

Promoting family resilience in South Africa: a community psychological, multicultural counselling approach

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Abstract

This article describes some projects in KwaZulu-Natal, which adopted a community psychological, multi-cultural counselling approach in promoting family resilience. Following definition of relevant concepts, the article describes the training of community psychologists and multicultural counsellors with special reference to the specialized doctoral programme, and the results of three specific family resilience projects.

Keywords: Community psychology, multicultural counselling, family resilience

Introduction

The aim of this article is to describe some projects in KwaZulu-Natal, which adopted a community psychological, multi-cultural counselling approach in promoting family resilience. Observing that every entity shares a dual nature: as a whole in itself, and as a part of some other whole, Wilber (2007) has adopted Arthur Koestler's term 'holon' to describe such a phenomenon. In the present context, the focus is on individuals, families and communities as holons. More precisely, the concern is with perceptions of individuals, adolescents and parents, who comprise families, groups and communities. Although our main focus is on family resilience, axiomatically and conversely this focus includes a concern with community resilience, which consists of group, family and individual resilience patterns

Family resilience

Family resilience broadly refers to the ability of families to recover from stress, crisis or trauma. Similar patterns may be observed in individuals, couples and communities. Walsh (1996), McCubbin and McCubbin (1993) and Hawley and DeHaan (1996) have argued that family resilience involves multiple recursive processes over time, from the family's perception of threatening crises which challenge established patterns of functioning, family resources, schema and social support, through an adjustment phase to various forms of adaptation.

Community psychology

Trickett (1996) has described community psychology in terms of contexts of diversity within a diversity of contexts and suggested that community psychology can make a distinctive contribution by clarifying the many meanings of the concept of diversity through attention to the contexts in which diversity develops. Walsh (1996) advocates a community psychological approach to promoting family resilience, arguing that multifamily, psychoeducational and mutual-aid groups are particularly well suited in this regard. In practice this typically involves a multicultural counselling process in establishing and maintaining such multifamily mutual aid support groups (Mthembu, 2001).

Multicultural counselling

Multi-cultural counselling occurs in diverse, changing contexts, including theoretical, experiential, geographical, political and cultural contexts. As a unique learning process, culture has both universal and particular aspects. Individuals, couples, families, groups, communities and societies grow up as members of a human interconnected global universe as well as within particular cultures with diverse values, beliefs and practices. Multi-cultural counselling recognizes the cultural context of all counselling and the importance of a balance between universal and particularistic aspects of culture. In South Africa, for example, it is a corrective for sequelae of apartheid, which on the one hand, overemphasized racial and ethnic differences and under-emphasized the universal culture of humanity and on the other hand failed to recognize individual and cultural diversity within groups of people arbitrarily classified on narrow, racial grounds (Edwards, 2003).

Training community psychologists: the Zululand example

In many ways community psychology represents a scientific revolution or paradigm shift in its recognition and documentation of evidence that the 'real' psychological interventions are typically carried out by non-professional community helpers and at least as effectively as professionals (Orford, 1992). When we consider that there are well over

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one million traditional healers and African indigenous faith healers in South Africa at present, who are providing essential community helping resources far in excess of the approximately 6 000 psychologists, 10 000 social workers, 30 000 medical doctors and 173 000 nurses for a total population of about 50 million, the importance of networking and collaboration to optimize such resources becomes apparent (Edwards, 1999; 2011).

The practice of community psychology in Zululand provides an instructive case study and resource from which to explore this theme. The Zululand region generally typifies South Africa in being a predominantly rural region with a diverse population in social transformation as they work through the sequelae of the apartheid system in all its violence and oppression of diversity within and between cultures. We negotiate meaning through language. The Zulu terms for context and diversity are instructively harmonized in this regard. "Ingqikithi" inclusively means both essence and context (Dent & Nyambezi 1995), while "ubunhlobonhlobo" implies diversity in all its fundamental relatedness.

While traditional forms of community psychology have existed in Zululand for centuries and modern applied forms for decades, it was only since 1993 that a modern professionally accredited programme has been systematically operating through partnerships between Zululand University and various community centres in the training of psychologists and non-professional community workers. This Zululand community psychology project has developed enormously since 1993, with community psychology interventions in various health, education and industrial contexts in both rural and urban settings, leading to the establishment of a professionally accredited specialized doctoral programme in community psychology in 1998. This doctoral programme has grown enormously, with students from all over South Africa all providing community psychological interventions related to their degree (see Table 1).

Table 1 Zululand University PhD Community Psychology programme

The specialized doctoral programme is recognized as a full research doctorate for subsidy by the Department of Education and is also accredited by the Professional Board for Psychology of the Health Professions Council of South Africa as an additional specialist qualification for registered psychologists. It consists of position papers, each of which contributes towards a thesis.

Position papers consists of instruction, presentation and examination in the following:

- Community psychology theory and models relevant to Africa
- Community psychology research methods
- Community psychology interventions
- Scientific article

The thesis satisfies all the usual academic requirements of a PhD thesis and also leads to a scientific article for publication in a peer-reviewed journal.

Since 2001 through 2010, research interventions in the form of dissertations and theses of 82 masters and 48 doctoral graduandi have provided valuable community psychological services throughout Southern Africa. For example, community research interventions continue at various local community partnership centres, with special focus on:

- Zululand University HIV/AIDS programs and interventions,
- HIV/AIDS related masters and doctoral dissertations and theses,
- Local community initiatives and AIDS care centres, such as Emoyeni, Ethembeni and Amangwe Village projects,
- A project on family resilience in bereaved Zulu, Swazi and Hindu communities in collaboration with Universities of Stellenbosch, Fort Hare, Port Elizabeth and The North.

Training multicultural counsellors to manage diversity and provide multicultural counselling in diverse contexts has always been an essential component of the Zululand community psychology project

Training multicultural counsellors

Multicultural counselling recognizes the cultural context of all counselling and the importance of a balance between universal and particularistic aspects of culture.

Goals of the cultural counselling training include: the development of knowledge, experience, expertise and skill in cultural counseling; appropriate professional practice; improvement in the assessment and management of cultural factors in illness and healing; prevention of human rights abuses such as apartheid or discrimination against people with HIV/AIDS; promotion of unique human culture (ubuntu), in its universal form which includes care, dignity, respect, freedom as well as diverse forms of culture.

Multicultural counselling skills training implies that counsellors need to be cultured (i.e. sufficiently developed in the culture of humanity), have general and specific cultural counselling skills, knowledge and experience as well as contextual skills in that counselling itself occurs in diverse changing contexts; theoretical, experiential, geographical, historical, economic and political.

Counsellors are required to develop what Ivey, D'Andrea, Ivey, and Simek-Morgan (2002) have described as a respectful intentionality, which takes into account their clients' religious/spiritual identity, economic class background, sexual identity, psychological maturity, ethnic [?] and/or identity, chronological/developmental challenges, trauma/threats to well-being, family background and history, unique physical characteristics, language and place of residence.

Through graded workshops counsellors experience various phases of cultural identity development in relation to various cultural components such as ethnic, racial and gender identity. These phases typically include: naiveté and/or limited cultural awareness; encounters with difference and/or oppression; naming of difference as for example, gay and reflection on the self as a cultural being, before some form of multi-perspective integration and action against such destructive forces as racism, sexism, oppression.

Graded workshop experience examples are as follows

Workshop 1. Learners are asked to write "I am" repeatedly, answer this, then compare productions.

Workshop 2. Learners are asked to interview one another in turn and note universal, differential and unique cultural aspects of the interview.

Workshop 3. Learners test their skills in oral and/or written, individual and/or group responses to typical cases requiring cultural counselling.

Workshop 4 on various aspects of diversity, for example the 2006 community psychological doctoral conference on celebration of diversity with special reference to indigenous knowledge systems and spirituality, which focused on various spiritual traditions, so vital to South African cultural life: ancestral spirituality, Taoism, Judaism, Buddhism, Hinduism, Christianity and Islam.

Workshop 3 includes a particular focus on family resilience as is required in the following examples, where students take a variety of cultural roles in order to experience personally the meaning of being a member of another cultural group.

- Ms Pillay considers attempting suicide as her Hindu family do not approve of her boyfriend on the grounds that he is Moslem.
- Nontjatjambo Mahlaku, a retired teacher and community leader requests help in order to build a hall for families traumatised by political violence and a creche for HIV/AIDS orphans.
- Mr van Rensburg has been deserted by his wife. He dearly loves his children but feels that they are not safe in South Africa at present, while he has to work long shift hours. He confides that he is considering the possibility of family murder.
- Mr Jones' family is extremely disturbed by the slaughtering of a goat and large community gathering at his neighbour, Mr. Mthethwa's house in suburban Johannesburg.
- Mr Abrahams, a middle-aged man classified as coloured under the old apartheid system, disturbs his family with his alcoholism, happy at his children's greater freedom to develop their own cultural identities, but remains terribly bitter and angry in himself.

Results of such training have been reported elsewhere (Edwards 2003; Ngcobo & Edwards, 2008)

Specific family resilience projects

The greatest threat currently faced by South Africans is the HIV/AIDS pandemic which accounts for much trauma, death and grief. In order to examine different cultural family resilience patterns following bereavement, three recent projects have examined samples of 30 Hindu, Swazi and Zulu families respectively, where there had been some death in the family in the past four years (Harakraj, 2006; Mbizana, 2007; Ngometulu, 2007). A family was defined as a parent and an adolescent.

Qualitative findings

Focus groups

Focus groups were run in each project in order to construct culturally specific meanings for such concepts as family, crisis and resilience. The following meaning patterns emerged.

The Zulu group viewed family in terms of themes of a primary support system, companionship and biological relatedness. They unanimously associated crisis with the circumstances or events of loss and also emotional, mental and physiological upset. Lastly, the group expressed their experience of resilience as the ability to 'bounce back' after a crisis; coming back to one's original or normal form; a process of adapting to change and/or survival.

Swazi respondents viewed family as a social, biological and extended community network. Crisis was taken as an unstable situation of extreme danger or difficulty. Resilience was viewed as the ability to recover from, or to resist being affected by some shock, insult or disturbance.

Indian participants viewed 'family' as a social unit living together. In other words, family referred to people who could give and receive unconditional love, trust, support, dependability and with whom there was a sense of togetherness. Crisis was viewed by the majority of the participants as testing situations which threaten well-being and emotional stability, hardships in which they have to be strong for the people they love, and situations in which there is an ability to move forward. Resilience was viewed by most participants as having inner strength; the ability to overcome hardships and to move forward in times of crisis.

Perceived strengths

Families were asked which strengths they believed helped their family through stressful periods. Tables 2, 3 and 4 refer to the ranked frequency of perceived strengths by the samples of 30 parents and 30 adolescents in the different cultural groups.

Table 2 Perceived family strengths

Category	Zulu	Swazi	Indian
Inner strength	46	47	35
Spirituality	45	13	18
Family support	38	43	55
Community support	27	41	18
Financial security	7	5	3

Pearson correlations indicated a significant relationship between Swazi and Indian families ($r=.87$, $p<.05$), a high relationship between Zulu and Swazi families ($r=.7$) and a moderate relationship between Zulu and Indian families ($r=.62$). These results may be interpreted follows. The moderate to significant relationships between the three groups reflect both common family resilience patterns and relative proximity of domicile (KwaZulu-Natal and Swaziland). The significant correlation between Indian and Swazi patterns runs counter to expectations of greater differences. It was rather expected that the Zulu and Swazi family resilience patterns would be more significant in view of their closer Nguni ancestral and linguistic ties. Actual differences between the groups observed in Table 2 appear to be associated with the relative differential emphasis placed by Zulu families on spirituality, by Swazi families on community support and by Indian families on family support.

Quantitative findings

The following measurement scales were used: Social Support Index (SSI), Relative and Friend Support (RFS), Family Problem Solving Communication (FPSC), Family Hardiness Index (FHI), The Family Crises Oriented Personal Evaluation Scales (F-COPES), The Family Attachment and Changeability Index 8 (FACI8) and Family Time Routine Index (FTRI). All these instruments had been used in various study populations in South Africa and described extensively (Greeff, 2000a; Greeff, 2000b). These were administered one parent and one adolescent in each selected family. In terms of the theoretical model, resilience factors are those that correlate significantly with family adaptability as measured on the FACI8.

Table 3 Cronbach Alpha reliability statistics

Measure	Zulu	Swazi	Indian
SSI	.80	.40	.68
RFS	.80	.73	.86
FPSC	.31	.68	.86
FHI	.55	.44	.28
F-COPES mobilisation	.73	.19	.81
F-COPES passive appraisal	.48	.31	.28
F-COPES problem redefinition	.57	.62	.19
F-COPES social support	.81	.65	.90
F-COPES spiritual support	.38	.27	.86
Average value	.60	.48	.64

Table 3 refers to comparisons across the three cultural groups with regard to Cronbach alpha reliability scores for available data from the various measuring scales. As can be observed from these scores, Cronbach Alpha values ranged from almost negligible (.19) to very high (.90) values. While fairly similar, the average values of .60, .48 and .64 for the

three respective groups are only moderate and therefore suggest caution in interpretation of and generalization from the following findings.

Table 4 Resiliency patterns

Measure	Zulu	Swazi	Indian
SSI adolescent	.26	.65**	.56**
SSI parent	.30	.42*	.58**
RFS adolescent	.00	.26	.41*
RFS parent	.27	.24	.43*
FPSC adolescent	.49**	.16	.64**
FPSC parent	.00	.26	.51**
FHI Commitment adolescent	.29	.07	.34
FHI Commitment parent	.17	.26	.02
FHI Challenge adolescent	.36	.19	.09**
FHI Challenge parent	.11	.15	.42*
FHI Control adolescent	.23	.44**	.48**
FHI Control parent	.01	.05	.37*
F-COPES mobilisation adolescent	.02	.45**	.72**
F-COPES mobilisation parent	.18	.51**	.38*
F-COPES passive appraisal adolescent	.16	.24	.34
F-COPES passive appraisal parent	.35	.09	.27
F-COPES problem redefinition adolescent	.46**	.38*	.66**
F-COPES problem redefinition parent	.25	.56**	.36*
F-COPES social support adolescent	.17	.16	.45**
F-COPES social support parent	.11	.44**	.38*
F-COPES spiritual support adolescent	.17	.11	.04
F-COPES spiritual support parent	.05	.34	.02

Table 4 refers to correlations of the various scales with the FACI8 and indicates the similar and different significance patterns as perceived by adolescents and parents units in the three cultural groups of families found in the three projects. In terms of the theoretical model, significant correlations indicate perceived resiliency factors in the particular cultural group. Comparisons across groups indicate that the Indian group generally perceive themselves as most resilient in 16 of the available 22 parent and adolescent measures, followed by the Swazi group with 8 recorded significant correlations and the Zulu group with 2 significant correlations; these latter two are only in the adolescent sample. This may be related to the relative oppression and trauma suffered by Zulu families as a result of hundreds of years of colonialism, apartheid, political violence, poverty, crime and more recently the terrible ravages of the HIV/AIDS pandemic. While certainly not exempt from such oppressive and traumatising factors mentioned above, the Indian and Swazi cultural groups do seem to have lived in comparative freedom and empowerment over a relatively longer period of time. In this context, O'Hagen and Smail (1997) distinguish between the impress of power from distal influences such as politics and economics, through proximal influences such as the family and work situation to experiential and physical influences affecting the personal body/mind/soul more immediately and directly.

It is important that the self-reports of family resilience evidenced by the present sample are understood in the context of the socio-developmental variables in their lives, especially since all of their early years had been lived under apartheid. It is well documented that apartheid and its structures militated against the family's ability to provide an environment for healthy child development. The present findings also need to be considered against earlier findings with similar samples, which showed University of Zululand students scoring higher on self-reports of depression, anxiety and psychological well-being than other international samples (Edwards, Ngcobo & Pillay, 2004; Pillay, Edwards, Gambu & Dhlomo, 2002; Pillay, Edwards, Sargent & Dhlomo, 2001).

At the time of writing, further community action research continues in interventions to promote family resilience with groups of families as well as provide further in-depth knowledge with regard to the phenomenology of Zulu family resilience patterns.

Conclusion

This chapter has been concerned with a community psychological approach to family resilience. There has also been special emphasis on multicultural counselling as a corrective for any continuing legacy of years of colonialism and apartheid. Three specific family resilience projects among Zulu, Swazi and Indian families were described, with family resilience perceptions being lowest among Zulu families followed by Swazi and Indian families respectively. Further future community, group and family interventions to promote resilience amongst all South Africans and particularly amongst Zulu cultural groups are clearly indicated.

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