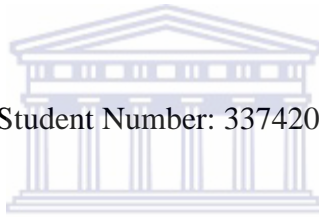# THE ROLE OF FAMILY FUNCTIONING

IN THE DECISION-MAKING STYLES OF ADOLESCENTS

IN THE OVERBERG AREA

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A full thesis for the fulfillment of the requirements for the Degree of

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ABSTRACT

Adolescence has been regarded as a particularly important stage for the continued development of young adults as they start to make their own life's decisions and engage in a variety of activities that will influence the rest of their lives. One of the important goals of adolescence is the development of decision-making skills as independence increases, requiring more independent decisions. When an adolescent makes decisions, it is important that s/he has the skills to make confident ones.

Various studies identify factors that could affect adolescent decision-making, such as the family environment and family-member relationships, but information pertaining to this subject is still relatively limited. This study examines the role of family functioning in the decision-making styles of adolescents. The theoretical framework used for this study is based on the Family Systems Theory, of which the McMaster Model of Family Functioning (MMFF) is a component. The MMFF is one variation that underlies the family system model, be it nuclear or extended families discussed within chapter 2.

A quantitative methodological approach was employed in this study with a cross-sectional correlational research design. The sample consisted of 457 Grade 9 learners from schools in the Overberg area. The data was collected using a self-reported questionnaire that included the Demographic Information, the Family Assessment Device and the Melbourne Decision Making Questionnaire, as part of the quantitative methodology. The data was then analysed using the Statistical Package for Social Sciences V22 (SPSS). The results were provided using descriptive and inferential statistics.

Participation in this study was voluntary after being well informed, while confidentiality and anonymity was maintained throughout the study. The main results for family functioning indicated the assumption that the participants might have ineffective functioning on all the family functioning variables. The main results for decision-making styles showed an assumption that the Vigilant decision-making style was the highest and the Buck-passing decision-making style, the lowest.

KEYWORDS

Adolescence

Decision-making

Decision-making style

Family functioning

Problem solving

Communication

Roles

Affective responsiveness

Affective involvement

ABBREVATIONS

DMQ - Decision-Making Questionnaire

FAD - Family Assessment Device

M - Means

MMFF - McMaster Model of Family Functioning

SD - Standard Deviations

SPSS - Statistical Package for Social Sciences

GFF - General Family Functioning

DECLARATION

I declare that, *The role of family functioning in the decision-making styles of adolescents in the Overberg area,* is my original work, that it has not been submitted for any degree or examination at any other University and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full names: Suzette René Lenders

Date:………...............................

Signed:.......................................

ACKNOWLEDGEMENTS

This thesis would not have been possible without the grace of God, who, through his mercy, has granted me the resilience to come this far in my academic achievement.

To my family and friends, I am eternally grateful for all the support and motivation. This has been a great experience and a learning curve. Consequently, I feel truly enriched, to which nothing else could ever compare.

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CHAPTER 1

INTRODUCTION

1.1. Background and Rationale

Adolescence is viewed as a period in life when most of an individual's biological, cognitive, psychological and social characteristics are changing towards becoming an adult (Ogwo, 2013). It is a unique developmental period of transition from childhood to adulthood (McKinney, Donelly & Renk, 2008). There is the desire to become less dependent on parents, while pursuing opportunities to be more active in decision-making (Louw, Van Ede & Louw, 1998). This period of development is also regarded as stressful and is commonly referred to as a period of storm, stress and the need for experimentation (Roman & Frantz, 2013), characterized by hormonal, physical, emotional and cognitive changes (Alloy, Zhu & Abramson, 2003). During this phase individuals have to learn to be socially responsible for themselves and for their actions (Ogwo, 2013).

Zarrett & Eccles (2006) considers this phase particularly important for the continued development of adolescents as they start to encounter a variety of choices and subsequently engage in decision-making activities that will influence the rest of their lives. The decisions that have to be made are increasingly important as it could permanently affect the adolescents' path into adulthood (Smith, Xiao & Bechara, 2011). This ability to acquire a sense of decision-making competence, according to Seiffge-Krenke (2002), may have far reaching consequences to many of life's contexts for adolescents. These choices and challenges include decisions about education or vocational training, entry into and transitions

within the labour market, moving out of the family home and, sometimes, marriage and parenthood (McKinney et al., 2008).

An important goal of adolescence is the development of decision-making skills, especially as an adolescent's increasing need for independence and autonomy involves making more decisions on their own (Miller & Byrnes, 2001). Adolescent decisions are based on situations and ideas of what is possible and imagined. They are generally made under conditions of emotional arousal, whether positive or negative (Smith et al., 2011). It is, therefore, important to chart the development of decision-making throughout adolescence (Miller & Byrnes, 2001), and vital to realize that adolescents with an effective decision-making style may experience more satisfaction in their lives (Bicanli, 2000, as cited in Deniz, 2006).

According to Steinberg (2005), the adolescent's decision-making capability improves with maturity and develops more competence. During this stage of formal operations, adolescents develop the ability to think abstractly and theoretically, and a complete transition through this stage results in the ability to: draw conclusions from available information and predict possible outcomes; reason theoretically; and understand more abstract concepts, such as love and values (Fantasia, 2008).

Decision-making, according to Miller & Byrnes (2001), can be defined as the process of choosing between different alternatives, while in the midst of pursuing a goal. It does not happen in isolation, in fact, there are a number of elements in the individual's immediate environment that play a role in decision-making. Factors that affect decision-making could include the family environment and the relationships that individuals have with family members (Armesh, 2013).

The family, however, is considered to be the primary setting in which children begin to acquire their beliefs, attitudes, values and behaviour (Ogwo, 2013). The family is the support system that adolescents turn to when they are faced with fears and doubts about themselves and their future (Caprara, Pastorelli, Regalia, Scabini & Bandura, 2005, as cited in Koen, Van Eden & Venter, 2011). The role of the family, therefore, seems crucial in adolescent development (Koen et al., 2011) as the family is perceived as a working unit that is greater than the sum of its parts; each member affects the family as a whole, while the family members also affect each individual member (Buswell, Zarbriskie, Lundberg & Hawkins, 2012). It is within the family environment that an individual's physical, emotional and psychological development occurs. Within the family, we learn about unconditional love, understand right from wrong, as well as, gain empathy, respect and self-regulation. These qualities, according to the White Paper on Families (2013), enable us to engage positively at school, work and in society (Department of Social Development, 2013). They are the primary sources of an individual's development and considered as appropriate in society (Ogwo, 2013). While the family is considered central to the socialization of children, not much is known about the role of family functioning in the decision-making styles of adolescents.

Family functioning can be associated with better adolescent adjustment, while adolescent adjustment outcomes affect perceived family functioning (Shek, 2002). The way in which families interact or function, indicates how its members relate to one another, which activities they engage in together and the acceptance of family routines (Olson, 1993, as cited in Buswell et al., 2012). Family functioning, according to Shek (2002), generally includes the quality of family life and relates to the wellness, competence, strengths and weaknesses of a family.

As described by Olsen (1993, as cited in Buswell et al., 2012), family functioning is a delicate balance between family closeness/cohesion and family adaptability (the capacity to be flexible to the changes and challenges), both within the family and its environment (Buswell, et al., 2012). Families that emphasize personal decision-making, affect educational, occupational, recreational, marital and family choices (Zarret & Eccles, 2006). Families need to be able to generate options, weigh up those options, reach some consensus on a decision and evaluate their choices, i.e. motivate a decision-making process for effective decision-making to be reached by most of its members without dominating decision-making (Carpenter & Mulligan, 2009).

Since decision-making is a critical part of life and may determine the future success of adolescents, their families and society at large, the purpose of this study was, therefore, to examine the role of family functioning in the decision-making style of adolescents.
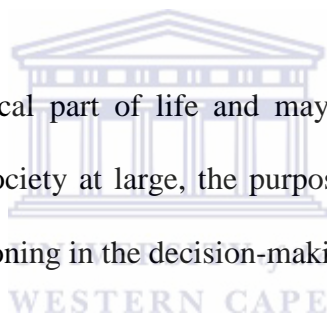
1.2. Theoretical Framework

According to Buswell et al. (2012), family functioning is regularly examined and interpreted through a family systems theoretical perspective. The McMaster Model of Family Functioning (MMFF) theory, based on a systems approach, is one variation of the family systems approach and was used to support this study. MMFF focuses on several dimensions that are considered to have the most important impact on the family (Walsh, 2003). Miller, Ryan, Keitner, Bishop & Epstein (2000) allude to the fact that a family's functioning can be evaluated according to these dimensions. These dimensions, according to Epstein, Baldwin & Bishop (1983), include problem-solving, communication, role allocation, affective responsiveness, affective involvement and behaviour control.

The MMFF views the family as an 'open system', consisting of systems within the system that relate to other systems, such as extended family, schools, industry, religions (Epstein, Baldwin & Bishop, 1983; Sheriif, Seedat & Saffla, 2010). The unique aspect of the dynamic family group cannot simply be reduced to the characteristics of the individuals or the interactions between pairs of members. There are rules, boundaries and actions by members that guide each family member's behaviour to what is considered desirable for the family (Miller et al., 2000).

1.3. Problem Statement

An important goal of adolescence is the development of decision-making skills, in light of increasing independence that would require more decisions to be made independently (Miller & Byrnes, 2001). These skills have been noted as particularly important, to set the stage for continued development through life, as adolescents begin to make their own choices and engage in a variety of activities that would influence the rest of their lives (Zarrett & Eccles, 2006). When adolescents make decisions, it is important that they have the skills to make confident ones (Deniz, 2011). Jannis & Mann (1997, in Mann, Burnett, Radford & Ford, 1997) identify three decision-making styles used to cope with stressful decisional conflicts, namely: (i) Vigilance, (ii) Hyper vigilance, and (iii) Defensive avoidance.

Factors that affect decision-making include the family environment and the relationships that individuals have with family members (Amesh, 2013). A good family environment provides close relationships, good communication and model problematic behaviour; however, a problematic environment can have the opposite affect; therefore family matters (Aufseeser, Jekielek, & Brown, 2006). There is very limited research on the role of family functioning in

the decision-making styles of adolescents. Previous studies on decision-making focus mainly on career decision-making (Martinez, 2007), consumerism (Kamaruddin & Mokhlis, 2003), academic related decisions (Miller & Byrnes, 2001) and other life satisfaction related decisions (Cenkseven-Önder, 2012). These studies do not focus on the decision-making styles of adolescence, but rather on the processes taken to make decisions and the impact they have on good or bad decision-making abilities. This study, therefore, aims to examine the role of family functioning in the decision-making styles of adolescents, as literature indicates that the family, as a whole, matters (Roman & Davids, 2013).

1.4. Research Questions

1. What is the family functioning of adolescents?
2. What is the prevalent decision-making style of adolescents?
3. What is the role of family functioning in the decision-making styles of adolescents?

1.4.1. Aim of the study

The aim of the study was to examine the role of family functioning in the decision-making styles of adolescents within the Overberg Area.

1.4.2. Objectives of the Study

The objectives of the study were to:

• Determine the prevalence of the dimensions of family functioning of adolescents.

• Establish the most prevalent decision-making style of adolescents.

• Examine the role of family functioning in the decision-making styles of adolescents.

1.5. Hypothesis of the study

There is a significant relationship between the role of family functioning and the decision-making styles of adolescents.

1.6. Methodology

This study was conducted within the Overberg Area, Theewaterskloof Municipality of the Western Cape. The Theewaterskloof Municipality is made up of 8 rural towns. Each of the towns has its own natural crops that play a pivotal role in the economic development of the region. This study was conducted in the Grabouw area, as part of a larger Community Engagement study, funded by the National Research Foundation, to build and strengthen the Theewaterskloof Communities. Grabouw is a mid-sized town located in the Western Cape Province, approximately 65 km south-east of Cape Town, along the N2 highway. It is located on the farther side of Sir Lowry's Pass from Somerset West, in the vast Elgin Valley, which stretches between the Hottentots-Holland, Kogelberg and Groenland Mountains, with the valley floor still being substantially hilly. Grabouw is the commercial Centre for the Elgin Valley, the largest single export fruit producing area in Southern Africa.

A quantitative research methodology was used for this study. Quantitative research, according to Creswell (2009), is an inquiry approach used to describe trends and explain the relationship between variables. It is a type of research methodology in which the researcher decides on the study, asks questions, narrows down the questions, collects numeric data, analyses these numbers using statistics and conducts the inquiry in an unbiased, objective manner. Quantitative research methodology also tests the hypotheses of a study.

1.7. Significance of the study and conclusion

As information regarding this topic is limited, this research was designed to help the investigator learn more about the perceived decision-making styles and family functioning of adolescents. Because of this information limitation, the writer believes that the outcomes of this study would also increase the knowledge of parents, teachers/schools, practitioners, adolescents and the broader society. Adolescents may realize just how important effective decision-making is and how correct or incorrect decisions could affect their lives and environment. Adolescents may also understand how their decisions impact on the family members, in the different roles that they occupy within the family system. Parents may become aware of the importance of adolescents' independent decision-making as well and help to guide their young adults in making good choices. The results may be used as a guide and framework for effective decision-making skills training programmes to be implemented for adolescents.
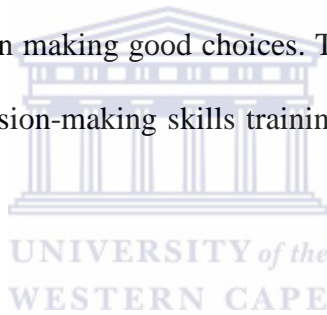
1.8. Definitions and descriptions of key concepts

- **Adolescence**

  Adolescence may be defined as the period in life when most of an individual's biological, cognitive, psychological, and social characteristics are changing towards becoming an adult (Ogwo, 2013).

- **Decision-making**

  Decision-making can be defined as the process of choosing between different alternatives, while in the midst of pursuing a goal (Miller & Byrnes, 2001).

- **Decision-making style**

A decision-making style is a process that includes the approach, reaction and action of the individual who is about to make a decision (Deniz, 2006). Decision-making styles, according to (Galotti, Ciner, Altenbaumer, Geerts, Rupp & Woulfe, 2006), are the approaches individuals take when they need to make a decision, which differs in terms of perceived effort and efficiency.

- **Family functioning**

Family functioning includes a commitment to support the functions of the family and include: economic, safety, child rearing, care-giving and communication (Johnson, Frenn, Feetham, & Simpson, 2011). According to Shek (2002), family functioning generally refers to the quality of family life and concerns the wellness, competence, strengths and weaknesses of a family.

- **Problem-solving**

Problem-solving can be defined as the ability to resolve problems at a level that maintains effective family functioning (Walsh, 2003).

- **Communication**

Communication is the manner in which information is exchanged within the family (Walsh, 2003). Effective family communication depends on clear and direct communication between family members. Expressing their feelings to one another, make family members better equipped to solve problems when they arise. Their ability to listen and pay attention to what is said is essential for effective family communication (Jobe-Shields, Buckholdt, Parra & Tillery, 2014).

- **Roles**

  Roles can be defined as the recurrent patterns of behaviour, employed by individuals, to fulfil family functions (Walsh, 2003). The establishment of these roles in a family is directly connected to its ability to deal with changes.

- **Affective responsiveness**

  Affective responsiveness is the ability of the family to respond to a range of stimuli with the appropriate quality and quantity of feelings (Walsh, 2003). According to Jobe-Shields, Buckholdt, Parra & Tillery (2014), families need to be able to share and experience feelings such as love, tenderness, joy, fear and anger; as responding emotionally to family members, in an appropriate manner, is key to healthy family functioning.

- **Affective involvement**

  Affective involvement is the degree to which the family, as a whole, shows interest in, and values the activities and interests of, individual family members (Walsh, 2003). Showing interest in, and valuing the activities of, other family members is essential for healthy family functioning (Jobe-Shields, Buckholdt, Parra & Tillery, 2014).

- **The McMaster Model of Family Functioning (MMFF)**

  The McMaster Model of Family Functioning is a systems theory that identifies six features of healthy and well-functioning families: they can solve problems, communicate; have appropriate role allocation; show affective responsiveness; have empathic affective involvement; and apply flexible behaviour control (Ryan, Epstein, Keitner, Miller & Bishop, 2005).

1.9. Summary of the chapters

Chapter 1: Introduction

Chapter 1 provides an introduction to this study and describes the aims, background and rationale, theoretical framework and problem statement for the study. The objectives of the formulated research problem and hypotheses are introduced, as well as, the significance of the study. The chapter ends with the definition of concepts and the summary of the chapters.

Chapter 2: Theoretical framework

Chapter 2 provides the theoretical framework that underpins the study i.e. the Family Systems Theory, of which the McMaster Model of Family Functioning is a component. Families are described and defined, using the McMaster Model of Family Functioning, to highlight the family as the protector and outline risk factors associated with such a family system. Lastly, the family policy is discussed and its role in the functioning of families.

Chapter 3: Literature Review

Chapter 3 provides literature relating to the three variables that form part of this study. These variables include: adolescence; decision-making; and family functioning. The section on adolescence includes the developmental tasks associated with this phase of development, as well as, adolescents and their decision-making styles and competencies, based on their developmental stage. In the section on decision-making; the decision-making process, decision-making styles, as well as the characteristics of decision-making, is discussed. Before the closure of this chapter, family functioning and adolescence is discussed. In essence, this chapter refers to an understanding of adolescents, decision-making and the decision-making styles, together with family functioning.
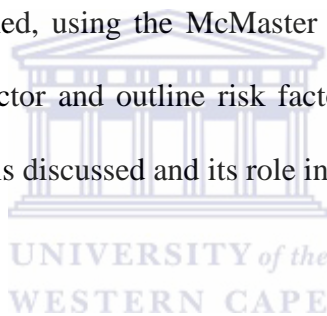
Chapter 4: Methodology

Chapter 4 gives an overview of the methodology employed in this research study. It includes a discussion on the design, as well as, the sampling techniques implemented. The McMaster Model of Family Functioning and the Melbourne Decision Making Questionnaire are introduced. The procedures followed for the pilot and the main study are laid out. The data collection process, the analysis of the data and the ethical considerations that were employed are also discussed.

Chapter 5: Results

Chapter 5 provides the results that were obtained during the data collection and analysis phases of this research study. The data gathered is expressed by means of descriptive and inferential statistics. Tables outline the results obtained by the total sample.

Chapter 6: Discussion, conclusion and recommendations

Chapter 6 provides the platform for the discussion of the results that were obtained during the data analysis process. It allows for the integration of findings with literature and theory. This chapter also provides the limitations of the study, the conclusion, as well as, recommendations derived from conducting this study.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1. Introduction

This chapter provides the theoretical framework that underpins the study. The theoretical framework used for this study is based on the Family Systems Theory, of which the McMaster Model of Family Functioning (MMFF) is a component. The MMFF is one variation that underlies the family system model. In this chapter, families are described and defined. The MMFF is used to highlight the family as the protector and outline risk factors associated with such a family system, in relation to the six dimensions of family functioning. The family policy is included herewith as it describes the importance of how government and its policies contribute to ensuring the well-functioning of families.
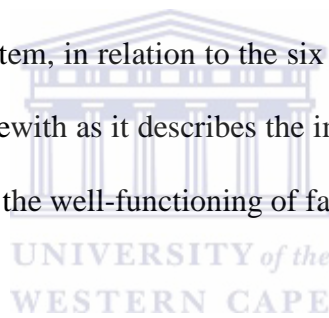
2.2. Defining and describing the family

Globally, the family is perceived as the most enduring social unit, i.e. the family is central to the healthy functioning of individuals and the broader society (Hochfeld, 2007). The notion of family is valid to be a natural, inherent part of one's thinking, regarding personal life. Within society, it is perceived to be filled with symbolic significance that lies within the fluid webs of relationships. These fluid webs of relationships in society define our social family and kinship ties (Neale, 2000). The idea of kinship ties is rooted in the biological connection to ensure the order of a clan or family hierarchy through arranged marriages, patriarchal lineages; honoured by oneness of interest; and prescribed, accepted social behaviour and development (Graham & Graham, 2001). According to Makiwane, Makoae, Botsis & Vawda
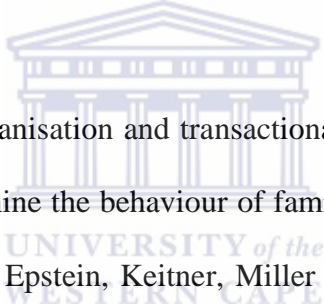
(2012), the family constitutes a basic unit of relationships pertaining to reproductive processes and is defined by law or custom.

Families are the primary source of individual development and the primary setting in which children begin to acquire their beliefs, attitudes, values and behaviour considered as appropriate in society (Ogwo, 2013). Walsh (2003) describes a family as; two or more persons who live together and are interrelated either by blood, marriage or adoption. Cox & Paley (1997) also depicts the family as a hierarchically organized system, consisting of smaller sub-systems embedded within larger systems, whereby interaction occurs across all levels of generations. Sub-systems are defined by set boundaries that allow members to regulate their interaction with their environment, while still preserving the integrity of the family as a unit. They are conditioned by rules within and across these boundaries in relation to these family interactions (Cox & Paley, 1997). The White Paper on Families (2013) defines families with the most common description on families in literature: as societal groups of members related by blood (kinship), adoption, foster care or ties of marriage (extended families) including; civil, customary, religious marriages, or communal union, that extends beyond any particular shared physical residence (Department of Social Development, 2013).

According to Olson (2000), families need both stability and adaptability (also referred to as flexibility) as this will assist to distinguish functional families from dysfunctional, or at-risk, families. He further elaborates on balanced families based on the four levels of relationship adaptability. These levels of relationship adaptability include:

(1) Structured relationships indicating a level of democratic leadership. This implies stability in roles, for which there are a few rules with limited changes to them.

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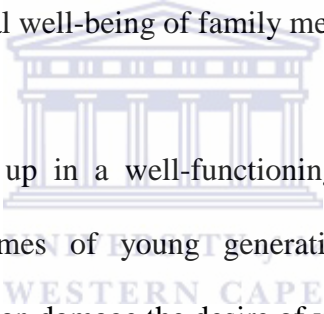
(2) Flexible relationships are characterised by egalitarian leadership, in which negotiations are open and inclusive. Roles are shared, as well as, age-appropriate, and changes are applied when necessary. Unbalanced families, on the other hand, commonly entail a relationship that is either rigid or chaotic.

(3) Rigid relationships refer to a stringent type and imply a high level of control by one member for a family. The rules are strictly defined and enforced with limited negotiations and participation in decision-making.

(4) Lastly, a chaotic relationship is created by an unsettled, irregular or a limited type of leadership. Roles are unclear, positioned between members, and decision-making is impulsive and thoughtless.

The presentation of structure, organisation and transactional patterns within a family is seen as important variables that determine the behaviour of family members and further ensures a balance within the family (Ryan, Epstein, Keitner, Miller & Bishop, 2005). Furthermore, if these variables are in good working order, the behaviour of family members will be positively influenced. Carpenter & Mulligan (2009) add that communication is essential for successful family functioning. Families with poor communication tend to be lower functioning, whereas families with good communication tend to be higher functioning (Smith, Freeman & Zabriskie, 2009). Therefore, balanced families, as opposed to unbalanced families, tend to have more positive communication skills (Olsen, 2000). The White Paper on Families describes dysfunctional families as those in which on-going conflict, misbehaviour, neglect or abuse occurs (Department of Social Development, 2013).

According to Walsh (2003), it is important to understand the concepts of functional and dysfunctional. Functional essentially means workable and refers to the usefulness of family

patterns in achieving their goals, including instrumental tasks, such as problem solving, and the socio-emotional well-being of families that imply a goodness of fit. Dysfunctional, on the other hand, implies family patterns that are not working and that are associated with symptoms of stress. Furthermore, it must be noted that a family may be functional at one system level, yet dysfunctional on another (Walsh, 2003). The challenges experienced in one dimension of family functioning may not have an impact on another. One family may have challenges with behaviour control, another with communication, while some may have challenges with both (Epstein, Baldwin & Bishop 1983). The ineffective functioning of families, according to Ryan et al. (2005), can become a contributing factor to the emotional and physical problems of family members. Effective functioning, on the other hand, supports the optimal physical and emotional well-being of family members.

Research suggests that growing up in a well-functioning family can make a significant difference to the future outcomes of young generations (Holborn & Eddy, 2011). Dysfunctional or at-risk families can damage the desire of younger generations for prosperity. Many South African children are growing up in dysfunctional families, creating a lack of safety and security, and may further result in these children also creating dysfunctional families (Holborn & Eddy, 2011). South African children, however, may have an opportunity to prosper if they were to be given the chance to experience stability within their families and/or communities (Holborn & Eddy, 2011).

2.3. South African families

All South-African communities view family as an integral part of society, representing the key social unit (Department of Social Development, 2013; Makiwane et al., 2012). These social units are described as being open to change and characterized as a fixed structure, with

strong influences on social life (Makiwane et al., 2012). The traditional family system in the South African context comprises of related kin with mutual advantages, which holds great significance among the main cultural groups of South Africa (Amoateng, Richter, Makiwane & Rama, 2004). According to Makiwane et al. (2012), South-African families are diverse; culturally, socially and economically; consisting of nuclear, extended, re-constructed families, etc. This diversity can be seen in the structures of families: families may be extended or multi-generational; nuclear families consist of one or more parent and children; single parent with children; re-constituted families with step-parents and step-children; homosexual families; and others (Amoateng et al., 2004). In African cultures, the family is extended to include aunts, uncles, grandparents, cousins and other relatives, by blood or inter-marital relations (Makiwane et al., 2012).
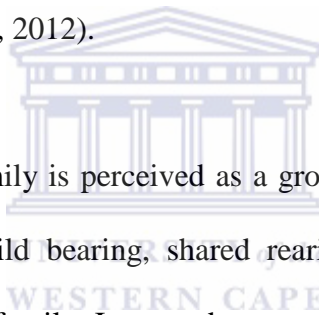
In South African society, the family is perceived as a group of people with companionship, sexual activity, mutual care, child bearing, shared rearing and support of children, and primarily focused on the nuclear family. In accordance to international literature this concept defines the family as a small unit, deprived of the relationship between men and women legally bound together through marriage as husband and wife (Muncie & Sapsford, 1995). This concept is, however, not true, as it is ambiguous, and is referred to as a communal family under common law, according to the South African Marriages Act No 25 of 1961.

South Africa has a series of unique situations that has affected and may still be affecting the structure and functioning of families (Holborn & Eddy, 2011). There are social stressors and historical factors that affect dynamics within the family. In addition, families are also negatively affected by social, political and economic conditions of colonialism and urbanisation (Amoateng et al., 2004). According to Makiwane et al. (2012), all these

historical changes have led to changes in the structure, responsibilities and roles in the family. It has created conditions of weakened family ties and obligations towards one another. These conditions, according to Amoateng et al. (2004), create a gap between idealization of the family and the reality, as some South Africans often find themselves living in and under conditions that compromise their beliefs regarding what families are and what families should be. However, one way of understanding how families should function is through a systems approach.

2.4. Family systems theory

Ryan et al. (2005) summarize the family systems theory by stating that families can be seen as goal directed, self-correcting, dynamic, unconnected systems which both affect, and are affected by, the environment and the qualities within the family system itself. The Family Systems Theory emerged from the General Systems Theory (Morgaine, 2001) and therefore shares the same principles. As outlined by Cox & Paley (1997), the principles of the General Systems Theory, when applied to understanding the family as an organized system, includes:

(a) a wholeness and order, referring to the idea that a whole is greater than the sum of its parts and cannot be understood simply from the combined characteristics of each part;

(b) an hierarchical structure, wherein systems are composed of sub-systems that are really systems of their own;

(c) adaptive self-stabilization, referring to homeostatic features of systems that compensate for changing conditions in environments by applying coordinated changes in the internal workings of the system; and

(d) adaptive self-organization which is complementary to the notion of self-stabilization and refers to the ability of open, living systems to adapt to change in or challenge to the existing system.

The family system is a well-established model, commonly used to take effect within the family systems framework (Buswell et al., 2012). It is commonly examined through the family systems theoretical perspective and includes:

- **Family relationships** function independently (Morgaine, 2001) and are governed by boundaries or explicit rules for accessing resources and support within the family (Sturge-Apple, Davies & Cummings, 2010). There are predictable patterns of interaction within the family system that assist in maintaining the families' equilibrium (Morgaine, 2001). Amoateng et al. (2004), state that the quality and level of family relationships have a direct effect on the behaviour, social competence and goal directedness of individuals. According to Bandura (2005), a family's functioning consists of interlocking relationships, rather than just the mere collection of members.

- **Power** refers to the messages and rules that shape members. They induce guilt, control or limit behaviour; they preserve themselves from extinction, being repetitive and abundant. They are considered to be the relationship agreements that prescribe and limit family members' behaviour over time (Morgaine, 2001). In a well-functioning family, a clear hierarchical power exists, in which individuals share power in decision-making and the younger generation have, what is referred to as, *"equal overt power"* (Walsh, 2003). This implies that individual choice is given, working towards a goal of family members speaking up and being respected as significant individuals who can make valuable contributions in decision-making (Walsh, 2003).

- **Structures** in a family can be created by modifications that can occur through learning, events, change or through feedback loops (Oetter & StevensDomiquez, 1998). These authors also differentiate between: first order changes, described as

minor structural changes that create vulnerability within the system, however, the system stays the same; and second order changes, which are high level changes that can cause a change within the systems structure. Feedback loops are viewed as pathways for information sharing, starting from one point of the system, through other parts and back to the point of origin. Forms of feedback include: positive feedback that plays a vital role in creating and maintaining the stability of a system; and negative feedback loops that restore and maintain the equilibrium of the system.

- **Boundaries** are the emotional barriers that protect and further improve the morals and values of the system (Oetter & StevensDominquez, 1998). According to Morgaine (2001), boundaries can be viewed in a series of similarities, from open to closed system, in order to establish a clear line between those inside, and those outside, the system. Open boundaries allow elements outside the family to have an influence. Closed boundaries involve the isolation of members from the outside environment; being self-contained. No family, however, as Morgaine (2001) informs, is considered to be an entirely open or closed system. According to Walsh (2003), well-functioning families possess enough strength and integrity to allow active involvement within its borders, and through their interaction, bring varied interests and excitement back into the family.

- **Family Roles**, defined by Miller et al. (2000) & Walsh (2003), are the recurrent patterns of behaviour through which family functions are to be fulfilled. They divide family roles into two areas: *instrumental* and *affective*; and further subdivide these into two more spheres: *necessary family functions*, referring to those functions that the family must be concerned with; and *other family functions* which are not necessary for effective functioning, yet arise in the life of every family.

Walsh (2003) then describes two additional and important aspects of role functioning: *role allocation*, referring to the family's patterns of assigning roles to members; and *role accountability*, referring to the procedures within the family that ensure that these assigned roles are fulfilled.

- **Communication patterns**. Family communication is defined as the act of making information, ideas, thoughts and feelings known and refers to the *verbal* (i.e. spoken words) and *non-verbal* (i.e. facial expressions, eye contact, movement, etc.) behaviour of family members. It also assists a family to alter their cohesion and flexibility (also referred to as adaptability by Buswell et al., 2012) to meet their developmental and situational needs (Smith et al., 2009).

Family communication is a facilitating dimension for cohesion and adaptability. Cohesion, according to Buswell et al. (2012), is defined as a feeling of emotional closeness with another person. This is ultimately referred to as 'a sense of belonging'. According to Olsen (2000), emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interest and recreation are variables that can be used to diagnose family cohesion. Olsen (2000) and Sturge-Apple et al. (2010) further identify four levels of cohesion: *disengaged* (very low); *separated* (low to moderate); *connected* (moderate to high); and *enmeshed* (very high levels of emotional closeness). Separated and connected levels of cohesion imply that the individuals experience a balance and are able to be both independent from, and connected to, the family. Enmeshed level implies much consensus and less independence. Disengaged level then refers to members with limited attachment or commitment to their family.

Adaptability refers to the ability of the family to change power structures, roles and rules within the relationship. This framework, therefore, implies that both family

cohesion and family adaptability are characteristics or components of healthy family functioning (Buswell et al., 2012).

Using a framework that describes the family system theory as one that focuses on family dynamics such as; relationships, power, structures, boundaries, family roles and communication patterns; family behaviour is then understood by viewing the family as a unit, instead of by its individual facets (Buswell et al., 2012).
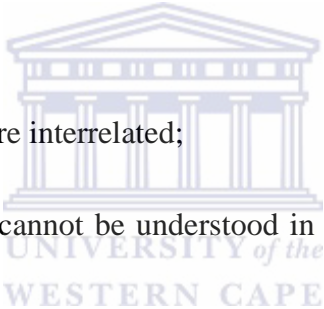
Similarly, Morgaine (2001) identifies the following components of family systems, which include:

(i) The family system has interrelated elements and structure. The elements are the members of the family and each element has characteristics. There are inter-dependent relationships among the elements and these create a structure.

(ii) Family systems interact in patterns. These are predictable patterns of interaction to assist in maintaining the families' equilibrium and provide clues to the elements on how to function.

(iii) Family systems have boundaries. Every system has ways to include or exclude elements, so that the line between those within the system and those outside of the system can be clear.

(iv) Family systems function by the composition law. All the individual elements of the system results in an organic whole.

(v) Family systems use messages and rules to shape members. Messages and rules are repetitive and redundant relationship agreements which prescribe and limit family members' behaviour.

(vi) Family systems have sub-systems. Family systems contain a number of small groups of people with relationships shared among them and are known as sub-systems, coalitions or alliances. Each sub-system has its own rules, boundaries and unique characteristics. Within the systems framework, the McMaster model of Family Functioning was developed.

2.5. The McMaster Model of Family Functioning

The McMaster Model of Family Functioning theory is based on a systems approach (Miller et al., 2000) and is known to be one variation of the family systems framework (Ryan et al., 2005). The crucial assumption of systems theory, which underlies this model, considers the following principles of a family:

- All parts of the family are interrelated;

- One part of the family cannot be understood in isolation of the rest of the family system;

- Family functioning cannot be fully understood by simply understanding each of the individual members or sub-groups;

- Family structure and organization are important factors that strongly influence and determine the behaviour of family members; and

- The transactional patterns of the family system strongly shape the behaviour of family members (Miller et al., 2000).

The McMaster model is based on the assumption that family functioning is related to the accomplishment of essential functions and tasks that can be used to distinguish between healthy and unhealthy families (Akister & Stevenson-Hinde, 1991). Specific system variables

examined are; power allocation, division of labour, patterns of inter-familial affective expression and involvement, and communication channels (Ryan et al., 2005). These assumptions appear, albeit in a refined form, in the McMaster Model of Family Functioning (Ryan et al., 2005).

Epstein et al. (1983) identify six critical areas that the McMaster approach of family functioning consists of and provide:

(1) **Theoretical base:** The McMaster model is based on a family systems approach: the family is a system within broader systems (individual, marital) which relate to other systems (extended family, school, church/synagogue or workplace). In the McMaster model, the dynamic family group cannot be simply reduced to the characteristics of the individual or interactions between pairs of members. Clarification of the family as a system helps to identify the locus of difficulty and stress in the system, enabling therapists to identify the desired aims, objectives and methods of approach. The focus of this approach is primarily on the individual within the context of the family. It emphasises sub-systems, repeated transactional patterns, the family structure or family processes that are far removed from the immediate family or the presenting problem.

(2) **Time frame:** The McMaster model's emphasis is placed on problems of the here-and-now, as opposed to inter-generational patterns, past origins of problems or systematic analysis of childhood issues. This implies that the importance of what is currently happening is essential to be addressed, rather than what happened in the past (Ryan et al., 2005).

(3) **Therapist-family member relationship:** In the McMaster approach, the belief in clear and direct communication between therapist and family members, and

between family members themselves, is a very important part of the model. Since the model draws on communication theory, this emphasis is not really surprising. Clearness and directness is often liberating for family members. Family members are required to participate in open and direct problem-solving themselves (Ryan et al., 2005).
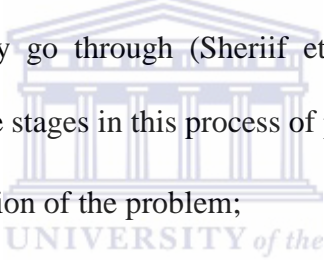
(4) **Insight:** In the McMaster approach, insight into a problem is not a necessary or sufficient ingredient for change to occur in the system. What produces pathology in the individual is not of concern, but the process occurring within the family that produces the behaviour therapy, is. This model, therefore, helps to change the behaviour of the individual, by changing the system, however, family members have a choice to accept or decline the proposed change (Ryan et al., 2005).

(5) **Clarity of concepts and treatment:** The degree of clearness in the method of treatment implies a breakdown of the McMaster model into a series of simple, discrete components that can be taught, analysed and measured. If these concepts are consistently applied, the effective success, in the majority of cases, can be assured. Clarity of concepts and methods minimizes dependence and reduces idiosyncratic approaches (Ryan et al., 2005).

(6) **Transportability:** This is related to the degree of clarity and transporting ideas, concepts and techniques that make up any treatment approach. Unclear or inconsistent approaches may promote dependence on, rather than independence from (Ryan et al., 2005).

Based on the emphasis originally placed on having clearly defined constructs, the McMaster approach is easily transported from one setting to another.

2.5.1. Dimensions of the McMaster Model of Family Functioning

The McMaster Model of Family Functioning approach focuses on six dimensions of family functioning. These dimensions: problem-solving; communication; roles; affective responsiveness; affective involvement; and behaviour control; are considered to have the most important impact on the family (Walsh, 2003). They are further elaborated as follows:

(i) **Problem-solving**, the first dimension, which is the family's ability to resolve problems to a level that maintains effective family functioning. Effective families solve most problems rapidly, easily and without much thought, so that, at times, there can be some difficulty eliciting and detailing the problem-solving steps they go through (Sheriif et al., 2010; Epstein et al., 1983; Walsh, 2003). The stages in this process of problem-solving are as follows:

- Identification of the problem;

- Communication of the problem to appropriate resources within or outside of the family;

- Development of alternative action plans;

- Decision regarding a suitable action;

- Action;

- Monitoring that action that is taken; and

- Evaluating the success of the action.

(ii) **Communication**, the second dimension, is defined by how the family exchanges information and includes the consideration of such variables as content, the potential for multiple messages, checking the communication sent, as appropriately conveyed and interpreted by the receiver.

(iii) **Roles**, the third dimension, also referred to as 'role allocation' or 'family roles', is known as the repetitive patterns of behaviour that underpin the individuals' fulfilment of family functioning. The more functions that adequately fulfil and clearly allocate the house accountability mechanism, the healthier the family.

(iv) **Affective responsiveness** is the fourth dimension and is defined as the ability to respond to a range of stimuli with appropriate quality and quantity of feelings. The more effective the families' affective responsiveness, the wider the range, and the more appropriate their responses will be, in terms of quantity and quality for the given situation.

(v) **Affective involvement,** the fifth dimension, is defined as the degree to which the family shows interest in, and values the activities and interests of, family members.

(vi) **Behaviour control** is the sixth dimension and refers to the pattern that the family adopts to handle the behaviour of individuals within the family. These patterns of behaviour can be seen in three specific situations:

- physically dangerous situations,

- situations involving the meeting and expressing of psychobiological needs and drives,

- and situations involving socializing behaviour both inside and outside the family.

According to Miller et al. (2000), these dimensions of family functioning were formulated to create an understanding of the structure, organization and transactional patterns associated with family difficulties.

Family is a rewarding institution intended to meet the needs of both the economy and the individual's self-realisation, including autonomy (Muncie & Sapsford, 1995). Therefore, bringing a dynamic dimension to establish our understanding of family relationships, it becomes clear that relationships, commitments and responsibilities have to be worked at in order to create a functioning family. Understanding that this dynamic perspective creates fluidity and change in a gradual and on-going process, ultimately also assists in the exploration of how decision-making occurs (Neale, 2000).

2.6. Family as a caring and support network

The family is a system composed of interacting elements which, as individuals, are subjected to macro systemic influences. Throughout its lifetime, the family faces a variety of transitions that demand adaptive efforts from its members, of which adolescence will be the most important transition (Parra, Oliva, & Reina, 2013). Adolescence can, and do, open the family to a whole new array of values (Cox & Paley, 1997). Based on the changes of physical, cognitive and emotional effects experienced by adolescents; the family system becomes unbalanced (Parra et al., 2013). This can also be observed in the desire for change by one family member, constituting the family systems' need to deal with such a request (Olsen, 2000). Another more common example of changing expectations, when a child reaches adolescence, is that this stage requires more freedom, interdependence and power in the family system (Olsen, 2000).

According to Walsh (2003), families with adolescents must establish different boundaries, than families with younger children, to facilitate this transition. Boundaries between sub-systems allow for differentiation in the system and must be clear, but flexible, for effective family functioning (Cox & Paley, 1997). Adequate emotional sharing; high flexibility in

rules; good levels of satisfaction of all family members; all contribute to adolescents' well-being, by reducing adolescent risk and the opportunity of dysfunctional behaviour as a pathological condition (Tafa & Baiocco, 2009). Sound family relationships consider complete involvement and effective responsiveness among all, as important protective factors (Carpenter & Mulligan, 2009).

Strong, stable and supportive families are pillars that provide the optimum framework for the well-being of children and the core foundations for them to become responsible adults (Taffa, & Baiocco, 2009). Well-being, according to Koen et al. (2011), refers to a wide range of physical and mental health attributes and also includes the social well-being of the individual. Family strengths, according to Morgaine (2001), stems from the relationship patterns of family members; their intra- and interpersonal skills, their competencies, social interaction and conditioned behaviour among family members. These strengths assist the family in creating positive identities, encouraging the development of family members' potential, enhancing the families' abilities to deal with stress and crisis situations more effectively, and lastly, contributing to the ability of the family members to be supportive of one another.

The family remains central to the lives of its members, from birth to death, and provides them with psycho-emotional and economic support that enables them to deal with difficulties, create a desire to achieve and play a critical role in society (Amoateng et al., 2004).

Through the family, care is provided until the children can assume their own responsibilities in society (Makiwane et al., 2012). The notion of care is then, according to Sevenhuijsen, Bozalek, Gouws & Minnaar-McDonald (2003), viewed as a social process, characterised by four dimensions, with a corresponding value or virtue attached to each. The first dimension is '*caring about*', which represents the recognition that care is necessary (there is a need to be

met) and that the moral quality of attentiveness is required. The second dimension is '*caring for*', which denotes starting the process to meet the need (after the recognition of the need) and the moral virtue of responsibility (towards addressing the need) is required. The third dimension is '*taking care of'*, which represents the actual practice of caring and includes a corresponding value of competence. The last dimension is *'care receiving'*, which requires care-receivers to acknowledge the care given and raises the moral virtue of responsiveness.

A family appears as a holistic unit in all its interactions (Department of Social Development, 2013). The basic core of the family refers to the sharing of resources, caring, responsibilities and obligations, as accepted and respected by all its members (Graham & Graham, 2001). Family is, therefore, supposed to be a mutually beneficial institution that meets the needs of the economy, society and the individual's self-identity, and later autonomy (Muncie & Sapsford, 1995)
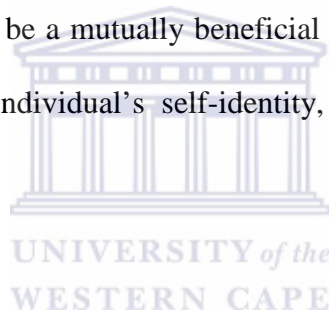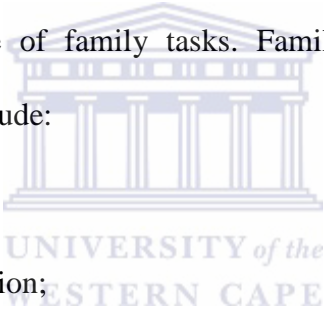
2.7. South African Family Policy

A system of explicit and institutionalized policies implies the legal recognition of the family as a social institution that contributes to social connectedness (Robila, 2011). According to Randolph & Hassan (1996), the core functions of a family can be facilitated and enhanced by a family policy. This is further elaborated upon in the next section. In defining the family, the White Paper on Families for South Africa, guided by three key strategic priorities, aimed at guiding the core functions of the family. These key strategic priorities are:

(1) **Promotion of healthy family life** focuses on the efforts preventing the breakdown of family life, by promoting positive attitudes, values and mores about the importance of strong families within communities.

(2) **Family strengthening** is referred to as the deliberate process of giving families the necessary opportunities, relationships, networks, support and protection during adversity and social change.

(3) **Family preservation** generally refers to keeping families together and specific programmes are intended to strengthen them during crises (Department of Social Development, 2013).

From a global perspective, families are considered to display four systematic functions (Sussman, Steinmetz & Peterson, 1999). These include: (1) intimate interdependence; (2) selective boundary maintenance; (3) an ability to adapt to change and maintain their identity over time; and (4) performance of family tasks. Family tasks, according to Sussman, Steinmetz & Peterson (1999), include:

- physical maintenance;

- socialization and education;

- control of social and sexual behaviour;

- maintenance of family morals and the motivation to perform roles inside and outside the family;

- the acquisition of mature family members by the formation of sexual partnerships;

- the acquisition of new family members through procreation or adoption; and

- the launching of young members from the family, when mature.

In a South African context, The White Paper on Families identifies four functions of families and further describes how each could benefit the individual (Department of Social Development, 2013). These include:

(i) The formation of family and membership, by providing its members with a sense of belonging, instilling a personal and social identity, giving meaning and direction to the life to the individual.

(ii) Provider of economic support, in that the basic needs of food, shelter, clothing and other needs required to enhance human development, is provided to the member.

(iii) The provision of nurturance, support and socialization for the individual with the physical, psychological, social and spiritual development, values and norms.

(iv) Fourthly, the protection of the family unit, allowing individuals to savour the feeling of being cared for, loved, welcomed and supported within the system.

As a response strategy for families in South Africa, The White Paper on Families is specifically developed through a strengths-based approach. It identifies five theoretical approaches adopted to assist in influencing the well-being of families, thereby emphasising the strengths-based approach (Department of Social Development, 2013). They are:

(1) **The Rights Based Approach** is referred to as a conceptual framework for the purpose of human development, based on international human rights standards. It is further also directed at promoting and protecting human rights.

(2) **The Strengths Perspective** is closely related to empowerment and seeks to identify, use, build and reinforce the existing strengths and abilities of people.

(3) **The Cycle Approach** is also referred to as 'the family life approach'. It views family life as constantly changing. It is influenced by psychosexual development and rites of passage, such as marriage, divorce, child-rearing or retirement.

(4) **The Systems Approach,** in which the family is viewed as a social system, its members are interdependent and any change in one family member's behaviour will ultimately cause a change in the behaviour of the rest. This approach provides

a lens to view the family in concert with the country's history, political economy and contemporary social forces.

(5) **The Social Development Approach,** where the family is viewed as the basic unit of society that plays a vital role in the survival, protection and development of children, implies that families need support and strengthening to assist them in meeting their goals.

The White Paper on Families directly and indirectly influences the greater well-being of most families within South Africa. Such direct influences offer support to families, and/or its members, in instances of discourse. Indirect influences relate to a family's overall access to resources, basic services, access to basic needs and rights, according to the Bill of Rights and community intervention and support (Department of Social Development, 2013). The White Paper on Families serves as a documented guideline of policy issues to Government and enables it to gauge the possible impact prior to formalisation through legislation. Bogenschneider (2006) and the Department of Social Development (2013) define family policies as government activities that are designed intentionally to support families, enhance family members' well-being and strengthen family relationships.

Levinson, Sutton & Winstead (2009) state that policy is typically characterized as a set of laws or normative guidelines, formulated according to government jargon, and is variably successful in binding communities to its mandate when implemented on a social field. Above all, policy is a creature of late modernity, the child of representative liberal democracy and represents the transubstantiation of law into a semantic register that encompasses discourses of state governing mentality (Levinson et al., 2009). Policy, basically, (a) defines reality, (b) orders behaviour, and at times, (c) allocates resources accordingly (Levinson et al., 2009). In

refined forms, a policy is the cultural-textual expression of a political practice and it makes governing statements about what can and should be done (Levinson et al., 2009).

The family policy for South Africa, drafted in the National Family Policy of 2005, emphasizes the basic assumption that the family is seen as the core of society, which includes, goals of protection and support through family strengths and opportunities, made visible through service delivery, creating sustainable families (Department of Social Development, 2013). Family functioning, according to Buswell et al. (2012), is regularly examined and interpreted through a family systems theoretical framework. All models using the systems approach have some features in common, including the ability to achieve a global perspective of families, as a change in the family system could lead to a change in the functioning of the system (Ryan et al., 2005).
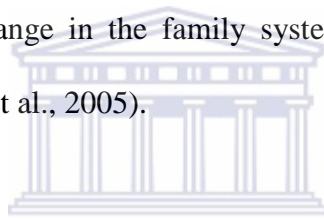
Through the identification of the family as a problematic institution, the development and establishment of social welfare services and policies were regarded as necessary. The purpose of these welfare services have, in essence, primarily been the protection, support and the development of families, in line with these policies and guidelines (Muncie & Sapsford, 1995). With such policies being viewed as a formal way of social discovery, it seems to possess a sense of power to shape the way people function and think (Sevenhuijsen et al., 2003). Policy consists of contested values and preferences that, through a political process, are translated into law which, in turn, creates a power to reward, punish, encourage or prohibit, shape behaviour or exert control (Walsh, 2003). Power, as stated earlier, refers to the messages and rules that shape members and are considered to be the relationship agreements that prescribe or limit family members' behaviour, over time, within a systems approach (Morgaine, 2001). It must, therefore, be concluded that decision-making does not

happen in isolation. There are a number of elements, within the context that an individual finds him/herself, that play a role in this process (Amesh, 2013) and, ultimately, also influences decision-making in a specific time and place (Carpenter & Mulligan, 2009).

2.8. Conclusion

It can therefore be deduced that families are crucial in all societies and family functioning is important for the rearing of children within the family. Moreover, the approved, appropriate and accepted functioning of the family is central to all policy frameworks and approaches. The family operates as a system and is viewed as a structure that is constantly changing.

The purpose and value of family is widely spread and touches most of human existence. This chapter aimed to examine literature regarding family functioning, viewed in the context of the McMaster Model of Family Functioning, which included the concept of a family through a family systems approach. The Policy on Families was examined according to the values and principles that the South African Government endorses. The following chapter will give an overview of the literature, based on the variables that this research examined.

CHAPTER 3

LITERATURE REVIEW

3.1. Introduction

This chapter provides a critical insight into some of the research conducted, as well as an analytical appraisal of available literature, both internationally and locally. The literature reviewed focused, firstly, on the concept of adolescence: primarily the developmental tasks associated with this phase of development. Secondly, the concept of decision-making, the decision-making process, decision-making styles, the characteristics of decision-making, and especially, how this impacts adolescents, are also dealt with in this review. Finally, the concept of family functioning, particularly family functioning and adolescence, which is crucial to this study, is reviewed for existing literature. All these concepts are then discussed as an in-depth overview.
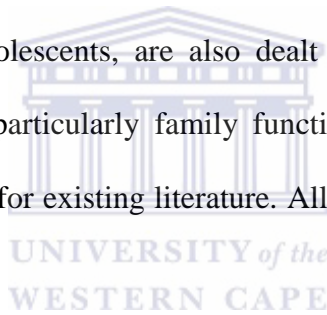
3.2. Adolescence and their development

Adolescence is not a static stage in life (Eccles & Gootman, 2002). According to Fantasia (2008), it is the longest developmental stage, beginning at puberty and extending into the early 20's. Louw, Van Ede & Louw (1998) asserts that it is largely characterised as starting at ages of 11-13 years and ending between the ages of 17 and 19 years. Different periods in life, according to Bandura (2005), represent different challenges and demands for successful functioning. Makiwane & Kwizera (2008) emphasize that the developmental benefits in accession are of the highest at this stage of adolescence.

According to Fantasia (2008), adolescence is a traditional stage of physical and mental human development and considered to be the most tumultuous to navigate. It is a stage characterized by rapid physical growth, reproductive maturity, psychosocial advancement and profound psychological changes (Fantasia, 2008). It involves having to learn to be more socially responsible for yourself and your actions (Kambam & Thompson, 2009). According to Louw, Van Ede & Louw (1998), this physical growth constitutes various body and hormonal development, referred to as changes.

Adolescents are considered children in some aspects and adults in others. They suffer the fate of these developmental challenges, experiences and the additional difficulties of the adult world, both as individuals and as a group (Ogwo, 2013). When analysing adolescence, it is important to consider the complex and diverse nature of adolescents' physical and sexual development, as well as, the development of their thinking, feelings, personal relationships, behaviour and identity (Louw, Van Ede & Louw, 1998). In essence, it can be said that, ultimately, adolescence can be defined as a stage in life when most of an individual's biological, cognitive, psychological and social characteristics are challenged with childlike perceptions contrasted with those of adults (Ogwo, 2013). It is in this period in life that they establish their own independence (Walsh, 2003).

The word 'development' refers to all changes experienced by individuals throughout their lifetime (Louw, Van Ede & Louw, 1998). Not all changes are considered in developmental psychology, but the ones that do, relate to:

(i)   changes based on relative permanency;

(ii) changes that are connected to other important changes; and

(iii) changes that link to other developmental patterns.

Developmental stages refer to the dividing of these changes into categories pertaining to the individual's experiences, from conception to death. The characteristics and skills associated with the individual, at a particular stage of development, are considered to be the developmental tasks (Louw, Van Ede & Louw, 1998).

The developmental tasks associated with this stage, according to Louw, Van Ede & Louw (1998), includes the following:
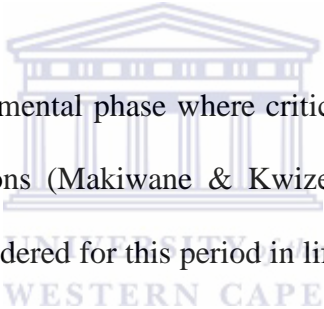
- the acceptance of bodily changes;

- the acceptance of, and adjustment to, certain groups;

- the development of gender role identity;

- the development of independence;

- the development of strong emotional bonding;

- the development of socially responsible behaviour;

- the development of moral concepts and values;

- the development of a value system and philosophy of life;

- the selection of, and preparation for, a career;

- the establishment of heterosexual relationships; and

- the achievement of financial independence.

Eccles & Gootman (2002) summarise these developmental tasks of adolescence as:

- the shifts in relationships with parents from dependency and subordination to an increasing maturity and responsibility in the family;

- the exploration of new roles;

- the experience of intimate partnerships;

- identity formation at both the social and personal levels;

- planning the future and taking the necessary steps to pursue those plans; and

- acquiring the skills and values needed for a successful transition into adulthood.

Adolescence is also often considered to be a time of increased impulsivity and thrill seeking behaviour (Kambam & Thompson, 2009). Impulsivity is described as diminished self-control, or response inhibition, that leads to impetuous behaviour and may involve aspects of the cognitive control system (Kambam & Thompson, 2009). Thrill-seeking behaviour, on the other hand, is perceived as the willingness to take risks, in order to seek out stimulating or novel experiences. This behaviour may involve aspects of the socio-emotional system.

This stage represents the developmental phase where critical decision-making occurs on the most important key life transitions (Makiwane & Kwizera, 2008). In addition, the most important cognitive changes considered for this period in life, relate to the individual's ability to think theoretically, consider the hypothetical, as well as the real, process information in a complex and more detailed manner, consider the multiple dimensions of a problem and have the ability to reflect on the self and on complicated situations (Eccles & Gootman, 2002). According to Louw, Van Ede & Louw (1998), cognitive changes lead to a transformation from concrete thinking to more comprehensive thinking. This implies that an adolescent's ability to analyse and reason more logically becomes advanced. As adolescents gain further experiences in navigating their social world, they begin to better understand their own behaviour and tendencies, thereby creating an ability to more accurately predict or presumably control their decision-making (Albert & Steinberg, 2011).

Adolescence is a stage of improved: logical reasoning; short and long term memory; efficiency of, and capacity for, processing information (Kambam & Thompson, 2009). These

decisions involve: education; entering the job market; adopting healthy lifestyles; starting a family; and participating in society (Makiwane & Kwizera, 2008). Adolescents' cognitive development contributes to the formation of their identities and, along with the ability to think abstractly and follow a decision-making process, aids them to resolve choices regarding their value system and roles (Louw, Van Ede & Louw, 1998).

Eccles & Gootman (2002) identify some primary challenges that emerge, when adolescents begin to take on the above developmental tasks, as follows:

- the management of these demanding tasks;

- identifying personal strengths and weaknesses;

- refining individual skills to coordinate and succeed in these tasks;

- finding meaning and purpose in these tasks; and

- assessing and making the necessary life changes to cope with these tasks.

Zarrett & Eccles (2006) further highlight that the successful management of these tasks (also referred to as challenges) depends on: the psychological, physical and cognitive assets of the individual; the support available; and the developmental settings in which adolescence can explore and interact with these challenges. In addition, personal assets believed to be critical for healthy development during this period include:

- having confidence in the ability to achieve goals and make a difference;

- having a strong desire to engage in important activities;

- mastering learning tasks;

- becoming socially connected;

- developing the ability to control and regulate emotions;

- have a sense of optimism; and

- developing a connection to, or commitment in, customary pro-social institutions e.g. families

(Zarret & Eccles, 2006).

The fact that all these changes occur during this phase, reinforces the notion that adolescence is most likely to be a period of significant high risk (Kambam & Thompson, 2009). Autonomy (in this case, meaning the ability to make decisions), according to Frank, Pirsch & Wright (1990), is often the first qualification to be associated with adolescence. It is also assumed to be a key developmental task during adolescence in western societies (Van Pentegem, Beyers, Vansteenkiste & Soenens, 2012).

3.2.1. Adolescence and autonomy

In adolescent developmental psychology, autonomy is frequently defined as an independence or self-reliance, which generally refers to how an individual behaves or decides without relying on others (Van Pentegem et al., 2012). According to Louw et al. (1998), autonomy in adolescents refers to their ability to make independent choices and assume responsibility for their choices. Although the development of autonomy represents a crucial developmental task for adolescents, the conceptual and empirical distinction between the two definitions of autonomy is important, each referring to different processes. In interpersonal terms: (1) Autonomy as independence versus dependence refers to what degree adolescents decide, act, think without relying on others. Autonomy as independence is then in contrast to autonomy as dependence; (2) Autonomy as self-endorsed functioning is the experience of the individual that accompanies the dependent or independent behaviour. This refers to what extent they act on their own values, goals and interest, whether independently or with dependence on others (Van Pentegem et.al, 2012).

Smetana, Crean & Campione-Barr (2005) suggest four domains that govern decisions, depending on the level of autonomy (autonomy being independence and self-reliance). These domains are as follows:

(1) **personal domains**, such as appearance, where decisions only impact the individual and pertain to the private sectors of life;

(2) **social conventional domains,** where cultural norms within the family or society serve as guidelines;

(3) **prudential domains** that have potential negative consequences for health and safety; and

(4) **multi-faceted domains** that reflect overlapping domains and typically traverse the personal and conventional or prudential domains.

Depending on the degree of the internalization of the motives underlying behaviour, decision-making will be enacted either with a sense of freedom, choice and volition or instead with a sense of pressure, control and coercion. Autonomy is then ultimately perceived as a voluntary or sanctioned functioning, rather than a pressured or controlled functioning (Van Pentegem et al., 2012).

Decision-making is one of life's most significant activities (Jurisova & Sermany-Schuller, 2013). Having the ability to make wise, intellectual decisions is considered fundamental to living a prosperous and accomplished life (Armesh, 2013). The quality and results of decisions could significantly influence the effectiveness of the individuals personal functioning (Jurisova & Sermany-Schuller, 2013). Ultimately, adolescents who are able to make effective decisions are more content with their environment and their satisfaction is enhanced (Cenkseven-Onder, 2012).

3.3. Decision-making

Decision-making involves a process of identifying a course of action that is aimed at solving a problem. According to Miller & Byrnes (2001), decision-making can be defined as the process of choosing between different alternatives, while in the midst of pursuing a goal. Decisions are regarded as choices made, which influence the environs to an extent that depends on how the desired goals are met. Hence, the optimality of a decision may vary as a function of accuracy of the judgment on which it is based (Jackson & Kleitman, 2014). Effective decision-making is, therefore, considered to be an important life skill (Roman & Davids, 2013).

Decision-making includes a series of cognitive operations that form part of the cognitive process (Miller & Byrnes, 2001). Deniz (2006) defines a cognitive process as an inclination to one of several available choices, in order to make an effective and healthy decision. Jackson & Kleitman (2014), add that an engagement into a decision-making process is required to facilitate the attainment of such goals. Van Pentegem et al. (2012) conducted a study that focused on the concept of adolescent autonomy (the ability to make decisions) and its association with the psychosocial functioning of the individual. The aim of this study was to differentiate between: (a) autonomy defined as independence versus dependence and (b) autonomy defined as self-endorsed versus controlled functioning. The findings indicate that the degree of independent decision-making could clearly be differentiated from the underlying motives for doing so. Independent decision-making showed unique associations with more problem behaviour. Self-endorsed motives, for both independent and dependent decision-making, generally related to an adoptive pattern of psychosocial functioning, and controlled motives were associated with maladjustment.

According to Fantasia (2008), the term 'decision-making' has many surrogate terms, often referred to as critical thinking, reflective judgment and problem-solving. Critical thinking involves an act of thorough exploration of a complex problem (Armesh, 2013). Judgments, according to Jackson & Kleitman (2014), are beliefs or predictions that may vary in the extent to which they are accurate reflections of reality. Kambam & Thompson (2009) define judgement as a process of attaching a variety of importance to several possible consequences of decisions. Problem-solving is defined as the process of taking action to meet objectives (Armesh, 2013). These terms, according to Fantasia (2008), are all considered components of the decision-making process through which an end result can be achieved.

3.3.1. The decision making process

The process of making a decision is undoubtedly complex (Kambam & Thompson, 2009) and must be regarded as a continuous sequence integrated within our interaction with people (Armesh, 2013). The Cognitive abilities developed, equips the individual with an ability to process information, reason about the steps to be taken, and resolve the difficulties that may emerge during the decision-making process (Lizarraga, Baquendano, Oliver & Closas, 2009). Similarly, Kambam & Thompson (2009) concur that cognitive capacities shape the decision-making process and psychosocial immaturity may affect decision-making outcomes in more subtle, but not necessarily less important, ways. Cognition may modify aspects of the affective responses and emotion may modify the cognitive processes, influencing values and preferences that impact cost-effective analysis when making a choice. Mature decision-making therefore includes components of: development of control over behaviour and emotions; initiation; persistence; following the processes of achieving goals; and the navigation of complex social situations (Kambam & Thompson, 2009).

Burnett (1991) describes seven procedural criteria of Janis & Mann (1977, in Mann et al., 1997) for decision-making as follows:

(1) thoroughly canvas a wide range of alternative courses of action;

(2) survey the full range of objectives to be fulfilled and the values implicated by the choice;

(3) carefully weigh the costs and risks of both the negative and positive consequences which could flow from each alternative;

(4) intensively search for new information relevant to further evaluation of the alternatives;

(5) correctly assimilate and take account of any new information to which one is exposed;

(6) re-examine the positive and negative consequences of all known alternatives before making a final choice and;

(7) make detailed provisions for implementing the chosen course of action, with special attention given to contingency plans that might be required, if various risks were to appear.

Armesh (2013) also highlights that a decision-making process typically has five steps, summarized as follows:

(i) The first step is an awareness of the problem or opportunity that requires surveillance of the internal and external environment for issues that merit executive attention. Ultimately, this step refers to a process of searching for decision-making opportunities, rather than focusing primarily on identifying the opportunities based on the problem.

(ii) Once the problem or opportunity has been recognized and analysed, decision-makers commence action and generate possible alternative solutions that will respond to the needs of the situation and correct the underlying causes. The choices decided on are alternatives and the decision-maker chooses the best alternative of those considered.

(iii) The next step in the process is to evaluate the alternatives. The overall importance of the pros and cons relating to each alternative is important and the expected payoff associated with each should also be considered.

(iv) Once feasible alternatives have been developed, the best alternative must be chosen and implemented. The ultimate success of the chosen alternative depends on whether it can be translated into action.

(v) Decision-makers then gather information about how well the decision was implemented, and whether it was effective in achieving the desired goals.
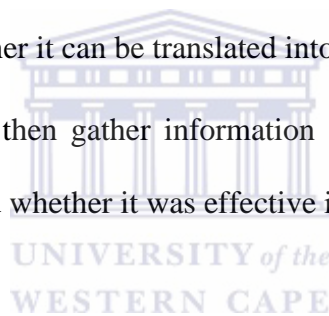
Burnett (1991) conducted a study that investigated the influence of the self-concept on decision-making behaviour. The results suggest that a positive decision-making self-image is associated with using productive decision-making criteria, while a negative decision-making self-image is associated with not following prolific procedural criteria for decision-making. Life is about making decisions, but how those decisions are made has definite implications across all facets of life (Brown, Abdallah & Ng, 2011).

3.3.2. Decision-making styles

Galotti et al. (2006) defines decision-making styles as a subset of broader cognitive styles, which implies, the manner in which intellectual abilities, and an approach to cognitive tasks, are employed. Janis & Mann (1977, in Mann et al., 1997) identified a

few decision-making styles used by individuals to cope with stressful decisional conflicts. These are:

- **Vigilance:** The vigilance decision-making style comes into effect when an individual is optimistic about finding an alternative solution or answer to a decisional conflict. S/he also believes that there is time to follow the steps in order to make a good choice.

- **Hyper vigilance:** The hyper vigilance style comes into effect when the individual is optimistic about the alternatives to the decisional conflict, but does not believe that there is sufficient time to search for a possible alternative or solution. Panic and stress develops and an objectionable alternative is considered.

- **Defensive avoidance:** The defensive avoidance style comes into effect when the individual is pessimistic about the alternative or solution to a decisional conflict and adopts the **procrastination decision-making style** − delays or postpones making the decision; or the **buck-passing decision-making style** − the responsibility is passed on to someone else (Burnett, 1991).

Deniz (2006) conducted a study on decision-making styles and life satisfaction. The findings showed that life satisfaction is significantly correlated to all decision-making styles (vigilant, hyper vigilant, procrastination and buck-passing). Life satisfaction was found to be positively associated with the vigilant decision-making style, while negatively associated with the hyper vigilant, procrastination and buck passing styles. The study further suggests that the family environment has to be a supportive environment and that life satisfaction refers to a level of quality perceived based on the individual's personal criteria (Deniz, 2006).

Steinberg, 2005 examined the ways in which emotional and cognitive factors influence the decision-making of adolescents. Their findings indicate that adolescents are relatively more approach orientated in response to positive feedback and less avoidant in response to negative feedback. Similarly, Cenkseven-Onder (2012) examined decision-making styles among adolescents as a predictor of adolescence family environment satisfaction. He found that the complacency style of decision-making, adolescents' need for independence and the inability to make their own decisions to satisfy their needs, may diminish the satisfaction they perceive from their family. Furthermore, with the exception of the panic style, decision-making styles are predictors of life satisfaction. Ultimately, adolescents who make effective decisions are more content with their environment and enjoy increased satisfaction.

Roman & Davids (2013) examined the decision-making styles of youth in South Africa with a sample of university students. Their findings revealed differences in the decision-making styles of students living on campus, as opposed to those living off campus with their families, because the decisions of students living on campus were more controlled and self-centred, as they lived alone with no family members close by to assist with decision-making.

3.3.3. Decision-making and adolescents

An important goal of adolescence is the development of decision-making skills, especially as adolescents desire more independence and autonomy to make decisions on their own (Miller & Byrnes, 2001). Decision-making capacities of adolescents cannot be viewed in a one-dimensional framework (Kambam & Thompson, 2009). Full transition through this phase should result in the ability to: draw conclusions from available information and predict possible outcomes, reason theoretically and

understand more abstract concepts, such as love and values (Zarrett & Eccles, 2006). Cognitive skills developed over this period also enables adolescents to manage their own learning and problem-solving, while also facilitating their identity formation and maturation of moral reasoning (Lizarraga et al., 2009).

According to Steinberg (2005), the adolescent's decision-making capability improves with maturity and develops more competence. There is a distinct increase in the adolescent's capacity to think abstractly, consider multiple dimensions of problems, process information and stimuli more efficiently, and reflect on the self and life experiences (Zarrett & Eccles, 2006). Decision-making competence, according to Seiffge-Krenke (2002), may have far reaching consequences for many of life's contexts for adolescents. These decisions have long-term impact, not only for the individual, but also for their families, their communities and the economy (Makiwane & Kwizera, 2008). According to Albert & Steinberg (2011), adolescents make choices that reflect logical normative evaluation of loss and gain probabilities. They further suggest that the adolescent's lack of experience with negative consequences, support mature, categorical avoidance of choices and show a conscious evaluation of the loss and benefits of behaviour.

Kambam & Thompson (2009), refer to adolescents' limited decision-making capacities as common knowledge for centuries. Typical adolescents have deficiencies in their decision-making abilities as a result of a deficiency in their cognitive and psychosocial characteristics related to their level of development. These characteristics include: their sense of responsibility (identity); temperance (risk-taking); and perspective (future time perspective). Adolescents are particularly susceptible to the potentially harmful effects

of emotions on decision-making. According to Lizarraga et al. (2009), youth often make decisions under the sway of emotions and social aspects. However, decision-making in adolescence is influenced by other variables as well (Kambam & Thompson, 2009). Decision-making can be influenced by family, friends and social institutions (Brown, Abdallah & Ng, 2011). Other factors include the family environment and the relationships that individuals have with family members (Amesh, 2013).

3.3.4. Relational aspects of decision-making

Knowledge about the factors that affect decision-making is important as it facilitates the process of making efficient and appropriate decisions (Byrnes 1998, as cited in Lizarraga et al., 2009). Decision-making does not happen in isolation. There are a number of elements, within the context that an individual finds him/herself in, that play a role in decision-making (Amesh, 2013), ultimately, also influencing decision-making in a specific time and place (Carpenter & Mulligan, 2009). It can, therefore, be concluded that the effectiveness and management of decision-making capabilities may have been taught at home (Roman & Davids, 2013).

The theoretical underpinnings that draw the correlation between family functioning and decision-making are derived mainly from the general family literature. The family is considered central to the socialization of children (Department of Social Development, 2013), yet, as mentioned in previous sections, not much is known about the role of family functioning in the decision-making styles of adolescents. However, families that emphasize personal decision-making, influence educational, occupational, recreational, marital and family choices (Zarret & Eccles, 2006). Decisions about aspects of youth and family life are considered important indicators of the family process that contributes to later development. Decision-making is also considered part of the set of

family processes. The processes whereby parents and children negotiate decisions are characterized as "autonomy granting" or "independence giving". This process reflects a normative assumption of the right and power to make decisions, initially being the responsibility of the parent, who later transfer this decision-making ability to the children in a semi-controlled manner (Romich, Lundberg & Tsang, 2009).

3.4. The influence of family functioning

Family functioning is dynamic (Ryan et al., 2005) and refers generally to the quality of family life concerned with the wellness, competence, strengths and weaknesses of family members (Shek, 2002). A family's functioning is likely to vary according to the family's stage of development, illness, change in family roles and the changing composition of any individual family member (Ryan et al., 2005). According to Stattin, Persson, Burk & Kerr (2011), family functioning may also change over time in some families. Well-functioning families, however, create and sustain positive and sustainable value systems, through the socialization of children and the inhibition or promotion of certain behaviours among family members (Amaoteng et al., 2004).

Stattin et al. (2011) conducted a longitudinal cluster analysis study that highlighted changes in a family over time. They hypothesised that, when family functioning changes, adolescents imagine that influence and parents knowledge of their whereabouts will change too. The analysis included three family functioning measures, which are: (i) adolescent openness; (ii) parental harsh treatment; and (iii) parental openness. Two groups showed improved family functioning (increased adolescent openness in conjunction with increased parental openness, decreased parental harsh treatment, or both). Two groups showed deteriorating family functioning (decreased adolescent and parental openness, and increased parental harsh

treatment). One group showed worse parental behaviour (decreased parental openness) and one other group showed improved parental behaviour (decreased parental harsh treatment). Three groups did not display significant changes in any of the family functioning measures. However, 8:63% of the participants in clusters showed significant changes, which support their view of the family as a system.

Functional families, according to Saunders (1999), contribute to societal stability on three levels as follows:

(1) The first level is the **micro level**, referring to the stability of the individual's personality. Families, however, still provide emotional gratification and play a crucial role in the socialization of children;

(2) The second level is the **messo level** and refers to the stability of the family unit itself that continues with the various functions like developing strategies to live together, sharing domestic tasks (roles), resolving conflict (communication) and adjusting to the changes over time;

(3) The third level is the **macro level** which refers to the stability of the relationship between the family and other social institutions.

Dysfunctional families, according to Department of Social Development (2013), display conflict, misbehaviour, neglect, or abuse: occurring continually or regularly.

3.5. Family functioning and adolescence

Family factors such as divorce, single parent families, family disintegration, lack of involvement, poor communication can influence the adolescent's attitude and behaviour (Louw, Van Ede & Louw, 1998). From an ecological perspective, individual characteristics and the context of the family assist in shaping youth development (Wray-Lake, Crouter &

McHale, 2010). Family functioning has been acknowledged to have an impact on the developing adolescent. The role of the family, therefore, seems crucial in adolescent development (Koen et al., 2011). Considering that the family is seen as a working unit that is greater than the sum of its parts, each individual not only affects the family as a whole, but also each individual member of that family. Characterised by a process of co-evolution, parents and adolescents should engage together in these developmental challenges with both parties being obliged to take on different tasks (Tafa & Baiocco, 2009).

The way in which the family interacts or functions, indicates the way in which the family, as a whole, relates to each member and includes activities that the family engages in together and the acceptance of family routines (Zarret & Eccles, 2006). Research confirms that good family relationships – adequate emotional sharing, high flexibility in rules, good levels of satisfaction of all family members – are important protective factors that contribute to the well-being of adolescents (Tafa & Baiocco, 2009). Shek (2002) examined the association between family functioning and adolescent adjustment. The results show that family functioning was significantly related to adolescents' psychological well-being, i.e. existential well-being, life satisfaction, self-esteem, and a sense of mastery. The results further indicate that adolescents, who perceived the family as dysfunctional, displayed more problem behaviour in both poor and non-poor groups.

Henderson, Dakof, Schwartz & Liddle (2006) investigated the direct and indirect effects of family functioning on the severity of adolescent externalizing problems. Their findings indicated that family functioning exerted direct and shared effects on externalizing problems. It is within the family environment that an individual's physical, emotional and psychological development takes place. In addition, the family provides a foundation for: learning

unconditional love; understanding right from wrong; as well as gaining empathy, respect and self-regulation. These qualities create the ability to engage positively in all domains of life (Department of Social Development, 2013).

Similarly, Parra, Oliva & Reina (2013) conducted a longitudinal study with a group of adolescents. In this study the relationship between adolescents and their parents were analysed over a period of 10 years. The results indicate that the levels of communication and affection diminished, however, their perceived adaptability remained and cohesion increased as the frequency of conflict increased. Continuous and unresolved conflict may result in serious self-esteem, autonomy and self-control deficiencies in adolescence (Koen et al., 2011).

In a study by Romich et al. (2009), the authors investigated whether adolescents make decisions autonomously, share decisions with their parents or have decisions made for them by their parents. They also examined how childhood behaviour and competence influence decision patterns in adolescence. In both models used in this study (the individual and sibling effects models), those with higher verbal ability shared more decision-making with their parents. Those who were impulsive, more than likely, made decisions autonomously. The results also suggested that children, directly and indirectly, influenced house family sharing patterns.

Fostering adolescents' self-endorsed functioning, through empathy, giving choice wherever possible, and encouraging them to act upon their personal values and interests, seems to be crucial in order to deal successfully with the challenges of raising an adolescent (Van Pentegem et al., 2012). A family, according to Stattin et al. (2011), should maximize adolescents' willingness to talk to their parents about their thoughts, feelings and activities.

As adolescents mature, they often seek more independence and autonomy and may begin to question family rules and roles, leading to conflicts of various kinds (Eccles & Gootman, 2002). However, this conflict, as found by Eccles & Gootman (2002), create a distancing in the parent-adolescent relationship, which may have great functional value for the adolescent. It may foster the adolescents' individualisation from their parents, allowing them to try more things on their own and develop their own competence and efficacy (Eccles & Gootman, 2002). Families need to be able to make choices and not dominate decision-making (Carpenter & Mulligan, 2009).

3.6. Conclusion

Literature clearly regards adolescence as a unique developmental phase in life which constitutes many challenges. The decision-making of adolescents is regarded as one of the key areas of development that determines their ability to succeed in life. Family functioning is also regarded as a critical part of an adolescent's life, as the family is where the individual begins to acquire the beliefs and skills to deal with challenges. The following chapter provides insight into the methodology used in this study.

CHAPTER 4

METHODOLOGY

4.1. Introduction

This chapter provides an outline of the methodological process followed in this study. Methodology is the process, framework and design used in an endeavour to gain the knowledge required to answer the research questions. It further enables the researcher to follow a reliable and valid process for the collecting and analysing of required data. The aim of this study was to examine the role of family functioning in the decision-making styles of adolescents, using a quantitative research methodology. The variables of this study included family functioning, decision-making and adolescence. This chapter will also provide an overall view on the course of action taken in this research, starting with the request for ethical clearance to conduct the research (for the pilot and the main study) through to the collection and, finally, the analysis of the data.

4.2. Objectives of the study

The objectives of this study were to:

- Determine the prevalence of the dimensions of family functioning of adolescents;

- Establish the most prevalent decision-making style of adolescents; and

- Examine the role of family functioning in decision-making styles of adolescents.

4.3. Research methodology

This research study used a quantitative research methodology. Quantitative research, according to Creswell (2008), is an inquiry approach, useful for describing trends and explaining the relationship among variables. It is a type of research, in which the researcher decides what to study, asks questions, narrows questions, collects numerical data, analyses these numbers using statistics and conducts the inquiry in an unbiased, objective manner. Quantitative methodology also tests the hypotheses of a study.

4.4. Research design

A research design is the plan and procedure for research that spans the decisions, from broad assumptions to detailed methods of data collection and analysis. The selection of a research design is also based on the nature of the research problems, the researcher's personal experiences and the audiences for the study (Creswell, 2008). This study used a cross-sectional, correlational research design. A cross-sectional study observes a phenomenon at a particular period of time (Gray, 2009), and one advantage thereof is that it can reveal associations among variables. Correlation research addresses questions about the relationship between two or more variables and the extent to which they co-vary (Arthur, Waring, Coe & Hedges, 2012). When an association is measured numerically, a correlation coefficient is obtained that gives the strength and direction of the relationship between these variables (Gray, 2009). Research variables are concepts that vary in ways that can be observed, recorded and measured (Miley, O'Melia & DuBois, 2009). Using the cross-sectional, correlation research design allowed the researcher to reveal the associations between these variables.

4.5. Study population

This study formed part of a larger research project, in the Faculty of Community and Health Sciences, based in Theewaterskloof. The focus of the main project was building communities, and this study formed part of project five, of six smaller projects, within the larger project, focusing on the decision-making styles of adolescents. The current study was within the first phase of project five, which is a baseline assessment of psychosocial effects on the decision-making styles of adolescents. Specifically, this study only examined the role of family functioning on the decision-making styles of adolescents in the Grabouw area.

The population refers to the group (of people) about whom researchers want to draw conclusions (Babbie & Mouton, 2010). The population of this research study comprised of 2,571 Grade 9-learners in the Grabouw area of the Western Cape Education Department. The choice of using Grade 9-learners was based on the fact that learners in Grade 9 were expected to choose their subjects for Grades 10 to 12. This meant that they were expected to make an important life decision. How they made this decision would, therefore, play a very important role in their individual lives. The total number of schools in the Grabouw area was three. This current study took place within the Theewaterskloof Municipality, in the Overberg Region of the Western Cape. The Theewaterskloof Municipality is made up of 8 rural towns. Each of these towns has their own natural crops that play a pivotal role in the economic development of the region. This study was conducted in the Grabouw area, as part of a larger Community Engagement study, funded by the National Research Foundation, to build and strengthen the Theewaterskloof Communities. Grabouw is a mid-sized town, located in the Western Cape Province, approximately 65 km south-east of Cape Town, along the N2 highway. It is located on the farther side of Sir Lowry's Pass from Somerset West, in the vast Elgin Valley, which stretches between the Hottentots-Holland, Kogelberg and Groenland Mountains, with the

valley floor still being substantially hilly. Grabouw is the commercial Centre for the Elgin Valley, the largest single export fruit producing area in Southern Africa.

4.6. Study Sample

A sample is a small selection from a population, and in statistics; the sample is a small selection of all the scores on a variable (Howitt & Cramer, 2000). In this study simple random sampling was used. Simple random sampling requires a sampling frame of all the members of the desired population, from which a sample is taken using a random sampling method (Howitt & Cramer, 2000). A sampling frame is merely a list of all members of the population, each member being allocated a number, with the appropriate size sample being selected by generating random numbers (Howitt & Cramer, 2000). All grade 9 learners of the three schools within this area were identified as participants. Contact was made with these schools and consequently, the parents and learners, with the assistance of the teachers, were requested to complete consent forms, after being fully informed about the study, in order to participate. The total sample of the study consisted of (N=243 [53.8%]) female and (N=209 [46.2%]) male participants. Participants identified their race of which, (N=248 [56.4%]) was coloured, (N=186 [2.3%]) black African, and (N=6 [1.4%]) white. The majority of participants was Afrikaans speaking (N=253 [56.5%]) followed by isiXhosa (N=166 [37.1%]) and English (N=3 [0.7%]). Other languages illustrated a total of (N=26 [5.8%]).

The Yamane formula applied to assist in computing the sample size states:

$$n = \frac{N}{1 + N e^2}$$

n = sample

N = population

e^2 = probability error

(Yamane, 1967)

The total sample size computed for the study, using the Yamane formula, was 350 Grade 9 high school learners, both male and female, from the Overberg Educational District, Theewaterskloof, within the Western Cape.

4.7. Instruments

Self-reported questionnaires were used to collect the required data from the participants. The questionnaire consisted of three sections: (i) Demographic details, such as age, gender, race, home language and family structure; (ii) The Family assessment device, based on the six dimensions of the McMaster Model of Family Functioning, identifying the level of participants' family functioning; and (iii) the Melbourne Decision-making Questionnaire that assisted in identifying the decision-making styles of participants. The instruments were translated from English to Afrikaans by a registered language specialist. The Afrikaans version was then translated back into English by a different specialist. Xhosa translation was not deemed highly necessary as English is regarded as the main South African language and Afrikaans the second highest language. Furthermore it was noted that the African scholars having being Xhosa speaking also speaks Afrikaans and/or English as an additional language it was seen fit not to translate the questionnaire into a Xhosa version.

4.7.1. The Family Assessment Device

The Family Assessment Device was designed to assess the dimensions of the McMaster Model according to family member's perceptions (Ryan et al., 2005). It consists of

subscales assessing the six dimensions of the McMaster model, as well as, a general functioning scale, which assesses the overall level of family functioning. The McMaster Model of Family Functioning is one of the variations of the Family Systems Model. One of the basic tenets of the McMaster approach is the emphasis on constructs and procedures, which can be empirically measured and verified. After developing the models of family functioning, empirical measurement of the constructs of the model was done. Thereafter, the development of a self-report questionnaire began, being The Family Assessment Device (FAD). The FAD consists of 60 statements, which family members scrutinize, then rate how well each statement describes their family, by selecting one of four responses: strongly agree, agree, disagree and strongly disagree. The FAD is scored by summing up the endorsed responses (1-4) for each subscale, which is then divided by the number of items in each scale. The scale score ranges from 1.0 (best functioning) to 4.0 (worse functioning). The questionnaire is completed by participants over the age of 12 years and the family scores are obtained by averaging the ratings of the participants on each dimension.

4.7.2. Melbourne Decision-Making Questionnaire

The Melbourne Decision-Making Questionnaire is based on the conflict theory by Janis & Mann (1977, in Mann et al., 1997). The Melbourne Decision-Making Questionnaire is a 22 item questionnaire that identifies the factor assessment of self as decision-maker in the sense of effective decision-making ability (Mann, Burnett, Radford & Ford, 1997). In this study, two decision making-styles, the hyper vigilance and vigilance decision-making styles, are selected from the Janis & Mann (1977, in Mann et al., 1997) coping conflict model of decision-making styles. The other two styles are the buck-passing and procrastination decision-making styles. The vigilance decision-making style is considered adaptive and the other three decision-making styles are

considered mal-adaptive. Grading was done by giving numerical values to items according to the answers, such as: true for me - score 2; sometimes true - score 1; not true for me - score 0. Higher scores indicated a higher level of decision-making.

4.8. Data collection for the pilot study

The research proposal was submitted to the University of the Western Cape's Higher Degree's Committee for ethics clearance. Once ethics clearance was received, the Western Cape Education Department was contacted for permission to conduct research in the schools identified. The respective principals of the selected schools were contacted and the research team met with the principal and the teachers to inform them of the study. Information sheets (Appendix IV) about the study were left for the parents of the high school learners, as well as Informed consent forms (Appendix II) that needed to be completed by the parents. Once the Informed consent forms were collected by the teachers, a date and time was set for the research to be conducted at the selected schools.

Fifteen per cent of the sample was used in a pilot study to assess the reliability of the particular instrument. The participants were informed of the study and allowed to ask questions or raise concerns that they might have. The learners were given Assent forms (Appendix III) that needed to be signed before conducting the study, with voluntary participation. They were also informed of their right to withdraw from the study, at any time, without prejudice. The questionnaires were then handed out to the intended sample for the pilot study; thereafter the questionnaires were handed out to a second group of participants who formed part of the pilot study, to allow for a test-retest method of the chosen questionnaire / instrument being the Melbourne Decision Making Questionnaire and the Family assessment device for the main study. The test-retest method was used to assist in

measuring the internal consistency of the questionnaire and establish any challenges or limitations that might have occurred. The dispensing of the questionnaire was, as far as possible, conducted with groups of 30 to 40 learners at a time, in a class room setting within the limitations of the school time table. The pilot study measured the reliability of the instrument, explored language options in the questionnaire and the consideration of the data collection process. After the pilot study, the research participants for the main study were selected. The questionnaires were completed in approximately 45 - 60 minutes.

4.9. Results

The participants highlighted the items that they were challenged with. The Cronbach Alpha scores obtained from the pilot study indicated that the Flinders Decision-Making Questionnaire had the lowest alpha score (see Table: 4.1.).

Table: 4.1. Cronbach Alpha Scores for the pilot study

Scale	Alpha Score (α)
Parental Style and Dimension Questionnaire	.90
Flinders Decision-Making Questionnaire	**.58**

Based on the low alpha score of the Flinders Decision-Making Questionnaire in the pilot study, it was replaced with the Melbourne Decision-Making Questionnaire, which is a revised version of the Flinders Decision-Making Questionnaire, with improved internal consistency and reliability.

4.10. Data collection for the main study

Collecting data, according to Creswell (2009), means identifying and selecting participants for a study, obtaining their permission to conduct the study and gathering information by asking questions or observing behaviour. Once the pilot study was completed, i.e. both the data collection and the analyses of the research process and the questionnaire, the results of this process informed the process for the main study. The data for the main study was collected at different schools to those of the pilot study. As with the pilot study, the same process of requesting permission was followed; participants, their parents and teachers were informed about the study. The participants were given the opportunity to decide on voluntarily participating in the study, after which the questionnaires were dispensed to groups of learners. As with the pilot study, these groups consisted of 30 to 40 learners at a time, in a class room setting within the limitations of the school time table. Completion of the questionnaires took approximately 45 - 60 minutes.
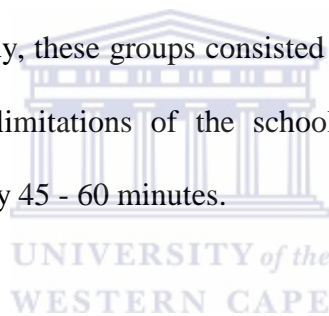
4.11. Data analysis

Analyzing and interpreting data involves drawing conclusions from the data collected and presenting the findings in tables, figures and pictures, to verify the conclusions and provide answers to the researcher's research questions (Creswell, 2009). Descriptive statistics are used to describe or summarize a set of data, while inferential statistics are used to make inferences from the sample chosen to a larger population (Gray, 2009). The key variable in this research study was adolescence decision-making in association with family functioning.

The raw data collected from the research conducted was entered into the Statistical Package for the Social Science (SPSS) V22. The data was coded, cleaned, checked for errors and analysed using descriptive and inferential statistics. Descriptive statistics include frequencies

and means, while inferential statistics include a Pearson correlations and linear regression analysis. Regression analysis is a quantitative research method that is used when the study involves modelling and analysing several variables, where the relationship includes a dependent variable and one or more independent variables to predict effects (McGrath, 2011).

4.12. Reliability and Validity

The test-retest method was implemented in the pilot study, which assisted in measuring the reliability of the instrument. Reliability is an indication of consistency between two measures of the same thing (Black, 1999, as cited in Gray, 2009). For the research tool to be classified as reliable, it is expected to provide the same results when something was measured at different times.
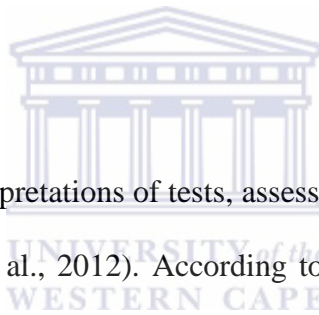
Validity applies to particular interpretations of tests, assessments, questionnaires or other data collection instruments (Arthur et al., 2012). According to David (2010), it is the degree to which whatever is measured is what the researcher intended. To ensure validity, a research instrument must measure whatever it was intended to measure. To achieve validity, the research instrument subject area and the operationally defined subject areas must match exactly (Gray, 2009). The Melbourne Decision-Making Questionnaire has been used in cross-cultural research in six different countries. The Cronbach Alpha scores of this cross-cultural research for the various subscales were as follows: vigilance - .80; hyper vigilance - .74; procrastination - .81; and buck-passing - .87 (Mann et al., 1998; Deniz, 2011).

The McMaster Approach to families is a comprehensive model with an integrated set of theoretical constructs, assessment instruments and treatment methods. It has been used

successfully in numerous settings and provides researchers with an empirically validated approach to assessing and treating families (Miller, Ryan, Keitner, Bishop & Epstein, 2000).

4.13. Ethics statement

Permission to conduct the study was requested from the Ethics Committee of the University of the Western Cape. Once ethical clearance was received, permission to collect the data was requested from the Western Cape Department of Education in order to gain access to the various schools. The following ethical guidelines were followed in the pilot study and the main study:

(i)   The purpose of the study was explained to the participants and their parents in the three official languages of the Western Cape being, Afrikaans, English and isiXhosa (see Appendix IV);

(ii)   Written Informed consent was requested from the parents of the participants (see Appendix II) and Assent forms were completed by the participants before participation (see Appendix III),

(iii)   participation in the study was voluntary;

(iv)   participants were informed of their right to withdraw from the study, at any time, without prejudice;

(v)   participants were treated with respect and dignity;

(vi)   all Information sheets, Informed consent and Assent forms, as well as the questionnaires, were available in the three official languages;

(vii)   all questionnaires were coded with numbers to ensure anonymity of participants;

(viii) all information was handled confidentially and only used for the benefit of the study;

(ix) the questionnaires were collected and kept in a secure place;

(x)   there was no known risks involved with participation in the study; and

(xi) the research findings and feedback were disseminated to the various schools that assisted in the research study.

4.14. Conclusion

This chapter explored the research methodology used to conduct this study. It highlighted the overall process and procedure followed, in detail, starting at the submission of the research proposal, to the main study of the data collection and analysis procedure. The results of this research follow in the next chapter.
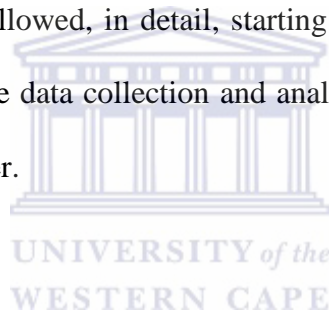
CHAPTER 5

RESULTS

5.1. Introduction

Chapter Five presents the results of the analysis of this study. The Statistical Package for the Social Sciences (SPSS) V22 was used to analyse the data that was gathered. The results for this research are provided by means of descriptive and inferential statistics.

5.2. Overview of the analysis

The overview of the analysis lies within the objectives and the hypothesis given below:

5.2.1. Objectives of the Study

The objectives of the study were to:

- Determine the prevalence of the dimensions of the family functioning of adolescents;

- Establish the most prevalent decision-making style of adolescents;

- Examine the role of family functioning in the decision-making styles of adolescents.

5.2.2. Hypothesis

Family functioning has an effect on the decision-making styles of adolescents.

5.3. Inter-correlations

Table: 5.1. Reliability statistics

Variable	Cronbach Alpha Score
Decision-making styles	.60
Family Functioning	.63

Cronbach Alpha coefficients above 0.75 are deemed to be acceptable, while 0.60 is considered to be moderately acceptable (Anastasi, 1982). For this study, with the internal consistency as indicated in Table: 5.1., the Chronbach Alphas are deemed acceptable.

5.4. Demographic Profile

Table: 5.2 is an overview of the demographic information of the 457 participants in the study at the secondary schools within the Overberg area.

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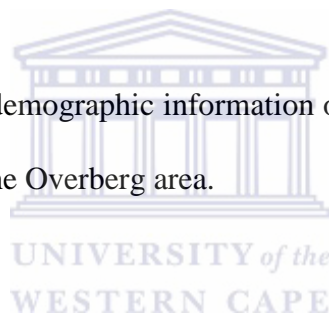
Table: 5.2: Demographic information of participants

Variable		N = 457	%
Gender	Male	209	46.2
	Female	243	53.8
Race	Coloured	248	56.4
	Black/African	186	42.3
	White	6	1.4
Home language	Afrikaans	253	56.5
	English	3	0.7
	IsiXhosa	166	37.1
	Other	26	5.8
Living with	Two parents	301	69.4
	One parent	133	30.6
Marital status of parents	Married	258	57.6
	Living together, but not married Single	43	9.6
	Widowed	72	16.1
	Divorced	42	9.4
	Other	19	4.2
		14	3.1

The demographic information in Table: 5.2. indicates that there were more female (n=243 [53.8%]) than male participants (n=209 [46.2%]). The majority of participants identified themselves as Coloured (n=248 [56.4%]), followed by Black African (n=186 [2.3%]) with the least participants being White (n=6 [1.4%]). The majority of participants were Afrikaans speaking (n=253 [56.5%]), followed by isiXhosa (n=166 [37.1%]) and English (n=3 [0.7%]). In terms of family structure, the larger proportion of the participants lived in two-parent households (n=301 [69.4%]), and (n=133 [30.6%]). In the marital status of parents the majority indicated that their parents were married (n=258 [57.6%]) and (n=43 [9.6%]) were living together, bur not married. The least of participants (n=14 [3.1%]) indicated other.

Table: 5.3: Mean Age of participant

Age	Minimum	Maximum	M	SD
	14	21	16.3 years	1.45

In Table: 5.3. above, the average age of the participants was 16.3 (SD = 1.45) years, of whom the minimum age was 14 and the maximum, 21 years of age.

5.5. Family Functioning

This section presents the Means (M) and Standard Deviations (SD) of the dimensions of family functioning, considered the most important dimensions to determine the functioning of a family (Ryan et al., 2005). Tables: 5.4 to 5.10 provide the Means (M) and Standard Deviations (SD) scores of the six dimensions of the McMaster Model of Family Functioning, and Table: 5.11. provides the total scores. High Mean scores suggest that there are challenges in the family functioning of the participants, while low scores indicate that the family functioning is appropriate. Participants were required to respond that they either agreed or disagreed with the item in the scale. Disagreement was indicated by the highest score of 4.

Table: 5.4. Subscale of General Family Functioning

No.	Items	Means	SD
1	In times of crisis, we can turn to each other for support.	2.15	1.07
6	Individuals are accepted for who they are.	2.36	1.01
11	We can express feelings to each other.	2.31	1.04
16	We feel accepted for who we are.	2.12	1.05
21	We are able to make decisions about how to solve problems.	2.17	1.01
26	We can express feelings to each other.	2.04	1.06
31	Planning family activities is difficult because we misunderstand each other.	2.20	1.03
36	We cannot talk to each other about the sadness we feel.	2.32	1.06
41	We avoid discussing our fears and concerns.	2.33	.97
46	There is lots of bad feeling in the family.	2.25	1.06
51	Making decisions is a problem for our family.	2.26	1.08
56	We confide in each other.	2.06	1.04
Mean Score:		**2.19**	**.45**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

The illustration of scores in Table: 5.4. refer to the general family functioning scores of participants. The highest mean score was indicated for the item; *'We feel accepted for who we are' (M = 2.36, SD = 1.01)*. This was followed by the items; *'We avoid discussing our fears and concerns' (M = 2.33, SD = 0.97)* and *'We can express feelings to each other' (M = 2.31, SD = 1.04)*. The items with the least responses were; *'We confide in each other' (M = 2.06, SD = 1.04)* and *'We can express feelings to each other' (M = 2.04, SD = 1.06).*

Table: 5.5. Subscale of Affective Responsiveness

No.	Items	Mean	SD
9	We express tenderness.	2.54	1.05
19	We cry openly.	2.33	1.08
28	We are reluctant to show our affection for each other	2.65	1.01
39	Some of us don't respond emotionally	2.54	1.04
49	We do not show our love for each other	2.18	1.10
57	Tenderness takes second place to other things in our family	2.52	1.02
Mean Score:		**2.46**	**.43**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

Table: 5.5. illustrates the scoring of Affective Responsiveness of participants. The majority of participants indicated; *'We are reluctant to show our affection for each other' (M = 2.65, SD = 1.01)*. This was followed by the perception: *'We express tenderness' (M = 2.54, SD = 1.05); 'Some of us don't respond emotionally' (M = 2.54, SD = 1.04)* and *'Tenderness takes second place to other things in our family' (M = 2.52, SD = 1.02)*. The least responses were for; *'We crying openly' (M = 2.33, SD = 1.08)* and *'We do not show love for each other (M = 2.18, SD = 1.10)*.

Table: 5.6. Subscale of Problem-Solving

No.	Items	Mean	SD
1	We resolve most everyday problems around the house.	2.22	1.00
12	We usually act on our decisions regarding problems.	2.31	.99
24	After our family tries to solve a problem, we usually discuss whether it worked or not.	2.25	1.06
38	We resolve most emotional upsets that come up.	2.34	1.05
50	We confront problems involving feelings.	2.38	1.01
60	We try to think of different ways to solve problems.	2.11	1.07
Mean Scores:		**2.26**	**.59**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

Table: 5.6. presents the Problem-solving dimension of participants. On average, participants stated that in their family; *'We confront problems involving feelings' (M = 2.38, SD = 1.01).* This was followed by; *'We resolve most emotional upsets that come up' (M = 2.34, SD = 1.05)* and *'We usually act on our decisions regarding problems' (M = 2.31, SD = 0.99).* Participants also indicated; *'After our family tries to solve a problem, we usually discuss whether it worked or not' (M = 2.25, SD = 1.06).* The least responses on average were: *'We try to think of different ways to solve problems' (M = 2.11, SD = 1.07).*

Table: 5.7. Subscale of Communication

No.	Items	Mean	SD
1	When someone is upset the others know why.	2.47	.99
8	People come right out and say things instead of hinting at them.	2.39	1.10
14	We talk to people directly rather than through go-betweens.	2.28	1.04
18	We are frank (direct, straightforward) with each other.	2.17	1.08
22	When we don't like what someone has done, we tell them.	2.17	1.04
29	We sometimes run out of things that we need to say	2.47	.98
35	You can tell what a person is feeling from what they say	2.47	.97
43	It is difficult to talk to each other about tender feelings	2.44	1.05
52	We often don't say what we mean	2.53	.99
59	We don't talk to each other when we are angry	2.44	1.08
Mean Scores:		**2.36**	**.40**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

In Table: 5.7., patterns of Communication within the family are indicated. The majority of responses indicated; *'We often don't say what we mean' (M = 2.53, SD = 0.99)*. This was followed by; *'When someone is upset the others know why' (M = 2.47, SD = 0.99)*, *'We sometimes run out of things that we need to say' (M = 2.47, SD = 0.98)* and *'You can tell what a person is feeling from what they say' (M = 2.47, SD = 0.97)*. The least responses on average were for; *'We are frank (direct, straightforward) with each other' (M = 2.17, SD = 1.08)* and *'When we don't like what someone has done, we tell them' (M = 2.17, SD = 1.04)*.

Table: 5.8. Subscale of Roles

No.	Items	Mean	SD
1	We make sure members meet their family responsibilities.	2.17	1.03
10	Each of us has particular duties and responsibilities.	2.04	1.01
15	We discuss who are responsible for household jobs.	2.30	1.05
23	We have trouble meeting our financial obligations	2.54	1.01
30	Family tasks don't get spread around enough	2.58	1.04
40	There is little time to explore personal interest	2.30	1.01
45	If people asks to do something, they need reminding	2.34	1.01
56	We confide in each other	2.52	1.02
53	We're generally dissatisfied with the family duties assigned to us	2.22	1.01
58	We don't have reasonable transport	2.27	1.07
Mean Scores:		**2.33**	**.39**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

The results in Table 5.8. illustrate that the highest responses for the dimension of Roles in the family was for; *'Family tasks don't get spread around enough' (M = 2.58, SD = 1.04)* and *'We confide in each other' (M = 2.52, SD = 1.02).* The least responses of the participants were for; *'Each of us has particular duties and responsibilities' (M = 2.04, SD = 1.01).*

Table: 5.9. Subscale of Affective Involvement

No.	Items	Mean	SD
5	If someone is in trouble, the others become too involved	2.47	1.02
13	We only get the interest of others when something is important to them	2.50	1.01
25	We are too self-centred	2.52	1.00
33	We get involved with each other only when something interests us	2.38	1.08
37	We show interest in each other when we can get something out of it personally	2.56	1.09
42	Our family shows interest in each other when they can get something out of it	2.29	1.10
54	Even though we mean well, we intrude too much into each other's lives	2.40	.99
Mean Score:		**2.43**	**.50**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

Table: 5.9. refers to Affective family involvement. The majority of participants indicated that; *'We show interest in each other when we can get something out of it personally' (M = 2.56, SD = 1.09).* This was followed by; *'We are too self-centred' (M = 2.52, SD = 1.00)* and *'We only get the interest of others when something is important to them' (M = 2.50, SD = 1.01).* The least responses on average were for; *'Our family shows interest in each other when they can get something out of it' (M = 2.29, SD = 1.10).*

Table: 5.10. Subscale of Behaviour Control

No.	Items	Mean	SD
7	We know what to do in an emergency.	2.02	.98
17	We have rules about hitting people.	2.71	1.07
20	There are rules in our family about dangerous situations.	2.31	1.03
27	We don't know what to do when an emergency comes	2.18	1.02
32	You can easily get away with breaking the rules	2.18	1.04
44	We have no clear expectations about our toilet habits	2.28	1.05
47	We don't hold to any rules or standards	2.33	1.03
48	If the rules are broken, we don't know what to expect	2.55	1.04
55	Anything goes in our family	2.49	1.11
Mean Score:		**2.34**	**.43**

Responses were on a scale of: 1 = strongly agree to 4 = strongly disagree

Table: 5.10. presents the mean scores for the dimension of Behaviour Control. The highest mean score was from participants who indicated; *'We have rules about hitting people' (M = 2.71, SD = 1.07).* This was followed by participants who indicated; *'If the rules are broken, we don't know what to expect' (M = 2.55, SD = 1.04).* The least responses indicated were from participants who stated; *'We know what to do in an emergency' (M = 2.02, SD = 0.98).*

Table: 5.11. Overall functioning of families

Variables	Basic Cut-off value	Mean	SD
Problem Solving	2.2	2.27	.59
Communication	2.2	2.37	.41
Roles	2.3	2.43	.32
Affective Responsiveness	2.2	2.47	.43
Affective Involvement	2.1	2.45	.51
Behaviour Control	1.9	2.35	.47
General Family Functioning (GFF)	2.0	2.27	.39

For the family to be defined as having a problem on any of the scales above, the 'Mean' has to be greater than the established cut-off.

The results in Table: 5.11. illustrate that the families of participants may have ineffective functioning on all the dimensions, as the Means of the variables are greater than the cut-off values. The highest scores, and possibly the most challenging dimensions in the family functioning, was for *Affective Responsiveness (M = 2.47, SD = 0.43)*, *Affective Involvement (M = 2.45, SD = 0.51)* and *Roles (M = 2.43, SD = 0.32)* in the family. Although still above the cut-off, the lowest scores were for *Problem-solving (M = 2.27, SD = 0.59)* and *General family functioning (M = 2.27, SD = 0.39)* in the family.

5.6. Decision-making styles

This section presents the Means (M) and Standard Deviation (SD) scores of the decision-making styles. Table 5.12 to Table 5.17 provides the means and standard deviation scores of the six decision-making styles and Table 5.18 is the overall scores.

Table: 5.12.   Subscale of the Hyper Vigilance Decision-making Style

No.	Items	Mean	SD
1	I feel as if I'm under tremendous time pressure when making decisions.	.85	.64
6	Whenever I get upset by having to make decisions, I choose on the spur of the moment.	1.03	.72
21	The possibility that some small thing might go wrong causes me to swing abruptly in my preferences.	1.03	.74
25	I choose on the basis of some small thing.	1.03	.70
31	I can't think straight if I have to make decisions in a hurry.	1.18	.74

The responses were on a scale of: True for me = 2 to Not true for me = 0

Table: 5.12. shows the results of the Hyper Vigilance Decision-making Style. The majority of participants indicated; *'I can't think straight if I have to make decisions in a hurry' (M = 1.18, SD = 0.74)*. This was followed by; *'The possibility that some small thing might go wrong causes me to swing abruptly in my preferences' (M = 1.03, SD = 0.74)* and *'Whenever I get upset by having to make decisions, I choose on the spur of the moment' (M = 1.03, SD = 0.72)*. The least responses were for; *'I feel as if I'm under tremendous time pressure when making decisions' (M = 0.85, SD = 0.64).*

Table: 5.13. Subscale of the Rationalization Decision-Making Style

No.	Items	Mean	SD
2	I feel better about choosing if I can convince myself that the decision is not all that important.	1.03	.78
13	After making a decision I am inclined to undervalue the worth of the alternatives I did not choose.	.87	.70
16	I only want to hear information about my preferred alternative	1.12	.74
20	I forget or overlook important information about choice alternatives.	.97	.72
29	After a decision is made I spend a lot of time convincing myself it was correct.	1.50	.66

The responses were on a scale of: True for me = 2 to Not true for me = 0

Table: 5.13. illustrates the scoring on the Rationalization Decision-making Style. The majority of participants indicated; *'After a decision is made I spend a lot of time convincing myself it was correct' (M = 1.50, SD = 0.66)* and *'I only want to hear information about my preferred alternative' (M = 1.12, SD = 0.74).* The least responses were for; *'After making a decision I am inclined to undervalue the worth of the alternatives I did not choose' (M = 0.87, SD = 0.70).*
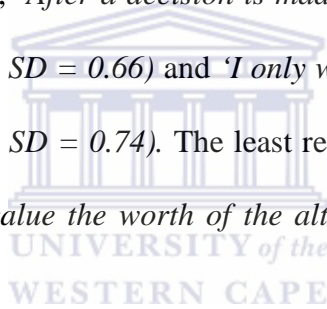
Table: 5.14. Subscale on the Vigilance Decision-Making Style

No.	Items	Mean	SD
3	I like to consider all of the alternatives.	1.15	.75
7	I try to find out the disadvantages of all alternatives.	1.43	.69
11	I consider how best to carry out the decision.	1.47	.68
14	When making decisions I like to collect lots of information.	1.55	.66
19	I try to be clear about my objectives before choosing.	1.57	.63
24	I take a lot of care before choosing.	1.40	.67

The responses were on a scale of: True for me = 2 to Not true for me = 0

The results in Table: 5.14. refer to the Vigilance Decision-making Style. Most participants chose; *'I try to be clear about my objectives before choosing' (M = 1.57, SD = 0.63)* and *'When making decisions I like to collect lots of information' (M = 1.55, SD = 0.66).* The least responses were; *'I like to consider all of the alternatives' (M = 1.15, SD = 0.75).*

Table: 5.15. Subscale on the Defensive/Avoidance Decision-Making Style

No.	Items	Mean	SD
4	When I have a decision to make I try not to think about it.	.77	.76
10	I feel uncomfortable about making decisions.	1.01	.74
15	I avoid making decisions.	.68	.71
23	Whenever I face a difficult decision, I feel pessimistic about finding a good solution.	1.21	.68
26	I don't make decisions unless I really have to.	1.07	.81

The responses were on a scale of: True for me = 2 to Not true for me = 0

Table: 5.15. presents the Defensive/Avoidance Decision-making Style. The majority of participants indicated; *'Whenever I face a difficult decision, I feel pessimistic about finding a good solution' (M = 1.21, SD = 0.68).* The least amount of participants chose; *'When I have a decision to make I try not to think about it' (M = 0.77, SD = 0.76)* and *'I avoid making decisions' (M = 0.68, SD = 0.71).*

Table: 5.16. Subscale on the Buck-Passing Decision-Making Style

No.	Items	Mean	SD
5	I prefer to leave decisions to others.	.63	.75
8	I am inclined to blame others when decisions turn out badly.	.67	.73
18	I don't like to take responsibility for making decisions.	.79	.78
22	If a decision can be made by me or another person I let the other person make it.	.70	.78
28	I prefer that people who are better informed decide for me.	.80	.79

The responses were on a scale of: True for me = 2 to Not true for me = 0

Table: 5.16. provides the Buck-passing Decision-making Style. The majority participants indicated; *'I prefer that people who are better informed, decide for me' (M = 0.80, SD = 0.79)* and *'I don't like to take responsibility for making decisions' (M = 0.79, SD = 0.78)*. The least participants chose; *'I prefer to leave decisions to others' (M = 0.63, SD = 0.75)*.

Table: 5.17. Subscale on the Procrastination Decision Making Style

No.	Items	Mean	SD
9	I waste a lot of time on trivial matters before getting to the final decision.	1.04	.69
12	Even after I have made a decision I delay acting upon it.	1.11	.75
17	When I have to make a decision I wait for a long time before starting to think about it.	1.05	.79
27	I delay making decisions until it is too late.	.78	.76
30	I put off making decisions.	.79	.71

The responses were on a scale of: True for me = 2 to Not true for me =

The illustration of scores in Table: 5.17. refers to the Procrastination Decision-making Style. The highest score of participants indicated; *'Even after I have made a decision I delay acting upon it' (M = 1.11, SD = 0.75)* and *'When I have to make a decision I wait for a long time before starting to think about it' (M = 1.05, SD = 0.79)*. The least amount of participants indicated item; *'I delay making decisions until it is too late' (M=0.78, SD=.76)*.

Table: 5.18. General Overview of the Decision Making Styles

Items	Mean	SD
Vigilance	.71	.17
Hyper vigilance	.51	.18
Defective Avoidant	.47	.19
Buck-passing	.36	.22
Procastination	.48	.19
Rational	.55	.17

The results in Table: 5.18. reflect *Vigilance* as the most prevalent decision-making style *(M = 0.71, SD = 0.17)*, and *Buck-passing* as the lowest *(M = 0.36, N = 0.22).*

5.7. Relationships between the variables

This section provides the results of the relationships between the variables. A correlation (Table: 5.19.) was first conducted to determine the relationship between the dimensions of family functioning and the different decision-making styles. This correlation was then followed by separate regression analyses (Table: 5.20.) to determine whether family functioning predicted the decision-making style of adolescents.

	Variables	1	2	3	4	5	6	7	8	9	10	11	12
1	Problem Solving	-											
2	Communication	.13*											
3	Roles	-.18**	.17**										
4	Affective Responsive	-.16**	-.04	.16**									
5	Affective Involvement	-.28**	-.23**	.23**	.11*								
6	Behaviour Control	-.15**	-.09	.08	-.01	.22**							
7	General Family Func.	-.05	.05	.19**	.09	.07	-.07						
8	Vigilance	.08	-.03	.04	-.02	-.05	.00	.06					
9	Hyper vigilance	.06	-.10*	.02	-.06	.08	.06	.02	.05				
10	Defensive Avoidance	-.06	-.05	-.04	.01	.07	.10	-.10*	-.12**	.22**			
11	Buck Passing	-.01	.03	-.13*	.01	.08	-.03	-.11*	-.15**	.24**	.37**		
12	Procrastination	.06	-.02	-.09	-.05	-.02	-.05	-.03	-.03	.28**	.22**	.29**	
13	Rationalization	.09	-.09	-.04	-.08	-.07	-.04	-.04	.10*	.26**	.14*	.13*	.25**

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

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

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The results in Table: 5.19. show that there are no significant positive relationships between the dimensions of family functioning and the decision-making styles of adolescents. There were significant negative relationships to be found between Communication and Hyper vigilance ($r = -.10^*$), Roles and Buck-passing ($r = -.13^*$), General family functioning and Defensive avoidance ($r = -.10^*$) and Buck-passing ($r = -.11^*$).

In Table: 5.20. the regression analyses suggest that family functioning has an effect on only Defensive avoidance. Specifically, Problem-solving ($\beta = 2.27$, $p = .02$) and Communication ($\beta = 2.54$, $p = .01$) were significantly positive predictors of a Defensive avoidance decision-making style. The final model accounted for 4% of the variance of a Defensive avoidance decision-making style.

Table: 5.20. Regression analyses predicting decision-making styles of adolescents

Family Functioning	*b*	*SE b*	β	*t*	*p*
Vigilance					
Constant	.88				
Problem-Solving	-.01	.02	-.03	-.45	.65
Communication	-.02	.03	-.05	-.84	.40
Roles	-.03	.03	-.06	-1.04	.30
Affective Responsiveness	.03	.03	-.09	-1.49	.14
Affective Involvement	.03	.02	-.08	1.34	.18
Behavioural Control	-.03	.02	-.07	-1.14	.25
General Family Functioning	.03	.03	.07	.99	.32
Hyper vigilance					
Constant	.45				
Problem-Solving	.03	.02	.08	1.18	.24
Communication	.03	.03	.06	.96	.34
Roles	-.02	.03	-.04	-.70	.49
Affective Responsiveness	.03	.03	.06	1.04	.30
Affective Involvement	-.00	.02	-.01	-.17	.86
Behavioural Control	-.05	.02	-.12	-1.89	.06
General Family Functioning	.02	.03	.04	.64	.53

Buck-passing					
Constant	.14				
Problem-Solving	.03	.03	.07	1.05	.29
Communication	.03	.03	.07	1.02	.31
Roles	.01	.04	.02	.31	.76
Affective Responsiveness	-.03	.03	-.05	-.85	.40
Affective Involvement	-.00	.03	-.01	-.13	.90
Behavioural Control	.05	.03	.12	1.92	.06
General Family Functioning	-.01	.04	-.01	-.18	.85
Defensive Avoidance					
Constant	.33				
Problem-Solving	.05	.02	.15	**2.27***	.02
Communication	.07	.03	.16	**2.54***	.01
Roles	-.04	.03	-.07	-1.11	.27
Affective Responsiveness	.02	.03	.05	.86	.39
Affective Involvement	-.02	.03	-.04	-.70	.49
Behavioural Control	-.00	.03	-.01	-.09	.93
General Family Functioning	-.03	.03	-.06	-.84	.40
Procrastination					
Constant	.43				
Problem-Solving	.01	.02	.02	.21	.83
Communication	-.03	.03	-.05	-.82	.41
Roles	.01	.04	.01	.20	.85
Affective Responsiveness	-.00	.03	-.00	-.04	.97
Affective Involvement	.00	.03	.00	.07	.94
Behavioural Control	.01	.03	.02	.27	.79
General Family Functioning	.02	.03	.05	.69	.49
Rationalization					
Constant	.39				
Problem-Solving	.00	.02	.00	.03	.98
Communication	.04	.03	.09	1.37	.17
Roles	-.03	.03	-.06	-1.01	.31
Affective Responsiveness	.03	.03	.08	1.27	.20
Affective Involvement	.02	.02	.05	.87	.38
Behavioural Control	-.01	.02	-.04	-.57	.57
General Family Functioning	.03	.03	.06	.84	.40

Note Vigilance: $\Delta R^2 = 0.01$

Note Hyper vigilance: $\Delta R^2 = 0.01$

Note Buck passing: $\Delta R^2 = 0.01$

Note Defensive Avoidance: $\Delta R^2 = 0.04$

Note Procrastination: $\Delta R^2 = -0.02$

Note Rationalisation: $\Delta R^2 = 0.00$

5.8. Conclusion

The results on the relationship that existed between variables forming part of this research indicate no positive relationship between the dimensions of family functioning and the decision-making styles of adolescents. There is however significant negative relationships found between Communication and Hyper vigilance decision making style. The Hyper vigilance style refers to the application of an optimistic views towards the various alternatives of a decision needed to be made, panic and stress sets in and an objectionable alternative is considered. Another significant negative relationship was found between Roles and Buck-passing decision making style. The buck-passing decision-making style refers to the passing of a decision on to someone else. The following chapter includes the discussion, conclusion and recommendations based on the finding in this chapter.

CHAPTER 6

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1. Introduction

The aim of this study was to examine the association between the role of family functioning in the decision-making styles of adolescents in the Overberg Area. This chapter discusses the findings of this research project, in line with the conceptual framework underpinning the study.

6.2. Family Functioning and adolescence

The first objective of this study was to determine the most prevalent dimension of family functioning of adolescents. The results are only based on the adolescents' perception of their families' functioning. In addition, this study sought to determine how well families were functioning. The results of this study indicated that the families of participants might have had ineffective functioning in all the dimensions of the McMaster Model of Family Functioning (MMFF). The dimensions of this Family Assessment Device (FAD), which include problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control, are considered to have the most important impact on the family (Walsh, 2003). These dimensions are further elaborated upon as follows:

(a) **Problem-solving** includes the family's ability to resolve problems to a level that maintains effective family functioning (Aarons, McDonald, Connelly & Newton, 2007). Effective families solve most problems rapidly, easily and without much thought, so that at times there could be some difficulty eliciting and detailing the

problem-solving steps they follow (Sheriif et al., 2010; Epstein et al., 1983; Walsh, 2003). The stages in this process of problem-solving are as follows:

(i) Identification of the problem;

(ii) Communication of the problem to appropriate resources within or outside of the family;

(iii) Development of alternative action plans;

(iv) Decision regarding a suitable action;

(v) Action;

(vi) Monitoring that action which is taken; and

(vii) Evaluation of the success of the action.

(b) **Communication** is defined as the way in which the family exchanges information, and includes consideration for such variables as content, the potential for multiple messages, checking that the communication sent was appropriately conveyed and interpreted by the receiver.

(c) **Roles**, also referred to as Role allocation or Family roles, are the repetitive patterns of behaviour that underpin the individuals' fulfilment in family functioning. The more functions they adequately fulfil and clearly allocate house accountability mechanisms, the healthier the family.

(d) **Affective responsiveness** is defined as the ability to respond to a range of stimuli with the appropriate quality and quantity of feelings. The more effective the families' affective responsiveness, the wider the range and more appropriate their responses in terms of quantity and quality for a given situation.

(e) **Affective involvement** is defined as the degree to which the family shows interest in, and values the activities and interests of, family members.

(f) **Behaviour control** refers to the pattern the family adopts for dealing with the behaviour of individuals within the family. These patterns of behaviour can be seen in three specific situations: (i) physically dangerous situations, (ii) situations involving the meeting and expressing of psychobiological needs and drives, and (iii) situations involving socializing behaviour both inside and outside the family.

The responses of the FAD are coded 1-4 for each subscale, summed up for positively worded items and divided by the total number of items in that scale – the negative worded items are reversed. Individual scale scores range from 1.0 for best functioning and 4.0 for the worse functioning (Miller, Ryan, Keitner, Bishop, & Epstein, 2000). The cut off score indicated in Table: 6.1. for Affective Responsiveness is 2.20, Affective Involvement is 2.10 and Roles is 2.30. For each of the six scales (dimensions of family functioning), Table: 6.1. presents the cut-off value of the McMaster Family Functioning Assessment Device and one added General Family Functioning scale.
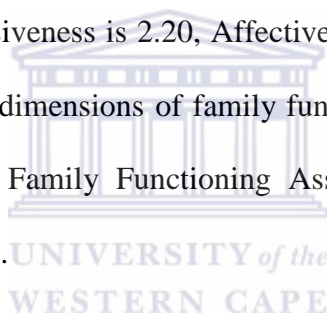
Table: 6.1. McMaster Model of Family Functioning & General Functioning Assessment

Scale	McMaster cut-off values	Mean for this study
Problem Solving	2.2	2.27
Communication	2.2	2.37
Roles	2.3	2.43
Affective Involvement	2.1	2.47
Affective Responsiveness	2.2	2.45
Behaviour Control	1.9	2.35
General Functioning	2.0	2.27

The results of this study indicated that the highest scores, and possibly the most challenging dimensions in the family functioning of participants, were Affective Involvement, Affective Responsiveness and Roles. Affective Involvement refers to how often and to what level

family members show an interest and invest themselves in each other (Aarons et al., 2007), through particular activities of individuals (Ryan et al., 2005). The focus of this dimension rests on the degree to which, and the manner in which, the members show interest. This can range from a total lack, to an extreme amount, of involvement. There are several styles of Affective Involvement, of which Empathic Involvement *(members demonstrate a true affective concern for the interests of others in the family, even though those concerns may be peripheral to their own interests)* is the most healthy form of functioning: without it, the family becomes less effective in their functioning (Ryan et al., 2005). Roche, Ensminger & Cherlin, (2007) conducted a study to determine the variations of parenting and adolescent outcomes of families living in low income urban areas. The results indicated that higher levels of parental involvement were associated with lower levels of psychological problems, and ineffective involvement contributed to adolescents' problem behaviour and lack of school performance. In a systematic review to examine the link between anti-social behaviour of adolescents and parental practice, Human-Hendricks & Roman (2014) found that consistent parental involvement, attachment, role allocation and affection contribute to a reduced negative behaviour.

Affective Responsiveness is also defined as the families' ability to respond to a full range of experiences, in an appropriate quantity and quality of feeling (Aarons et al., 2007). According to Ryan et al. (2005), this level of Affective Responsiveness is determined by observing the experience of affective responses to effective stimuli: whether or not family members are able to respond with a full spectrum of feelings experienced or the emotion experienced is consistent or appropriate with the stimulus or situational context.

Roles refer to the repetitive patterns of behaviour through which family functions are fulfilled by family members (Aarons et al., 2007). Ryan et al. (2005) identify five necessary functioning in this dimension:

(1) provision of resources (i.e. food, clothing and shelter);

(2) nurturing and support (i.e. comfort and warmth);

(3) adult sexual gratification;

(4) personal development (i.e. assisting with school work, finding a career and guidance);

(5) maintenance and management (i.e. decision making functions, boundary and membership functions, behaviour control functions, household finance functions and health related functions).
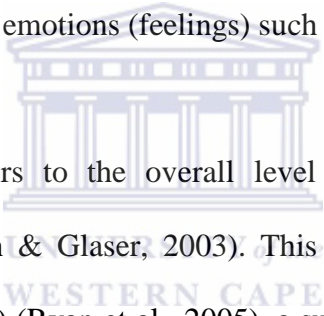
In addition, two further integral issues of role functioning include:

(1) role allocation referring to the family's pattern in assigning roles; and

(2) role accountability which refers to the way in which the family ensures that these functions are done.

In another study that assessed the family functioning of Caucasian and Hispanic American youth, Aarons et al. (2007) found that Hispanic families scored significantly higher on the Roles and Affective Responsiveness domains. The responses in the areas of inter and intra-personal strength, school functioning and affective strength for Hispanic youth was significantly higher as well. A study by McCreary & Dancy (2004) on the dimensions of family functioning concluded that family interactions that consists of Affective Involvement, Affective Responsiveness, Roles and Communication, demonstrate effective family functioning. Whereas ineffective functioning consists of families that demonstrate uncaring,

hostility and violence, lack of communication, lack of affective involvement and affective responsiveness, as well as a lack of roles.

In contrast, the lowest scores, still above the cut-off value, however, were for Problem-solving and General Family Functioning. Problem-solving is referred to as a family's sufficient ability to resolve problems to a level that maintain effective family functioning (Aarons et al., 2007; Ryan et al., 2005). Ryan et al. (2005) further elaborate that family problems are issues that threaten the family's functional capacity and which the family may have difficulty in solving. Family problems can be divided into instrumental problems that refer to everyday life problems (managing finances, obtaining food, etc.) and affective problems, which refer to issues of emotions (feelings) such as anger, depression, etc.

General family functioning refers to the overall level of family health/pathology and functionality (Petrocelli, Calhoun & Glaser, 2003). This dimension was a product of the Family Assessment Device (FAD) (Ryan et al., 2005), a subscale separate from the other six subscales (Petrocelli et al., 2003) most effectively used as a research tool (Ryan et al., 2005). According to Petrocelli et al. (2003), a family that displays high levels of general family functioning is known to be healthy, lack psychosocial problems, develop cohesion, can adapt well to challenges and sets clear roles and boundaries. The study of Petrocelli et al. (2003) aimed to determine the role of general family functioning in the quality of family relationships. The results of their study indicated that the Affective Involvement subscale was not significantly correlated to the quality of family relationships. The results further suggested that families may be able to problem solve, set clear behavioural roles, respond with appropriate affection, and maintain desired standards. If they cannot maintain these, however, they may then perceive their overall relationship as problematic.

According to Miller et al. (2000), these dimensions of family functioning were formulated to create an understanding of the structure, organization and transactional patterns associated with family difficulties. Not one of these dimensions, however, are considered as the foundation for conceptualizing family behaviour: they merely contribute to create an overall understanding of the family in which some areas of functioning may overlap or interact with one another (Ryan et al., 2005).

Unhealthy family functioning is based on the Mean and Standard Deviation being greater than or equal to the cut off-scores in that dimension, and less than the cut-off score indicates healthy family functioning (Ryan et al., 2005). The scoring in this study is above the cut-off value, which implies possible ineffective functioning of the family in these dimensions. It could, therefore, be concluded that the overall family functioning of the participants was ineffective in one or more of these dimensions.

The FAD was designed as a screening instrument to identify problem areas in the simplest way. According to Epstein, Baldwin & Bishop (1983), these dimensions of family functioning are not dependent on one another. Challenges experienced in one dimension of family functioning, may not have an impact on another, i.e. some families may have challenges with behaviour control, another with communication, and some may even have challenges with both these dimensions. The implications of the results of this research suggests that ineffective family functioning in any of these dimensions, according to Ryan et al. (2005), can become a contributing factor to the emotional and physical problems of family members. Effective functioning in all of these dimensions on the other hand supports the optimal physical and emotional well-being of family members.

According to Ryan et al. (2005), family functioning is dynamic and generally refers to the quality of family life concerned with the wellness, competence, strengths and weaknesses of family members (Shek, 2002). Most importantly, family functioning is also considered to have an impact on the developing adolescent (Koen, Van Eden & Venter, 2011). Family factors such as divorce, single parent families, family disintegration, lack of involvement, poor communication can influence adolescent's attitudes and behaviour (Louw, Van Ede & Louw, 1998). Also considering that the family is seen as a working unit that is greater than the sum of its parts, each individual affects the family as a whole, while the family members also affect each individual. Good family relationships are important protective factors: adequate emotional sharing; high flexibility in rules; good levels of satisfaction of all family members; all contribute to adolescent's well-being (Tafa & Baiocco, 2009).

The study of Shek (2002) on the association between family functioning and adolescent adjustment revealed that family functioning was significantly related to adolescents' psychological well-being, which included existential well-being, life satisfaction, self-esteem, and a sense of mastery. The results further indicated that adolescents, who perceived the family as dysfunctional, displayed more problem behaviour in both poor and non-poor groups. Henderson, Dakof, Schwartz & Liddle (2006) investigated direct and indirect effects of family functioning on the severity of adolescent externalizing problems. Their findings indicated that family functioning exerted direct and shared effects on externalizing problems.

Similarly, Parra, Oliva & Reina (2013) conducted a longitudinal study with a group of adolescents. In this study the relationship between adolescents and their parents were analysed over a period of 10 years. The results indicated that the levels of communication and affection diminished, however, their perceived adaptability remained and cohesion increased
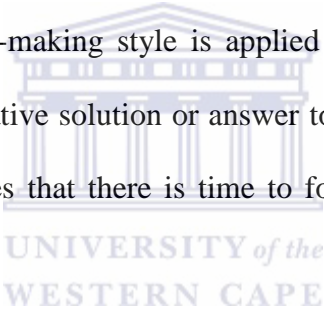
as the frequency of conflict increased. Continuous and unresolved conflict may result in serious self-esteem, autonomy and self-control deficiencies in adolescence (Koen, van Eden, & Venter, 2011).

Based on a South African study by Holborn & Eddy (2011), many South African children are growing up in dysfunctional families because of the unique conditions that affected the social structure: social stressors and historical factors; the social, political and economic conditions of colonialism; and the urbanisation of South African families. These conditions have led to changes in the structure, responsibilities and roles of the families (Makiwane et al., 2012). They have also created conditions of weakened family ties, diminished obligations towards one another, as well as a lack of safety and security which further exacerbates the family dysfunctionality. According to Amoateng et al. (2004), a gap is formed between idealization of the family and reality, as often children's living conditions affect their impressions of what families are and should be. Holborn & Eddy (2011) further asserts that dysfunctional families could damage the adolescent's desire to prosper.

Fostering adolescents' self-endorsed functioning through empathy, giving choices wherever possible, and encouraging them to act upon their personal values and interests, seems to be crucial in dealing successfully with the challenges of raising adolescents (Van Pentegem et al., 2012). Families need to allow adolescents to make choices and not dominate decision-making (Carpenter & Mulligan, 2009). It may foster adolescents' individualisation from their parents, to try more things on their own and develop competence and efficacy (Eccless & Gootman, 2002).

6.3. Decision-making styles of adolescence

The second objective for this study was to determine the most prevalent decision-making style of adolescents. According to Janis & Mann (1977, in Mann et al., 1977), decision-making styles, also referred to as coping patterns, are strategies that individuals use to deal with threats and stress, or, coping behaviour when challenged with decisions that have to be made. The various decision-making styles are: Vigilance, Hyper vigilance, Defective avoidant, Buck-passing and Procrastination. Decision-making styles are also defined as, a situation encountered, which includes the approach, reaction and action of an individual who is about to make a decision (Phillips, Pazienza & Ferrin, 1984, as cited in Deniz, 2011). Janis & Mann (1977, in Mann et al., 1977) defines these styles as follows:

(i) The Vigilance decision-making style is applied when an individual is optimistic about finding an alternative solution or answer to a conflicting decision that needs to be made and believes that there is time to follow the steps in making a good choice.

(ii) The Hyper vigilance style is applied when the individual is optimistic about the various alternatives to the decision that needs to be made, but believes there is insufficient time to search for a possible alternative or solution, so panic and stress sets in and an objectionable alternative is considered.

(iii) The Defensive avoidance style is applied when an individual is pessimistic about the alternative or solution and adopts either (a) The procrastination decision-making style, delaying or postponing the decision-making, or (b) The buck-passing decision-making style, passing the decision-making responsibility on to someone else (Burnett, 1991).

The results of the current study indicated that the Vigilance decision-making style was the most prevalent among adolescents, while the Buck-passing decision-making style was the least prevalent. The Vigilance decision-making style, is identified as one that encompasses high cognitive activity and is also regarded as a problem-solving strategy (Mann et al., 1997). Buck-passing is one of the Defensive avoidance decision-making styles (Mann et al., 1997) and refers to someone who avoids the responsibility of making a decision by passing it on to someone else (Brown, Abdallah & Ng, 2011).

According to the Janis & Mann (1977, in Mann et al., 1977) model of decision-making styles, effective decision makers use a vigilant pre-decisional strategy, while maladaptive strategies are characterised by procrastination and avoidance. Berzonsky & Ferrari (1996) investigated the relationship between identity orientation and decisional strategies of adolescents. They define identity orientation as the manner in which individuals approach (information orientated) or avoid (avoidant orientation) a task associated with developing their self-identity. The results indicated that those who reportedly take on an informational orientated approached to self-construction and identity issues used a more cognitive, vigilant decisional strategy, whereas an avoidant orientation approach resorts to maladaptive decision-making strategies, such as avoidance. The vigilant decision-making style approach indicates that information orientated individuals rely on a more deliberate, committed approach, by actively seeking out, evaluating, and utilizing relevant information to deal with decisional conflicts. A study by Luyckx, Soenens, Berzonsky, Smits, Goossens & Vansteenkiste (2007) examined the moderating role of autonomy, self-reflection and self-remuneration. Their aim was to do this in comparison with identity orientated identity processing, identity consolidation and individual well-being. Their findings revealed that individuals, who were more autonomous

in their actions, increased their consolidated identity as a result of an automatic increase in their exploratory actions and improved sense of self-worth.

It is important to bear in mind that there is not much literature available on South African adolescents' decision-making styles. Previous studies on decision-making mainly focus on career decision-making (Martinez, 2007), consumerism (Kamaruddin & Mokhlis, 2003), academic related decisions (Miller & Byrnes, 2001), and other life satisfaction related decisions (Cenkseven-Önder, 2012). These studies focused on the process that adolescents follow to make decisions and also how, having good or bad decision-making abilities, impacted on them. To motivate the importance of acquiring a process of making effective decisions, literature obtained emphasizes the development of decision-making skills as being the ultimate goal during adolescence (Miller & Byrnes, 2001; Eccles & Gootman, 2002). According to Deniz (2011), it is important that adolescents acquire the skills to make confident decisions, as they are in the developmental phase where critical decision-making on the most important key life transitions occur. Full transition through this stage results in the ability to: draw conclusions from available information and predict possible outcomes; reason theoretically; and understand more abstract concepts, such as love and values (Fantasia, 2008) and help guide the exposure of adolescents to experience either treacherous places or exciting adventures (Siegel & Hartzel, 2014).

Deniz (2006) aimed to determine the relationship between decision-making styles and life satisfaction. The findings indicated that there was no significant correlation between life satisfaction, decisions, self-esteem and the avoidance decision-making styles. There was a positive relationship found between problem-focused coping and the vigilance decision-making style, and a negative relationship between problem-focused and buck-passing.

According to Dewberry, Juanchich & Narendran (2013), decision-making competence in everyday life is associated with decision-making styles. Their study aimed to examine decision-making competence in everyday life. The results indicated that cognitive styles do not seem to offer an increase in the validity, while personality does offer an increase in the validity, of decision-making styles for predicting decision-making competencies. These decisions include choices on education; occupation; health; starting a family; and participating in society (Makiwane & Kwizera, 2008). These decisions have a long-term impact on many of life's contexts for adolescence (Seiffge-Krenke, 2002), and how these decisions are made, holds definite implications across all facets of our lives (Brown, Abdallah & Ng, 2011). Therefore having the ability to make wise, intellectual and mature decisions is considered fundamental to living a prosperous and accomplished life (Armesh, 2013).
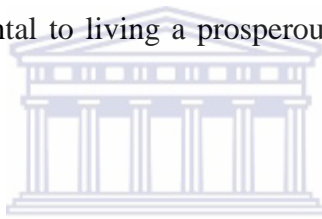
Decision-making capacities of adolescents are limited, according to Kambam & Thompson (2009), and have been common knowledge for centuries. Typical adolescents have deficiencies in their decision-making capabilities, as a result of a deficiency in their cognitive and psychosocial characteristics, related to their level of development. Adolescents are particularly susceptible to the potentially deleterious effects of emotions on decision-making, as they often make decisions under the influence of emotions and social aspects (Lizarraga, Baquendano, Oliver, & Closas 2009). Decision-making in adolescence may, however, be influenced by other variables as well (Kambam & Thompson, 2009). According to Lizarraga et al. (2009), these variables can be characterized by at least three sources: those associated with the decision; those associated with the decision maker; and those associated with the environments in which the decision occurs. Brown, Abdallah & Ng (2011) identify these variables as the family, friends, and social institutions. The family, according to Zuberi

(2013), however, provide a more immediate and essential context of development for the adolescent. Thus, it can be concluded that the effectiveness and management of decision-making capabilities may have been taught at home (Roman & Davids, 2013).

6.4. Relating family functioning to decision-making styles during adolescence

The third and final objective in this study was to examine the role of family functioning on decision-making styles of adolescents. According to the Department of Social Development (2013), the theoretical underpinnings that draw the connection between family functioning and decision-making, are derived mainly from the general family literature, such as The White Paper on Families. While the family is considered central to the socialization of children (Department of Social Development, 2013), not much is known about the role of family functioning in the decision-making styles of adolescents.

The results of this study suggest that family functioning only has an effect on the Defensive Avoidance decision-making style. The Defensive Avoidance style is considered when an individual is pessimistic about the alternative or solution to a decision and adopts the: (a) Procrastination decision-making style, where the individual delays or postpone making the decision; or the (b) Buck-passing decision-making style, where the responsibility is passed on to someone else (Burnett, 1991).The problem-solving dimension (defined as the ability to resolve problems at a level that maintains effective family functioning) and communication (the manner in which information is exchanged within and between the family members) (Walsh, 2003), were on the other hand significant positive predictors of the defensive avoidance decision-making style. In relation to the McMaster Model of Family Functioning, 4% of the variance of a Defensive Avoidance decision-making style was accounted for. Cenkseven-Önder (2012) examined the influence of decision-making styles on adolescents

and life satisfaction. His findings suggest that the Vigilance and Complacency decision-making styles were positively related to family satisfaction.

The results of this current study show that there are no significant positive relationships between the dimensions of family functioning and decision-making styles of adolescents. There are significant negative relationships found between Communication and Hyper vigilance; Roles and Buck-passing; General family functioning and Defensive Avoidance (buck-passing). The regression analyses suggest that family functioning only has an effect on Defensive Avoidance. Specifically, problem-solving and communication were significantly positive predictors of a Defensive Avoidance decision-making style. This may imply that family functioning may not have an impact on the decision-making style of the adolescent, but rather on the process in making affective decisions.
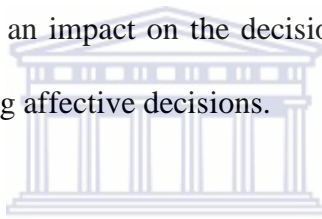
According to Berzonsky & Ferrari (1996), the Defensive Avoidance style was significant to those who experienced pre-decisional panic, low cognitive competence, procrastination and maladaptive decisional strategies. In essence, it further implies that growing up in a troubled family environment, depriving adolescents of good role models (parents), or disturbing the learning patterns (lack of care), are family circumstances that contribute to the development of poor decision-making competence. According to Isen (2001), positive affect enhances decision-making, leading to the development of more flexible, innovative, creative and efficient cognitive processing ability, as long as the task at hand is meaningful or important to the decision maker.

According to literature, the family faces a variety of transitions that demand adaptive efforts by its members, of which adolescence will be the most important transition (Parra, Oliva, &

Reina, 2013). Based on the physical, cognitive and emotional changes that adolescents experience, they can, and do, open the family to a whole new array of values (Cox & Paley, 1997). Characterised by a process of co-evolution, parents and adolescents should engage in these developmental challenges together (Tafa & Baiocco, 2009). It can be challenging for the adolescent, as well as the family members who render the support (Siegel & Hartzel, 2014). The role of the family therefore seems crucial in the development of adolescents (Koen, Van Eden & Venter, 2011).

Parker & Fischhoff (2005) conducted a study that examined to what extent individuals showed consistent performance differences across typical behavioural decision-making tasks, and how those correlated with real world-decision-making. Their findings indicated that higher decision-making competence scores were associated with a positive intact family environment, more constructive cognitive styles and less maladaptive risk behaviour.

Amesh (2013) states that the family environment and the relationships that individuals have with family members influence decision-making. Families that emphasise personal decision-making, inspire educational, occupational, recreational, marital and family choices (Zarret & Eccles, 2006). Decisions about aspects of youth and family life are considered important indicators of the family process and contribute to later development. Families need to allow more decision-making and not dominate decision-making (Carpenter & Mulligan, 2009).
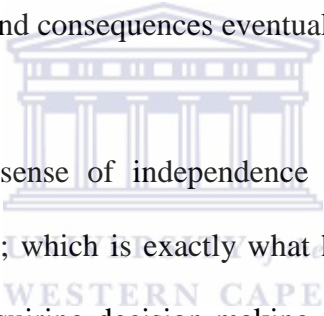
6.5. The implications of these results for the adolescents

As mentioned in chapter 2, adolescence is seen as the longest developmental stage, beginning with puberty and extending into the early 20's (Fantasia, 2008); and is largely characterised as beginning and ending the teenage stage (Department of Social Development, 2013).

Adolescence is a confusing period of development (Siegel & Hartzel, 2014) that encompasses a host of new challenges (Bandura, 2005). This phase is most commonly known as a period of storm, stress and experimentation for adolescents (Roman & Frantz, 2013), who have to manage major biological, educational and social roles simultaneously (Bandura, 2005). They have to learn how to deal with puberty, physical changes, emotional invested relationships, the emergence of sexuality, educational transitions, etc. As they mature they are obliged to assume more responsibility and decision-making. The outcome of these changes and the management of these challenges depend on how adolescents develop and exercise their personal power of producing an effect (Bandura, 2005).

According to Siegel & Hartzel (2014), adolescents' experiences are primarily dependant on cognitive changes in their development. These cognitive changes influence their minds and relationships in the way they remember, think, reason, focus attention, make decisions and relate to others (Siegel & Hartzel, 2014). They need to commit themselves to goals that give them a sense of purpose and meaning in life (Roman & Davids, 2013). Goal setting is widely viewed as an important component of the decision-making process (Golatti, Giner, AltenBaumes, Geertz, Ropp & Woulfe, 2006). It also helps them to organise their lives, provide a sense of meaning, not only in their lives, but also in their activities, creating a sense of tolerance in achievement (Bandura, 2005). Eccles & Gootman (2002) add that the most important cognitive changes during this period relates to their ability to think theoretically: consider the hypothetical, as well as the real; process information in a complex and more detailed manner; consider the multiple dimensions of a problem; and have the ability to reflect on the self and on complicated situations.

One of the key tasks associated with this developmental phase is the achievement of a sense of autonomy, also referred to as the ability to make decisions (Van Pentegem, Beyers, Vansteenkiste & Soenens, 2012). Miller & Byrnes (2001) also incorporates their need for independence as they are required to make more decisions on their own. The ultimate goal of promoting independence is to encourage adolescents to make their own decisions and simultaneously enable their behavioural, emotional and cognitive independence (Soenens & Vansteenkiste, 2009). According to Luyckx, Soenens, Berzonsky, Smits, Goossens & Vansteenkiste (2007), the adoption of an information-orientated approach to decision-making is known to be beneficial to adolescents. The avoidant orientated individuals are prone to be reluctant and defensive when dealing with their decisional conflicts. When procrastination persists, the situational demands and consequences eventually determine behavioural actions.

In order to make decisions, a sense of independence that can be acquired through a developmental process, is needed; which is exactly what happens during adolescence. This transformation is achieved by acquiring decision-making skills, including individuality and growth, in association with adult responsibility (Roman, Human & Hiss, 2012).

Ultimately, adolescence is defined as a stage of life when most biological, cognitive, psychological and social characteristics are transformed from a child's to that of an adult (Ogwo, 2013). Adolescents are exposed to these developmental balances, experiences and the added difficulties of the adult world, both as individuals and as a group (Ogwo, 2013). As adolescents navigate and experience their social world, they begin to gain a better understanding of their own behaviour and tendencies, and can therefore become skilled at more accurately predicting or presumably controlling their decision-making behaviour (Albert & Steinberg, 2011). Decision-making behaviour is related to motivational processes,

such as stress-coping patterns; cognitive styles, which include systematic versus non-systematic, or open versus close mindedness, and personality dimensions such as dependence, optimism/pessimism and efficacy (Mann et al., 1997). These cognitive, social and emotional developments require them to: make their own choices, develop their own opinions, foster some form of independence and responsibility, and also, demand less care and attention from the family (Human-Hendrick & Roman, 2014). Furthermore, children need a supportive family environment, throughout their development, that enables them to acquire the problem-solving skills and competence for a well-adjusted life (Roman, 2014).

6.6. Theoretical implications

Family Systems Theory implies that family functioning is related to the accomplishment of essential functions and tasks. These functions and tasks are referred to as the dimensions of family functioning (Walsh, 2003). It further reflects the quality and satisfaction with relations, rather than problem-solving. This approach acts as a screening device for families who may not recognize risks at an early stage (Akister & Stevenson-Hinde, 1991). The Family Assessment Device was formulated to assess family functioning based on all the dimensions of the MMFF and includes a General Functioning Scale that measures the overall level of family functioning. This assessment is based on the individual members' perception of their families functioning. These items are purposely scrambled and match only one dimension which may identify healthy or unhealthy functioning (Ryan et al., 2005). It further aims to reflect the difficulties that a family may be experiencing in the family system. These difficulties can be determined in the dimensions of family functioning.

The family system is a well-established model, commonly used to assess the family systems framework (Buswell et al., 2012). It is commonly examined through the family systems theoretical perspective which includes:

(1) **Family relationships,** according to the systems framework, function independently (Morgaine, 2001) and are governed by boundaries or explicit rules for accessing resources and support within the family (Sturge-Apple et al., 2010). There are predictable patterns of interaction within the family system that assist in maintaining the family's equilibrium (Morgaine, 2001). Amoateng et al. (2004), state that the quality and level of family relationships have a direct effect on the behaviour, social competence and goal directedness of individuals. According to Bandura (2005), a family's functioning consists of interlocking relationships, rather than just the mere collection of members.

(2) **Power**, according to the family system refers to the messages and rules that shape members. They induce guilt, control or limit behaviour; they preserve themselves from extinction, being repetitive and abundant. They are considered to be the relationship agreements that prescribe and limit family members' behaviour over time (Morgaine, 2001). In a well-functioning family, a clear hierarchical power exists, in which individuals share power in decision-making, and the younger generation has what is referred to as "*equal overt power*" (Walsh, 2003). This implies that individual choice is given, working towards a goal of family members speaking up and being respected as significant individuals who can make valuable contributions in decision-making (Walsh, 2003).

(3) **Structures** in a family can be created by modifications that can occur through learning, events, change or through positive feedback loops (Oetter & StevensDomiquez, 1998). The authors also differentiate between first order and

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second order changes. First order changes are described as minor structural changes that create vulnerability within the system, while the system stays the same. Second order changes are high level changes that could cause a change within the systems structure. Feedback loops (Oetter & StevensDomiquez, 1998) are viewed as pathways for information sharing, starting from one point of the system, through other parts and back to the point of origin. There are 2 forms of feedback loops: positive feedback, which play a vital role in creating and maintaining the stability of a system and negative loops that function to restore and maintain the equilibrium of the system.

(4) **Boundaries** are the emotional barriers that protect and further improve the morals and values of the system (Oetter & StevensDominquez, 1998). According to Morgaine (2001), boundaries can be viewed in a series of similarities, from open to closed system, to establish a clear line between those inside and those outside of the system. Open boundaries allow elements outside of the family to have an influence. Closed boundaries involve isolation of members from the environment, being self-contained. No family, however, as Morgaine (2001) informs, is considered to be entirely open or closed systems. According to Walsh (2003), well-functioning families possess enough strength and integrity to allow active involvement within its borders and through this interaction, bring varied interests and excitement back into the family.

(5) **Family Roles**, defined by Miller, Ryan, Keitner, Bishop & Epstein (2000) & Walsh (2003) as the recurrent patterns of behaviour by which family functions are to be fulfilled. They further divide family roles into two areas: *instrumental* and *affective*, and further subdivide these into two more spheres: *necessary family functions* (functions with which the family must be concerned) and *other family functions*

(functions that are not necessary for effective functioning, yet arise in the life of every family). Walsh, (2003) describes two additional and important aspects of role functioning: *role allocation* (referring to the families patterns of assigning roles to members) and *role accountability* (referring to the procedures within the family to ensure that these assigned roles are fulfilled by its members.

(6) **Communication patterns.** Family communication is defined as the act of making information, ideas, thoughts and feelings known, referring to the verbal (i.e. spoken words) and non-verbal (i.e. facial expression, eye contact, movement, etc.) behaviour of family members. It assists a family to alter their cohesion and flexibility (adaptability by Buswell et al., 2012) to meet their developmental and situational demands (Smith et al., 2009). Family communication is a facilitating dimension for cohesion and adaptability. Cohesion, according to Buswell et al. (2012), is defined as a feeling of emotional closeness with another person. This is ultimately referred to as *'a sense of belonging'*. According to Olsen (2000), emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interest and recreation are those variables that can be used to diagnose family cohesion. Olsen (2000) and Sturge-Apple et al. (2010) further identify four levels of cohesion: disengaged (very low); separated (low to moderate); connected (moderate to high); and enmeshed (very high) levels of emotional closeness. Separated and connected levels of cohesion imply that the individuals experience a balance and are able to be both independent from, and connected to, the family. Enmeshed systems imply much consensus and less independence. Disengaged systems refer to limited attachment or commitment to family. Adaptability refers to the ability of the family to change power structures, roles and rules within the relationship. This framework implies that family cohesion and family adaptability

are characteristics or components of healthy family functioning (Buswell et al., 2012).

Family system theory focuses on family dynamics, such as; relationships; power; structures; boundaries; family roles; and communication patterns; therefore, family behaviour can be understood by viewing the family as a unit, rather than just its individual facets (Buswell et al., 2012).

6.7. Limitations of the study

No research is without its limitations. For this study the limitations were as follows:

- The study was conducted using self-reported questionnaires that might have indicated a measure of truth but not the actual truth, as adolescent participants were required to only indicate *their own perceptions* of their family functioning, decision-making abilities and decision-making styles, as *they* understood it. Other role players were not involved to compare these findings in a holistic manner.

- The study sample used, did allow generalization of these findings across all racial groups and research population, since random sampling was followed which represents the racial distribution within schools.

6.8. Recommendations

- There is a need for workshops and training on the process of decision-making and decision-making styles for adolescents, as well as, general advice and information about the adolescence phase that every individual experiences. Fostering adolescents' self-endorsed functioning through empathy, giving choice wherever possible, and

encouraging them to act upon their personal values and interests, seems crucial in order to successfully deal with the challenges of adolescence (Van Pentegem et al., 2012).

- The concept of weakened families created by the democratic and other related conditions in this country has caused disparity between idealization and the reality of the family, as often, living conditions disadvantage beliefs and perceptions regarding what families are and what they should be. This identifies a need for family preservation services in the form of training for parents, as well as, family communication skills training.

- These findings may be needed by Departments such as Social Development and other family and child care organizations for working with families with adolescents in South Africa. With the greatest aim of working in a preventative manner/ early intervention. Social workers and other child care practitioners may benefit in this that they may have some guidelines onto service delivery in this field.

- The results of this study may be used in the child and adolescent field of studies still to be done and various other welfare and health professionals in dealing with adolescents and their decision making abilities within a family context.

6.9. Conclusion

The main results on the relationship between variables of this research study indicate no positive relationship between the dimensions of family functioning and the decision-making styles of adolescents. There is however significant negative relationships found between Communication and Hyper vigilance decision making style. The Hyper vigilance style refers to the application of an optimistic views towards the various alternatives of a decision needed to be made, panic and stress sets in and an objectionable alternative is considered. Another significant negative relationship was found between Roles and Buck-passing decision making

style. The buck-passing decision-making style refers to the passing of a decision on to someone else

With adolescence considered to be a crucial and very unique developmental period and a fundamental phase of growing up. They desire independence and independent decision-making which, however, requires on-going learning and instruction. Family is considered to be crucial to all its members and, based on the challenges that adolescents have to face; the recommendation is that adolescence be viewed as *ultimately* important to the family as well. Adolescence can invite change by influence. Certain South African children may be given an opportunity to prosper, if they were to be given the chance to experience stability within their families and/or communities. Further development in decision-making abilities would enhance their problem-solving abilities and self-esteem. With the relevant skills training on the several dimensions of families and family functioning, adolescents become more familiar with the importance of effective decision-making and how it affects their lives and the environment. Adolescents also become more aware of how their decisions (good or bad) impact on the other family members, in whichever roles they occupy within the family system. Parents may become aware of the importance of adolescents' independent decision-making as well, and endeavor to guide them to make good choices in life. The writer trusts that the results of this study would act as a guide and framework for effective programmes that could be implemented for adolescents.

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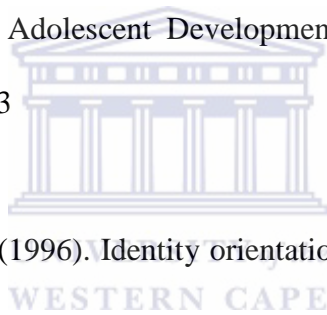
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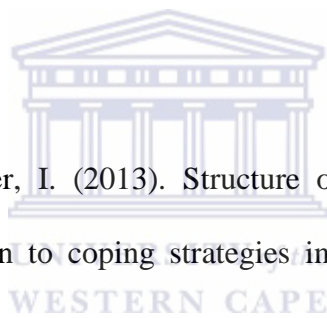
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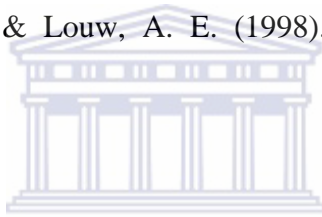
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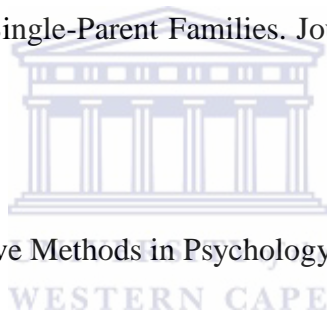
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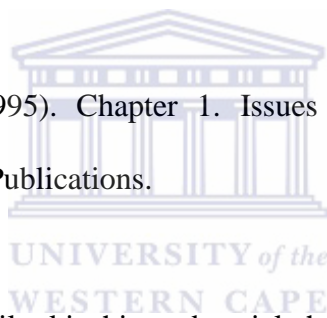
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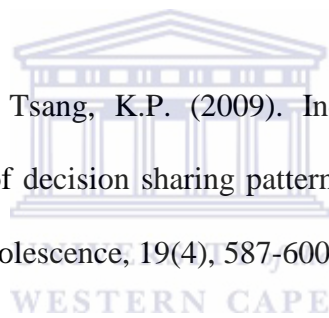
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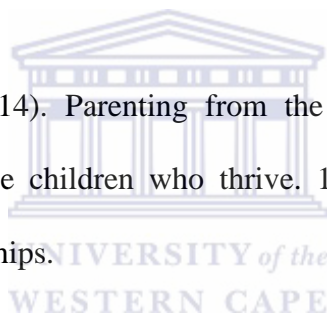
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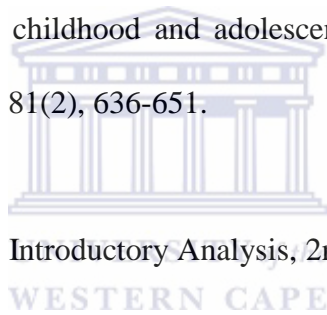
APPENDICES

Appendix I: Questionnaire

<u>**Questionnaire**</u>

Please complete the following by circling ◯ **the correct response.**

<u>**Section A**</u>

Gender	Male		Female	
Age				
Grade				
Race	Coloured	Black / African	White	Indian / Asian
Home language	Afrikaans	English	isiXhosa	Other
Who do you live with	Both Parents	Mother Only	Father Only	Caregiver / Guardian	Alone
Are your parents	Married	Living together but not married	Single, do not live together and are not married	Single because he / she is widowed	Single because he / she is divorced

Section B: Decision Making Styles
The next section consists of two parts, Part I and II, that looks at the decisions you make.

Part I:
Instructions
People differ in how comfortable they feel about making decisions. Please indicate how you feel about making decisions by ticking the response which is most applicable to you.

	True for me	**Sometimes true**	**Not true for me**
(1) I feel confident about my ability to make decisions	[ ]	[ ]	[ ]
(2) I feel inferior to most people in making decisions	[ ]	[ ]	[ ]
(3) I think that I am a good decision maker	[ ]	[ ]	[ ]
(4) I feel so discouraged that I give up trying to make decisions	[ ]	[ ]	[ ]
(5) The decisions I make turn out well	[ ]	[ ]	[ ]

(6)   It is easy for other people to convince me that their decision rather than mine is the correct one   [   ]   [   ]   [   ]

PART II

Instructions:
People differ in the way they go about making decisions. Please indicate how you make decisions by ticking for each question the response which best fits your usual style.

When making decisions -	True for me	Sometimes true	Not true for me
1. I feel as if I'm under tremendous time pressure when making decisions	[ ]	[ ]	[ ]
2. I like to consider all of the alternatives	[ ]	[ ]	[ ]
3. I prefer to leave decisions to others	[ ]	[ ]	[ ]
4. I try to find out the disadvantages of all alternatives	[ ]	[ ]	[ ]
5. I waste a lot of time on trivial matters before getting to the final decision	[ ]	[ ]	[ ]
6. I consider how best to carry out the decision	[ ]	[ ]	[ ]
7. Even after I have made a decision I delay acting upon it	[ ]	[ ]	[ ]
8. When making decisions I like to collect lots of information	[ ]	[ ]	[ ]
9. I avoid making decisions	[ ]	[ ]	[ ]
10. When I have to make a decision I wait a long time before starting to think about it	[ ]	[ ]	[ ]
11. I do not like to take responsibility for making decisions	[ ]	[ ]	[ ]
12. I try to be clear about my objectives before choosing	[ ]	[ ]	[ ]

13.	The possibility that small things might go wrong causes me to swing abruptly in my preferences	[ ]	[ ]	[ ]
14.	If a decision can be made by me or another person I let the other person make it	[ ]	[ ]	[ ]

When making decisions -	True for me	Sometimes true	Not true for me

15.	Whenever I face a difficult decision I feel pessimistic about finding a good solution	[ ]	[ ]	[ ]
16.	I take a lot of care before choosing	[ ]	[ ]	[ ]
17.	I do not make decisions unless I really have to	[ ]	[ ]	[ ]
18.	I delay making decisions until it is too late	[ ]	[ ]	[ ]
19.	I prefer that people who are better informed decide for me	[ ]	[ ]	[ ]
20.	After a decision is made I spend a lot of time convincing myself it was correct	[ ]	[ ]	[ ]
21.	I put off making decisions	[ ]	[ ]	[ ]
22.	I cannot think straight if I have to make decisions in a hurry	[ ]	[ ]	[ ]

Section C: Parenting Styles

The following questions are about the attitudes and behaviours of your parents or guardians. If you stay with someone other than your mother, who is a female still complete the mother / female parenting form, if you stay with someone other than your father, who is male still complete the father / male form. If you do not stay with both your parents / guardians complete only the relevant form and leave the other section blank.

MOTHER / FEMALE PARENTING FIGURE FORM

This questionnaire lists various attitudes and behaviours of parents. As you remember your MOTHER would you place a tick in the most appropriate box next to each question.

Was responsive to my feelings or needs	Not at all like her	Not like her	Somewhat like her	A lot like her
Used physical punishment as a way of disciplining me.	Not at all like her	Not like her	Somewhat like her	A lot like her
Took my desires into account before asking me to do something.	Not at all like her	Not like her	Somewhat like her	A lot like her
When I asked why I had to conform, [she stated]: because I said so, or I am your parent and I want you to.	Not at all like her	Not like her	Somewhat like her	A lot like her
Explained to me how she felt about my good and bad behaviour.	Not at all like her	Not like her	Somewhat like her	A lot like her
Spanked me when I was disobedient.	Not at all like her	Not like her	Somewhat like her	A lot like her
Encouraged me to talk about my troubles.	Not at all like her	Not like her	Somewhat like her	A lot like her
Found it difficult to discipline me.	Not at all like her	Not like her	Somewhat like her	A lot like her
Encouraged me to freely express myself even when I disagreed with them.	Not at all like her	Not like her	Somewhat like her	A lot like her
Punished me by taking privileges away from me with little if any explanations.	Not at all like her	Not like her	Somewhat like her	A lot like her
Emphasized the reasons for rules.	Not at all like her	Not like her	Somewhat like her	A lot like her
Gave comfort and understanding when I was upset.	Not at all like her	Not like her	Somewhat like her	A lot like her
Yelled or shouted when I misbehaved.	Not at all like her	Not like her	Somewhat like her	A lot like her
Gave praise when I was good.	Not at all like her	Not like her	Somewhat like her	A lot like her

Gave into me when I caused a commotion about something.	Not at all like her	Not like her	Somewhat like her	A lot like her
Exploded in anger towards me.	Not at all like her	Not like her	Somewhat like her	A lot like her
Threatened me with punishment more often than actually giving it.	Not at all like her	Not like her	Somewhat like her	A lot like her
Took into account my preferences in making plans for the family.	Not at all like her	Not like her	Somewhat like her	A lot like her
Grabbed me when I was being disobedient.	Not at all like her	Not like her	Somewhat like her	A lot like her
Stated punishments to me and did not actually do them.	Not at all like her	Not like her	Somewhat like her	A lot like her
Showed respect for my opinions by encouraging me to express them.	Not at all like her	Not like her	Somewhat like her	A lot like her
Allowed me to give input into family rules.	Not at all like her	Not like her	Somewhat like her	A lot like her
Scolded and criticized me to make me improve.	Not at all like her	Not like her	Somewhat like her	A lot like her
Spoiled me.	Not at all like her	Not like her	Somewhat like her	A lot like her
Gave me reasons why rules should be obeyed.	Not at all like her	Not like her	Somewhat like her	A lot like her
Uses threats as punishment with little or no justification.	Not at all like her	Not like her	Somewhat like her	A lot like her
Had warm and intimate times together with me.	Not at all like her	Not like her	Somewhat like her	A lot like her
Punished me by putting me off somewhere alone with little if any explanations.	Not at all like her	Not like her	Somewhat like her	A lot like her
Helped me to understand the impact of my behaviour by encouraging me to talk about the consequences of my own actions.	Not at all like her	Not like her	Somewhat like her	A lot like her
Scolded and criticized me when my behaviour didn't meet their expectations.	Not at all like her	Not like her	Somewhat like her	A lot like her

Explained the consequences of my behaviour.	Not at all like her	Not like her	Somewhat like her	A lot like her
Slapped me when I misbehaved.	Not at all like her	Not like her	Somewhat like her	A lot like her

FATHER / MALE PARENTING FIGURE FORM

This questionnaire lists various attitudes and behaviours of parents. As you remember your FATHER would you place a tick in the most appropriate box next to each question

Was responsive to my feelings or needs	Not at all like him	Not like him	Somewhat like him	A lot like him
Used physical punishment as a way of disciplining me.	Not at all like him	Not like him	Somewhat like him	A lot like him
Took my desires into account before asking me to do something.	Not at all like him	Not like him	Somewhat like him	A lot like him
When I asked why I had to conform, [he stated]: because I said so, or I am your parent and I want you to.	Not at all like him	Not like him	Somewhat like him	A lot like him
Explained to me how he felt about my good and bad behaviour.	Not at all like him	Not like him	Somewhat like him	A lot like him
Spanked me when I was disobedient.	Not at all like him	Not like him	Somewhat like him	A lot like him
Encouraged me to talk about my troubles.	Not at all like him	Not like him	Somewhat like him	A lot like him
Found it difficult to discipline me.	Not at all like him	Not like him	Somewhat like him	A lot like him
Encouraged me to freely express myself even when I disagreed with them.	Not at all like him	Not like him	Somewhat like him	A lot like him
Punished me by taking privileges away from me with little if any explanations.	Not at all like him	Not like him	Somewhat like him	A lot like him
Emphasized the reasons for rules	Not at all like him	Not like him	Somewhat like him	A lot like him
Gave comfort and understanding when I was upset.	Not at all like him	Not like him	Somewhat like him	A lot like him

Yelled or shouted when I misbehaved.	Not at all like him	Not like him	Somewhat like him	A lot like him
Gave praise when I was good.	Not at all like him	Not like him	Somewhat like him	A lot like him
Gave into me when I caused a commotion about something.	Not at all like him	Not like him	Somewhat like him	A lot like him
Exploded in anger towards me.	Not at all like him	Not like him	Somewhat like him	A lot like him
Threatened me with punishment more often than actually giving it.	Not at all like him	Not like him	Somewhat like him	A lot like him
Took into account my preferences in making plans for the family.	Not at all like him	Not like him	Somewhat like him	A lot like him
Grabbed me when I was being disobedient.	Not at all like him	Not like him	Somewhat like him	A lot like him
Stated punishments to me and did not actually do them.	Not at all like him	Not like him	Somewhat like him	A lot like him
Showed respect for my opinions by encouraging me to express them.	Not at all like him	Not like him	Somewhat like him	A lot like him
Allowed me to give input into family rules.	Not at all like him	Not like him	Somewhat like him	A lot like him
Scolded and criticized me to make me improve	Not at all like him	Not like him	Somewhat like him	A lot like him
Spoiled me.	Not at all like him	Not like him	Somewhat like him	A lot like him
Gave me reasons why rules should be obeyed.	Not at all like him	Not like him	Somewhat like him	A lot like him
Uses threats as punishment with little or no justification.	Not at all like him	Not like him	Somewhat like him	A lot like him
Had warm and intimate times together with me.	Not at all like him	Not like him	Somewhat like him	A lot like him
Punished me by putting me off somewhere alone with little if any explanations.	Not at all like him	Not like him	Somewhat like him	A lot like him

Helped me to understand the impact of my behaviour by encouraging me to talk about the consequences of my own actions.	Not at all like him	Not like him	Somewhat like him	A lot like him
Scolded and criticized me when my behaviour didn't meet their expectations.	Not at all like him	Not like him	Somewhat like him	A lot like him
Explained the consequences of my behaviour.	Not at all like him	Not like him	Somewhat like him	A lot like him
Slapped me when I misbehaved.	Not at all like him	Not like him	Somewhat like him	A lot like him

Section D: Family Functioning

Here are a number of statements about families. Read each statement carefully, and decide how well it describes your own family. There are no right or wrong answers. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

Use the following scale to respond:
1 (Strongly agree): if you feel the statement describes your family very accurately
2 (Agree): if you feel the statement describes your family for the most part
3 (Disagree): if you feel the statement does not describe your family for the most part
4 (Strongly disagree): if you feel the statement does not describe your family at all

1 (Strongly Agree)	2 (Agree)	3 (Disagree)	4 (Strongly disagree)

Planning family activities is difficult because we misunderstand each other.	
We resolve most everyday problems around the house.	
When someone is upset the others know why.	
When you ask someone to do something, you have to check that they did it.	
If someone is in trouble, the others become too involved.	
In times of crisis we can turn to each other for support.	
We don't know what to do when an emergency comes up.	
We sometimes run out of things that we need.	
We are reluctant to show our affection for each other.	
We make sure members meet their family responsibilities.	
We cannot talk to each other about the sadness we feel.	
We usually act on our decisions regarding problems.	

You only get the interest of others when something is important to them.	
You can't tell how a person is feeling from what they are saying.	
Family tasks don't get spread around enough.	
Individuals are accepted for what they are.	
You can easily get away with breaking the rules.	
People come right out and say things instead of hinting at them.	
Some of us just don't respond emotionally.	
We know what to do in an emergency.	
We avoid discussing our fears and concerns.	

1 (Strongly Agree)	2 (Agree)	3 (Disagree)	4 (Strongly disagree)

It is difficult to talk to each other about tender feelings.	
We have trouble meeting our financial obligations.	
After our family tries to solve a problem, we usually discuss whether it worked or not.	
We are too self-centred.	
We can express feelings to each other.	
We have no clear expectations about toilet habits.	
We do not show our love for each other.	
We talk to people directly rather than through go-betweens.	
Each of us has particular duties and responsibilities.	
There are lots of bad feelings in the family.	
We have rules about hitting people.	
We get involved with each other only when something interests us.	
There is little time to explore personal interests.	
We often don't say what we mean.	
We feel accepted for what we are.	
We show interest in each other when we can get something out of it personally.	
We resolve most emotional upsets that come up.	
Tenderness takes second place to other things in our family.	
We discuss who are responsible for household jobs.	
Making decisions is a problem for our family.	

Our family shows interest in each other only when they can get something out of it.	
We are frank (direct, straightforward) with each other.	
We don't hold to any rules or standards.	
If people are asked to do something, they need reminding.	
We are able to make decisions about how to solve problems.	
If the rules are broken, we don't know what to expect.	
Anything goes in our family.	
We express tenderness.	
We confront problems involving feelings.	

1 (Strongly Agree)	2 (Agree)	3 (Disagree)	4 (Strongly disagree

We don't get along well together.	
We don't talk to each other when we are angry.	
We are generally dissatisfied with the family duties assigned to us.	
Even though we mean well, we intrude too much into each other's lives.	
There are rules in our family about dangerous situations.	
We confide in each other.	
We cry openly.	
We don't have reasonable transport.	
When we don't like what someone has done, we tell them.	
We try to think of different ways to solve problems.	

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E-mail: suzy.lenders.sl@gmail.com

CONSENT FORM FOR PARENTS

Title of Research Project: The role of family functioning in the decision making styles of adolescents within the Overberg Community

The study has been described to me in a language that I understand and I freely and voluntarily agree to allow my child to participate in the study. My questions about the study have been answered. I understand that my child's identity will not be disclosed and that my child may withdraw from the study without giving a reason at any time and this will not negatively affect my child in any way.

Parent's name	
Parent's signature	
Witness	
Date	

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Prof. N Roman

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: 021 959 2277/2970

Email: nroman@uwc.ac.za

Appendix III: Assent Form for Participant

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ASSENT FORM FOR PARTICIPANTS

Title of Research Project: The role of family functioning in the decision making styles of adolescents within the Overberg Community

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name	
Participant's signature	
Witness	
Date	

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Prof. N Roman

University of the Western Cape

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INFORMATION SHEET

Project Title: The role of family functioning in the decision making styles of adolescents within the Overberg Community

What is this study about?

This is a research project being conducted by Suzette Rene Lenders of the University of the Western Cape. We are inviting you to participate in this research project because you are a Grade 9 learner at a secondary school in the rural Western Cape. Your participation is voluntary. The purpose of this research project is to examine the role of family functioning in the decision making styles of adolescents, to assist in developing a decision making programme enabling youth to make more effective decisions.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire. This questionnaire will ask you questions about:

- Yourself,

- How you make decisions and determine your preferred decision making style.

- Your family and the overall functioning of your family.

This questionnaire will be completed at school, with permission of your parents, principal and teachers at a time which is not disruptive to your learning. Completion of the questionnaire will be less than 35 minutes.

Would my participation in this study be kept confidential?

Your personal information will be kept confidential as will be totally private. Your name will not be reflected on the questionnaire so you cannot be identified as a participant in this study. The information will be treated with anonymity and confidentiality at all times. The information obtained from the survey will be collated with the information from other completed surveys. Therefore there will be no way to connect you to the survey questionnaire.

What are the risks of this research?

There are no known risks in participating in the study.

What are the benefits of this research?

Information about this topic is limited. This research is not designed to help you personally, but the results may help the investigator learn more about the perceived decision making styles and family functioning of adolescence. Based on this information's limitation in South Africa this study will increase the knowledge for (1) parents, (2) teachers/school, (3) practitioners and (4) the broader society**.**

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is voluntary as it requires you to choose to take part or not to take part in the study. Should you decide to participate in this research study, you may stop participating at any time and will not be penalised or harmed in any way.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance upon request.

What if I have questions?

This research is being conducted by Suzette Rene Lenders registered student of the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact the study co-ordinator: Prof. N. Roman at: 0219592277/2970 or email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Professor Jose Frantz – Dean of the Faculty of Community and Health Sciences

Tel No: 021 959 2631/2746

Email address: jfrantz@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix V: Editorial Certificate

AQUARIAN PUBLICATIONS

Idea Corporation t/a

5th June 2015

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title
THE ROLE OF FAMILY FUNCTIONING
IN THE DECISION-MAKING STYLES OF ADOLESCENTS
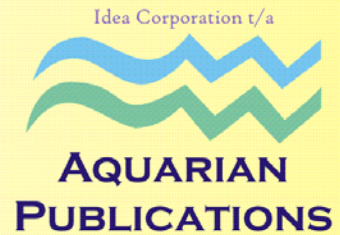IN THE OVERBERG AREA

Author
Suzette René Lenders

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax number, e-mail address or website.

Yours truly,

E H Londt
Publisher/Proprietor