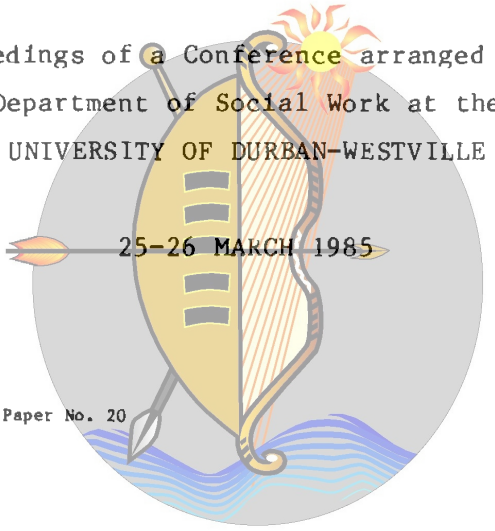
ASPECTS OF FAMILY LIFE IN THE SOUTH AFRICAN INDIAN COMMUNITY

Proceedings of a Conference arranged by the Department of Social Work at the UNIVERSITY OF DURBAN-WESTVILLE

25-26 MARCH 1985



Occasional Paper No. 20

October 1987

Institute for Social and Economic Research
University of Durban-Westville
Private Bag X54001
Durban
4000

ISBN 0 949947 89 X

Family Functioning in the South African Indian Community

Jean Mason*

INTRODUCTION

Mental Health professionals working in the field of family therapy usually hold an implicit if not explicit view of the characteristics of the normal family, which underlies their assessment of the families which enter therapy. Studies such as *The Silent Majority* (Westley & Epstein, 1969) and the Timberlawn family study by Beavers and colleagues have established a model of the ways in which optimal or effective families function (Lewis *et al*, 1976). In the *Handbook of Family Therapy* (Gurman & Kniskern, 1981), leading family therapists describe not only their own theoretical paradigms of problematic families, but also their views of normal family functioning.

Most of the literature on normal family functioning is based on either Anglo-American experiences or European models. What then are the guidelines for the practitioner who is working within the South African community? Should it be accepted that South African Indian families who enter therapy are similar to their European and American counterparts? Current literature on the South African Indian family is sparse but what there is concludes that these families are in transition. The joint or extended family is no longer the norm: it is being superseded by the western nuclear family model. Research reports on housing, socio-economic studies and studies of family fission (Jithoo, 1975) all point to the predominance of nuclear family patterns.

* Department of Social Work, University of Durban-Westville.

FAMILIES IN THERAPY

Families seen in therapy often present a confused picture. The clinician may be led to hypothesise that the cultural transition of the Indian South African is mirrored in the family's dilemma.

A girl refers a drug-abusing male cousin for therapy. The whole family is invited to family therapy but the first session is attended by mother and son. The mother insists that her elderly semi-invalid husband plays no part in the family, his brothers acting as executors of the family business and assisting the wife in family matters. She, however, does not want them to be involved in the family therapy sessions and would, in fact, prefer private individual consultations with the therapist. The couple (mother and son) drop out of therapy after two sessions and the cousin reports later that the uncles have arranged for the young man to go to India to break his drug-abusing habits.

A different situation is presented by a young Muslim couple with two daughters aged three and five. The family are referred to the Child Guidance Centre by the family's medical practitioner because of the younger daughter's hyper-activity and uncontrolled behaviour and the mother's depression. The father requests that the family be seen as a nuclear family of four members, in spite of the fact that the family lives in the extended family system. The joint family consists of the husband's parents, his brothers, their wives and children, totalling thirteen persons. During the therapy the young couple's desire to individuate from the joint family becomes the focus of treatment. The blocked communication between husband and wife is opened up and they begin to plan their separation from the extended family. The problem child, who, according to the parents, has never talked, begins using sentences and reveals a well-developed vocabulary. Therapy continues during the transition by the family to a separate life. It is terminated successfully a month after the move.

It is issues such as these, arising during therapy, which have led to an interest in the functioning of non-clinical families. Why do some families cope without the necessity of seeking assistance from mental health or family welfare professionals, while others

require this help? The present study was undertaken as an exploration of the factors which enable South African Indian families to successfully navigate the vicissitudes of modern life. As Rosenfeld has suggested, professional help-givers have much to learn from the successes of coping families (Rosenfeld, 1983).

THE RESEARCH PROJECT

Preparation and Selection of Sample

The field study was conducted from February to April 1985. The purpose of the research was explained to the families, who were invited to participate in an exploration of the ways in which families cope. As far as was known, prior to the research, the families could be described as non-clinical families: they were not receiving social services or therapy. The field workers selected families living in their own neighbourhoods in order to minimise cost and time factors. Appointments were arranged on the basis that the whole family was required to be present for a 2-2$^1/_2$ hour interview. The interviewers were acquainted with the families, but not intimately, or were introduced through friends or relatives. Families were required to be living as a single unit, i.e. not in multiple dwellings with extended families. However, families with additional extended family members living with the family could be included. Another requirement was that both parents were living in the home and that there were children in the family.

The geographical areas from which the families were selected were well representative of middle income group suburbs or housing areas in Durban and its environs. They included central areas of Durban, Reservoir Hills, Shallcross, and the adjacent areas of La Mercy, Verulam, Westville and Isipingo Hills.

Twenty-eight families were interviewed and 23 of these were included in the final case analysis. The five families which were excluded were those with incomes of less than R1000,00 per month, where an inadequate income was a pressing problem, or were families with no children. One single-parent family was also

excluded. The remaining 23 families were comparable in terms of family size and income.

The Field Workers

The six field workers were experienced registered social workers. In addition to their B.A.(Social Work) qualifications, two were in possession of Master's Degrees and four were registered as Master's Degree students. They were accustomed to undertaking home visits, were conversant with the technique of family interviewing, and were all interested in extending their knowledge of normal family functioning.

The Interviews

An interview schedule was drawn up by the author based on the McMaster categories of family functioning. Areas covered were:

A. Family roles — resources, nurturance and support, life skills development, maintenance and management of system, allocation of roles and accountability

B. Problem solving — identification, communication of problem, development of alternatives, action, evaluation of success

C. Communication

D. Family participation, cohesiveness and religious activities

E. Affective involvement

F. Affective responsibilities

G. Behaviour control

The field workers were given explicit instructions as follows:

(1) to explore the feelings of family members, even where the questions were concerned with instrumental functioning;

(2) to probe the role of the extended family members in any of the areas where it was appropriate;

(3) to deliberately involve the children in answering questions;

(4) to observe communication patterns during the interview;

(5) to stimulate discussion and interaction and observe how feed-back was handled.

In most cases the interviews took 2 - $2^1/_2$ hours to complete. In some instances, where the family members grew tired, the interviewer arranged to return on another occasion. Each interviewer conducted three or four interviews. After the first interview the team discussed the family's responses and any difficulties that were encountered. Families were universally co-operative and interested in the interview schedule. They used the experience to explore their own functioning and to discuss family issues which might not have been handled in such a way before. One of the issues raised by the field workers was their concern that the family might be bringing out unresolved conflicts during the interview, which might cause problems thereafter. In the light of this ethical dilemma it was decided that intervention should be offered to families where necessary. This could be a referral to another social worker or agency, or the interviewer might offer to see the family at a later date. Several of the families with unresolved problems have maintained contact on this basis.

Analysis of the Interviews

A mass of data was accumulated on the interview schedules. A content analysis was undertaken and the data were summarised into the seven areas of family life: Roles, Problem-solving, Communication, Family cohesiveness, Affective involvement, Affective responsiveness, and Behaviour control. This analysis did not succeed in providing a picture of total family functioning in each family. It was therefore decided instead to describe each family in its totality, using a family profile. It was found that the areas which differentiated most clearly between adequate and less than adequate family functioning were the areas of problem-solving, communication, and family roles, in particular the role of the extended family.

A classification of problem-solving was based on the family's ability to resolve problems to a level that maintained effective family functioning. Epstein *et al* (1982) describe adequate families as approaching problem-solving in a systematic manner, involving a sequence of six steps as follows:

1. Identification of the problem
2. Communication of the problem to appropriate person(s)
3. Development of positive action alternatives
4. Carrying out the action
5. Monitoring the action
6. Evaluation of success

Epstein postulates that in families with less effective functioning, problem-solving is not systematic and fewer problem solving steps are accomplished. Dysfunctional families may never accomplish step 1, identifying the problem, or may accomplish only one or two of the steps in the sequence. One solution may be pursued repeatedly, in spite of failure to achieve results, without other alternatives being sought.

Family problems may be in either instrumental or affective areas. Instrumental problems relate to mechanical issues, such as provision of income, food, housing, clothing and transport. Affective problems relate to issues of emotion or feeling, such as anger, depression and conflict. Where family functioning is disrupted by instrumental problems, it becomes difficult to deal with affective problems. On the other hand, families may deal adequately with instrumental problems without being able to deal with affective problems.

In the present study, five of the twenty-three families were classified as dysfunctional in terms of their problem-solving behaviour. Seven were classified as mid-range or marginal families and eleven were found to be functioning adequately. Vignettes of the families have been used to describe the areas of problem-solving, communication and roles.

FAMILY VIGNETTES

A: The Dysfunctional Families

Four of the five families were in the 30 years age bracket and one couple was in the older age group of over 40 years. There were 2-4 children in these families. In all the families there was considerable involvement with the extended family. Three of the five families shared the home with grandparents. A fourth family was heavily dependent on support from the extended family. In the fifth family one of the two children had lived with his maternal grandparents since the age of 4 months.

Family No. 1 consisted of a young couple with three small children, living with the paternal grandmother. Severe financial problems in the husband's business had been partially solved by the wife returning to work, leaving the children in the care of the grandmother. The wife suffered guilt feelings because of this arrangement: neither did she wish the community to see her as imposing on an old person nor did she wish to appear ungrateful. In the wife's view the relationship with her mother-in-law had always been strained and was now even more difficult. She often felt tired when she returned from work but was afraid to ask her mother-in-law for further help in the evenings. This was her usual pattern of behaviour. For example, she had always wanted a larger home where there would be privacy, but had not successfully communicated this to her husband or his mother. The presence of the mother-in-law, while assisting with instrumental functions, prevented the couple from dealing directly with their relationship problems. This wife used the interview to vent her feelings, while mother-in-law listened attentively and husband remained uninvolved.

In Family No. 22, also a young couple with three small children, financial problems were exacerbated by the paternal grandfather's presence in the home. The wife was resentful of her husband's refusal to discuss problems with her and his insistence on handling all decision-making on his own or in discussion with his father. The husband handled all finances and supervised the children's homework and school activities. In the interview, the husband complained of his wife's jealousy and unrealistic

demands on him, which she maintained were 'a thing of the past'. The family attempted to budget and so contain their expenditure. Other family members agreed to augment the grandfather's pension. Thus there had been an attempt at handling instrumental functioning but the conflict in the affective area remained and no positive alternatives had been considered.

Family No. 19 were a couple in their thirties, the husband a clerk and the wife a machinist, with two children under the age of 12. They had experienced long-standing marital conflict and desertion by the husband on one occasion. The wife instituted divorce proceedings but was later persuaded by her husband to withdraw these. The older child of 11 years had lived all his life with his maternal grandparents. The relationship between the couple was uneasy and there was no communication about problems, or constructive problem-solving. The wife said that when she attempted to talk to her husband, it ended in conflict. The extended family, in addition to caring for the one child, had given shelter to the wife and assisted in crisis periods. The involvement of the extended family may be seen, however, as preventing constructive problem-solving by the couple.

Family No. 17 consisted of a couple, both aged 34 years, with two children. They had always received emotional and material support from the extended family, although they lived separately from them. The husband had had a drinking problem since the beginning of the marriage. The husband's brother eventually succeeded in persuading him to join Alcoholics Anonymous. This was the first positive action taken in 10 years by this family. Previous action had been limited to nagging by the wife, or her leaving her husband to return to her family of origin during crisis periods. Again, the involvement of the extended family in the past prevented rather than facilitated constructive action. Although the husband was now receiving treatment, the wife voiced her uneasiness and doubts about his ability to maintain sobriety. The husband was withdrawn and non-communicative throughout the interview, which his wife described as his usual method of relating. She, in turn, was anxious 'to keep the peace'. The children were now aware of their father's 'illness', whereas before it was never mentioned.

Family No. 10 were in a later developmental stage in the family life cycle, with two adult children and two approaching adulthood. The children were all still living within the family, which also included the maternal grandparents. Earlier financial problems had been solved by the sons leaving school early and their uncles finding them employment. The only daughter's wish to marry was a major problem for the family who refused to sanction the marriage. The girl, 16 years of age, had been forbidden to see her boy-friend for 3 years. Her father supported her wish to continue the friendship but was overruled by the mother, the brothers and the extended family. The father was usually passive in the family and the mother relied on her sons and parents for support. The family was divided into two camps with the father, the daughter and the boy-friend in conflict with the mother, her three sons and the extended family. In spite of the unrealistic solution proposed by the mother and brothers, no other alternatives had been considered. The daughter subsequently sought help from the interviewer and revealed that she continues to meet her boy-friend in secret.

B: The Mid-range Families

Seven families were classified in this way. Two of the seven lived as extended families, while all families had close involvement with extended family members. Couples were in the age range of the late thirties to forties. There were 2-4 children in all these families, ranging from 2-13 years, with one expectant mother. The majority of the children were over 4 years of age.

In Family No. 4, the paternal grandparents and an unmarried sister lived with the family. The father, who is a bus manager, had only a Standard 6 education while the wife, who came from India to marry, had a B.A. degree . The eldest child had cerebral palsy and the care and protection of the child was an ongoing problem. The grandparents were needed to assist with the child and to help in the instrumental areas of housekeeping and provision of income. Because of this assistance, the couple had not considered the possibility of separating from the extended family, but they felt frustrated by their junior status in the family hierarchy. They had not communicated their feelings

or tried to exert more authority in the home, because of their feelings of obligation to the older generation.

Family No. 13 were a couple in their thirties, the husband a banker and the mother a teacher. They lived on their own with their two children. The husband was described as making the family decisions, but this was often in consultation with his brother. Both husband and wife were studying, and instrumental functioning in the home was often problematic because of the busy lives the couple were leading. The children and home were neglected, and the daughter of eleven complained about this in the interview. There was no positive attempt to solve the instrumental problems. The family experienced feelings of isolation because they lived in a Muslim neighbourhood although they are Hindus. This was identified as a problem, without engaging in any active problem-solving about it. The interviewer was aware of covert disagreement but the couple were guarded in their communication, obviously wanting to present a harmonious image. The children revealed some of the conflict within the family.

Family No. 14 had four children under the age of 12. They lived on their own but the extended family played an important role. Since the paternal grandfather's death, the paternal uncle had taken over as head of the family. The husband would have liked to wield more authority in his own family but he felt dominated by the wishes of the extended family. The couple were thinking of relocating at a distance from the extended family in order to achieve some separation. Communication between the couple and the children was free and open and there was spontaneous sharing of affection. The family were in crisis over their need to achieve autonomy and separation from the extended family. They had commenced problem-solving in this area, but anticipated that the break would take several years to achieve.

Family No. 5 consisted of a couple in their thirties, with daughters aged 13 and 10 years. Both husband and wife were matriculated and the wife had a diploma in dress design. A recent crisis was a split in the family business, resulting in the husband going on his own. This had been a difficult period because of the

original involvement with the extended family in the business venture. The grandmother was still involved in caring for the second daughter who is asthmatic. The wife returned to college when the daughter was 2 years old and the grandmother took over the care of the child. The wife now considers that the grandmother is not having a good influence on her daughter. The over-involvement with the granny seemed to exacerbate the daughter's difficult behaviour. The husband had suggested that his wife leave the dress shop, in which she is a partner, to take over the care of the children, but she was unwilling to give up her career. The problem remained unsolved, with both parents fearful of the future but not discussing positive alternatives to the present situation.

Family No. 9 were a couple in the early forties with two children living in the extended family with the maternal grandparents. The husband was a clerk and the wife a pharmacy assistant. The grandfather, a retired school principal, played a dominant role in the family. Both grandparents were very involved in instrumental and nurturing tasks. For instance, the grandfather supervised the children's homework and taught them manners. The grandmother was responsible for running the home. Both grandparents were consulted by the husband about family decisions. The daughters were talkative, expressed their opinions freely and easily manipulated their grandmother. The family all experienced a weight problem, which was especially problematic for the husband because of his diabetes. He had been advised that careful planning of meals and a strict diet were essential for his health. This was acknowledged by the family but the grandmother appeared to undermine decisions, by cooking delicacies and covertly encouraging over-eating. Serving good food was deemed a way of expressing affection: the decision to eat wisely was therefore not carried through and there was no monitoring or evaluation of success.

Family No. 18 consisted of a couple in their forties with three sons aged 13, 10 and 8 and a daughter of 11. The paternal grandfather played a dominant role in the family but lived separately. The couple had experienced many financial problems throughout their marriage, stemming from the husband's lack of

education (std 4) and several job changes. His father had assisted throughout and encouraged him to relocate in order to get his present job. The family had recently experienced a financial crisis because of the necessity of paying two sets of rates: for the grandfather's house and the couple's own home. They managed to meet the debt by careful joint budgeting. The couple were involved in building a new home and there was a great investment of time, money and energy in this project. The grandfather played a major role with the children, assisting with homework and after-school activities. The family appeared to be moving into a less problematic stage in their life cycle. Their success in spite of major financial and work-related problems seemed to be due to support from the grandfather while the family maintained separateness from the extended family. There was also reciprocity, with the couple assisting the older generation to pay the rates in return for their earlier assistance.

Family No. 20. This couple, in their thirties, had a child of 8 years and were expecting a second. The husband was a technician and the wife a sales clerk. They shared decision-making, running the home and chores. At the time of the interview they were making additions and alterations to their home. They lived with the wife's parents for the first five years of marriage while waiting to obtain their own home. The maternal grandmother assisted financially to enable them to move. Involvement with the extended family had decreased since then. The wife was openly assertive in the interview, often disagreeing with her husband. There appeared to be a close relationship between the father and the 8-year-old daughter. The father was described as being over-protective towards her and both parents were concerned about her reaction to a new baby. Although apparently functioning effectively, the unease expressed by the couple and the cross-generational involvement of father and daughter suggested long-standing relationship problems which could be exacerbated in the next developmental stage of this family's life cycle.

C: The Adequate Families

Eleven of the twenty-three families were functioning effectively. Only two of these families had an extended family

member (the grandmother) living with them . The families' degree of contact with the extended family varied with circumstances. Parents in six families were in the 30-40 age group, and five couples were in the over-40 age group; the families had 2-3 children with one couple in the age group 40-50 having 4 children aged 23, 21, 16 and 15 years of age.

In the following, two family vignettes are combined in some cases because of the number of families in the adequate category.

Families No. 2 & 6 were well-educated couples in their thirties with two small children each and in family no. 6 the wife was pregnant. The husband in family no. 2 was involved in a family business and the wife had a private professional practice in optometry. They began their married life in the husband's extended family, but separated from them after 6 years. During the early period, the wife went to college to study, mainly to do something to improve herself rather than being dominated by the demands of the extended family. She described this period as a "living hell" in contrast to the harmonious and peaceful life which they now lead. Their marriage was arranged by the parents and the wife had to forgo her goal of medical training because of the marriage, although she had been accepted at medical school. After the birth of the two children, the husband encouraged her to study further. She felt that because of her husband's support she retrieved something for herself by studying while the grandparents looked after the children. Once she completed her studies, they moved into their own home. It took about $2^1/_2$ years to negotiate and separate from the extended family. Today, the couple value their independence but have a pleasant and supportive contact with the extended family.

In the other family, the husband was a medical doctor and the wife a teacher. The maternal grandparents lived close by and sometimes assisted with child-minding or in emergencies such as a child's illness. The couple employed good domestic help so did not have to rely on the grandparents. They shared home chores and child care. The husband was studying for specialist examinations and devoted more time to his studies than his wife liked. However, they had the common goal of establishing themselves in a secure financial position and the wife therefore

accepted the situation. She was also proud of her husband's role in the community as a medical doctor. In both couples communication and expression of feeling between the spouses was open and warm during the interview.

Families No. 8 & 25 were couples in their thirties with two children, 10 and 7 years, in one family and three in the other. The husband in family no. 8 was a clerk and the wife a teacher. In the other family the husband was a driver. Family no. 8 had experienced financial problems in their early married life but these had been overcome by careful budgeting and planning. In family no. 25, a recent reduction in the husband's salary had resulted in the wife opening up a hawker's business. Problem-solving was shared in both families and the children were also involved. Roles were also shared in both families, with the fathers involved in the children's activities and the mother in the role of nurturer and responsible for running the home.

In family no. 8, the mother described herself as quite assertive in the husband/ wife relationship and there was evidence of this in the open discussion of differences of opinion. There was some contact with the extended family, the husband's brother and wife's mother being consulted about major family decisions.

In family no. 25, one son had a hearing defect and had been admitted to the School for the Deaf. The father handled the problem of schooling in an independent and effective manner. The wife accepted her husband's authority and the traditional male hierachy in the home. The family appeared close and cohesive and religion played an important part in the family's life.

Families No. 12 and 16 had several similar characteristics. The spouses were in the mid-forties and each family had two children. The spouses in both families were well educated and in full-time employment. Husband and wife in family no. 12 were partners in a business, while in family no. 16, the husband was a community worker and the wife a teacher. A major problem in one family involved a legal dispute over property. This was successfully solved and the wife supported and encouraged her husband during this period. Another problematic area had been the separation from the extended family, which both spouses

wanted, but this move was opposed by the parents. The couple considered that they had successfully negotiated this painful period.

In the other family, financial problems in the business had been overcome and the family were enjoying a good income. The family had experienced several health problems — the wife's illness during pregnancy, the husband's diabetes and a daughter's asthma. The latter two problems were well under control.

In both families there was joint decision-making, with the husband having the final say. There was also some consultation with the extended family over major decisions. The families shared family roles except for those in the kitchen where the wife and daughters were responsible. In one family, the husband was described as more demonstrative than his wife, while in the other the husband was reported to be short-tempered and feelings were sometimes left unexplored because of this. In the interview, however, both families expressed feelings openly and communication was free and easy.

Families No. 11 & 24 comprised couples in an older age bracket with two children each. The wives in both families were not employed outside the home, and were accepting and comfortable with their role as homemakers. One husband was an insurance representative, the other a jeweller. Family decision-making and the running of the home were shared in both families, but the husband had the 'final say'. Both couples accepted responsibilities for the welfare of others — one couple was actively involved in a Service Organisation, while the other assisted the wife's sisters and nieces with their difficulties.

One family spoke of the stressful period when the husband was hospitalised and the whole family assisted and took on additional duties. They also supported each other during a period of relocation when they felt strange and vulnerable in new surroundings. In the other family, the parents spoke of the emotional support they gave each other when their son was involved in a motor-cycle accident.

In both families, interaction between members was warm and spontaneous. The children communicated freely but showed

respect to their parents. One family recognised that the son was closer to his mother and the daughter to her father. In the family with the two daughters, they spoke freely about their feelings towards their father, whom they found undemonstrative, but nevertheless were sure of his love. In both families, rules were clear and appropriate. These families were comfortable within the traditional structure of family life, but were independent of the extended family.

Family No. 15 was a couple also in the older age group, with four children in adulthood and late adolescence. The husband was a business man and the wife was employed as an assessor. The husband had the final say in the family, and his elder sister and brother-in-law were sometimes consulted about family matters. The family were considering alterations to the home. This had been thoroughly discussed and decisions reached with the agreement of all the family. When the daughter broke off her engagement, the parents were consulted but she made the final decision. They described their communication as open and clear and this was evident during the interview.

Families No. 21 & 26 were the two families who had extended family members living with them. The couples were in their thirties, with children aged 10 and 6 years in one family and 8 and 5 years, plus a month-old baby, in the other. In both families, the wives were not working outside the home. In family no. 21, the paternal grandfather committed suicide in 1972 and the husband then took over the role of the head of the extended family, caring for his mother and supporting his siblings through school. The grandmother and one brother still lived with the family, but the brother was to marry shortly and move out of the home. The husband was considering opening his own business and although the wife felt some apprehension about this, she supported her husband's decision. They shared most decision-making and were involved together in social and community activities outside the home. They were able to do this because of the grandmother's help with child-minding.

In the other family, the maternal grandmother lived with the family. The husband was a school counsellor. In this family, the

grandmother assisted with the older children, which allowed the mother more time with the baby. The grandmother was consulted about major family decisions, but the executive functions of the family were clearly carried by the husband, assisted by his wife. The husband made the necessary arrangements for speech therapy for his 8-year-old son, when it became evident that the boy had a speech defect. The treatment was proving beneficial and the parents were hopeful of total improvement.

In both families there was clear communication and mutual support in the spouse sub-systems. The wives were satisfied with their role as home-makers and enjoyed the company of the older women in the house. The family members were openly affectionate and caring.

CONCLUSIONS

A: The Dysfunctional Families

Families in the dysfunctional group had failed in the past to tackle problems in an organised or systematic manner. Unsolved problems were of long standing and were in the affective rather than instrumental areas. In some families financial problems (instrumental) had been overcome by the wife or older children going to work. These solutions, however, produced relationship problems and affected the family structure. In one family the wife felt guilty that her mother-in-law was required to care for the children. She also resented the family's inability to separate from the grandmother because of the latter's control and contribution in the family. In another family the sons took over the father's role both as bread-winner and as executive in the family system. They formed a powerful alliance with their mother and her parents. The husband was excluded from participating in family decision-making in spite of his more sensible views about family problems. In two families the husband's personality problems and abuse of alcohol, which had predated the marriage, played havoc in the lives of the families. One of these husbands had only recently sought help with his drinking problem and remained withdrawn and uncommunicative. In the other family, where there had been several separations and one child had lived all his

life with his grandparents, the husband's reactions were paranoid and aggressive. Legal advice was the only type of professional assistance received by this family.

In all these families, communication was scanty or blocked between the spouses and children did not participate freely in the interviews. Other family members had assumed spouse or parenting roles. The extended family, while serving as a resource in periods of crisis, seemed to prevent rather than facilitate long-term problem-solving.

The involvement with the extended family was not necessarily structured along the traditional patrilineal pattern. It differed often according to which spouse was the stronger personality in the marriage. Where the husband was the more powerful, his mother or brothers were involved in decision-making. In the families where the husband was weak and ineffectual, the wife's parents or family members took over his role and formed a powerful alliance with the wife. Thus the alliances with extended family manners resulted in the less effective spouse becoming even more powerless in the relationship.

In these five families there was a sense of frustration or hopelessness about the possibility of improving family relationships. The striking feature was that in spite of belonging to the middle-income group, they were not making use of professional resources for their personal relationship problems. Instead, the extended family was the resource to which they turned for help and to which they were closely tied in a symbiotic relationship.

B: The Mid-range Families

Three of the seven families had chronic health problems:

—all members of one family were overweight, including the father who was also a diabetic;
—an asthmatic daughter in a second family displayed behaviour problems;
—a child in a third family had cerebral palsy and required constant care and physiotherapy on a daily basis.

The extended family were involved in giving additional help because of the disabilities in these families. In two families, the grandparents lived with the couple and their children, and in the third family, the grandmother looked after the asthmatic child during the day. In spite of the assistance from the grandparents, the wife in each family desired independence, but acknowledged the difficulty of the family managing on their own. No other alternatives had been explored in a systematic manner.

The other families had experienced major financial and business problems. Some of these had been solved by dependence on the extended family. In one family the grandfather had assisted financially in the past and the family were now able to reciprocate with assistance which he needed. One of the families where both parents were working were having difficulty in coping with child and home care on their own. Another family were struggling to separate from the extended family. There were no major impediments to this, except for the traditional expectations of the older generation who refused to acknowledge the couple's need to set up an independent home.

All the families were characterised by a lack of clear demarcation of hierachy and roles between extended and nuclear family systems. The ability of the family to absorb additional members or to lose members to the extended family was reminiscent of Wynne's (1958) concept of 'the rubber fence' — the lack of a strong family boundary which prevents the members from achieving effective autonomy. Most families had experienced a lack of clear communication and appropriate role allocation because of the presence of extended family members.

C: The Adequate Families

Problem-solving in the adequate families was on-going and effective. The families had encountered similar difficulties to the less adequate families but had solved their problems over time. Both instrumental and affective problems had been dealt with in a systematic manner. The steps in problem-solving as suggested by Epstein and Bishop (1981) had been successfully completed in most cases. Especially marked, in contrast to the less adequate

families, were the independent problem-solving skills of the adequate families. Help given by the extended family had generally been towards achieving a long-term goal, such as setting up a separate home, which had assisted in the family's eventual independence.

The effective families demonstrated open, clear communication and sharing of roles. Even when role allocation was determined traditionally, there was more flexibility than in the less effective families. While the more traditional couples acknowledged the husband as having the final say in decision-making, there was a sharing of decision-making among many couples. Roles were reallocated or varied according to circumstances. Where both parents were working, husbands shared chores with their wives, although the kitchen remained the domain of the females. There was complementarity in parenting roles related to the spouse's own personality. For example, in the family where the husband was more demonstrative, he gave the physical affection and comfort to the children. Where a father was busy with medical studies and had long working hours, the mother devoted extra time to the children.

There were clear boundaries between generations. Parental coalitions were well defined, with a clear hierarchy of power and leadership in the hands of the parents. In the two families where a grandmother was living with the family, her role was clearly defined and she did not intrude on the parental coalition.

Rules were clear but not rigidly enforced. Appropriate changes were made in terms of children's ages and developmental stages. Children influenced decisions and had more power as they neared adulthood. For example, a decision to go to University or to break off an engagement was made by the young person concerned, with parental support. The adequate families, in contrast to the other groups, gave support to, rather than received support from, older family members.

The findings about the effective families support Beavers' statement that:

> One of the striking features of the optimal group in the study was the high degree of emotional energy, drive and performance level

found in almost everyone because the members did not fear moving towards others or moving into the world. (Beavers, 1982, p. 50).

IMPLICATIONS

One implication which has developed from the information obtained in this study is the questioning of the role of the family of origin as an essential support system for middle-class Indian families. It may be that the extended family will continue to play a positive role in the upliftment of the poor in the Indian communities. Certainly, in the past, sharing of resources within an extended family has enabled upward mobility in spite of poverty.

The present findings in their limited form throw doubt, however, on the positive role of the extended family in middle-class, educated families. The reports of the families who were included in the research indicate that the most effective or adequately functioning families were those who had successfully individuated from their families of origin.

It may be that the drive and energy needed to separate from a traditional family system are also the qualities which make for coping in the modern world. Whether it be the cause or the effect or a circularity of response, the adequate families demonstrated their ability to maintain independence and to solve the problems which beset them, with either time-limited help from the extended family, professional assistance or through their own skills in problem-solving.

REFERENCES

Beavers, W R., 1982, Healthy, Mid-range and Severely Dysfunctional Families, in Walsh, F. (Ed), *Normal Family Processes,* The Guildford Press, New York & London.

Epstein, N.B., and Bishop, D.S., 1981, Problem-centred Systems Therapy of the Family, in Gurman, A.S. & Kniskern, D.P. (Eds), *Handbook of Family Therapy,* Brunner/Mazel, New York.

Epstein, N.B., Bishop, D.S.. and Baldwin, L.M., 1982, McMaster Model of Family Functioning: A View of the Normal Family, in Walsh, F. (Ed), *Normal Family Processes,* The Guildford Press, New York & London.

Gurman, A.S. and Kniskern, D.P., 1981, *Handbook of Family Therapy,* Brunner/Mazel, New York.

Jithoo, S., 1975, Fission of the Hindu Joint Family in Durban, *Journal of the University of Durban-Westville,* Vol. 2, pp. 55-62.

Lewis, J.W., Beavers, W., Gosset, J.T., and Phillips, V.A., 1976, *No Single Thread,* Brunner/Mazel, New York.

Rosenfeld, J.M., 1983, The Domain and Expertise of Social Work: A Conceptualisation, *Social Work,* Vol. 28,3.

Westley, W.A., and Epstein, N. B., 1969, *The Silent Majority,* Jossey-Bass, San Francisco.

Wynne, L.C., Ryckoff, I., Day, J. & Hirsh, S., 1958, Pseudo-mutuality in the Family Relations of Schizophrenics, *Psychiatry,* Vol. 21, pp. 205-220.