes sets of elements standing in interaction or a systemic interconnectedness of variables like people and their environments.

The key to development is recognized as the capability of having and maintaining interactions with others and the environment. In the environment, various existing systems are characterized by roles, norms (expected behavior), and relationships. When a compatible relationship exists between different systems, for example, home and the church, positive development can be expected. The ecosystem perspective provides a structure for thinking and understanding different systems in their complex mode, that is, a family and the environment being recognized in their interconnected and multilayered reality.

A microsystem views the individual and their immediate environments in which they operate in. An example is the family an individual belongs to, classroom, workplace or peer groups. Then the mesosystem is directly above the microsystem and it involves the
interaction of two immediate systems affecting the individual, for example, the home and work (for adults), or the home and school (for children). In addition, there is the exosystem, an environment affecting a person indirectly and is external to their experiences. An example of this is when what happens (positive or negative) at the workplace has an impact on the children at home. By contrast, the macrosystem which is focused on the cultural context including issues of cultural values and expectations expects people to live according to a culture they belong to. Last but not least, Bronfenbrenner (1979) lists chronosystems as the last of the Russian doll, which included events occurring in the context of passing time. A chronosystem encompasses change and or consistency over time in the characteristics of a person and the environment in which the person lives, for example, a change in the socioeconomic status, employment, or family structure.

The above systems seem relevant to the Shona community being investigated because it survives amongst other cultures and tribes in Zimbabwe. The country’s society is multi-cultural; it has numerous religions and ethnic groups. In addition to this, it has diverse personalities, belief systems, norms and values which stem from the different ways in which citizens are affected by their socio-political and economic backgrounds. According to Ungar’s (2002) thesis, an individual has intrinsic value apart from his/her usefulness to others in the community and the diversity of culture and social organization offers the potential for solutions to emerge to shared human challenges. All in all, what is good for an individual and their community is the benchmark of progressive social and economic development.

3.7 CONCLUSION

Family resilience is a broad field that captures the strengths of families that strive to bounce back and transform from adversities they experience. The above sections have highlighted on the resilience model, the systems model of family resilience and the social ecology perspective. These sections have shown how they contribute to the resilience of families and the strengths embedded in them. A family is part of a system that is encompassed by other systems that have an effect on the family’s outcome, whether the effect is direct or indirect. The structure of the family within the systems shows that a family cannot be viewed as a single entity but as a whole that has to be understood together with the sum of its parts. The resiliency model by McCubbin et al. (1996), examines aspects that are
useful in determining factors that show resilience in families and its use in this study will be able to identify the resiliency factors.
CHAPTER FOUR

RESEARCH DESIGN

4.1 INTRODUCTION

In the previous chapter, the researcher discussed the resiliency model and how it came to its existence. The resiliency model has been identified as the framework of this study and by discussing the resiliency model, the systems model of family resilience and the social ecology perspective it showed how they contribute to the resilience of families and the strengths embedded in them.

The purpose of this chapter is to present the research design, its philosophical approach, research strategy and the research methods used for data collection. A quantitative design was used for this study and research instruments adopted from McCubbin et al. (1996) were used to gather information from participants. The chapter focuses on the following key areas: research aims, research questions, research paradigm, research design, research method and ethical considerations.

4.2 RESEARCH AIMS

4.2.1 General Aims

The overall aim of this study is to identify and explore the resilience factors exhibited by urban Shona Christian families who suffered non-normative financial crises due to the downturn of the Zimbabwean economy.

4.2.2 Specific Aims

The specific aims of the study are as follows;

- Reviewing the literature on family resilience.
- Identifying existing coping factors which had contributed to family resilience.
- Exploring factors that strengthened urban Shona Christian families in times of adversity.
4.3 RESEARCH PARADIGM

According to Creswell (2009) and Mackenzie and Knipe (2006) a paradigm is a set of generalisations, beliefs and values of a community of experts and professionals that are logically related and orient critical thinking and research. It is an approach to research that involves philosophical assumptions as well as distinct methods. A research paradigm can also be viewed as a belief about the way in which data about a phenomenon should be gathered, analysed and used (Creswell, 2009; Neuman, 2003). The positivist worldview that supports the quantitative method will be discussed in this section. The chosen worldview influenced the practice of this research and the beliefs of the researcher.

This study was influenced by the positivist paradigm that guides the quantitative mode of inquiry which is based on the assumption that social reality has an objective ontological structure and that individuals are responding agents to this objective environment (Morgan & Smircich, 1980). An assumption behind the positivist paradigm is that there is an objective truth existing in the world that can be measured and explained scientifically (Morgan & Smircich, 1980). Positivism is founded upon values of reason, truth, and validity and the focus is on facts which are gathered through direct observation and experience and measured empirically using quantitative methods and statistical analysis (Eriksson & Kovalainen, 2008; Hatch & Cunliffe, 2006). Positivism is sometimes referred to as a scientific method which is based on the rationalistic, empiricist philosophy which reflects a deterministic philosophy where a cause determines an effect or outcome (Creswell, 2009; Mertens, 2005).

Positivists further assume that the social world can be studied in the same way as the natural world and that there is a method of studying the social world that is value free and where explanations of a causal nature can be provided (Mertens, 2005). Also, O’Leary (2004) suggests that positivists test theories and describe events through observation and measurement in order to predict and control forces surrounding participants.

The positivists believe that reality can be observed and described from an objective point without interfering with the phenomena (Creswell, 2009). They also hold a deterministic philosophy where causes probably determine the effects or outcomes of a phenomenon (Creswell, 2009). Positivists apply the natural science model of research to investigations of the social world and emphasise scientific method, statistical analysis and results that can be generalised (Mackenzie & Knipe, 2006). Another assumption of the positivists is that there are patterns and regularities, causes and consequences in the social world like in the natural
world and that they are real (Denscombe, 2007). Thus, there is the need to use scientific methods as those in the natural sciences.

The positivist researcher relies on quantitative data collection methods and statistical analysis (Creswell, 2009). This study is supported by this view as it seeks to identify and explore family resilience factors using questionnaires and statistics to analyse the data.

4.4 RESEARCH DESIGN

A research design is a plan of a research project through which data is gathered (Mouton, 1998). It can be thought of as the structure of research, the glue that holds all of the elements in a research project together. Bailey (1994), states that the design is a plan or blue print of how one intends to conduct research. It is also viewed as a procedure for collecting, analysing, interpreting and reporting data in research studies (Bailey, 1994). Adopting a research design in a study is useful because it helps guide the methods’ decisions that researchers must make during research and set the logic from which they make interpretations at the end of the study (Creswell & Plano Clark, 2011).

A quantitative design is used in this study. It is an appropriate design because the researcher is following a positivist approach. Firstly, in conducting a quantitative research the researcher seeks to identify and explore resilience factors within the urban Shona Christian families. The term ‘explore’ will assist the researcher in gaining insight into a new area that has not been studied before. As the Urban Shona Christian families of Zimbabwe represent a population that has never been studied from the perspective utilised in this study, the quantitative design assisted the researcher in gaining insight into this population. Also, the data was measured and captured in numerical form which represented the quantitative nature of the study (Struwig & Stead, 2001).

Questionnaires adopted from the resiliency model by McCubbin et al. (1996) were used to gain information on participants’ demographics, behaviours and beliefs. These questionnaires were hand delivered to the families taking part in the study. By identifying, exploring and describing the resiliency factors utilised by the participants the researcher was able to explore and describe how things are as they exist without interfering with the setting or environment of the participants.
Secondly, according to Creswell (2009) quantitative research provides a numeric description of trends, attitudes or opinions of a population that is represented by a sample of that population with the intention of generalising from the sample. Quantitative research offers an advantage of allowing the participants to remain anonymous (Creswell, 2009); the instruments are easy to administer and convenient (Cozby, 2004); and they are non-threatening to the participants (Cozby, 2004). The instruments that were used by the researcher were administered in the form of questionnaires and delivered personally so that the researcher could be available to answer any questions and clarify where participants did not understand and also be able to collect the questionnaires. This method helped the researcher avoid costs and avoid low response rate from participants associated with surveys.

All research methods have fundamental flaws that hinder a researcher from achieving a desired high external validity and ensuring accuracy in measuring constructs and creating realistic environments for observation of behaviour (Petter & Gallivan, 2004). But if research is conducted following a good research design, these flaws would be counteracted by their advantages and the skill of conducting good research.

Thirdly, the quantitative method is objective, hypothetical and uses statistical values to interpret data collected. Quantitative methods have been adopted from the natural sciences designed to ensure objectivity, generalizability and reliability (Darlberg & McCaig, 2010). In social sciences, the quantitative method is a systematic empirical investigation of quantitative properties and phenomena and their relationships. According to Bryman (1988), the objective behind it is to develop and employ mathematical models, theories, and hypothesis relating to phenomena. This quantitative method covers the way research participants are selected from the study population, standardised questionnaire or intervention received by the subjects and the statistical methods used to analyse data regarding the relationships between specific variables (Mackenzie & Knipe, 2006). This method determines the relationship between an independent variable and a dependant variable in a population. It could be either descriptive where a subject is usually measured once, or experimental where the subject is measured before and after treatment.

Fourthly, the quantitative method is concerned with numbers and data that can be quantified easily (Creswell, 2009). The researcher using this method adapts it as an inquiry into a research problem which is composed of variables, measured with numbers and analysed with statistical procedures (Creswell, 2009). This method is an objective analysis
and observations are manipulated for the purpose of describing a phenomenon and explaining it (Neuman, 2003). When all data has been gathered results are easy to analyse and summarise and while researching a small population, it can give a reliable indication of the views of a larger population (Neuman, 2003).

Also, a quantitative method uses numbers and statistics to draw descriptive inferences (Creswell, 2009). The researcher is able to work with the data easily and with the right sampling techniques, she/he can make generalisations to the wider populations (Dunn, 1999). The main concerns in the quantitative paradigm are that measurement is reliable, valid and generalizable to its clear prediction of cause and effect. Advantages of the quantitative method include the statement of the research problem in very specific and set terms which clearly and precisely specify both the independent and dependent variables that are under investigation (Kealey & Protheroe, 1996). Also, there is a degree of achieving high levels of reliability of gathered data because of the controlled observations and other forms of research manipulations. According to Kealey and Protheroe (1996), using quantitative methods eliminates or minimises subjectivity of judgement.

On the other hand, quantitative methods have some disadvantages; they fail to provide the researcher with information on the context of the situation where the studied phenomenon occurs and there are limited outcomes. This is due to closed type questions and the structured format of the quantitative methods (Neuman, 2003). Also, these methods fail to capture individual experiences of participants.

Lastly, adopting a quantitative method enables the generalisation of results to a large population (Creswell & Plano Clark (2011). Also, when using quantitative research a single reality can be defined by careful measurement because it is concise and straight to the point. Quantitative research describes and examines relationships, and determines the causality found among variables being studied. The statistical analyses used to determine the differences and similarities between variables are able to provide accurate interpretations of the characteristics of the population. Finally, reliability and validity of the instruments are important (Brink & Wood, 1998; Burns & Grove, 1997).
4.5 RESEARCH METHOD

The following subheadings will be used to explain the research method followed in this study, namely: research participants; research procedure, data collection; data analysis; and ethical consideration.

The research used a quantitative survey research method consisting of structured questionnaires. Harare is a densely populated city, and in order to get participants from the targeted population the researcher approached ministers from the four main groups of churches that is, Roman Catholic, mainline Protestant, Pentecostal/Evangelical and African Independent Churches. These ministers posed as the gatekeepers and were in a better position to identify potential participants fitting the profile required in this study.

The congregational members are the community members and they are mostly familiar with one another. These members acted as resource persons, identifying those families that suffered from non-normative crises; that is unexpected, uncommon and adverse life-events experienced as disruptive and which demand adaptation from families in order to survive (Walsh, 2003). Churches are understood as community organizations and their leaders are often regarded as important resource persons. Contacting them assisted in identifying potential participants fitting the required research profile.

The identified participants also assisted by further identifying more families that could fit the research profile. The identified families were approached by the researcher to provide them with information regarding the study that is, their rights, consent forms and what the research is all about. The recruitment of participants was based on voluntary participation and informed consent. Request letters and consent forms were hand delivered to the families, which briefed them of the research and asked for their participation. Issues of privacy and anonymity for the families were made clear in the request letter. In cases where identified families refused to participate, other families were identified.

Data gathering commenced after consent was obtained. This was followed up by biographical questionnaires and quantitative questionnaires respectively. These have been designed to trace familial and cultural perspectives on the family and resilience. The participants were required to fill in all the questionnaires and choose the appropriate answers.
4.5.1 Research Participants

This segment of the study is divided into two sections: the population and the sample. These sections focus on the target population being investigated and the families to be drawn from that population and be used as a sample to represent the whole population of the identified urban Shona Christian families.

Population

A population can be defined as the total of all the subjects or members that conform to a set of specifications (Polit & Hungler, 1999). In other words a population is the total number of a defined group or class of people that have been selected because of their relevancy to the research (Polit & Hungler, 1999). The Urban Shona Christian families in the Harare community are the target population from which the participants were drawn from so that they can qualify to participate in the current study. The Shona population is the majority residing in the capital city of Harare among other cultures. Also, the Christian families targeted by this study are those members of families who faced unexpected financial setback due to the economic and political crisis in Zimbabwe. The researcher selected respondents from the population that is being studied to best fit the elements of the study and by identifying the participants as Shona speaking is considering their cultural aspect.

Sample

According to De Vos, Strydom, Fouche and Delport (2002), a sample comprises the elements of a population that are included in the study. A non-probability snowball sampling technique was used for this study. This type of sample is used to identify potential subjects in cases where subjects are hard to locate. The researcher used this technique to select participants for this study as the researcher did not include a large number of examples in the study. Also, the researcher did not have sufficient information about the population to undertake probability sampling.

Snowball sampling works like a chain referral. The sample emerges through a process of reference from one participant to the next. After observing the initial subject, the researcher asks for assistance from the subject to help identify families with similar characteristics matching the research study. The sample snowballs in size as each of the nominees nominate other possible candidates who might be included in the sample. This type of sampling is effective for building up a reasonable-sized sample especially when it is used as part of a small-scale research project like the current study (Denscombe, 2007).
The size of the total sample was determined by the number of family members in a family who agreed to participate. The sample for this study was diverse in terms of age, occupation, religious affiliation and educational standard. Also, the sample was composed of elements that contained the most characteristic, representative or typical attributes of the population (Strydom & Venter 2002). Not every family had an equal chance in participating in the study and there was no sampling frame from which a sample could be drawn randomly to ensure that every family had an equal chance of being included in the sample.

This snowball process allowed the researcher to reach populations that were difficult to sample and the process became simple and cost effective. However, the researcher had little control over the sampling method and the representativeness of the sample was not guaranteed in the study (Strydom & Venter 2002).

The participants in this study included 106 participants from 53 families, an adult and an adolescent from each family. The participants chosen from the population of Christian families were members of families who faced unexpected financial setback due to the economic and political crisis in Zimbabwe (non-normative crisis).

4.5.2 Research Procedure

Letters requesting permission and access to families for participation in the study were issued to four different ministers of churches from the four main groups of churches that is, Roman Catholic, mainline Protestant, Pentecostal/Evangelical and African Independent Churches. Upon agreement from the ministers, identified families for possible inclusion were briefed on the research aims and objectives of the study. The identified participants were requested to further identify more families that can fit the research profile.

Request letters and consent forms were hand-delivered to the families. These letters briefed the families of the research and asked for their voluntary participation. All agreeing families were asked to sign the presented forms as a way of confirming their voluntary agreement to participate. Issues of privacy and anonymity for the families were made clear in the request letter. In cases where identified families refused to participate, other families were identified. After the families had agreed to participate in the study, a set of questionnaires including the biographical questionnaire were handed to the participants. These questionnaires were collected by the researcher on the same day of issuing because she feared the possibility of losing them. The researcher’s approximated time for answering the
questionnaires was 45 minutes to an hour. Adolescent participants were provided with consent forms to be signed by their parents on behalf of them. It was preferable if the researcher could have been able to get more adolescents to participate in the research study.

4.5.3 Data Collection

The present study employed measures that had been successfully used in family resilience research where significant findings indicated the validity of the measures (Der Kinderen & Greeff, 2003; Greeff & Human, 2004; Greeff & Van der Merwe, 2004). A biographical questionnaire and structured questionnaires (adopted from McCubbin et al., 1996) were used to gather data.

4.5.3.1 Biographical Questionnaire

The biographical questionnaire used in this study introduced and described the character of the participating families. The purpose of the biographical questionnaire was to contribute to the meaningful understanding and interpretation of the results. Also, the researcher wanted to obtain relevant contextual information for the current study. The variables included age and gender distribution, level of education, employment status, income levels, socio-economic levels, family composition, religious affiliation, church attendances and activities. A 100% participants (n=106) were able to respond to the questionnaire.

4.5.3.2 Instruments

Five self-report questionnaires were administered to the participants. The questionnaires were made to be available in English. These questionnaires have not been standardised for the Zimbabwean population but they were used in dissertations and published South African studies (Greeff & Human, 2004; Greeff & Ritman, 2005; Greeff & Van der Merwe, 2004; Robinson, 2007; Smith, 2006; Strauss, 2011). The instruments to be used were all informed by the Family Stress Theory in particular the Resiliency model of Stress, Adjustment and Adaptation (McCubbin et al., 1996) within which the framework of the study is based on.

The resiliency model seems significant to this study because it emphasises areas of family functioning that are important to recovery. Despite prevalent crisis situations facing families the model seeks to focus on the creation of harmony and to emphasise on areas of family functioning that are important to family recovery (interpersonal relationships; development, wellbeing and spirituality; community relationships and nature; structure and function)
(McCubbin et al., 1996). Also, the model incorporates levels of crisis appraisal involved in the recovery process (i.e. schema, coherence, paradigms, situational appraisal and stressor appraisal) and revolves around intra-familial relations during the processes of adjustment and adaptation to crises (McCubbin et al., 1996).

The questionnaires administered included, a Social Support Index (SSI), Family Problem-Solving Communication Index (FPSC), Family Hardiness Index (FHI), Family Crisis Oriented Personal Evaluation Scale (FCOPES) and Family Attachment and Changeability Index 8 (FACI8).

The Family Hardiness Index (FHI)

The Family Hardiness Index (FHI) was developed by McCubbin, McCubbin and Thompson (1986). It measures the characteristic of hardiness as a stress resistance and adaptation resource. Family hardiness refers to the internal strengths and durability of the family. The Index was adapted to reflect a ‘we’ rather than an ‘I’ orientation that is, broadening the concept of individual hardiness to the family context (McCubbin et al., 1996; 2001). Families employ this characteristic as a resource in times of difficult transitions or crises to help them adapt. The Index taps into the family resources (BB) and situational appraisal (CC) components of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin et al., 1996).

The Index consists of 20 items which participants answer on a 4 point likert rating scale (false, mostly false, mostly true, true), the degree to which each statement describes their current family situation. It consists of three subscales, commitment, challenge and control. Commitment measures the family’s internal strengths, dependability and the ability to work as a family. Challenge allows the family to be creative and experience new things. Control allows the family to be in charge of their situation than let outside events take over (McCubbin et al., 1996).

The overall internal reliability for FHI is .82 (Cronbach’s alpha) and the test-retest reliability is .86 (McCubbin et al., 1996). Its validity coefficient ranges between .20 and .23 with family satisfaction, time and routine, and adaptation (McCubbin et al., 1996). The cronbach alpha reliability coefficient of the FHI subscales for this sample was Commitment, .67; Challenge, .51 and Control, .66.

The Family Crisis Oriented Personal Evaluation Scale (F-COPES)
This Scale was developed by McCubbin, Olson and Larsen in 1981 (McCubbin et al., 1996). It identifies family problem solving and behavioral strategies utilized by families in crisis situations. The scale consists of 30 items with 5 subscales, reformulating the problem, passive appraisal, seeking spiritual support, utilizing family and social support, and mobilizing the family to acquire and accept help (McCubbin et al., 1996). The F-COPES taps into the family resources (BB) and the family schema (CCCCC).

There are two dimensions covered by the subscales, namely internal and external coping mechanisms. The internal mechanisms focus on the way the family handles difficulties and problems between its members. Examples of internal strategies are; reformulating the problem and passive appraisal. The external coping mechanisms deal with the relations between the family and the social environment and how the family handles the problems from outside but which affect the family and its members. Examples of external strategies are: seeking spiritual support, utilizing family support, and the mobilization of the family to acquire and accept help (McCubbin et al., 1996).

The F-COPES has an overall internal reliability (Cronbach’s alpha) of .86 and the overall test-retest reliability coefficient obtained for the whole test was .81 (McCubbin et al., 1996). The construct validity of the questionnaire was proved with a factor analysis using a varimax rotation of the axes. In this study, the internal reliability scores of the F-COPES were measured; (1) Acquiring social support, .56 (2) Reframing, .68 (3) Seeking spiritual support, .43 (4) Mobilising the family to acquire and accept help, .70 (5) Passive appraisal, .53.

The Family Problem Solving Communication scale (FPSC)

The FPSC was developed by McCubbin, McCubbin and Thompson in 1988 (McCubbin et al., 1996). The scale assesses communication as it plays an important part in families coping with hardships and life challenges and helps families reach adjustment and adaptation. It was developed specifically for resiliency and family stress research and to measure the problem solving and coping (PSC) component in the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin et al., 1996).

FPSC is a 10 item scale with a 4-point Likert scale. It measures two types of communication within the family, the affirming type which is positive and the incendiary type which is negative. The affirming type of communication conveys support and cultivates a calming environment. On the other hand, incendiary communication tends to worsen a
stressful situation. The alpha reliability of the scale is .89, with incendiary communication .78 and affirming communication .86 (McCubbin et al., 1996). The overall test-retest reliability of FPSC is .86 (McCubbin et al., 1996). The validity coefficient has been validated in several large scale studies under stress. The cronbach alpha reliability coefficient of the FPSC subscales in this study was Incendiary communication, .71 and Affirming communication, .68.

**The Social Support Index (SSI)**

The Social Support Index was developed by McCubbin, Patterson and Glynn in 1982 (McCubbin et al., 1996). This was aimed at assessing the extent to which families find support from and in their communities. The measure was incorporated to assess community integration and the family’s employment of community resources for emotional support, esteem support (affection) and network support (Greeff & Human, 2004). Receiving support from the community is an important factor in family resilience and assists families against crisis factors. SSI can be linked to family resources (BB) component of the resiliency model (McCubbin et al., 1996).

The SSI is a 17 item instrument which uses a 5-point likert scale. The scale ranges from strongly disagree to strongly agree. The internal reliability (Cronbach’s alpha) of the SSI measure is .82 and the test-retest reliability is .83. The internal reliability in this study was .83. According to McCubbin et al. (1996) SSI was found to have a .40 validity coefficient with the criterion of family well-being. Social support varies across stages of the family life cycle, its lowest point is at school age stage and its highest point is at the empty nest stage.

**The Family Attachment and Changeability Index 8 (FACI8)**

This Index was adapted by McCubbin, Thompson and Elver in 1995 from the FACES IIA (McCubbin et al., 1996) which was also adapted from the Family Adaptability and Cohesion Evaluation Scales II by Olson, Portner and Bell (1989) (McCubbin et al., 1996). The Family Attachment and Changeability Index 8 is used to measure family functioning and adaptation and in this study it will be used to determine the level of family adaptation (XX).

The scale is a 16 item scale divided into two subscales, attachment and changeability and with a 5 point likert scale of how often events occur ranging from Never to Always. The attachment scale measures the strength of attachment between family members and the
changeability scale measures the flexibility of family relationships. The measure is designed to be administered to both adults and the youth.

This instrument is a dependent variable measuring the level of adaptation of the family after experiencing a crisis. The Changeability subscale has an internal reliability of .80 for the youth and .78 for adults. The Attachment subscale has an internal reliability of .73 for the youth and .75 for adults (McCubbin et al., 1996). In this study the instrument had an internal reliability on the attachment subscale of .83 and on the changeability subscale .74. Validity was established by determining the FACI8’s relationship to a treatment program’s successful outcome (McCubbin et al., 1996).

4.5.3.3 Reliability

Reliability is the degree of consistency or accuracy with which an instrument measures the attribute it is designed to measure. If a study and its results are reliable, it means that the same results would be attained if the study is replicated somewhere else using the same method (McCubbin et al., 1996). In a study conducted by Greeff and Thiel (2012) it was found that the family’s adaptation was fostered by internal strengths and durability; affirmative communication and the experience of social support. The internal reliability of the instrument FACI8 used to measure family adaptation was .74 for the attachment subscale and .77 was for the changeability subscale.

The measurements to be obtained in a study must not be affected by the research instrument that might give one reading on the first occasion it is used and a different reading on the next occasion when the item being measured did not change. In this study the instruments being used have been used before and chances of consistency are expected in the outcome of this study.

4.5.3.4 Validity

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. There are two types of validity- internal and external. Internal validity is the extent to which factors influencing resilience in the urban Shona Christian families is a true reflection of reality rather than the result of any chance variables which are not related to factors influencing resilience in urban Shona Christian families. By contrast, external validity
is the extent to which results of the study can be generalised to the wider population and not only to the sample used in the study.

The present study employed measures that have been successfully used in family resilience research, where findings report and indicate the validity of the measures (Der Kinderen & Greeff, 2003; Greeff & Human, 2004; Greeff & Van der Merwe, 2004). For example, the study by Greeff and Van der Merwe (2004) investigated variables that were associated with resilience in divorced families, and the results indicated factors like intra-family support, support of the extended family and friends; religion and open communication amongst family members; work and financial security as factors promoting resilience in these families.

4.6 DATA ANALYSIS

The concern of the study is to identify, explore and describe coping strategies within the Urban Shona Christian families as exhibited by Christian church practices that enhance family resilience. As the study focused on identifying factors associated with family adaptation (dependant variable), various independent variables were also identified based on the literature review. Examples of the independent variables which were measured by the quantitative instruments are: The Family Hardiness Index (FHI) (McCubbin et al., 1996; 2001); The Social Support Index (SSI) (McCubbin et al., 1996; 2001); The Family Crises Oriented Personal Evaluation Scales (F-COPES) (Olson, McCubbin, Barnes, Larsen, Muxen & Wilson, 1985); and The Family Problem Solving and Communication Scale (FPSC) (McCubbin et al., 1996; 2001). To measure the level of family adaptation, the Family Attachment Changeability Index 8 (FACI8) (McCubbin et al., 1996; 2001) was utilised as it represented the dependent variable.

The biographical data gathered described independent variables and introduced the characters of the participating families. The independent variables included age, gender, employment, family composition, level of education, income level, socio-economic level and church attended. The data gathered was quantified and reported in the section of participant demographics to show if there was any relationship with family adaptation.

The researcher used the computer program SPSS (Statistical Package for the Social Sciences) to analyse the quantitative data. It is among the most widely used programs for
statistical analysis in the social sciences. Correlation and regression analysis was executed to find the relationship between the coping strategies of urban Shona speaking Christian families to family adaptation. Measures of correlation indicated the strength and the direction of the relationship between a pair of variables. According to Bryman and Cramer (1997), correlation entails the provision of a yardstick whereby the intensity or strength of a relationship can be gauged. Correlation results are easy to recognise and interpret hence their widespread use in social sciences (Bryman & Cramer, 1997). This generated a solid analytical process as quick and powerful statistics were used to understand and effectively present the results with high-quality tabular and graphical output (Bryman & Cramer, 1997). Results from this data analysis program enabled the researcher to be more accurate and make sensible decisions by uncovering key facts and recommendations.

4.7 ETHICAL CONSIDERATION

It is important that the researcher be aware of ethical considerations and conduct the research in an ethical manner. Ethics guide the researcher towards a good research and the participants from any violation of their rights and respect (Leedy & Ormrod, 2005). The rights and dignity of participants must be respected by social researchers. The researcher must be ethical by avoiding any harm to the participants arising from their involvement in the research. Also researchers must operate with honesty and integrity. This section will discuss ethics relevant to this research as guided by Leedy and Ormrod (2005).

4.7.1 Informed Consent

The researcher is going to consider informed consent as the first issue. When conducting this study the researcher considered gaining informed consent from the participants. This gave potential clients the power to decide on their own if they wanted to participate in the study. They were not forced or coerced into helping with the research. The informed decision would only be reached if the study was clearly explained and was in the language they best understood. In the case of adolescents, parents and guardians were at liberty to accept or decline on behalf of the adolescents. All participants who engaged in this study were fully informed of the study and were allowed to choose whether they wanted to participate or not. Informed consent was assessed in writing because it acted as a way of formally recording the agreement to participate and confirming that the participants were informed of the nature of
the research. This is a strategic way of protecting the researcher from any possible accusations of improper actions.

4.7.2 Anonymity and Confidentiality

It is also crucial to consider anonymity and confidentiality of the participants’ identity and information. Information gathered from participants was handled privately and secretly to avoid misuse of the information, and providing pseudonyms in case of their identity. Any information that the participants disclosed to the researcher was not going to be used against them. Anonymity and confidentiality were exercised in all data gathering, analysis and reporting of the findings. These guard against researchers who would want to use participants’ information for any possible value making intent and possible advancement on the knowledge of a given topic.

4.7.3 Privacy

The participant’s right to privacy was also adhered to at all times. Participants were not pressurized to disclose information that they were not comfortable to disclose. The data to be collected was at the participant’s awareness. They had their right to privacy and they were able to determine which information they wanted to disclose and at which time they wanted to disclose the information.

4.8 LIMITATIONS

When conducting a study it is very difficult to reach a goal without facing any mishaps. In conducting this section of the study the researcher was faced with the challenge of finding the right information suiting the methodology to be followed by the research. The ethical issues were supposed to be carefully chosen to best suit the nature of the study and the participants targeted by the researcher. This chapter was time consuming especially trying to figure out a method and design best suiting the aims and objectives of the research and how best to find participants who would answer the questionnaires. The other challenge faced by the researcher was that of finding as many candidates who would be able to agree on participating in the research without expecting any incentives. It was also difficult to set up appointments with ministers of the congregation so as to discuss the nature of the study and their contribution in identifying families that best suited the current research.
4.9 CONCLUSION

This chapter outlined the research design for this study. A quantitative design was employed with a descriptive and exploratory approach. The data was gathered using a biographical questionnaire and five structured questionnaires. These questionnaires were hand delivered to the participants for gathering information for the study. A non-probability snowball sampling method was used to gain the participating families for the study. Ethical issues protecting participating families against any flaws in the study and to protect their rights were made clear to the participants.

The next chapter focuses on the results and discussion of the data collected from the participating families.
CHAPTER FIVE

RESULTS AND INTERPRETATION

5.1 INTRODUCTION

The results of this study and discussion are presented in this chapter. This chapter follows the methods stated in the previous chapter that were used to collect data from the participants assisting in this research. A quantitative survey was conducted and data was collected from a total of 106 participants. Pearson’s correlation coefficient and Stepwise regression analysis were used to explore the extent of linear relationships among the variables, to quantify the strength and direction of the relationship. Cronbach’s alpha coefficients were computed to determine the internal consistency for the relevant subscales of the measures that were used. The relationships explored were between the independent variables (social support, family hardiness, problem solving communication, family crisis problem solving) and the dependent variable (family adaptation). This chapter presents the findings of the study. First, the descriptive statistics of the biography questionnaire will be presented followed by the quantitative findings.

5.2 BIOGRAPHICAL DESCRIPTION OF THE SAMPLE

The biographical variables that are discussed relate to the information gathered from the biographical questionnaires that were completed by the participants. Adolescent participants and parent participants were issued with the same biographical questionnaires.

All participants were required to answer the biography questionnaire and give valuable information to the best of their knowledge. All of the participants lived within the high density suburbs of the capital city Harare in Zimbabwe. The population is defined as black Shona-speaking families with a Christian background. This population has a common history to share, live in a specific geographic region and speak the same language. This was in line with the researcher’s goal of exploring family resilience in urban Shona Christian families in Zimbabwe.
Age distribution

The participants included 53 families making a total of n=106 participants. This included adolescents and parents together. All 106 participants (100% response rate) indicated their age. Females were n=51 and males were n=55, that is 48% and 52% respectively. The age variable was answered in categories, 29 participants were less than 18 years; in the group of 19-24 years, there were only 9 participants; the 30-35 year group had 22 participants; and those that were more than 35 years of age totalled 34 participants.

Family composition

The family composition of the participants had variations; parents with one child were n=18; parents and two children n=20; parents and three children n=20; parents, children and relatives n=43; and the last category in the family composition was n=5 participants who chose the other category.

Educational qualifications

The qualifications of the parents and the adolescents in this study suggested n=61 participants had been through tertiary and n=40 were still in high school. N=5 participants reflected that they did not fall into the above mentioned categories and therefore chose the other category.

Literacy level

The literacy level of the participants had a very good rate with 62% of the participants rating themselves as very good, 28% of the participants rated good, and only 9% rated themselves as average communicators in English. The researcher can assume based on the information given, that the questionnaires did not pose a threat to the participants.

Employment

The variable on employment and the sector to which parents were affiliated in the employment industry showed that 62% of the participating adults were employed and were in the formal sector. This indicated some form of permanent employment.
Family Income

Family incomes were divided into four categories; with participants earning less than $150 being n=2; $150-$500 were n=35; $600-$1000 were n=41 and those whose income was more than $1000 were n=15. Families with higher incomes show the input of both spouses contributing to the income as a family.

Religious Affiliation

Participant religious affiliation was as follows: n=29 attended Pentecostal churches, n=9 were from African independent churches, n=59 were from the Roman Catholic Church and lastly, n=9 belonged to the protestant churches. Of these participants, 61% had membership of more than 10 years in the church. This shows that for the adolescents, some may have been brought up in the churches they are affiliated. The frequency to church had 54% of the participants attending church services more than once a week and at least 32% of the participants went to church once a week. When it came to participating in church activities, 76% of the participants agreed to be involved in the church’s activities. This proved that these participants were active members of their churches. Table 2 below illustrates these findings.

Table 2. Participant's religious background.

<table>
<thead>
<tr>
<th>Religious background</th>
<th>Frequency</th>
<th>Valid percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pentecostal</td>
<td>29</td>
<td>27.4</td>
</tr>
<tr>
<td>African Independent</td>
<td>9</td>
<td>8.5</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>59</td>
<td>55.7</td>
</tr>
<tr>
<td>Protestant</td>
<td>9</td>
<td>8.5</td>
</tr>
<tr>
<td>Church membership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5 years</td>
<td>23</td>
<td>21.7</td>
</tr>
<tr>
<td>5-10 years</td>
<td>18</td>
<td>17.0</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>65</td>
<td>61.3</td>
</tr>
<tr>
<td>Church frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once a week</td>
<td>34</td>
<td>32.1</td>
</tr>
<tr>
<td>More than once a week</td>
<td>57</td>
<td>53.8</td>
</tr>
<tr>
<td>Once a month</td>
<td>6</td>
<td>5.7</td>
</tr>
<tr>
<td>More than once a month</td>
<td>9</td>
<td>8.5</td>
</tr>
<tr>
<td>Church activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>81</td>
<td>76.4</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>23.6</td>
</tr>
</tbody>
</table>
5.3 QUANTITATIVE FINDINGS

Biographical findings of participants were described in Section 5.2 and were employed to describe the sample of the study. In the following sections of this chapter, all quantitative findings, pearson product-moment correlations and linear regression analysis are provided.

5.4 QUANTITATIVE MEASURES

The Family Attachment and Changeability Index 8 (FACI8) is a dependent variable that was used to measure family functioning and adaptation and in this study it was used to determine the level of family adaptation (XX) after an experienced adversity. To determine the independent variables’ relationship with the dependent variable statistically, the structured questionnaires were analysed using Pearson product-moment correlations and linear regression analyses for all participants.

To assess the significance of the correlation coefficients, a 0.05 probability level was adopted. This p value is considered a standard measure and is indicative of a significant relationship for most psychological reports (Robinson, 2007). The presence of the 0.05 probability level in this study indicates the existence of a significant relationship between family adaptation and the resiliency variables.

To enable comparisons in this study, all quantitative correlations and probability levels will be reported in the form of a table and scatterplots of significant correlations will be provided thereafter.

5.4.1 Changeability subscale (FACI8) correlations and scatterplots with resiliency variables

The dependent variable, family adaptation was measured using two subscales changeability and attachment which represented the Family Attachment and Changeability Index 8 (McCubbin et al., 1996; 2001). This section reports the relationship between the Changeability subscale and the resiliency variables. The table below (Table 3) significantly proves that there was noticeable significant correlation between the dependent variable, changeability and independent variables, commitment, communication, mobilisation, and
social support. The following conclusions in Table 3 portray the relationship and consecutively identify the statistically significant variables measured by family adaptation.

Table 3. Pearson product-moment correlations of family adaptation (FACI8) Changeability subscale and independent variables.

<table>
<thead>
<tr>
<th>Resiliency Variables</th>
<th>Changeability Variable</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI Commitment</td>
<td>.348**</td>
<td>.000</td>
</tr>
<tr>
<td>Challenge</td>
<td>.099</td>
<td>.157</td>
</tr>
<tr>
<td>Control</td>
<td>.079</td>
<td>.209</td>
</tr>
<tr>
<td>FPSC Affirming Comm.</td>
<td>.410**</td>
<td>.000</td>
</tr>
<tr>
<td>Incendiary Comm.</td>
<td>-.379**</td>
<td>.000</td>
</tr>
<tr>
<td>FCOPES Acquire</td>
<td>.182</td>
<td>.031</td>
</tr>
<tr>
<td>Social Support</td>
<td>.075</td>
<td>.221</td>
</tr>
<tr>
<td>Seeking Spiritual</td>
<td>.032</td>
<td>.372</td>
</tr>
<tr>
<td>Passive Appraisal</td>
<td>.160</td>
<td>.050</td>
</tr>
<tr>
<td>Mobilising Family to</td>
<td>.304**</td>
<td>.001</td>
</tr>
<tr>
<td>Acquire and Accept</td>
<td>.569**</td>
<td>.000</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed) *. Correlation is significant at the 0.05 level (2-tailed).

There were significant correlations between family adaptation and several potential resiliency variables that were found. The Pearson product-moment correlation coefficients were calculated to determine the relationships. Table 3 above provides information about the strength of the relationship and the direction of the relationship (positive or negative). A positive correlation showed that if one variable increased the other one was likely to increase and where there was a negative correlation one variable would have increased and the other
decreased. The results in Table 3 show that when changeability, a subscale of FACI8 was correlated for any relationships with the resiliency variables, commitment; affirming communication; incendiary communication; mobilising the family to acquire and accept help; and social support index, they showed significant correlations.

These relationships are depicted below in Figure 2 to Figure 6 (scatterplot figures).

**Figure 2.** Participant findings regarding the association between Changeability (FACI8) and Commitment (FHI).

According to the scatterplot above in Figure 2, there was a relationship between changeability and the Family Hardiness Index subscale, commitment (r= .348; p=.000). It is evident that the relationship is a statistically significant relationship. Commitment assesses the capabilities of the family to make a commitment to work together and solve their crises.

**Figure 3.** Participant findings regarding the association between Changeability (FACI8) and Affirming Communication (FPSC).
Another significant relationship was noted with the independent variable subscale, affirming communication (FPSC) in Figure 3 above.

It is evident that positive communication within a family between its family members is essential for solving problems and overcoming adversities. In Figure 3, it is illustrated that affirming communication subscale of FPSC had a statistically significant relationship with family adaptation ($r = .410; p = .000$).

Negative correlations were found between family adaptation, Changeability and Incendiary communication (FPSC). Figure 4 illustrates this finding.

![Figure 4](image)

**Figure 4.** Participant findings regarding the association between Changeability (FACI8) and Incendiary Communication (FPSC).

Unproductive and negative communication within a family exacerbates a stressful situation and threatens the survival of a family. The figure above shows that there was a statistically negative correlation between the Changeability subscale (FACI8) and Incendiary communication with participant results ($r = -.379; p = .000$). The less negative communication is experienced, the more family adaptation is experienced.

Further, family adaptation showed significant correlation with the FCOPES subscale, mobilisation. Figure 5 gives the illustration.
Figure 5. Participant findings regarding the association between Changeability (FACI8) and Mobilising family to acquire and accept help (FCOPES).

The relationship between Changeability and Mobilising family to acquire and accept help (FCOPES) had a significant relationship (r = .304; p = .001). A family’s action towards mobilising itself to gain community assistance increases family adaptation.

Lastly, a highly significant correlation was also noted with the Social Support Index (SSI) and Changeability subscale of family adaptation (FACI8). The SSI of McCubbin et al. (1996; 2001) assesses community integration and the family’s use of community resources for emotional, esteem and network support.

Figure 6. Participant findings regarding the association between Changeability (FACI8) and Social Support Index (SSI).

It is evident that participant results (r = .569; p = .000) are statistically significant showing that social support is a resiliency factor that can be adopted for family adaptation.
5.4.2 Attachment subscale (FACI8) correlations and scatterplots with resiliency variables

The Attachment subscale of FACI8 was correlated with the resiliency variables for any relationships. The variables: commitment (FHI), challenge (FHI), control (FHI), affirming communication (FPSC), incendiary communication (FPSC), seeking spiritual support (FCOPES), passive appraisal (FCOPES) and social support (SSI) showed significant correlations with the attachment subscale.

Table 4 below illustrates the relationship of the family adaptation subscale attachment with the resiliency variables. Thereafter, scatterplots will follow illustrating the significant correlations.

Table 4. Pearson product-moment correlations of family adaptation (FACI8) Attachment subscale and independent variables.

<table>
<thead>
<tr>
<th>Resiliency Variables</th>
<th>Attachment variable</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHI Commitment</td>
<td>.293**</td>
<td>.001</td>
</tr>
<tr>
<td>Challenge</td>
<td>.297**</td>
<td>.001</td>
</tr>
<tr>
<td>Control</td>
<td>.570**</td>
<td>.000</td>
</tr>
<tr>
<td>FPSC Affirming Comm.</td>
<td>.454**</td>
<td>.000</td>
</tr>
<tr>
<td>Incendiary Comm.</td>
<td>-.595**</td>
<td>.000</td>
</tr>
<tr>
<td>FCOPES Acquire Social Support</td>
<td>-.060</td>
<td>.271</td>
</tr>
<tr>
<td>Reframing</td>
<td>.109</td>
<td>.132</td>
</tr>
<tr>
<td>Seeking Spiritual Support</td>
<td>.207*</td>
<td>.016</td>
</tr>
<tr>
<td>Passive Appraisal</td>
<td>.571**</td>
<td>.000</td>
</tr>
<tr>
<td>Mobilising Family to Acquire and Accept Help</td>
<td>-.022</td>
<td>.413</td>
</tr>
<tr>
<td>Social Support Index</td>
<td>.365**</td>
<td>.000</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

The relationships illustrated above will now be shown in the figures below. The Attachment variable shows the extent to which family members are emotionally bonded.
It is evident in the above illustration, Figure 7 that there was a significant relationship between the Attachment and Commitment subscale (FHI) with participants showing results of \( r = .293; p = .001 \). The Family Hardiness Index of McCubbin et al. (1996; 2001) measures the internal strengths of a family that assist in combating adversities.

Figure 8 and Figure 9 below show the correlation results of two other FHI subscales. Challenge and Control were also measured against the family adaptation subscale, Attachment and showed significant correlation.

A positive correlation between participants’ Challenge subscale and Attachment subscale were evident in the above figure. The results \( r = .297; p = .001 \) were significant and showed family efforts to be innovative and enjoy new experiences as contributing to family adaptation.
Figure 9. The relationship between Attachment subscale (FACI8) and Control (FHI).

Another subscale of FHI, Control had a significant relationship with Attachment (r = .570; p = .000). The Control subscale of McCubbin et al. (1996; 2001) measures the family’s sense of being in control of family life.

Figure 10 and Figure 11 of Family Problem solving Communication illustrate significant relationships with the family adaptation subscale, Attachment.

Figure 10. The relationship between Attachment subscale (FACI8) and Affirming communication (FPSC).

The Affirming communication subscale of McCubbin et al. (1996; 2001) measures positive communication patterns within a family when dealing with hardships. It is evident in Figure 10 that there was a significant relationship between Attachment and Affirming communication (r = .454; p = .000).
Figure 11. The relationship between Attachment subscale (FACI8) and Incendiary communication (FPSC).

The above figure illustrates that there was a negative correlation ($r = -.595; p = .000$) between Attachment and communication that exacerbates a stressful situation. McCubbin et al. (1996; 2001) view incendiary communication as an important pattern of communication in problem solving and resilience.

The following illustration shows evidence of a significant relationship between Attachment and Seeking spiritual support subscale (FCOPES).

Figure 12. The relationship between Attachment subscale (FACI8) and Seeking spiritual support (FCOPES).

A positive correlation between participants’ results on the Seeking spiritual support subscale and the Attachment subscale is evident ($r = .207; p = .016$). The Seeking spiritual support subscale of McCubbin et al. (1996; 2001) assesses external strategies that are adopted
by a family to elicit support-resources outside the family system. The correlation was significant at the 0.05 level.

Another relationship with the family adaptation subscale, Attachment, is evident in the following illustration.

**Figure 13.** The relationship between Attachment subscale (FACI8) and Passive appraisal (FCOPES).

There was a positive relationship detected between Attachment and Passive appraisal ($r = .571; p = .000$). Passive appraisal assesses the family’s tendency to do nothing about crisis situations based on a lack of confidence to change the outcome.

Lastly, the Social Support Index (SSI) total score showed statistical significant correlations when measured with the Attachment subscale of FACI8.

**Figure 14.** The relationship between Attachment subscale (FACI8) and Passive appraisal (FCOPES).
Social support measured by the Social Support Index (McCubbin et al. 1996; 2001) assesses the family’s use of community resources for emotional, esteem and network support. The above figure shows the results of the relationship as significant ($r = .365; p = .000$) between social support and family adaptation.

In conclusion, the measures administered above showed significant positive or negative correlations with FACI8 subscales, Attachment and Changeability at a total and/or subscale score level.

### 5.4.3 Linear Regression Analysis

The third phase of the statistical analysis entailed the exploration of the co-joint influence of several independent variables on the dependent variable (FACI8). Regression was used to predict one variable from another and understand which among the independent variables are related to the dependent variable and also explore the forms of those relationships.

Regression model summaries of attachment and changeability with stepwise method are shown below.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R square</th>
<th>Adjusted R square</th>
<th>Std. error of the estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>.735</td>
<td>.540</td>
<td>.522</td>
<td>10.670</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardised Coeff. β</th>
<th>Sig. p-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPSC Incendiary communication</td>
<td>-.275</td>
<td>.002</td>
</tr>
<tr>
<td>FCOPES Passive appraisal</td>
<td>.312</td>
<td>.000</td>
</tr>
<tr>
<td>FHI Control</td>
<td>.284</td>
<td>.001</td>
</tr>
<tr>
<td>FCOPES Seeking spiritual support</td>
<td>.176</td>
<td>.012</td>
</tr>
</tbody>
</table>

The four independent variables in the regression model accounted for 54% of the total variation of the family adaptation (Attachment). The higher the R square statistic, the better
the model fitted our data. The adjusted R square took into account how many variables were included in the model. In this instance, of the eleven independent subscales used, only four variables had the potential for a significant relationship with attachment. These variables included subscales, incendiary communication, passive appraisal, control and seeking spiritual support.

Table 6. Stepwise regression model summary of Changeability.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R square</th>
<th>Adjusted R square</th>
<th>Std. error of the estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>.634</td>
<td>.401</td>
<td>.384</td>
<td>11.876</td>
</tr>
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<table>
<thead>
<tr>
<th>Variables</th>
<th>Standardised Coeff. β</th>
<th>Sig. p-level</th>
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<tbody>
<tr>
<td>Social Support</td>
<td>.458</td>
<td>.000</td>
</tr>
<tr>
<td>FPSC Affirming communication</td>
<td>.178</td>
<td>.041</td>
</tr>
<tr>
<td>Mobilising Family to Acquire and Accept Help</td>
<td>.222</td>
<td>.005</td>
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</tbody>
</table>

Table 6 shows that only three variables had the potential for a significant relationship with changeability. The three independent variable subscales: social support, affirming communication, and mobilising family to acquire and accept help in the regression model account for 40% of the total variation of the family adaptation (changeability subscale).

The β-values in Table 5 and in Table 6 show relationships between the family adaptation variables and the independent variables. The variable incendiary communication showed a negative β-value (β =-.275, p=.002) which represented a negative relationship. The less inflammatory communication between family members accrued the more the attachment variable of family adaptation increased. Of all the independent variables that were analysed for relationships with attachment and changeability variables, four variables did not suffice a relevant degree of measurement to show a positive relationship. These were commitment (FHI), challenge (FHI), acquiring social support (FCOPES) and reframing (FCOPES).
5.5. CONCLUSION

In all eleven independent variables that were correlated with family adaptation there were nine variables that showed significant correlation. The variables that showed significant relationships with Changeability included, commitment, affirming communication, incendiary communication, mobilising the family to acquire and accept help, and social support. Also, on the other variable Attachment, resiliency variables, commitment, challenge, control, affirming communication, incendiary communication, seeking spiritual support, passive appraisal, and social support showed a significant relationship.

However, after conducting a linear regression analysis (which was the third phase of statistical analysis in the study to discover whether a combination of independent variables can predict scores on the dependent variable) it was discovered that resiliency variables that produced the best predictors for family adaptation when measured with changeability were social support and mobilisation of family to acquire and accept help. On the other hand, the best predictors for attachment were incendiary communication, passive appraisal, control, and seeking spiritual support.
CHAPTER SIX

DISCUSSION

6.1 INTRODUCTION

The discussion and conclusion of this study are presented in this chapter. The study aimed to explore family resiliency factors that enable families to adjust and adapt as a result of facing non-normative challenges. This chapter provides the discussion of the findings presented in Chapter Five. The following structured questionnaires were used in this study: the Family Attachment and Changeability Index (FACI8), the Family Hardiness Index (FHI), the Family Problem Solving Communication (FPSC), the Family Crisis Oriented Personal Evaluation Scale (FCOPES) and the Social Support Index (SSI). The FACI8 was used as the dependent variable that measured family adaptation and the other measures were independent variables that were determined as the factors that contributed to family adaptation.

6.2 BIOGRAPHY

6.2.1 Family composition

Families in this study were fairly distributed except for the group that was composed of parents, children and relatives with a total of forty three participants. The study showed interest in the traditional family that included biological parents and their children. The composition of the participants included: parents with one child, parents with two children, parents with three children, and parents with children and relatives. This gave a total of 101 participants belonging to such kind of families. The remainder of five participants from the total of 106 participants belonged to the other category.

It can be suggested that a larger family may have access to more social support, more adults to contribute to finances and child nurturing. Families may also have access to a greater sense of unity during times of crises. The demographics of the participants were stated in Section 5.2 where it was seen that the 106 families that participated were from the lower average townships of the capital city of Harare. Interesting demographics were shown, such as the education level, literacy level and the employment rate of the families. These
families were Christian and Shona speaking. This particular cultural statement is important in the consideration of the cultural variation in resilience (McCubbin et al., 1996). The Resiliency model indicated to be suitable for research across cultures and that resilience research would benefit from such study (McCubbin et al., 1996).

### 6.2.2 Family income

The Resiliency model of McCubbin et al., (1996) shows family resources as one of the domains supporting family resilience. Family resources such as finances are sufficient for a family to contribute to family hardiness. This is the family’s ability to offer steeling resistance when confronted by adversity. McCubbin et al. (1996) are of the opinion that family income and employment are not resilience factors but rather are incorporated in the family hardiness factor.

In the quantitative section the family hardiness subscale of control was strongly correlated with the family adaptation subscale, attachment. Family members found themselves to be in control of the situations facing them and being employed with potential finances made it possible for the families to manage crises. Despite the whole economy of Zimbabwe being threatened, individual families still have the will power to provide basic needs for their families. In Section 5.2, the results show that there were 2 participants belonging to a family earning less than $150; 35 participants earning between $150-$500; 41 participants earning between $600-$1000; 15 participants belonging to families earning more than a $1000 and there were 13 participants who did not know the family’s total income. These ratings suggest that these families had one bread winner where the income was low and two or more bread winners where the income was higher.

Various studies indicate the importance of financial wellbeing as a resilience enhancing factor (Kaplan, Marks & Mertens, 1997; Strauss, 2011). In a South African study, Greeff & Van der Merwe (2004), indicate that economic resources act as sources of buffering agents and is similar with the term psychosocial inoculation (Walsh, 1996). It is very important for families to have tangible support, like the availability of financial, material and other forms of support programmes for Zimbabwean families in crisis.
6.2.3 Level of education

Education opens doors to success where there is potential need for employment. But in an economy that has been compromised employment opportunities become very scarce leading to a high rate of unemployment. The study showed that 58% of the participants had been through tertiary education and 38% had been either through high school or still in high school. Only 5% of the participants reported to be in the other category.

In times of crisis and lack of rightful job opportunities, members of families have no choice but to accept jobs that are available even though it might be jobs that they are overqualified for or jobs that are not within their field of expertise. The need for basic needs and nurturing for children in a family gives the families strength to accept their situation and compromise in order to keep the family together.

In the design of the present study, it was considered that education would be meaningful in supporting the strength and level of resilience among families. This reason for the inclusion of education in the biographic questionnaire is based on the theory of the Resiliency model (McCubbin et al., 1996), where emphasis is on family resources and education was considered a potential resource. Resilience factors highlighted by the model include factors that perform better in families with higher education, such as, equality and problem-solving communication.

Currently in Zimbabwe, the right to education is encouraged for both the girl and boy child. Women as well, are trying for the betterment of their educational level as the economic situation is constantly giving strain to families and demanding more than one breadwinner in the family to meet the basic needs. In studies conducted in South Africa (Smith, 2006; Strauss, 2011), education and financial levels appeared to be accepted by families as a form of caring and nurturing for the children. Higher education levels meant a positive future for the family and available finances also meant provision of basic needs for the family.

6.2.4 Church frequency and participation in church activities

Religious participation and attending church services appears to enhance the family’s community involvement and social support. Families who regularly attend religious services are more likely to perform charitable acts, give financially and join civic organisations.
Married individuals tend to volunteer more because they understand the function of families and hardships likely to be faced by families.

In Section 5.2 participants who attended church once a week and more than once a week contributed to 86% of the participants. According to Brooks (2004), respondents who attend religious services once a week or more were more likely to help out with the needy, and offer social support where necessary. Frequency of church attendance is related to charitable giving. Individuals and families who reported having a high frequency of church attendance were more likely to give money to organisations that help the poor and needy compared to individuals who reported having a low frequency of church attendance (Regnerus, Smith & Sikkink, 1998).

In other studies, it was revealed that married adults were 1.3 times more likely than unmarried adults to have volunteered for social service and families with children were twice more likely to volunteer for social service than childless adults (Keyes, 2002). As for active fathers, their active involvement with the church made it possible for them to engage on one-on-one activities with their children, doing homework and having private talks (Wilcox, 2002). Where mothers were involved, their adolescent children tended to be involved in church activities and social services too (Smetana & Metzger, 2005).

Community engagement and the willingness to accept social support from others assisted families in overcoming hardships and helping families bounce back from adversity and assume their original wellbeing status or even improve their original status.

6.3 QUANTITATIVE ANALYSIS

The data was analysed through correlation regression analysis. The analysis measured the association between two or more variables. The analysis described the direction and degree of the relationship between the variables. Results on the following measures indicated statistically significant factors associated with family adaptation.

6.3.1 Family Crisis Oriented Personal Evaluation Scales (F-COPES)

A significant positive correlation was found between family adaptation and selected subscales of the F-COPES. The scale was used to identify how the family solves problems and what behavioural strategies they would use when facing a crisis or a problematic
situation. F-COPES draw upon the dimensions of the Resiliency model where factors including, pile-up of stressors, family resources and meaning of the situations are integrated (McCubbin et al., 1996). There are two ways that a family can handle a problem situation according to the Resiliency model. These are: internal maintenance and handling of difficulties and problems between family members, and external handling of problems and demands that emerge outside family boundaries but have an effect on the family and its members.

The first subscale to show a positive significant correlation with FACI8 was the Seeking Spiritual Support Subscale. An example of questions used in this subscale was, when we face problems or difficulties in our family, we respond by attending church services; participating in church activities; seeking advice from a minister; and or having faith in God. Participants’ responses towards these questions were positive and this was confirmed with the significant relationship with family adaptation (attachment) ($r=.207; p=.016$). The relationship proves that when trouble is experienced by a family, the family comes together and shows an emotional bond of understanding to help solve the problems at hand. Both adolescents and parents agreed to this notion.

In the biography section, the parents and adolescents also agreed highly that they were actively participating in church activities, and attended church services almost every week. This proves their faith in God for problem solving and better advice. 61% of the participants agreed to be involved with the church for more than 10 years, and 54% of the participants attended church more than once a week. Also when they were asked if they participated in any church activities, 81 participants (76%) agreed that they participate in church activities.

According to Walsh (2007), belief systems are very important in a family. It is important that we understand a family’s belief system which is rooted in their spiritual and cultural traditions. These beliefs influence the family’s perception and coping responses to adversity. Family members share moral values, pray together and consult one another in times of challenges (Walsh, 2011). Failure to share the same belief system may prove to be hazardous to the family unit. Walsh (2011) established that when there is spiritual distress, it can contribute to physical, mental and emotional suffering. Relational conflict and estrangement will not result in family adaptation but family mal-adaptation.

Various researchers emphasize the role played by religious faith and highlight the importance of spirituality, belief, hope, perseverance and humour between family members.
during the recovery process (Greeff & Van Der Merwe, 2004; Walsh, 1998). However, when an individual finds meaning in a crisis and that meaning is not shared by the other family members, family resilience is undermined. The use of religion to cope with non-normative stressors offers hope, comfort, acceptance and strength to face the adversities. Religious institutions are organisations which offer emotional support and practical assistance in times of need (Haddad, 2007). Thus, the various resources that religion and spirituality offer to families and their members may be seen as positive factors that assist in buffering stressful situations.

Another F-COPES subscale with positive significance was mobilising the family to acquire and accept help. The subscale measured the family’s ability to seek community resources and accept help from others outside the family unit (McCubbin et al., 2001). An example of the questions were, when we face problems or difficulties in our family, we respond by seeking information and advice from persons in other families who have faced the same or similar problems; seeking assistance from community agencies and programs designed to help families in our situation. The participant results (r=.304; p=.001) showed a very significant relationship with family adaptation (changeability). Changeability focuses on the ability of the family to change rules within the family, change their boundaries and roles so that they can be able to accommodate all the family members in times of crisis (McCubbin et al., 1996).

When a family is facing a financial crisis, the problems that arise with it may affect the bond between family members and make it necessary for the family to make adjustments. Adolescent choice of school may become compromised and family nutrition can also be put at risk. But, if a family can find meaning in the situation and understand the circumstances, family adaptation can be achieved. Family members may struggle over a period of time to understand the changes taking place and adapt to the new roles they have to play to accommodate every member of the family (McCubbin et al., 2001; Walsh, 2007). It may be speculated that being able to attend organisations such as religious institutions and participating in church activities, are other ways that can result in the mobilisation of the family to acquire and accept help as a resource for family resilience.

Lastly, another F-COPES subscale that had significant correlation with family adaptation (attachment) was the Passive Appraisal subscale (r= .571; p=.000). Passive appraisal was used to assess the family’s ability to accept problematic issues and minimizing reactivity (McCubbin et al., 1996). An example of the questions asked in this subscale is: when we
face problems or difficulties in our family, we respond by watching television; knowing luck plays a big part in how well we are able to solve family problems; feeling that no matter what we do to prepare, we will have difficulty handling problems; and believing if we wait long enough, the problem will go away.

Passive appraisal is a form of cognitive distraction that allows the individual to accept and minimise reaction when facing difficult situations. The use of cognitive distraction by family members is noted to be an emotion-focused coping strategy (Lazarus & Folkman, 1984). This coping strategy can be used to help families accept problematic issues through minimising reactivity. Family members are able to control their reaction by utilising passive appraisal activities such as watching television, relying on luck, feeling helpless about the problem, and believing that time will solve the problem (McCubbin et al., 1996).

6.3.2 Family Hardiness Index (FHI)

In this index, there was a positive significant correlation shown from the participants’ results on the Control subscale with family adaptation (attachment) (r=.570; p=.000). The more control the participants showed the more family adjustment and adaptation was proven between family members towards any stressors. An example of the statements that were used include, in our family, trouble results from mistakes we make, it is not wise to plan ahead and hope because things do not turn out anyway, life seems dull and meaningless, and we realise our lives are controlled by accidents and luck (McCubbin, McCubbin & Thompson, 1986). This subscale was designed to measure the internal strengths and durability of the family unit which is characterised by a sense of control over the outcomes of the adversities (McCubbin et al., 1996).

Family hardiness is an important construct in understanding how families who are often at risk for considerable distress in the face of multiple stressors cope. According to McCubbin et al. (1996) in the Resiliency model, family hardiness plays a central role in the process of overall resilience. Hardiness is a family characteristic that can be defined by a family’s sense of control, perception of change, active orientation and confidence of enduring any challenges (McCubbin et al., 1986).

In this study, adolescents and parents had the will power to take control of the situations that threatened to compromise the family and its members. In the biography section it was indicated that 43 participants lived in households that included their relatives. This shows the
resilience within the family and the control they had in breaking the chains of economic hardships by showing necessary support for everyone within the family unit and trying to make ends meet. Adversities call for tough decisions, accepting the meaning of the problems and taking control of the outcomes of life events and view change as beneficial and growth producing (McCubbin et al., 1986).

To strengthen a family’s hardiness, various interventions are needed that can assist in fostering self-efficacy and promote family members’ cognitive acceptance of their situation.

6.3.3 Family Problem Solving Communication (FPSC)

This index was developed by McCubbin, McCubbin and Thompson (1988) to measure two patterns of communication that play a role in family coping with hardships and life catastrophes. It was assumed that the quality of family communication determines to a certain extent how families manage tension and acquire an acceptable level of family functioning, adaptation and adjustment (McCubbin et al., 1996; 2001). There are two types of communication, affirming (positive) and incendiary (negative) communication. These have been used as subscales in the FPSC index to measure the type of communication that contributes to increased family adaptation.

Affirming communication and incendiary communication subscales measured positive and negative significant correlation when correlated with family adaptation subscales, attachment and changeability.

The first subscale that was measured with the changeability subscale was affirming communication, participants measured (r=.410; p=.000) and when it was correlated with attachment subscale, the participant results measured (r=.454; p=.000). These results indicate that both adolescent and parent participants agreed that when positive communication was used between family members in times of crises to solve problems at hand, resilience and family adaptation including adjustment could be highly achieved. Where there is positive communication, families can find meaning of the adversity they are experiencing and can understand the situation and look for possible positive outcomes.

Affirming communication decreases stress. When family members use this type of communication, they are careful not to hurt each other emotionally and physically. They take time to hear what other family members have to say, they convey respect for the feelings of other family members, and they end conflicts on a positive note. Families with an affirming
style of problem-solving communication are better able to adapt to stressful situations than families with an incendiary style of communication (McCubbin et al., 1996; Van Riper, 2007). Resilience is enhanced if family members are able to communicate openly with each other about the current circumstances and emotions that accompany them (Walsh, 2003).

The other type of communication that was correlated with family adaptation was incendiary communication. The results showed negative significant correlation, with changeability (r=-.379; p=.000) and attachment (r=-.595; p=.000). It was established that negative communication was not ideal for families when dealing with hardships. An example of the questions tried in this subscale include, when our family struggles with problems or conflicts which upset us, I would describe my family in the following way, we yell and scream at each other, we walk away from conflicts without much satisfaction, and we make matters more difficult by fighting and bring up old matters (McCubbin, McCubbin, & Thompson, 1988).

Incendiary communication is characterised by verbal outbursts, a failure to calmly talk things through, and a tendency to bring up old, unresolved issues. This tends to worsen the conditions and increase stress. The less this type of communication is present, the better the family’s adaptation. Its absence is identified with better adaptation. The significant high negative correlation suggests that incendiary communication does not build resilience in the family, but rather causes further disharmony in the family unit.

According to McCubbin et al. (2001) resilience literature indicates that the level of successful adaptation for a family is determined by the interacting influences of retained and restored patterns of functioning and the new patterns of functioning which include new patterns of communication. Based on the above findings we can conclude that both parents and adolescents value family communication and problem solving as highly important factors in promoting family resilience.

6.3.4 Social Support Index (SSI)

The final measure that showed significant positive correlation with the FACI8 is the Social Support Index, attachment (r= .365; p=.000) and changeability (r=.569; p=.000). The index was developed to measure the degree to which a family finds support in their communities; view the community as a source of support; and feel that the community can provide emotional, esteem, and network support (McCubbin, Patterson & Glynn, 1982). The strength
of the correlation was high, this indicated a positive relationship a family and its members have, and their ability to adjust and adapt in times of crises.

The questions involved in the index include, if I had an emergency, even people I do not know in this community would be willing to help, I have friends who let me know they value who I am and what I can do and people can depend on each other in this community. These questions seek knowledge of social involvement and engagement in times of hardships. Social support groups are important in fostering resilience and adaptation among families during hardships. Families are better able to function when they can harness social support networks effectively for day to day coping (Haddad, 2007). Social support is also fostered by relatives, friends and community organisations (religious institutions) in assisting families improve adaptation.

Social support is involved with community resources that consist of friends, family relations, and formal organisations that provide information and social support for assistance and empowerment to bounce back, attain and even surpass previous levels of functioning. Family units react, respond and cope differently towards adversities and their responses, perceptions and judgements also differ, but social support is available for all community members (Greeff & Van der Merwe, 2004). The availability of family solidarity and social support is a factor that promotes family resilience.

In conclusion, seven measures administered showed significant positive or significant negative correlations with the FACI8, at a total and/or subscale score level and they were also the best predictors for family adaptation with regression analysis. This result suggests that mobilisation, social support, religious and spiritual support, more affirming communication and less incendiary communication, passive appraisal, and control are resilience factors that assist in facilitating adjustment and adaptation for the research participants in this study. These findings support literature on resilience and family adaptation as well as literature and research on the manner in which families can manage non-normative stressors (unexpected and traumatic events).

The following section discusses the economic pressures faced by the Shona Christian families and the challenges raised within the families.
6.4 FAMILY RESILIENCE TO ECONOMIC Pressures

This study established that economic pressure consumes the family’s abilities to overcome adversities. It can affect adolescent behaviour and schooling; parental relationships with children; financial security and family bonds. Economic pressure involves the family’s inability to provide financial security for the whole family. But however, supportiveness by family members toward one another during a period of economic adversity would reduce the impact of economic pressure. It is important to mobilise institutional services, social and community networks for emotional and practical support (McCubbin et al., 2001; Walsh, 2007). These services and networks include, friends, neighbours, healthcare providers, congregational support and relatives. They have been found to be ideal contexts for exchanging information, sharing experiences and encouraging hope and efforts for recovery.

Tragic losses within the families can trigger a wide range of feelings with ripple effects throughout family networks. It is important to foster a climate of mutual trust, empathic response and tolerance of fluctuating emotions. Walsh (2007) argues that practical assistance with immediate needs is essential and that real steps, tasks and projects towards solving matters should be communicated. Above all, it is important for families to learn from the adversities experienced in order to be prepared to meet future threats.

According to the literature research of this study, a flaccid economy increases risks and diminishes long-term opportunities for families. When exploring the type of stressors that affect family functioning, economic stressors and low social support were identified (Conger & Elder, 1994; Nickols, 1994), while lower wages were found to be linked to higher levels of depression and reduced marital quality (Brody, Stoneman, & Flo, 1996).

Economic pressure has been shown to have a pervasive effect on emotional well-being and interpersonal relationships (Walsh, 2002). Poor families have to deal with multiple stresses in their life cycle, such as unemployment, substandard housing, crime and violence, lack of health care and substance abuse. But despite these pressures, a study of 373 low income households who overcame financial hardships presented protective factors such as, high levels of warmth, affection and emotional support for one another and a sense of promise for a brighter future (Orthner, Jones-Sanpei, & Williamson, 2004). This is also evidenced by the participants of this study because the results showed that factors supporting family resilience include, affirming communication, less incendiary communication, social support, acquiring
and accepting help, passive appraisal, control, and seeking spiritual support. Parents and adolescents found these factors to be essential for family adaptation and adjustment.

6.5 CONCLUSION

Family resilience is an enduring force that leads a family to change its dynamics of functioning in order to solve problems associated with stresses encountered. Healthy families should not be assumed to be without problems because no family is problem free. In fact, most families face crises and challenges along the life cycle and attempt to understand, find meaning and communicate as a family unit to solve the problems.
CHAPTER SEVEN
CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION
According to McCubbin et al. (1996; 2001 p.38) the family “has been the channel for cultural transmission, providing a natural atmosphere for traditions to be passed from generation to generation and it has evolved throughout the ages to keep culture and ethnic heritage alive. In turn, the traditions themselves have given families a sense of stability and support from which they draw comfort, guidance and a means of coping with the problems of daily life”. It is in this capacity that family resilience has grown within families and communities in an effort to oust stressful situations.

This chapter provides a summary of the conclusions that were reached based on the main findings of this study. Limitations and recommendations for future research as well as the value of this study are also discussed.

7.2 AIMS REVISITED
The overall aim of this research was to identify and explore the resilience factors exhibited by urban Shona Christian families who suffered non-normative financial crises due to the down turn of the Zimbabwean economy.

7.2.1 Specific Aims
The specific aims of the literature study are as follows:

Aim 1: Reviewing the literature on family resilience.
This aim was achieved after relevant literature was reviewed. The Family resilience concept and definitions was explored in Chapter Two.

Aim 2: Identifying existing coping factors which had contributed to family resilience.
This aim was achieved after relevant literature was reviewed in Chapter Two. A theoretical framework was reviewed in Chapter Three to support the factors that contribute to family resilience.
Aim 3: Exploring factors that strengthened urban Shona Christian families in times of adversity.

This aim was achieved after relevant literature was reviewed in Chapter Two and the results were analysed in Chapter Five. Several factors were realised in this study that correlated with family adaptation and promoted family resilience in urban Shona Christian families. The factors are communication, social support, spiritual support, and commitment.

7.3 SUMMARY OF THE LITERATURE REVIEW

The literature review chapter reviewed family resilience from a systems perspective. It examined the resilience interest among researchers and its definitions. According to Hildreth et al., (2000) the family was considered as a structure of inter-related parts in which the whole is greater than the sum of its parts. The family was seen as a basic unit of society that plays major roles in resolving social problems. Stinnet (1979) argues that a family’s strength is seen through their social and psychological characteristics and how these create a sense of positive family identity which promotes satisfying and fulfilling interaction among family members and contribute to the family’s ability to deal effectively with stress and crises.

Western studies on pathology caused researchers to focus on stressors and the risks they entailed. But according to Brethereton et al. (1996) there were findings that started indicating the unexpected well-functioning despite adversity. Researchers began identifying strengths, resources and talents of families during times of crises (Hawley & DeHaan, 1996). Resiliency was better understood as an issue involving more than merely surviving and being a victim for life, it encompassed the ability to heal from painful experiences, taking charge and going on to live fully and love well (Genero, 1998; Walsh, 1998).

However, more studies revealed that families were able to recover from crises and become more resistant to major crises if they used social support, supportive communication and intra-familial emotional support (Olson, 1993; Walsh, 1996; Greeff & Thiel, 2012; Greeff & Du Toit, 2009). This led to a shift in focus from pathology and individual resilience to family resilience. McCubbin and McCubbin (1988) defined family resilience as characteristics, properties and dimensions possessed by families that help them to be resistant and strong. McCubbin and McCubbin (2001) saw resilience in families as positive behavioral patterns and functional competence. This determined the family’s ability to recover and restore the well-being of the family unit as a whole. While, on the other hand, Walsh (2003) identified
three domains of family functioning that influenced family resilience that is, communication patterns, belief systems and organization patterns.

Lastly, economic hardships experienced by families can lead to demoralization and depression of the whole family. Adults engage in conflict and adolescents feel suppressed in experiencing their adolescent potential. The financial burden can produce adverse consequences for the whole family. Economic vitality has been found to be necessary for individual, family and community survival and according to Fox and Bartholomae (2000), good decision making skills for money management can contribute to family well-being. Woolley and Grogan-Kaylor (2006) found that despite the pressures, many low-income families could meet basic needs and avoid violence, keep children in school and maintain family cohesion. In a study conducted by Orthner et al. (2004) low income households who overcame financial hardships presented with high levels of warmth, affection and emotional support for one another and a sense of promise for a brighter future.

The above mentioned influences prompted this study to focus on urban Shona Christian families who experienced crises due to financial setbacks caused by the nation’s politics and economic crisis.

7.4 SUMMARY OF THE THEORETICAL FRAMEWORK

The shift of focus by researchers from pathology and individual resilience to family resilience saw the existence of various models in an attempt to understand the factors contributing to family resilience and positive adaptation despite the presence and build-up of stressors. The Resiliency model of Stress, Adjustment and Adapation (McCubbin et al., 1996) also known as the Resiliency model came into shape as an extension of the earlier family stress theory models for example, the Hill’s ABCX model (1949), and the Double ABCX model by McCubbin and Patterson (1982).

The Resiliency model contributed towards the understanding of family functioning which was critical to family recovery. It also introduced family processes and goals of harmony and balance during crisis times and emphasized levels of family appraisal which included culture and ethnicity which are involved in family change and recovery. The model also focused on the family’s relational processes of adjustment and adaptation (McCubbin et al. 1996; 2001).
However, the focus of this study was to adopt the model and use it as a theoretical basis for the study with the main focus on culture and ethnicity; and the adaptation phase of the model.

According to Moss (2010) and McCubbin et al. (1996; 2001) the Resiliency model was built upon the assumptions that families face hardships and change as natural predictable aspects of life; that families can develop strengths to foster family growth and member development; that families can develop unique capacities to deal with non-normative and normative stressors and be able to foster adaptation; and overall families benefit from their communities and contribute to the networks of community relationships and resources. This model views the family’s culture and ethnicity as important factors that play a role in the development and recovery of the family and contributes to the ecological system that the family belongs to (Normand, 2007).

The social ecology system could not be ignored as its concern is on the survival of the human being among other entities within the same environment (Kirmayer et al., 2009). The ecological view emphasizes resilience as the ongoing maintenance of balance; and the system is seen as liable for achieving balance in response to changing contexts (Luthar, et al., 2000). An individual is viewed as part of a large system and entangled in the web of interactions hence; they cannot separate themselves from the society. The focus of the ecosystem theory is on the whole or total system instead of dealing with some parts of human behavior in isolation. It seems appropriate to make mention of this approach towards this study because of the lifestyle of the Zimbabwean people. They lead a communalist lifestyle; individuals are closely tied to their family, relatives, group and community thus they are all intertwined in a web of complex relationships and interactions.

Lastly, the ecosystemic perspective views the family as influencing the environment as well as being influenced by their environment. According to Benard (1993), the ecosystemic perspective is useful in the conceptualization of resilience because it situates risk in the broader social context of war, racism, or poverty and not in individuals, families or communities. It asks how families develop in the face of such adversities successfully. Hence, resilience is grounded in an ecological context and is built on the strengths perspective (Greene, 2002).
7.5 CONCLUSIONS OF THE STUDY

The overall aim of this study was to explore the resilience factors exhibited by urban Shona Christian families who experienced non-normative financial crises due to the down turn of the Zimbabwean economy. Resiliency factors that enable families to adjust and adapt when facing adversities were identified, explored and described in Chapter Five and Chapter Six. The research was based upon the Resiliency model of Family Stress, Adjustment and Adaptation (McCubbin et al. 1996; 2001) whose primary focus was on post-crisis situations and explored the family’s ability to change and adapt overtime.

The results from the quantitative measures indicated that affirming communication, family commitment (family hardiness), mobilization (to access needed resources), social support (friends, relatives and community), seeking spiritual support (religious support), passive appraisal and less incendiary communication, were all resources that the families used for adaptation to the non-normative crises. These resources correlated significantly with the dependent variable subscales attachment and changeability (FACI8) and were also the best predictors for family adaptation according to linear regression analysis.

These results show that the aim of the study was achieved and that the urban Shona Christian families were resilient in protecting themselves and adapting to adversities they were facing. Greater family resources reduce risks associated with the stress of poverty and help create environments that promote competent development. But economic pressure can produce links to hardships resulting in negative effects/outcomes on children’s attitude and performance, adolescent behavior, marriage problems and communication problems. However, where there are economic resources there is an increase in the investments that parents are able to make for their children and the whole family thereby promoting academic and social competencies. These investments contribute to higher standards of living, safer homes and neighborhoods.

In short, families from different ethnic backgrounds can and may respond to the same stressful situations in dramatically different ways hence there is a need for more investigations to be done within other cultural groups.
7.6 CONTRIBUTIONS OF THE STUDY

The research conducted contributes to the field of salutogenesis (health orientation or well-functioning) which describes the high adaptation and rise above hardships in families (Antonovsky, 1987; Smith, 2006). It supports the Resiliency model in identifying the resiliency factors that promote family adjustment and adaptation (Greeff & Thiel, 2012; Haddad, 2007; McCubbin et al., 2001; Smith, 2006) and contributes to the body of research focusing on family resilience (DeHaan et al., 2002; Walsh, 2002). Families have been viewed with respect and their resources and successes recognized for the benefit of other families (Greeff & Thiel, 2012; Greeff & Van der Merwe, 2004; Smith, 2006; Theron & Malindi, 2010).

The research looked at what resiliency factors emerge out of families when they are faced with sudden traumatic situations. This research study is the first of its kind in Zimbabwe to investigate family resilience and family adaptation within families facing economic hardships and who are challenged with traumatic situations. Its inspiration is derived from research studies conducted in South Africa (Greeff & Thiel, 2012; Greeff & Van Der Merwe, 2004; Haddad, 2007; Smith, 2006). By exploring the resiliency factors related to families facing non-normative stressors during economic hardships, the notion that the family unit can serve as a protective function for family members was highlighted (Hawley & Dehaan, 1996).

This research has contributed to identifying coping mechanisms that can be used as tools of intervention and creating awareness, so that tools for intervention can be added within family therapy and the community and to improve peoples’ understanding of the resourcefulness of Christian church practices in dealing with family crises. Zimbabwe is an unexplored territory in terms of family resilience and yet there is a lot of disharmony that is being experienced. Consequently this study is beneficial to families in managing adversity.

This research also established that having high levels of religious and spiritual support as highlighted by the participants taking part in church activities and attending church services increased levels of family adaptation and confidence in mobilizing family members to acquire and accept help from the community. This allows families with similar problems to share solutions with other families and enhance the resilience of the respective units and meet the need for educating other family units.
7.7 ETHICAL CONSIDERATIONS

It was important that the researcher be aware of ethical considerations and conduct the research in an ethical manner. Ethics guide the researcher towards a good research and protect the participants from any violation of their rights and respect (Leedy & Ormrod, 2005).

The researcher considered informed consent as the first issue. This gave potential participants the power to decide on their own if they wanted to participate in the study. The informed decision would only be reached if the study was clearly explained and in the language they best understood. In the case of adolescents, parents and guardians were at liberty to accept or decline on behalf of the adolescents.

It was also crucial to consider confidentiality and anonymity of the participants’ identity and information. Information gathered from participants must be handled privately and secretly to avoid misuse of the information, and providing pseudonyms in case of their identity. Any information that participants disclosed to the researcher was not used against them.

The participant’s right to privacy should be adhered to at all times. Participants should not be pressurized to disclose information they are not comfortable with. The data that was collected was at the participant’s awareness. They had their right to privacy and the participants determined which information they wanted to disclose and at which time they wanted to disclose it.

7.8 RECOMMENDATIONS

Suggestions for further research studies indicate that when working with culturally different families under stress, it should be noted that cultural and ethnic sensitivity alone is no longer adequate and professionals must be ethnically and culturally competent in a way that leads to mutually desirable outcomes within the family and its members and the community (McCubbin et al., 1996).

Longitudinal studies on family resilience need to be considered. According to Walsh (2002), resilience may be seen as a process which occurs over time and the experience that a
family has might change. In order to explore family resilience factors in depth especially in cultural groups that have not been studied longitudinal studies would be valuable.

Family resilience involves more than managing stressful conditions. It also recognizes the potential for relational transformation and growth that can be forged out of adversity. Managing a crisis as a family may result in the family emerging more loving, stronger and more resourceful hence it will be more valuable to study families as a whole, adolescents and adults together than separating their views in search for resiliency factors.

There is a need for an increase in family material well-being so that they can be able to support their family investments and reduce family stress. The provision of mental health assistance to families during difficult economic times promotes family adaptation and can reduce the adverse effects of economic hardships. This can be done instituting parenting programs to help promote parental investments, improve nutrition, community safety, and learning opportunities for children living in poverty to help alleviate the negative consequences of economic hardship (Walsh, 2002).

Lastly, this study focused on one cultural group of people and it would be of value if more research would be done with other additional cultural groups and explore their experiences from other cities around Zimbabwe. Triangulation and qualitative studies would also be more beneficial in providing greater understanding of the challenges faced by families and how they cope and manage adversities (McCubbin et al., 2001; Smith, 2006).

7.9 LIMITATIONS

Various limitations in the current research need to be acknowledged. The sample chosen for the study was enough for statistical analysis but was small for generalisation to the greater population. The selection of the sample was based on voluntary participation because of ethical considerations and a small non-probability snowball sample from a single setting was used. As the study entailed quantitative analysis, the potential outcome suggests larger and more representative samples with a probability of qualitative analysis too. Samples like these would allow for greater research with other studies and consideration of a family’s culture, beliefs and traditions.

In other words, if researchers are to investigate the factors of family resilience contributing towards family adjustment and adaptation, a synthesis of quantitative and qualitative
approaches is highly called for (Theron & Theron, 2010). International researchers argue that resilience is a complex phenomenon and its complex being is best researched using mixed designs (Theron & Theron, 2010). Also, there is a need for exploration, development and indigenous data-generation strategies that resonate with cultures and contexts of the African families.

The self-report nature of the questionnaires used in the study makes response bias possible. The data was collected once at a single point in time hence the impact of family demands and family strengths and capabilities on family adaptation outcomes overtime remains unknown. All in all, there was no literature and studies available in the context of Zimbabwe. This hindered full exploration of the families of Zimbabwe.

7.10 CONCLUSION

This study aimed to explore the resilience factors exhibited by urban Shona Christian families who experienced non-normative financial crises due to the down turn of the Zimbabwean economy and enabled them to adapt and bounce back from adversities. Although the results of the study cannot be generalized to the wider population of Christian families, there are valuable contributions that the study has attempted to make. Significant correlations and the best predictors of family resilience factors were indicated between resiliency variables and family adaptation. As a result, a summary of the study, the findings, recommendations for future research and limitations of the study have been made. Overall, the results of this study mark the beginning of family resilience research in a different culture and context.
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APPENDICES

APPENDIX A

COVERING LETTER - INFORMATION SHEET

APPENDIX A: INFORMATION SHEET

UNISA
UNIVERSITY OF SOUTH AFRICA

Department of Psychology
College of Humana Sciences
P O Box 392
Unisa, 0003
E-mail: oleamuch@gmail.com
Mobile: +27 72 043 5168
2013/10/23

Dear Participant

My name is Oleander Muchesa and I am doing a Master's Degree in Psychology with the University of South Africa.

I am exploring Family Resilience in Urban Shona Christian Families. The research seeks to identify factors contributing to resilience in families who experienced or are experiencing financial setbacks due to the economic downturn of the country. Resilience is being able to find strength from crises and bounce back to normal. I am looking for adolescents or parents that can represent their families in giving information that can assist the project to be a success in gathering information that can be helpful towards other families in the same situation.

Participation will involve filling in the questionnaires to be provided together with this consent form. The survey consists of a biographical questionnaire and quantitative measures. The process will take approximately 40-60 minutes. If you are interested PLEASE fill out the following consent form.

Thank you for considering participating and for your time and support.

Regards,

Oleander Muchesa
(Researcher)

Prof. Piet Kruger
(Research and Ethics Committee)

Mr Gona Kheswa
(Supervisor)
APPENDIX B
CONSENT FORM—CHILD PARTICIPANTS

APPENDIX B: CONSENT FORM (CHILD PARTICIPANTS)

UNISA
UNIVERSITY OF SOUTH AFRICA

Department of Psychology
College of Humanities
P.O. Box 392
Unisa, 0003
E-mail: cleamuch@gmail.com
Mobile: +27 72 043 5168

2013/10/23

DECLARATION FOR OR ON BEHALF OF CHILD PARTICIPANT
(CONSENT FORM)

This consent form is to acknowledge the willingness of my child to participate in this
research study and give permission to the researcher to use the information he/she will give
in writing.

My child’s participation in this study will involve giving information about my child’s
biography and answering a set of survey questionnaires.

This information will not be used in any way to identify my child, or used against him/her.
The information given here will remain strictly CONFIDENTIAL and all responses given will
be used ANONYMOUSLY.

If my child’s participation in this study causes any distress towards him/her and my family I
am free to withdraw his/her participation from the research study and seek the assistance of
a health professional.

I understand that there is no benefit to my child from participating in this study and he/she
shall demand nothing whatsoever for participating in the study. But the information he/she
give will be used to benefit other families in distress, policy changes and health
interventions.

PARTICIPATION IN THIS STUDY IS VOLUNTARY.

I have read and I understand the above statements. By signing below indicates my consent
for my child to be part of the study.

Cleander Muchesa
(Researcher)

Prof. Piet Kruger
(Research and Ethics Committee)

Mr Gcina Khxeswa
(Supervisor)
APPENDIX C
CONSENT FORM - ADULT PARTICIPANTS

APPENDIX C: CONSENT FORM (ADULT PARTICIPANT)

UNISA
UNIVERSITY OF SOUTH AFRICA

Department of Psychology
College of Humana Sciences
P O Box 392
Unisa, 0003
E-mail: oleamuch@gmail.com
Mobile: +27 72 043 5168
2013/10/23

DECLARATION FOR OR ON BEHALF OF ADULT PARTICIPANT
(CONSENT FORM)

This consent form is to acknowledge the willingness of me to participate in this research study and give permission to the researcher to use the information I will give in writing.

My participation in this study will involve giving information about my biography and answering a set of survey questionnaires.

This information will not be used in any way to identify me, or used against me. The information given here will remain strictly CONFIDENTIAL and all responses given will be used ANONMYOUSLY.

If my participation in this study causes any distress towards me, and my family I am free to withdraw my participation from the research study and seek the assistance of a health professional.

I understand that there is no benefit to me from participating in this study and I shall demand nothing whatsoever for participating in the study. But the information I give will be used to benefit other families in distress, policy changes and health interventions.

PARTICIPATION IN THIS STUDY IS VOLUNTARY.

I have read and I understand the above statements. By signing below indicates my consent for me to be part of the study.

Oleander Muchesa
(Researcher)

Prof. Piet Kruger
(Research and Ethics Committee)

Mr Gcina Kheswa
(Supervisor)

[Signature]

[Signature]
APPENDIX D
BIOGRAPHICAL QUESTIONNAIRE

BIOGRAPHICAL QUESTIONNAIRE

The biographical information listed below will be treated with confidentiality. All participants will be recognised anonymously.

Please answer the questions below by placing an X in the appropriate box.

1. What is your Gender?
   1. Female
   2. Male

2. How old are you?
   1. Less than 18 years
   2. 19-24 years
   3. 25-29 years
   4. 30-35 years
   5. More than 35 years

3. Which of the following states your family composition?
   1. Parents and one child
   2. Parents and two children
   3. Parents and three children
   4. Parents, children and relatives
   5. Other

4. What is your highest level of qualification?
   1. High school
   2. Tertiary
   3. Other
5. What is your literacy level in English?

- Very Good
- Good
- Average
- Bad
- Very Bad

6. Are you employed?  **YES**  [ ]  **NO**  [ ]

7. In which sector are you employed

- Formal
- Informal

8. Indicate the income range of your family.

- Less than $150
- $200-$500
- $600-$1000
- More than $1000
- Do not know

9. Which Religious affiliation are you engaged to?

- Pentecostal/Evangelical Church
- African Independent Church
- Roman Catholic Church
- Mainline Protestant
10. How long have you been a member of the church?

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<tr>
<td>Less than 5 years</td>
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<td>5-10 years</td>
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<td>More than 10 years</td>
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11. How often do you go to church?

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<tr>
<td>Once a week</td>
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<tr>
<td>More than once a week</td>
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<tr>
<td>Once a month</td>
<td></td>
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<tr>
<td>More than once a month</td>
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12. Are you involved in any church activities? For example, ushering, youth ministry, ladies ministry, men’s ministry, praise and worship team.

<table>
<thead>
<tr>
<th>Yes</th>
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<tr>
<td>No</td>
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APPENDIX E
PERMISSION TO USE RESILIENCY MODEL INSTRUMENTS

July 5, 2012

Oleander Muchesa
University of Unisa
183 Sauvti Complex
Pretoria
0157

Dear Oleander Muchesa

Your CD has been registered.

The purpose of this correspondence is to confirm permission for your use of FCOPES, FHI, FPSC, SOCIAL SUPPORT and FACI8 for your research.

Proceed. Best Wishes.

Let us know if we can be of assistance.

Sincerely,

Hamilton I. McCubbin Ph.D.
Professor and Director of Research
Center for Training, Evaluation and Research of the Pacific

CC: Dr. Marilyn McCubbin
CC: Dr. Laurie McCubbin
CC: Dr. Jason Sievers