

FAMILY DISORGANISATION IN GAZANKULU WITH
SPECIAL REFERENCE TO SOCIAL WORK INTERVENTION

BY

HELEN VICTORIA MACHIMANA B.A.HONOURS(S.W.)

UNIVERSITY OF THE NORTH

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in the Faculty of Arts, University of the North,
Private Bag X1106, SOVENGA, 0727.

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SUPERVISOR : PROFESSOR M. BOPAPE.

DEDICATION.

This research study is dedicated to my parents BEN GIJA, and SALVA MACHIMANA. My brothers and sisters, my son VICTOR and my friend CHRIS.

DECLARATION

I declare that the dissertation for the degree Master of Arts (Social Work) at the University of the North hereby submitted, has not previously been submitted by me for a degree at this or any other university, that it is my own work in design and in execution and that all material contained therein has been acknowledged.

H.V. Machimano

Signature

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CHAPTER 1

BASIC AIMS OF THE STUDY.

1.1 Introduction and Motivation.

In recent years, the increasing rate of family disorganisation among blacks in rural areas has caused Public concern, and as a result much is being done to study and understand the underlying cause.

A number of factors motivated the writer of this research report to select this topic for study purpose. Most of these factors were generated by her experience as a family Social Worker, stationed at Giyani Magistrate's Office, dealing mostly with troubled families.

Another motivating factor is that having been born and brought up in a rural area, the writer grew up among children born in multiproblem families, who were maladjusted and frustrated during their early child developmental stage. Most of the problems experienced by these children were beyond their control, they were results of migratory labour, divorce, death and poverty, caused by the extended type of family unit.

These problems remained unsolved, due to lack of welfare services, as a result they were handled by untrained people, such as family members and tribal chiefs, who were unskilled in their counselling efforts. The end result thereof is that unsolved problems together with frustrations, experienced during early childhood is carried to adulthood, and is manifested in their families later transferred to their children, thus forming a vicious circle.

1.2 Objectives of the Study.

The aim of this study is:

- (a) To investigate and study the underlying causes of family disorganisation in Gazankulu and
- (b) suggest ways through which these problems can be alleviated through Social Work intervention.

1.3 Problem formulation.

Problem formulation relates to the amount of knowledge that is available around the problem,

and what studies have been done before in this field of problem.

In this study the problem is formulated around the information that was gathered by the research writer, who worked as a family Social Worker stationed at Giyani Magistrate's Office from March 1981 - April 1985.

Hypotheses - The hypotheses to be studied is that "family disorganisation in Gazankulu can be alleviated through Social Work intervention".

1.4 Area of Study.

This study is based on four magisterial districts and sub-districts comprising Gazankulu Homeland: that is:

Malamulele district population is +109422 people,
Giyani district +180961 people,
Ritavi district +86862 people and
Mhala district +117454 people.

1.5 Methodology and Research design.

The most important purpose of the method section; is to provide sufficient information about how the study was conducted, and to permit readers to decide how much credence to attribute to the results.

The "research design" is the name given to the planning of a research study or a scientific inquiry so that it is more than the carrying out of random observations or the drawing of incidental conclusions. This term is sometimes used to cover any and all of the phases of research, from the formulation of the problem to the extension and clarification of the problem after conclusions have been reached.

The research design has a dual aim; that is, the conscious reduction or perhaps elimination of factors which may interfere with the goals of the study, and the maximising of those factors which assist in reaching the goals of the study as cited by Goldstein (1969, p.67).

1.5.1 Universe.

The term universe or population in research is used to refer to a collection of cases that fit certain defined limits, made explicit by the investigator. The term case is used in a very general sense to signify an individual member of a population - whether a population or universe of person, of objects, of events, of case records, or of groups of cases regarded as units as described by Polansky (1975, p.95).

1.5.2 Sample.

A sample is a smaller representation of a larger whole. Sampling is not only supposed to be representative, but should also be adequate.

X Probability sampling gives every member of a population an equal chance to be selected. If the probability sample is large enough, as is correctly drawn, it should be representative of the total population as stated by Goode and Hatt (1952, p.209).

1.5.4 Interviews.

For the purpose of this study, an interview method was used to elicit information from clients in a medical setting and magistrates' offices around Gazankulu on how they managed to cope with their family problems before they sought help from the Welfare Agencies.

One advantage of an interview is that literacy is not necessary, and that, supplementary questions can be used to obtain information to explain the answers.

Although interviews generally get better co-operation and fuller answers, they are expensive in both time and money.

1.5.5 Validity and reliability.

Validity is a more difficult term to define than reliability because it is often given more than one meaning. Some scientists use validity for logical conclusions; that is, whether conclusions are necessary results of certain premises. Others use it to mean connections between empirical

facts. Validity like reliability, is a quantitative term. The conceptualization of validity as accuracy and truthfulness, requires a completion term, that is, what it is accurate and truthful "for"?

Scientists generally agree that it is incorrect to speak of the validity of a concept without connecting it to at least one other concept.

Validity may be used to describe an empirical prediction; showing a relationship between two empirical concepts. Some everyday terms used to refer to validity are: Correctness, accuracy, truthfulness and correspondence with reality as mentioned by Goldstein (1969, p.110).

Reliability is a quantitative term referring to an amount of agreement. This agreement may be between or among different observers or it may be an agreement with one's self on different occasions. Observations are said to have been reliably made if two or more observers agree on what is observed or if one agrees with one's self when one observes the same phenomena on two or more occasions. In either case, observations must be made of identical

phenomenon. Though measured by agreement between or among observers, reliability is sometimes used to describe agreement between and among observations as mentioned by Goldstein (1969, p.105).

Measurers are considered reliable if the results are consistent. That is if the same people when asked the same questions again, will give the same answers. Measures are valid if they represent the true position, the observer reports correctly on what happened, as stated by Peil (1982, p.9).

1.6 Limitations of the study.

When conducting this research, the researcher experienced the following problems, which made the research difficult to conduct, and not to be completed within the stipulated time.

- 1.6.1 Getting sufficient information from the respondents became a problem. because they are always busy with clients in their agency settings.
- 1.6.2 Some Social workers were reluctant to be interviewed.

- 1.6.3 The researcher experienced some difficulties in getting relevant study material, especially books on the historical background of the Tsonga/Shangaan people, and as a result at some stage she had to resort to oral history.
- 1.6.4 There was limited time to conduct the research as most of the Social Workers were involved with the problems of Mazambican Refugees.
- 1.6.5 There was also the problem of distance from my Supervisor.
- 1.6.6 The study is the first of its kind, and essentially exploratory could not rely on previous studies.

1.7 Presentation.

In this research study the researcher is trying to present family disorganisation as a problem experienced in Gazankulu Homeland and how the problem can be alleviated through Social Work intervention. The first chapter of the study is presenting the basic aims of the study and the

reasons that led her to choose this topic for study purpose.

In chapter two she handles the following concepts: family, family disorganisation and Social Work; these terms are discussed briefly for better understanding of those who will read this study. Chapter three discusses Social Work practice in Gazankulu, and how the services are rendered and utilized by the citizens of Gazankulu. Chapter four deals with the Tsonga family, it handles its composition and social organisation. The fifth chapter gives an overview of family therapy, which include methods and techniques used in alleviating family problems.

Chapter six handles the analysis of data collected during the course of research.

Chapter seven gives the summary of the research, its shortcomings and recommendations.

1.8 Summary.

In this chapter, the researcher presented the reasons that led her to conduct the research and also the objectives of the study. The researcher also explained the research methodology that were used to carry out the study, namely: unstructured interview schedules and interviews.

CHAPTER 2

CONCEPTUALIZATION, FAMILY, FAMILY DISORGANISATION AND SOCIAL WORK.

2.1 Introduction.

A family is a social institution which is universally found. It is comprised of an adult male and female, sharing a common residence with their own or adopted children. Family disorganisation on the other hand refers to a disorganised unit which consists of a husband, wife and their children. It is a process which takes place over a period of time, in which the functioning of the family becomes less intergrated until there is very little intergration between members.

2.1.1 The family.

A family is defined as a social unit made up of father, mother and children. The family is composed of at least two adult persons of opposite sex who reside together and engage in some kind of division of labour, that is, they do not both perform the exact tasks, they engage in many types of economic and social changes. They share many things in common such as food, sex, residence,

goods and social activities. The parents have parental relations with their children, as their children have filial relations with them. The parents have some authority over their children, while they too assume some obligation for protection, co-operation and nurturance. There is sibling relations among the children themselves, with a range of obligations to share, protect and help one another. When all these conditions exist, the unit is considered to be a family; as cited by Gode (1978, p.8).

The family is regarded as a social unit consisting of married adults and their biological or adopted children. Furthermore it consists of two or more persons related by blood, marriage or adoption and residing together as stated by Kenkel (1977, p.151).

The family is seen as a domestic group in which parents and children live together, and in its elementary form, the family consist of a married couple with children.

The polygamous family is a complex legal family, it has been described as a number of separate

families linked by their relationship to a common father as stated by Mair (1977, p.94).

What stands out in these definitions, is that the family is not defined merely in terms of the sexual relationship between two adults and the result being reproduction (children) but it includes further functions and relationships which make it a complete family.

The family is universally found in every society, it exist as a seperate and strongly functional group. It is a group defined and characterized by a common residence, sex, relationship, economic co-operation, reproduction and upbringing of children.

It may include collateral or subsidiary relationships but it is constituted by the living together of mate, forming with their offspring a distinctive unity.

2.1.2 Basic family types.

A great variety of family types, and customs connected with the family can be distinguished in various societies.

Three basic family types can be distinguished:

The nuclear family.

The smallest and most elementary type of family organisation is the nuclear family, typically composed of a husband, and a wife and their offspring. In a more technical sense, a nuclear family consists of at least two adults of the opposite sex living in a socially approved sexual relationship, along with one or more of their own or adopted children.

Cross-cultural evidence has led some anthropologists to contend that the nuclear family is, in fact, universal. Even in those societies where it is embedded in some larger kinship group, as in polygamous or extended family systems. The nuclear family unit is recognised by other members and the community as a distinct entity, and one that usually occupies a partially separate living quarters.

Functions of the nuclear family.

In attempting to explain this apparent universality of the nuclear family, it always and everywhere

fulfilled four essential functions necessary to the continuation of any human society. These four functions center around sexual relations, economic co-operation, reproduction and socialization as stated by Nye and Berardo (1973, p.33).

2.1.3 Composite forms of the family.

In the majority of human societies nuclear family units do not stand alone as isolated and independent entities in the community. Rather, they are combined into larger aggregates or composite families. These composite families are established either through some system of plural marriages involving multiple spouses or by various extensions of the parent-child relationship. Plural marriages lead to the formation of a polygamous family, composed of two or more nuclear families linked together by a common parent. When the nuclear family of a married adult is joined with that of his parents they form an extended family, comprised of two or more nuclear families related by consanguineous kinship ties.

Polygamous family forms.

These are marital arrangements that allow plural spouses, and produce a polygamous family system. In some instances we find one husband with two or more wives, that is polygamy.

In other cases the reverse occurs, and we find one wife with two or more husbands, and this is termed polyandry. It is also possible to have group marriage, involving a union between two or more husbands, and this is termed polyandry as stated by Nye and Berardo (1973, p.36).

2.1.4 The extended family forms.

Extended families are composed of two or more nuclear families related by blood. It is important to note that when the greatest emphasis is on blood ties, the family systems are quite different from those in which ties are given the highest priority. Extended family systems emphasize blood ties over marital bonds. In western societies the major stress is on the marital relationship, it takes precedence over all other families bonds.

Their primary loyalties and obligations are to each other and to their dependent children.

This is known as a conjugal family system. It normally includes only two generations, are highly transitory in nature because they generally dissolve when the parents die or when the offspring leave home. It ensures continuity over generations by linking parental families with new families of procreation.

The extended family system is a more effective structure for maintaining family traditions and for transmitting family holdings intact from one generation to the next. Children of extended families are exposed to a large network of kin relationships. It offers a sense of security not easily obtained in nuclear family system. The larger family setting offers a psychological cushion against the shocks of crises and acts to promote marital and familial solidarity as mentioned by Nye and Berardo (1973, p.40).

The Tsonga family (Gazankulu) is similar to other types of family systems found universally. All basic family types are found being extensively practised, there are nuclear families in which a man has only one wife and their offspring, as well as polygamous families where one man is a member of various nuclear families. The last one is the extended family, which has its origin in the affiliation of one or more nuclear families through the extension of the parent-child relationship.

2.2 Family disorganisation.

2.2.1 Definition.

Family disorganisation is a process or a resulting situation. It denotes a state of disorder in a constitute pattern of family process, in the second, a condition of inadequacy within the structure of interrelated status-roles that constitute a family system. The concept of family disorganisation unlike deviancy of marital adjustment can refer to the disorder of the family, occurring in individual family unit. Disorganised families may be a symptom or disorder of the social institution.

It is a process of change in the family system, manifested in one of the three types; loss of consensus among members, reduction in the number of positions in the structure, and finally a loss of functionality as mentioned by Adams and Weirath (1971, p.33).

Disorganisation refers to the condition in which the family as a unit does not function according to the approved and recognised standards of the society of which it forms a part. Such a family is termed a disorganised family and the study of such disorganisation is known as the study of family disorganisation.

Family disorganisation is the end product of a process in which many factors played an important part at various stages. Family disorganisation should be viewed as a process which takes place over a period of time, and as the disorganisation becomes more pronounced, the functioning of the family becomes less integrated. It may be a reflection of disorganised society and that the disorganised society cannot be separated from the disorganised family as stated by Rip (1981,p.8)

Family disorganisation is a breakup of a family unit, when one or more members are unwilling or unable to perform their role obligations adequately. Some family units will breakup as a result of external problems such as war, depression, death or imprisonment, whilst others breakup because of some failure in role obligations within the family unit itself, as defined by Merton and Nisbet (1961, p.514).

2.2.2 Types of disorganised families.

- (a) The first type can be described as sham families, in that outwardly they attempt to preserve the form of an organised family, but internally they do not function in the approved and recognised manner. There is communication breakdown among family members. In most cases the family does not act as a unit, there is a high degree of individualism, each member going his or her own way and regarding the home as a boarding house.
- (b) The second type include families which do not function in the approved way because of internal factors which disrupt such functioning. These internal factors can be personal pathologies of either marriage of

the partners, such as mental, emotional or physical deviations which result in the inability of that person to fulfill his or her roles in the family group.

- c) The third type, is the type of families which do not function in the approved way in the society, because of external factors beyond their control, which disrupt such functioning and make it difficult or impossible for the proper fulfilling of individual roles.
- d) The fourth type can be regarded as the structurally disrupted nuclear family. The disorganisation results from the death of one of the partners or desertion by one of the partners. This classification is discussed by Rip (1981, p.8).

2.2.3 The major forms of family disorganisation.

The major forms of family disorganisation may be classified as follows:

2.2.3.1 The uncompleted family unit: Illegitimacy.

Although the family cannot be said to dissolve if it never existed, illegitimacy may nevertheless be as one form of family disorganisation for two reasons:

- (a) The potential-father-husband conspicuously fails in his role obligations as defined by the society.
- (b) Parents of both young mother and young father failed in their social obligations to control the courtship behaviour of their children which led to illegitimacy.

2.2.3.2 Voluntary departure of one or both spouses, annulment, separation, divorce and desertion.

2.2.3.3 Changes in role definitions that result from the differential impact on cultural changes.

2.2.3.4 The empty "shell" family in which individuals live together but have minimal communication and contact with one another, failing especially in the obligation to give emotional support to one another.

2.2.3.5 The family crisis caused by external events, such as the temporary or permanent absence of one of the spouses because of death or imprisonment, or as a result of such impersonal catastrophies, as flood, war and depression.

2.2.3.6 Internal catastrophies that cause involuntary major role failures, for example, mental, emotional or physical pathologies.

This classification emphasizes that a continuing pattern of role performance is necessary if a particular family is to continue to exist as stated by Merton and Nisbet (1961, p.5'5).

2.2.4 Reasons for family disorganisation.

There are many reasons which may be regarded as contributory factors in a malfunctioning of a family unit:

(a) Intensity of interaction.

In a nuclear family the interaction is very high and they depend on each other. Any friction between family members will strain the intimate relationship, which will lead to the malfunctioning of the unit.

(b) Lack of privacy.

In urban areas, there is overcrowding which lead to inner frustration, and such problem can cause and aggravate tension and friction in the home.

(c) Incompatibilities.

The incompatibilities can be hidden during courtship and be manifested after marriage. That include the following:

- (i) Age differences between marriage partners.
- (ii) Cultural differences, which include differences in language, religion, educational and social class differences.
- (iii) Interfering in-laws from both partners.
- (iv) Personality and intellectual differences.
- (v) Sex adjustment.

(d) Lack of means.

Financial problems can lead to the malfunctioning of the family unit.

(e) Factors outside the family.

These include, migratory labour, emancipation of women and social control.

These reasons are discussed by Rip (1981, p.9).

It may be concluded that one factor may be the precipitating factor in family disorganisation, but it must be remembered that like all other phenomenon, it is the precipitating factor in

conjunction with all the other factors which produces the end product.

2.3 Social Work.

Social Work is the art of bringing various resources to bear on individual, group and community needs by the application of a scientific method of helping people to help themselves. Social Work is scientifically orientated in the knowledge and methods it uses, but it also involves certain elements of skill which make it akin to an applied or practical art. As a subject, Social Work is scientific, and as a practice is an art as stated by Stroup (1960, p.1).

2.3.1 Definition.

Social Work is defined as a helping profession that seeks to enhance the social functioning of individual, singly and in groups, by activities focussed upon their social relationships which constitute the interaction between man and his environment. The activities can be grouped into three functions, restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction as defined by Skidmore and Thackery (1976, p.5).

Social Work is further defined as a constellation of value, purpose, sanction, knowledge and method. The working definition identified three purpose of Social Work practice;

- 2.3.1.1 To assist individuals and groups to identify and resolve or minimize problems arising out of disequilibrium between themselves and the environment.
- 2.3.1.2 To identify potential areas of disequilibrium between individuals or groups and the environment in order to prevent the occurrence of disequilibrium.
- 2.3.1.3 In addition to these curative and preventive aims, it seek out, identify and strengthen the maximum potential in individuals, groups and communities as defined by Compton and Galaway (1979, p.6).

According to the definition of Pincus and Minahan (1973, p.9) Social Work is concerned with the interactions between people and their social environment, which affect the ability of people to accomplish their life tasks, alleviate distress and realise their aspirations and values.

The purpose of Social Work values is to:

- (i) enhance the problem - Solving and coping capacities of people.
- (ii) link people with systems that provide them with resource services and opportunities.
- (iii) promote the effective and human operation of the systems that provide people with resources and services.
- (iv) contribute to the development and improvement of social policy.

Social Work has been very largely carried on by persons who volunteered their services for philanthropic activities. Social Work differs from the various sciences in that it is a profession.

2.3.2 Social Work values, purpose, sanction, knowledge and methods.

The following constellation is regarded important in defining Social Work as a concept.

(a) Values.

- (i) Each person has the right to self-fulfillment, deriving from his inherent capacity and thrust toward that goal.

- (ii) Each person has the obligation, as a member of society, to seek ways of self-fulfillment that contribute to the common good.
- (iii) Society has the obligation to facilitate the self-fulfillment of the individual and the right to enrichment through the contributions of its individual members.
- (iv) Each person requires for the harmonious development of his powers, socially provided and socially safeguarded opportunities for satisfying his basic needs in the physical, psychological, economic, cultural, aesthetic and spiritual realms.
- (v) As society becomes more complex and interdependent, increasingly specialized social organisation is required to facilitate the individual's efforts to self-fulfillment.
- (vi) To permit both self-realization and contribution to society by the individual, social organisation must make available socially sanctioned and socially provided devices for needs satisfaction as wide in range, variety and quality as the general welfare allows.

(b) Purpose.

- (1) To assist individuals and groups to identify and resolve or minimize problems arising out of disequilibrium between themselves and their environment.

(ii) To identify potential areas of disequilibrium between individuals or groups and the environment in order to prevent the occurrence of disequilibrium.

(iii) In addition to these curative and preventive aims, to seek out, identify and strengthen the maximum potential in individuals, groups and communities.

(c) Sanction.

Social Work has developed out of community recognition of the need to provide services to meet basic needs. Services which require intervention of practitioners trained to understand the services, themselves, the individuals and the power of the practitioner and what he represents to the clients and group members derive from one or a combination of three sources, namely, governmental agencies, voluntary agencies and the organised profession.

(d) Knowledge.

The practice of the Social Worker is guided by knowledge of human development and behaviour, the psychology of giving and taking help from another person or source outside the individual, means of communication, group process and the efforts of groups, upon individuals and the reciprocal influence

of the individual upon the group. The interactional group processes between individuals, between individuals and groups, and between group and group. The community and practitioner to be aware of responsibility for his own emotions and attitudes as they affect his professional functions.

(e) Methods.

All three primary social work methods are applied. i.e. Case work, group work and community organisation. The methods encompasses the responsible, conscious disciplined use of self in a relationship with an individual or group. The systematic observation and assessment of the individual or group in a situation and the formulation of an appropriate plan of action. Social case work, group work and community organisation are encompassed by the definition.

The basic aim of Social Work is to help the client to help himself. Contrary to what many people believe, the Social Worker does not listen to the client and then prescribe a social psychological pill even though many clients ask for this. He endeavours to help a person to improve his understanding, as discussed by Barriet (1961, p.18).

2.3.3 Summary.

The purpose of this chapter has been to present explanation of the terms that are used in the study for better understanding for those who will read it.

CHAPTER 3

SOCIAL WORK PRACTICE IN GAZANKULU.

3.1 Introduction.

Social work practice in Gazankulu is rendered and administered by the Department of Health and Social Welfare which was established during June 1976.

The primary aims of rendering welfare services involves:

- (i) The development of welfare services.
- (ii) Rendering of welfare field services and,
- (iii) To give professional advice on child welfare, family care, rehabilitation and medical social work.

3.2 Historical perspective.

Pre-Homelands.

Prior to the establishment of Gazankulu as a homeland, welfare services were rendered in a traditional way, family problems were resolved by elderly relatives and tribal chiefs in consultation with their tribal counsellors. In some major cases such as: divorce, disability grant

and hospitalisation of mental patients they were handled by administration officers at the neighbouring Commissioner's Offices situated in Louis Trichardt, Tzaneen, Duiwelskloof, Bushbuckridge and Missionary hospitals. Their services were inadequately rendered by lay-men, hence a lot of problems remained unsolved.

Post-homelands.

During October 1969, Gazankulu was declared a homeland, with its own Magistrate's Offices situated in the four major districts comprising Gazankulu homeland. Welfare services were then administered by the Department of Interior, and Social Work practice was rendered by three Social Workers, and a white officer was incharge of welfare services.

During June 1976, welfare services branch was transferred to the Department of Health and welfare. Since then there have been considerable improvement, particularly in the number of Social Workers employed for all districts, hospital and Health centres situated in Gazankulu.

Registered Social Workers stationed at the Magistrate's Offices, Health Centres and Hospitals are charged with the duty of rendering social welfare services to maladjusted families and all needy cases referred to them.

As from the beginning of April 1986, Social Pensions Section was transferred to Social Welfare Branch. As a result Social Welfare Branch in Gazankulu is responsible for welfare services and social pensions. (See attached structure on page 44).

3.3 Government/ Public Welfare Services.

There is a growing realization that the Government cannot solve all problems. It is a fact that resources do not exist to provide all things for all people. The solution to many human problems calls for widespread regard for the worth of the individual. It is the responsibility of the Department of Health and Social Welfare to provide welfare services to all citizens of Gazankulu. There are welfare agencies attached to hospitals, Health Centres and Magisterial Offices situated

in all four magisterial districts comprising Gazankulu. Social Workers attached to these agencies are charged with the responsibility of providing medical social work, mental health services, family and child welfare services as well as community work services.

3.3.1 Social Work practice.

Social Work practice in Gazankulu is being practised by registered Social Workers who apply only three types of social work methods; case work, community work and Social Work administration.

3.3.2 Case work practice.

Social case work is an art in which knowledge of the science of human relations and skills in relationship are used to mobilize capacities in the individual and resources in the community, appropriate for better adjustment between the client and all or any part of his total environment as mentioned by Skidmore and Thackeray (1971, p.65) when citing Bower's definition.

3.3.3 Family and child welfare services.

Family and child welfare service is concerned with the well being of individual children, the strengths of family life, and the rights of all children and young people.

This type of service is rendered by Social Workers in the family service agencies, which are attached to the Magistrate's Offices. They deal with problems of marital partners, difficulties in relations between parents and children, non-support and maintenance, child care, probation work - the probation officer gathers personal, social and family data about the accused to be used by court in making its decisions, as well as administering of poor relief scheme and maintenance grants. The case worker may counsel with family member individually, but in many instances families are seen and worked with as a unit; the behaviour of family members as well as communication difficulties are the focus of attention. For follow up reasons, regular home visits are conducted to clients in their home settings.

3.3.4 Social work in health care.

Social Workers stationed in the following hospitals and health centres, are concerned mostly with medical Social Work: i.e. Malamulele Hospital, Mphahlele Health Centre, Elim Hospital, Tiyani Health Centre, Letaba Hospital, Shilubane Hospital, Lulekani Health Centre and Tintswalo Hospital.

The Social Worker as part of the hospital or Health Centre team helps the patients and families cope with the emotional and social aspects of illness, including fear and anxiety about medical procedures, denial of the implications or consequences of the condition, or facing terminal illness or death. These Social Workers are involved in discharge planning for patients leaving the hospital. They do help patients and family to locate and use nursing care facilities. They aid the health team in understanding the significance of social, economic and emotional factors in relation to the patients' illness, treatment recovery, as well as assisting the hospital in giving better patient care through its various services, and participating in promoting the well-being and morale of the patient and his family.

3.3.5 Mental health service.

All Social Workers placed in Gazankulu welfare agencies are involved at some stage or another with mental health professionals. They assist in dealing with emotional problems. They are of assistance to the family with problems arising from the patients' admission to the hospital, amelioration to the family anxieties in relation to the threat of having a mentally ill-relative, and interpretation to the family of the hospital's treatment procedures.

They should establish a good relationship with the family that will encourage them to maintain a positive, non-rejecting attitude through the period of care, and ultimately help them to receive the returning patient with understanding and acceptance.

They are of great help to psychiatrists in mental hospitals, e.g. Weskoppies Hospital, they provide them with psycho-social reports on in-patients admitted in their hospital from Gazankulu Homeland. These type of reports are of great help when treating mental patients.

When a patient has been discharged from a mental hospital, it is the Social Worker who undertake the after-care responsibility. In this way the Social Worker serves as a link between the patient and the hospital. The Social Worker further helps the discharged patient to adjust in the society.

3.4 Private welfare services.

The following private welfare organisations cater for the needs of Gazankulu citizens, and as a result they are subsidized by Gazankulu Government through the Department of Health and Welfare.

- (i) Gazankulu Society on Alcoholism.
- (ii) Gazankulu Society for the Blind, at Elim, Waterval.
- (iii) Malamulele Child and Family Welfare.
- (iv) Giyani Child and Family Welfare.
- (v) Nkowankowa Child and Family Welfare.
- (vi) Thulamahashe child and Family Welfare.
- (vii) Mkhunlu Child and Family Welfare.
- (viii) Tipfuxeni Child and Family Welfare.
- (ix) Pfukani Child and Family Welfare.
- (x) Vuyeriwani Child and Family Welfare.
- (xi) Julesburg Child and Family welfare.
- (xii) Mhlayiseko Child and Family Welfare.
- (xiii) Nkhensari Child and Family Welfare.

The Child and Family Welfare Organisations at Shihoko and Kildare are under consideration for subsidy by the Department of Health and Welfare.

3.5 Social Workers' involvement in Community Services.

Social Work Community Services practice in Gazankulu is still at its infant stage.

Social Workers involved in community work practice are concerned much with the co-ordination of existing services, the creation and organisation of new services, and the development of new services in response to citizen demand. This is made easier by forming executive committees in different tribal areas who act as resources for locating problem areas in the community. In working with these committees, community services Social Workers are involved in the following roles; enabler, broker, advocate and Social Planner which leads inevitably to the role of activist.

3.6 Administration.

Social work administration for Gazankulu Welfare Agencies is done at head office level. The assistant Secretary, who is a qualified Social Worker

is assisted by one Chief Social Worker, one Senior Social Worker and one Administration Clerk. These senior officers act as supervisors and consultants of the different agencies, since administration in the agencies is at a minimum level.

Their major administrative functions are as follows:

- (i) Transformation of Social laws, rules and regulations into services to the clients.
- (ii) Planning is done by the Assistant Secretary who ensures that the services rendered keep pace with their needs.
- (iii) The Chief Social Worker and Senior Social Worker are concerned much with arrangements for meetings, and ensuring that the organisations function smoothly.
- (iv) Personnel administration - It is the task of the Assistant Secretary as head of Social Welfare Division to employ and discharge personnel, and to ensure co-operation and good relations between the administrative staff and the professional personnel.
- (v) Co-ordination and interpretation.
It is the duty of the Assistant Secretary to co-ordinate the work of his organisation with that of other organisations.

He handles correspondence of the organisation, attend important meetings of the Department of Health and Welfare, interpret his organisation to the social public.

- (vi) It is also his duty to supervise the handling of funds allocated to his division.

Limitations/ Shortcomings.

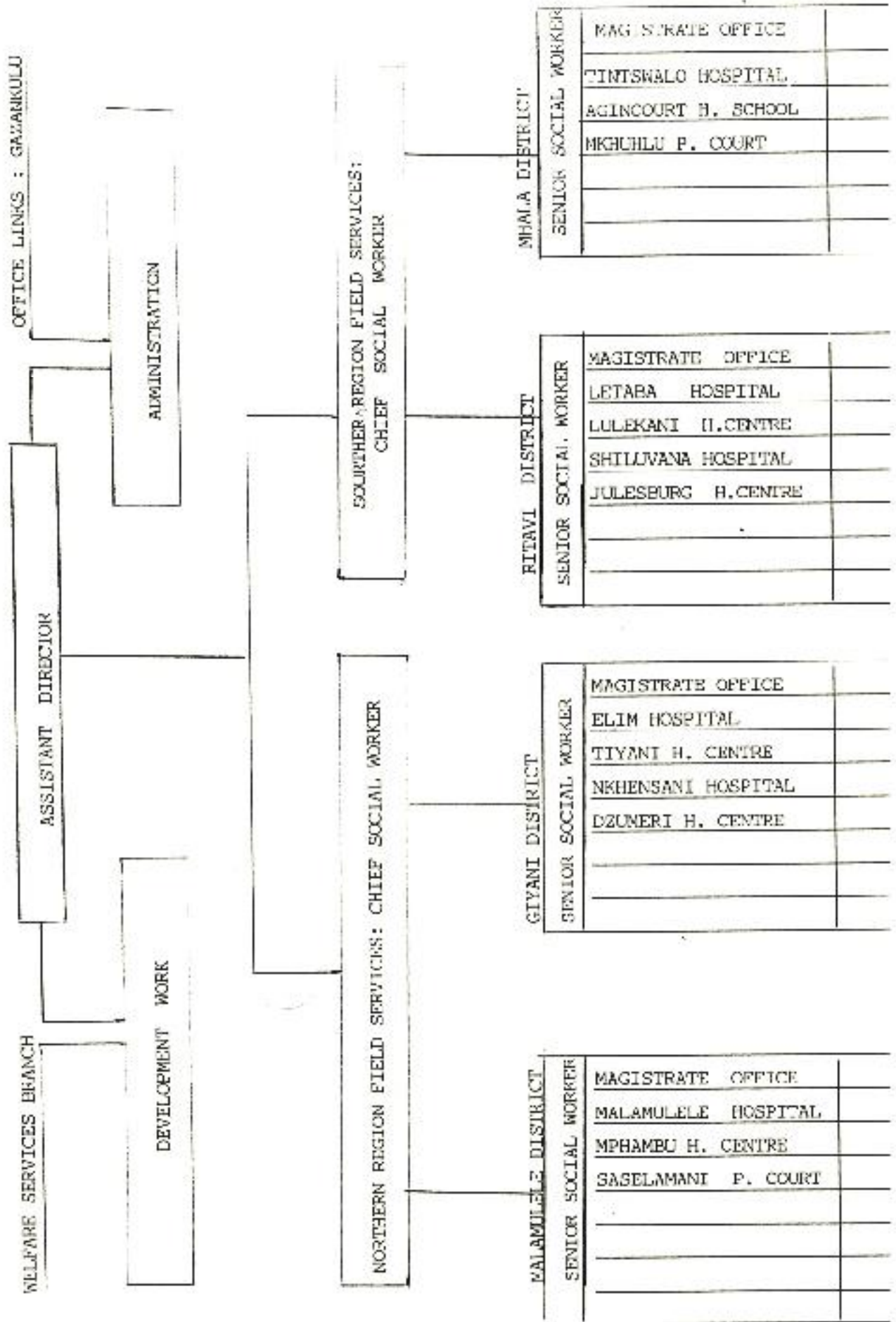
When conducting this research, the researcher experienced some problems in getting ready information because of the following shortcomings:

- (i) There is no specialization in Social Work services.
- (ii) Community involvement by Social Workers is still at its infant stage.
- (iii) Social Workers are not actively involved in the "South African Black Social Workers" Association", most of them are not yet members.

3.8 Summary:

Social Work practice is becoming more important, because many people are benefiting from its services. Current evidence indicates that Social Work practice in Gazankulu, despite the fact that there is quite a number of shortcomings, will likely grow and expand its services, helping more people with personal, family and community problems, especially related to adequate social functioning.

STRUCTURE OF THE WELFARE AGENCY SETTING



CHAPTER 4

TSONGA FAMILY

4.1 Introduction.

The name "Gazankulu" refers to the Machangana Vatsonga's past i.e. especially to the rise of the GAZA empire, under Soshangana, a Nguni leader, who fled before the power of Shaka of the Amazulu in 1820.

4.2 Historical background.

Historically the flight of Soshangana to Mozambique was the first important event which gave rise to the formation of a homogeneous ethnic group, as we know them today.

The Shangaar/Tsonga people belong to the Eastern province of the Southern Blacks. They inhabit the Northern and Eastern Transvaal, a part of Zimbabwe to the South of the Great Sabie river. Vatsonga probably means "the people of the East".

European population of the Republic of South Africa always refers to this tribe as "Shangaans" a name derived from So-Shangana also known as Manukosi, an induna of Shaka, who first subdued all the Tsonga clans and brought about their unity under his rule.

By 1835 Shoshangana clashed with two other Nguni refugee leaders, and succeeded in driving them across the river. He commanded the Tsonga chiefs to assist him in this battle, but most of them did not, and fearing vengeance, these disloyal chiefs emigrated to the present Transvaal.

The most important of these were the Vankuna of Shiluvane, the Valoyi in the area of Lobedu of Modjadjie and the Mavundza at first in Swaziland and later also in the Lobedu area and near Groot Spelonker. Bungeni who lives in the Giyani District is one of their chiefs. In 1905 Nwakhada and Nwamitwa were the chiefs of the latter group.

The next stream of refugees came to the Transvaal in 1856 - 1878, due to the succession, dispute between Shoshangana's sons Muzila and Mawewe. Albasini, the Portuguese played a role at this

stage. He became a paramount chief of these refugees. It was roughly in the year 1845 that he settled in the present Kruger National Park along the Sabie river and later about 1855 near Piesangkop, south of the Soutpansberg.

The third stream of refugees arrived in the Transvaal between 1896 and 1900, because the Portuguese had defeated the Shangaans under Muzila's son Nghunghunyana and had taken the latter to prison. The Shangaans refused to accept the authority of the Portuguese and moved to the present Pilgrims Rest district under Nghunghunyana's brother Mpisane. They were followed by a number of smaller Shangaan and Tsonga tribes who went to live in the Groot Spelonken area.

The other group which may be reckoned, is that further and North-East, as far as the Limpopo. In this group belong the descendants of some of the earliest immigrants from Mozambique. Fair-sized tribes such as those of Shikundu, Mhinga and Xigalo got their permission to settle from the Venda Chief Mphaphuli, but later were given locations and became independent.

The Tsonga/Shangaan never consisted of large tribes or chieftaincies. They tended to subdivide into smaller groups, and this settlement persisted in the Transvaal. Moreover, there are just a few real chiefs in Gazankulu, while the rest of the Tsongas are divided into a multitude of smaller headmanships.

With the introduction of regional and territorial authorities under the Bantu Authorities Act, (Act 68 of 1951), it was envisaged that the Tsonga would be included with the Sotho and Venda. However, in 1959, in terms of the promotion of Bantu self Government Act (Act 46 of 1959) the Tsongas were recognised as a separate national unit and a few chiefs started arranging for separate regional authorities and a territorial authority of their own.

The constitutional development of Gazankulu was, as in the case of all other Black National States, influenced and determined to a certain extent by the development of the Machangana's tribal organisation. The state's constitutional development was

accelerated in 1967 when a Territorial Authority was formed. Tribal and community authorities were represented in the territorial authority by the chief or headman and a representative.

In October 1969 an executive council of six members was appointed. The members who were assisted by directors were responsible for six departments, namely Authority Affairs and Finance, Community Affairs, Justice, Agriculture, Works, Education and Culture. The tribal and regional authorities were directly represented in the Territorial Authority.

The Machangana Territorial Authority functioned until 1st July 1971, when it was replaced by the Machangana legislative assembly following a proclamation by the State President, published in terms of the Black States Constitution Act, 1971.

On 1 February 1973 Gazankulu became a self-governing territory within the Republic of South Africa. The citizens of Gazankulu now had their own territory and own Government. The Gazankulu Government consisted of designated and elected members. The

powers, functions and duties of the Commissioner-General who is the representative of the South African Government are determined by an Act of the South African Government.

4.3 Social Organisation.

4.3.1 The family.

The family unit is a well defined social entity, although, owing to the development of the tribal system. The Tsonga/Shangaan family is sometimes regarded as rather weak. On the whole, the family is patrilineal. The father is chief and the master of the household. He is a true "Justice of the peace", and must settle all quarrels between the members of the family. He possesses authority over his younger brothers and his children. He can impose statute labour and is more or less responsible for all claims against his subordinates. He used to be mobilised for wars very often in olden times, and this may explain in part why all the work in the fields is left to the women. He must build the huts with the help of all the males of the village. He also builds the graneries, carves pestles and rotars and generally looks after the cattle.

The woman's task in a Tsonga/Shangaan family is extremely hard. She wakes up at sunrise, lights fire and warms the mielie-pap left from the evening meal. In a small pot she prepares fresh peanut sauce. The family then takes its morning meal. She then goes to the fields, as she is the plougher, the tiller and the harvester. In the heat of the day she comes back to prepare the evening meal. She must plaster the hut and keep it clean. She must prepare all the necessary food for the family, mealies, miller or sergho, peanuts, vegetables etc.

Although the women folk are held in a subordinate position, they play a most important part in the life of the family and of the tribe quite as important as the European women in European Society. When she marries she keeps her surname.

4.3.2 Child rearing.

Children are reared by their mother. The little boys are shepherds, who look after the goats, sheep or the cattle - at least they are supposed to do so. Although in these modern

times they spend their time attending formal education.

The girls are entrusted with women's work from a very early age. All boys and girls belong to age-groups, and it is within these age-groups that a good deal of practical teaching about important matters of life is given. Boys and girls, on attaining puberty, are ceremonially initiated into the ranks of adults, but this is more a tribal matter than a matter of the family. Initiation ceremonies for boys and girls are carried out separately in groups kept secluded from the villages for three months or more.

The basis for this custom is a rite inspired by the conception of a passage from one status in life to another. During these modern times girls too, do attend formal education. The Tsonga family is a well defined social group, which is under the control of the father, and where all relationships between members are governed by very definite patterns of behaviour. Parents and children feel bound to each other very deeply, although there is a tendency nowadays to weaken family bonds.

4.3.3 Marriage.

The Tsonga/Shangaan people are endogamic as regards the tribe and the clan. And exogamic as regard the family. Being endogamic as regards the tribe is that they marry within it, although presently they do marry other ethnic groups.

The whole idea of marriage rests on the conception of the relationship it establishes between two different families or clans.

The Tsonga/Shangaan ethnic group is exogamic as regards the family, which include the following:

Case of absolute prohibition.

As a rule marriage is prohibited between a father, mother, aunt and child, as well as between siblings.

It is a taboo for a boy to marry a girl when both can lay claim to a common ancestor in the paternal line. On the mother's side their absolute prohibition extends to first cousins when mothers are sisters, the niece can marry a woman related to his mother.

Marriage conditionally permitted.

A young man is permitted to marry his maternal uncle's daughter (maternal cousins).

Marriages permitted.

The choice of a boy is unlimited within the clan, and even within the tribe. However marriages into a too far distant clan are not recommended, because if the marriage is unsuccessful, it is difficult to solve such problems.

Marriages recommended.

A man is allowed to marry his wife's younger sister, or daughters of his brother-in-law. Should a man not prove a good husband, his parents-in-law will not let him their daughters. The man may marry his mother's relatives as long as she is not a close relative.

The right of inheritance.

Widows in the family may be married by younger brothers of their husbands - inheritance, and children born will inherit the name of their father.

4.3.4 The lobola system.

In Southern Africa marriages among Blacks , rests on the custom known as lobola. Ukulobola may be taken to be a contract between two clans of a tribe, which, obeying the exogamic instinct, wish to recognize the union of two of their offsprings. The clan of the man provides a certain recognized value, that is: cattle, goats, hoes or money whose amount shall be fixed by mutual understanding. In exchange the clan woman, represented by her father or substitute gives the clan of the man, not the person of the woman, but her capacity of child-bearing. Marriage is therefore only to provide the way for the begetting of children, and so the great thing is not the wife, but her reproductive capacity.

The woman is a means to an end. If she is barren or if she dies without having children, she must be replaced, and that is why, in certain tribes, a man has a number of presumptive wives within a woman's clan, once he has given lobola. Again, the man is a means to an end. If he dies his younger brother will marry his wife.

Polygyny (Sexual life).

The Tsonga/Shangaan people permitted polygyny, but the great majority of the men had only one wife. The number of wives was generally the indication of a man's social status. Many Tsonga men are monogamists not by choice, but by force of circumstances and as a necessary consequence. A younger brother inherits the widow of his elder brother, be he married or not.

Junod (1927, p.285) states that a happy consequence of the custom is that among the primitive tribes, no disconsolate old maid is to be found.

The disadvantages of polygyny includes the following:-

- (i) The dreadful development of sexual passion which occurs amongst polygamists is so high.
- (ii) Domestic quarreling which prevails in the villages of polygamists.
- (iii) Polygamy, when practised on a large scale, even brings about the ruin of the family.

- (iv) Polygamy encourages drunkenness on account of the great abundance of corn harvested and beer brewed by so many hands.
 - (v) It develops pride in the heart of the polygamist.
 - (vi) It is expensive to pay lobola for many wives.
 - (vii) It destroys the man's strength owing to sexual excess.
- Lobola establishes marriage as an institution, and is a bond of legal nature as sanctioned by custom.

4.3.5 Traditional patterns of family reconstruction.

Justice begins in the family, the head of the village being justice of peace. All petty offences are generally tried before him and his decision is usually accepted.

On a large scale, the chief makes the law, but his counsellors always assist him in the trials of his tribunal.

Offences of various kinds are tried before the chief's tribunal: Adultery, is severely punished in the case of married people, the fine being the payment of a full lobola, murder if unpromeditated, is punished by compensation,

the man who has killed being forced to give a girl to the clan of the deceased; if murder is deliberate, there is difference in the penalty according to the various tribes. In some the punishment is death.

The basic idea of African Justice, and the Tsonga/Shangaan people in particular is that of collective responsibility. Justice must be reformatory and constructive. It must only protect society, but it must check evil at its very root.

The law is thus that which admonishes people, that which prohibits them from doing what is unsocial.

4.4 Religion.

The Shangaan/Tsonga people are practically atotemic. However, even in this tribe there are elements among certain clans which points clearly to a totemic past; many family names are names of animals. They believe strongly in ancestors worship, which embraces a certain number of rites which are very similar within the various tribes. The main object of religious worship is

that of the surviving spirits of their ancestors. Above these gods or spirits which the ordinary people know, and worship there exists a power which for the majority remains ill-defined and anonymous. It is a supreme being, far removed from man and only approachable by the hierarchy of the ancestral spirits who serve as mediators between him and human beings.

4.5 The economic conditions within the family.

The economic system of the Tsonga/Shangaan people embraces the keeping of stock and cultivation of crops. Stock are seldom slaughtered for ordinary food purposes, they are killed and eaten on special ritual occasions. Cultivation of the soil is mainly the duty of the women. The economic system is presently supplemented by currency which is in the form of cash.

4.6 Summary.

The composition and social organisation of the Tsonga family is not different from that of other ethnic groups found within the Republic of South Africa. They only differ in the spoken language and totemism, but all the other institutions are more or less the same.

CHAPTER 5

FAMILY THERAPY: AN OVERVIEW

5.1 Introduction.

Family therapy is a technique in which the therapist works simultaneously with all or several members of the family. The family is viewed as a unit in which problems are treated. It is a Psychotherapeutic treatment of a natural system, the family, using as its basic mediums conjoint interpersonal interviews. The therapist is a participant observer helping families, couples, groups and individuals in a therapeutic situation, which enables everyone in the family to examine the interactions in the here and now, to learn the effects of current behaviour patterns, and to try out new ones.

5.2 Goals of family therapy.

The goal of family therapy is to help or assist in resolving pathological conflict and anxiety, to strengthen the individual members against destructive forces both within himself and within the family environment, to strengthen the family against critical upsets, and to influence the orientation of the family identity and values towards health.

5.3 Special techniques in family therapy.

There are also special techniques to be used in the

course of family therapy which include the following:

i) Home visit.

The family therapist should make a home visit to every family he treats. It is useful to make the visit sometime in the early part of the therapy, and is not for information gathering alone, families regard the therapist's visit as a gesture of acceptance, and frequently the therapeutic alliance of family and therapist deepens significantly in the course of such a visit. Whatever the therapist's orientation, the home visit is bound to be an important part of therapeutic process.

ii) Sculpting.

Sculpting as a technique in family therapy, is uniquely useful. When one member sculpts his family, physically placing the actual members with relation to each other and himself as he sees them, an entity emerges with very special features. The family has the opportunity to see and feel its characteristic self, rather than dealing in fantasies, abstract and intellectual concepts. The family system is presented as a process.

iii) The use of the unexpected and paradoxical effects.

The use of the unexpected seems to have a peculiarly strong value in family therapy. Sometimes families get stuck and seem to insist on holding

into their dysfunctions. Often one of the best things a therapist can do is to shake up this stalemate which is something totally unexpected, such as a simple comment. There is a variety of things the family therapist can do to the unexpected which is already a standard, accepted part of the field, is the paradoxical effect. In using it, the therapist instructs the family to do the dysfunctional thing they are doing more often. It sometimes serves to present the family with the absurdity of their actions and seeing this for the first time, they begin to change.

iv) **Involving young children.**

Involving young children in family sessions is often difficult, and many experienced family therapists shy away from it. However, it is worth struggling with, both because the therapists cannot otherwise see how the whole family functions together, and because young kids often say the most candid things. Children from 6 years and up are usually capable of participating quite fully in sessions and ought to be included regularly. Often it will be useful to excuse the children part way through a session, because there are subjects, most remarkably sex, which parents feel uncomfortable about discussing in front of their offsprings.

v) Involving significant others.

Family therapy, is a multi-generational approach to corrective family functioning. Grand-parents and other lateral family members should be included to provide a fuller family picture and greater treatment potential. These people should be included in sessions for whatever part of the therapy seems indicated. There are situations where significant others are not family members at all, it can be a housekeeper who stayed with the family for many years or sometimes a friend.

vi) Re-peopling the family.

Sometimes it becomes apparent that needs within a family are urgent, or that weaknesses either are permanent or will be a long time in the strengthening. In such situations, it is often advisable to make arrangements to rearrange the family in some way. This may involve hiring a home maker in a family where the mother is coping marginally or absent, or reaching out to an uncle to involve himself more in a family with no father, or getting a big brother for a boy who is the only son with few friends. Often an environmental manipulation of this sort is the most useful therapeutic intervention as stated by Turner (1983, p. 114).

5.4 Family therapy.

It emphasizes that the problems of the individual are rooted in family interaction, and the treatment thereof, involves meeting with family members as a group.

Family therapy begins at the first moment of the therapist's contact with a family. The therapist is often called on to make a pronounced intervention, and during that initial conversation the therapist sets the ground rules for a family system approach. The bulk of the work of the first session centres around mapping configurations and patterns of communications as stated by Turner (1983, p. 107).

Family therapy also involves the treatment of the natural system itself, not the treatment of one or more of its components, nor the treatment of one part of the system by another. This goal of changing the family system of intervention is family therapy's distinctive feature. The family therapist does not use the family as an aid, however important to arrive to a fuller diagnosis of the individual client's pathology, nor as a tool for more effectively treating the individual.

His task is not the manipulation of the family as a means of helping individual family members, but the transformation of the family into a more perfectly functioning group. It is the family who becomes client for the therapist as stated by Skinner (1976, p. 6).

Conjoint family therapy.

It involves family members with similar problems in the same session with the same therapist or co-therapists. It is focussed mainly on the family system. The type of communication is transactional, it is aimed at the family's transactional system, rather than changes in the behaviour of its individual members. A family is an individualized system of feeders and the fed, directors and the directed, supporters and the supported. A client is someone having problems of growth in the family who need to be helped.

The art of communication training is considered to be a central feature of family therapy which should not be overlooked. The main goal of conjoint family therapy is to achieve higher degree of functioning in the family system. It is a workshop on message-sending and message-receiving skills in a family setting.

5.5 Family case work.

Family case work is practised within a particular agency and limited by the function of the agency. Family case workers help people with any social problem which concerns the family.

5.5.1 Conjoint marital therapy.

Conjoint marital therapy involves both mates in the same session with the therapist. It is a therapeutic method in which both marital partners are seen together by the same therapist or co-therapists, one male and one female, and in which the signalling symptom or condition is viewed by the therapist as a cement on the dysfunction of their interactional system. It is obvious that it is a psychosanalytic approach, although the emphasis would be on the transference analysis and not on the interactional analysis, but it would still be conjoint marital therapy as discussed by Martin (1979, p. 122).

5.2.2 Conjoint parent/child relationship.

By including the children in therapy situation, the family therapist can do a great deal of preventative work. Even if the child may not show symptoms and be labelled the "goodchild" symptoms may show up later.

The therapeutic unit under treatment is usually composed of individuals in an emotional relationship.

Involving young children in therapy sessions is often difficult, and many experienced family therapists shy away from it. However, it is worth struggling with both because the therapist cannot otherwise see how the whole family functions together and because little kids often say the most candid things. Children from 6 years and up are usually capable of participating quite fully in sessions and ought to be involved more frequently.

The goal for it is to promote the growth within the particular relationship between parents and children, which is focused in interlocking the relationship, as stated by Turner (1983, p.116).

5.5.3 Conjoint work with other emotional relationships.

Family therapy at its optimum, is a multigenerational approach to corrective family functionings. Unfortunately today with the geographical and emotional splitting off of family units, it is a

rare family which can or will involve itself as far as the third generation. This usually means grand parents. They should be included to provide fuller family picture and greater treatment potential. Sometimes other, lateral, family members may be involved in a family's functioning and dysfunctioning. There are situations where significant others are not family members at all, most classically housekeepers who have stayed with the family for many years sometimes a friend or a neighbour.

The significant others are involved due to the fact that family members may be dead or simply have no ongoing relationship with one another to which the individual's current difficulties can be said to be reactive, as mentioned by Turner (1983, p. 117).

5.6 Group work.

Group therapy may appear to be an economy measure because a single therapist works with several patients simultaneously. In an important sense, however, patients participating in group therapy

become one another's therapists, exposing their problems and fears to one another, commenting upon changes in one another's behaviour during the course of treatment, and developing transference to fellow patients as well as to the therapist.

5.6.1 Multiple family therapy.

This method is applied when a single-parent family presents itself with a problem. A multiple family therapy group is usually composed of families which have certain identifying features in terms of their structure i.e. such as single parent families or families with adolescent children, but too close a resemblance in terms of identifying symptomatology. Intra and Inter-familial processes within the group can be facilitated by the therapist so as to maximize the growth potential of each family system, without the group becoming blocked by the restive effects of closely identified symptoms.

5.6.2 Multiple couples therapy (non-residential).

When the marital couple seem to be isolated from the social environment, and find the presence of

the therapist highly threatening, it may be useful to work with them through multiple couples group, whereby sessions are held with three or four marital pairs to work on their difficulties within this multiple group, which offers many opportunities for identification and mutual support, as well as for the facilitating assistance afforded by the therapist.

In group therapy communication is interactional, treatment interventions are usually verbal, and the major therapeutic focus is the group process and the primary therapeutic goal is growth of the individual in terms of his relationship with others, as stated by Turner (1979, p.128).

5.7 Community work.

Family therapy can sometimes quite naturally lead to social network, or kind of kinship network therapy, due to the fact that there are families who lack the potential for achieving satisfying levels of functioning through their own resources, no matter how extensive or intensive the direct therapeutic efforts. Multi-deficit families where parents and children have been emotionally deprived can be taught to adapt and mature in treatment which emphasized communication and interdependence.

5.7.1 Network therapy.

In applying family therapy at a community level, the therapist should always aim to include in the sessions all persons who are emotionally significant, so that the operative family system gets worked with, not talked about during sessions. There may be constitutional limitations or quite irreversible pathological conditions or deficits of the individual members and the family as a whole, so that there cannot be developed sufficient nurturance, authority, decisiveness, or separateness for supporting the psychosocial growth of the children or the social relatedness of an adult member. Then the therapist will try to enlarge the canvas by recruiting collateral relatives, neighbourhood or community individuals, home maker or other paid personnel to serve complementary or surrogate functions.

5.8 Residential work with therapeutic communities.

It is a contemporary approach to the care of mentally ill persons through group activity. It is an attempt to introduce democracy into the hospital setting. The therapeutic community

strives to involve the client in his own therapy, for decision making and to focus his attention away from self and towards the needs of others.

5.8.1 Multiple impact therapy.

The family is seen intensely over a period of two to three days, during which several therapists work with many different sub-systems as well as with the family system as a whole. Every effort is made to use the intensity of this input of therapeutic work to enable the family to continue on its own after leaving the therapists as stated by Skinner (1976, p.131).

5.8.2 Multiple family therapy.

It is the same as multiple family therapy in group work. It is applied to families in an institutional setting who have identical problems, a resemblance in its structure such as families who have schizophrenic patients and single parent families. The approach is interactional and transactional. It is most helpful to provide the security of an institutional setting to

accomplish rapid or prolonged change in family unit or in a group of family units. Behaviour learnt in the family group interviews is acknowledged and reinforced in the group situation and not as in individual therapy where new behaviour learnt in the therapeutic situation has to be generalized to the family situation.

5.9 Case Work.

It is applied to an individual client. Behaviour observed in individual interviews, or reported there, may differ markedly from the dynamic interaction among members which unfolds in family group sessions.

5.9.1 Individual work with a healthy family member.

The main aim is the growth of an individual who is not experiencing any problem, but lack motivation on the part of other members or as a means of gaining purchase on a deadlocked system.

5.9.2 Individual work with identified patient.

In some families one person may be unconsciously designated to act out the family disturbance. This person is the identified patient and the acknowledged reason the family seeks therapy. When the treatment is directed at the identified patient, but not the family, any improvement that leads to the abandonment of the patient's symptoms is frequently undermined by the family. Once the identified patient's pathology has become a part of the family homeostasis, and is an accepted, although painful part of the family system, then any change in the pathological behaviour of the identified patient, even improvement disturbs the family equilibrium as stated by Krech and Crutchfield (1974, p.634).

The therapist can get first-hand knowledge of the individual patient/client in two important areas:

- (a) By observing the individual in his family the therapist can see where he is in terms of his present growth rate, i.e. his maturation level.

- (b) The therapist can see how the husband and wife relate to each other, and how they relate to the children and how the children relate to parents and to one another, i.e. the emotional climate of the home.

The family therapist's function is to help the identified patient and the family by facilitating the transformation of the family system. This process include three major steps:

- (i) The therapists joins the family in a position of leadership.
- (ii) He unearthes and evaluates the underlying family structure.
- (iii) He creates circumstances that will allow the transformation of the structure.

This transformation is significant for all family members, but particularly so, for the identified patient who is freed from the deviant behaviour. Transformation as a restructuring of the family system, leads to change of the individual's experience. It usually does not change the composition of the family, change occurs in the way in which the same people relate to each other. When the therapist joins the family, he

assumes the leadership of the therapeutic system, which involves, responsibilities for what happens. The therapist must assess the family and develop therapeutic goals based on that assessment. It is often useful for the therapist to sit next to the identified patient, sometimes the non-verbal support that can be given by the physical proximity enables this individual to function a little more freely during the session as stated by Minuchin (1974,p. 110).

5.10 Summary.

The family therapist is an active, involved therapist. He must be emotionally resilient, be prepared to deal with, or deal out the unexpected. He makes use of any people and resources in the family's environment which might be of help to them. Beyond these, the responsibility rests with each family therapist to use his creativity to transform what he knows and what he feels, into a form which can be used by families, he treats in their development.

It should be noted that family treatment is pertinent in all types of Social Agencies, public, voluntary and hospitals and in all kinds of problems, marital, parent-child, unmarried mother, adoption, child or adult placement, and with all age ranges, the emphasis in different agency settings may vary, but the family approach to all.

CHAPTER 6 .

DATA ANALYSIS AND INTERPRETATION.

6.1 Introduction.

In research, data analysis include the process of summarising and making communicable the volume of material collected, to give information on the research questions formulated at the beginning of the study. It provides the researcher with the opportunity to enrich his study by citing work of other researcher, and to compare his research with that of the findings of others.

Data analysis is what one does with the questionnaires, interviews, documents, experimental data, field notes or other data collected during a research project. It is the stage of a project in which one tries to answer the questions, "what have we found? what do the data reveal?" Analysis usually follows the completion of data collected and proceeds the writing and reporting of results.

Data analysis in this study include coding, in which verbal responses and written answers are converted to numbers to facilitate their handling. Descriptive analysis which usually refers to looking at how responses to individual items are distributed, or in more technical terms, to examining the frequency distributions for individual variables, cross tabulation in which the relationships between two or more variables are examined.

Testing relationships, between variables, include the reduction of multiple indicators of concepts to manageable summary measures through indexing and scaling as stated by Chadwick et al (1984, p.345).

Interpretation consists of assigning meaning to the findings and deciding what conclusions are justified.

6.2 Personal background information of respondents.

- (a) Respondents: Social Workers attached to welfare agencies.
- (b) Type of agency setting: rural.

- (c) Duration of interview: 45 minutes - 1 hour 40 minutes.
- (d) Designation of respondents: Social workers.
- (e) Duration in the Agency: 7 months - 10 years.
- (f) Credential: 8 B.A.(SW) 2 B.A.Hons (SW).

The information on personal background of the respondents interviewed, revealed that all respondents interviewed are Social Workers attached to the welfare agencies in Gazankulu Homeland. All agencies are situated in a rural setting and that they have been working in these agencies for the period ranging between 7 months to 10 years. Their credentials showed that eight Social Workers hold a B.A. degree in Social Work, and two B.A. (SW) degree.

6.3 Information concerning nature of work in the agencies.

6.3.1 Caseload in the agency.

Table 1

Respondents	1	2	3	4	5	6	7	8	9	10
Weekly	30	79	25	35	95	91	59	84	78	37
Monthly	85	127	65	82	175	159	119	149	126	92
Bi-monthly	125	178	90	123	350	260	134	217	175	116
Yearly	240	324	180	240	620	523	312	450	300	245

In table 1, the respondents gave different case load in their welfare agencies. One respondent gave a case load of 180 clients per year showing that the services have been recently established. Six respondents reported a case load ranging between 240 and 384 clients per year, and the remaining three gave the maximum case load which ranges between 450 and 620 per year. These are old welfare agencies where Social Work Service is well known to the people.

6.3.2 Types of problems.

Table 2

Responcents	1	2	3	4	5	6	7	8	9	10
(a) Delinquency	4	4	5	2	19	16	23	12	23	3
(b) Family disputes	83	127		66	155	123	9	98	13	
(c) Tribal disputes										
(d) Financial problems	85	79	35	55	140	97	69	93	68	34
(e) Multi problems	43	53	50	46	89	88	61	81	36	32
(f) Occupation related problems	25	35		40	86	86	48	91	30	
(g) Health problems			30	25	95	89	20	63	62	86
(h) Other specify Child care		81		5	30	29		9	30	90
TOTALS	240	394	180	240	620	528	312	450	390	245

Respondents were requested to state the different types of problems dealt with in their respective welfare agencies. All respondents reported that they handle delinquency problems, financial and multi-problem families. Seven respondents reported that they deal mostly with child care and all other types of problems stated above, and none of the respondents reported to be dealing with tribal disputes, these types of problems are handled by the Department of Chief Minister and Police. Social Workers are only involved in dishing out disaster relief parcels.

6.3.3 Nature of family problems

Table 3

Respondents	1	2	3	4	5	6	7	8	9	10
(a) Sexual disputes	X					X				
(b) Financial disputes	X	X		X		X	X	X	X	X
(c) Communication problem		X	X		X		X		X	
(d) Non-support and Maintenance	X	X	X	X	X	X	X	X	X	X
(e) Other (specify)	X									

In table 3 it is evident that answers given by all ten respondents indicate that the nature of problems

mostly dealt with in welfare are intertwined, financial disputes in families lead to communication breakdown, the end result thereof is the refusal of the bread winner or head of the family to support and maintain the family properly.

6.3.4 Average duration of family problems.

Table 4

Respondents	1	2	3	4	5	6	7	8	9	10
(a) Under six weeks										
(b) Above six weeks - 2 months										
(c) Above 2 months - 4 months										
(d) Above 4 months - 8 months	X	X		X	X	X	X		X	
(e) Above 8 months- 1 year			X					X		X
(f) Above 1 year										
(g) Other Specify)										

Seven out of the ten respondents interviewed reported that the average duration of family problems in their agencies ranges between four months and eight months. The remaining three indicated the average duration of above eight

Table 5 shows that three out of ten respondents interviewed stated that the type of family unit, of their clients in the agencies is a nuclear type of family unit, in five agencies respondents reported that it is the extended type of family unit and the remaining two reported to be polygamous. The nuclear type of family unit is mostly preferred by the young literate group of clients.

6.5 Economic conditions of clients.

6.5.1 Average type of housing.

Table 6

Respondents	1	2	3	4	5	6	7	8	9	10
(a) Traditional	X	X	X	X						
(b) Western										
(c) Other(specify) (Traditional & Western)					X	X	X	X	X	X

In this study, four respondents indicated that the average type of housing for their clients is traditional, meaning that their clients stay in mud thatched rondavel huts. Whilst the remaining six respondents stated that the average type of housing used include both traditional and western type of housing in one stand or unit, used or occupied by their clients.

6.5.2 Average economic position of the family.

Table 7

Respondents	1	2	3	4	5	5	7	8	9	10
(a) R301 +										
(b) R251 - R300										
(c) R201 - R250	X								X	
(d) R151 - R200		X								
(e) R101 - R150				X	X	X	X			
(f) R81 - R100		X						X		X
(g) Less than R81										

Table 7 shows that the average economic position of the families of clients in two agencies ranges between R201 - R250, in one agency it ranges between R151 - R200 and in three it ranges between R81 - R100. On the whole economic conditions of the families seeking Social Work intervention is too low. Probably it might be due to the rural setting of the homeland.

6.5.3 Average educational standard of clients.

Table B

Respondents.	1	2	3	4	5	6	7	8	9	10
(a) University										
(b) Vocational										
(c) Secondary/High School	X								X	X
(d) Primary		X		X				X		
(e) Illiterates	X		X		X		X			
(f) Other (specify)										

In this study, it was found that three respondents in two agencies reported that the average educational standard of their clients is secondary and high school education. Three of them states that their clients have primary education. There are also respondents who indicated that their clients consists mostly of illiterate people, and people with primary education, this was revealed in four agencies which are situated around Giyani and Malamulele districts, which are still developing.

Table 9 indicates that all ten respondents interviewed apply family therapy as a Social Work method in their professional activities. Six respondents further stated that they apply case method, embracing conjoint marital therapy, conjoint parent/child therapy and conjoint work with other emotional relationships.

Of all the ten respondents interviewed only two, reported to be applying Community Work as a therapeutic method, and three indicated that they apply individual case work together with family therapy in trying to meet the needs of their clients.

6.7 Evaluation.

The researcher discovered that:

- 6.7.1 The case load in the welfare agencies are high especially those related to family disputes.
- 6.7.2 Citizens of Gazankulu Homeland are making use of welfare services.
- 6.7.3 The nature of family problems handled are inter-related.

6.7.4 Disorganised families are being reconstructed through Social Work intervention.

6.8 Summary.

In this chapter data which was collected by means of unstructured Interview schedule was analysed, summarized and presented in a communicable way. But at the same time it became impossible for the researcher to treat each indicator as a separate variable, and so item sharing the same characteristics are combined into indices.

CHAPTER 7.

SUMMARY AND IMPLICATIONS OF THE STUDY.

7.1 Introduction.

This chapter presents a summary of all the chapters of this research study, implications of the findings and the research writer's recommendations. The main aim of conducting this research study was to investigate and analyse the type of social problems experienced by the Tsonga-Shangaan families living in Gazankulu, and how Social Work Services help them to cope with those problems.

It is a known fact, that there is no family without problems, they only differ in type and extent of the problem experienced by that family. Many people learn to cope with stress and to take minor crises in stride. In other situations, however, people are faced with problems they cannot solve by themselves. One of the major social problems experienced is family disorganisation, which may cause serious financial deprivation or emotional problems.

It is also assumed that children in unstable families may have serious problems in school adjustment, become delinquents, and turn to alcohol or drugs for relief. Family discord may cause a member to drink, or discord may be caused by a member abusing alcohol. Poverty and unemployment may lead a man to crime in an attempt to provide for his family.

The intervention and aid of Social Work are given when the individual cannot cope with social obligations and commitments by himself or herself, when problems are social and, block or distort relationships that exist within the family, at school, on the job, or in other social groupings.

The aim of Social Work intervention is to improve and enhance social functioning.

The research took place in October 1985; conducted in seven Gazankulu welfare agencies. A sample of ten registered Social Workers was randomly selected from the welfare branch personnel and clients.

The research methods which were applied in gathering information for this research study were unstructured interview schedules and interviews.

Like in any other research, problems of finding relevant study material, time and finding respondents who were readily willing to participate in the study were encountered by the researcher.

7.2 Summary and discussions of the main findings.

7.2.1 Personal background.

In this study the respondents interviewed are registered Social Workers. It was found that they operate in agencies situated in rural areas which are still developing.

The researcher found that the highest credential of the respondents interviewed is B.A. Hons (SW). Two Social Workers are Social Work Honours graduates, and the remaining eight are B.A. (SW) graduates. The duration of occupation in the agencies they are employed ranges between seven months and ten years.

In order to complete the unstructured interview schedule and get relevant information, the time spent ranged between 45 minutes and 1 hour 40 minutes. This statement confirms the question of individual differences. In some of the agencies the files and respondents' work is well organized, hence it was easy and fast to collect relevant information.

7.2.2 Caseload in the agency.

The unstructured interview schedule conducted revealed that the caseload in the different agencies differed greatly as illustrated on page 80 table 1. In five agencies the annual caseload is above 300 clients per annum. The study further revealed that this high caseload is experienced in densely populated areas where welfare services is recognized. In three agencies it was recorded to be 200 clients, seen per annum, and in one agency below 200 clients. The contributing factor to this low caseload is that the services had just been recently introduced. Most of the family problems are still handled by the tribal counsellors in tribal courts.

7.2.3 Types of problems.

The types of problems dealt with in the different welfare agencies, are personal, family and community problems. Any list of major problems will not be very much comprehensive, because each individual or family has unique problems, based on personal interactions with others.

This study has discovered that there is a variety of social problems dealt with in different agencies, which include the following: delinquency, family disputes, financial problems, multi problems, occupation related problems, tribal disputes, health problems, child care and general complaints.

All types of problems are handled in all agencies except tribal disputes which is a rare occurrence. Whenever there are tribal disputes the problem is handled by the Department of Chief Minister and Economic Affairs and Gazankulu Police.

7.2.4 Nature of family problems.

This study discovered that in every family which is experiencing social dysfunctioning, the type of

problems experienced are interrelated. Almost in ten agencies, the respondents interviewed revealed that the nature of problems handled, concerns financial dispute, which lead to non-support and maintenance, the end result thereof being communication breakdown and sexual disputes.

7.2.5 Average duration of family problems

This study found that the average duration of family problems is controlled by the type of agency setting. Respondents whose agencies operate at a hospital setting stated a shorter curation, because the type of problems handled are related to the illness of their clients, as soon as the client's health improve, the problems are solved immediately. The duration of family problems as stated by five respondents, take an average period of six weeks to two months.

Respondents whose agencies operate at a legal setting (Magistrate's Offices) the duration of family problems is longer, due to the fact that problems are brought in for Social Work intervention, when they are deep rooted, having been tried at the tribal court or by the family members.

7.2.6 Average type of family unit.

The families of most of the clients who seek Social Work intervention for their social problems are the extended type of family unit. They stay with parents or younger brothers and sisters.

Among the enlightened group who stay in the townships, only the married couple together with their children share common accommodation i.e. the nuclear family unit is practised.

Unlike in previous years, newly married couples who stay in rural areas no longer share accommodation with parents. They do have their own sites where they build their own houses, because in most cases, those who stay at their parental homes, often experience family dysfunctioning and quarrel with their unmarried sisters and parents over the maintenance of the family.

7.2.7 Average type of housing.

In this study it was discovered that it is true that in rural areas, housing is not a major problem, which causes concern to people, because traditional and western type of housing is found erected in one stand.

Among the ten respondents and clients interviewed, the researcher found that, the average type of housing is traditional and western, except among clients who stay in the townships, where only western type of housing is allowed.

7.2.8 Average economic position of the family.

The researcher found that the financial status of the clients is low. The breadwinner and head of the family is illiterate and earns too little to meet the financial demands of the family. Most of the clients are employed as labourers.

Four respondents interviewed stated that their clients' income per month ranges between R101 -R150. There is a small number of clients who earn between R151 - R200 per month, and the remaining group is earning less than R81 per month as illustrated on page 86 table 7.

The highly qualified elite group do have financial problems which are rarely brought for Social Work intervention. They are usually discussed and resolved at a family level or attended to by the legal section.

The low economic position of the family is one of the major causes of family disharmony in the rural areas, which is aggravated by unemployment and migratory labour.

7.2.9 Average educational standard of clients

The educational standard of most of the clients whose families need Social Work intervention, was affected by the traditional patterns of the Tsonga family. During the early childhood of the clients there was an acute shortage of schools in the rural areas, and their parents did not realize the role formal education would play in their children's lives.

The researcher discovered that most of the clients received formal education as far as standard five i.e. Primary Education, and a small number received high school education.

7.2.10 Methods of Social Work intervention.

The researcher discovered that all ten respondents interviewed reported that only two basic Social Work methods were applied in their agencies, that is, casework and community work practice.

All respondents indicated that they apply family therapy as a Social Work technique in order to help clients. The sub-specialities applied include the following:

- a) Conjoint family therapy.
- b) Family casework.
 - i) Conjoint marital therapy.
 - ii) Conjoint parent/child therapy.
 - iii) Conjoint work with other emotional relationships.
- c) Community work.
- d) Network therapy.
- e) Case work.
 - i) Individual work with a healthy family member.
 - ii) Individual work with identified patient.

Social Workers employed in Gazankulu welfare agencies, operate as part of the hospital and health centre team which helps the patient and family cope with the emotional and social aspects of illness, and another group of Social Workers operate in the family service agencies attached to the Magistrate's Offices, where they deal with the problems of marital partners and difficulties in relations between parents and children.

The caseworker may counsel with family members individually, but in many instances families are seen and worked with as a unit, where the behaviour of family members as well as communication difficulties are the focus of attention.

7.3 Family disorganisation and Social Work Practice.

Social Work is a helping profession that is designed to provide preventive, therapeutic and restorative services to those who lack human resources to deal with the pressures of life. It is also therefore, relevant in a case of families in discord and at the verge of disintegration. The institution of the family of all races is experiencing stress and changing family patterns. Many changes affecting the family have occurred in social roles and role expectations of individual members. As a result most families are experiencing social, psychological, physical and emotional problems that needs the comprehensive services of the Social Worker.

Family disorganisation is viewed as the breaking up of a family unit, when one or more members are unwilling or unable to perform their role obligations adequately, as these are viewed by other members.

Some family units will break as a result of external problems such as war, depression, death or imprisonment, while others break up because of some failure in role obligation within the family unit itself.

In order to help families who are at the verge of disintegration, a range of comprehensive services should be established to meet their specific needs.

Intensive Social casework and community programs should be applied to help reduce family dysfunctioning. The Social Worker should help married couples to reduce immediate life pressures, provide them with marriage counseling sessions and encourage them to decide on the services they would like to utilize.

The lack of specialization and the fact that there are few welfare agencies in the area, contribute to the ignorance of the people about social welfare services. If community work services could be rendered widely in rural areas, many family problems could be prevented. The

community approach with its focus on large numbers of people, has many potentialities for trying to solve social problems, enrich living, and better mankind.

Social Work has a mandate for much of family counseling related to cohabitation, marriage and divorce, child custody and remarriage. To be successful, counseling must be individual and meet group goals in a compromise as stated by Brieland, Costin and Costin (1980,p.12).

7.4 Recommendations.

On the basis of the information given in the research study, the research writer recommends that:

- 7.4.1 More research should be done in the rural areas, to investigate the cause of family disorganisation, and try and work out solutions to these problems.
- 7.4.2 Pre-marital counseling should be rendered to young people as much as possible, before they involve themselves in marriage contracts.

7.4.3 More Social Workers should be encouraged to involve themselves in community work practice, in order to render preventative work at a community level.

7.4.4 Interdisciplinary collaboration be encouraged. The professional team will probably become more effective in trying to work with the total individual, total family and the total problems through interdisciplinary co-operation.

7.5 Conclusions.

On the ground of the information presented in this research study, it can be concluded that:-

7.5.1 There are signs of stress and changing family patterns, which lead to the breaking up of the family as a natural institutions.

7.5.2 The biggest problem and cause of family discord is related to economic stress.

7.5.3 People who make use of welfare services are those who are staying in planned semi-urban areas with basic infrastructures - transport etc.

7.5.4 Lack of job opportunities in the rural areas, lead to migratory labour which is a contributory factor to family disorganisation in Gazankulu.

A D D E N D U M

CONFIDENTIAL:

**UNSTRUCTURED INTERVIEW SCHEDULE INTENDED FOR
SOCIAL WORKERS IN GAZANKULU WELFARE AGENCIES:**

RESPONDENTS: Social Workers attached to the
agencies.

1. (a) Type of agency setting Rural Urban.
(b) Date of Interview.
(c) Duration of interview.
(d) Designation of the respondent.
(e) Duration of occupation in that agency.
(f) Credential of the respondent (e.g. B.A.(S.W.)
etc.

2. **CASE LOAD IN THE AGENCY:**

	Weekly	No.
	Monthly	
	Bi-monthly	
	Yearly	

3. **TYPES OF PROBLEMS:** **MARK WITH X** **NO.**
 - (a) Delinquency.
 - (b) Family disputes.
 - (c) Tribal Disputes.

- (d) Financial problems.
- (e) Multi-problems.
- (f) Occupation related problems.
- (g) Health problems.
- (h) Other (Specify).

TOTAL

4. NATURE OF FAMILY PROBLEMS : MARK WITH X

- (a) Sexual disputes.
- (b) Financial disputes.
- (c) Communication problem.
- (e) Other (specify).

5. AVERAGE DURATION OF FAMILY PROBLEMS: MARK WITH X

- (a) Under 6 weeks.
- (b) Above 6 weeks - 2 months
- (c) Above 2 months - 4 months
- (d) Above 4 months - 6 months.
- (e) Above 8 months - 1 year.
- (f) Above 1 year.
- (g) Other (specify).

6. **AVERAGE TYPE OF FAMILY UNIT:** **MARK WITH X**

- (a) One-parent family.
- (b) Nuclear family.
- (c) Extended family.
- (d) Fatherless family/
motherless family.
- (e) Polyandry.
- (f) Polygamous.
- (g) Other (specify).

7. **AVERAGE TYPE OF HOUSING:** **MARK WITH X**

- (a) Traditional.
- (b) Western.
- (c) Other (specify).

8. **AVERAGE ECONOMIC POSITION OF THE FAMILY** **MARK WITH X**

- (a) R301 +
- (b) R251 - R300
- (c) R201 - R250
- (d) R151 - R200
- (e) R101 - R150
- (f) R 81 - R100
- (g) Less than R81

9. AVERAGE EDUCATIONAL STANDARD OF CLIENTS: MARK WITH X

- (a) University.
- (b) Vocational.
- (c) Secondary/ High School.
- (d) Primary school.
- (e) Illiterates.
- (f) Other (specify).

10. METHODS OF INTERVENTION USED IN FAMILY THERAPY: MARK WITH X.

Sub-specialities of family therapy.

- (a) Family therapy, conjoint family therapy.
- (b) Family case work.
 - (i) Conjoint marital therapy.
 - (ii) Conjoint parent/ child therapy.
 - (iii) Conjoint work with other emotional relationships.
- (c) Group work.
 - (i) Multiple family therapy.
 - (ii) Multiple couples therapy. (Non-residential).
- (d) Community Work:
 - Network therapy.
- (e) Residential work with therapeutic communities.
 - (i) Multiple impact therapy.
 - (ii) Multiple family therapy.
- (f) Case work.
 - (i) Individual work with a healthy family member.
 - (ii) Individual work with identified patient.

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Navorsing Studie Opsomming.

Hierdie navorsing studie word onderneem as 'n poging om te lewer na die begrypende van die verskynsel van die familie ontwrigting in Gazankulu, en ook om te lewer na die oprigting van die leiding vir maatskaplike werk ingryping.

Hierdie studie se oogmerk is om objektiewe en wetenskaplike inligting te vergader, oor party van die meer belangrike faktore verantwoordelik vir hierdie probleem.

In die eerste hoofstuk, die navorsers lewer die redes wat haar gelei om hierdie onderwerp te kies vir studie redes, die doeleindes van die studie, probleem formulering, die afdeling van die studie, die navorsing metodologie wat gebruik word om die data te versamel so wel as die beperkings van die studie.

Die tweede hoofstuk konsentreer aan die begripping van die familie as 'n algemene instelling, familie ontwrigting en maatskaplike werk.

Hierdie terme wat gebruik word in die navorsing studie, word duidelik bespreek vir die beter verstaanbaar aan wie die studie sal lees.

Hoofstuk drie bespreek duidelik, die maatskaplike werk prakties in Gazankulu. Die geskiedkundige perspektief wat omhels die voor-Tuislandse en na-Tuislandse maatskaplike werk aktiwiteit word kortliks verduidelik. Maatskaplike welsynsdienste is weergegee deur privaat welsyn - organisasie so wel as 'n Regering

Welsynsdienste. Twee Fundamentele metodes, dit wil se individu werk en gemeenskaplike werk word gebruik saam met bestuurkunde as 'n sekondere metode. Die beperkings van maatskaplike werk diens word ook geskets.

In hoofstuk vier word die Tsonga familie as 'n algemene maatskaplike oprigting bespreek. Die bespreking behels die geskiedkundige agtergrond, die maatskaplike organisasie, huwelik, lobola, tradisionele patrone van familie rekonstruksie, godsdiens en die ekonomiese toestand in die familie. Die bespreking duidelik skets die feit dat die samestelling en sosiale organisasie van die Tsonga familie is eers dié van ander etniese groepe wat word gevind binne die Republiek van Suid Afrika.

Hoofstuk vyf skets die opsomming van familie terapie. Die doeleindes en spesiale tegnieke van familie terapie word bespreek. Die volgende spesialisering van familie terapie as behandeling metode word bespreek as gevolg: Familie individu werk, groep werk, gemeenskaplike werk and individu werk, waar die familie terapeut is meer betrokke oor 'n gesonde familie lid of 'n identifiseerde pasiënt. Familie terapie is 'n tipe van familie behandeling wat is essensieel in alle tipe van agentskappe.

In hoofstuk ses word die data wat verkry ontleed en verklaar. Die navorsers voorstel die versamelinge data in 'n omvattende manier.

Hoofstuk sewe behels die beëindiging van die navorsingverslag, dit gee die opsomming van alle hoofstukke, implikasie van die navorsing studie, haar ondervinding en aanbevelings vir verdere navorsing, om te bevestig of weerlê hierdie resultate.

Machimana, Helen Victoria: FAMILY DISORGANISATION IN GAZANKULU WITH SPECIAL REFERENCE TO SOCIAL WORK INTERVENTION: University of the North, January 1987.

Research Study Summary.

This research study was undertaken in an attempt to contribute to the understanding of the phenomenon of family disorganisation in Gazankulu, and also to contribute to the establishment of some guidelines for Social Work intervention.

This study aims to gather objective and scientific information on some of the more important factors responsible for this problem.

In the first chapter, the researcher presented the reasons that led her to choose this topic for study purpose, the objectives of the study, problem formulation, area of study and the research methodology used in collecting the data, as well as the limitations of the study.

The second chapter is concentrating on conceptualization of the family as a universal institution, family disorganisation and the study, are clearly discussed for better understanding for those who will read it.

Chapter three clearly discusses Social Work practice in Gazankulu. The historical perspective which embraces the pre-homelands and post-homelands Social Work activities are briefly explained. Social welfare services is rendered by private welfare organisation and as a Government welfare service. Two basic Social Work methods i.e. case work and community work are applied together with administration as a Secondary method. The limitations of social welfare services are also outlined.

In chapter four, the Tsonga family as a universal social institution is discussed. The discussion comprises of the historical background, the social organisation which include, the family, child - rearing, marriage, lobola, traditional patterns of family reconstruction, religion and the economic conditions within the family. The discussion clearly outline

