RESILIENCE IN REMARRIED FAMILIES

Julie Robinson

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Supervisor: Ottilia Brown-Baatjies

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Abstract

Remarried families are no longer the exception in society. Statistics reveal that this type of family structure is increasing. The need for family resilience research in varying family forms has been highlighted. Given the distinctive structure of the remarried family, there are specific dilemmas and challenges that need to be resolved on the journey towards family integration. Despite these challenges, many families benefit from their new family structure and show marked resiliency and ability to adapt.

South African family resilience research is scarce. This study aimed to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin, Thompson, & McCubbin, 2001) was used to conceptualize level of adaptation. Participants consisted of both adults and adolescents, in order to gain perspectives of adapting to a remarried family from differing individual family members’ stages of development. Participants consisted of 19 parents and 16 adolescents, equaling a total of 35 participants.

Triangulation was employed, with an exploratory, descriptive approach. A biographical questionnaire with an open-ended question, in conjunction with a number of structured questionnaires were used to gather the data. These questionnaires were: The Family Hardiness Index (FHI), the Family Time and Routine Index (FTRI), the Social Support Index (SSI), the Family Problem-Solving Communication (FPSC) Index, the Family Crisis-Oriented Personal Evaluation Scales (F-COPES), the Relative and Friend Support Index (RFS), and the Family Attachment and Changeability Index 8 (FACI8). In this study the FACI8 was used as a measure to determine the level of family adaptation.

Non-probability purposive and snowball sampling techniques were used. Descriptive statistics were used to analyze the biographical information. Correlation and regression analysis was used to analyze the quantitative data, and content analysis was used to analyze the qualitative data.

The results of the quantitative component of the study indicated that there were three significant positive correlations with the FACI8 for both adults and adolescents. These variables were family hardiness (measured by the FHI), family problem solving communication (measured by the FPSC), and family time together and routines (measured by the FTRI). The Social Support subscale of the F-COPES showed a positive correlation with the FACI8 for the adults.

The results of the qualitative component of the study revealed that various common themes emerged between the adult and adolescent participants’ responses. These common themes were spirituality; boundaries; respect, love, understanding, compassion and acceptance; communication; flexibility and tolerance; time together, bonding, and routines; and social support. There were four
remaining themes that the adults identified as important factors helping them manage being part of a stepfamily. These four remaining themes were equality; forgiveness and acceptance of the past; commitment and being positive; and financial support.

The value of the research was discussed. Finally, limitations of the study were discussed, and suggestions were made for future research involving remarried families.

**Key words:** remarried families; stepfamilies; family resilience; Resiliency Model of Family Stress, Adjustment and Adaptation
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CHAPTER 1
Introduction and Problem Statement

1.1 Introduction

This chapter provides an introduction to the paradigm within which this study was conducted. The need for this study is then discussed, after which the aim(s) of the study are presented. The chapter is concluded with a summary of the chapters in the study.

1.2 The Biomedical versus Positive Psychology Paradigm

The traditional focus in the health and social sciences has been within a pathogenic paradigm (Carruthers & Hood, 2005; Strümpfer, 1993; 2005). This paradigm is described by Strümpfer (2005) as striving to understand functioning within a “problem-oriented framework” (p. 22). In his earlier work, Strümpfer described the purpose of the pathogenic orientation as “finding out why people fall ill and, in the specific, at why they develop particular disease entities” (1993, p. 160).

However, there has been a movement away from this orientation towards a more positive orientation where the focus is on health and strengths as opposed to disease. What was lacking within the pathogenic paradigm was knowledge about the positive qualities that people employ to live life with purpose, despite the difficulties they confront in life (Sheldon & King, 2001). Fundamental to this transition was a call for a more balanced view of people. Keyes and Haidt (2003) argued that this traditional view overly emphasized the negativity of human nature, and questioned whether such pessimism was really justified.

A key theorist involved in altering the traditional paradigm was Antonovsky (1979; 1987). This author proposed an explanation for people’s ability to stay well which contributed to no longer exclusively classifying people as either healthy or diseased but rather on a continuum between the two. According to Seligman and Csikszentmihalyi (2000), the aim of positive psychology is, “to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities” (p. 5). Where psychology previously dwelled within a problem-oriented framework, this shift in paradigms recognizes assets and positive qualities and holds a greater appreciation for human potential. Keyes and Haidt (2003) broadened the aim of positive psychology in their definition, to include life stressors. These authors stated that the aim of positive psychology is to “better understand how individuals can negotiate, resolve, and grow in the face of life’s stressors and challenges” (Keyes & Haidt, 2003, p. 6). Martin Seligman, who coined the term positive psychology, stated that “psychology is not just the study of weakness and damage, it is also the study of strength and virtue” (1998, p. 2). The distinctive feature of positive psychology is its focus on what comprises and promotes a satisfying life which ultimately leads to well-being and contentment (Compton, 2004). Seligman and Csikszentmihalyi (2000)
delineated three aspects of positive psychology, namely: the study of positive emotion; the study of positive traits and abilities; and the study of positive institutions, such as strong families. It is towards this third domain that the current study has contributed. Seligman and Csikszentmihalyi (2000) called for psychologists working with families to develop climates that foster their strengths.

The benefit of positive psychology is that while it focuses on the positive, it brings balance to the field of psychology (Keyes & Haidt, 2003). It brings a balance by being realistic and not claiming that human nature is all positive, but simultaneously taking note of the fact that people do have the capacity to thrive when confronted with challenges (Keyes & Haidt, 2003).

A concept that is rooted within this paradigm is that of ‘resilience’. Norman Garmezy, who is generally considered as the founder of the study of resilience, described resilience in an interview (in Glantz & Johnson, 1999) as “manifest competence despite exposure to significant stressors” (p. 5). Although resilience previously focussed on the individual, a number of researchers have highlighted the importance of resilience as a systemic quality within the family (Hawley, 2000; Hawley & DeHaan, 1996; Walsh, 1996, 2002, 2003a). Definitions for family resilience emphasize the potential a family has to emerge stronger over time after facing stressful and challenging conditions. Hawley and DeHaan (1996) described family resilience as “the path a family follows as it adapts and prospers in the face of stress, both in the present and over time” (p. 293). McCubbin, McCubbin, Thompson, Han and Allen (1997) defined family resilience as “the property of the family system that enables it to maintain its established patterns of functioning after being challenged and confronted by risk factors” (p. 2). Viewing families from a family resilience perspective engages families who are struggling with respect and compassion, and affirms their reparative potential (Walsh, 2002).

Various researchers have noted that a family resilience perspective has a considerable amount to offer the field of family psychology (DeHaan, Hawley & Deal, 2002; Hawley & DeHaan, 1996; Patterson, 2002a; Walsh, 2002; 2003a). This perspective offers more respect to families and recognizes their resources and competence (Patterson, 2002a; Walsh, 2002). In addition, learning about how families not only cope, but thrive in the face of adversity, can inform the development and implementation of family interventions (Hawley, 2000; Hawley & DeHaan, 1996; Walsh, 2003a). This perspective also recognizes the unique context of each family (Hawley, 2000). Walsh (1996; 2002; 2003a) detailed the advantages that a family resilience framework has to offer. Firstly, a family resilience framework focuses on family strengths, rather than deficits that are created through facing challenges. Secondly, family functioning is examined in the context of its unique values, structure, psychosocial demands, resources, and stressors. Thirdly, resilience processes may vary depending on specific challenges and resources, implying that resilience is not a static concept. The family’s life cycle is simultaneously considered. Basically, at the foundation of
the family resilience perspective, the family is viewed with the potential to repair itself and grow through adversity and stress (Walsh, 1996; 2002; 2003a).

1.3 A Resilience Perspective and the Changing Nature of the Family this Century

The concept of resilience has an integral place in the field of family psychology, as the 21st century is forecast as an era wrought with family transformation and stress (McCubbin, McCubbin, Thompson, Han & Allen, 1997). Walsh (2003b) noted that “over the last two decades families have become increasingly varied and complex” (p. 3). As society has faced challenges and upheavals over recent decades, key family trends have emerged (Walsh, 2000; 2003b). These trends include changing gender roles, cultural diversity and socioeconomic disparity, varying and expanded family life-cycles, and varied family forms. Central to the current research is the changing form of the family unit.

A reduction of the traditional nuclear family structure in society has been previously forecast in professional literature (Lauer, 1989). Today, remarried families are no longer the exceptional family unit structure in society. Statistics conclude that these families are on the increase as the key avenues to stepfamily formation are postdivorce and widowhood (Walsh, 2003b). Stepfamilies in America are now designated as the fastest growing family configuration (Berger, 1995; Gold, Bubenzer & West, 1993). However, there is a high divorce rate for remarriages. American statistics reveal that while between 40 and 52% of first marriages end in divorce, approximately 60% of remarriages end in divorce (Walsh, 2003b). Furthermore, the divorce rate is more frequent and earlier in remarried families when stepchildren are involved (Wallerstein & Johnston, 1990). Although statistics on remarriage are not available in South Africa, research has shown that the majority of divorced individuals remarry (Ganong & Coleman, 1999).

Walsh (2003b) proposed that the “complexity of stepfamily integration” may be a key contributor to the high divorce rate of remarriages (p. 13). Remarriage involves a complex set of changes from pre-divorce tensions, separation, reorganisation of households and parent-child relationships, to remarriage and stepfamily integration (Walsh, 2003b). In addition to the complexity, research shows that society generally perceives stepfamilies with a stigmatized view, seeing them as less functional and problematic (Ganong & Coleman, 1997). According to research conducted by Cherlin as early as 1978, societal views influence the level of social support stepfamilies receive, which in turn affects their abilities to function effectively. This research is still cited by recent authors (Coleman, Ganong, & Fine, 2000; Gangong & Coleman, 1997). Studying these families from a resiliency perspective will contribute to affirming their effective functioning which may, in turn, aid their resilience.
Despite the changes in society in the structure of the family unit over the decades, the family unit can be seen to be resilient as it has been preserved through adapting and transforming its structure. It should be noted that although the divorce rate in remarriages is significantly high, there is a percentage that remains intact and manages to function and sustain itself. Although facing similar stressors, some families find it difficult to recover, while others emerge strengthened and more resourceful (Walsh, 1998). Hetherington (2003) emphasized that although children and adults in divorced and remarried families may confront more challenges and show more adjustment problems than those in nuclear families, “the vast majority are resilient and able to cope with, or even benefit from, their new life situation” (p. 217). Consequently, it is imperative to understand what factors contribute to these stepfamilies embracing the challenge of adapting to remarriage.

As stepfamilies increase in society, a resilience perspective has a crucial role to play in highlighting the strengths these families possess to help them adapt to the challenges they face. A broader motivation for this study is to make a contribution to the knowledge of stepfamily life in South Africa. The current research has contributed towards a broader resilience research project investigating the effect of normative and non-normative crises on the family. This project is funded by the South Africa Netherlands Research Programme on Alternatives in Development (i.e., SANPAD).

1.4 Research Aim and Objective

The aim of this study is to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily.

1.5 Chapter Overview

Chapter 1 provides the context within which this study was conducted. Positive psychology is discussed and the motivation for this study is given.

Chapter 2 provides a distinction between individual and family resilience and describes the evolution of family resilience research. A detailed explanation is then given of the conceptual framework that underpins this research project, namely, the Resiliency Model of Family Stress, Adjustment and Adaptation.

Chapter 3 specifically focuses on remarried families. The unique dilemmas and challenges that this family type is faced with, as well as characteristics that contribute towards the success of this type of family structure. A developmental model, The Stepfamily Cycle, describing the stages that a stepfamily moves through towards forming an integrated family unit is described. The chapter is concluded with an overview of stepfamily research.
Chapter 4 outlines the research design and methodology of the study. The sampling procedure, research procedure, measures used to gather the data, and data analysis are all discussed. The chapter is concluded with a review of ethical considerations pertaining to the study.

Chapter 5 presents the results of the research. A discussion relating the results to literature is also given.

Chapter 6 provides the conclusions of the study and recommendations are given based on the results of the research. Possible limitations of the study are also outlined.

1.6 Conclusion

This chapter provided an introduction to the paradigm within which this study was conducted. The need for this study was then discussed, after which the aim of the study was presented. The chapter was concluded with an outline of the chapters in this treatise. The following chapter focuses on family resilience.
CHAPTER 2

Family Resilience

2.1 Introduction

In the past, individual resilience research has been abundant; however the concept of family resilience has only recently begun to evolve as a focal area of research. Family resilience finds its origins in the proliferation of individual resilience research. This chapter begins by examining the multitude of resilience definitions supplied in literature, and a distinction is made between individual and family resilience. This is followed by a discussion describing how family resilience evolved from individual resilience research. The second part of this chapter focuses on the model that forms the conceptual framework for the research project, namely, the Resiliency Model of Family Stress, Adjustment and Adaptation. Various models are initially discussed that contributed to the roots of this model, after which a detailed explanation is given of the phases of the Resiliency Model of Family Stress, Adjustment and Adaptation.

2.2 Defining Resilience

Throughout resilience research, various terms have been used synonymously with resiliency. According to Rutter and Quinton (1984) the term invulnerable children was used by Anthony in 1974 and Garmezy in 1974 to describe children who “seemed to develop normally in spite of prolonged exposure to serious psychosocial hazards and adversities” (p. 191). Werner and Smith (1982) used the phrase “vulnerable but invincible” as the title of their book on the study of resilient children. Cowen and Work (1988) referred to invincibility as “unusual resilience stemming from sources not yet fully understood” (p. 593). However, these terms denoted that children were not actually susceptible to succumb (Rutter & Quinton, 1984). In research on stress and competence in children, Garmezy, Masten & Tellegen (1984) used the term stress resistance to describe “manifestations of competence in children despite exposure to stressful events” (p. 98).

According to Werner & Smith (1992), the term invulnerability was replaced by resilience as a preferred term because it denotes that despite being exposed to adversity these children showed a capacity to overcome this adversity with a sense of competence. In addition, research began to reveal that positive adaptation despite exposure to adverse circumstances is not fixed as the term invulnerable implies, but rather evolves with the development of new risks, strengths and different circumstances (Luthar, Cicchetti, & Becker, 2000). The term resilience describes this more fluid process (Luthar, Cicchetti, & Becker, 2000).

Norman Garmezy, who is generally considered as the founder of the study of resilience, described resilience in an interview (in Glantz & Johnson, 1999) as “manifest competence despite exposure to significant stressors” (p. 5). As resilience research evolved into research within the
family, the term resilience was complemented by further definitions within the family field. These will be expanded upon when discussing family resilience. Following is a discussion about the origins of resilience research and how family resilience research began.

2.3 Individual Resilience

In order to understand family resilience, it is of paramount importance to survey the research on resilient individuals. This is where family resilience research began. Resilience research is rooted within the traditional pathogenic paradigm, where research aimed to understand the maladaptive behaviour of schizophrenic patients (Masten, Best, & Garmezy, 1990). While the focus of these investigations was not on the patients who managed to adapt fairly well, researchers began to notice that the premorbid history of the patients who adapted well was characterized by competence in various areas of life (Luthar, Cicchetti, & Becker, 2000). Simultaneously, research on children with mothers suffering from schizophrenia was conducted (Garmezy, 1974; Garmezy & Streitman, 1974; Masten, Best, & Garmezy, 1990). Research showed that many of these children adapted well, leading to the flourishing of research on childhood resilience (Luthar, Cicchetti, & Becker, 2000). Research began to focus on individual traits and dispositions, specifically with children and adolescents, concerning what helped them overcome difficult upbringings and resulted in them leading fruitful lives (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Walsh, 2000). Earlier research that focussed on identifying individual traits was conducted by key researchers in the field of resilience research. Rutter (1995) noted that self-esteem and self-efficacy increased the likelihood of adept coping. Kobasa and colleagues (Kobasa, 1985; Kobasa, Maddi, & Kahn, 1982) proposed that possessing the characteristic of hardiness aided one’s health despite the presence of high levels of stress. A key contributor to research in this line of stress and coping was Antonovsky (1979), who focussed on what traits enabled individuals experiencing severe stress to cope and remain healthy.

One study was pivotal in expanding resilience research, from its singular focus on psychopathology as well as its focus on various other difficult conditions such as poverty (Garmezy, 1991), traumatic life events (Helmreich, 1992), and violence (Garbarino, 1997). This study was a longitudinal study conducted by Werner and Smith (1982, 1992; Werner, 1993) on the Hawaiian island of Kauai that traced the developmental journeys of a group of multiracial children who had been exposed to perinatal stress, chronic poverty, and an adverse family environment. The paradigm of resilience research now began to shift to a more positive orientation. This is evident in the aim of the Kauai study as the researchers focussed on identifying protective factors and processes that facilitated children exposed to high-risk factors to become well-adjusted adults (Luthar, Cicchetti, & Becker, 2000; Werner, 1993). In the Kauai study, Werner (1993) identified
confidence in one’s ability to rise above difficult circumstances as a key factor in developing competence. Various earlier studies also identified additional protective factors, such as moral and spiritual sources of courage (Dugan & Coles, 1989), and a sense of hope and optimism (Murphy, 1987; Taylor, 1989). However, the Kauai study marked a significant shift in focus for research in this area, because, while previous research aimed to identify personal qualities of resilient children, (Masten & Garmezy, 1985), researchers now began to realize that resilience could be aided and supported from external factors (Luthar, Cicchetti, & Becker, 2000).

Research on resilient individuals increasingly highlighted the importance of a systemic view of resilience (Walsh, 1996). This systemic view highlighted external factors contributing to resilience. It has been increasingly noted throughout research on vulnerable children that their resilience is connected to protective factors in both the family and social context (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Walsh, 2000). Werner (1993) noted in the Kauai study that all of the resilient children had “at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence” (p. 512). Additional child-focussed research highlighted by McCubbin, McCubbin, Thompson, Han, & Allen (1997) also isolated important factors within the family system that foster childhood resilience. Other factors that have been identified as fostering childhood resilience include: structured parenting (Hetherington, 1989); parental supervision and vigilance (Baldwin, Baldwin, & Cole, 1990); consistent discipline (Wyman, Cowen, Work, & Parker, 1991); parents holding an optimistic view of their children’s future (Wyman, et al., 1991); nurturing relationships with primary caregivers (Wyman, Cowen, Work, Raoof, Gribble, Parker, & Wannon, 1992); and a stable and safe home environment (Richters & Martinez, 1993; Wyman et al., 1992).

As the relational context of resilience began to increase throughout research, the family unit became a focus of enquiry as a source of resilience. Now that there is greater understanding of the foundation on which family resilience is built, the focus will shift to the relational concept of family resilience.

2.4 Family Resilience

Over the last two decades there has been a shift in the field of family psychology from the traditional pathogenic approach to focussing on family strengths (Hawley & DeHaan, 1996; Nichols & Schwartz, 2000). Focussing on family strengths and resources shifts the perspective of seeing distressed families as damaged to seeing these families as facing challenges, yet possessing the potential to grow stronger as a result of the difficulties they may be facing (Walsh, 2002).

Family resilience can be described as a process and can be conceptualized as “a pathway a family follows over time in response to a significant stressor or series of stressors” (Hawley, 2000,
Various other authors also contributed their definitions of family resilience. Walsh (2002) emphasized that family resilience involves being able to emerge from difficulties. This author defined family resilience as “the ability to withstand and rebound from adversity” (Walsh, 2002, p. 130). Family resilience is described by The Family Resiliency Network as “the family’s capacity to cultivate strengths to positively meet the challenges of life” (Silliman, 1994, p. 2). The term is further elucidated by Luthar, Cichetti and Becker (2000) who stated that family resilience is being able to make positive adaptation despite confronting adversity. It is apparent from examining the commonalities of these descriptions that resilience does not exclude tensions and afflictions of life, but rather embraces them with the resources of competence and adaptability, resulting in a positive effect.

Hawley and DeHaan (1996) noted that McCubbin and McCubbin (1988) focused their definition on the adaptive qualities of families that aid them in coping as they face stress. In their definition, McCubbin and McCubbin (1988) defined family resilience as “characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations” (p. 247). The essence of family resilience involves more than coping or surviving adverse conditions. Rather, resilience holds the possibility for growth within both a personal and relational capacity which is molded from adversity (Boss, 2001). Emerging from difficult challenges as resilient means that the family is stronger and more resourceful. The opportunity presents itself for reevaluating priorities, gaining new insights and deepening relationships (Walsh, 2003a).

Family resilience research builds on stress, coping and adaptation research (Walsh, 1996). An influential model has been the cognitive appraisal model of stress and coping developed by Lazarus and Folkman (1984; Lazarus, 1991). This model described the adaptive behaviours between a person and their environment which aims at reducing stress levels within the environment by seeking the best adaptation possible. Although influential, this model focused on the individual and not on the family as a unit (Walsh, 1996). Walsh (2003a) called for a more systemic view where the family system is looked at as a whole. Crises impact the family unit and its impact may be felt amongst family members and their relationships. Although the crisis is more systemically experienced, Walsh (2003a) explained how the family system as a whole may then be utilized as a resource in recovery when this author stated that “key family processes mediate the recovery of all members and the family unit. These processes enable the family system to rally in times of crisis, to buffer stress, reduce the risk of dysfunction, and support optimal adaptation” (p. 3).

Whereas previous research has focussed on family stress and coping, studies exploring what makes the family system resilient when facing normative changes as well as crises have been slower to emerge (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). As studies began to
emerge, there was a focus on the two components of family resilience, namely, family protective factors (factors shaping endurance despite vulnerability), and family recovery factors (factors promoting the family’s ability to bounce back). Over the past 25 years, research in this area has yielded ten general resiliency factors. These protective and recovery factors include: family problem-solving communication, equality, spirituality, flexibility, truthfulness, hope, family hardiness, family time and routine, social support, and health (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Following is an overview of these factors.

2.4.1 General Resiliency Factors

The ten general resiliency factors that will be discussed are those that have been noted by McCubbin, McCubbin, Thompson, Han and Allen (1997) as the main resiliency factors yielded by research over the past 25 years.

2.4.1.1 Communication

Communication encompasses both verbal and nonverbal behaviour by a person which impacts others around that person (Wills, Blechman, & McNamara, 1996). Throughout both normative and nonnormative life transitions, communication is necessary amongst family members. Communication patterns within a family help facilitate the achievement of the main family functions (Patterson, 2002a; 2002b). There are two patterns of communication (McCubbin, Thompson, & McCubbin, 2001; McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Incendiary communication is the pattern of communication that involves negative communication styles which tend to make a stressful situation even worse; while affirming communication shows support and care for family members and facilitates resolution of conflict. The latter style of communication aids the family’s ability to recover, conversely, poor communication can increase the family’s risk (Olson, 1993; McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Patterson, 2002b). Positive communication styles bring clarity amidst a crisis by facilitating open expression and problem solving as a family (Walsh, 1998; 2003a; 2003b). This clarity along with congruent messages fosters effective family functioning (Epstein, Ryan, Bishop, Miller, & Keitner, 2003).

2.4.1.2 Equality

Equality is another factor that may contribute to the resilient family. Equality of all family members denotes independence and fosters self-reliance which enables each member to have the power to make decisions often necessary in a crisis situation. The experience of equality within the family system fosters family adjustment and adaptation (McCubbin, McCubbin, Thompson, Han, & Allen, 1997).
2.4.1.3 Spirituality

Spirituality involves rising above one’s own self-interest, appreciating life, and living with a sense of positive purpose (Silliman, 1994). During a crisis, finding meaning amongst the pain helps the family adjust and adapt (Patterson, 2002b). Often explanations and logic do not provide family members with comfort, but finding meaning through a sense of spirituality gives family members a sense of strength and aids resilience (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Werner & Smith, 1992; Yates & Masten, 2004). During times of crisis and difficulty families can look to their religious and cultural traditions as a source of strength, comfort and guidance (Walsh, 1998; 1999). Werner and Smith (1992) found that gaining meaningfulness from spiritual engagement contributed largely to long-term resilience.

2.4.1.4 Flexibility

Flexibility plays an important protective and recovery role in helping the family maintain stability. Walsh (2003a; 2003b) considered flexibility to be a vital component in the process of resilience. Olson (1993) used the term adaptability which is defined as “the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress” (p. 21). When a family has flexibility they are able to adjust their patterns of functioning to help them cope in times of difficulty (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). While too much change can contribute towards family instability, it is necessary to find a balance between change and stability if flexibility is to aid the resilience of a family (Patterson, 2002a; 2002b).

2.4.1.5 Truthfulness

Truthfulness amongst the family members and from other environments (e.g. social, medical) is essential in helping the family adapt. Truthfulness enables the family to gain information from which they can assess the situation and from which they can then guide their steps (McCubbin, McCubbin, Thompson, Han, & Allen, 1997).

2.4.1.6 Hope

Hope is another protective and recovery factor that aids the family in the adaptation process. Crises are often paired with a sense of helplessness. It is important that amidst this helplessness the family is able to cling to a sense of hope. Seligman (1990) used the concept of “learned optimism” to explain when people begin to believe that their efforts can work. McCubbin, McCubbin, Thompson, Han, & Allen (1997) explained that hope means that the family has “wishes or desires that are accompanied by a confident expectation of their fulfilment” (p. 14). Having a sense of
meaning and spirituality that rises above one’s painful circumstances allows for a sense of hope despite uncertainty (Walsh, 1998).

2.4.1.7 Family hardiness

Family hardiness is a resiliency factor that buffers against the effects of stress on health (Svavarsdottir, McCubbin, & Kane, 2000). Having a sense of control over the end result of the challenges the family is experiencing is referred to as family hardiness. It involves the family pulling together as a unit to handle the problem together and reframing the crisis as a challenge, which ultimately aids the family’s adaptation (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). It also involves taking an active stance in adapting to stressful situations (Svavarsdottir, McCubbin, & Kane, 2000).

2.4.1.8 Family time and routines

Family time and routines often help the family amidst a crisis to maintain a sense of stability and continuity. Family time and routines can involve for example, sharing family meals together, or simply sharing a cup of tea before bedtime. Spending time together and having routines helps the family system create a sense of predictability (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Family time together and routines are also considered reliable indicators of family integration and stability (McCubbin, Thompson, & McCubbin, 1996, 2001). McCubbin, Thompson, & McCubbin (2001) emphasized the many advantages of family patterns of stability when they stated that these patterns “allow family units to bridge generations, establish continuity in the present and in the midst of disruptions, and to build a solid foundation of interpersonal supports needed to negotiate major transitions and transformations” (p. 358).

2.4.1.9 Social support

The second last protective and recovery factor for families is social support. The family draws on its supportive relationships to help during its time of crisis (Walsh, 1996; 2003a). There are five dimensions of social support, namely, emotional support (e.g., caring), esteem support (e.g., affirming value), network support (e.g., knowing that there is a group of people to whom the family is both responsible and from which the family can draw on as a resource), appraisal support (e.g., giving family members a sense of boundary), and altruistic support (e.g., giving of oneself for the gain of others) (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). The value of social support is explained by Wills, Blechman and McNamara (1996) when they stated that, “interpersonal relationships enhance adaptation through provision of supportive functions that are of direct or indirect assistance for the coping process” (p. 109).
2.4.1.10 Health

The last protective and recovery factor is health. The physical and emotional health of family members promotes resiliency in the family unit and protects the family system against vulnerability. If a family member is not healthy, this can contribute towards making the family unit more vulnerable (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Following is a brief overview of family resilience research in South Africa.

2.4.2 South African Family Resilience Research

In a South African context, investigating resilience from a family perspective is relatively recent. Published resilience research is limited to Der Kinderen and Greeff (2003); Greeff and Human (2004); and Greeff and van der Merwe (2004). Der Kinderen and Greeff (2003) researched resiliency in families where a parent had accepted a voluntary retrenchment package. Research conducted by Greeff and Human (2004) explored which resiliency factors enabled families to successfully adjust and adapt after the loss of a parent. Greeff and van der Merwe (2004) investigated which resiliency variables are associated with resilience in divorced families. The current study has been conducted in the Western Cape by du Toit-Gous (2005) where resilience in remarried families was investigated. Walsh (1996) emphasized that more research should be conducted on families that are successful in steering through the disruptions caused by major losses and transitions, especially death, separation, divorce, and remarriage. This study focussed on families that manage to navigate through the challenge of remarriage.

2.4.3 Conclusion – Family Resilience

Definitions of family resilience have been outlined, and the ten protective and recovery factors identified from research by McCubbin, McCubbin, Thompson, Han, & Allen (1997) have been discussed. This section also included a brief overview of the studies that have been conducted in the family resilience field within a South African context. The conceptual framework of the study is now discussed in detail.

2.5 Conceptual Framework

McCubbin, Thompson and McCubbin (1996, 2001) have developed a conceptual framework in which to understand family resilience. This framework is called the Resiliency Model of Family Stress, Adjustment and Adaptation, and its roots are embedded in family stress theory. Over the last two decades, various family stress and resiliency models have emerged which have formed the foundation for the Resiliency Model of Family Stress, Adjustment and Adaptation. These models are briefly discussed.
2.5.1 Evolution of the Resiliency Model of Family Stress, Adjustment and Adaptation

The roller coaster model was first proposed by Koos (1946) and provided an initial framework for tracing a family’s response to stress. This model was refined by Hill (1949; 1958). The rollercoaster model proposed that after encountering a stressful event, families journey through three stages. The length of time that it takes to progress through these stages is variable. These stages include: (a) disorganization, (b) recovery; and (c) reorganization. During the disorganization stage, the family initially finds themselves thrown off-balance by the crisis. During this time the family unit is characterized by increased levels of conflict, efforts to find coping strategies, as well as general feelings of confusion, anger and resentment. The family next enters into the recovery stage, where they begin to discern new ways of adjusting to the crisis. This period is followed by the reorganization stage, where the family’s primary focus is reconstructing its level of functioning. This reorganization may result in the family functioning at, above, or below its precrisis level of functioning. At any point during this process, the family may not find the resources to recover and may disintegrate (DeHaan, Hawley, & Deal, 2002). In research on the roller coaster model, five patterns of crisis response were identified, namely, roller coaster, increased functioning, decreased functioning, mixed changes, and no change (Burr & Klein, 1994). According to DeHaan, Hawley and Deal (2002), this initial model was a good foundation in beginning to identify pathways of resilience.

Hill’s (1949; 1958) ABCX framework focussed on pre-crisis factors in families and examined the variability in families’ adaptations to stressful events. In this model, three variables interact to produce a crisis (X). The first variable is the stressor (A). A stressor is an event or transition that impacts the family in a way that has the potential for family change or disruption to occur (McCubbin & Patterson, 1983). The stressor (A) interacts with the resources that the family has to cope with the effects of the stressor (B). These resources help the family to prevent a crisis. These resources interact with (C) which is the family’s personal interpretation of how serious the stressor is. This interpretation is a reflection of the family systems’ values and previous experiences, and ultimately impacts if the family views the stressor as a challenge they are able to face, or as something that is beyond their control and with which they feel they do not have the ability to cope (McCubbin & Patterson, 1983).

Where Hill’s ABCX model focussed singularly on pre-crisis factors, this focus broadened to focussing on both pre- and post-crises factors and processes in the Double ABCX Model of Adjustment and Adaptation and its extension, the Family Adjustment and Adaptation Response Model (McCubbin & Patterson, 1983).

The Double ABCX Model of Adjustment and Adaptation incorporated additional factors that were identified in a study using the Hill ABCX model. The factors that were identified appeared to
be influential in impacting the family’s adaptation over time (post-crisis). The first factor is a pile-up of stressors and strains (referred to as ‘aA’ in the Double ABCX model). Family crises take time to build up and also take time to be resolved. Because of this, families are often not dealing with one single stressor, but rather a build-up of stressors and strains. These demands may originate from individual family members, the family system, and the community. There are also various types of stressors and strains adding to the pile-up. These include the original stressor and its associated difficulties, normative transitions, prior strains, consequences of the family’s attempts to cope, and family and social ambiguity (McCubbin & Patterson, 1983). The second factor (referred to as ‘bB’ in the Double ABCX model) is new resources that the family develops as a result of dealing with post-crisis factors. These new resources may be individual, family, or community resources. A critical factor which helps the family cope is the meaning the family attributes to the total crisis situation (referred to as ‘cC’ in the Double ABCX model). The total situation includes the initial stressor, as well as the pile-up of stressors, old and new resources, and assessments of what will help rebalance the family. A family may attribute meaning from their crises by seeing their situation as an opportunity for growth or development. This can give the family hope which helps the family ultimately cope and adapt. Family adaptation (referred to as ‘xX’ in the Double ABCX model) is considered the key concept in this model. McCubbin & Patterson (1983) described adaptation as the “outcome of family efforts to achieve a new level of balance in family functioning which was upset by family crisis” (p. 19). The goal of post-crisis adaptation is to restore balance within and amongst the individual, family unit, and the community within which the family unit finds itself. Family adaptation is described on a continuum ranging from positive adaptation (bonadaptation) to negative adaptation (maladaptation) (McCubbin & Patterson, 1983).

The Double ABCX Model was expanded into the Family Adjustment and Adaptation Response (FAAR) Model (Bristol, 1987; Patterson, 1988; Patterson, 2002a). This model primarily integrates the process components of the behaviour of the family as they respond to a family crisis (McCubbin & Patterson, 1983; Patterson, 2002b). The FAAR model examines how families reach a level of adjustment and adaptation by balancing family demands with family capabilities which can originate from individual family members, the family unit, or the community. These components consist of a number of elements. Family demands find their origin in a number of places. These include normative and nonnormative stressors, ongoing family stressors, and daily minor stressors in life. Family capabilities include resources or protective factors that the family has (for example, tangible resources) as well as what the family does (for example, coping behaviours). This balancing process simultaneously interacts with family meanings (Patterson, 1988; 1993; 2002a). There are three levels of family meanings which either help or hinder the family’s adjustment and adaptation. According to Patterson (1993) and Patterson and Garwick (1994), family meaning can
be derived from (a) the family’s definition of their demands and capabilities, (b) how the family sees themselves, i.e. their identity, and (c) the family’s view of the world and how they see their family in relation to the broader social system. The outcomes of the FAAR Model are similar to those of the Double ABCX Model. The family either adjusts and adapts with improved functioning (bonadaptation) or the family functions more poorly as a result of their crises (Patterson, 2002a; Patterson, 2002b).

The Typology Model of Family Adjustment and Adaptation comprises two related, yet distinct phases which describe how families respond to life changes and stresses, namely the Adjustment Phase, and the Adaptation Phase. This model introduced new developments to the major components of the Double ABCX Model of Family Adjustment and Adaptation, namely family types and family strengths. It also focused upon family types and strengths that explain why some families manage more so than others to adjust and adapt to change (McCubbin, Thompson, Pirner, & McCubbin, 1988).

The first phase, the Adjustment Phase, expands upon family pre-crisis adjustment response (described in Hill’s ABCX family crisis model, and the Double ABCX Model of Family Adjustment and Adaptation) to include family types and levels of vulnerability. Family types play an important role in explaining family behaviour whilst facing a stressor, and include the Balanced, Regenerative, Resilient, Rhythmic, and Traditionalistic family types. The family’s level of vulnerability is influenced by the pile-up of demands on the family which co-occurs at the onset of another stressor, together with the family’s Life Cycle stage with its accompanying demands (McCubbin, Thompson, Pirner, & McCubbin, 1988).

The second phase, the Adaptation Phase, focused more on the family’s efforts to recover from a crisis situation. The disorganization that results from a crisis situation calls for the family to try to restore its stability to either its previous, lower, or higher, level of functioning. The family’s attempt at reorganization marks the entrance to this phase which involves the interaction of various other variables, such as family demands, capabilities, resources, appraisals, and coping strategies, in an attempt to adapt (McCubbin, Thompson, Pirner, & McCubbin, 1988).

The Resiliency Model of Family Stress, Adjustment and Adaptation finds its origin in the Typology Model of Family Adjustment and Adaptation, and focuses primarily on post-crisis situations and explores the family’s ability to change and adapt over time (Hawley, 2000; Hawley & DeHaan, 1996; McCubbin & McCubbin, 2001). This is the model that was used for the purpose of this research. Following is a discussion of this model.
2.5.2 The Resiliency Model of Family Stress, Adjustment and Adaptation

The aim of the Resiliency Model of Family Stress, Adjustment and Adaptation is to understand and explain the reason why some families recover and others remain at risk and even deteriorate under similar situations (McCubbin & McCubbin, 1993, 1996, 2001). The Resiliency Model of Family Stress, Adjustment and Adaptation consists of two phases: the adjustment phase, and the adaptation phase (McCubbin & McCubbin, 1993, 2001; McCubbin, McCubbin, Thompson, Han, & Allen, 1997; McCubbin, Thompson, & McCubbin, 1996). These phases are now discussed.

2.5.2.1 The adjustment phase

The adjustment phase of the Resiliency Model of Family Stress, Adjustment and Adaptation is outlined in Fig 1 on the following page. This first phase consists of different variables which interact and ultimately shape the family’s outcome.
Figure 1. The Adjustment Phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 2001).
The various interacting variables which influence the outcome of the family will now be explained. As a result of a pile-up of family strains, the family becomes Vulnerable (V). Vulnerability is defined by McCubbin and McCubbin (2001) as “the interpersonal and organizational condition of the family system” (p. 17). A family’s vulnerability may be high or low. This depends on the pile-up of demands on or within the family, and the normal stressors and demands associated with the family’s stage in the life cycle (McCubbin & McCubbin, 2001). When the family faces a Stressor (S), this impacts on the family’s vulnerable state. A stressor is “a demand placed on the family that produces, or has the potential of producing changes in the family system” (McCubbin & McCubbin, 2001, p. 17). The impact that the stressor has on the family is partially determined by the severity of the stressor. Severity is determined by how much the stressor jeopardizes the family’s stability, functioning, and resources (McCubbin, 1990; McCubbin & McCubbin, 2001). In turn, the family’s Vulnerability (V) interacts with the family’s typology which is represented as Established Patterns of Functioning (T).

A family’s typology describes how the family unit usually behaves (i.e., their established patterns of functioning). It is important to understand the various family typologies because they play a pivotal role in ensuring family harmony and balance. There are four typologies of patterns of functioning (Hawley, 2000). These are as follows: the regenerative typology, the versatile typology, the rhythmic typology, and the traditionalistic typology. The regenerative typology is formed by assigning two levels to the family coherence dimension and family hardiness dimension (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1988). Family coherence describes the key ways that the family copes with and manages problems (Hawley, 2000). Family hardiness is defined by McCubbin, Thompson & McCubbin (2001) as the family’s “internal strengths and durability characterized by an internal sense of control of life events and life’s hardships, a sense of meaningfulness in life, involvement in activities, and a commitment to learn and to explore new and challenging experiences” (pp. 112-113). The regenerative typology describes four types of families which vary according to their levels of family coherence and family hardiness. These four types include: vulnerable, secure, durable, and regenerative family types. Regenerative families are high on both family hardiness and family coherence which indicates that they are able to actively cope with stressors while maintaining a sense of control (McCubbin & McCubbin, 2001; McCubbin, Thompson & McCubbin, 1996).

The versatile typology is formed by assigning two levels to the family bonding dimension and family flexibility dimension. Family bonding is present when family members feel emotionally connected with one another. Family flexibility is characterized by being able to accommodate changes in family structure as is necessary. The versatile typology describes four types of families which vary according to their levels of family bonding and family flexibility. These four types are:
fragile, bonded, pliant, and versatile types. Versatile families are high on both family hardiness and family coherence dimensions and are characterized by an emotional closeness and ease in family decision-making (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

The rhythmic typology is formed by assigning two levels to the family time and routines dimension and to the valuing of family time and routines dimension (Hawley & DeHaan, 1996; McCubbin & McCubbin, 1988; McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). The family time and routines dimension is characterized by daily routines that the family chooses to practice in order to create regularity. The valuing of family time and routines dimension examines how much the family believes in the value of the routines they practice. The rhythmic typology describes four types of families which vary according to their levels of family time and routines and how much the family values family time and routines. These four types include: unpatterned, intentional, structuralized, and rhythmic family types. The rhythmic family has a sense of predictability in combination with the family believing in the value of its routines (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

The traditionalistic model is formed by assigning two levels to the family celebrations dimension and to the family traditions dimension. Family traditions incorporate behaviours that the family engages in that promote continuity of its values to the next generations. Family celebrations involve behaviours that the family engages in to highlight valued occasions. The traditionalistic typology describes four types of families: situational, traditionalistic, celebratory, and ritualistic family types. Ritualistic families are high on both dimensions which is indicative that they emphasize the importance of traditions and special celebrations (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

The result of these interactions (Stressor, Vulnerability, and Established Patterns of Functioning) leads into a circular interacting cycle of Family Resources (B), the family’s Appraisal of the Stressor (C), and the family’s Problem Solving and Coping (PSC) mechanisms. Family Resources (B) are the family’s abilities to cope with the stressor and its demands in an effort to avoid a family crisis and resulting changes in the established patterns of functioning (McCubbin & McCubbin, 2001). Key family resources that have been identified in previous research (Curran, 1983, McCubbin, Thompson, Pirner, & McCubbin, 1988; Olson, McCubbin, et al., 1983; Stinnet, 1981) are listed by McCubbin and McCubbin (2001). These include: social support, economic stability, cohesiveness, flexibility, hardiness, shared spiritual beliefs, open communication, traditions, celebrations, routines, and organization. The family’s Appraisal of the Stressor (C) is how seriously the family views the stressor. The family’s Problem Solving and Coping (PSC) mechanisms indicate the “family’s management of stress and distress through the use of its abilities and skills to manage or eliminate a stressor and related hardships” (McCubbin & McCubbin, 2001, p. 20).
Stress creates pressure for some kind of adjustment. This can result in either distress (where the stress becomes unmanageable and the family views the imbalance as negative), or eustress (where the tension is viewed as positive and challenges the family in a way that they appreciate the resulting change) (McCubbin & Patterson, 1983). Outcomes of the adjustment phase are on a continuum ranging from positive _bonadjustment_ which implies maintenance of family patterns, versus negative _maladjustment_, which accumulates into a family crisis and ultimately changes the family’s patterns of functioning (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). After this adjustment phase, the adaptation phase follows. Following is an explanation of this phase.

2.5.2.2 The adaptation phase

The adaptation phase of the Resiliency Model of Family Stress, Adjustment and Adaptation is depicted in Fig 2 on the following page. This phase includes interacting elements on the path towards a continuum of adaptation.
Figure 2. The Adaptation Phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 2001).
Adaptation ranges from positive *bonadaption* which implies maintenance of family patterns, versus negative *maladaptation*, which accumulates into a family crisis and ultimately changes the family’s patterns of functioning (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). Throughout this process the family introduces changes aimed at restoring its harmony and balance to both the family and its external environment (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

2.5.2.2.1 Family crisis

The beginning of this phase is marked by a family crisis. McCubbin and McCubbin (2001) define a crisis as “a state of imbalance, disharmony, and disorganization in the family system” (p. 22). However, although the crisis situation marks family vulnerability, the family is still faced with an opportunity for constructive changes in its patterns of functioning. Although this opportunity is available, these vulnerable families are partially characterized by imbalance and disharmony, a situation which is unfortunately only exacerbated by the following cyclical interaction (McCubbin & McCubbin, 1996, 2001). Following will be a description of these elements.

The crisis the family is experiencing is exacerbated by two factors. The first factor is other stressors the family is concurrently facing, namely a pile-up of demands (AA) (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). There are nine categories of stressors that contribute to a pile-up of demands and in turn, the crisis situation. These include: the initial stressor and its related hardships; normative changes in the family; prior family stressors that have accumulated over time; situational demands that arrive unexpectedly; efforts that the family have made to cope; ambiguity between the larger social system and the family about how families should cope during times of crisis; new patterns of functioning which the family has adopted to cope but which exert more demands; new patterns of functioning which may be incongruent with the family’s schema and paradigms; and finally, old patterns of functioning which are established within the family but which may be incongruent with new patterns of functioning (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

The second factor that exacerbates the family’s crisis is the family’s inadequate and/or deteriorated established patterns of functioning (T) (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). Established patterns of functioning were explained in the adjustment phase, and carry over into the adaptation phase. Some of these patterns provide stability and harmony and are preserved as the family’s retained and restored patterns of functioning (T).

In addition, new patterns of functioning (TT) must be implemented (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). The nature of these patterns depends on what is needed to facilitate adaptation considering the nature of the crisis. New patterns of functioning
focus on five areas. These include different patterns that impact and change the family’s rules and boundaries; routines, relationships, and roles; coalitions within the family system; communication patterns; and transactions and interactions with the community. The purpose of new patterns of functioning is to initiate disruption within the family dynamics which helps them cope, restore balance, and achieve adaptation (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

The family’s retained and restored patterns of functioning (T), as well as new patterns of functioning (TT) interact with the family’s situational appraisal of the crisis (CC), problem solving and coping strategies (PSC), and resources (BB). This interaction ultimately leads to family adaptation (XX) (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). Following is an explanation of these processes.

2.5.2.2.2 Cyclical interaction of processes

The family’s appraisal comprises five processes (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). At the broadest level is the family’s schema (CCCCC). This is an important construct which contributes to helping the family shape its patterns of functioning. A family schema constitutes family convictions, values, and beliefs that have accumulated over time and which form a solid framework resistant to change. This framework is used by the family to assess experiences, and is influenced by culture and ethnicity. The family schema plays a role in bringing balance, harmony, and a solid foundation to the family (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). Family coherence (CCCC) is an attitude that conveys feelings of confidence that the world is understandable, manageable, and meaningful (Antonovsky, 1979; 1987; Antonvosky & Sourani, 1988). Family coherence helps the family transform potential resources into actual resources (McCubbin & McCubbin, 2001). Family paradigms (CCC) constitutes shared beliefs about how the family should function. Situational appraisal (CC) can be described as the family’s ability to weigh up their resources against new demands on their established patterns of functioning which is created by the crisis. At the initial level of family assessment is the family’s definition of the gravity of the stressor. This is represented as the stressor appraisal (C) (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

Problem solving and coping strategies (PSC) may be directed at four aspects that facilitate adaptation (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). These four strategies are: coping and problem solving directed at reducing or eliminating demands; strategies aimed at acquiring extra resources not previously available to the family; strategies aimed at managing tensions; and strategies aimed at molding the family’s appraisal at both situational and family schema levels (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).
Within the Resiliency Model of Family Stress, Adjustment and Adaptation, coping behaviour is defined by McCubbin and McCubbin (2001) as “a specific effort (covert or overt) by which an individual family member or the family functioning as a whole attempts to reduce or manage a demand on the family system and bring resources to bear to manage the situation” (p. 49).

The family’s resources (BB) include the family’s strengths and capabilities. There are three sources that the family can draw on as resources. These include: individual family members, the family unit, and the community. McCubbin and McCubbin (2001) defined a resiliency resource as “a characteristic, trait, or competency of one of these systems (individual, family, community) that facilitates adaptation” (p. 33). Resources may be tangible, for e.g., money, or intangible, for e.g., family integrity. There are eight personal resources that are considered essential in the adaptation process. These include: (1) intelligence of family members which helps them successfully fulfil demands, (2) knowledge and skills gained from education and experience which facilitate greater ease when performing tasks, (3) personality traits for e.g., a sense of humour, hardiness, that aid in coping, (4) health in physical, spiritual and emotional spheres, which fuels energy for fulfilling demands, (5) a sense of mastery, (6) self-esteem, (7) sense of coherence, and (8) ethnic identity and cultural background that helps guide family functioning (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

In addition to personal resources are family system resources. Two family resources have been identified as crucial (Olson, Sprenkle, & Russell, 1979). These are cohesion and adaptability. Family cohesion is defined by Olson (1993) as “the emotional bonding that family members have toward one another” (p. 19). Other valuable resources have also been identified in research as valuable. Family organization helps with agreement and dependability of family roles and rules. Various aspects of communication ability, such as clear and direct messages (Satir, 1972) have been emphasized as a family resource. Communication also aids in family problem solving (Walsh, 1998; 2003a; 2003b). Families that have an affirming communication style can use this as a resource (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996). Family hardiness is another family resource and serves as a buffer against the effects of stressors (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Svavarsdottir, McCubbin, & Kane, 2000). Family hardiness is defined by McCubbin and McCubbin (2001) as being characterized by “a sense of control over the outcome of life events and hardships, a view of change as beneficial and growth producing, and an active orientation in responding to stressful situations” (p. 34). Another family resource is spending family time together and having family routines. This contributes towards maintaining harmony and balance when change occurs in the family system.
These elements interact in a cyclical manner as the family attempts to manage the crisis and ultimately results in the level of adaptation that the family experiences. Following is an explanation of family adaptation.

2.5.2.2.3 Family adaptation

The pivotal concept in understanding the family’s resiliency and effort to handle the crisis is Family Adaptation (XX). Adaptation involves a process where the family recognizes that changes need to be made in order to help regain stability as a result of the crisis. These changes are aimed at restoring family harmony and satisfaction. Outcomes of this phase range on a continuum from positive bonadaptation to negative maladaptation. Bonadaptation implies that the family has accepted and is able to function congruently with new patterns of functioning. Maladaptation implies the opposite, and as a result the family is propelled back to the crisis situation (X) where the cycle is repeated (McCubbin & McCubbin, 2001; McCubbin, Thompson, & McCubbin, 1996).

2.5.2.2.4 Conclusion: The Resiliency Model of Family Stress, Adjustment and Adaptation

The Resiliency Model of Family Stress, Adjustment and Adaptation describes how families undergo a process in order to adapt to a crisis. In a family transition such as forming a remarried family, there are many unique stressors that the family is faced with on the journey towards adaptation. The Resiliency Model of Family Stress, Adjustment and Adaptation will be used as a departure point for exploring these stressors in the following chapter, and striving to understand the factors that aid adaptation.

2.6 Conclusion

This chapter outlined the pathway of resilience research from individual to family system. Various definitions of resilience were discussed and the value of a family resilience perspective was highlighted. A detailed discussion was given explaining the evolution of the Resiliency Model of Family Stress, Adjustment and Adaptation. The two phases of this conceptual framework, which formed the basis for this study, were described. These two phases were the adjustment phase, and the adaptation phase. The unique stressors and strengths of a remarried family will be discussed in the following chapter.
CHAPTER 3
Remarried Families

3.1 Introduction

In order to understand the unique structure of a remarried family, various dynamics, processes and characteristics of this type of family will be discussed. The chapter begins by defining the remarried family. There are numerous labels provided in literature for this type of family and the researcher discusses the reason for this. Pathways to forming a remarried family are then discussed. Given the distinctive structure of the remarried family, there are specific dilemmas and challenges that are faced. These are outlined after which a developmental model proposed by Papernow (1984; 1988; 1993) describing the stages that a stepfamily moves through towards forming an integrated family unit is described. Various typologies of stepfamilies and characteristics that contribute towards a successful stepfamily are then discussed. The chapter is concluded with an overview of international stepfamily research over the last five years, as well as stepfamily research within the South African context.

3.2 Defining Remarried Families

A survey of professional literature reveals a vast array of labels to describe a stepfamily. Such labels include: reconstituted, blended, merged, combined, reorganized and reconstructed (Ganong & Coleman, 1994). The abundance of labels for stepfamilies represents attempts to counter the negative stereotyping and connotations associated with the stepfamily label by using more neutral synonyms (Ganong & Coleman, 1997; Walsh, 2003b). However, while these terms are used in literature at times, they may appear vague or too broad. Some labels are also used inconsistently to describe different types of families, and some sound awkward or nondescriptive. Literature states that none of these labels have been favoured thus far, and therefore selection of terms remains a personal one (Ganong & Coleman, 1994). For the purpose of this study, the terms remarried and stepfamily will be used interchangeably. The reason for selecting these terms is that they aptly describe the type of family being investigated. These terms are also more widely used in society and can therefore be assumed to be more readily understandable than other terms. Pioneers in stepfamily research (Visher & Visher, 1996) also call for the use of the term stepfamily in an attempt to destigmatize this term. Other prominent researchers in this field (Ganong & Coleman, 1994; Walsh, 2003b) used the terms remarried and stepfamily synonymously. Ganong and Coleman (1994) defined this family structure as “one in which at least one of the adults has a child or children from a previous relationship” (p. 8). These authors further defined a stepparent as “an adult whose partner has at least one child from a previous relationship”, and a stepchild as “a person whose parent or parents are partnered with someone who is not the child’s biological or adoptive
parent” (Ganong & Coleman, 1994, p. 9). From the definition of this family structure, one can deduce that remarriage implies movement from previous relationships. This movement requires transitioning from former households to forming an integrated stepfamily; a process that takes time (Visher, Visher, & Pasley, 2003). There are three pathways that lead to this transitioning into a remarried family. These include postdivorce, postbereavement, and never-married (Ganong & Coleman, 1994). The importance of understanding the preremarriage relationship histories of the partners is emphasized by Ganong and Coleman (1994). Factors unique to these three pathways, as outlined by Ganong and Coleman (1994), are briefly discussed in an attempt to facilitate greater understanding of remarried family relationships.

3.3 Pathways to Remarriage

Postdivorce remarried families are generally considered the most complex as both parents generally remain involved in raising children (Ganong & Coleman, 1994, p. 28). Researchers agree that divorce is not simply a single, static legal event but that it is a process which triggers a chain of events and transitions with far-reaching effects, involving a process of change that modifies the life of the family for years to come (Balsanek, Colley, Maginn, Schlegelmilch, & Woody, 1984; Gold, 1992; Hines, 1997). The dynamics of a remarriage that is formed from this avenue is inherently linked to the divorce process. Ganong and Coleman (1994) hypothesized that the relationships within a remarried family are characterized by how individual family members thought about the divorce. For example, if family members viewed the divorce as beneficial, they might approach remarriage as marking an opportunity for a new beginning. Because divorce is often a pathway that filters into remarriage, it is imperative that energy is invested to bring the best possible amount of emotional resolution at each step along the way, in order to make subsequent steps as easy as possible (McGoldrick & Carter, 1988; 2005). Time is a key factor in this process. Hetherington, Cox and Cox (1977) found that approximately two years was necessary for the family to restabilize after divorce. McGoldrick and Carter (1988) outlined eight pivotal points along the divorce process when emotions peak. These points are: the decision to separate, the actual separation, the legal divorce, remarriage of either spouse, shift in custody of any of the children, moves of either spouse, illness or death of either ex-spouse, and life cycle transitions of the children (e.g. marriage). These authors noted that if emotions are not processed at each of these peaks, it may prevent the remarried family from stabilizing (McGoldrick & Carter, 1988; 2005).

The second avenue to remarriage is postbereavement. Ganong and Coleman (1994) noted that there is very little research providing guidance to families in this position. While remarried families formed from this avenue tend to lack the hostility and custody issues evident in postdivorce remarried families, they contend with other issues. One such issue is the loyalty conflict that may
be experienced by a child who has lost a parent. They may wonder whether a close relationship with a stepparent is indicative of them not honouring the memory of their deceased parent (Ganong & Coleman, 1994). Visher and Visher (1988; 1996) advised that children be allowed to mourn their deceased parent, and that they view their stepparent as having a unique role and not as a replacement of this parent. One aspect that is beneficial to the adaptation of the remarried family postbereavement is the generally high levels of social support that is received (Ganong & Coleman, 1994).

Increasingly common are stepfamilies that are formed when an unmarried parent (usually a mother) brings a child to a new relationship (Ganong & Coleman, 1994). This is the third avenue to remarriage. Ganong and Coleman (1994) delineated between two types: those adults who legally marry, and those that cohabit but do not legally marry. According to Filinson (1986), considering stepfamilies as only those who are legally married is unjustified due to the ever increasing rates of cohabitation and childbearing outside of marriage. However, these are the families that receive the least amount of support, and are the most stigmatized (Ganong & Coleman, 1994).

Because of the stepfamily’s unique structure and complex transitioning process, there are distinctive dilemmas and challenges it must face along the path towards integration. These dilemmas and challenges are discussed in the following section.

3.4 Dilemmas and Challenges

Remarriages are considered more vulnerable than first marriages as they hold a higher divorce rate (Bray, 1999; Fine & Schwebel, 1992; Hetherington, 1999; Pill, 1990; Popenoe, 1994; Weston & Macklin, 1991; White & Booth, 1985). Furthermore, the presence of children further increases the risk of remarriage dissolution (Hetherington, 1999; Popenoe, 1994). In addition, according to Bray (1999), “having adolescents in stepfamilies is a risk for increased family problems” (p. 256). Family transitions, such as divorce and remarriage, are generally associated with a negative effect on functioning (Rushena, Prior, Sanson, & Smart, 2005). Adaptation may depend on the family members’ experiences prior to the family transition. In divorce, adaptation and changes centre around loss, whereas in remarriage, adaptation and coping is triggered by addition (Hetherington, 1989). There are a number of dynamic issues that are highlighted by key family researchers through which a remarried family must navigate. These challenges are now outlined.

3.4.1 Boundary Clashes

A prominent conflict within stepfamilies is that of boundary disputes (Ganong & Coleman, 1994; Gold, Bubenzer, & West, 1993; McGoldrick & Carter, 1988, 2005; Papernow, 1993; Swenson, 1997; Walsh, 2003b). Boundaries refer to rules within a system or subsystem that
delineate who is in specific relationships, and what tasks, functions and roles are performed within those relationships (Minuchin, 1974). When a stepfamily is formed, it is formed by two previously separate families who are bringing their own histories and way of doing things into the new family unit. When stressors arise, each subsystem reverts to its natural way of doing things, for example, its unique rules and patterns of functioning for day to day life (Papernow, 1993). Various boundary clashes emerge as challenges within a stepfamily.

3.4.1.1 Couple dyad boundaries

The new couple relationship is a potential challenge in a remarried family (Walsh, 2003b). A strong couple bond has been emphasized as vital for having a successful stepfamily (Ganong & Coleman, 1994; Messinger, 1984). A strong couple relationship may serve as a buffer when other family relationships become conflictual (Mills, 1984; Visher & Visher, 1988, 1990, 1996). According to Minuchin’s structural therapy, the marital dyad is also designated as the leader in the family system (Becvar & Becvar, 2003). Biological subsystems will compete with the newly formed couple subsystem for direction with regard to patterns of functioning. Initially, biological subsystems will hold greater strength, however the couple subsystem needs to hold onto the middle ground that brought them together in an effort to strengthen this and use this ground as a bridge to unite the two families (Papernow, 1993).

Various factors can hamper the new couple from unifying as a couple dyad (Ganong & Coleman, 1994; Walsh, 2003b). These factors include children potentially vying to create divisiveness between the couple in the hope to reunite their biological parents, as well as the new spouse feeling insecure as a “second” spouse (Walsh, 2003b). Because ex-spouses may be involved in raising children, this can also contribute towards making it difficult to establish boundaries around the remarriage (Weston & Macklin, 1990). The broader social system may also contribute towards couple fragmentation. These social systems include schools, churches, and legal systems. An example of how social systems may negatively contribute is the perception that only biological parents hold a recognized say for children, leaving stepparents entirely out of the picture regardless of how involved they are with the children (Walsh, 2003b).

Ganong and Coleman (1994) stated that there is little research regarding the process of building a couple bond. The one study that they discuss was a qualitative study conducted by Cissna, Cox and Bochner (1990) which found two tasks to be associated with the development of solidarity of the couple relationship in stepfamilies. The first task was to emphasize to the children that the marriage was of paramount importance to the adults, and spending time together as a couple discussing ways of presenting a unified bond to the children. The second task was to establish the
credibility of the stepparent as parental authority through fostering trust, disciplining fairly, and forming an emotional bond with the children (Cissna, Cox, & Bochner, 1990).

3.4.1.2 Boundaries within the family

Every family member needs their own emotional and physical personal space (Kelley, 1995; Walsh, 2003b). Each person also requires stability and continuity which is often difficult when children are coming and going between households due to custody arrangements (Hetherington, 2003; Walsh, 2003b). The entry and re-entry of children into the household is complex because although it requires physical adjustments, re-entry also brings along the atmosphere of the previous marriage (Messinger, 1984). Recognition of boundaries that previously existed in former households is important. The couple subsystem then needs to decide how to merge the two households and create new boundaries which acknowledges every individual’s needs (Walsh, 2003b).

Although there are triangles in all families, the complex nature of the stepfamily contributes to these triangles often becoming rigid and unproductive (McGoldrick & Carter, 1988, 2005; Walsh, 2003b). An unproductive triangle results when three family members remain stuck in a struggle. One example of an unproductive triangle sometimes present in a remarried family, is when a child is caught between argumentative former spouses. Triangles such as this one are not conducive to healthy relationships with clear boundaries (Walsh, 2003b).

3.4.1.3 Boundaries surrounding the family unit

There is potential for boundary ambiguity with regards to the boundaries surrounding the new family system in what Swenson (1997) refers to as the divorce chain dilemma. When entering remarriage through the path of divorce, the possibility that some children may not reside with the new remarried family due to custody arrangements may exist. A dilemma for the remarried family involves where to draw the boundary around their new family unit, for example, should non-residential children be included and if they are, does this include ex-spouses. A resolution to this dilemma is discussed by Ganong and Coleman (1994) where they emphasized that the remarried couple dyad needs to be strongly established in the minds of the stepchildren thereby creating a sense of solidarity which informs the family boundaries. There is also ambiguity with regards to hierarchy. When a stepfamily is formed, sibling hierarchy is blurred as children may be unsure about where and how they fit into the new stepfamily. For example, a first-born child becomes a middle child in the sibling hierarchy of a remarriage (Pasley, Rhoden, Visher, & Visher, 1996). This ambiguity may produce anxiety for children, or within the new family.
On a societal level, Ganong and Coleman (1997) stated that stepfamilies have been stigmatized in society through a number of ways, for example, through labels, stereotypes, media images and myths. This forms the basis for the societal boundary dilemma discussed by Swenson (1997). The question stepfamilies face is how integrated or on the other hand, private, they should be within society. Integration leads to a recognized identity within society but at the risk of society’s potential disapproval of this identity.

3.4.2 Insiders versus Outsiders

In functional families there are times when each member feels like an insider or an outsider. These positions generally rotate to different family members (Papernow, 1993). In a stepfamily, these positions can get stuck leaving certain members feeling like outsiders (Walsh, 2003b). This is especially true for complex stepfamilies (where both spouses have children) versus simple stepfamilies (where only one spouse has children) (Fine & Schwebel, 1992). An outsider situation could for example develop when a biological parent and child move into the other subsystem’s home. The family into whose home they have moved is able to maintain its usual patterns of functioning and they may lack awareness that these patterns may be foreign to the newcomers (Papernow, 1987; 1993). Although they are able to maintain their usual patterns of functioning, these family members may still feel intruded upon and protective over the status quo of their situation, leaving the newcomers feeling uncomfortable (Walsh, 2003b).

Another variation of the insider-outsider phenomenon could result between children and adults in the new stepfamily. Stepchildren may feel propelled into an outside position as they have now, to some extent, lost their single parent-child relationship. This is difficult for children as it is yet another loss for them (Papernow, 1993). Divorce is already associated with a number of potential losses, for example, loss of friends, familiar school, finance, traditions, and so on (Papernow, 1993; Ruschena, Prior, Sanson, & Smart, 2005). It is imperative for the family members to voice awareness of their roles as either insiders or outsiders and to discuss their feelings and try to create understanding between the family members (Papernow, 1993).

3.4.3 Challenges Relating to the Parental-Child Subsystem

Various authors discuss dilemmas that centre specifically around the parental-child subsystem. These dilemmas are now discussed.

3.4.3.1 Loyalty conflicts

 Firstly, they may feel torn between their biological parents who are now divorced. Also, when remarriage evolves from the death of a spouse, children may feel that the remarriage is a betrayal to their deceased parent (McGoldrick & Carter, 2005; Walsh, 2003b). Another source of loyalty conflict is between parent-child relationships and the new couple relationship. Parents may feel torn between their new partner and their children (Clingempeel, Coylar, & Hetherington, 1994; Pasley, Rhoden, Visher, & Visher, 1996).

Throughout the process of forming a new integrated family, the new family members need to bond emotionally (Swenson, 1997). However, this bonding process could potentially lead to another dilemma. While bonding between a stepparent and child is important for healthy relationships, this strengthening of the stepparent-child relationship may in turn reduce bonding with the child’s non-residential biological parent. The child may also feel torn between bonding with the stepparent versus resisting the stepparent’s attempts at bonding as the child may feel that bonding with the stepparent equals disloyalty to their non-residential biological parent (Erera-Weatherley, 1996; Swenson, 1997).

### 3.4.3.2 Attachment

Differences in attachment are also apparent as the couple experiences the same children differently (Papernow, 1987; 1993). Each adult has a different quality attachment to the children in the family. The one adult is the biological parent while the other is the stepparent. Biological parents are more likely to feel more engaged with, and needed by, their children. The stepparent is more likely (depending on the preremarried history) to feel rejected and ignored by the children in the family. Even in the case of post-bereavement remarriage with children, a deceased parent may hold more emotional connection with a child than the surviving parent (Papernow, 1993).

Differing attitudes can also be held towards the children from the biological parent and the stepparent (Swenson, 1997). The biological parent may perceive the stepparent’s view of the child’s behaviour as too negative, whereas the stepparent tends to view the biological parent’s opinion of the child’s behaviour as overly optimistic (Swenson, 1997). Various authors stated that marital conflict regarding stepchildren contributes towards undermining the stepparent’s authority and counters their chances of playing a contributory role in the development of the stepchild (Bray, 1999; Hetherington, Henderson, & Reiss, 1999; Hetherington & Jodl, 1994).

As mentioned previously in 3.4.3.1, it is important for stepparents and children to bond. However, while the stepparent and child are trying to bond, this can also potentially lead to what Swenson (1997) labels the intergenerational dilemma. While the process of forming an attachment between stepparent and child is crucial, if this becomes too intense there is the risk that sexual intergenerational boundaries may be violated. McGoldrick and Carter (1988; 2005) discussed this
problem as prominent for stepfamilies with adolescents. There is the potential problem that there may be sexual attraction between the stepparent and stepchild or even between stepsiblings, particularly at this stage of development. This type of problem could possibly add to society’s perception of the stepfamily as deviant or deficient as compared to nuclear families.

A further problem pertaining specifically to adolescents and bonding within a stepfamily is the competing developmental needs between the adolescent and the newly formed stepfamily (McGoldrick & Carter, 1988, 2005; Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1979). According to Erikson’s theory of lifespan development (1963), the average age of the participants falls into the stage of identity versus role confusion (Craig, 1996). The primary task during this stage is to form one’s identity. The conditions that foster this process are stability and continuity (Craig, 1996). While this complicated time of forming one’s individuality and sexual identity is confusing in nuclear families, being part of a stepfamily during this stage may add the additional pressure of coping in a family structure that is in the process of finding its stability. It is during this time that an adolescent begins to establish roles separate from the family, and their autonomy and independence is an important consideration. However, this process may be complicated if a stepfamily is formed during this time as the new stepfamily may attempt to establish a sense of family cohesiveness, requiring participation of the adolescent (Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1979). However, the adolescent, due to their stage of development, may be attempting to loosen the emotional ties with the family and create their own identity (Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1979). One may surmise that this could possibly complicate this stage of development for these adolescents, as well as add a challenge to the stepfamily who is trying to create its new identity.

3.4.4 Differences in Family Culture

Another challenge postulated by researchers is differences in family culture (Papernow, 1987, 1993; Swenson, 1997). Differences in culture refer to differences in the comfortable norms and habits, and familiar rhythms that families develop. The joining of two families now poses the difficult task of meeting at a point where both of these rhythms are acknowledged and understood, but at the same time are adjusted and blended to create a new rhythm. A compounding factor to this process is family members’ pronounced need for stability as a result of the uncertain and difficult period of loss which they have endured on the path to the formation of the remarried family (Papernow, 1993).

Because the remarried family is often a result of three stressors (separation, divorce, and remarriage), the family members need to find a balance between learning lessons from these crises and resolving these losses so as to make room for the new family unit. Finding this balance
involves a process of adjustment. A lack of adjustment culminates in a crisis for the family, whereas total adjustment too quickly may lack integrity (Swenson, 1997).

On a societal level, while there are a variety of norms for first marriage families to draw upon from society, guidelines for remarried families are rare. As various terms for the remarried family was demonstrated in section 3.2, Swenson (1997) also again noted that there is a lack of appropriate terms for parents in remarriages which can result in negativity amongst the remarried family. Pasley (1993) explained that a way to resolve this dilemma is by encouraging the two families to learn the history and norms of each of their families. In this way they can combine the two and create a new structure and system that is agreeable to both combining families (Swenson, 1997).

3.4.5 Power and Equality Issues

Power struggles are also amplified within stepfamilies (Walsh, 2003b). Power struggles can originate from various family members. Women may have discovered their independence and ability to take care of themselves prior to the remarriage and may be wary of sharing this newly discovered power with a spouse out of fear of becoming disempowered. As a result, these women may seek out relationships where they have more power (Burgoyne & Morrison, 1997; Walsh, 2003b). Evidence has shown that remarried women hold more power in remarriages due to men relinquishing power or because women take on the role of decision maker (Ganong & Coleman, 1994).

Men, who transition into remarriage from divorce, may also feel contempt for having to financially support their previous family. Finances can become a burden in having to support two families, and may also be used as a tool in power struggles (Walsh, 2003b).

Children and adolescents can also pit adults against each other in an attempt to gain control (McGoldrick & Carter, 1988; Walsh, 2003b). Though this happens to some degree in first-marriage families, it may be more pronounced in remarried families that have evolved from divorce situations. Two sets of hostile parents can complicate power struggles and give children opportunity to wield control. An example is a child threatening to move out of the current household to their other biological parent (Walsh, 2003b). This also leads to loyalty conflicts.

3.4.6 Family Life Cycle Challenges

Another important aspect to note is the family life cycles or lifespan of the families that are combining to form the new remarried family unit (McGoldrick & Carter, 1988, 2005; Swenson, 1997). A large discrepancy between family life cycles can complicate the transition into remarriage, while spouses at the same life cycle phase have the advantage of facing the same life
cycle tasks and generally bringing the same previous experience into their new family (McGoldrick & Carter, 1988; 2005).

Another aspect to consider is individual family member’s lifespan development. The developmental psychosocial tasks pertaining to adolescents, together with how these can complicate the process of forming a cohesive stepfamily, have already been discussed in section 3.4.3.2. One might also consider the adults’ stage of development.

Erikson (1963) proposed that middle adulthood spans the ages of 25 to 64. This would place the adult sample of this study in the middle adulthood bracket. The task during middle adulthood is that of generativity versus stagnation (Craig, 1996). It is during this stage that men and women direct their attention more to helping those around them. However, this is dependent on the resolution of the earlier conflicts. The stage prior to this one is early adulthood, where the task is intimacy versus isolation (Craig, 1996). This stage centres around developing intimacy with another while retaining one’s own identity. Although according to age, the sample falls into the middle adulthood category, because this is a subsequent marriage, they may be revisiting the task of early adulthood.

3.4.7 Summary and Conclusions

A stepfamily has various dilemmas and challenges it needs to resolve on its journey to forming an integrated stepfamily unit. These include boundary clashes, family members feeling like outsiders, challenges pertaining to the parental-child subsystem, differences in family culture, power and equality issues, and challenges pertaining to the family’s family life cycles. In conclusion, a stepfamily is thus different from the context of a first marriage, and faces unique developmental tasks and challenges that are different to those faced by biological families (Papernow, 1993; Swenson, 1997). A developmental map can be beneficial in both normalizing and facilitating greater understanding of some of these predictable tasks and challenges (Papernow, 1984; 1993).

Various models of stepfamily development have been proposed (McGoldrick & Carter, 1989; Mills, 1984; Papernow, 1984, 1988, 1993). Mills (1984) proposed how stepfamilies could develop into a functional family by outlining requirements for a developmental model of stepfamilies (Ganong & Coleman, 1994). McGoldrick and Carter’s model (1988) was based on an earlier model by Ransom, Schlesinger and Derdeyn (1979). McGoldrick and Carter’s model emphasized resolving preremarriage issues of divorce and prior marriage before confronting stepfamily issues. These authors outlined tasks for family members as well as predictors of difficulty in forming a remarried family (Ganong & Coleman, 1994). The model that will be used to conceptualize stepfamily development for this research is a developmental model. This model is known as The Stepfamily Cycle, and was proposed by Papernow (1984; 1988; 1993). This author’s work is

3.5 A Developmental Model: The Stepfamily Cycle

Papernow (1984; 1988; 1993) developed ‘The Stepfamily Cycle’, a developmental model based on Gestalt psychology and family systems theory that describes individual as well as systemic dimensions and changes in stepfamily integration. According to Visher and Visher (1996), the validity of these stages is clearly evident by the fact that the stepfamilies that these authors have researched have strongly identified with these stages. The model describes seven stages of development: (a) Fantasy, (b) Immersion, (c) Awareness, (d) Mobilization, (e) Action, (f) Contact, and (g) Resolution (Ganong & Coleman, 1994; Papernow, 1984, 1988, 1993; Visher & Visher, 1988, 1996; Walsh, 2003b). These seven stages are divided into three early stages, two middle stages, and two later stages. During the early stages (Fantasy, Immersion, Awareness) the family remains delineated along biological lines. In the middle stages (Mobilization and Action) tensions become increasingly heightened. It is especially during this period that couples divorce (Walsh, 2003b). The last stages (Contact and Resolution) are marked by recognition for the stepfamily as a unit. Growing authentic relationships, stability and an ability to function without being aware of stepfamily issues are characteristic of this final stage. These stages involve a process that takes time. Following is a detailed explanation of these seven stages.

3.5.1 The Early Stages

The three early stages begin with Fantasy. Stepfamily members bring with them into the remarriage a myriad of positive fantasies, wishes, hopes, desires and expectations (Papernow, 1984, 1987, 1988, 1993; Visher & Visher, 1979, 1988, 1996). As positive and well-intentioned as these are, these fantasies are often unrealistic and have been created by past family experiences, lack of information about remarried relationships, as well as cultural and personal beliefs. The purpose of these fantasies is to ease the pain of previous loss; however these fantasies tend to become unvoiced burdens that members carry hindering them from moving forward. Adult and children’s fantasies differ. While adults’ fantasies evolve around creating something new from previous pain, children’s wishes centre around their biological parents reuniting, or fear of disloyalty to a biological parent through growing close to the stepparent. A few examples of adults’ fantasies include: stepparents and children loving each other with the same depth experienced by biological parents and children; the new spouse doing a better job than the previous spouse; and being able to
parent without full responsibility of biological parenthood (Papernow, 1984; 1987; 1988; 1993). As fantasies clash with reality, so members transition into the Immersion stage.

This stage is characterized by confusion as to why reality is not matching their fantasies. Family members begin to feel an overwhelming sense that something is wrong but they may be unable to exactly pinpoint the cause of these feelings. Experiences differ greatly between “insiders” and “outsiders” and misunderstandings are frequent, leading to negative or ambivalent feelings for family members. The task during this stage is to struggle through this until family members begin to articulate their feelings and experiences to each other (Ganong & Coleman, 1994; Papernow, 1988, 1993). This stage leads to what Papernow (1984; 1993) considers the most important stage in The Stepfamily Cycle – the Awareness stage – as it forms the foundation for the beginnings of making joint decisions in the Middle Stages.

Papernow (1993) referred to the task of the Awareness stage as “mapping the territory” (p. 118). This involves exploring and gathering information about the position one holds in the family as well as the position that others hold. This stage involves two tasks: the individual task of becoming familiar with one’s own territory, and the joint task of reaching into other’s territory to begin forming a good enough picture of their position. This means that family members begin to get to know each other without the fantasies. As they begin to do this they learn each other’s rules, rituals, assumptions, and histories and in doing so, members begin to understand each other’s feelings and needs. The outsiders in the family also begin to recognize the biological alliances and begin to articulate these and ask for what they need. As this is done, middle ground begins to form (Papernow, 1984; 1988; 1993). Papernow (1987) explained that understanding the concept of middle ground is crucial to understanding stepfamilies. Middle ground is defined as, “an area of shared experience, shared values, and easy cooperative functioning, created over time” (Papernow, 1987, p. 631). Papernow (1993) explained that family members may be in the Awareness stage about one issue but remain in a premature stage about another issue. It is also possible to move back and forth between various stages. As family members begin to find middle ground and begin to know each other better, they may begin proceeding to the Middle Stages.

3.5.2 The Middle Stages

The tasks of the Middle Stages (Mobilization and Action) are systemic, meaning that the changes that are made change the family structure. As they enter the Middle Stages, family members have abandoned their previously held fantasies and are now clearer about their needs; however the family’s structure still remains delineated along biological lines. The task here is to allow for expression of needs that brings about change, without the destruction of the precocious middle ground that the family has started to create (Papernow, 1984; 1988; 1993).
In the Action stage, the task is to define the middle ground that is being built in order to begin functioning as a team. In this way new step subsystems with clear boundaries can be created. The stepparent is often the agent of change during this stage as they now fight to gain entrance into the biological subsystem. On the other hand, the biological parent and children fight to retain some familiarity. Finding middle ground between these conflicts is imperative for forming a stepfamily that functions efficiently (Papernow, 1984; 1988; 1993). Another characteristic of this stage is that the biological parent begins to move out of the “go-between” role that they often play between their children and their new spouse. Now that stepparents and stepchildren know each other better (from the previous Early Stages), they are able to deal more directly with each other, facilitating the process of stepparents taking more of an insider role versus their previously held outsider role (Papernow, 1984; 1988; 1993).

Although the Mobilization stage is often characterized by what might appear to be trivial stressful conflicts (e.g., where the milk should be placed), these conflicts are constructive as the family is in essence making changes regarding how the family will function in the future (Ganong & Coleman, 1994). Papernow (1993) aptly subtitled the Action stage “going into business together” (p. 171). This stage marks the end of the uphill struggle of stepfamily development and by the end of this stage the family exits with a sense of accomplishment, mastery and shared common expectations. During this stage the family reorganizes its structure to create common ground and strengthen the middle ground between them (Papernow, 1984; 1988; 1993).

Reorganization is done by making joint decisions about how the family functions, for example, creating new rituals, customs and boundaries. While the family preserves some of the biological subsystem’s familiarity, it also incorporates new aspects of the stepfamily. Integrating familiar routines with new ones culminates in a respect for both “the insider system’s need for stability and the outsider’s need for change” (Papernow, 1993, p. 173). The new stepfamily now begins to form a unique identity separate from the old family, and stepsiblings also begin to relate to each other separate from their parents, which is indicative of new subsystems (Papernow, 1993). This development of new and more comfortable stepfamily relationships marks the entrance into the last stages.

3.5.3 The Later Stages

The last two stages in Papernow’s Stepfamily Cycle are the Contact and Resolution stages. Papernow (1993) subtitled the later stages “solidifying the stepfamily” (p. 197). Although new step issues will continue to evolve, the stepfamily now faces these issues within the context of solid family relationships. Papernow (1993) stated that the family has “become whole” (p. 198). During the Contact stage, the remarried couple relationship becomes a safe haven of intimacy, support and
comfort, as they begin to problem solve as a team (Papernow, 1984; 1988; 1993). This sense of intimacy flows into stepparent-stepchild relationships as well. It is in this stage that stepparents form a unique stepparent role within the family. The content of stepparent roles are unique to each individual, however, Papernow (1988; 1993) suggested six qualities that denote success in these roles. These qualities are as follows:

- the stepparent role does not compete with the parental role of the same-sex parent;
- the role requires support from the biological parent spouse;
- the differences that were previously threatening in the early stages now seem to form the foundation for the stepparent’s unique role in the family;
- the role observes an intergenerational boundary;
- the role is mutually agreed upon by parents and children; and
- the stepparent role takes on the form of an “intimate outsider” position where there is more emotional distance than that of the biological parent.

The stepparent role becomes more defined and grounded as the final stage of Resolution is entered into. During this last stage the stepfamily now has a clearly defined identity. Although the stepfamily still faces challenges and dilemmas, the family system is no longer threatened by these as the family now has norms in place and have begun to create a history together. Papernow (1988; 1993) stated that one of the most significant features of this stage is solidarity and support in the couple relationship. Although it is expected that biological relationships remain somewhat closer, the couple relationship is not threatened by this. The couple may even consider having children during this stage. Although this stage is characterized by family well-being, the Resolution stage is simultaneously a time of grieving. This involves grieving for the previous fantasies of what could have been, as well as grieving and letting go each time children leave in accordance with custody arrangements. A study conducted by Pill (1990) on normal stepfamily functioning, found that stepfamilies score much lower on scales of cohesion and higher on scales of adaptability. Although a higher level of cohesion may be considered traditionally “healthier” in the traditional nuclear family, Pill (1990) found that stepfamilies with lower cohesion are actually satisfied and are functioning well. Papernow (1993) explained that this study gives us some picture of what a well-functioning stepfamily in the Resolution stage looks like.

Berger (1995) called for stepfamilies to be viewed with greater differentiation as opposed to being viewed from a generalized approach. Other researchers have agreed that while there is a need to classify traditional nuclear families on more than one dimension, there is an even greater need to do so with stepfamilies due to their complicated nature (Olson, Sprenkle, & Russel, 1979). However, typologies of stepfamilies are scarce (Berger, 1995). Papernow (1993) expanded on The Stepfamily Cycle to include four types of stepfamilies. Berger (1995) also denoted three additional
family typologies based on psychosocial and demographic features. These seven family types are now discussed.

3.6 Types of Stepfamilies

Papernow’s (1993) four stepfamily types are distinguished according to their features and by the time it takes for them to move through this developmental cycle. These four types are (a) the Aware Family (b) the Immersed Family (c) the Mobilized Family, and (d) the Action Family.

3.6.1 The Aware Family

The first family type discussed by Papernow (1993) is the Aware Family. This type of family moves very quickly (i.e. about four years) through the whole Stepfamily Cycle. Advantages of this type of family is that members hold realistic expectations of the stepfamily, possess good communication skills, and come to their new stepfamily with few personal complicating psychodynamic issues. This enables the family to move fairly quickly through the first two stages directly to the Awareness Stage. Usually Aware Families will spend approximately a year or two in the early stages of the Stepfamily Cycle with their focus on the tasks of the Awareness Stage. Here the family members are able to identify and articulate their experiences and feelings and begin to get to know each other. Papernow (1993) stated that often there is a highly empathic biological parent in this type of family who is able to listen and understand “outsiders’” feelings without becoming defensive or judgemental. Stepparents also use the good sense of trying to get to know their stepchildren slowly, which adds to an ease of movement through the Stepfamily Cycle (Papernow, 1993).

3.6.2 The Immersed Family

The second type of family proposed by Papernow (1993) is the Immersed Family. As indicated by its name, most of the time is spent in the Immersion Stage. A successful Immersed Family takes approximately seven years to navigate through the Stepfamily Cycle. This type of family brings with it complicating factors such as strong fantasies, and psychodynamic issues from their family of origin. One such fantasy includes the belief that the new family can function exactly the same as a first-time married family. Characteristic of this stage is members blaming themselves for what is happening and not voicing their feelings or needs. Papernow (1993) stated that it is usually only a “last straw” type conflict that finally enables the “outsider” stepparent to voice their convictions and this propels the family into the next stage of Mobilization.
3.6.3 The Mobilized Family

The next type of family is the Mobilized Family (Papernow, 1993). Whereas in the Immersed family, family members did not voice their needs, the opposite is true of this type of family. Here members openly view their opinions and differences from the start. They are aware of their own needs and feelings yet do not look at the whole system’s needs. There may be limited understanding and empathy for others and the family atmosphere is often conflict laden. This family type needs to move backwards into the previous stage of Awareness before they are able to progress. Successful Mobilized Families are able to reach the Resolution Stage of the Stepfamily Cycle in approximately five to seven years. However, detrimental conflict styles and psychodynamic issues can complicate this process. Families who are unsuccessful are destroyed through severe conflict (Papernow, 1993).

3.6.4 The Action Family

The last type of stepfamily discussed by Papernow (1993) is the Action Family. This type of family is characterized by the remarried couple solidifying and deciding upon all the new rules and rituals together. Children are often excluded from this process as the stepparent is often domineering and the biological parent tends to be more submissive. Although the new couple is eager to begin their new family, children’s needs are not heard. Often where the biological parent has died, was abusive, or has abandoned the family, the new stepfamily attempts to continue as if the parent never existed. This, however, makes it tremendously difficult for the children. Papernow (1993) stated that it is usually this type of family where the child will enter the mental health system as the identified patient. Action Families who are successful learn to slow down and return to the Awareness Stage in order to complete the tasks they did not attend to in the beginning.

Berger’s research revealed three stepfamily typologies which are based on various dimensions. These dimensions are: past orientation, i.e., how families refer to preremarriage relationships and memories; acceptance/rejection of difference, i.e., how the family perceives itself as similar to or different from other types of families, especially the traditional nuclear family; and focal sub-system, i.e., which subsystem is dominant within the stepfamily. While Berger (1995) differentiated between three stepfamily types, it is noted that none were found to have a superior level of satisfaction or functioning to the others. Berger’s (1995) three typologies are (a) Integrated Families (b) Invented Families, and (c) Imported Families. Following is a brief description of Berger’s stepfamily types.
3.6.5 The Integrated Family

The first type is the Integrated Family. This type of family is able to bring together both old and new opinions and perspectives in terms of their past orientation. Their primary goal for remarriage is the spousal relationship, as children in this type of family are mostly adolescents or young adults who are getting ready to leave the family. The focus in this family is the marital dyad and forming a solid bond (Berger, 1995).

3.6.6 The Invented Family

The second type of stepfamily is the Invented Family. Families in this category score below average on past orientation and acceptance of differences. Their key subsystem is the parental subsystem. This type of family is exceptionally future-orientated, to the extent that the past is almost denied. Berger (1995) stated that this family is perceived by its members as “the Real family” (p. 40). The goal of the couple subsystem is to create a new family and raising children together is important. Both spouses enter this type of family generally early on in their life cycles.

3.6.7 The Imported Family

The final family type is the Imported Family. This type of family is the opposite to the previous type as these family members focus on the continuity of the old family instead of the creation of a new family unit (Berger, 1995). There is little acknowledgement that things have indeed changed. These families score below average on past orientation and acceptance of difference. Their main subsystem is also the couple subsystem. Berger (1995) aptly described this family by explaining that, “The current family functions as a substitute of the original family, components of which are imported into the present, as if the unit remained the same, except some of the players have changed…” (p. 42).

In conclusion, having various typologies of stepfamilies is indicative that there is more than one way to be a well-adjusted, functional stepfamily (Berger, 1995). On the road towards becoming a functional stepfamily, family members experience various problems. These are now briefly discussed.

3.7 The Journey Towards a Functional Stepfamily

While the family is transitioning, family members react in different ways. Subsequent to divorce or remarriage, most children experience emotional distress and behaviour problems as they strive to cope with the confusion and uncertainty of their changing situation (Hetherington, 2003). These responses diminish in the third to fifth year following remarriage (Hetherington & Stanley-Hagan, 2002).
Although stepfamilies may journey through various stages to reach more meaningful relationships, there may be long-term effects on children as a result of their parents’ marital transitions. Research has revealed that children from divorced and remarried families experience more adjustment problems than children from non-divorced families (McConnell, 2000). Effects may be evident during adolescence and young adulthood, as research shows that adolescents originally from divorced and remarried families function less effectively than those from non-divorced families (Hetherington, 2003).

Adulthood may also be marked by a higher divorce rate, as well as lower life satisfaction and general well-being (Hetherington, 1999; Hetherington & Elmore, 2002; Hetherington & Kelly, 2002). However, despite the many stressors and problems that stepfamilies have to confront, many families benefit from their new family structure and show marked resiliency and ability to cope (Hetherington, 2003). A successful stepfamily is one that is able to deal with challenges so that the family feels content and generally happy (Visher & Visher, 1990, 1996). There are a number of characteristics that have been identified as contributing towards making a stepfamily successful (Visher & Visher, 1990; 1996). These characteristics are now discussed.

3.8 Characteristics that Contribute Towards a Successful Stepfamily

Although research exploring what makes stepfamilies successful is in its early stages, characteristics contributing towards successful stepfamily life are emerging (Walsh, 2003b). Successful stepfamilies are defined as “those which have dealt effectively with the challenges so that a majority of those in the household are generally satisfied with their new family constellation” (Visher & Visher, 1990, p. 5). Following is an overview of these characteristics according to various authors.

3.8.1 Realistic Expectations

Stepfamily members need to hold realistic expectations that the stepfamily will be different from the first marriage (Messinger, 1984; Visher & Visher, 1979, 1990, 1996; Walsh, 2003b). There needs to be recognition that adjustment and love take time to develop (Messinger, 1984; Pasley, Rhoden, Visher, & Visher, 1996; Visher, Visher, & Pasley, 1997; Walsh, 2003b). There are various aspects that make a stepfamily different. These aspects include: a variation of family life cycles of the two joining families; family members bringing their previous family patterns into the new family; parent/child relationships preceding the couple relationship; having a biological parent living in another household – or in a child’s memory; having children moving between households according to custody arrangements; and having stepparents who have a limited legal relationship with stepchildren (Visher & Visher, 1990). As previously discussed in the Stepfamily Cycle
(Papernow, 1984; 1988; 1993), when families try and replicate a nuclear family, it leads to conflict. Successful stepfamilies are those who appreciate the differences and are aware that integration and adjustment is a process that takes time (Visher & Visher, 1990).

3.8.2 Previous Losses are Grieved

An important step towards creating a successful stepfamily is a readiness to move forward into stepfamily life (Visher & Visher, 1990). This readiness results from mourning previous relationship losses and letting go of the past (Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1988, 1990; Walsh, 2003b). Visher and Visher provided the following examples of losses:

- where a spouse has sought a divorce they may experience the loss of a dream for a successful marriage, or
- a person who has never been married enters a stepfamily and now needs to give up their expectations for a different marriage where they did not need to adjust to stepchildren or an ex-spouse.

Having contact with, and support from others dealing with similar circumstances, as well as maintaining extended family bonds, aids both adults and children in moving forward (Visher & Visher, 1990; Walsh, 2003b).

3.8.3 Strong Couple Bond

Another key towards success is having a strong unified couple to lead the family (Ganong & Coleman, 1994; Papernow, 1984, 1987; Visher & Visher, 1988, 1990, 1996; Walsh, 2003b). Commitment is defined as “a desire to maintain something” (Swenson, 1997, p. 170). Commitment levels may be hampered in remarried families by unclear definitions in society of this type of family unit, as well as uncertainty about roles and norms (Swenson, 1997). It is therefore important for the married couple to have time to nurture their relationship so they are able to work well together in leading the family. Often adults may struggle to trust again or feel guilty about dividing their time between their children and spouse. However, children gain a sense of safety from the stability of a solid couple unit (Visher & Visher, 1990). A strong couple bond also aids in reducing children’s anxiety about the possibility of another parental break-up, and creates an environment conducive to supportive step relationships (Walsh, 2003b).

3.8.4 Rituals

Establishing constructive rituals also contributes towards a well-functioning family as making happy memories together feeds into developing good relationships, thus promoting satisfying and close relationships (Kelley, 1995; Visher & Visher, 1990, 1996; Walsh, 1998). Walsh (1998) stated
that rituals and routines, such as having dinner together as a family, create a sense of continuity which adds to the stability of the family. While structure does provide a sense of stability, the ability to adapt is also crucial to family functioning, especially in times of crisis or life transitions. Flexibility, defined as “the capacity to change when necessary” is a process that Walsh discussed as aiding family resilience (Walsh, 1998, p. 81). In a study conducted by Kelley (1995) it was noted that flexibility was the word heard most frequently by stepfamilies when discussing what was important in helping them. Pill (1990) also discussed the key role that adaptability plays in a functional stepfamily. There needs to be a balance between predictable structure and being able to adjust that structure when change becomes necessary (Walsh, 1998).

Throughout this process, family members need to accept that satisfactory step relationships need to be given time to form and should not be expected to form automatically. When a family becomes a remarried family it can also help to try and maintain some original routines or traditions, such as Sunday brunch together, in order to bring a sense of continuity (Walsh, 1998). Flexibility and creativity contributes towards success as the two merging families can think of creative ways to combine previously gained traditions and rituals into new workable ones for their new family unit (Visher & Visher, 1990, 1996). Having set times when children will see their noncustodial parent helps children feel loved and cared for which helps them adjust after divorce (Walsh, 1998). It is especially during these times of crisis and change that a balance between stability and change is of paramount importance for the family to remain resilient (Walsh, 1998).

3.8.5 Satisfactory Step Relationships

The formation of satisfying step relationships is another ingredient necessary for stepfamily success (Visher & Visher, 1988, 1990, 1996; Walsh, 2003b). This requires stepparents easing slowly into the family (Bray & Kelly, 1998; Hetherington, 2003; Visher & Visher, 1990; 1996). Cohesion is a factor discussed by Swenson that promotes well-adjusted stepfamilies (1997). Cohesion refers to how close family members feel to each other (Pill, 1990; Swenson, 1997). Walsh (1998) used the term connectedness to describe cohesion. Communication is a key ingredient for family members to build close relationships for efficient family functioning (Kelley, 1995; Swenson, 1997). While family members are aware of how each other communicate within first marriage families, these processes are new in a stepfamily and need to be learnt and understood (Swenson, 1997). Although close relationships are highlighted by these authors as an important ingredient for stepfamily success, there is also agreement that successful stepfamilies are less cohesive than first-marriage families (Coleman, Ganong, & Fine, 2000). What is important, is a balance between acknowledging individuals’ autonomy, and collaborating together for support.
Family members need to know that in difficult times they can turn to each other for support when they need to and that they will be responded to with empathy and understanding (Walsh, 1998).

There are various strategies used by stepparents to develop close relationships with stepchildren. These strategies are labelled by Ganong, Coleman, Fine, & Martin (1999) as “affinity-seeking” strategies which they define as “active processes that are intentionally performed by people in efforts to get others to like them and to feel positive toward them” (p. 301). Once these relationships have been developed, “affinity-maintaining” strategies may be used to ensure continuity of the close relationship (Ganong, Coleman, Fine, & Martin, 1999, p. 301).

Research conducted by Ganong, Coleman, Fine and Martin (1999) revealed that the activities that stepparents engage in most often with their stepchildren as affinity seeking strategies are:

- doing fun things together as a family, for e.g., going to the movies, going on holiday;
- playing games together and laughing;
- nonverbal expressions of affection, for example, hugs, pats on the back;
- talking with one another;
- financial expenditure for items desired by stepchildren; and
- stepparents teaching stepchildren things.

Other activities that were also engaged in were: advocating for the stepchild, for example, siding with the stepchild in conflict with the biological parent; making them feel like family, for example, buying them things, and connecting them with extended family thus making them feel like they belong to the family.

Ganong, Coleman, Fine and Martin (1999) also identified behaviours that stepchildren engaged in as affinity-seeking. These behaviours included:

- nonverbal and verbal expressions of affection;
- making an effort to get to know the stepparent;
- having fun together; and
- doing thoughtful things for stepparents.

Ganong, Coleman, Fine and Martin (1999) noted that the stepchildren who tried to grow close to stepparents did so in response to their stepparent’s active attempts to get them to like them. Other factors that promote close relationships are respect and liking the other person, good communication, building trust, and a sense of humour (Visher & Visher, 1996).

Stepparents can also take a variety of roles other than “parent”, such as companion or confidante, which become mutually beneficial and satisfactory relationships (Bray & Kelly, 1998; Erera-Weatherly, 1996; Kelley, 1995; Mills, 1984; Visher & Visher, 1988, 1990, 1996; Walsh, 2003b).
3.8.6 Co-operation of Separate Households

A characteristic that contributes to successful stepfamily life is that separate households, such as biological parents and step-parents cooperate (Visher & Visher, 1988, 1990, 1996; Walsh, 2003b). Parents from different households need to work co-operatively in the raising of their children. These healthy parental coalitions result in healthy boundaries and children experiencing fewer loyalty conflicts (Visher & Visher, 1990).

These healthy boundaries contribute towards enabling children to move more easily between households (Visher & Visher, 1990). Swenson (1997) also discussed boundaries as important for maintenance of family functioning. This author described three types of boundaries. The first are external boundaries which represent differentiation from the suprasystem in order to protect the family’s privacy. The second are intergenerational boundaries which represent boundaries between subsystems within the family, for example, behaviours normal to one subsystem (parental) do not extend into other subsystems (child-sibling subsystem). Swenson (1997) emphasized the importance of this especially in regard to sexual relationships. The third type of boundary is unique to the remarried family and is the interhousehold boundary (Swenson, 1997). This third type can be more specifically related to co-operation of households. This type of boundary arises because of ex-spouses still being in contact with the new stepfamily due to children. A boundary of who is in and who is out of the family is necessary in order to maintain a sense of family identity (Swenson, 1997).

3.8.7 Social and Economic Resources

Tapping into extended family, friends and the community as a resource aids family functioning and resilience (Kelley, 1995; Walsh, 1998). Walsh (1998) listed the multiple benefits of these resources: “Extended kin and social networks provide both practical assistance and vital community connection. They provide information, concrete services, support, companionship, and respite. They also promote a sense of security and solidarity” (p. 98). Engaging in religious and community activities also contributes towards family and individual well-being (Walsh, 1998). Hetherington (2003) specifically highlighted the crucial role that relationships play in the adjustment of children in divorced and remarried families. It is especially during adolescence that extra-familial relationships, such as friends and schools, play a vital role in children’s adjustment to these family transitions (Hetherington, 1989; 2003).

It is also imperative to note that difficulties are not only caused from family dynamics, but also from a pileup of other problems such as financial concerns that place an additional strain on the family’s ability to adjust. For this reason, financial resources should also be considered when considering family resilience (Walsh, 1998).
As stepfamilies face different challenges to other types of family structures, it is imperative to become aware of their unique dilemmas as well as their strengths. This knowledge contributes to normalizing developmental processes and provides valuable insight into helping these families draw out their strengths. Following is a review of previous research that has focussed on stepfamilies.

3.9 Stepfamily Research Review

With regards to stepfamily research, international research is more prevalent than South African research in this area. Following is an overview of both international and South African stepfamily research.

3.9.1 International Stepfamily Research

International research has generally focussed on three types of remarried families: families where the wife has children in the house, families where the husband has children in the house, and families where there is a mutual child (Walsh, 2003b). The last five years of international stepfamily research predominantly took a pathogenic stance. The majority of the research has examined the effect of family structure on children and adolescents.

3.9.1.1 Research primarily of a pathogenic nature

Research primarily with a pathogenic approach includes the following. Randall (2002) examined the impact of family transitions (separation, divorce, and remarriage) on adolescents in relation to the separation-individuation process compared to those from intact family structures. Because the majority of participants were from intact family structures, this limited the diversity among research participants for this study. However, it was noted in the study that participants from intact and remarried families experienced fewer problems in the separation-individuation process than participants from transitioned family structures. A study conducted by Rostine (2001) examined the effects of family structure on elementary student achievement. The variables that were taken into account included academic achievement, behavioural conduct, and attendance rates. Significant differences were found in behavioural conduct of boys from non-traditional families. A study that found both significant differences for both boys and girls examined the relationship among age, sex, parenting, and children’s mental health outcomes in remarried and intact families (Owen, 2000). Interestingly, the child’s age was found to be a moderator of the relationship between family type and children's outcomes. Findings of this study indicated that girls in remarried families were showing levels of externalizing similar to boys and levels of internalizing greater than boys in remarried families. A study that obtained results contradictory to this study investigated the effects of family type on the developmental trajectories of internalizing and externalizing behaviour
in children and adolescents (McConnell, 2000). The hypothesis for this study was that children from remarried and divorced families exhibited more internalizing and externalizing behaviour than children from intact family structures. Findings of this study indicated that as time after remarriage increases, so children (both boys and girls) from stepfamilies show decreases in internalizing and externalizing behaviour. However, it was noted that boys exhibited more internalizing and externalizing than girls.

3.9.1.2 Research comprising both pathogenic and positive aspects

There has also been research that comprised both problem-oriented and positive components. These studies are outlined in this section.

Gordon (2003) investigated the long term psychological and behavioural adjustment of young adults with remarried parents. The primary aim of this study falls within a problem-oriented framework, however, a secondary focus of the study comprised a more positive component as it evaluated underlying family and individual processes (e.g. coping style, social support) that assist in stepfamily adjustment. This study concluded that divorce and remarriage are significant factors in placing an individual at risk for some long-term psychological and behavioural problems. The most prominent of these was increased levels of substance use. Differences were also found between males and females. While females from stepfamilies were found to have an increased risk for depression as opposed to those from divorced un-remarried families, males from stepfamilies demonstrated less antisocial behaviour. Protective factors were noted with high levels of perceived social support, family cohesiveness, problem-solving coping, and perceptions of biological parents as caring, especially fathers in the case of females.

Another research study that also looked at both positive and negative effects was that of Schimming (2000), which aimed to delineate unfavourable and favourable outcomes of parentification within non-traditional family structures (intact families, remarried families, and families involving a live-in boyfriend). However, this study concluded that there was no significant effect for family type on adolescents' psychosocial functioning from the three family types.

3.9.1.3 Research grounded within a positive psychology paradigm

Research over the last five years that is rooted within a positive psychology paradigm is scarce. A longitudinal study conducted by Ludwig (2000) examined levels of cohesion associated with positive stepfamily outcomes. The aim was to examine the relationship between cohesion and family happiness, and to identify whether the quality of step relationships was associated with cohesion and its potential changes over time. The results concluded that well functioning or happy stepfamilies can have low levels of cohesion. While stepfamilies with an adolescent indicated lower
levels of cohesion, the quality of the step relationships is significantly related to overall stepfamily cohesion and happiness.

3.9.1.4 Research aimed at theory development

A study conducted by McCanus-Gay (2002) was aimed at creating a unique stepfamily paradigm which would theoretically guide the process of forming a remarried family. This aim was based on the premise that most stepfamilies resolve to looking at models of the traditional nuclear family for direction in the path to forming a remarried family. However, this is frustrating due to the different challenges that these family forms face. The results of this study aided the researcher to create a process that a stepfamily undergoes in forming a remarried family. These phases included the six stages of Anticipation, Civility, Discord, Resistance, Accommodation, and Harmony.

3.9.2 South African Stepfamily Research

In a South African context, investigating resilience from a family perspective is relatively recent. Published resilience research is limited to Der Kinderen and Greeff (2003); Greeff and Human (2004); and Greeff and van der Merwe (2004). South African research focussing on stepfamily research over the last decade is scarce. Following is an overview of what research has been conducted.

Attachment in stepfamilies with children in middle childhood was investigated by Corrie (2003). This author used a qualitative and quantitative approach. The key findings of the study revealed that although stepfamily members considered their families to be attached, there were various factors that influenced attachment. These factors included the stepparent-stepchild relationship, the length of marriage, and unrealistic expectations – all of which negatively influenced attachment. It was indicated that the child’s willingness to participate in this process of forming an attachment, was influential.

Coming from a postmodern, social constructionist approach, Amoore (1997) conducted research aimed at exploring dominant stepfamily narratives. This researcher noted that stepfamily narratives are influenced from various sources, such as the media, which may shape the stepfamily’s experience. This research focused on providing the opportunity for two families to describe their experiences, thus allowing the researcher to highlight implications for this approach to research.

In the previous five years, research focussed on the stepfather as sexual molester (Steyn, 1994), taking a more pathogenic stance. This study employed a qualitative approach and aimed at identifying characteristics of the stepfamilies in which sexual molestation occurs. Findings from this research indicated that sexual molesters possessed inadequate social relationships and came from dysfunctional families.
One earlier study took a positive stance as it focussed on cohesion and adaptability in the reconstituted family (Mullins, 1991). Some of this researcher’s findings included the following: there was no significant difference between stepmother and stepfather families; and stepfamilies with a common child show more cohesion and adaptability, however they also experience more conflict. This study also revealed that stepfamilies that had been together for more than two years showed significantly greater levels of cohesion.

The current study has been undertaken in the Western Cape, with the goal of researching which resiliency variables are employed by remarried families (du Toit-Gous & Greeff, 2005). This study found that for parents, family adaptation was positively correlated with family hardiness; activities and routines that help the family in spending time together and creating togetherness; affirming family communication as well as less incendiary communication; and social support. For children, family adaptation was positively correlated with all of the above, plus support from family and friends, as well as internal and external handling of problems by redefining stressful events and accepting social support. Although this research has been previously undertaken, the lack of research in this area highlights the need for further studies. No research of this kind has been undertaken in the Eastern Cape.

Walsh (1996) emphasized that more attention in research should be given to families that are successful in steering through the disruptions caused by major losses and transitions, especially death, separation, divorce, and remarriage. Although, according to American statistics, there is a 60% divorce rate in remarriage, Ganong and Coleman (1994) highlighted the value of investigating how some stepfamilies succeed when the majority do not.

3.10 Conclusion

This chapter described various aspects regarding the remarried family. Various definitions were examined and the multiple pathways to forming this family type were discussed. Unique dilemmas and challenges that a stepfamily faces were also discussed. A developmental model – The Stepfamily Cycle – developed by Paparnow (1984; 1988; 1993) was used to provide an outline of how stepfamilies move towards forming an integrated unit. Typologies of stepfamilies were then discussed followed by various characteristics that contribute towards a successful stepfamily. The chapter was concluded with an overview of stepfamily research both internationally and within a South African context. The following chapter outlines the research methodology used in this study.
CHAPTER 4

Research Methodology

4.1 Introduction

This chapter describes the research methodology used in this study. The research design is outlined followed by a description of the participants and sampling procedure. The research procedure that the researcher followed is then explained, after which an overview is given of the measures that were used to gather the data. The process of data analysis is then described. The chapter is concluded with a discussion regarding the ethical considerations of gaining informed consent from participants, being aware of coercion, and ensuring participants’ confidentiality.

4.2 Research Aim and Objective

The aim of the study is to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily.

4.3 Research Design

Triangulation was employed in the study, with an exploratory, descriptive approach. Triangulation enables the researcher to look at a phenomenon from different angles and thus gain a fuller picture of what is being studied (Neuman, 2003). There are different types of triangulation that researchers may employ. The most common type of triangulation is triangulation of measures (Neuman, 2003). This involves measuring the same phenomenon in multiple, different ways (Henning, 2004; Leedy & Ormrod, 2005). Any discrepancy amongst these measurements then informs the research. Another type of triangulation is triangulation of observers, which refers to using multiple people to observe the same phenomenon in order to gain different perspectives and thus add to a more holistic understanding of the phenomenon (Struwig & Stead, 2001). Triangulation of method means using both qualitative and quantitative methods in conjunction. The last type of triangulation is triangulation of theory, and entails the use of different theories to plan and interpret data (Neuman, 2003).

The researcher used triangulation of method in the current study. Qualitative and quantitative methods are very different, yet they have complementary strengths and using them together enriched the data obtained from the proposed study. Qualitative research relies on descriptions and interpretations from participants (Dunn, 1999; Smith, 2003). A benefit of including a qualitative methodology is the rich perspective the researcher gains from the stories of participants as they answer from their experiences and are not limited by their answers needing to be right or wrong (Dunn, 1999). Disadvantages of qualitative research are that summarizing data efficiently is time-consuming and that findings cannot be generalized to other situations (Dunn, 1999). On the other
hand, quantitative data relies on numbers and statistical interpretations (Russell & Roberts, 2001; Shaughnessy, Zechmeister & Zechmeister, 2000). An advantage of this approach is that the data is easy to work with. When using specific types of sampling techniques, the data can also be generalized to the larger population (Dunn, 1999). However, a disadvantage is that it fails to capture individual experiences of participants (Dunn, 1999). By using triangulation of method, the researcher was able to gain the advantages of both qualitative and quantitative methods, and in doing so, counter the disadvantages of using either methodology singularly.

Exploratory and descriptive research are similar in many ways. The purpose of exploratory research is to gain insight into a relatively new and unstudied area (Rubin & Babbie, 2001; Struwig & Stead, 2001). It also serves the purpose of formulating future research questions (Neuman, 2003). Although resilience within individuals has been researched, the study of family resilience in South Africa is new and relatively unstudied. Because of the exploratory, descriptive nature of the study, the researcher will not be able to generalize her results to the population being studied. When conducting exploratory research, the researcher is investigating something new and should therefore remain open-minded and flexible (Neuman, 2003). The qualitative component of the current study was used in order to help the researcher remain open to discovering new issues, as suggested by Neuman (2003).

Descriptive research focuses more on “how” questions, and describes how things are as they exist (Gravetter & Forzano, 2003; Neuman, 2003). The purpose of this research technique is to measure and capture variables (Gravetter & Forzano, 2003). Descriptive research is less flexible than exploratory research as it provides a precise numerical picture usually presented in statistics (Gravetter & Forzano, 2003; Struwig & Stead, 2001). According to Jackson (2003), there are various techniques to conduct descriptive research. The observational method is used to observe behaviour, while the case study method provides a more in-depth description. Thirdly, the survey method involves asking people questions and describing their responses. The survey method was used to conduct the current research. According to Cozby (2004), survey research uses questionnaires and interviews in order to gain information about people’s demographics, behaviours, and beliefs. These questionnaires can be administered in a variety of ways, such as by post, telephonically, or via the internet (Jackson, 2003). Advantages of surveys are that they allow the participants to remain anonymous, they are convenient, easy to administer, and are nonthreatening to participants (Cozby, 2004; Gravetter & Forzano, 2003). Surveys also allow the researcher to study a greater number of people more easily (Jackson, 2003). Disadvantages include the possible boredom and lack of motivation participants may experience as they complete questionnaires alone (Cozby, 2004). Another concern is whether or not the sample population will adequately represent the population being studied (Jackson, 2003). This was true for the current
study as due to the study’s exploratory descriptive nature, results are not able to be generalized to the broader population. Other disadvantages include that questionnaires may be time consuming to participants; participants may misunderstand items; and there is the possibility of a low response rate (Cozby, 2004; Neuman, 2003; Spata, 2003; Whitley, 2002). Posted questionnaires can also be expensive for the researcher (Gravetter & Forzano, 2003). Some of these potential barriers were overcome by the researcher personally administering questionnaires where possible, and thereby being available to answer questions and personally collect completed questionnaires. Where this was not possible, participants with questions were able to contact the researcher via contact details provided on the cover letter. The researcher was also able to follow-up with participants and remind them to return questionnaires. This helped curb the low response rate often associated with surveys. Following is a discussion describing the participants and the sampling procedure followed in this study.

4.4 Participants and Sampling

Nonprobability and probability sampling are the two general approaches used to select a sample (Goodwin, 2002; Zechmeister, Zechmeister & Shaughnessy, 2001). While in probability sampling there is an equal chance for each person in the population to be included, nonprobability sampling means that the probability of anyone being chosen in the population is unknown (Cozby, 2004; Gravetter & Forzano, 2003; Struwig & Stead, 2001; Zechmeister, Zechmeister & Shaughnessy, 2001). Although probability sampling holds the advantage in being unbiased, nonprobability sampling is used more frequently (Spata, 2003). The more frequent use of nonprobability sampling can be attributed to the fact that probability sampling is expensive and time-consuming, and not necessary if the purpose of the research is not to generalize results but rather to investigate relationships between variables (Spata, 2003). Nonprobability, purposive and snowball sampling was used in this study. Advantages of nonprobability sampling are its convenience and cost effectiveness (Cozby, 2004).

Purposive sampling targets participants who have special knowledge or characteristics that are of particular interest to the researcher and thereby fulfil the goals of the research (Whitley, 2002). This type of sampling is generally used in three scenarios described by Neuman (2003). These three scenarios include (1) to select distinctive cases which will inform the research; (2) to reach specialized populations with very specific criteria; and (3) to identify cases for in-depth study. A disadvantage of purposive sampling is that the researcher’s judgment is prominent in selecting the sample which could lead to bias and result in the sample being unrepresentative (Strydom, 2005; Struwig & Stead, 2001). However, the advantage is that it allows the researcher to sample people who have specific characteristics the researcher is interested in (Cozby, 2007). This sampling
technique was appropriate for the current research as it enabled the researcher to select stepfamilies, as this was the sample group needed for the purposes of this study.

Snowball sampling follows on from purposive sampling in that participants who are selected from purposive sampling are asked to nominate other potential participants who meet the specified criteria and who they think would be willing to participate (Struwig & Stead, 2001; Whitley, 2002). Referrals from these participants are then obtained, thus increasing the sample size (Neuman, 2003). The researcher stops sampling either when no new people are nominated, or if the sample size becomes too large for the study (Neuman, 2003). Disadvantages of snowball sampling include potential researcher bias as well as difficulty in generalizing results to the larger population (Struwig & Stead, 2001). Another disadvantage is that the chain can become broken thus making it difficult to increase the sample size (Strydom, 2005). Advantages of purposive and snowball sampling are that the sample meets a specific purpose. Snowball sampling is also particularly useful in locating members with specific characteristics.

The participants consisted of stepfamilies with two members (one adolescent and one parent) participating. Participants consisted of 19 parents and 16 adolescents. The researcher originally mailed or delivered a total of 49 sets of questionnaires (98 questionnaires, as a set contained one set of adult questionnaires and one set of adolescent questionnaires). There were 39 participants who responded, of which 35 questionnaires could be used as the remaining 4 did not meet the inclusion criteria for the study. The participants’ participation was voluntary. The researcher included an adolescent as research has shown that children from divorced and remarried families experience more adjustment problems than children from non-divorced families (McConnell, 2000). Research also shows that adjustment problems and lower levels of satisfaction and general well-being are reported during adolescence and young adulthood by children originally from divorced and remarried families (Hetherington, 1999, 2003; Hetherington & Elmore, 2002; Hetherington & Kelly, 2002).

Research shows that children’s emotional distress and the behaviour problems they are experiencing as a result of divorce or remarriage begins to diminish in the third to fifth year following remarriage (Hetherington & Stanley-Hagan, 2002). It is also in the middle stages of stepfamily integration (Mobilization and Action) that tensions become increasingly heightened and couples divorce (Walsh, 2003b). A time period of three to five years was therefore initially indicated as an inclusion criterion for the duration of remarriage. However, because the researcher was not able to gain sufficient participants with this criterion, this time period was later broadened to allow other participants to participate. Although a Grade 10 level of language proficiency is recommended to understand the questionnaires, previous successful research has been conducted with adolescents having a Grade 8 proficiency level (Greeff & Aspeling, 2004; Greeff & Human,
The researcher has therefore specified the use of the questionnaires with adolescents having a Grade 8 reading level.

Inclusion criteria were:

   a) participants must be part of a stepfamily
   b) adolescents must be 12 to 19 years old and still be living at home;
   c) the remarried couple must have been married between three and five years; and
   d) participants must have a Grade 8 level proficiency in English or Afrikaans in order to fully understand the questionnaires.

Following is an explanation of the research procedure that the researcher followed.

4.5 Research Procedure

The researcher initially approached stepfamilies in the community and asked them to participate in the study. The researcher then approached students in various psychology classes at the NMMU and asked them if they knew of stepfamilies that would be interested in participating in the study. This was done in order to start the snowball rolling. An email was also sent to all staff and students on all campuses of the NMMU outlining the research study and inviting interested people to contact the researcher to participate. In addition, an advert was placed in a community newsletter explaining the research and providing the researcher’s contact details should readers wish to participate. An article, also providing this information, was published in a newspaper delivered to residents in the Nelson Mandela Metropole.

Questionnaires were either mailed or hand delivered to participants. Before the researcher commenced with data collection, the value and purpose of the study was explained to potential participants. Where the researcher was able to administer the questionnaires in person, this was explained verbally as well as presented in a cover letter which all participants were given. Where it was not possible for the researcher to be present, this information was explained via the cover letter which contained the researcher’s telephone number should participants have had further questions. The researcher also reassured participants in person where possible, as well as in the cover letter, that confidentiality and anonymity of their responses would be maintained and that they could withdraw from the study at any time. Participants that were seen in person were then given an opportunity to ask questions. The researcher’s telephone number was made available to those participants whose questionnaires were mailed, should they have needed to ask questions. The researcher ensured that informed consent was gained before the biographical and structured paper-and-pencil questionnaires were answered. The data was then analyzed as follows: the open-ended question was analyzed using content analysis and the structured questionnaires were analyzed using correlation and regression analysis.
4.6 Method

A biographical questionnaire with an open-ended question in conjunction with a number of structured paper-and-pencil questionnaires was used to gather data. These took approximately one hour to complete. The questionnaires were available in English and Afrikaans. Although the questionnaires have not been standardized for the South African population, they have been used in South African studies that have been published (Der Kinderen & Greeff, 2003; Greeff & Human, 2004; Greeff & Ritman, 2005; Greeff & van der Merwe, 2004). Following is a brief description of these methods.

4.6.1 Biographical Questionnaire

The purpose of the biographical questionnaire was to obtain relevant information for the research study. The questions included contributed to meaningful interpretation of the results. Data requested included family composition (e.g., number of family members) as well as the age and gender of members participating in the study, educational level of family members, and employment status of partners. Separate biographical questionnaires were made available for the remarried partner and adolescent (Adult Biographical Questionnaire – Appendix D; Adolescent Biographical Questionnaire – Appendix E).

There was one semi-structured question which was administered after the biographical questionnaire. This question is based on the Resiliency Model of Family Stress, Adjustment and Adaptation. The question aimed to uncover the factors or strengths the family believes helped them through their crisis period. After participants completed the semi-structured question, the structured questionnaires were administered. The structured questionnaires are outlined in the following section.

4.6.2 Family Hardiness Index (FHI)

The Family Hardiness Index (FHI) was developed by McCubbin, McCubbin, and Thompson in 1986 (2001) in order to broaden the concept of individual hardiness to the family context. The FHI is used to measure how hardiness is used as a resource to mediate the effects of stress in families, and in turn facilitate family adjustment and adaptation. Family hardiness refers to an active stance in managing stress, as well as maintaining a sense of control over life, and having a positive perception of change (McCubbin, Thompson, & McCubbin, 2001). Families employ this characteristic as a resource in times of difficult transitions or crises to help them manage. Low hardiness may result in feelings of powerlessness in facing stressors, and a lack of initiative to make
changes in one’s life. The FHI taps into the family resources (BB) and situational appraisal (CC) components of the Resiliency Model of Family Stress, Adjustment and Adaptation.

The FHI consists of 20 items which participants answer on a 5-point Likert rating scale. It consists of three subscales, namely commitment, challenge, and control. Commitment focuses on the family’s dependability, ability to engage in life and derive meaning from life. Control implies being able to impact and influence events in life, and challenge allows the family to embrace and learn from change, as opposed to seeing it as threatening. The FHI taps into the behavioural indicators that would demonstrate these aspects.

The overall internal reliability of the FHI is .82 (Cronbach’s alpha), and the test-retest reliability is .86 (McCubbin, Thompson, & McCubbin, 2001). The validity coefficients are between .20 and .23 for family satisfaction, time, routine and adaptability (McCubbin, Thompson, & McCubbin, 2001). The Cronbach alpha reliability coefficient of the FHI for this sample was .72 (Challenge, .72; Control, .43; and Commitment, .66). This indicates a low to moderate reliability for the total FHI (Murphy & Davidshofer, 1994).

4.6.3 Family Time and Routine Index (FTRI)

The Family Time and Routine Index (FTRI) was developed by McCubbin, McCubbin, and Thompson in 1986 (2001). It is used to measure both the type of activities and routines families partake in, as well as the degree of importance which they place on them. According to McCubbin, et al. (2001), family time together and routines are reliable indices of family integration and stability. The FTRI links into the family type (T) component of the Resiliency Model of Family Stress, Adjustment and Adaptation.

The FTRI is a 30-item scale and consists of the following eight subscales:

a) Parent-child togetherness – measures how important it is to establish predictable communication between parents and children;

b) Couple togetherness – measures how important it is to establish routines to enhance communication between couples;

c) Child routines – measures how important children’s routines are which ultimately promote a sense of order;

d) Meals together – measures how important family mealtimes are in an effort to promote togetherness;

e) Family togetherness – measures how important family togetherness is in terms of e.g. family time, special events;

f) Family chores – measures how important routine chores for children are;
g) Relatives connection – measures efforts to set up routines that enhance connection with relatives; and

h) Family management routines – measures efforts that contribute towards routines that enhance family organization and accountability.

The internal reliability of the FTRI is .88 (Cronbach’s alpha) (McCubbin, Thompson, & McCubbin, 2001). The validity was confirmed through significant correlations with various criterion indices of family strengths (McCubbin, Thompson, & McCubbin, 2001). The internal reliability coefficient (Cronbach alpha) of the FTRI for this sample was .87 indicating a moderate to high reliability of the measure for this sample (Murphy & Davidshofer, 1994).

4.6.4 Social Support Index (SSI)

The Social Support Index (SSI) was developed by McCubbin, Patterson, and Glynn in 1982 (2001). This measure looks at the degree to which families find support within their community (McCubbin, McCubbin, & Thompson, 2001). According to McCubbin et al. (2001), past research has shown the importance of social support as “a buffer against family crisis factors, a resiliency factor in promoting family recovery, and as a mediator of family distress” (p. 384). The SSI can be linked to the family resources (BB) component of the Resiliency Model of Family Stress, Adjustment and Adaptation.

The SSI consists of 17 items and uses a 5-point Likert scale to assess how families utilize the community as a support system, as well as how much they feel their community is able to provide that support. The internal reliability is .82 (Cronbach’s alpha) and the validity coefficient (correlated with criteria of family well-being) is .40. The test-retest reliability is .83 (McCubbin, Thompson, & McCubbin, 2001). The Cronbach alpha reliability coefficient of the SSI for this sample was .68, indicating a low reliability for this measure for the sample (Murphy & Davidshofer, 1994).

4.6.5 Family Problem-Solving Communication (FPSC)

The Family Problem-Solving Communication (FPSC) Index was developed by McCubbin, McCubbin, and Thompson in 1988 (2001). It measures two dominant patterns in family communication which play an integral part in how families cope with tension and reach family adjustment and adaptation. These patterns represent either a positive or negative pattern of communicating and are important to consider as the quality of communication impacts the manner in which families adjust and adapt while managing stress (McCubbin, Thompson, & McCubbin, 2001). The two patterns of communication are represented as two subscales, namely, incendiary communication, and affirming communication. The first type involves communication that
exacerbates a conflictual situation, while the latter conveys support and cultivates a calming environment (McCubbin, et al, 2001). The FPSC measures the problem solving and coping (PSC) component of the Resiliency Model of Family Stress, Adjustment and Adaptation.

The FPSC Index consists of 10 items with a 4-point Likert scale. The alpha reliability is .89, and the test-retest reliability is .86 (McCubbin, Thompson, & McCubbin, 2001). Multiple studies reported by McCubbin, Thompson and McCubbin (2001), support the validity of the FPSC. The Cronbach alpha reliability coefficient of the FPSC for this study was .87 (Incendiary Communication .83, and Affirming Communication .90). This indicates a moderate to high reliability level for the total FPSC for this sample (Murphy & Davidshofer, 1994).

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

The Family Crisis-Oriented Personal Evaluation Scales (F-COPES) were developed by McCubbin, Olson, and Larsen in 1981 (McCubbin, Thompson, & McCubbin, 2001). The measure consists of 30 items and measures coping behaviours and strategies on two levels: individual to family system (internal coping mechanisms); and family to environment (external coping mechanisms) (McCubbin, Thompson, & McCubbin, 2001). Successful adaptation to stressful situations requires coping mechanisms on both these levels (McCubbin, Thompson, & McCubbin, 2001). The F-COPES taps into the family resources (BB) and family schema (CCCCC) components of the Resiliency Model of Family Stress, Adjustment and Adaptation.

The measure consists of eight scales (McCubbin, Thompson, & McCubbin, 2001).

The following three scales measure internal family coping patterns:

a) Confidence in problem solving – These items measure how the family interprets the problem as well as their belief in being able to manage sudden stressful events.
b) Reframing family problems – These items measure the family’s opinion of whether change is positive, negative or whether they view change neutrally.
c) Family passivity – These items measure the family’s passive behaviours as a way of coping.

The following five scales measure external family coping patterns:

a) Church / religious resources – These items measure the family’s principles in dealing with stressful situations, as well as their participation in religious activities.
b) Extended family – These items measure the extent to which the family obtains support from relatives.
c) Friends – These items measure the extent to which the family obtains support from friendships.
d) Neighbours – These items measure the extent to which the family obtains support from the community.
e) Community resources – These items measure the extent to which the family uses community resources such as counselling services.

The overall reliability (Cronbach’s Alpha) for the whole instrument is .77, and the test-retest reliability for the total scale is .81 (McCubbin, Thompson, & McCubbin, 2001). The construct validity of the questionnaire was proved with a factor analysis and a varimax rotation of the axes. Five factors with factor loads between .36 and .74 were isolated. All five factors had eigenvalues greater than one (McCubbin, Larson & Olson, 1982). The Cronbach alpha reliability coefficient for this sample was .84, indicating a moderate to high reliability of this measure for this sample (Murphy & Davidshofer, 1994). The Cronbach alpha reliability coefficient for the subscales were as follows: acquiring social support, .84; reframing, .68; seeking spiritual support, .89; mobilising support, .81; and passive appraisal, .62.

4.6.7 Relative and Friend Support (RFS)

The Relative and Friend Support Index (RFS) was designed by McCubbin, Larsen and Olson to determine the degree to which family members employ support from family and friends as a coping strategy when dealing with stressors. The RFS links into the family resources (BB) component of the Resiliency Model of Family Stress, Adjustment and Adaptation. The RFS consists of eight items based on a 5-point Likert scale (strongly disagree, disagree, neutral, agree, strongly agree). The internal reliability is .82 (Cronbach alpha) and the validity coefficient is .99 (McCubbin, Thompson & McCubbin, 2001). The Cronbach alpha reliability coefficient of the RFS for this sample was .79, indicating a moderate to high reliability of the measure for this sample (Murphy & Davidshofer, 1994).

4.6.8 Family Attachment and Changeability Index 8 (FACI8)

The Family Attachment and Changeability Index 8 (FACI8) was adapted from the FACES IIA by McCubbin, Thompson, and Elver in 1995. The FACES IIA was adapted from the Family Adaptability and Cohesion Evaluation Scales II by Olson, Portner, and Bell (1989). In this study the FACI8 is used as a measure to determine the level of family adaptation (XX).

The FACI8 is rated on a 6-point Likert scale and consists of 16 items. It is divided into two subscales of eight items each. The first subscale, Attachment, measures strength of attachment between family members. The second subscale, Changeability, measures the flexibility of family relationships. The two subscales may be used together or separately. The subscales have a low intercorrelation of .13.

The measure is designed to be administered to both parents and youth. The internal reliability (Cronbach’s alpha) for the youths’ Attachment scale is .73, while for the Changeability scale it is
For the parents’ Attachment scale the internal reliability (Cronbach’s alpha) is .75 and for the Changeability scale the internal reliability is .78. The test-retest reliabilities when administered 6-12 months apart varies from .26 to .48 (McCubbin, Thompson, & McCubbin, 2001). Validity was established by determining the FAC18’s relationship to a treatment programme’s successful outcome (McCubbin, Thompson, & McCubbin, 2001). The internal reliability (Cronbach alpha) for the FAC18 for this sample was .84 (Attachment, .80; Changeability, .83), indicating a moderate to high reliability for the total FAC18 for this sample (Murphy & Davidshofer, 1994).

4.7 Data Analysis

The data that was gathered consisted of both a quantitative and qualitative component. Following is an outline of how each of these components of data was analyzed.

4.7.1 Quantitative data

The data that was gathered from the biographical questionnaire was analyzed using descriptive statistics. Descriptive statistics enable the researcher to make statements about the data by investigating the central tendency and variability of the data (Cozby, 2007). The mean was used to measure central tendency, and standard deviations were used to measure variability. The mean describes the group’s performance by providing the “typical” score in the group (Zechmeister, Zechmeister & Shaugnessy, 2001). The standard deviation measures how much the scores deviate from the mean (Cozby, 2007).

The quantitative data was analyzed using correlation and regression analysis, as outlined by the broader study at the University of Stellenbosch. Correlation research enables the researcher to observe two or more variables and determine the relationship between them (Bordens & Abbott, 2002). The variables are not manipulated in any way, but are rather observed for a relationship (Bordens & Abbott, 2002). Correlation analysis also enables the researcher to measure and describe the direction and degree of relationship between variables as well as make predictions from one variable to another (Gravetter & Forzano, 2003; Jackson, 2003). The value of correlation is that it enables the researcher to look at more than one variable and their relationship (Harris, 1998). Russell and Roberts (2001) described three main categories that results of correlation analysis can fall into. Positive correlation means that if one variable increases, the other is also likely to increase. Negative correlation means that if one variable increases, the other decreases. Finally, when there is no trend between variables and it appears that there is no relationship between them, there is no correlation. For the undertaken study the FAC18 is the dependent variable and the other measures are the independent variables. The FAC18 measured the outcome of adaptation resulting from the resiliency process. This means that resilience was measured by looking at the continuum
of adaptation and the extent to which the family has adapted. The independent variables form part of the process which ultimately leads to *bonadaptation* or *maladaptation*.

According to Harris (1998), the concepts of correlation and regression are closely related because unless two variables correlate, one cannot do a regression analysis. Goodwin (2002) explains that “making predictions on the basis of correlational research is referred to as doing a regression analysis” (p. 291). Regression analysis was used in the study to discover whether a combination of independent variables can predict scores on the dependent variable (FAC18).

4.7.2 Qualitative data

The qualitative data obtained from the open-ended question on the biographical questionnaire was analyzed using content analysis. Content analysis basically refers to the systematic classification of text into categories or themes (Leedy & Ormrod, 2005; Struwig & Stead, 2001). Shaughnessy, Zechmeister, and Zechmeister (2000) stated that content analysis refers to a variety of techniques “for making inferences by objectively identifying specific characteristics of messages, usually written communications…” (p. 529). There are various steps involved in content analysis. Neuman (2003) explains that once the researcher has identified what will be analyzed, a system needs to be created to analyze it. For the undertaken research, the qualitative data was analyzed using Tesch’s eight-step model as outlined in Tesch (1990). Following is a summary of how the researcher applied these steps:

1) The researcher started by reading through participants’ answers as the questionnaires were returned to get a sense of what participants were saying. While reading, the researcher jotted down ideas that came to mind;

2) The researcher then began to ask “what is this about?” and thought about the underlying meaning of information while jotting down ideas. At this stage the researcher focussed primarily on the various topics that began to arise from participants’ answers.

3) Next, a list of all the topics was made and similar topics were clustered together. This helped the researcher to arrange themes into major topics and leftovers;

4) Following this, the researcher abbreviated topics as codes and wrote these codes next to segments of the text whilst looking to see if new themes emerged;

5) The researcher then turned topics into categories and began drawing lines between the categories indicating interrelationships;

6) Following this, the researcher made final decisions about category names and alphabetized the codes;

7) The data was then assembled under the category to which it belonged for a preliminary analysis. This involved analyzing the actual content for the various categories;
The last step involved recoding existing data if necessary. In order to make every effort to remain objective while analyzing the data, the researcher used Guba’s model of trustworthiness. Guba and Lincoln (1989) outlined four criteria that a qualitative study should meet in order to determine the study’s “truth value”. These four criteria include:

1) ensuring the *credibility* of the study;
2) ensuring *transferability* of the study by using a theoretical framework or triangulating data;
3) ensuring *dependability* or reliability by taking into account possible changes in what is being studied; and
4) ensuring *conformability* which means maintaining objectivity by allowing the data to confirm general findings (De Vos, 2005).

In addition, an independent coder was employed in order to help counter potential researcher bias. Now that the data analysis has been outlined, it is important to discuss the ethical considerations that were taken into account while conducting this research. The following section outlines ethical considerations when conducting research.

### 4.8 Ethical Considerations

When undertaking research, it is of foremost importance to be aware of ethical considerations and conduct research in an ethical manner. Ethics are principles that morally guide us (Goodwin, 2002). When conducting research, there are a number of ethical obligations the researcher should be aware of to ensure that participants’ respect and rights are maintained. These ethical considerations are outlined by Cozby (2007), Dunn (1999), Goodwin (2002), Leedy and Ormrod (2005), Russel and Roberts (2001), and Spata (2003) and are described below.

#### 4.8.1 Informed Consent

The first ethical issue to consider is gaining informed consent from participants. Gaining informed consent implies that people are autonomous and therefore capable of making decisions about whether they wish to participate. In order for potential participants to make an informed decision it is essential to explain the research in language that is understandable to them (Goodwin, 2002). Cozby (2007) highlighted the important consideration that certain populations, such as minors, may lack autonomy to make an informed decision about their participation. Russel and Roberts (2001) stated that in such cases consent should be given by someone with legal authority to do so. Because minors were involved in the present research, the researcher took special precautions to ensure ethical practice was upheld. This involved providing a letter written in age-appropriate language explaining the research project to them (Appendix C). A separate cover letter was given to adult participants using more age-appropriate information (Appendix B). Leedy and
Ormrod (2005) suggested certain important information is relevant for participants to give informed consent. This information includes the purpose and voluntary nature of the research, who the researcher is and a contact number should any questions arise, the issues of confidentiality and anonymity, and an offer to provide feedback on conclusion of the research. This information was made available to potential participants in the form of covering letters and an attached informed consent form for the participating parent (Appendix A). Participants were required to sign the consent form indicating their voluntary agreement to participate. If the minor agreed to participate, written consent was gained from a parent permitting them to participate.

It is recommended by Dunn (1999) that signed informed consent forms are filed separately to data in order to ensure participants’ confidentiality. The researcher took special care to do this in order to respect participants’ rights.

4.8.2 Coercion

Another issue to be aware of is coercion. Coercion refers to pressurising potential participants in some way to participate in a research study, and thus removing their right to participate from their own free will (Cozby, 2004). The researcher can avoid coercion by giving participants all the necessary information about the study, and refraining from making exaggerated claims that fuel participants’ expectations about their participation in the study (Russel & Roberts, 2001).

In order to ensure that participants’ were not coerced in any way to participate in the current study, the researcher emphasized the voluntary nature of the research in a covering letter given to participants. In addition, the researcher also reiterated their freedom to participate or withdraw at any time without consequences.

4.8.3 Confidentiality

It is also ethical practice to always consider confidentiality and/or anonymity when undertaking research. Confidentiality refers to “the practice of keeping strictly secret and private the information or measurements obtained from an individual” whereas anonymity refers to “the practice of ensuring that an individual’s name is not directly associated with the information or measurements obtained from that individual” (Neuman, 2003, p. 72). In the undertaken research study confidentiality was maintained by not attaching any identifying data to participants’ answers. Anonymity could not be ensured as it was necessary for the researcher to know participants’ names and contact details in order to distribute, administer and collect questionnaires, and provide feedback. However, it is important to note that these ethical concepts are tied to participants’ right to privacy, which should be protected while the research is underway, as well as when the research is concluded. This was done by assigning codes to participants’ documents as well as by storing
data in a secure place (Cozby, 2007; Goodwin, 2002; Leedy & Ormrod, 2005). Care was also taken while reporting the results of the study and participants’ identities were excluded.

4.8.4 Protection from harm

The researcher also ensured that participants were given information regarding counselling services, should the need for counselling have arisen during their participation in the research study. Leedy and Ormrod (2005) explained that it is ethical practice for the researcher to protect participants from any risk of mental harm. These authors also emphasized that should participants be asked about personal experiences, they should be protected from excessive stress (Leedy & Ormrod, 2005). Participants were informed that that they could withdraw from the study at any time should they no longer wish to participate. Participants were also given the researcher’s contact details should they have had any questions.

4.9 Conclusion

This chapter outlined the research design of this study. Triangulation was employed, with an exploratory, descriptive approach. The data was gathered using a biographical questionnaire, an open-ended question and seven structured paper and pencil questionnaires. Nonprobability purposive and snowball sampling methods were used to gain the participating stepfamilies. The researcher always bore in mind ethical considerations such as informed consent, confidentiality, and coercion. The questionnaires were either hand delivered to participants or mailed in postage paid self-addressed envelopes. The questionnaires were then either collected in person or received by mail. The researcher scored the questionnaires and sent the data to the University of Stellenbosch where it was statistically analysed using correlation and regression analysis. The researcher used content analysis to analyse the qualitative component of the study and Guba’s model of trustworthiness was used to ensure the trustworthiness of the data. The results of these analyses are discussed in the following chapter.
CHAPTER 5

Results and Discussion

5.1 Introduction

The results obtained from the data are presented and discussed in this chapter. It is important to first revisit the aims of the research before discussing the results that were obtained. The aim of this study was to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily.

The biographical details of the sample are initially presented in order to obtain a comprehensive picture of the sample. Thereafter, the results of the quantitative measures are discussed in terms of the study and in terms of literature. A discussion then follows regarding the qualitative component of the study.

5.2 Biographical Description of the Sample

The biographical variables that are discussed specifically pertain to the information obtained from the biographical questionnaires completed by the participants. Different biographical questionnaires were given to the adult participants and the adolescent participants. The biographical variables pertaining to the parent participants will be discussed first, after which the biographical details pertaining to the adolescents are discussed.

5.2.1 Biographical Description of the Adult Participants

The biographical variables discussed relate to the biographical questionnaire that was completed by the adult participants. For each variable, the question asked for the demographics of both the participant and the participant’s spouse. The variables included city of residence, marital status, number of times married, duration of current marriage, age, gender, level of education, language, and ethnicity. Where applicable, biographical information was correlated with the FACI8.

5.2.1.1 City of residence

All of the participants lived within the Eastern Cape, with the majority living in the Nelson Mandela Metropole. This was in line with the researcher’s goal of exploring the resiliency variables of stepfamilies within the Eastern Cape.

5.2.1.2 Marital demographics

In line with the aim of this study, all of the adult participants were married. The average duration of marriage for participants was 7 years. According to research, duration of remarriage is a key factor in the adjustment process. Because one of the pathways to remarriage is divorce, time is a
critical factor. Hetherington, Cox and Cox (1977) found that approximately two years was necessary for the family to restabilize after divorce. Following are tables depicting the marital status of participants and their spouse.

Table 1: Number of times married – participant

<table>
<thead>
<tr>
<th>Number of times married</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>21%</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>74%</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>

Table 2: Number of times married – spouse

<table>
<thead>
<tr>
<th>Number of times married</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>63%</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>

For the majority of the participants, this was their second marriage (74%). The majority of participants’ spouses were also in their second marriage (63%). For one couple, the spouse who completed the questionnaire had never been married, although it was a subsequent marriage for their spouse. Research has indicated that the divorce rate is higher in remarriages than in first marriages, and that children experiencing multiple marital transitions experience more adverse consequences in adjustment (Hetherington & Stanley-Hagan, 2002).

5.2.1.3 Age and gender

The ages of the adult participants ranged from 31 to 57 with an average age of 42.70 years. The ages of the adult participants’ spouses ranged from 31 to 52 with an average age of 44.10 years. The majority of adult participants were female (68%) while the rest were male (32%).

According to Erik Erikson’s theory of lifespan development (1963), there are eight age related life stages each with its own unique challenges and tasks. Erikson (1963) proposed that middle adulthood spans the ages of 25 to 64. This would place the adult sample of this study in the middle adulthood bracket.

The task during middle adulthood is that of generativity versus stagnation (Craig, 1996). It is during this stage that men and women direct their attention more to helping those around them. However, this is dependent on the resolution of the earlier conflicts. The stage prior to this one is early adulthood, where the task is intimacy versus isolation (Craig, 1996). This stage centres
around developing intimacy with another while retaining one’s own identity. Although, according to age the sample falls into the middle adulthood category, because this is a subsequent marriage, they may be revisiting the task of early adulthood.

5.2.1.4 Level of education

The highest level of education obtained for participants was equally distributed between high school (42%) and diploma (42%). The highest level of education obtained for participants’ spouses was high school (42%), and secondly diploma (32%). Although a Grade 10 level of language proficiency is recommended to understand the questionnaires, previous successful research has been conducted with adolescents having a Grade 8 proficiency level (Greeff & Aspeling, 2004; Greeff & Human, 2004).

5.2.1.5 Home language

The home language distribution of the adult participants is presented in the following table.

<table>
<thead>
<tr>
<th>Language</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>11</td>
<td>58%</td>
</tr>
<tr>
<td>Afrikaans</td>
<td>5</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>16%</td>
</tr>
</tbody>
</table>

The majority of the adult participants were English speaking (58%). Although the questionnaires were available in both English and Afrikaans, all of the participants answered the English questionnaires.

5.2.1.6 Ethnicity

The ethnicity of the adult participants is indicated in the following table.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>18</td>
<td>95%</td>
</tr>
<tr>
<td>Coloured</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>

The majority of the adult participants were White (95%), with no Black participants and a minority of Coloured participants (5%). This may be viewed as a limitation of the study as the sample was not evenly distributed between the different ethnic groups represented in the Eastern Cape. It is imperative to note that the researcher did make every effort to include various representative
ethnicities during data collection. However, although questionnaires were given to various ethnic groups, not all the questionnaires were returned.

5.2.1.7 Others living permanently in the home

The following table depicts the proportion of adult participants that had other people living in their household.

Table 5: Others living permanently in the home

<table>
<thead>
<tr>
<th>Others living permanently</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>32%</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>68%</td>
</tr>
</tbody>
</table>

It appears that the majority of adult participants did not have others living permanently in the household (68%). Thirty-two percent of participants did have others living permanently in their household. Results of the study indicated that those participants who had others living permanently in their household scored lower on the FACI8, whereas those who did not scored higher on the FACI8. This indicates that those participants who did not have others living with them in their household were better able to adapt.

5.2.2 Biographical Description of the Adolescent Participants

The biographical variables discussed relate to the biographical questionnaire that was completed by the adolescent participants. The variables included gender, age, position in the family, level of education, and ethnicity.

5.2.2.1 Gender and age

The majority of adolescent participants were female (63%) while the remaining participants were male (38%). The ages of the participants ranged from 13 to 20 years, with an average age of 16.8 years.

According to Erikson’s theory of lifespan development (1963), the average age of the participants falls into the stage of identity versus role confusion (Craig, 1996). The primary task during this stage is to form one’s identity. The conditions that foster this process are stability and continuity (Craig, 1996). This complicated time of forming one’s individuality and sexual identity is already confusing in nuclear families. Being part of a stepfamily during this stage may add the additional pressure of coping in a family structure that is in the process of finding its stability. It is during this time that an adolescent begins to establish roles separate from the family, however, this process may be complicated if a stepfamily is formed during this time as the new stepfamily may
attempt to establish a sense of family cohesiveness, requiring participation of the adolescent (McGoldrick & Carter, 1988, 2005; Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1979). The adolescent, due to their stage of development, may be attempting to loosen the emotional ties with the family and create their own identity (McGoldrick & Carter, 1988, 2005; Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1979). One may surmise that this could possibly complicate this stage of development for these adolescents, as well as add a challenge to the stepfamily who is trying to create its new identity. Another challenge during this age is that while teenagers tend to view their parents as asexual beings in a nuclear family, remarriage forces them to recognize their parents’ sexuality, a thought that is uncomfortable and disturbing to them (Visher & Visher, 1979).

5.2.2.2 Position in the family

The majority of participants (31%) held the position of eldest child in the family. Following is a table presenting the positions held in the family by adolescent participants.

Table 6: Position in the family

<table>
<thead>
<tr>
<th>Position in family</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eldest</td>
<td>5</td>
<td>31%</td>
</tr>
<tr>
<td>2nd Born</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>3rd Born</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>4th Born</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>5th Born</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Only child</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>6%</td>
</tr>
</tbody>
</table>

Interestingly, while some participants answered according to their biological position in their family, others answered this question according to their step-position in the family. This contributes towards one of the stepfamily challenges discussed in chapter 3 with regards to boundaries. It is difficult to maintain a boundary surrounding the new family unit when family members do not have the same idea about who is in and who is out of the family (Swenson, 1997). Sibling hierarchy can also change upon stepfamily formation, for example a first-born child may now be a middle child after remarriage. This can produce anxiety within children and within the stepfamily (Pasley, Rhoden, Visher, & Visher, 1996).

Research has also indicated that the presence of stepchildren increases the likelihood that a remarriage will end in divorce (Fine & Schwebel, 1992; Wallerstein & Johnston, 1990).
Furthermore, when both spouses have children (complex stepfamily) as opposed to only one spouse having children (simple stepfamily), there are greater levels of stress (Fine & Schwebel, 1992).

5.2.2.3 Level of education

The majority of participants were in high school, with the minority at a tertiary level of education. Participants ranged from Grade 9 to first year university. The questionnaires required a Grade 8 reading level.

5.2.2.4 Ethnicity

Following is a table depicting the ethnicity of the adolescent participants.

Table 7: Ethnicity of adolescent participants

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>15</td>
<td>94%</td>
</tr>
<tr>
<td>Coloured</td>
<td>1</td>
<td>6%</td>
</tr>
</tbody>
</table>

The majority of the adolescent participants were White (94%), with no Black participants and a minority of Coloured participants (6%). This may be viewed as a limitation of the study as the sample was not evenly distributed between the different ethnic groups represented in the Eastern Cape. It is imperative to note that the researcher did make every effort to include various representative ethnicities during data collection. However, although questionnaires were given to various ethnic groups, not all the questionnaires were returned.

5.3 Results of the Structured Measures

The structured questionnaires were analyzed using Pearson product-moment correlations and best-subset regression analyses for both the adults and adolescents. The correlations will be presented and discussed first, after which the regression analyses will be presented and discussed.

5.3.1 Correlation Results

Pearson product-moment correlation coefficients (Pearson r) were calculated to determine the relationships between family adaptation (FACI8) and potential resiliency variables. Before discussing the results, it is important to note that p values assess the significance of the correlation coefficients. A p value of .05 is considered the standard for most psychological reports and is indicative of a significant relationship (Harris, 1998). Therefore, a p value of .05 indicates that a significant relationship does exist between family adaptation (FACI8) and resiliency variables. With regards to the interpretation of the strength of the correlations, the guidelines suggested by
Guilford (1946) have been used to interpret the magnitude of the relationships. These guidelines are as follows:

- Less than .20: slight; almost negligible relationship
- .20 - .40: low correlation; definite but small relationship
- .40 - .70: moderate correlation; substantial relationship
- .70 - .90: high correlation; marked relationship
- .90 – 1.00: very high correlation; very dependable relationship

Following is a table presenting the correlation coefficients that were calculated for this study. The correlation results for both adult and adolescent participants are presented in a table on the following page.
Table 8: Pearson product-moment correlations between adaptation (FACI8) and potential resiliency variables for adult and adolescent participants

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>VARIABLES</th>
<th>PARENTS</th>
<th>p</th>
<th>ADOLESCENTS</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(N = 19)</td>
<td></td>
<td>(N = 16)</td>
<td></td>
</tr>
<tr>
<td><strong>Family Hardiness Index (FHI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment – (family’s sense of internal strengths, dependability, and ability to work together)</td>
<td></td>
<td>0.72*</td>
<td>0.00</td>
<td>0.64*</td>
<td>0.01</td>
</tr>
<tr>
<td>Challenge – (family’s efforts to be innovative, active to experience new things and to learn)</td>
<td></td>
<td>0.64*</td>
<td>0.00</td>
<td>0.57*</td>
<td>0.02</td>
</tr>
<tr>
<td>Control – (family’s sense of being in control of family life rather than being shaped by outside events and circumstances)</td>
<td></td>
<td>0.68*</td>
<td>0.00</td>
<td>0.11</td>
<td>0.69</td>
</tr>
<tr>
<td>Total FHI score</td>
<td></td>
<td>0.82*</td>
<td>0.00</td>
<td>0.56*</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>Social Support Index (SSI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(the degree to which families find emotional, esteem, and network support within their communities)</td>
<td></td>
<td>0.41</td>
<td>0.08</td>
<td>0.02</td>
<td>0.95</td>
</tr>
<tr>
<td><strong>Relative and Friend Support (RFS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(the family’s ability to utilise relative and friend support to manage stressors and strains)</td>
<td></td>
<td>0.33</td>
<td>0.17</td>
<td>0.21</td>
<td>0.44</td>
</tr>
<tr>
<td><strong>Family Crisis Oriented Personal Evaluation Scales (F-COPES)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reframing – (family’s capability to redefine stressful events in order to make them more manageable)</td>
<td></td>
<td>0.41</td>
<td>0.08</td>
<td>0.14</td>
<td>0.62</td>
</tr>
<tr>
<td>Passive appraisal – (family’s ability to accept problematic issues minimising reactivity)</td>
<td></td>
<td>0.07</td>
<td>0.77</td>
<td>0.34</td>
<td>0.20</td>
</tr>
<tr>
<td>Social support – (family’s ability to actively engage in acquiring support from relatives, friends, neighbours and extended family)</td>
<td></td>
<td>0.65*</td>
<td>0.00</td>
<td>0.21</td>
<td>0.44</td>
</tr>
<tr>
<td>Spiritual and religious support – (family’s ability to acquire spiritual / religious support)</td>
<td></td>
<td>0.32</td>
<td>0.19</td>
<td>-0.33</td>
<td>0.21</td>
</tr>
</tbody>
</table>
Mobilisation – (family’s ability to acquire community resources and accept help from others)  

|            | 0.33 | 0.16 | 0.05 | 0.86 |

**Family Problem Solving Communication (FPSC)**

<table>
<thead>
<tr>
<th>Subcategory</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incendiary Communication – (pattern of family communication that is inflammatory)</td>
<td>-0.50*</td>
<td>0.03</td>
<td>-0.74*</td>
<td>0.00</td>
</tr>
<tr>
<td>Affirming Communication – (patterns of family communication which convey support and care)</td>
<td>0.66*</td>
<td>0.00</td>
<td>0.69*</td>
<td>0.00</td>
</tr>
<tr>
<td>Total FPSC score</td>
<td>0.60*</td>
<td>0.01</td>
<td>0.81*</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Family Time and Routine Index (FTRI)**

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(family activities and routines that the family use and maintain and value the practices thereof)</td>
<td>0.71*</td>
<td>0.00</td>
<td>0.68*</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*p<0.05

In order to understand the relationships indicated in the above table, it is necessary to discuss the relationships within the context of the theory pertaining to the variables, as discussed in Chapter 2, and the theory pertaining to stepfamilies, as discussed in Chapter 3.

The results indicate that for both the adults and adolescents, family adaptation (FACI8 total scores) is positively correlated to various potential resiliency variables. In this study the FACI8 is used as a measure to determine the level of family adaptation. In the Resiliency Model of Family Stress, Adjustment and Adaptation, family adaptation, indicated as XX in the model, ranges from positive *bonadaptation* which implies that the family has accepted and is able to function congruently with new patterns of functioning, versus negative *maladaptation*, which propels the family back into the crisis situation (McCubbin & McCubbin, 2001).

Three of the resiliency variables showed significant positive correlations with the FACI8 for both the adults and adolescents. These variables were family hardiness (Family Hardiness Index – FHI - total score), problem solving communication (Family Problem Solving Communication Index - FPSC - total score), and family time together and routines (Family Time and Routine Index – FTRI - total score). These significant, positive correlations will be discussed first, after which the remaining measures, namely, the Social Support Index (SSI), Relative and Friend Support (RFS), and Family Crisis Oriented Personal Evaluation Scales (F-COPES), correlations will be discussed. Before embarking on these discussions, it may be interesting to consider the results of a similar study that was undertaken in the Western Cape (du Toit-Gous & Greeff, 2005). This study of
resilience in remarried families found that for parents, family adaptation was positively correlated with family hardiness; activities and routines that help the family in spending time together and creating togetherness; affirming family communication as well as less incendiary communication; and social support. For children, family adaptation was positively correlated with all of the above, plus support from family and friends, as well as internal and external handling of problems by redefining stressful events and accepting social support. The unique findings of the current study are now outlined.

5.3.1.1 Family Hardiness Index

The first measure which showed a positive correlation with the FACI8 is the Family Hardiness Index (FHI) (total score). This measure showed a positive correlation for both adults and adolescents. The FHI was used to measure how hardiness is used as a resource to mediate the effects of stress in families, and in turn facilitate family adjustment and adaptation. Family hardiness refers to an active stance in managing stress, as well as maintaining a sense of control over life, and having a positive perception of change (McCubbin, Thompson, & McCubbin, 2001). Various authors have noted that family hardiness aids family adaptation (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Svavarssdotir, McCubbin, & Kane, 2000).

The FHI taps into the family resources (BB) and situational appraisal (CC) components of the Resiliency Model of Family Stress, Adjustment and Adaptation. The family’s appraisal comprises five processes, namely the family’s schema, family coherence, family paradigms, situational appraisal, and stressor appraisal. Situational appraisal (CC) can be described as the family’s ability to weigh up their resources against new demands on their established patterns of functioning which is created by the crisis (McCubbin & McCubbin, 2001). The family’s resources (BB) include the family’s strengths and capabilities. There are three sources that the family can draw on as resources. These include: individual family members, the family unit, and the community. McCubbin and McCubbin (2001) defined a resiliency resource as “a characteristic, trait, or competency of one of these systems (individual, family, community) that facilitates adaptation” (p. 33).

Although the concept of family hardiness is not specifically referred to in the review of remarried family literature in chapter three, various factors that contribute towards a successful stepfamily are discussed. One of these aspects is family members having realistic expectations of the new stepfamily unit (Messinger, 1984; Visher & Visher, 1979, 1990, 1996; Walsh, 2003b). In order to do this, it requires being able to manage stress, maintain a sense of control over life, whilst having a positive perception of change – the definition of family hardiness. Family members need to be able to view the new family unit as different to what a nuclear family would be and to anticipate the change with a positive, realistic attitude. Successful stepfamilies are those who
appreciate the differences and are aware that integration and adjustment is a process that takes time (Visher & Visher, 1990).

The positive correlation between the FACI8 and the Family Hardiness Index (FHI) indicates that family hardiness is a resource that aids family adaptation. While the level of significance for this correlation was high \((r = 0.82, p = 0.00)\) for the adults indicating a marked relationship between family hardiness and adjustment, the magnitude of the correlation for the adolescents was moderate \((r = 0.56, p = 0.02)\), indicating a substantial but moderate relationship between family hardiness and adjustment. This indicates that while family hardiness was important for both adults and adolescents, the strength of the relationship was stronger for the adults. One may surmise the reasons for this. It is a possibility that family hardiness is a trait that takes time to develop through one’s life through various challenges faced in life. This line of reasoning would imply that the adolescents, due to their developmental stage, have yet to fully develop the characteristic of hardiness. Also, there are three subscales to family hardiness, namely commitment, challenge, and control. While two of these subscales showed significant positive correlations for the adolescents, one did not. The control subscale did not show a significant positive correlation for the adolescents. Control implies having the ability to impact and influence events in life (McCubbin, Thompson, & McCubbin, 2001). Adolescents may feel that they have less room to voice their opinion in a family and therefore are less able to impact events. The score on this subscale would have contributed to the total score of the FHI being lower for the adolescents as opposed to the adults, which in turn effects interpreting the magnitude of the relationship for the adolescents.

5.3.1.2 Family Problem Solving Communication

The next measure which showed a positive correlation with the FACI8 for both adults and adolescents, is the Family Problem Solving Communication (FPSC) Index (total score). The FPSC was used to measure two dominant patterns in family communication which play an integral part in how families cope with tension and reach family adjustment and adaptation. The two patterns of communication are represented as two subscales, namely, incendiary communication, and affirming communication. The first type involves communication that exacerbates a conflictual situation, while the latter conveys support and cultivates a calming environment (McCubbin, et al, 2001).

The first subscale, incendiary communication, showed a negative correlation with the FACI8, for both parents \((r = -0.50, p = 0.03)\) and adolescents \((r = -0.74, p = 0.00)\). A negative correlation means that as one variable increases, the other decreases (Russell & Roberts, 2001). The results indicate that as incendiary communication increased, so family adaptation (FACI8) decreased. Conversely, the second subscale, affirming communication, showed a positive correlation with the
FACI8, for both parents \((r = 0.66, p = 0.00)\) and adolescents \((r = 0.69, p = 0.00)\). This indicates that as an affirming style of communication was used, so family adaptation (FACI8) increased.

Various authors have noted that a positive communication style aids the family’s ability to recover from a crisis and to adapt, aiding the family’s functioning (Epstein, Ryan, Bishop, Miller, & Keitner, 2003; McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Olson, 1993; Patterson, 2002b; Walsh, 1998, 2003a, 2003b). A negative communication style can make a stressful situation even worse and can increase the family’s vulnerability (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Olson, 1993; Patterson, 2002b).

Specifically within the context of a remarried family, communication has also been highlighted as a key ingredient for family members to build close relationships for efficient family functioning (Swenson, 1997). While family members are aware of how each member communicates within first marriage families, these processes are new in a stepfamily and need to be learnt and understood (Swenson, 1997).

The FPSC measures the problem solving and coping (PSC) component of the Resiliency Model of Family Stress, Adjustment and Adaptation. Within the Resiliency Model of Family Stress, Adjustment and Adaptation, coping behaviour is defined by McCubbin and McCubbin (2001) as “a specific effort (covert or overt) by which an individual family member or the family functioning as a whole attempts to reduce or manage a demand on the family system and bring resources to bear to manage the situation” (p. 49). The negative correlation between incendiary communication and the FACI8 indicates that this style of communication worsens family adaptation. The positive correlation between affirming communication and the FACI8 indicates that this style of communication aids family adaptation.

In order to look at the strength of the relationship, the researcher will look at the total FPSC score. While the magnitude of the relationship for this correlation was moderate \((r = 0.60, p = 0.01)\) for the adults indicating a substantial relationship between family problem solving and communication (FPSC total) and adaptation, the magnitude of the relationship for the adolescents was high \((r = 0.81, p = 0.00)\), indicating a marked relationship between family problem solving and communication (FPSC total) and adaptation. This indicates that while family problem solving and communication was important for both adults and adolescents, the magnitude of the relationship was stronger for the adolescents.

One could speculate the reasons for the difference in the magnitude of the relationship for adults and adolescents. A possible reason for the importance placed on communication by the adolescents could be linked to their developmental stage. According to Erikson (1963), the primary task during the stage of identity versus role confusion is forming one’s identity (Craig, 1996). The conditions that foster this are stability, continuity, and positive feedback, while the conditions that hinder this
task are unclear feedback and expectations (Craig, 1996). Unclear feedback and expectations could be linked to incendiary communication, while positive feedback could be linked to affirming communication. Because these conditions have been emphasized as having particular importance during this specific stage of development, one could speculate that this may be the reason that the adolescents have viewed communication as having a marked relationship with family adaptation.

5.3.1.3 Family Time and Routine Index

The third and final variable which showed a positive correlation with the FACI8 for both adults and adolescents, is family time and routines (Family Time and Routine Index) (FTRI). The FTRI was used to measure both the type of activities and routines families partake in, as well as the degree of importance which they place on these activities and routines. This positive correlation is in agreement with literature, as various authors have noted that family time and routines serve as a resiliency factor in aiding family adaptation. According to McCubbin, et al. (2001), family time together and routines are reliable indices of family integration and stability. Family time and routines often help the family amidst a crisis to maintain a sense of stability and continuity. Spending time together and having routines helps the family system create a sense of predictability (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Within the context of a remarried family, time together contributes towards forming a strong couple bond, an essential ingredient of a successful remarried family (Visher & Visher, 1990). Routines and rituals have been noted by researchers as promoting the development of close relationships within a remarried family, and contributing towards the family’s sense of continuity and stability (Kelley, 1995; Visher & Visher, 1990, 1996; Walsh, 1998).

The FTRI links into the family type (T) component of the Resiliency Model of Family Stress, Adjustment and Adaptation. A family’s typology describes how the family unit usually behaves (i.e., their established patterns of functioning). There are four typologies of patterns of functioning (Hawley, 2000). These are as follows: the regenerative typology, the versatile typology, the rhythmic typology, and the traditionalistic typology. These typologies are described in detail in chapter 2. The positive correlation between the FACI8 and the Family Time and Routines Index (FTRI) indicates that family time and routines are a resource that aids family adaptation.

While the magnitude of this correlation was high ($r = 0.71$, $p = 0.00$) for the adults indicating a marked relationship between family time and routines and adjustment, the significance of the correlation for the adolescents was moderate ($r = 0.68$, $p = 0.00$), indicating a moderate but substantial relationship between family time and routines and adjustment. This indicates that family time and routines, although important for both adults and adolescents, were more significant for the adults. The reason for this could be tied into the adolescents’ stage of development. Adolescence is
a period during which the adolescent attempts to establish roles separate to the family (Pasley, Rhoden, Visher, & Visher, 1996; Visher & Visher, 1979). The adolescent would therefore be loosening emotional ties with the family. One could surmise then that family time together and routines would therefore not be as important during this stage of their development.

Another possible explanation for the fact that the relationship is greater for the adults as opposed to the adolescents could be related to the questionnaire. The FTRI consists of eight subscales. Two of these subscales may not be relevant to the adolescents. These are the Couple togetherness subscale, which measures how important it is to establish routines to enhance communication between couples; and the Child routines subscale, which measures how important children’s routines are. The adolescents may have felt that the questions were not relevant to them and therefore scored these items as false or not applicable, whereas the adults would have found these items more applicable.

5.3.1.4 Social Support Index (SSI), Relative and Friend Support (RFS), and the Family Crisis Oriented Personal Evaluation Scales (F-COPES)

Only one of the five subscales of the Family Crisis Oriented Personal Evaluation Scales (F-COPES) showed a significant positive correlation with the FAC18. The F-COPES measures coping behaviours and strategies on two levels, namely, individual to family system (internal coping mechanisms); and family to environment (external coping mechanisms) (McCubbin, Thompson, & McCubbin, 2001). The subscale that showed a significant positive correlation with the FAC18 was the Social support subscale, which indicated a positive correlation for the adult participants, but not for the adolescents. The Social support subscale measures the family’s ability to actively engage in acquiring support from relatives, friends, neighbours and extended family. The strength of the relationship was moderate ($r = 0.65$, $p = 0.00$), indicating a moderate but substantial relationship with social support and family adaptation for adults. This indicates that social support aids the adults’ adaptation.

This is in agreement with literature as various authors acknowledge that social support serves as a recovery and protective factor during difficult times (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Walsh, 1996; 2003a; Wills, Blechman, & McNamara, 1996). Although a significant positive correlation was indicated on this subscale, no significant correlation was indicated between the FAC18 and the Social Support Index (SSI) or the Relative and Friend Support (RFS).

Although social support is highlighted in literature as important for adolescents’ adjustment especially during divorce and remarriage (Hetherington, 1989; 2003), no significant correlation was indicated between the FAC18 and the social support subscale of the F-COPES, the Social Support Index (SSI) or the Relative and Friend Support (RFS). Examples of questions from these measures
are, “If I had an emergency, even people I do not know in this community would be willing to help” (Social Support Index); “Asking relatives how they feel about the problems we face” (Relative and Friend Support); and “Sharing concerns with close friends” (social support subscale of the F-COPES).

One could surmise that these potential resiliency variables are not sufficiently tapped into because of the stigma in society that is associated with being part of a stepfamily. According to research, stepfamilies are the families that receive the least amount of support, and are the most stigmatized (Ganong & Coleman, 1994). According to research, societal views influence the level of social support that stepfamilies receive, which consequently affects their abilities to function effectively (Cherlin, 1978).

Another reason might be tied to adolescents’ stage of development. Adolescence is a period during which they are self-conscious of their peers’ opinions. Because of the stigma associated with being part of a stepfamily, one could surmise that adolescents would fear being stigmatized by their peers should they reach out to them for social support.

5.3.1.5 Summary of correlation results

In conclusion, three measures showed significant positive correlations with the FACI8 for both adults and adolescents. These measures were the Family Hardiness Index (FHI) (total score), the Family Problem Solving Communication (FPSC) (total score), and the Family Time and Routine Index (FTRI) (total score). The Social Support subscale of the F-COPES showed a positive correlation with the FACI8 for the adults, whereas the remaining resiliency measures (SSI, RFS, and remaining F-COPES subscales) did not show significant correlations with the FACI8 for the adults or adolescents. On the following page is a graph depicting the significant correlations for both adult and adolescent participants.
Graph 1: Graph depicting significant correlations for adults and adolescents

Now that the correlations have been discussed, the results of the regression analysis are presented and explained.

5.3.2 Regression Results

A best-subset regression analysis was conducted for both the adults and the adolescents in the sample. It is important to note before interpreting the analysis that the sample size was small, which may have impacted the results. The results are presented in the following tables.

Table 9: Summary of regression analysis for variables predicting family adaptation (FACI8) (Adults, N=19)

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>p-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Hardiness Index (FHI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.43</td>
<td>0.72</td>
<td>0.67</td>
<td>0.00</td>
</tr>
<tr>
<td>Family Crisis Oriented Personal Evaluation Scales (F-COPES)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Support Subscale</td>
<td>0.28</td>
<td>0.08</td>
<td>0.42</td>
<td>0.00</td>
</tr>
<tr>
<td>R²</td>
<td></td>
<td></td>
<td></td>
<td>0.82</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>36.30</td>
</tr>
</tbody>
</table>
The identified variables declared 82% ($R^2 = 0.82$) of the variance in FACI8 scores. The following variables are, according to the adults, best predictors for family adaptation (FACI8):

- Family hardiness, which refers to the ability to have a sense of control over the outcomes in one’s life by having an active orientation in adjusting to and managing stressful situations.
- Social support, which refers to the family’s ability to actively engage in acquiring support from relatives, friends, neighbours and extended family (Family Crisis Oriented Personal Evaluation Scale: Social Support subscale).

### Table 10: Summary of regression analysis for variables predicting family adaptation (FACI8) (Adolescents, N=16)

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>p-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Crisis Oriented Personal Evaluation Scales</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F-COPES)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Support Subscale</td>
<td>-0.18</td>
<td>0.15</td>
<td>-0.19</td>
<td>0.27</td>
</tr>
<tr>
<td>Reframing Subscale</td>
<td>-0.38</td>
<td>0.34</td>
<td>-0.17</td>
<td>0.29</td>
</tr>
<tr>
<td>Family Problem Solving Communication (FPSC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.87</td>
<td>0.22</td>
<td>0.79</td>
<td>0.00</td>
</tr>
<tr>
<td>Family Time and Routines Index (FTRI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0.19</td>
<td>0.10</td>
<td>0.32</td>
<td>0.09</td>
</tr>
<tr>
<td>$R^2$</td>
<td>0.79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>9.51</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The identified variables declared 79% of the variance in FACI8 scores ($R^2 = 0.79$). The following variables are, according to the adolescents, best predictors for family adaptation (FACI8):

- Family Problem Solving Communication, and
- Spending family time together and engaging in routines that help the family create togetherness and a sense of stability (Family Time and Routine Index).

5.3.2.1 Speculation regarding differences between adults and adolescent results

While the regression analysis of the adult participants’ data has indicated that family hardiness and social support are the best predictors of adaptation, the data obtained from the adolescents has indicated that communication, and spending time together and engaging in routines, are the best predictors of adaptation. While the researcher would like to caution again that the small sample
size (adults N = 19; adolescents N = 16) may have impacted these results, one may still tentatively speculate the potential reason for these differences.

One possible reason for the difference could be related to the adults’ and adolescents’ differing stages of psychosocial development. While the adult sample, according to their age, find themselves in the stage of generativity versus stagnation, it was previously discussed in section 5.2.2.1 that the movement into the next stage is dependent on the resolution of earlier conflicts. This could potentially mean that the adult sample may be revisiting the task of intimacy versus isolation. The three subscales of family hardiness, namely commitment, challenge, and control would be important aspects which would relate to the tasks of both of these psychosocial stages. Social support might also play an important contributory role in helping adults achieve these tasks.

The adolescents find themselves in Erikson’s stage of identity versus role confusion, where the focus is on the formation of one’s identity. The adolescents indicated that for them, the best predictors of adaptation are communication and spending time together and engaging in routines. Regarding the importance of communication, possible reasons adolescents have attributed importance to this variable have already been discussed under section 5.3.1.2. During this discussion, the researcher noted that unclear feedback and expectations could be linked to incendiary communication, while positive feedback could be linked to affirming communication.

Regarding spending time together and engaging in routines, the researcher would also consider the adolescents’ psychosocial stage of development. One might be led to the conclusion that considering the adolescents’ stage of development, they would be naturally separating from their family in order to establish their individuality. However, spending time together and engaging in routines implies spending time with the family, something that may be contradictory to their natural inclination during this stage. However, if one considers the conditions that foster the achievement of the tasks of this stage of development – stability and continuity – one could surmise that spending time together and engaging in routines would help create a sense of stability and continuity for the adolescents, thus being a possible reason why they consider this an important predictor of family adaptation.

5.4 Results of the Qualitative Analysis

The qualitative data was analyzed using Tesch’s model of content analysis, and an independent coder was employed to ensure the trustworthiness of the process of analysis. The question that was asked was, “In your own words, what are the most important factors, or strengths, which have helped your family manage being part of a stepfamily?” The adults’ and adolescents’ answers were analyzed separately and are presented in separate tables. Although common themes emerged between both the adults and adolescents, more themes emerged from the adults. After the tables are
presented which identify the themes and subthemes, a discussion will follow regarding common themes between the adults and adolescents, and thereafter the themes that were unique to the adults.

Table 11: Adult themes which emerged from the content analysis (N = 19)

<table>
<thead>
<tr>
<th>THEME</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>• Belief</td>
<td>10 (10)</td>
</tr>
<tr>
<td>• Behaviour</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Boundaries</td>
<td></td>
</tr>
<tr>
<td>• Specific roles</td>
<td>8 (6)</td>
</tr>
<tr>
<td>• Space, rules &amp; regulations</td>
<td>5 (5)</td>
</tr>
<tr>
<td>Respect, love, understanding, compassion &amp; acceptance</td>
<td>8</td>
</tr>
<tr>
<td>Communication</td>
<td>6</td>
</tr>
<tr>
<td>Flexibility / Tolerance</td>
<td>5</td>
</tr>
<tr>
<td>Time Together / Routines</td>
<td>4</td>
</tr>
<tr>
<td>Equality</td>
<td>4</td>
</tr>
<tr>
<td>Forgiveness / Acceptance of past</td>
<td>4</td>
</tr>
<tr>
<td>Commitment &amp; being positive</td>
<td>3</td>
</tr>
<tr>
<td>Social support</td>
<td>2</td>
</tr>
<tr>
<td>Financial support</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 12: Adolescent themes which emerged from the content analysis (N = 13)

<table>
<thead>
<tr>
<th>THEME</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>8</td>
</tr>
<tr>
<td>Bonding</td>
<td>7</td>
</tr>
<tr>
<td>• Cohesiveness / Bonding</td>
<td>5 (5)</td>
</tr>
<tr>
<td>• Time Together</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Respect &amp; love</td>
<td>5</td>
</tr>
<tr>
<td>Social support</td>
<td>4</td>
</tr>
<tr>
<td>Spirituality</td>
<td>4</td>
</tr>
<tr>
<td>Boundaries</td>
<td>4</td>
</tr>
<tr>
<td>Flexibility &amp; adaptability</td>
<td>2</td>
</tr>
</tbody>
</table>
5.4.1 Spirituality

The theme that emerged most frequently for the adults (10), and also emerged for the adolescents, although it was less frequent (4), was that of spirituality. The adults’ responses can be further divided into two subthemes of belief in God (10), and a behaviour pertaining specifically to spirituality (3).

Examples of adults’ verbatim responses pertaining to belief in God are:
- “Above all, we cannot make this work without God in our lives. He guides and strengthens us to do and say what we have to in order for our family to survive…” and
- “By the grace of God…”

Examples pertaining specifically to a behaviour pertaining to spirituality include:
- “I got my strength through prayer…” and
- “My husband and I talk about our faith a lot, and the importance of praying about situations”.

Examples of adolescents’ verbatim responses pertaining to belief in God are:
- “God played a huge role in helping me and my family cope”, and
- “by praying our family grew closer…”.

Spirituality has been highlighted in literature as a resiliency variable (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Patterson, 2002b; Walsh, 1998, 1999; Werner & Smith, 1992; Yates & Masten, 2004). Research has proven that spiritual beliefs and practices are key ingredients in healthy family functioning (Walsh, 1999). Participants’ responses are therefore in agreement with literature that spirituality is a resource they are able to tap into to help them cope within the context of a remarried family.

5.4.2 Boundaries

The next theme that emerged most frequently from adults’ responses was the importance of boundaries. This theme emerged 8 times with subthemes of specific roles (6), and the importance of space, rules and regulations (5). This theme also emerged for adolescents, although it was less frequent (4).

Adults’ responses firstly highlighted the importance of having specific roles within the stepfamily. Examples of verbatim responses pertaining to this were,
- “There always was acceptance for me as the new head of the family and generally everybody in the family came to know what their role and contribution to the family must be”.

• “He (stepfather) doesn’t try to take the place of Dad in my daughters life yet he is supportive financially and emotionally and sets boundaries which she respects because he earns respect by his conduct”.

The importance of having one’s own personal space, as well as rules and regulations was also highlighted. Examples of verbatim responses pertaining to this were,
• “Every person in the family must know exactly what the rules and regulations are. There must be clear rules and regulations in the first place”.

A quote pertaining to having one’s personal space is,
• “The (children) have learnt to keep out of each others way”.

Boundaries also emerged as a theme from the adolescents’ responses. Verbatim responses include:
• “Each family has different rules that must be obeyed”, and
• “Staying out of each others hair”.

All of these statements are in agreement with literature. Maintenance of various types of boundaries have been highlighted by researchers as a challenge in remarried families, but also as a characteristic of successful stepfamilies. Although boundary disputes are common in the formation of a stepfamily (Ganong & Coleman, 1994; Gold, Bubenzer, & West, 1993; McGoldrick & Carter, 1988; Papernow, 1993; Swenson, 1997; Walsh, 2003b), if the couple relationship is strong, it may serve as a buffer when other family relationships become conflictual (Mills, 1984; Visher & Visher, 1988). It is also imperative that every family member have their own emotional and physical personal space (Kelley, 1995; Walsh, 2003b). With regards to specific roles, stepparents can take a variety of roles other than “parent”, such as companion or confidante, which become mutually beneficial and satisfactory relationships (Bray & Kelly, 1998; Erera-Weatherly, 1996; Kelley, 1995; Mills, 1984; Visher & Visher, 1990; Walsh, 2003b).

5.4.3 Respect, Love, Understanding, Compassion and Acceptance

Although no questionnaire was used to determine individual characteristics that aided family members’ resilience, both adult and adolescent participants identified various individual characteristics, traits, or attitudes in helping them cope. Adult participants identified respect, love, understanding, compassion and acceptance (8) as factors contributing towards them coping within a remarried family. Adolescent participants identified respect and love (5) as factors helping them cope within their new stepfamilies. Adults’ quotes include:
• “The most important factor is the love and respect that we have for each other”;
• “My partner’s unconditional love for and acceptance of my children”; and
• “Compassion and love is a huge factor”.

Adolescents’ quotes include:
• “The understanding and love shared”; and
• “If there is no respect and love in the family then it’s only going to be fighting all the time”.

Although these variables are crucial, these are variables that take time to develop. According to various authors, there needs to be recognition that adjustment and love take time to develop in a remarried family (Messinger, 1984; Pasley, Rhoden, Visher, & Visher, 1996; Visher, Visher, & Pasley, 1997; Walsh, 2003b). They are also variables that can be related to the many unique challenges that a stepfamily faces. Examples of these challenges are discussed in detail in chapter three, however brief examples of relating these variables to various challenges include: respecting previous routines or traditions from original families, (Walsh, 1998); and respecting the new couple bond (Visher & Visher, 1990).

Successful stepfamilies are defined as those who appreciate differences and are aware that integration and adjustment is a process that takes time (Visher & Visher, 1990). Respect, love, compassion, understanding, and acceptance help members to appreciate these differences, thus aiding in integration and adjustment.

5.4.4 Communication

Communication was the theme most frequently identified as an important resiliency factor amongst the adolescent participants (8). It was also identified by adult participants as important (6).

Examples of adolescents’ verbatim responses which emphasize communication in response to the question “which factors or strengths have helped your family manage being part of a stepfamily” include:

• “Being honest when something is bothering me”.
• “The fact that we are all open and very expressive when certain difficulties arise”; and
• “Communicating with each other…”

Adults’ verbatim responses which highlight communication as an important factor are:

• “All channels of communication must be kept open at all costs”.
• “Trying at all times to talk things through as a family…”
• “Communication, and the willingness to hear each other out”.

As previously discussed in chapter two, three and previously in this chapter under section 5.3, communication has been highlighted in literature as an important resiliency variable (Epstein, Ryan, Bishop, Miller, & Keitner, 2003; McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Olson, 1993; Patterson, 2002b; Walsh, 1998, 2003a, 2003b). Specifically within the context of a remarried family, communication has also been highlighted as a key ingredient for family members to build close relationships for efficient family functioning (Kelley, 1995; Swenson, 1997). In the
quantitative analysis of the questionnaires, communication was also found to have a positive correlation with the FACI8. The qualitative analysis therefore confirms these results.

5.4.5 Flexibility and Tolerance

Flexibility and tolerance was highlighted by adult participants as a factor helping them manage being part of a stepfamily (5). Flexibility and adaptability were also identified, though less frequently (2), as important for adolescents.

Adults’ verbatim responses that identified this as a theme include:

- “Being able to accommodate changes in your normal routines”.
- “Tolerance”

An example of an adolescent’s verbatim response is:

- “I just go with the flow and do what is asked of me…”

This theme is congruent with literature, as various authors have discussed flexibility, and being able to adapt, as a crucial resiliency factor (McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Olson, 1993; Patterson, 2002a, 2002b; Walsh, 2003a, 2003b). When a family has flexibility, they are able to adjust their patterns of functioning to help them cope in times of difficulty (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Specifically within the context of a remarried family, there are many transitions. Walsh (1998) explained that there needs to be a balance between predictable structure and being able to adjust that structure when change becomes necessary within a family (Walsh, 1998). Other authors also noted the importance of flexibility or adaptability within the context of the remarried family (Kelley, 1995; Pill, 1990).

5.4.6 Time together, Bonding and Routines

The importance of bonding and developing family cohesiveness was the second most frequent theme that emerged from adolescents’ responses (7). The subthemes of cohesiveness / bonding (5), and spending time together (2) were further identified. Spending time together as well as having routines was also identified by adults as important, though it appeared less frequently (4).

Examples of adolescents’ verbatim responses which indicated the importance of cohesiveness and bonding are:

- “We stand together…”
- “My stepfather and I have a bond…”

An example of an adolescent’s verbatim response indicating the importance of spending time together is:

- “spending time together and just bonding”.
Examples of adults’ verbatim responses which highlight spending time together and having routines as an important aspect are:

- “We do a lot of things together as a family”.
- “We also did things together as a family, where it was only us as a family doing these things”.
- “We try to make time for each other, even if it is just to talk or have a cup of coffee together”.

As well as emerging as a theme in the qualitative analysis, the quantitative analysis also showed a positive correlation for both adults and adolescents with the FACI8 and the Family Time and Routine Index (FTRI). This is congruent with literature, as previously discussed under section 5.3. Spending time together and routines promote a sense of predictability (McCubbin, McCubbin, Thompson, Han, & Allen, 1997).

Specifically within a remarried family, researchers have noted that routines and rituals promote the development of close relationships, and contributing towards the family’s sense of continuity and stability (Kelley, 1995; Visher & Visher, 1990, 1996; Walsh, 1998).

5.4.7 Social Support

Social support was identified as an important factor in helping both adults and adolescents cope as a result of being part of a stepfamily. This appeared to be more important for adolescents as it appeared more frequently (4) than it did for the adults (2).

Examples of verbatim responses from adolescents that highlighted social support as an important factor include:

- “The new friends.”
- “Friends have been a big support.”

Examples of verbatim responses from adults that highlighted social support as an important factor include:

- “Family and friends have helped a lot through the years. Being able to discuss things and get their point of views.”
- “…my friends were also amazing. They were there when I wanted to talk or just cry they were always there for me.”

In the quantitative component of the study there was no significant correlation between the Social Support Index (SSI) and the FACI8. The low Cronbach alpha reliability coefficient of the SSI for this sample (.68) could explain why there was no correlation with the FACI8. However there was a correlation between the social support subscale of the F-COPES with the FACI8 for the adults. Social support has emerged within the qualitative component of this study as a factor aiding
family members being able to cope for both the adult and adolescent participants. Literature has highlighted that social support is an important resiliency variable (Kelley, 1995; McCubbin, McCubbin, Thompson, Han, & Allen, 1997; Walsh, 1996, 2003a; Wills, Blechman, & McNamara, 1996). Hetherington (1989; 2003) also specifically highlighted the crucial role that relationships play in the adjustment of children in divorced and remarried families, especially during adolescence.

5.4.8 Equality

Equality was identified as an important factor for the adults in helping them manage being part of a stepfamily. This theme emerged 4 times. Examples of verbatim quotes from adults included:

- “trying to be fair to all”
- “I believe the biggest strength was not allowing the blood separation get in the way – they are our children and all are treated as part of one family”.

According to literature, equality may contribute to the resilient family as it fosters independence and self-reliance amongst family members (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Specifically within the context of a remarried family, boundary disputes and loyalty conflicts are amongst the challenges that stepfamilies face. The family may initially be split along biological lines in these conflicts. Triangles can also become rigid and unproductive in stepfamilies (McGoldrick & Carter, 1988; Walsh, 2003b). All of these struggles contribute towards inequality amongst the family members. It has been made clear by the adult participants that viewing each family member, whether biological or step, as equal contributes towards their success and strength as a stepfamily.

5.4.9 Forgiveness and Acceptance of the Past

Being able to forgive and accept the past emerged as a theme for the adult participants. Examples of verbatim quotes from the adults included:

- “We do not dwell in the past”.
- “I choose to forgive my ex and his wife…”
- “Having learnt to be forgiving”.

Various authors have referred to physical and emotional health of family members as promoting resiliency in the family unit (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). According to the participants, extending forgiveness and accepting the past has aided their ability to manage being part of a stepfamily. This is congruent with literature, as mourning previous relationship losses and letting go of the past is a vital step in being able to move towards successful adaptation within a stepfamily (Visher & Visher, 1990; Walsh, 2003b). Another characteristic that contributes
to successful stepfamily life is that separate households, such as biological parents and stepparents cooperate (Visher & Visher, 1990, 1996; Walsh, 2003b). This cooperation is facilitated through forgiveness and letting go of the past.

5.4.10 Commitment and Being Positive

The adults acknowledged the difficulty of being part of a stepfamily in their responses. However, they commented that despite the difficulties of learning to adjust and adapt to family members and the process of forming a new family unit, commitment and effort to the process, as well as being positive, is important.

Examples of verbatim quotes from the adults included:

- “I want to see my husband happy and that is possible if the family all get on”.
- “Commitment to my family, especially my children and marriage…”

Being positive emerged as an undertone throughout participants’ responses, that despite challenges, they chose to focus on the positive as opposed to the negative. Hope is referred to in literature as a protective and recovery factor aiding family adaptation (McCubbin, McCubbin, Thompson, Han, & Allen, 1997). Seligman (1990) referred to “learned optimism” in explaining the sense that people have when they begin to believe in their efforts.

Remarriages hold a higher divorce rate than first marriages (Fine & Schwebel, 1992; White & Booth, 1985). Commitment is therefore crucial in order to help maintain the newly formed stepfamily.

5.4.11 Financial Support

Having financial support was the last theme, and the least frequent (2), which emerged from the adults. An example of an adult’s verbatim quote is:

- “Financial security also does help”.

This is congruent with literature as Walsh (1998) stated that financial resources should also be considered when considering family resilience. This is because financial concerns can place an additional strain on the family’s ability to adjust by contributing towards a pile-up of stress.

5.4.12 Summary of Qualitative Results

Various common themes emerged between the adult and adolescent participants’ responses. These common themes were spirituality; boundaries; respect, love, understanding, compassion and acceptance; communication; flexibility and tolerance; time together, bonding, and routines; and social support. These common themes were discussed first. There were four remaining themes that were identified by the adults as important factors helping them manage being part of a stepfamily.
These four remaining themes were equality; forgiveness and acceptance of the past; commitment and being positive; and financial support. These factors were discussed after the common themes.

5.5 Summary Integrating Qualitative and Quantitative Results

As the results of the quantitative and qualitative analyses have been presented, the researcher observed three noteworthy aspects when integrating both the quantitative and qualitative data. The first was that there was a correlation between certain of the qualitative and quantitative results. Secondly, there were new themes that emerged in the qualitative data that were not tapped into via the structured questionnaires. Finally, there were themes that emerged in the qualitative results, yet not in the quantitative results despite a measure tapping into this theme. Following is a table integrating the quantitative and qualitative results, depicting these three noteworthy aspects of the results of the study.

Table 13: Summary table integrating quantitative and qualitative results

<table>
<thead>
<tr>
<th>Adults</th>
<th>Qualitative Themes</th>
<th>FHI</th>
<th>SSI</th>
<th>RFS</th>
<th>F-COPES</th>
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Themes that emerged that were not tapped into via questionnaires
Correlations between qualitative and quantitative results
Themes that emerged in qualitative results but not in quantitative results (even though measure tapped into this theme)
5.6 Conclusion

The results, together with a discussion of the results, were presented in this chapter. First the biographical particulars of the participants were discussed. Where applicable, correlations between the biographical information and the FAC18 was discussed. The results of the correlation and regression analyses were then discussed and where possible, these results were discussed in relation to literature cited in earlier chapters. The themes that emerged from the qualitative component of the study were then discussed and also related to previously discussed literature and to the quantitative results where applicable. The conclusions of the study, limitations, and recommendations for future research are outlined in the following chapter.
CHAPTER 6
Conclusions, Limitations, and Recommendations

6.1 Introduction

This chapter provides a summary of the conclusions that were reached based on the key findings of this study. The limitations of the study as well as the value of the study are also discussed. The chapter is concluded by outlining recommendations for future research.

6.2 Conclusions

When discussing the conclusions of the results of the study, it is imperative to use the aim of the study as a departure point. The aim of this study was to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily. This was done for both adults and adolescents within a stepfamily.

Three resiliency measures showed significant positive correlations with the FACI8 for both adults and adolescents. These measures were the Family Hardiness Index (FHI) (total score), the Family Problem Solving Communication (FPSC) Index (total score), and the Family Time and Routine Index (FTRI) (total score). This indicated that these variables were positively correlated to family adaptation for both adults and adolescents.

For the adults, there was also a significant positive correlation between the Social support subscale of the Family Crisis Oriented Personal Evaluation Scales (F-COPES) and the FACI8. This means that social support is positively correlated with family adaptation for adults in a stepfamily.

According to the results of the best-subset regression analyses, for the adult participants’, family hardiness and social support are the variables which are the best predictors for family adaptation. For the adolescents, these variables are family problem solving communication and spending time together as well as engaging in routines. This indicated that for the adolescent participants, these two variables are the best predictors for family adaptation.

The results of the qualitative analysis contributed towards helping the researcher identify, explore and describe, from the participants’ perspectives, which factors helped them manage being part of a stepfamily. For the adult participants, eleven themes emerged from the analysis, as well as sub-themes. The main theme that emerged most frequently was spirituality (with subthemes of belief in God, and a behaviour pertaining to spirituality). This indicated that the adult participants viewed spirituality as an important resource they are able to use to help them manage within the context of a remarried family. The remaining themes that emerged were: boundaries; respect, love, understanding, compassion, and acceptance; communication, flexibility and tolerance; time together and routines; equality; forgiveness and acceptance of the past; commitment and being positive;
social support; and financial support. These are all factors which adult participants viewed as helping them manage being part of a stepfamily.

Seven themes (with subthemes) emerged from the analysis of the adolescent participants’ responses. For the adolescents, the main theme that emerged most frequently was communication. This indicated that the adolescent participants viewed communication as the most important resiliency factor helping them manage being part of a stepfamily. The remaining themes that emerged were: bonding; respect and love; social support; spirituality; boundaries; flexibility and adaptability.

This study has made a valuable contribution to research in different ways. Following is a discussion pertaining to the value of the research study.

6.3 Value of the Research

The current study contributes to the growing body of research focusing on family resilience. This perspective holds great value for the field of family psychology (DeHaan, Hawley & Deal, 2002; Hawley & DeHaan, 1996; Patterson, 2002a; Walsh, 2002, 2003a). This positive approach views families with respect and recognizes their resources and success (Patterson, 2002a; Walsh, 2002). Specifically within the context of the remarried family, the value of the change from a pathogenic model focusing on the impact of divorce and remarriage to one where the focus is on diversity of change and outcome is of paramount value (Dunn & Booth, 1994; Hetherington & Jodl, 1994). Ganong and Coleman (2002) suggested that we are entering the “Age of Resilience” (p. 346). This research thus contributes towards what has been previously forecast as a developing focal area of study.

Knowledge about resilience within a family context is limited (McCubbin & McCubbin, 2001). With stepfamilies forecast as becoming the most common family form (McGoldrick & Carter, 2005), there is value in understanding what contributes towards the success and resilience of this unique family structure. Researchers have called for further studies of well-functioning stepfamilies (Coleman, Ganong, & Fine, 2000; Ganong & Coleman, 1994). The value of this research is then that it contributes towards describing what variables stepfamilies employ in helping them manage being part of a stepfamily.

A further contribution that this study has made is from its qualitative component. Qualitative investigations have been noted as needed to complement the study of resilient families (Coleman, Ganong & Fine, 2000; McCubbin & McCubbin, 2001; Patterson, 2002a). There has been a gap in research specifically surrounding the feelings and perceptions of children regarding their experiences of being part of a stepfamily (Dunn & Booth, 1994). The value then of this study is
that the qualitative component gave both adults and adolescents the opportunity to convey their experiences and contributions as a result of being part of a stepfamily.

Whilst stepfamilies are becoming prevalent in society, most research has focussed on intact nuclear family forms (McGoldrick & Carter, 1988; 2005). This in turn may impact interventions which are frequently tailored using guidelines from first marriage families. However, a different paradigm is necessary for remarried families (McGoldrick & Carter, 2005). The study of resilient families holds potential for the creation of family interventions (Hawley, 2000; Hawley & DeHaan, 1996; Walsh, 2003a). It has also been found that children of divorce and remarriage can develop into well-functioning adolescents and that certain patterns of stepfamily relationships facilitate this adjustment (Bray, 1999). As a result, this study holds value as it may contribute towards informing and improving intervention and psychoeducation efforts regarding how remarried families remain resilient. This study has contributed towards these efforts by revealing what resiliency variables the participants in the study found to aid their adaptation.

Society generally perceives stepfamilies with a stigmatized view, seeing them as less functional and problematic (Ganong & Coleman, 1997). By studying stepfamilies from a resiliency perspective, the researcher hopes to have contributed in affirming remarried families’ effective functioning which may, in turn, aid their resilience. In addition, although the divorce rate in remarriages is significantly high, there is a percentage that remains intact and manages to function and sustain itself. The value of this study lies in exploring what factors contribute to these stepfamilies embracing the challenge of adapting to remarriage and helping them remain resilient. This is congruent with a resiliency perspective, as Walsh (1998) stated that instead of focussing on how families have failed, we should focus on their ability to succeed by paying attention to their ability to survive and grow.

While this study holds valuable contributions to research, there are also limitations to this study that have been noted by the researcher. Following is a discussion outlining these limitations.

6.4 Limitations

It is important to consider the various limitations to this research. One of the limitations pertains to the methodology. Non-probability sampling was used to collect the data for this study. With purposive and snowball sampling, the sample is not randomly selected and is therefore not representative of the general population. This is a limitation of the study as it means that the results may not be generalized to the general population of remarried families.

Another limitation related to the methodology is the exploratory nature of this research. Exploratory research implies studying a new and unstudied area in the hope of formulating future research questions. The field of family resilience is new and relatively unstudied in South Africa.
However, this means that the researcher had scarce South African research on which to draw from as a resource. It also means that the results of the study may not be generalized to the general population of remarried families.

Despite the fact that 49 sets (98 questionnaires, as a set contained one set of adult questionnaires and one set of adolescent questionnaires) of questionnaires were mailed and delivered to potential participants, only 39 participants responded. Of those 39 participants, only 35 of the questionnaires were usable as the remainder of the participants did not meet the inclusion criteria of the study. In addition, some of the adolescent participants did not complete the open-ended question on the biographical questionnaire which further reduced the number of participants for the qualitative component of the study. The researcher made every attempt to collect the remainder of the questionnaires. The low response rate resulted in a small sample size which contributes to the questionability of the results of the regression analyses.

The small sample size also contributes to another limitation of this study which is the unrepresentative nature of the various ethnicities in the Eastern Cape. The researcher made every attempt to include all ethnic groups in the study through the various data gathering techniques which included advertising in a newspaper published and freely available throughout the Nelson Mandela Metropole, placing an advert in a local community email newsletter, sending an email to every staff member and student at the Nelson Mandela Metropolitan University, visiting various lectures to explain the research at the Nelson Mandela Metropolitan University where the students consisted of diverse ethnic groups, as well as gaining participants through word of mouth. However, despite these attempts to include an ethnically representative sample, the small sample does not adequately represent the diverse ethnicities within the Eastern Cape.

A limitation related to the Family Time and Routines Index (FTRI) includes the nature of some of the questions. While the study specifically targeted stepfamilies including an adolescent, there were questions which specifically tapped into activities of young children and parents, which may not have been applicable to this sample.

With regards to the adult biographical questionnaire, the researcher could have included a question enquiring about the pathway participants took to remarriage. According to literature there are three pathways to remarriage, namely divorce, postbereavement, and when an unmarried parent marries (Ganong & Coleman, 1994). Each of these pathways presents unique challenges in the remarried family. It may have enriched the study further to have been aware of which pathways participants took.

There is also a limitation regarding the adolescent biographical questionnaire. On this questionnaire the researcher asked adolescents to indicate their position in the family. However, the questionnaire did not make room for participants to indicate whether the position that they indicated
was their biological or step position within the family. This appeared to confuse some participants as they were not sure how to answer this question.

It has been recommended in literature that research within the field of family resilience be of a longitudinal nature (Hawley & DeHaan, 1996; Patterson, 2002a). This is because family resilience is considered a process that a family follows over time (DeHaan, Hawley, & Deal, 2002; Hawley, 2000). However, conducting longitudinal research was not possible in this study as it was not part of the aim of this study. It should also be noted that researchers have commented that because the field of family resilience is relatively new, insufficient time has passed for longitudinal studies to have been conducted (DeHaan, Hawley, & Deal, 2002).

Based on the various limitations that have been discussed, recommendations for future research can be made. Following is a discussion pertaining to recommendations for future research.

6.5 Recommendations for Future Research

Firstly, it is recommended that should this study be replicated in the future, a larger, representative sample be used so that the results can be generalized to broader populations of remarried families. A significant amount of literature cited in this study originates from international sources. This supports the researcher’s recommendation for further research in South Africa pertaining to stepfamilies’ adaptation. It is further recommended that future studies in this area attempt to include a representative sample of each ethnic group represented in the Eastern Cape. This would contribute towards understanding stepfamily life from the diverse ethnic backgrounds within the Eastern Cape.

It is recommended that future studies regarding remarriage and stepfamilies include longitudinal studies beginning prior to remarriage. This recommendation is based on the fact that time is a key influential factor when studying remarriage and stepfamilies (Coleman, Ganong, & Fine, 2000). Longitudinal research in the area of remarriage and stepfamilies has been recommended (Ganong and Coleman, 1994). Longitudinal research in the area of family resilience is also recommended by other authors (Hawley & DeHaan, 1996; Patterson, 2002a).

It is also recommended that qualitative research designs continue to be included when researching stepfamilies. Qualitative studies enable the researcher to explore the perceptions and experiences of stepfamily members (Coleman, Ganong, & Fine, 2000).

A recommendation for future research would be to focus on non-traditional stepfamilies, for example, cohabiting couples with children. According to Filinson (1986), it is unjustified to only consider stepfamilies as those who are legally married, due to the increasing rates of cohabitation and childbearing outside of marriage. Ganong and Coleman (1994) have noted that these families receive the least amount of support and are the most stigmatized in society. Researchers have stated
that cohabiting couples with children have been generally overlooked in stepfamily research (Coleman, Ganong, & Fine, 2000).

Finally, a recommendation would be to study stepfamilies that have been formed specifically via different pathways, for example, divorce, postbereavement, or when an unmarried parent marries. Although some challenges are similar, there are also unique challenges that are faced according to which avenue is taken to form a remarried family (Ganong & Coleman, 1994). Consequently, future research might focus on which resiliency variables family members employ when forming a remarried family through different avenues.

6.6 Conclusion

This study aimed to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily. This was done for both adults and adolescents within a stepfamily. Although the results of this study cannot be generalized to the broader population of remarried families, there are valuable contributions that the study has made. Various positive correlations were indicated between resiliency variables and adaptation. Participants also identified, from their own perspective, resiliency variables which have helped them to adapt. As a result of this study, recommendations for future research have been made. Overall, the results of this study contribute towards a growing body of research in the field of family resilience in South Africa.
References


Retrieved 27 January 2006


APPENDICES
Appendix A:

Consent Form
# Information and Informed Consent Form

(Please delete any information not applicable to your project and complete/expand as deemed appropriate)

<table>
<thead>
<tr>
<th>Title of the research project</th>
<th>Resilience in Remarried Families</th>
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</thead>
<tbody>
<tr>
<td>Reference number</td>
<td></td>
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<tr>
<td>Principal investigator</td>
<td>Ms. Julie Robinson</td>
</tr>
<tr>
<td>Address</td>
<td>NMMU</td>
</tr>
<tr>
<td>Postal Code</td>
<td>Department of Psychology</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 77000</td>
</tr>
<tr>
<td></td>
<td>6031</td>
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<tr>
<td>Contact telephone number</td>
<td>082 8744 510</td>
</tr>
</tbody>
</table>

### A. DECLARATION BY OR ON BEHALF OF PARTICIPANT

(Person legally competent to give consent on behalf of the participant)

<table>
<thead>
<tr>
<th>I, the participant and the undersigned</th>
<th>(full names)</th>
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<td>I.D. number</td>
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<tr>
<td>OR</td>
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<td>I, in my capacity as</td>
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<td>of the participant</td>
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<td>I.D. number</td>
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<td>Address (of participant)</td>
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### A.1 I HEREBY CONFIRM AS FOLLOWS:

1. I, the participant, was invited to participate in the above-mentioned research project that is being undertaken by Ms Julie Robinson of the Department of Psychology in the Faculty of Health Sciences of the Nelson Mandela Metropolitan University.

2. The following aspects have been explained to me, the participant:

   2.1 **Aim:** The investigators are studying: Resilience in remarried families

   The information will be used to: highlight strengths in stepfamilies and contribute to the knowledge of stepfamily life in South Africa.
2.2 **Procedures:** I understand that I will complete a biographical questionnaire as well as structured questionnaires.

2.3 **Risks:** none

2.3 **Possible benefits:** As a result of my participation in this study I will contribute to the knowledge of stepfamily life in the Eastern Cape.

2.5 **Confidentiality:** My identity will not be revealed in any discussion, description or scientific publications by the investigators.

2.6 **Access to findings:** Any new information/or benefit that develops during the course of the study will be shared as follows: An information letter will be mailed to participants upon completion of the study.

2.7 **Voluntary participation/refusal/discontinuation:**

<table>
<thead>
<tr>
<th>My participation is voluntary</th>
<th>X</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>My decision whether or not to participate will in no way affect my present or future care/employment/lifestyle</td>
<td>X</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
</tbody>
</table>

3. The information above was explained to me/the participant by

- Ms Julie Robinson

in

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<tr>
<th>Afrikaans</th>
<th>English</th>
<th>Xhosa</th>
<th>Other</th>
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and I am in command of this language/it was satisfactorily translated to me by

(name of translator)

I was given the opportunity to ask questions and all these questions were answered satisfactorily.

4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.

5. Participation in this study will not result in any additional cost to myself.

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT

<table>
<thead>
<tr>
<th>Signed/confirmed at</th>
<th>on</th>
<th>20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of witness</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature or right thumb print of participant</th>
<th>Full name of witness</th>
</tr>
</thead>
</table>
### B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I, Julie Robinson declare that
- I have explained the information given in this document to
  (name of patient/participant)
  and/or his/her representative
  (name of representative)
- he/she was encouraged and given ample time to ask me any questions;
- this conversation was conducted in
<table>
<thead>
<tr>
<th>Afrikaans</th>
<th>English</th>
<th>Xhosa</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  and no translator was used / this conversation was translated into
  (language)  by
- I have detached Section D and handed it to the participant
  YES  NO
Signed/confirmed at

<table>
<thead>
<tr>
<th>Signature of interviewer</th>
<th>Signature of witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of witness</td>
<td></td>
</tr>
</tbody>
</table>

### C. DECLARATION BY TRANSLATOR

I,
I.D. number
Qualifications and/or
Current employment
confirm that I
- translated the contents of this document from English into
  (indicate the relevant language) to the participant/the participant’s representative;
- also translated the questions posed by
  (name)
as well as the answers given by the investigator/representative; and
- conveyed a factually correct version of what was related to me.
Signed/confirmed at

<table>
<thead>
<tr>
<th>Signature or right thumb print of translator</th>
<th>Signature of witness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full name of witness</td>
</tr>
</tbody>
</table>
D. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant’s participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

- loss of questionnaires
- explaining questionnaires

(indicate any circumstances which should be reported to the investigator)

Kindly contact Ms Julie Robinson
at telephone number 082 8744 510
Appendix D:

Adult Biographical Questionnaire
BIOGRAPHICAL INFORMATION - ADULT

All information in this questionnaire is strictly confidential and your information will be anonymously processed.

Please cross the box most appropriate to you, or complete the statement in the space provided:

1. **Living in**
   
   __________________________________________________________ (town or city)

2. **Marital history** (please describe your current status and fill in the number of years)

   How many times had you been married? [ ] And your partner? [ ]

   For how long have you been married to your current partner?
   [ ] 3 years  [ ] 4 years  [ ] 5 years

3. **Family composition living in household** (Clearly indicate which child will complete the questionnaires)

<table>
<thead>
<tr>
<th>Self</th>
<th>Spouse</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (M / F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child from a previous marriage (tick box)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child from present marriage (tick box)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Is there anyone else who lives permanently with you in your home?
   [ ] Yes  [ ] No

   If yes, please provide details of these individuals
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. **Job, Education, Income and Home Language**

   Please give some detail about your job (e.g. Temporary/permanent employment? Job description?)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Please give a short description of your partner's work (e.g. Temporary/permanent employment? Job description?)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. What is the highest level of education received by:
(Please tick the appropriate box)

<table>
<thead>
<tr>
<th></th>
<th>Primary school</th>
<th>High school</th>
<th>Diploma</th>
<th>Degree</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If other, please give details __________________________________________________

6. What is your home language?
(Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Afrikaans</td>
<td></td>
</tr>
<tr>
<td>Xhosa</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify _______________________________________________________

7. Please indicate ethnicity of:
(Please tick the appropriate box)

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Your partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify _______________________________________________________

Appendix E:

Adolescent Biographical Questionnaire
1. Please indicate your gender.
   (Please tick the appropriate block)

   Male
   Female

2. Please fill in your age in completed years ______________

3. Please indicate your position in the family by ticking the appropriate block.

   Eldest child
   Second born
   Third born
   Fourth born
   Fifth born
   Only child
   Other

   If other, please give details
   _______________________________________________________________________
   _______________________________________________________________________

4. Please indicate your level of education.
   (Please tick the appropriate box)  (Please complete in the space provided)

   High School
   Tertiary

   Grade
   Year of study

5. Please indicate your ethnicity by ticking the appropriate block.

   White
   Black
   Coloured
   Other

   If other, please give details
   _______________________________________________________________________
   _______________________________________________________________________
Appendix B:

Cover Letter to Participants (Adults)
Dear Research Participant

Families are faced with unique stressors and strains in the 21st century. One such stress is the changing nature of the family structure in society as a result of divorce and widowhood. Today, stepfamilies are no longer the exceptional family unit structure in society. A stepfamily can be defined as a family where at least one of the adults has a child or children from a previous relationship.

Research has shown that stepfamilies face unique stressors and challenges as they go through a process of creating a new integrated family. Statistics also reveal that stepfamilies are a vulnerable family unit as they face a higher divorce rate than the traditional nuclear family. Despite these stressors, society expects stepfamilies to be competent and resilient.

I am currently working towards a Masters Degree in Counselling Psychology. In order to complete this qualification, I have to conduct research that will contribute to academia and society. I have decided to focus on family resilience in relation to stepfamilies. While there is research on the stressors and challenges stepfamilies encounter, there is little research in the field of family resilience which aims to uncover the qualities and factors that enable families to remain strong despite confronting the difficult process of forming an integrated stepfamily unit.

It is with this research aim in mind that I would like to enlist your help in this study. The information for the study will be gathered in the form of a number of paper-and-pencil questionnaires as well as one open-ended question which requires a response in your own words. All the questionnaires will take approximately 1 hour to complete. Questionnaires will be made available in English and Afrikaans. Your responses will remain confidential and it is important to note that you can withdraw from the study at any time without recourse. You will also receive a consent form which outlines your rights as a research participant. It is vitally important that the consent form be signed as information will not be used where consent forms have not been signed.

Your assistance will be greatly appreciated. In the event that you should require any assistance, I can be contacted via the following number and e-mail address:
082 8744 510
Julie.Robinson@nmmu.ac.za
Regards,

Ms Julie Robinson  
Researcher  
Intern Counselling Psychologist

Ms Ottilia Brown-Baatjies  
Supervisor  
Clinical Psychologist

Dr Louis Stroud  
Acting Head of Department
Appendix C:

Cover Letter to Participants (Adolescents)
Dear Research Participant

I am currently working towards a Masters Degree in Counselling Psychology. In order to complete my degree, I need to conduct research. I have decided to focus on stepfamily resilience. This means I would like to find out what qualities and factors help families to remain strong despite facing the difficult process of forming a stepfamily.

With this in mind, I would like to ask for your help in this study, by completing the enclosed questionnaires. Your responses will remain confidential, which means that your name will not be attached to any of your responses so no-one will be able to identify what you have written. It is also important to know that you can withdraw from this study at any time without consequences.

A consent form, which outlines your rights as a participant, has been given to the parent who is also participating in this study, and will be signed on your behalf should you be willing to participate.

Your help is really appreciated. If you need any assistance, I can be contacted via the following number and e-mail address:
082 8744 510
Julie.Robinson@nmmu.ac.za