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XHOSA FAMILIES' PERCEPTIONS ON FAMILY THERAPY

BY

NTOMBIZODWA OPHELIA MZONDO

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ABSTRACT

Family therapy came into being in the late 1950's, and was developed by a heterogeneous group of investigators, working in distinctly different contexts and with different purposes. One of these intellectuals saw a family as a system, a carlet of ideas. Another one saw families as collections of individuals struggling to balance feelings, irrationalities and desires. (Nichols M.P. I Schwartz, R.C. 1995 :ix).

From the mid 1970's onwards family therapy as a intervention strategy in social work succeeded and expanded, it was extended to encompass client populations from different cultural backgrounds, and special groups e.g. drug additions. These context suggest that family therapy needs to be practiced within the context of a particular culture.

The purpose of this study is to explore the Xhosa families perceptions on family therapy and the role of culture in their life style.

Family therapy will be used as a model because it will assist the researcher to establish and present the methods for implementation of family therapy in social work and in Xhosa families. The study was conducted among social workers of Welfare agencies and Xhosa families. Two social workers were selected and they fully participated. These social workers are employed by the Department of Welfare in the Lowveld and Eastern Region of Eastern Cape, with three years or more experience. Non-probability purposive sample was used to select the respondents.

A qualitative methodology was used to understand the life events, experiences and beliefs of family members, from their viewpoint. Semi-structure interviews was used to gather data for the research.

The research findings reveals that cultural consideration is important when working with Xhosa families because they have their own perceptions of family therapy.
UITTREKSEL

Gesinsterapie het ontstaan in die laat 1950's. Dit was ontwikkel deur 'n heterogeniese groep navorers wat in onderskeie kontekse en met verskillende doelstellings gewerk het. Een van hierdie intellekte het 'n familie gesien as 'n sisteem; 'n drac van idees. 'n Ander het families gesien as 'n versameling individue wat sukkel om gevoelens, irrationaliteite en behoefte te balanseer. (Nichols M.P. en Schwartz, R.C. 1995: ix).

Sedert die middel 1970's het gesinsterapie as 'n interwenste strategie in maatskaplike werk geslaag en uitgebrei om kliente van verskillende kulturele agtergronde, sowel as groepe met dwelmverslawings, in te sluit. Hierdie konteks stel voor dat gesinsterapie in die konteks van 'n spesifieke kultuur beoefen behoort te word.

Die doel van hierdie studie is om die Xhosa families se persepsies van gesinsterapie te ondersoek, en die rol wat kultuur speel in hul leefwyse. Gesinsterapie sal as 'n model gebruik word aangesien dit die navorser sal help om die metodes vir die implementering van gesinsterapie in maatskaplike werk en in Xhosa families bekend te stel.

Die studie was onderneem tussen maatskaplike werkers van maatskaplike agentskappe en Xhosa families. Twee maatskaplike werkers was gekies en hulle volle deelname verleen. Hulle is werkzaam by die Departement van Welsyn in die Laeveld en die Oosterse deel van die Oos Kaap, en het drie jaar of meer ondervinding. 'n Nie-waarskyr likheids, doelbewuste metode was gebruik om die respondente te selekteer.

'N Kwalitatiewe metode was geïn tige om die lewensgebeure, ondervindinge en gelowe vanuit familielede se soogpunt te verstaan. Semi-gestruktureerde onderhoude was gebruik om data vir die navorsing te versamel.

Die navorsingsbevindinge toon dat kulturele oorwegings belangrik is wanneer met Xhosa families gewerk word omdat hulle hul eie idees het van gesinsterapie.
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CHAPTER 1

1.1 INTRODUCTION

Since the beginning of the social work profession, social workers have been concerned with the solving of social and personal problems within the social structure of families. Lamanna and Riedman (1991: 41) points out that a family is a group of persons united by the ties of marriage, blood or adoption, constituting a single household, interacting and communicating with each other in their respective roles creating and maintaining a common culture. Family or family life is shaped by dominant ideologies about what family life should be like. These ideologies are translated within the culture of family traditions, beliefs, norms and values within one's family life.

Nichols and Everett (1986: 2) states that family must be considered as whole units. That means that families are not isolated wholes but they exist in a particular context, which interactively influences and is influence by their functioning. According to Schaefer, C.E. (1984: 15) therapeutic work and research with families required a model which could embrace both the aspects of a family and a family life. He also states that most approaches to family therapy developed out of work with middle-class and upper-class families and these approaches may not work as well with families that are economically poor.

In working with Xhosa families (mostly poor families) the researcher has observed that the idea of involving the entire family in addressing a problem expressed by one of its members is still relatively new to black families. Observations were made that families showed resistance and reluctance to participate in family therapy sessions as an approach to problem-solving. The focus of the study is to explore the Xhosa families on family therapy. Taking into consideration their cultural aspects that affect family therapy processes and outcome.

1.2 MOTIVATION OF THE STUDY

The researcher is a generic social worker employed by the Department of Social Services and Population Development since 1996. The agency is based in the urban community
at an informal settlement at Bekkersdal in the Gauteng Province. The majority of inhabitants are Xhosa people who are originally from rural communities in the Eastern Cape.

The caseload of the researcher’s client system is constituted by individuals and families where there is child neglect, juvenile delinquency, family conflicts (e.g. marital problems and domestic violence) illiteracy, high rate of unemployment and orphanhood caused by HIV/AIDS. Men also dominate women in the family and this leads to conflicts. Problems in the family system are justified by their belief system which is based on culture. Family therapy is regarded as part of the Western culture. It is against this knowledge the researcher decided to study the following:

- Xhosa families perceptions on family therapy with the aim of incorporating cultural awareness and sensitivity when implementing this approach in social work field.

1.3 PROBLEM STATEMENT

The idea of involving the entire family in resolving a problem expressed by one family member is relatively new to black families. During the time of the researchers’ involvement in family centered practice with Xhosa families, the following observations were made:

- Families showed resistance and reluctance to participate in family therapy sessions. This was noticed even in situations where the social worker and the family are from the same cultural background.
- Xhosa families have their own understanding of family therapy.
- Xhosa families’ lifestyles are dominantly shaped by their cultural beliefs.
- Social workers practicing generic social work are not effective in the application
Problem solving/intervention with families required a model which could embrace both the aspects of a family and a family life. This model must enable families to act autonomously on the basis of their culture, e.g. norms, beliefs and values. (Muncie 2000: 185).

1.4 AIM OF THE STUDY
The aim of the study is to explore the aspects that affect the processes and outcome of family therapy with Xhosa families.

1.4.1 Objectives
The objectives of the study are:

- To explore and describe the aspects impacting on the processes and outcome of family therapy in Xhosa families.
- To conduct a literature review on the topic, and
- To formulate recommendations for future research, practice and training.

1.5 OVERVIEW OF RESEARCH METHODOLOGY
'Qualitative research is the study of people in their natural environments as they go about their daily lives. It tries to understand how people live, how they talk and behave, and what captivated and distresses them........ More importantly, it strives to understand the meaning peoples words and behavior have for them' (Grinnell, 1988: 107)

A qualitative research method will be utilized to explore the understanding the Xhosa families' perceptions on family therapy. Neuman, L (1997) in Grinnell (1988: 108) states that the role of the qualitative researcher is to see events holistically (for example, as a whole unit and not as pieces) and individually in their social context. In taking this and the research question into account, the study will be established within a discussion of a systems perspective.
Qualitative methods are empirical. They involve documenting real events, recording what people say (with words, gestures and tone). Observing specific behaviors, studying written documents or examining visual images. These are all concrete aspects of the world. For example some qualitative researchers take and closely scrutinize photos or videotapes of people or social events (Neuman, L.W. 1997: 328).

In qualitative research, the tasks of data-gathering, data-analysis and recommendations are seen as the main components. Those components are as follows.

1.5.1 Data collection
Data refers to the rough materials, researchers collect from the world they are studying, they are the particulars that form the basis of analysis (Bogda and Biklen, 1992: 106). The researcher used face to face verbal contact as the data collection method.

1.5.2 Data analysis
For this study the researcher utilized the Huberman and Miles approach to data analysis as described in De Vos (1998: 340). By following this approach data was reduced and displayed in an organized assembly of information from which meanings could be drawn.

1.5.3 Validity and reliability
The empirical study in this study was measured by means of this criteria: the truth value, applicability, consistency and neutrality. De Vos, (1998: 348 - 350). The themes formulated from interpretation will be offered as results. These will be presented with
a literature control. The rationale for the literature control is validation of results.

1.6 DEFINITION OF CONCEPTS
For the purpose of the study, the following concepts need to be defined:

1.6.1 Culture
Culture refers to the ways of life of the members of a society, or of groups within a society. It includes how they dress, their marriage, customs, norms and values. No culture could exist without society and no society could exist without culture. Without culture would have no language, no sense of self-conscious. (Giddens, A, 1998, 18).

1.6.2 Values
Values are notions of those things, which a particular culture regards as good or bad, desirable or undesirable. (Goode, 1984: 78)

1.6.3 Beliefs
Beliefs are cultural convictions about what is true or false, description or assumption about the world and the place of people in it. There are principles which are accepted as true or real especially without proof by a particular cultural group. (Goode, 1984: 77)

1.6.4 Community
According to Slattery, M (1992: 77) community is a word that conjures up the sense of belonging, intimacy and human companionship that comes from being a member of a group or society where there is a common identity and a common set of values. Rural life was depicted as one in which there was a strong sense of community based on primary relationships that are face to face, intimate and based on a strong sense of social order in which the family is the key social control.

1.6.5 Norms
According to Slattery, M (1992: 68) norms are shared values that people have as to what
is regarded as correct and acceptable behavior in the society. These obviously vary between societies, cultures, ages and groups. Norms extend right from central guidelines like those concerning incest, cannibalism and murder to such apparently trivial customs as the right color to wear. If a woman has lost her husband. For example in Xhosa families a woman is expected to wear black clothes for a period of 12 months as a sign of grieving.

1.6.6 Social problems

Social problems are an integral of social life. The term social problem, applies to social conditions, processes, societal arrangements or attitudes that are commonly perceived to be undesirable, negative and threatening certain values or interests such as social cohesion maintenance of law and order, moral standards, economic prosperity and stability of social institutions. (Kerig, P and Lindahl, K, 2001: 60).

1.6.7 Family

A family is any sexually expressive or parent child relationship in which people are usually related by ancestry, marriage or adoption. (1) Live together with commitment, (2) form an economic unit and care for young, (3) find their identity as important attached to the group. (Giddens, A 1998: 140).

1.6.8 Family therapy

Family therapy is a model that help family members to overcome personal and interpersonal troubles by establishing common meanings. The therapist and clients are participants in a joint effort to provide family members with the knowledge and tools to help themselves. (Hurvitz, N. and Straus, A.R. 1991: 5)

1.6.9 Identified patient

This is a member of a family who is associated with the problem experienced in that particular family. This particular member is regarded as a symptom-bearing, a victim and a scapegoat on whom the other family member focus. (Nichols and Schwartz, 1995: 87)
1.6.10 Nuclear family

Giddens, A (1998: 142) define nuclear family from the first century. He points out that during the first century nuclear family was not a major focus of emotional attachment. Sex within marriage was not regarded as a source of pleasure but as a necessity to propagate children. Individual freedom of choice in marriage and other aspects of family life was subordinated to the interest of parents. This is still happening in Xhosa families. Romantic love is regarded as a sickness. In the late century Gidden define nuclear family as a group of people (husband, wife and children) tied by close emotional bonds, enjoying a high degree of domestic privacy and pre-occupied with rearing of children.

1.6.11 Extended family

According to Broom, L (1981: 326) an extended family supplement nuclear family. In an extended family two or three generations live together under the same roof or in a family compound with several married couples, their children, parents and siblings, together they form a family unit. If the family is strong personal freedom is limited. Family members are dependent on others, including the person with authority over the group. For example in Xhosa families a husband have authority over his wife but he still consult with elderly people in the family before he can decide.

1.7 PROBLEMS AND LIMITATION OF THE STUDY

The social workers are not specialists in the field of family therapy but do generic work. They use family therapy as one of the approaches of helping their clients. For that reason clients confuse the role of social workers as family therapists and as generalist social workers. At times social workers themselves would not demarcate between these two roles.

South African literature on the use of family therapy within poor families mainly blacks, is limited.

Clients also view social workers as intruders and they are resistant in attending family therapy sessions.
1.8 CONTENT OF CHAPTERS

Chapter One: Presenting an introduction to research. The aims of the study were formulated concepts were clarified and limitations were set out.

Chapter Two: Deals with the general exposition of a family as a system. It also focuses on understanding family therapy as a model of helping families.

Chapter Three: Describes the research methodology, identifying the choice of research design, selection of sample, data gathering and data analysis.

Chapter Four: Deals with presentation of the results of the study based on data analysis. A thorough literature control is used for the purpose of validation.

Chapter Five: It entails presentation of methods and the recommendation for future research and training.

1.9 SUMMARY

The chapter focuses on the general orientation of the study. The background that motivated the researcher to conduct the study is highlighted, research problems, aims and objectives are pointed out. The chapter also outlines the research methodology and the problems and limitations of the study. Clarification of concepts is also made.
CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION
Families are a special subset of social systems and are structured by a unique set of inter-genders and inter-generational relationships. Everyone knows what a family is, yet none seems to be able to find a definition that is acceptable to everyone. (Broderick, 1993: 51)

Lammanna and Riedman (1991: 288) points out that a family is far more than a collection of individuals occupying a specific physical and psychological space. Family is a social system in that each member's activities both behavioral and psychological take place with reference to the other family members and family system. A basic idea of a family as a system is that of feedback, for example if one family member is upset, other family members will listen, sympathize and help with some tasks and that will restore the equilibrium, the harmony and the competence of the system.

Nichols and Everett (1986: 67) view family as a system in its totality. They also point out that even if the whole is examined separately, the result cannot simply be added together in order to determine what that whole will look like. The whole must be examined as a whole. This implies that the whole family must be treated because the problem is in the family system. For example, if one treats an alcoholic, one must also work with the spouse and children because the problem have become entrenched in the family system.

2.2 FAMILY STRUCTURE
Gurman and Krisken (1991: 118) define family structure as the arrangement of sub-systems and components in a three-dimensional space at a given time.
2.2.1 **Boundaries**

A boundary may be evaluated in terms of its relative flexibility and rigidity. Boundaries that move towards rigidity in the face of internal or external crises and relax when the threat has passed, may be described as possessing an appropriate blend of rigidity and flexibility. (Nicholas and Everett, 1986: 124) Closed boundaries restrict the processing of feedback and limit the systems interaction with external systems and entities. However, diverse boundaries exist in a system that is poorly differentiated and vulnerable to external influences. (Nichols and Everett, 1986: 125)

A highly functional family has clear boundaries and each member retains their sense of individuality but not at the expense of losing the feeling of belonging to a family. The boundaries of sub-systems also remain clear and well defined for good family functioning. Most family systems exist along a continuum between enmeshed and disengaged. Enmeshed refers to boundaries that are blurred, whereas disengaged boundaries are rigid and communication is difficult. (Sieberg, 1985: 169)

2.2.2 **Alignment and coalitions**

Alignment includes both coalition (joint action of two members against a third) and alliances (two who share a common interest). Dysfunctions associated with the dimension of alignment are stable coalitions, triangulation and detouring coalitions. In stable coalitions, members join together against another member in a rigid way that becomes a fixed characteristic of their ongoing relationship. (Sieberg, 1985: 170)

One of Bowen’s major contributions to family theory is thinking of triangles in family interaction. Triangulation is a process that occurs in all families and social systems, as twosomes form to the exclusion of, or against, a third. This triangle is a building block in Haley’s theory of pathological systems and Minuchin’s structural approach to family therapy. Unlike Haley’s and Minuchin’s relational static forms, Bowen’s sense of triangulation is a fluid one. (Broderick, 1993: 111-112)
The marital bond can be strengthened or weakened by triangular involvement. This is true in the case of triangular involvement between parents and their child. Three configurations have received attention, the child as scapegoat, mediator or the perverse triangle. (Broderick, 1993: 111-112)

In a situation in which the child is scapegoated, a marital pair seeks to preserve its conflicted relationship by deflecting tension to a parent child bond (Vogel and Bell, 1960: in Broderick, 1993: 112). The child is identified as the source of family or marital problems. Minuchin calls this a detouring coalition (Minuchin, Rosman and Baker, 1978 in Broderick, 1993: 112), because its function is to reduce stress by designating a member as a source of family problem and detouring the stress (Sieberg, 1985: 170 and Broderick, 1993: 112)

The child as a mediator is similar to a parentified child, who inverts the parent-child relationship, by taking responsibility for the parents. (Broderick, 1993: 112)

Finally, the perverse triangle is a cross-generational coalition that forms between the child and one parent. This is usually the mother and child against the other parent. (Haley, 1971 in Broderick, 1993: 112)

2.2.3 Feedback interaction

A central concept in systems theory is that of feedback which is the capacity of a system based upon information regarding the effects of its output. The concept of feedback is widely used to mean receiving information about how well we have achieved our intended, aims, plans and what people think of us.

Early theorists suggested that relationships could be described as reflexive systems which operated on the basis of two types of feedback, which is open and closed systems.

Open systems feedback serves to produce escalation for example an argument between
two people which runs out of control and leads to physical conflict and perhaps the termination of relationship.

Close systems employ feedback to correct any deviations from a setting or a norm. (Muncie, J 2000: 189)

2.2.4 Communication
An important question concerns how family beliefs become established and maintained. System theory is fundamentally also a theory of communication and emphasizes that patterns of action are constructed through continual communication, much of which take place at a non-conscious level.

Sieberg (1985: 33) emphasized the importance of communication within a systematic framework. It spells out boundaries of the system and defines the relationships that can exist within the system.

For the communication to occur there must be both a sender and a receiver. Communication is multifaceted and it includes non-verbal and verbal actions. Non-verbal communications convey important information about feelings and emotions. The verbal part of a message can at times be relatively ambiguously without the non-verbal component to clarify intention. Muncie, J (2000: 191).

Lamanna and Riedman (1991: 296) also agree with the above explanation of communication. He also points out that communication consist of a sender, receiver and a message. A message is sent not only through the content and emotional tone of words, but through facial expression, gestures, body language and voice quality as well.

The receiver has to evaluate all the components of the message and then make some judgement about what the message means. Partners can ensure that they receive messages accurately by giving feedback. They repeat in their own words what the other has said.
Studies consistently show that spouses seldom understand each other, a good habit is to ask feedback, by a process of checking-it-out (that is asking the other person whether your perception of her or his feeling is accurate). Checking-it-out helps avoid unnecessary hurt feelings.

2.2.5 Hierarchy
Hierarchy refers to the fact that living systems have different levels in which the simpler, more basic systems levels compose the more advanced and complicated higher level systems. (Nicholas and Everett, 1986: 71)

2.3 SUBSYSTEMS
Family systems carry out their tasks through subsystems. An individual is a sub-system, and dyads such as husband and wife. Larger sub-groupings determined by generation, by gender, by assigned tasks or by common interests are also subsystems within the family and plays different roles in each. (Goldenberg and Goldenberg, 1985: 79).

2.3.1 Spousal subsystem
This system in a nuclear family is composed of a married couple and their children. From the standpoint of the husband and wife. According to M. Haralambos (1995: 454) this subsystem is universal. He explained it by stating that it is a social group characterized by a common residence, economic cooperation and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship or one or more children own or adopted.

Within Xhosa families the approved sexual relationship does happen between a child an adult in a case where the child is forced to marry an adult due to economic reasons. This kind of marriage is approved according to the norms and standards of Xhosas.

The uniqueness of each nuclear family system is forged by the new linkage that occurs when two spouses come together with their respective inter-generational experiences and
relationships. Because being married is a different relationship from dating or living together. Marriage has a new cycle in the stages of love.

The functioning of a family system is highly dependent on the successful formation of the spousal system. Formation of a viable spousal system involves bringing together realistic expectations, clear role definitions and adequate emotional bonding between the two people. Lamanna and Riedman (1991: 92) points out the emotional bonding between the two must be characterized by intense emotional bonding and powerful sexual feelings or desires.

In marriages in which both spouses have difficulty leaving their homes of origin, their ability to bond emotionally and form a solid spousal system is impaired. Lamanna and Riedman (1991: 92) points out that impairment in the establishment of the spousal subsystem can lead to an intrinsic weakness of interest in sexual and emotional fulfillment and the development of intellectual rapport. Nichols and Everett (1986: 120) says when this occurs, it becomes necessary for the spousal subsystem to compensate for the weakness by forming other structural alignments to offset the systematic balance.

### 2.3.2 Parent-Child subsystem

Nichols and Everett (1986: 120) points out that this subsystem is formed with the conception of the first child. The pregnancy, not the birth as such, begins to diffuse the former primacy of the couple and begins to refocus their emotional energy toward the expansion of their marital boundaries to include parental responsibilities and a new member. According to Lamanna and Riedman (1991: 408) this is a transitional period for both spouses because of the following:

- Parents will be interrupted to do such activities sleeping, going places and sexual expression. New mothers are distressed about their personal appearance, the additional amount of work required of them and the need to change plans for their own lives and future.
Most parents approach parenting with little knowledge and with no previous experience in childcare. Romanticizing leads to disillusionment and often to an emotionally painful cycle of anger, depression and guilt.

The transition to parenting is abrupt, whether one is tackling it alone or as part of a couple. New mothers suddenly are on 24 hour duties caring for a fragile and mysterious and utterly dependent infant. This is also true for fathers, although perhaps to a lesser degree.

Adjusting to parenthood necessitates changes in the spousal subsystem. Husbands can expect to receive less care from their wives.

Nichols and Everett (1986: 121) points out that the parent-child system forms and expand to include the first child and then subsequent children, the interactive complexity of the system increases many folds. The parent’s performance of normative roles ranging from the provision of nurturance to discipline often is shaped not only by the role models provided by their respective parents but also by the care taking or dependancy roles that they experienced within their own sibling subsystems in their family of origin.

2.3.3 Sibling subsystem

The sibling subsystem reflects the interactive patterns among the children in the family system. It provides early and continuing experiences in both socialization and peer attachment.

Lammana and Riedman (1991: 410) points out that children also need to learn how to get along with others because one particular area of conflict is between siblings. Therefore parents should recognize the inevitability of sibling rivalry and make an effort not to over-respond either by punishing competitiveness or by creating an artificially equal environment. Children should be encouraged to work out disputes by themselves whenever possible.
Henggler and Borduin (1990: 17) points out that sibling subsystem also has its distinct boundaries, and functions. Sibling relations provide the child with a training ground for the development of subsequent peer relations. In large families, there are often subdivisions within the sibling subsystem. Some siblings make alliances against other siblings and some are allowed greater status and privilege due to their age or special circumstances. This is common within Xhosa families when coming to circumcision, if a young man is circumcised, he is regarded as a man and he must be respected by his siblings and other members of the family.

2.3.4 In-law subsystem

This is a relationship of a wife to the family of the husband and vice-versa such as daughter-in-law, mother-in-law, son-in-law, father-in-law relationship. The researcher believes that this nature of relationship is one of the difficult relationship more over on the side of the wife. For example: most wife’s in Xhosa families are ill-treated by their mother-in-law’s and sister-in-law’s. They are expected to over work themselves. They serve their husbands, father and mother-in-law, their sister-in-law and their children. Their voices are not heard and they are not treated with respect.

2.3.5 Grandparents- Grandchildren subsystem (inter generational)

The grandparents-grandchildren subsystem is typical of extended families. Grandparents in Xhosa families are regarded as a source of knowledge and advice to grandchildren. Grandmothers are also regarded to be good in children upbringing.

2.4 CULTURAL ASPECTS OF FAMILY SYSTEM

Giddens, A (1998:18) maintain that culture refers to the ways of life of the members of society. It includes how they dress, their marriage customs and family life, their patterns of work, religious ceremonies, and leisure pursuits. He also maintains that society is a system of interrelationships which connect individuals together. No culture can exist without society and no society can exist without culture. It is therefore important for a social worker to have knowledge of the acceptable patterns within a particular culture. For the purpose of the study the researcher will focus on the following:
Cultural aspects with Xhosa families:
- Marriage forms
- Choice of mates.

2.4.1 Marriage forms
There are many forms of marriages and are as follows:

2.4.1.1 Polyandry
Where a woman has more than one husband. This kind of marriage is unacceptable according to Xhosa culture and doesn’t exist.

2.4.1.2 Polygamy
Is where a man has more than one woman. This kind of marriage within Xhosa culture is the most common marriage. It is customary marriage. It minimize the divorce rate and give husband more power over their wives. The first wife is treated with great respect by the other wives.

2.4.1.3 Gay and Lesbian marriages
This form of marriage is where people of the same sex marry each other (i.e. homosexual). This kind of marriage is also unacceptable within Xhosa culture. Gay liberation and feminist movement have played a significant role in the development of people with homosexual orientations in being able to “come out” (that is being openly declare their homosexuality and to have the freedom to live together). (Muncie, J 2000: 132).

2.4.2 Choice of mates
Some cultures encourage one to marry someone of their parent’s choice. Xhosa families also encourage that, because they believe that other tribes and races doesn’t understand the culture of Xhosa and cannot submit to Xhosa culture.

2.4.2.1 Pre-marital pregnancy
A marriage is forced to occur at a time not planned. This is common in the Xhosa culture.
2.4.2.2 Rebellion
That is when two people get married without the approval of their parents. This is also common in Xhosa culture.

2.4.2.3 Social pressure
It is expected in society that young people should marry. The expectations built up during courtship exert a great deal of social pressure to go through with the marriage. As engagements are announced or as people become increasingly identified as a couple by friends and family, it becomes more difficult to back out. This is also common in the Xhosa culture. Lamanna and Riedman (1991: 245).

2.4.2.4 Post-marital residence
In Xhosa culture newly married couples resides with the husbands' family. It is a disgrace in Xhosa culture for the husband to resides with the wives' family. Therefore, pari local residence is the most common form of residence with Xhosa people. This doesn’t only happen in rural Xhosa families, but also in urban Xhosa families. In Xhosa families this encourage the husband to be financial responsible for his parents and his immediate family.

2.5 TYPES OF FAMILIES
Types of families varies from society to society. They are as follows:

2.5.1 Nuclear family
Giddens, A (1998: 142) define the nuclear family from what the family was, in the first century. He points out that during the first century nuclear family was not a major focus of emotional attachment's dependence for its members. Sex within marriage was not regarded as a source of pleasure, but as necessity to propagate children.

Individual freedom of choice in marriage and other aspects of family life was subordinated to the interests of the parents. This is still happening in Xhosa families. Romantic love was regarded as a sickness, this is still happening in rural Xhosa families.
In the late century nuclear family was now regarded as a family group tied close emotional bonds, enjoying a high degree of domestic privacy and preoccupied with rearing of children.

2.5.2 Extended family

According to Broom, L (1981: 326) an extended family supplement nuclear family. In an extended family two or three generations live together under the same roof or in a family compound several married couples, their children, parents and siblings, together they form a family unit. If the extended family is strong, personal freedom is limited. Family members are dependent on others, including the person with authority over the group and are subject to their demands. Extended families make major decisions affecting property and economic activities.

Ustinov, P (1990: 42) agree with the above explanation. He points out that extended families are vital in rural areas where they are often a backbone of agricultural production. For example Xhosa families they have a season for ploughing and reaping maize-meal and every member have to partake. Extended family is the type of family, Xhosa families favours this kind of family.

2.5.3 Lone-parent families / Single parent families

According to Muncie, J (2000: 128) single-parent families are usually defined as lone-parent, frequently the mother, living alone with her children with the greater responsibility for caring for the children financially and emotionally. The lone-parent may be in her own accommodation and head of her household, but in many cases she is forces to become part of a wider extended family. This is usual in the Xhosa culture.

According to Giddens, A (1998: 153) single-parent families have increased since wives usually obtains custody of the children following a divorce. On average they are almost the poorest groups in contemporary society. Many lone-parents, whether they have been married or not, still face social disapproval as well as economic insecurity. In Xhosa culture it is a disgrace to be old and being single also when one divorce one is bringing a disgrace in the family.
2.6 ASPECTS CENTRAL TO FAMILY FUNCTIONING

2.6.1 Family authority
The ability of an individual to carry his own will within a social relationship and responsibility for decision-making within a family, differs among cultures. In Xhosa culture concept like gender equality they don’t exist. A man/father is the one who is the authority figure, to exercise power and to make major decisions in a family. If it happens that the wife is widows, she still consults with her deceased husbands’ elder/younger brothers.

In other cultures, e.g. white culture, if a woman is single headed, she has the power to make decisions in her family. Even if the husband was still alive, the wife has privilege of taking that role.

2.6.2 Alignment
In Xhosa culture usually the mothers are attached to their children than fathers do. The reason’s that man want to maintain their manhood and gain respect from the children. Again in a Xhosa culture anything that has to do with children is a woman responsibility, e.g. a man can’t play, bath, dress and feed his own children.

2.6.3 Role division
Tseng and Hsu (1991: 76) define roles as repetitive patterns of behavior by which family members fulfil family functions. Role division within the family is determined by personal actors such as age, gender and birth order and family system type. For example in Xhosa culture boys are expected to look after the cows whereas girls have the fetch water from the river/tab.

2.6.4 Communication
The expression and exchange of ideas among family members are greatly influenced by cultural background. In Xhosa families the family of a wife is sometimes regarded as strangers. Therefore a wife is not supposed to reveal the secrets of her husband’s family.
2.6.5 Affection

In most families affection means the following:

- **Economic support**
  For much of history the family was primarily an economic unit rather than an emotional one. Even today almost every family engages in activities aimed at providing for such practical needs as eating, acquiring clothes and finding shelter. By assisting one another in these functions, family members some sense of physical security.

- **Emotional security**
  This doesn’t mean that the family can solve our longing for affection, companionship and intimacy. It means that family can offer some degree of emotional security. For example, in times of crisis in an extended family - grandparents, grown-up sisters, brothers, aunts and uncles, they are often an important source of emotional support.

2.7 FAMILY THERAPY AS A MODEL OF HELPING FAMILIES

Family therapy is defined as an approach that involve an ethical concern for the welfare of all members in a distressed relational system. Its primary focus is on the relationships among family members rather than on intra-psychic dynamics. It attempts to change the patterns of interaction and attribution among family members (i.e. to change the interactional rules of the system). (Green and Framo, 1989: 14 - 15)

According to Gurman and Kliaskern (1991: 234), the key element of family therapy is its conceptual focus on the family as a system. This approach is based on the systematic thinking which does not look for the cause within the individual. In contrast, system thinking conceptualizes the appearance of a symptom as reflecting an acute and/or chronic disturbance in the balance of emotional forces in that individual’s important relationship systems, most particularly the family system. From this perspective it suggests that a change in one part of the system will cause an adjustment in the rest of the
family structure, thereafter the entire family unit becomes the focus of therapy. Even when only one family member is actually in therapy, the focus is still on the family because the total family will embrace or resist the changes the therapy produces. (Gazda G., 1989: 165)

2.8 FAMILY DYSFUNCTION AND FOCUS OF INTERVENTION

One of the things that families experience is an inevitable problem that arise in the course of family life. These may be traumatic life-changing crises, or relatively minor ongoing irritations. Because of the intertwined nature of family life, problems with individual family members or relationships usually have direct consequences for other members of the family. Families that fail in this regard typically deteriorate into cycles of conflict, coercion or withdrawal. These cycles have a short and long term negative consequences. Families that effectively resolve their problems typically provide a healthy environment for the growth and development of all family members.

2.8.1 Disruptive conflict

According to Hurvitz and Straus (1991: 65) disruptive conflict can be defined as discord that is expressed behaviorally, verbally or non-verbally, by one or more family member. Conflicts may be about their own or others' personal limitations or interpersonal predicaments that block or impede interaction as significant others and engagement in joint action.

Disruptive conflict follows when family members cease to help one another to overcome limitations by redefining the situation so as to reestablish reciprocity. In a full-blown conflict situation, they assert to the therapist that there is almost constant strife between them. In such a situation, all family members generally agree that they have serious problems that are destroying their relationship.

Conflict occurs when one or more family member believe that others are no longer interact with reciprocity, justice, equity or fairness. This may be results of acts of commission, when one family member says or does something to hurt or harm another.
For this cause intervention strategies are geared toward understanding individual behavior patterns which arise from the feedback into the complicated matrix of the general family systems.

2.9 INTERVENTION PROCESS
Family therapy focuses on helping the individual and the family by facilitating the transformation of the family system. This section deals with the fundamentals of treatment as well as the intervention process in family therapy.

2.9.1 Fundamentals of treatment
Nichols and Schwartz (1995: 10) speak of fundamentals of treatment which are techniques and methods most social workers use regardless of their theoretical approach.

2.9.1.1 Contextualising the problem
Of importance in family therapy is how family members view the problem situations. Nichols and Schwartz (1995: 110) believe that it is not the existence of the problem that matters most and keep members stuck, but the ways in which families look at their problems, viewing problems are located exclusively in one person and ignoring that person's interpersonal context. Social workers help family members to explore the patterns of relationship that surround the problem that is to see the problem in context. The goal broadens the family understanding of the problem so as to expand their option for producing change. The social worker needs to have knowledge and to learn how to explore with the family problems' context with sensitive and respect.

2.9.1.2 Dealing with resistance
Nichols and Schwartz (1995: 111) point out that early social workers were impressed by the way families resisted change and victimize the scapegoat identified patient. The observations of this early social workers were that families did not resist change as such but resisted social worker to change them. They believe that the resistance was in part a product of the way social workers interact with family members, that the social workers were too eager to change people and too slowly to understand them. The second reason
for the resistance is said to be due to natural sense of caution and fear. It is believed that families will gladly accept change once they believe it is safe to do so and they understand and believe in the direction of change. The role of the social workers is to respectfully help find direction, explore fears and convey a sense of safety.

The process by which the social worker conveys respect is known as joining which means making each family member feel accepted and heard. The researcher observed the same resistance in her work with Xhosa families, usually the husband view a social worker as an intruder. They would not come for family therapy when called. The purpose of the study is to explore the underlying reasons for the resistance.

2.9.1.3 Changing interaction

A social worker often encourages family members to speak directly to each other and then try to change the way they are interacting. This is an enactment technique, which allows a social worker to observe the family process directly rather than having to rely on their report, and to intervene directly into the process and see the communication of the family. Nichols and Schwartz (1995: 111) state that some social workers would send clients on family-of-origin journeys, in which they meet extended family members outside the sessions and to communicate in new differentiated ways with them.

Social workers also use the technique of boundary-making interventions are designed to separate family members who are too close and bring together those who are too distant. For example when two disengaged family members start to speak to each other, the social worker will strengthen the boundary around them by preventing others from interrupting, such as a child and his father in Xhosa family system.

Another technique is prescribing symptoms by asking the family to act out the sequence around their problem so that they become more aware of this sequence and change their pattern. Social workers require skills in giving directives clearly and with some authority while remaining with the family.
2.9.2 Stages of intervention process

Treatments process in family therapy proceeds in stages. The researcher decided to incorporate the ideas of Minuchin (1974: 111), Nichols and Schwartz (1995: 198) and Perez (1979: 28). The stages are outlines as follows:

2.9.2.1 Stage one: Assessment

The assessment process starts with the initial telephone call when the therapist gets minimal amounts of information and make arrangements for the entire family to come for consultations. Perez (1979: 28) calls this stage the development of rapport between the social worker and the family and among the family members. During this stage the social worker focuses on building an alliance with the family.

Minuchin (1974: 111) and Hanna and Brown (1996: 42) regard this joining, where the social worker joins the family in a position of leadership to form a therapeutic system. The social worker must assess the family and develop therapeutic goals, which should guide the direction of the intervention. Nichols and Schwartz (1995: 198) state that the social worker must explore the problem situation and the process of family interaction.

2.9.2.2 Stage two: Development of goals

During this stage the social worker needs to make formulations about what is maintaining the problems and begin to work on resolving it that is challenging the family to produce, by shifting the blame from one person to broaden the problems as interactional one. (Nichols and Schwartz, 1995: 20)

According to Minuchin (1974: 112) the social worker has to unearth, evaluate and assess the underlying family structure and interactive patterns. The social worker has to assess individual members within the family system, in order to plan effectively and to address the most crucial aspects of the family (Scheepers, 1994: 3). Assessment also provides the social worker with clear and precise description of the individual’s functioning within a system as well as his dysfunctional and coping behavior in relation to the condition under which it occurs.
This knowledge helps the social worker to develop tangible and appropriate therapeutic goals with the family. The social worker must systematically determine the appropriateness or inappropriateness of therapeutic techniques and goals evaluating their relevance with respect to the client’s need and values. Inappropriate strategies may lead to early termination of family therapy process. An ideal situation in family therapy is when clients are exposed to strategies and goals that are consistent with their values, life experiences and expectations, a situation where the social worker is able to match appropriate techniques with desired goals.

According to literature (Avis, 1990: 31, 67, 99; Okum and Rappaport, 1986: 90, 96; Tseng and Hsu, 1991, 206) the general goals for family therapy are:

- Changing and reorganizing family structure, its position and boundaries that will lead to changed family functioning. The family must be helped to evolve toward alternatives, which will fit the structure of the system.

- Behavior change and the emergence of alternative family interactions, transnational and communication patterns, so that the presenting problems are solved. The focus be on development of interpersonal skills.

- Removal of symptomatic behavior and emergence of functional one.

- Progressing from dysfunctional family to functional one.

- Solving the presenting problems of the family by introducing second-order change, altering the solution patterns and so eliminate the presenting problem.

- Supporting adaptive mechanisms by means of therapy.

- Expanding emotional experience.
Increasing insight.

Appropriate master of development.

Cultivating and enhancing socio-cultural function of a family.

2.9.2.3 Stage three: Implementation

The social worker creates circumstances that will allow restructuring and transformation of family system. The concern is changing the position of members within the family and not its composition. The implementations of the intervention strategies are geared at the achievement of goals which were established during the second step. The social worker makes a contract with the family to work toward achieving goals, design interventions that are focused and time-limited, monitor the family’s progress and evaluate the outcome of the intervention. Perez (1979: 20) regards this as the application of alternative modes via practice, which could be in therapy or at home. Hanna and Brown (1995: 42) view this step as formalized interventions.

2.9.2.4 Stage four: Termination

Termination has to do with family’s feeling that they have achieved their goals and the social worker sense that treatment has reached the point of diminishing returns.

Nichols and Schwartz (1995: 204) point out that termination is the time to review and consolidate what has been learned. Hanna and Brown (1995: 42) regard this stage as evaluation phase. After termination the social worker needs to check in with the family to see how they are doing. The follow-ups can be in a form of a letter, phone call or visit.

2.10 FAMILY THERAPY IN THE SOUTH AFRICAN CONTEXT

Literature reveals that family therapy has been used effectively in solving family problems:

- Oliphant (1994: 40) highlights that family therapy is an effective approach to deal with human difficulties.
Killian (1995: 133) reveals that family therapy was used effectively in treating eating disorders. The focus is the involvement of the family as a system in bringing about change.

Kasiram (1991: 129) focuses her attention on the effectiveness of family therapy in the South African context. She indicates that poor economic conditions of the country hampers the practice of family therapy. According to her view social workers in South African communities needs to device means of modifying family therapy to make it applicable in the South African context:

- Remove family therapy from clinical setting and take it to the client's home. This mode is associated with traditional way of solving family problems particularly marital dispute where parents and relatives are involved in solving problems of a marital dyad.

- Combine family therapy with other treatment intervention. The choice should be guided by the nature of the problems. This implies that treatment techniques should not be generalized but be selected according to a particular setting.

- Using existing structures such as schools and health clinics. This relates to the absence of appropriate family therapy room particularly in remote and poor areas of the country.

- Being prepared to learn the family and community rather than always pronouncing self as an expert. Family therapy is about the social context of the individual and the family, the systems and larger systems. The social worker thus needs to acquire herself/himself with the cultural background of families being served.

Besides the adaptations pointed above, the researcher feels that there are cultural aspects to be considered when practicing family therapy in the South African context. These cultural aspects will be discussed.
2.11 THE ROLE OF CULTURE-SENSITIVE SOCIAL WORKER

The aspects presented in this section are regarded by Tseng and Hsu (1991: 171) as crucial and need to be taken into account by social workers in order to make family therapy effective.

2.11.1 Clarification of concepts

Clarification of concepts of normality and dysfunction is necessary when assessing a family of different cultural backgrounds. The concepts and definition of normality and pathology must be considered cautiously as definition of what is functional and dysfunctional vary among families of different cultural backgrounds.

2.11.2 Cultural engagement

The social worker must be able to engage a family in accordance with the cultural background of family members. For example, the social worker must identify the acceptable way of calling family members to family therapy sessions, the formation of therapeutic relationship, as well as the appropriate way of implementing the intervention techniques.

2.11.3 Establishment of an appropriate social worker's role

The role of a social worker is viewed differently by people of various cultural groups. For some it is essential that the social worker maintain an image of authority and power as a leader who meet their cultural expectation. For others it is preferable to demonstrate leadership in dealing with the family situation. It is therefore significant for the social worker to establish the family's cultural viewpoint of family therapy. Xhosa people regard social worker as authority figures.

2.11.4 Clarification of approach, procedure and goal

Families of different backgrounds may not have the same understanding as the social worker of a family assessment and intervention process. It is therefore necessary for the social worker to discuss and clarify understanding and expectations and explain need for family therapy. Tseng and Hsu (1991: 170) point out that culturally skilled social workers are not preoccupied by any particular mode of family therapy, but rather learn to select an approach relevant to a particular culture.
2.11.5 Culture-appropriate communication

According to Tseng and Hsu (1991: 176) the exchange and expression of ideas among family members are greatly influenced by their cultural background. Cultural systems determine the channel of communication, language expression, and the way in which meanings are transmitted. The social worker should observe and respect cultural appropriate communication patterns within trans-cultural settings. With regard to channels of communication, for example, in a typical Xhosa family a daughter-in-law is not expected to shake a hand with her father-in-law as that is regarded as a sign of disrespect and she must not have eye contact with him when talking to him.

As discussed in this chapter, communication has report and command aspects. The report aspect is said to convey information whereas the command aspects intent to impose behavior and to control the relationship. The researcher believes that it is of crucial significance that a culturally sensitive social worker makes effort to know the report and command aspects of his client's communication in order for him to understand their transactions. Failure to do so may result in a communication breakdown between the two.

2.11.6 Gearing to existing authority hierarchy

Power status and responsibility of decision-making within families differ among cultures. Families of different cultural backgrounds observe and practice different patterns of authority hierarchy. The social worker must therefore recognize the hierarchical pattern in family therapy. He must comply with and utilize the existing system of hierarchy although they may be subtle and almost invisible.

2.11.7 Culture-relevant exposure of private matters

Cultural traditions greatly affect the extent to which families feel comfortable about revealing their private lives to outsiders. This implies that the subject that can be
revealed to strangers and the way disclosures are made are closely related to cultural practices. In exploring family life, the social worker needs to observe certain rules that relate to private matters.

2.12 SUMMARY

The purpose of this chapter has been to offer a background for the study. It deals with the general exposition of a family as a system and outlines the cultural aspects of family system. It also focuses on understanding family therapy as a method of helping families. It also outlines the cultural consideration in family therapy and the role of culture sensitive social workers.
CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION
In order to explore the Xhosa families' perceptions on family therapy the researcher needed a coherent methodology. In this chapter, the researcher will therefore discuss the methodology that was used to conduct the actual research. The following topics will be discussed in relation to this study: research method, research design, population and sampling, purposive sampling, semi-structured interviews and data collection method.

3.2 RESEARCH METHOD
The use of either qualitative or quantitative method is not based on the idea which method is better than the other, but on the question of under which condition each method is better than the other as a research strategy. The qualitative method determines the researcher choices and actions whereas quantitative method, the researcher choices and actions determines the design. The qualitative method helps to explore the individual perceptions and feelings about the events. (De Vos, A.S. 1998: 86)

Neuman, L. (1997: 14) differentiate the two methods in the following table:

Table 1

<table>
<thead>
<tr>
<th>Qualitative style</th>
<th>Quantitative style</th>
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<tbody>
<tr>
<td>It gives a detailed description of social reality</td>
<td>It measures objective facts</td>
</tr>
<tr>
<td>It focuses on complex social processes and events</td>
<td>It focuses on variables</td>
</tr>
<tr>
<td>Authenticity is the key</td>
<td>Reliability is the key</td>
</tr>
<tr>
<td>Thematic analyses</td>
<td>Statistical analyses</td>
</tr>
<tr>
<td>Researcher is involved</td>
<td>Researcher is detached</td>
</tr>
</tbody>
</table>
3.3 RESEARCH DESIGN

The researcher used an exploratory (non-experimental) design to carry out the research. This design was chosen mainly because family therapy as a model of intervention is relatively new to black people in particular to the economically disadvantaged families, hence the idea is mainly to explore.

An exploratory research design is recommended when the researcher wants to build a foundation of general ideas that can be thoroughly explored at a later time. (Grinzel, 1988: 225)

The exploratory design is considered to be more suitable for this study when compared to the explanatory design which requires the formulation of an hypothesis and also aims at providing explanations of events in order to identify causes. (Marlow, 1998: 33) In exploratory design there are no hypotheses to test, but only the broadest research questions especially in situations where the researcher wants to examine a new interest, or when the subject is relatively new, like in this particular study. (Babbie, 1998: 90) That is why this particular design was chosen for this study, because the researcher was not interested in identifying causes, but rather interested to get a better understanding of Xhosa families' perceptions on family therapy.

3.4 POPULATION AND SAMPLING

Purposive sampling method was used to select research participants. According to De Vos (1998: 198) this type of sampling is based entirely on the judgement of the researcher, in that a sample is composed of elements which contain the most characteristics.

The researcher included two social workers, male and female who has been using the family therapy as a method of intervention with Xhosa families, for one or more years. The social workers are employed by Department of Welfare in the geographical areas of the East Lowveld and the Eastern Regions of the Eastern Cape. This geographical area is most appropriate for the study because the area in which the researcher is rendering
services 90% of its population are people originally from that geographical area which consists of six districts, Umtata, Butterworth, Elliotdale, Umqanduli, Ngcobo and Lusikisiki.

The sample of participants were selected from the social worker caseload and from the community. All of the participants are from extended families.

- 2 Young people.
- 1 Traditional healer who has been dealing with Xhosa people
- 1 Xhosa King who is involved in the community
- 1 Religious leader who is pastoring a big church in the community
- 2 Senior citizens who has been residing in the Xhosa area for more than 50 years
- 1 Newly wed couple who are rural Xhosa’s
- 1 School teacher who has been teaching for more than 5 years in the rural Xhosa community
- 1 Nursing sister who has been nursing Xhosa families for more than three or more years

The researcher was aware of the other type of sampling method known as probability sampling, which is usually used when every element in the population has a known chance of being selected. (Marlow, 1998: 136) However in this study it was not considered as appropriate because the researcher had a small sample of respondents. The sample of respondents is considered as satisfactory in relation to the study because information gathered was quite tangible and meaningful. This is supported by Patton (in Marlow, 1998: 147) who argues that the validity, meaningfulness and insights generated from qualitative inquiry have more to do with the information richness of the cases selected and the observational/interviewing or analytical capabilities of the researcher than with the sample size.

3.5 DATA COLLECTION

The term data refers to the rough materials researchers collect from the world they are
studying (Bogdan & Biklen, 1992: 106). Semi-structured interview schedule with both, open-ended and closed questions was used as a research tool for gathering data, as follows:

3.5.1 Semi-structured interview
The researcher developed an interview guide (see appendix A and B) of both open-ended and closed-ended questions for the following reasons:

- It guided the researcher whenever she interviewed each and every respondent.
- It ensured the researcher that all the questions that are planned are answered, remained focused on the pre-determined topics, while at the same time remaining conversational and free to probe into the unanticipated responses.

Semi-structured interview in gathering of data was used for the following reasons:

- The interview is face to face.
- It evokes higher response rate than mailed questionnaires (which have a low response rate).
- It yields more detailed information. This is because it is easier and more natural for most people to respond to questions orally than writing.
- It allows the researcher to observe non-verbal responses of respondents.
- It permits more flexibility.

3.5.2 Conducting the interviews
The researcher conducted separate interviews with each participant. The duration of sessions varied from 10 minutes to an 30 minutes depending on respondent's participation. Probes and follow up questions were used to get detailed descriptions from the participants.

3.5.3 Data recording
Audiocassette recorder was used to record data. The machine is ideal to facilitate the
flow of interview and gives the researcher time to concentrate on the discussion. Field notes was taken on some important aspects and was used for further probing. After each interview session transcripts were made from the recorded data.

3.6 DATA ANALYSIS

Krueger (1994: 140) defines data analysis as examining, categorizing, tabulating or recombining the evidence to address the initial proportion of the study. According to Stewart and Shamdansani (1990: 102) the research question and purpose for which the data was collected determine the nature of data analysis. What is important in analysis is to get meaning and explanation inherent in raw data.

The data-analysis in the study was guided by the fact that the research is qualitative in nature. The process of qualitative analysis was based on data reduction, data display and conclusion drawing.

The researcher adopted Marlow’s (1993: 234) two phases’ approach of data analysis:
- Organizing data
- Construction categories

3.6.1 Organizing qualitative data

Before data is analyzed, it should be organized. Four elements have been considered to be crucial in organizing data for this study.

3.6.2 Field notes

Data were collected by means of interviews. During the interview process, the researcher taken notes on some important points. These notes was used to compare data during the process of analysis.

3.6.3 The use of audiotape

An audiotape was used to record interviews with research participants. Permission was requested from and granted by the participants for the use of the facility. The audiotape
was used to “lock” data.

3.6.4 Transcribing
After every interview session the researcher transcribed the interview, wrote down the verbatim record from the audiotape. The researcher listened to the audiotape of each research participant one at a time and wrote down word by word the interviewer’s question and the response given by the participant. The transcripts were put in the respondent’s file. The process was done until all the interviews were transcribed.

3.6.5 Organizing files
The raw data was organized into files. The researcher used files to organize the work and the information gathered from the respondents. There were files for each respondent who contained the particulars needed for making contacts and arrangements, as well as the research data provided by that particular respondent.

3.7 CONSTRUCTING CATEGORIES
Because of field notes and transcripts, this usually causes a flow of mass raw data. Therefore the researcher identified ways of converting data into specific units of information that could be analyzed. Cresswell’s (1989: 154) step procedures of coding data were chosen as a guide and is presented as follows:

Table 2
Graphical presentation of data analysis process

<table>
<thead>
<tr>
<th>Step 1:</th>
<th>Gathering a sense of the whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2:</td>
<td>Data cleaning</td>
</tr>
<tr>
<td>Step 3:</td>
<td>Developing classification system</td>
</tr>
<tr>
<td>Step 4:</td>
<td>Coding data material</td>
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</tbody>
</table>
CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

The purpose of this study was to explore the Xhosa families' perception on family therapy with the aim of incorporating cultural awareness and sensitivity when implementing this approach in social work field.

The data was collected through personal interviews using an interview schedule. The researcher will present the results of the research interviews conducted. The cultural elements (that is practices, customs, beliefs and values as well as stereotypes of Xhosa families which influence their attitudes, feelings and perceptions towards family therapy are presented.

Themes that are formulated from categories are also presented. The themes become the building blocks for dealing with negative effects of cultural elements on family therapy, by improving its efficiency and effectiveness of family therapy with Xhosa families. Literature control will be the last section of this chapter. (It is about data verification whereby literature is studied and compared with research findings. Framework of research findings will be presented as follows: (See Table 3 in the next page 42).
### Table 3

**FRAMEWORK OF RESEARCH FINDINGS**

<table>
<thead>
<tr>
<th>Nature of Xhosa family system</th>
<th>Cultural elements that influence the effectiveness of family therapy with Xhosa families</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Aspects relating to therapeutic intervention</td>
</tr>
<tr>
<td>Types of family systems within Xhosa culture</td>
<td>Inviting family members to family therapy</td>
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<td>Types of family systems within Xhosa culture</td>
<td>Inviting family members to family therapy</td>
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</table>

- **Aspects underlyin feelings, attitudes and perceptions of Xhosa people towards the social worker**

- **Cultural elements that influence the effectiveness of family therapy with Xhosa families**

- **Aspects relating to therapeutic intervention**
  - Inviting family members to family therapy
  - Venue where family therapy is held
  - Participants in family therapy
  - Age
  - Gender
  - Marital status
  - Dress code

- **Aspects relating to the attributes of the social worker**
  - Is age a significant factor?
  - Is gender of the therapist a significant factor?
  - Is marital status a significant factor?
  - Are there any cultural elements that state how one should dress?
  - Possible treatment and preventative measures to negative feelings and reactions
4.2.1 Category 1: The nature of Xhosa family system

4.2.1.1 Theme 1: Types of families

The researcher found that within Xhosa community there is two types of family systems, nuclear and the extended family. Respondents including social workers point out that the majority of families are extended families.

Newly married couples with their children, they had before or after marriage are expected to stay with the husband family. Respondents also point out that the majority of Xhosa families believes in communal life. This is also a reason that they don’t relate according to the surname but they relate according to the clan name (e.g. Mrhembu’s Radebe’s and Madiba’s and Majola’s).

4.2.1.2 Theme 2: Nature of marriage

Respondents and social workers identified two types of marriages that is monogamy and polygamy. The social workers view monogamy as the ideal marriage because such a marriage can be legalized whereas respondents prefer polygamy because it is a customary marriage and it prevents fornication on the male side.

The researcher found that both polygamy and monogamy marriages are customary marriages. Few monogamy marriages are civil marriages.

4.2.1.3 Theme 3: Family structure

Respondents and social workers view the man as the head in the family hierarchy. Respondents point out that in a nuclear family a woman have recognized status in the family and her functional status is higher than that of her children and in-laws, but she is not expected to make decisions on her own, but have to consult with her husband. In the absence of her husband, she has to consult with her in-laws.

4.2.1.4 Theme 4: Family problems and strategies of resolving them

- According to the respondents, problems are not defined in terms of individual member’s perception but that of the family
- Situations are regarded as pathological in terms of societal definitions. For
example physical abuse of a wife. If it is not extreme it may not be regarded as a problem but an acceptable way of enforcing discipline solving problems and expression of love.

• The wife is not expected to complain or to seek help for the abuse problem
• The identified patient should seek help for the culturally defined problems only
• The recognition of the problem by the entire family is the basis of problem solving strategies
• The resolution of problems is the concern of elderly members in the family
• Children are not involved in family problem solving and decision-making
• Family problems and secrets are not disclosed to outsiders but are discussed at home by family members, but in some cases traditional healers are consulted but not pastors
• Elderly family members and relatives are usually called to solve prevailing problems
• Chiefs and headmen are involved in problem solving when family measures become ineffective
• It is not acceptable to take issues and problems to outsiders
• Social workers are regarded as outsiders and their services are resented.

4.2.2 Category 2: Cultural elements that influence the effectiveness of family therapy with Xhosa families

4.2.2.1 Theme 1: Mode of inviting family members to family therapy

According to the social workers they are using three ways to call family members to family therapy sessions, namely:

• Call-in letters
• Personal contact
• Telephone contact

A particular mode is chosen on the consideration of:

• The nature of the problem
• Physical distance between the agency of the social worker and the family members called
• Nature of relationship between the identified patient and family members
being called

- Telephone contact is used in emergency matter and/or when the required family members are far away such as the case of migrant workers
- Mailed letters are used when the relationship between the identified patient and family members is strained
- Hand delivered letters is used when no serious conflict exists between the identified patient and family members
- Services of police officer are required when criminal actions are involved for example in child abuse cases, e.g. sexual abuse.

Reactions of family members:

- They perceive the call as court summons
- They refuse to take the call-in letter
- They feel threatened and frightened
- They become angry, aggressive and hostile
- They become defensive

According to social workers, family members usually attend family therapy sessions when called, but their attitude are:

- Negative attitudes coupled with distorted perceptions
- They do not relate well with the social workers
- They do not open up

According to social workers, family member’s hostile reactions are attributed to:

- Family members being comfortable with the prevailing situation
- The identified patient’s failure to inform other family members about his/her plans to seek assistance outside the home environment before hand.

Family member’s negative reactions are not only because of the manner in which they are called but also for being called to discuss family affairs outside the family.

4.2.2 Theme 2: The venue where family therapy discussions are held

According to social workers family therapy sessions are held at:
The social worker's office

- The client home, particularly when the social worker needs to observe family dynamics and interactions in the context of their existence or when family members are unable to come to the social worker's office on account of financial problems to pay transport and ill health of one or more family members

The researcher found that social workers are hosted at places like:

- Magistrate office
- Hospitals
- Welfare agencies
- Other Government buildings
- Mobile caravans
- Shacks

Respondents associate the social worker's office with its locality for example. therapy rooms located at Magistrate offices are regarded as court rooms:

- Respondents feel that they do not open up during discussion for they feel that the social worker is passing judgement on them.

- To them family therapy is not about solving problems but a matter of identifying who is wrong and who is right as well as to convict and to sentence and who win or loose.

At social worker's offices respondents regard the social workers as someone in authority and they feel obliged to co-operate. At their homes they feel free, safe and comfortable to express their feelings. Clients participation and perceptions of therapeutic intervention are influenced by the venue where family therapy is held.

4.2.2.3 Theme 3: Participants in family therapy

According to the social workers persons who are involved in family therapy are:

- A husband, his wife and extended family members (in monogamous/polygamous marriage).

The nature of the problem dealt with strongly determines which participants should be involved in family therapy.
Family members who are usually involved are those of the husband’s side because the Xhosa families are patriarchal in nature, the couple stays with or near relatives and parents of the husband.

Relatives of the wife are involved when there is a serious need to do that, for example when problems encountered are attributed to the wife’s life history or witchcraft.

Children are rarely involved in family therapy especially where marital problems are discussed because parents usually object.

The belief behind the objection is that it is a disgrace for children to know their parent’s marital affairs.

Conditions for involving children in family therapy are:

- When the problem at hand directly affect them, for example coping with a major loss such as death of a family member.
- When the child is the identified patient, for example child neglects, non-maintenance or abuse.

4.2.3 Category 3: Aspects relating to the attributes of the social worker

4.2.3.1 Theme 1 The age

According to the social workers the age of the social worker often becomes a barrier in the formation of the therapeutic system and the entire therapeutic intervention.

Family members are reluctant to discuss their problems with young social workers:

- They look at the social worker as a child without life experience required to help them.
- They doubt if the social worker will be able to treat their secrets confidentially.
4.2.3.2 Theme 2  Gender

According to the social workers, gender of the social worker causes more problems than age.

Traditional beliefs, customs and norms that account for this notion are:
- Females are inferior to males
- Women can not be counselors nor provide solution to problems, their words do not have the same value as that of men.

Male social workers are thus given recognition than their female counterparts:
Attitudes of male clients in family therapy are:
- They regard themselves as superior to their female social workers.
- They believe that a female social worker cannot bring change in their dysfunctional lives.
- When they acknowledge the social workers skills and training, they still think that they must direct the social worker as to how to help them.
- They think that female social worker always side with female clients.
- They are hostile and difficult to deal with.

Attitude of female clients in family therapy are:
- Gender of the social worker is not a significant factor.
- They are comfortable with both male and female social worker.

A condition under which gender of the social worker is of no significant is when the identified problem is experiences as such by the entire family, for example a discussion held with a family of a suicidal client.

According to the nursing sister, man always feel superior to women if they are sick. For example some of them refused to be admitted in the hospital claiming that they can endure the pain because they are men.

4.2.3.3 Theme 3:  Marital status of the social worker

According to the social workers, the marital status of the social worker matters a lot to
family members in family therapy. It determines their attitude and perception towards the therapeutic intervention

Family members have a negative attitude toward unmarried family social worker and prefer married ones.

They mentioned beliefs such as:

- An effective social worker is the one who is married and has personal experience of married life. This is so even when the problem is not the marital one
- Unmarried social worker’s are only skilled in theory and have inadequate knowledge.
- They value personal experience than the social worker’s professional training.

4.2.3.4 Theme 4: Dress code

According to social workers:

- Married social workers are expected to cover their heads and wear long dresses/skirts and what ever they wear on top it must not show their shoulders.
- Unmarried female social workers are expected to wear the same as married ones but they can uncover their heads.
- Male social workers can wear anything but not shorts/track suits.
- The female social worker is mostly accepted if she is dressed in Xhosa tradition.

4.3 ANALYSIS AND DISCUSSION

These are researcher’s findings in the following themes and they are presented in accordance with the categories formulated in chapter 3.

4.3.1 The nature of the Xhosa family system
4.3.1.1 Practices and customs that relate to type of families

The researcher found that Xhosa customs and practices of extended family influence
family member's view and definition of what a family is. The recognition and adherence to the patriarchal form of residence enhance group cohesion within family members within the family. The perception of Xhosa families is that participants of family therapy should be members of the extended family of the husband’s side. During family therapy session, Xhosa families expect that members of extended family from the husband’s lineage be involved.

4.3.1.2 Values and norms that relate to nature of marriage

The researcher found that cultural values and norms of Xhosa people about marriage emphasize the bond and alliance between the families of the marital dyad and neglect the internal feelings of mutual love, satisfaction and affection between the husband and wife.

It is a norm among Xhosa people that mutual acceptance of the two families should exist and that a wife or a husband should accept the family of the other party as his/hers. This enlarge the couple’s circle of social support network system. For this reason what is regarded as a problem is that which is detrimental to the functioning of the larger family not the couple only such as failure to maintain children. Problems that relate to communication patterns between the husband and wife are regarded as minor ones. It is against this knowledge that Xhosa families expect family therapy to focus on problems of the larger family and not the couple’s internal problems.

4.3.1.3 Practices and norms, beliefs and values that relate to family structure

The researcher found that hierarchical structure of Xhosa families is of crucial importance to family therapy. It relates to participants of family therapy, age of the social worker, his gender and marital status. The central issue under this subcategory is the gender of family members. Male gender according to family members have higher status than the female gender.

A female member in the family, be it a mother or a girl child, is regarded as inferior to males.

They are not expected to take active role in family functioning such as problem solving practices. In this manner a female social worker is perceived by Xhosa people as less
competent, leading to negative attitude and lowers the effectiveness of family therapy. These cultural aspects undermine the potential of female members in the family and lower their self-confidence.

4.3.1.4 Cultural practices, customs, norms and values that relate to family functioning

The researcher found that family interaction and process are strongly linked to the structure of the extended family. The functioning of both the extended and nuclear families are governed by the patterns of the extended family whose head directs the decision-making process. This also relates to the channels of communication within the family system. In that manner family functioning strongly influence the process and outcomes of family therapy. During the intervention process it is the head of the family who is expected to make decisions. Other family members may express their view but should be in line with the decision of the head of the family.

Young children, a female member and unmarried members of the family are not expected to make decisions on their own without the recommendation nor approval of the head of the family.

4.3.1.5 Family problems and strategies of resolving them

The researcher found that this is the central aspect of the research study. It is linked to the intervention process and attributes of the social worker. Problems are defined by the societal definitions and are resolved according to the culturally sanctioned strategies, which have three levels. The family level, the headman and the chief's kraal. In all these levels the emphasis is on elderly married men who take the lead.

The belief that it is a taboo to involve children in family affairs denotes that children should not participate in family therapy where marital problems are discussed. Xhosa people value that family members and non-involvement of outsiders and strangers discuss family problems at family level. A customary practice is for a family member who experiences difficulties to consult the head of the family or elderly person who will initiate the problem solving process of inviting other family members to come and discuss the issue. When family measures fail the other two levels will be implemented.
It is only after all these three measures failed to be fruitful, that the identified patient may seek help from outsiders the social worker. Any practice contrary to this belief and custom may not be able to produce intended result because family members may resist change. Family therapy is about changing the entire family patterns and interactions and requires involvement and full participation of the entire family.

Cultural practices, norms, values and beliefs shape the perceptions and attitude of family members such that even experienced or expert in family therapy may fail to bring about desired change if these cultural elements are violated.

4.3.2 Cultural elements that influence the effectiveness of family therapy with Xhosa families

Aspects relating to therapeutic intervention

4.3.2.1 Aspects that relate to ways of inviting family members to family therapy sessions

The researcher found that Xhosa families become angry when called to attend family therapy sessions because they associate the call at court summons. They hold stereotypes that associate social workers with police officers and magistrates, thus regarding social worker’s role as dealing with criminal offenders. In that manner when one is called at social worker’s office he becomes furious saying “I don’t know why I should be arrested for the affairs of my own family. I don’t understand why I should be arrested for my own wife and children”. This statement denotes that family members are aware of the difference between family affairs and criminal issues but lack understanding of the role of the social worker.

The belief that family secrets are not discussed outside the home environment makes them resent any means that focus on taking affairs outside the family circle. It is customarily accepted that a man can punish his wife and children in any form that he desires because they are regarded as part of his property and has ultimate power over them.

4.3.2.2 Practices, beliefs and values that relate to the venue of family therapy sessions

The researcher found that the locality of social worker’s offices which are usually the magistrate’s offices, hospitals and other government agencies has a detrimental effect to the outcome of family therapy because family members associate the duties and roles of the family therapist with officials in that setting. When asked to participate and to get involved
in family therapy discussions”. Family members have misconceptions that therapy is concerned with fault finding among family members and not to solve the problems and to bring about change. In that manner each one of them focuses his discussion prove her/his innocence in causing the problem in order to avoid being found guilty and to be convicted.

Xhosa people hold the belief that taking family problems to outsiders demonstrates inefficiency, failure and inadequacy of cultural sanctioned strategies of bringing about change. In that manner heads of families feel degraded and humiliated when one of the family members seeks help outside the family circle. In that way they become reluctant to be part of family therapy treatment sessions.

4.3.2.3 Customs, beliefs, values and stereotypes that relate to participants in family therapy

The researcher found that aspects that determine participants of family therapy are closely related to family structure, family functioning and problem solving strategies to Xhosa people. They also relate well with the age, gender and marital status of family members.

The customary practice among Xhosa people, that grownup people are the one who should participate in problem solving discussions and the family elder acts as a facilitator taking the role of the head of the family.

Xhosa people value the involvement of relatives and members of extended families as resourceful participants who provide support and valuable knowledge.

It is a taboo among Xhosa people to involve children in problem solving discussions, particularly when the focus is on marital problems, because of the belief that children won’t respect their parents any longer but will regard them as failures. The only exception to this practice is when the presenting problems concern that particular child, for example teenage pregnancy. Not all children in the family will be called but the identified patient who will be called to give account of her pregnancy. It is this conception that Xhosa people resent therapy where children are welcome to participate.
4.4 LITERATURE CONTROL

The researcher consulted literature relating to aspects of the Xhosa family system and the problem solving techniques and strategies. The purpose of this exploration was to compare research findings with literature concerning the cultural elements that determine attitude and perception towards family therapy. Clients views towards a particular approach of problem solving determine that approach’s effectiveness in producing the intend results.

4.4.1 Nature of the Xhosa family system

Types of families

There are two forms of families exist among the Xhosa people, nuclear and extended family. The most recognized type is the extended family. After marriage the couple stays at the husband’s place together with his parents, brothers and sisters.

This is rural Xhosa families believe in communal life.

Mhlanga (1991: 27) points out that modern Xhosa couples have moved away from extended patrilocal residence. Couples usually establish their own homes not attached to either of their parents. They opt for neolocal nuclear families. After marriage the husband becomes a recognized kinsman who has authority over his wife and children.

4.4.2 Nature of marriage

Research revealed that there are two forms of marriages, i.e. monogamy and polygamy.

The above-cited literature confirms the findings of the research study and emphasises the importance of good relation between the two families.

4.4.3 Family Structure

The type of family set up which is mostly adopted, is extended family within the Xhosa family. Baloyi (1991: 58) reveals the married sons together with their wives are under the authority of the father who is even addressed as “father” by the son’s wives. This situation is applicable in both nuclear and extended families and confirms the research results.
4.4.4 Family functioning

Family functioning is greatly associated with the hierarchical structure of the family. The head of the family has the power to make decisions in consultations with his elderly son’s particular married ones. Women do not hold significant status in the family hierarchy. As a result their functioning is decided by the male figures within the family.

According to Baloyi (1991: 58) the head of the family has ultimate authority although he consults with other family members in decision-making. This confirms the research findings.

4.4.5 Family problems and how they are solved

The research results establishes that family problems are defined from the perspective of the family in relation to the cultural background and not in terms of individual perspective. It is for the culturally defined problems that one should seek help. Family problems are usually discussed and solved within the family circle by elderly members of the family.

Junod (1978: 186) acknowledges the existence of problems within family system as a phenomena as old as family systems themselves. Of importance is how problems are defined and resolved. Baloyi (1992: 52) voices out that there are situations that are sanctioned by society as problematic and calls for action to bring about change for example an ill-treatment of wife by a husband calls for family discussion or divorce if it is viewed by the society or the family as a persecution. This is in agreement with research results.

According to Mhlanga (1991: 25) quarreling between husband and wife may be solved within the family by man’s parents, the man himself, his wife, his elder brothers together with kinsman who were involved in the woman’s marriage payment. Another valuable strategy of solving problems is the involvement of elderly people who are considered as wise and give advice to the newly married couple on marital aspects and other issues of life. (Khosa, 1988: 30) This information confirms what was established by the research work.

The research study is consistent with the work of Junod (1978: 191) whom points out that family secrets and problems are not disclosed outside but should be discussed in the home environment by family members. One should put his trust on outsiders while he has
4.4.6 Cultural elements that influence the effectiveness of family therapy with Xhosa people

4.4.6.1 Aspects relating to the therapeutic intervention

1) The way on inviting family members to family therapy

Research findings indicate that it is of great significance to make serious consideration about the mode to be used to invite family members for family therapy.

According to Burnham (1986: 217) there is a need to make arrangements and preparations for family therapy sessions. He points out that family therapy cannot take place if the family does not attend even when the skilled social worker and well-equipped therapy room are present. This confirms the results of the study.

The study revealed that mailed and hand-delivered letter, telephones and personal contacts are used deliver telephone contact. Provides opportunity to engage reluctant members to invite family members. Burnham’s (1986: 85) work confirms these findings by saying that letter are usually posted or given to family members and to deal with their objections, while personal contacts help clarify misconception about family therapy. Nichols and Everett (1986: 221) agree with these three methods and regard them as the social worker’s means of securing participation of family therapy and the reasons that prompted the call.

The structure and components of call-in-letters in the research findings are similar to the one recommended by Burnham (1986: 85) with regard to who is invited, where the session will be held and when discussion will be conducted. However this example was more elaborate with regard to the purpose of family therapy and the reason that prompted the call.

The involvement of police officers in calling family members is in line with literature (Burnham, 1986: 77), which advocates for much higher rate of persistence in calling the whole family. This perspective was however opposed by other writers (Burnham, 1986: 78) who would not persist in calling members to therapy and avoided being seen as chasing the family.
Burnham (1986: 86) concurs with research findings with regard to making the identified patient prepare the unwilling members, telling them about the need and the intention of having family therapy in agency setting, and proving a better chance of having the whole family in therapy especially potential reluctant members.

Burnham's (1986: 81) work confirms the research findings that a more desirable and convenient venue of family therapy in the social worker's office, and that the locality of social worker's office determines its attractiveness to family members to attend therapy. Some setting are not associated with therapy and social workers hence to invite them in a way that will appeal them.

2) The venue/context where family therapy is held

Research findings revealed that family therapy sessions could be held at the social worker's office or at the client's home. Literature (Burnham, 1986: 79) states that there is no best venue for holding family therapy sessions, but it depends on the nature of problems and other factors surrounding the problem situation.

The advantages of holding sessions at the social worker's office that are in agreement with research findings are:

- Workers are on their own territory
- Family members often feel the work is somehow special or worthwhile
- Interviews are easier to control

Advantages not found in the research findings are:

- It serves the social worker time
- It offers families opportunity to organize themselves to come for therapy to provide useful information to the social worker
- Family members have more choice as to take the offer of the therapy or not.
The advantage of holding family therapy sessions at the client's home as pointed out by Burnham (1986: 80) is in agreement with research findings. They are:

- Providing of valuable insight into how the family lives, which could not be gained when therapy is held in social worker's office.

c) Participants in family therapy

Research study points out that the composition of family members to be included in family therapy discussions should be determined by the nature of the problem and people most affected by the problem. According to Burnham (1986: 84) the social worker should consider the background of the situation in order to determine who is significant to the problem at hand.

Male clients are reported to be more reluctant to participate in family therapy. Nichols and Everett (1986: 224) confirm these findings, stating that it has not been easy to get fathers/husband involved in family therapy.

Three aspects similar to research finding as the cause of this action are:
- Men are reluctant to discuss personal matters with an outsider
- They do not want to relate to the social worker in a dependent fashion
- As heads of families they would always want to be in charge.

4.4.6.2 Aspects relating to the social worker's attributes

1) Age of the social worker

Research findings revealed that aspects of concern to families in family therapy as relating to the age of the therapist are his/her inexperience with aspects of life and social immaturity. Clients believe that a young social worker will not treat their problems and secrets with the seriousness they deserve. The researcher noticed that literature (Junod, 1978: 189, Xithhabana, 1994: 5, Baloyi, 1991:11) put much emphasis on the gender and marital status of the social worker than his/her age.

2) Gender of the social worker

Research results reveal that the status of a woman in the society is regarded as
inferior to that of a man. This belief influence how a family social worker is viewed by family members particularly men in family therapy. Xitlhaban (1994: 5) states that women are by custom very respectful towards men. In that manner men always expect to get that respect and subordination from women. So if a female person occupies a position of authority, for example being a social worker who has to direct and guide the process of family therapy discussion, male clients become uncomfortable. Xitlhabana (1994: 49) states that the basis of Xhosa men’s feeling of superiority over women is attributed to what is taught at initiation school for boys. Initiates are taught to be obedient to their fathers but disobedient to their mothers.

Khosa (1988: 210) stated that the bride price encourages man’s superiority over women as it reduces a woman to an inferior position of being a man’s property. Junod (1978: 189) when discussing the idioms and proverbs of the Xhosa people reveals that a woman’s word has no value.

It is stated that when a woman is given a lead, life in the village will deteriorates. Xhosa people usually have no confidence in women. Family members in therapy attribute this belief to female social worker and disregard their professional training and skills. The research study did not elaborate on the roots of men’s superiority feeling over women.

4.5 SUMMARY

Chapter five is the cornerstone of the research study as it presented the findings of the research work. The researcher presented the findings by way of narration of participants’ stories and theme analysis. The presented data dealt with the nature of the Xhosa family system and the cultural elements that influence the effectiveness of family therapy with Xhosa families. The second part of the chapter focused on the researcher’s analysis and discussion of the findings and presentation of themes developed from the research findings. The chapter was concluded by literature control or data verification where the researcher compared the research findings with the available literature.
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION
In this chapter, the researcher makes conclusions and recommendations that will indicate that in this empirical work something new and significant has been learnt. Conclusions are based on the methodology and context of the study. Recommendations are in terms of the Xhosa families perceptions on family therapy and cultural elements that influence the effectiveness of family therapy, further research and training and guidelines for practice are made.

5.2 CONCLUSIONS
5.2.1 Qualitative methodology
In this study, the use of qualitative methodology has been effective in achieving the aims. The Xhosa families perceptions on family therapy was explored. Not only has this study affirmed a number of issues previously addressed in the literature, but it also uncovered important new knowledge regarding the Xhosa families understanding of family therapy. A theoretical basis was established within a discussion of a systems perspective. General systems theory has helped the social workers to understand that human behavior cannot be well understood through reductionistic, linear analyses. Human beings like all other living organisms, need to be thought of as open systems in constant, organized interaction with their environment.

5.2.2 The interview schedule
Data were collected with face to face interviews. Sharing personal issues was difficult for respondents. The researcher found that communication and developing rapport in a non-judgemental environment facilitated the depth of information shared. The information from the interviews enabled the researcher to arrive at the results of the study and conclusions and recommendations were made.

5.2.3 Xhosa families (Perceptions of family therapy)
The data collected from respondents reflects that family therapy is a model for Western culture. According to them family problems are defined in a cultural context and are
resolved according to the culturally sanctioned strategies. Social workers are viewed as intruders, and therapy sessions are not to be held at social worker’s offices but in their homes where they feel safe and free. Social workers maintained that they never further training regarding the practice of family therapy.

5.3 RECOMMENDATION FOR IMMEDIATE IMPLEMENTATION

5.3.1. Formulation of an intake form
In the first interview with the client the social worker needs to have an intake form which is written in both languages, Xhosa and English. It can be designed as follows:

Figure 1

- Igama NeFani/ Name and Surname  Nomhle Radebe - (client)
- Usuku lokuzalwa/Date of birth  1988/10/10
- Idilesi/Address  Hobeni Stores Elliotdate L024
- Ulwimi Lasekhaya/Home language  Xhosa
- Umhlobo Mni/Ethnic group  Black
- Inkolo/Religion  Apostolic
- Amagama abantu abadala ohlobana nabo/Name of elderly people whom you with relate with
  Nosayinethi  Grandmother
  Nokwakha  Paternal Aunt
  Samjini  Grandfather
  Mqwathi  Great grandfather
  Radebe  Paternal Uncle
  Tshangisa  Paternal Uncle
- Igama lika tata/Name of father  Josia Radebe
- Igama lika mama/Name of mother  Maria Radebe
- Amagama abantwana bakokwenu/Name of your siblings
  Nomznzamo
  Sadisile
  Nomawethu
  Thozama
  Nokuthula
• Ingxaki/Problem
  *Sixabana Njalo ekhayeni / Family problems*

• Ngubani Oyaziyo/Who/Where was is known
  *Ngu tamkhulu u Samjini / the elderly person mr Samjini*

• Amanyathelo Azothathwa/Action to be taken
  *Unonhlalohle uzakuza ekhayeni a zothetha no tata/The social worker will visit the family for purpose of intervention*

• Igama lomntu oxelayo/Inquirer
  *Nomhle Radebe*

• Idilesi Yakhe/Address of inquirer
  *Hobeni Store under chief Nokweza*

• Inomboro ye/Office number
  *25*

• Ixesha/Time
  *10h25 Imini/Usuku 25/10/2001*

Such an intake form will enable the social worker to know the following:

• The hierarchical structure of the family and other people within the family system.

• How the client view and define the problem in context.

• How to prepare a home visit for therapy session.

5.3.2 Dealing with attitude and perceptions of the client towards attending family therapy.

**The social worker need to:**

• Focus on healthy therapeutic relationship so as to earn the acceptance of clients and to enhance the formation of the therapeutic system.

• Base the invitation to family therapy on the assessment and evaluation of the situation at hand and not on rigid rules and principles. The social worker must do the home visit.

• Reinforce the commitment of the identified client to get reluctant members to attend therapy. Let him/her talk to them about the problem at hand and his/her intention to seek help.

• Negotiate with family members about a suitable venue and time for family therapy discussions and recognize their opinions as far as it is possible.
5.3.3 Attitudes and perceptions towards the mode of invitation and venue of therapy discussions

The social worker need to do home visits and conduct therapy discussions in the home of the client because that is where the client feel comfortable and free. In the first therapy session the social worker can conduct the session as follows:

- By asking the family members how they feel about their participation in family therapy sessions, and help them deal with negative feelings if they exist.

- By informing family members of the value and significant of their participation and involvement in the intervention process.

- By explaining to family members the social worker's role in problem solving and the reason for her involvement in their affairs.

- By clarifying that social workers are not police officers nor court officials that is why therapy sessions are held in their homes.

- Clarity about the goal of family therapy that is bringing desired change in their life situations.

5.3.4 Counteracting the negative effect of traditional beliefs, values and norms about one's age

The social worker should:

- Ask and observe family members' feelings and reactions towards a young social worker, and help them to deal with negative feelings.

- Inform clients about the reality that therapy is not based on age but on skills, knowledge and expertise acquired through training.
• Inform them of the service the social worker offers, which can help them bring change in their lives.

• Reassure family members of professional principles which govern the therapist's behavior so as to remove the focus from the social worker's age for example, the principle of the confidentiality, which will reassure them that their secrets will be kept confidential.

• Incorporate scientific and theoretical knowledge of family therapy within the context of the client's culture by giving structure to the discussion, focusing on family boundaries that govern family interactions and relationships, for example, make family members identify and assess the nature of boundaries that exist within the family system. Help them work towards making and deciding on functional boundaries.

• Have self-confidence and clear perspective of his/her work and role in family therapy. The social worker must not be apologetic but be assertive and still maintain politeness and gentleness.

• Communicate respect to family members in a culturally defined way, for example, among Xhosa people it is not accepted to address elderly people by their first names, but they should be addressed as either father, aunt, uncle, brother, sister, etc. in relation to the social worker's age against theirs.

• Dress in a culturally acceptable manner, for example, avoidance of wearing trousers by female social worker when going to conduct family therapy with elderly people.

• Consult with colleagues, seniors and experts in the field of family therapy with Xhosa people, and let them be sources of support, guidance and encouragement.

5.3.5 Working against cultural stereotypes in regard to gender

The female social worker has to:
• Show client that the value of her service is based on her status as a trained skilled social worker and not as a woman.

• Counteract the cultural norm and belief that a woman is not supposed to be a counsellor by clarification and talking to them.

• Help clients accommodate change in issues around family problem solving by acting as an educator.

• Reassure male clients on her neutral and non-sexist position in the intervention process and that the concern is the entire family and not selected members within the system.

• Be firm and use confrontative skills to foster participation of reluctant and resistant clients.

• Consider referring clients to another social worker when breakthrough is not achieved even after using the suggested strategies.

5.3.6 Working against cultural stereotypes in regard to marital status

The social worker has to:

• Explain to the clients that in family therapy professional knowledge is of more value than personal experiences of being married or not married.

• Support the explanation through demonstration of theoretical knowledge in practice by using skills effectively. Goal achievement in therapy changes client’s negative attitude and perception. Design measures of evaluating goal achievement in family therapy.

• Avoid sharing personal experiences with client even at their request but should stay focused and maintain clear perspective personal self and professional self because your personal experiences may be influential.
5.4 RECOMMENDATIONS IN TERMS OF FURTHER RESEARCH
The researcher recommends the following be considered:

- The research was conducted with respondents who are Xhosa’s from lower class families in a rural community at Elliotdate in the Eastern Cape. The researcher feels that further research in other tribes should be conducted. For example Tswana’s and Ndebele’s.

- A quantitative follow up and outcome study of Xhosa families’ perceptions on family therapy need to be further researched.

- If family therapy has been done within a contextual context, such research can also be done with a community context.

5.5 RECOMMENDATION FOR FURTHER TRAINING
Cultural sensitivity in family therapy is also the main focus. This is a challenge that is facing South Africans today from different field of study; due to its history of segregation and racism. South Africa is a country marked by intense conflict, misunderstandings, bitterness and violence between and even within its many and varied cultures. Further training in regard of the above stated is explained as follows:

- Social workers must be trained in understanding the similaritics and differences in attribution-making between cultures. This can be done through a program of culture assimilation which a cross-cultural program is aimed at training individuals to be cultural sensitive; aware and be more tolerant of others from different cultural groups.

- These elements should be incorporated in the techniques used in order to achieve the desired outcome. The researcher will now give the examples where the use of cultural awareness and sensitivity become appropriate in order to adapt family therapy techniques and strategies; which are as follows:
• Let's take an example of a social worker that want to address/teach the Xhosa families about gender equality. The social worker have to first consider the hierarchical structure. For example, in Xhosa families women are less respected than men. Man exercises their authority. They act as dictators, and decision-makers.

• Maturity as a theme. Also the social worker must consider that according to Xhosa families maturity is assessed only on male children when they are circumcised. Circumcision is a symbolize of maturity and manhood.

• Choosing a topic like extra-marital affair is a barrier in family therapy because Xhosa families believe in customary marriage which is polygamous. In some instances if a wealthy family approach the family of a young woman and they want her to marry their son, the woman's family agree because they will also be wealthy through lobola.

• Family therapy as a subject must be included in the training of social workers.

• Social workers and their supervisors need to have capacity building sessions in regard to the practice of family therapy.

5.6 SUMMARY
The conclusions and recommendations in this chapter were made and are true reflections of the overall research study. Recommendations were made to be useful for therapeutic intervention and further research for multi-disciplinary teams in the field, e.g. education, social work and medical field.

The cultural aspects that influence the effectiveness of family therapy with Xhosa families were well documented.
5.7 CONCLUDING REMARKS
The researcher believes that this study has laid the foundation for future research. Taking into account the cultural, economic and social diversity of the population.
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Dear Student,

FIELD OF STUDY: SHORT-DISSERTATION

You are hereby notified that the proposed field of study for the MA short-dissertation has been approved as follows:

Xhosa families' perceptions on family therapy

Supervisor: Ms HF Ellis

Yours faithfully,

[Signature]

FACULTY OFFICER
FACULTY OF ARTS
APPENDIX TWO

INTERVIEW SCHEDULE FOR SOCIAL WORKERS
INTERVIEW SCHEDULE/GUIDE FOR SOCIAL WORKERS

Proposed field of study:

1. What has been your experience in the practice of family therapy with Xhosa families?

2. What has been the reaction of clients when called to be involved in family therapy sessions?

3. Do you think the manner in which clients are invited to family therapy has an influence on their involvement and participation in the therapeutic intervention? Elaborate. There is a lot of resistance.

4. What do you think can be appropriate way of inviting clients to family therapy?

5. In your opinion, does the venue where family therapy sessions is held influence therapeutic intervention? Yes, because other families view social workers offices as magistrates' courts.

6. What could be the appropriate venue for holding family therapy sessions with Xhosa families? The venue must be where the client resides but there are no enough vehicles to conduct home visits.

7. Do you think some clients may see the age of the social worker as a barrier in engaging in family therapy? Please elaborate. Yes, they view older social workers as experienced but young ones as inexperienced.

8. Have you ever experienced the problem of age as a hindrance to family therapy? If yes, how? Yes, the family felt that the social worker is too young to handle their problem.

9. How should a social worker whose client(s) in (are) uncomfortable with his/her age overcome the problem? The social worker must explain her role and explain that age doesn't have a significant role due to her expertise.

10. In your view, do clients regard the gender of the social worker as a hindrance in engaging in family therapy? Explain. Yes, because in Xhosa culture a woman cannot address a man.

11. Have you ever experienced the problem where gender is a barrier to family therapy? Yes, social worker was asked by who she is to address them.

12. What should a social worker whose client(s) is (are) uncomfortable with his/her gender do to overcome the problem? The social worker must define her role.

13. Do you think some clients see marital status of the social worker as a barrier in engaging them in family therapy? If yes, how? Yes, that a single woman/man being inexperienced to handle marital problems.
14. Have you been exposed to a situation where marital status of the social worker constituted a hindrance to family therapy? Explain.

15. How should a social worker whose marital status makes his/her client(s) uncomfortable overcome the problem?

16. Besides the issues discussed above, what else do you think constitute a barrier in therapeutic intervention with Xhosa families? Xhosa families view family therapy as a Western Culture.

17. What do you think can be done to overcome the problem you just mentioned?

Family therapy should be practiced in the cultural context of families. Social workers must be culturally sensitive.
APPENDIX THREE

INTERVIEW GUIDE FOR RESPONDENTS FROM THE SOCIAL WORKERS CASE LOAD AND FROM THE XHOSA COMMUNITY
INTERVIEW GUIDE FOR RESPONDENTS FROM THE SOCIAL WORKERS CASE LOAD AND FROM THE XHOSA COMMUNITY

- What types of families are found within the Xhosa community?
- What types of marriages are found within the Xhosa community?
- What is the hierarchical structure of Xhosa families?
- Which ways are used in problem solving in regard to family problems?
- Which way they prefer the social worker to invite them to family therapy sessions?
- What is their believe in regard to the venue where therapy sessions are held?
- Is there a need to involve the child in family therapy sessions?
- What is the status of a woman in the nuclear family and extended family?
- What is their view in regard to the gender of the social worker? (How do they define their family problems and which strategies are used in resolving them)
- What is their view in regard to the age of the social worker?
- What is their view in regard to the marital status of the social worker?
- What is the pastor and traditional involvement in therapy?
- How should the social worker dress?
- How are Xhosa adult males behave when they are sick? (This question was directed to the nursing sister)
APPENDIX FOUR

Example of transcribed audio-cassette
RAW DATA COLLECTED FROM INTERVIEWS WITH SOCIAL WORKERS

Homes usually held therapeutic sessions at the clients' home because of shortage of vehicles.

Cultural values are barriers in therapeutic sessions, e.g., cultural hierarchy of the family structure.

Most families are extended families. The husband is the decision maker, working together with the eldest people. Women/wives don't have a say.

Polygamy marriages are most common in Xhosa culture. In family therapy sessions all the wives must be included.

According to Xhosa culture, it is appropriate for the woman to be beaten/assaulted because that symbolizes love and discipline. As a result of that, women tend to believe that they have to be beaten up/assaulted.

Resistance is mostly encountered from husbands they believe that social workers are strangers and intruders.

Most influential person in family must be involved in the therapy sessions, e.g., chiefs, husband, in-laws from the husband family.
PASTORS AND TRADITIONAL HEALERS INVOLVEMENT

Usually pastors are not consulted if there is a problem in the family but traditional healers are consulted because they believe in the power of their ancestors. And traditional healers believe share the same belief.

[DRESS CODE]

They believe that social workers must dress according to the most appropriate way which is in accordance to the Xhosa cultural context e.g. women must dress long dresses or skirts while men not tight whereas male social workers must not wear short pants.
GENDER OF THE SOCIAL WORKER

Female social workers always face the female/woman side. Men feel superior and they don't want to be addressed by female's. According to the nursing sister, the perception of a man being superior to women, it makes these men to refuse to be admitted in the hospital because man is expected to endure the pain.

AGE OF THE SOCIAL WORKER

Young social workers are viewed as inexperienced. Male social workers are expected to be circumcised because circumcision to them is a symbol of maturity.

MARITAL STATUS OF THE SOCIAL WORKER

Social workers are expected to be married. If unmarried, social workers are viewed as inexperienced.
It is usually that elderly people, headman [king solve the problem at the king kolal].

MODE OF INVITATION TO FAMILY THERAPY SESSIONS AND VENUE

They are reluctant to attend family therapy sessions. That feel social workers are intruders and their offices are magistrate offices. What they prefer is that social workers must visit them at their homes where they feel safe and free. They also view call-in letters, as a subpoena.

NEED TO INVOLVE THE CHILD IN THERAPY SESSIONS

According to them child case minors therefore the must not be involved in family adult discussion. They can only be involved directly in a case eg. of sexual abuse where a child is a victim.
New data collected from respondents of the social workers caseload and community members

[Types of Families]
Most families are extended. Families although nuclear families do exist. It is cultural for them that marriage the wife and husband resides with the husband family.

[Types of Marriages]
There are two types of marriages that polygamy and monogamy. But the most prominent is polygamy marriage.

[Hierarchical Structure]
In both polygamy and monogamy marriage the husband is the head of the family. The husband consults the oldest people from his side for decision making and the wife obeys. The male children have higher status than a wife. Usually this happen in an extended family but in nuclear family a wife can decide in the absence of her husband.

[Problem Solving]

Problems are defined in a cultural context. They are solved according to the culturally sanctioned strategies.
They don't open up to strangers. And this is one of the communication barriers.
TO WHOM IT MAY CONCERN

This is to confirm that I, Peggy Erasmus (Matric English 1st Language A (HG), Dip. Public Admin and Life Skills) have read through Ntombizodwa Mzondo’s final assignment for Social Work and corrected any spelling and/or grammatical errors wherever I saw fit to do so.

Yours faithfully

P.P. ERASMUS (MRS.)

P.S. ERASMUS (MRS.)