

FAMILY RESILIENCE AMONG CARIBBEAN FAMILIES: A MIXED METHODS
ARTS-INFORMED STUDY

A DISSERTATION
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF HUMAN DEVELOPMENT, FAMILY STUDIES, AND
COUNSELING
COLLEGE OF PROFESSIONAL EDUCATION

BY

KARINA DONALD, B.A., M.A.

DENTON, TEXAS

DECEMBER, 2020

Copyright © 2020 by Karina Donald

ACKNOWLEDGEMENTS

I would like to extend my sincere appreciation to my mentor and dissertation chair, Dr. Linda Brock, who has been my advisor from the very beginning of my doctoral journey. In particular, I appreciate her encouragement and guidance in the midst of the uncertainties of my research.

My research was partially funded by the Student Research Grant Program from the Center of Student Research, Texas Woman's University. It was a big help in purchasing equipment for my research and to securely travel with my data throughout the Caribbean.

I want to thank everyone in the various Caribbean nations who made my stay enjoyable. I learned so much about families and our culture that aided in my growth as a researcher and a clinician. Special gratitude goes to Raymond Francis, Clifton Harris, and Ellen Lee Pow for their hospitality during my data collection.

I am extremely grateful to those who provided other types of assistance, while I collected and analyzed my data. First, I am a better researcher because of Rene Paulson. It was an honor to learn more about research as her graduate research assistant. It helped me hone valuable skills that made this project possible. I want to share my gratitude to those who were instrumental in recruitment: Caris Degannes, Kisone Ferguson, Gillian Jerome, Kizzy Matthew-Clarence, Melisse Ogilvie, Delicia Powell, Sherida Powell, and Sarah Soo Hon. In particular, I am very grateful to Kwesi Alleyne, LesliAnn Belnavis, and Lucille Pierre. Their feedback on my analysis was invaluable.

Above all, I would like to acknowledge my family, my pillars of strength. My parents and my brother are more than cheerleaders throughout my academic journey and indeed my entire life. They believed in my dream of pursuing a doctoral degree and in my dissertation. My parents offered their wisdom when I felt like giving up. My beloved brother always had a good joke that made those tough days seem easy. To my “Big Brother” Georg, Auntie June, Bernadine, Uncle Nigel and Aunt Jacinta, I am grateful for your encouragement. I am so honored to have such a wonderful family.

To all of the participants in my study, I am extremely grateful to share your stories and artwork. It was an honor to be literally and figuratively invited into your homes and your lives. Thanks for taking the time to candidly share your family’s strengths.

ABSTRACT

KARINA DONALD

FAMILY RESILIENCE AMONG CARIBBEAN FAMILIES: A MIXED METHODS ARTS-INFORMED STUDY

DECEMBER 2020

The purpose of this convergent parallel mixed methods study was to gain a practical understanding of family resilience among English-speaking Caribbean families. The study was guided by the overarching research question: What are the experiences and resources of family resilience among English-speaking Caribbean families? The qualitative component was an arts-informed phenomenological design, while the quantitative part was a survey design.

There were 19 families interviewed face-to-face or online for the qualitative component. After each interview, families created art to depict their experiences of family resilience. During the same phase, 179 persons completed a survey that contained the Family Resilience Assessment Scale, (FRAS; Sixbey, 2005) and demographic questions through pen-and-paper or online. One person in each family interview also completed the survey.

The results provided insights into the experiences and resources that aid English-speaking Caribbean families in growing from their challenges. A one-way analysis of variance revealed that there was no significant difference in the type of family on family resilience, $F(5, 145) = 2.08, p = .07$. A multiple linear regression showed that the overall

model had a significant relationship between family resilience and socioeconomics, education, and family size, $F(3, 139) = 3.40$, $R^2 = .052$, $p < .05$. However, family resilience only has a significant relationship with socioeconomic resources. Higher socioeconomic scores were associated with lower family resilience scores. The themes for the qualitative results explained that the Caribbean families rely primarily on their internal attributes that include close bonds and their extended family. Yet, faith and spirituality seem to supersede other support systems. The results converged between the theme on financial challenges as strength for family resilience and statistical results on socioeconomic resources significant relationship with family resilience, reliance on internal family connectedness theme converged with no significant difference in family type, and the barriers to family resilience theme converged with no significant relationship between family resilience by family size and education.

English-speaking Caribbean families have complex resources that support family resilience. In order to support family resilience, a multisystemic approach should be considered which includes storytelling, faith and spirituality, the FRAS, and the extended family.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	ii
ABSTRACT.....	iv
TABLE OF CONTENTS.....	vi
LIST OF TABLES	x
LIST OF FIGURES	xi
Chapter	
I. INTRODUCTION	1
Statement of the Problem	2
Purpose of the Study	3
Research Questions and Hypotheses	4
Person of the Researcher	5
Theoretical Framework	5
Definition of Terms	6
Delimitations	7
Assumptions	7
Summary	8
II. LITERATURE REVIEW.....	9
Theoretical Background	10
Family Resilience Processes	13
Theoretical Application	15
Theoretical considerations and critiques.	16
Family Resilience Assessment Scale.	16
Caribbean Families	18
Research in the Caribbean	19
Research on Family Resilience	23
Qualitative Research on Family Resilience	24
Quantitative Research on Family Resilience	25

Summary.....	29
III. METHODOLOGY	31
Research Methodology	31
Self of the Researcher	34
Qualitative Component	35
Qualitative Research Questions.....	35
Qualitative Methodology and Rationale	36
Types of Qualitative Data.....	38
Selection of Participants	39
Rigor.....	40
Qualitative Analysis.....	41
First Coding Cycle..	42
Second Coding Cycle..	44
Quantitative Component	53
Quantitative Methodology and Rationale.....	53
Measures.....	54
Variables.....	54
Selection of Participants	56
Statistical Analysis Process	57
Descriptive Statistics.....	58
Inferential Statistics.....	58
Data Collection	58
Jamaica and Trinidad	59
Grenada	60
Family Interview Procedure	61
Summary.....	61
IV. RESULTS	63
Quantitative Results.....	65
Descriptive Statistics.....	65
Inferential Statistics.....	66
ANOVA.....	66
Multiple Linear Regression.....	67

Qualitative Results	68
Family Demographics.....	68
Themes	73
Barriers to family resilience.....	74
Reliance on Internal Family Connectedness.	78
External Support.	83
Financial Challenges as Strength.	87
Multidimensional influence of Faith and Spirituality/Transcendence	88
Summary.....	94
V. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS	96
Researcher’s Voice.....	96
Review of Research Questions and Hypotheses	99
Discussion	101
Discussion in the Context of Theory and Relevant Research	104
Family Resilience Process.	104
Reliance on Internal Family Connectedness	111
Financial Challenges as a Strength	114
Multidimensional Influence of Faith and Spirituality/Transcendence	116
Barriers to Family Resilience.....	118
Limitations.....	120
Implications	123
Implications for Theory and Research	123
Implications for Clinical Practice	125
Recommendations for Future Research	126
Conclusions.....	128
Summary.....	129

REFERENCES	130
------------------	-----

APPENDICES

A. Survey Informed Consent Form.....	150
B. Interview Informed Consent Form.....	153
C. Modified Interview Informed Consent Form (Post COVID-19)	156
D. Survey with Family Resilience Assessment Scale and Demographics.....	159
E. Interview Guide	164
F. Permission to use Family Resilience Assessment Scale.....	167
G. Recruitment Flyer	169
H. Modified Recruitment Flyer (post COVID-19)	171

LIST OF TABLES

Table	Page
1. Names of Codes and Number of Data Sources.....	43
2. Names of Categories, Codes and Excerpts from Data Sources	45
3. Means and Standard Deviations of Continuous Variables	66
4. One-way ANOVA for Family Resilience by Family Type	67
5. Summary of Multiple Linear Regression Analysis on Family Resilience.....	68
6. Demographics for Caribbean Family Interviews	70
7. Themes and Categories	74
8. Display of Converged Results on Family Resilience in the Caribbean	102

LIST OF FIGURES

Figure	Page
1. Convergent Parallel Design for Caribbean Family Resilience	33
2. Type of Family by Family Resilience.....	67
3. Artwork by Gren_2. Art materials: pencil, markers	75
4. Artwork by Gren_6. Art materials: graphite pencil, colored pencils, glue, colored paper, markers.....	76
5. Artwork by Trini_5. Art materials: graphite pencil, markers, oil pastels	77
6. Artwork by Jam_2. Art material: graphite pencil	79
7. Artwork by Jam_4. Art materials: oil pastels	80
8. Artwork by Trini_7. Art materials: graphite pencil, markers, oil pastels, watercolor paints.....	81
9. Art chosen by Gren_8. These paintings were chosen by the family who declined to create art.....	86
10. Artwork by Jam_1. Art materials: graphite pencil, markers.....	90
11. Artwork by Trini_6. Art materials: oil pastels.....	91
12. Artwork by Jam_3. Art materials: graphite pencil, markers.....	92
13. Artwork by Gren_5. Art materials: graphite pencil, colored pencils.....	93
14. Caribbean Family Resilience Process	105
15. Artwork by Gren_7 Art materials: graphite pencil, markers	107
16. Artwork by Gren_3 Art materials: graphite pencil, colored pencils.....	108
17. Artwork by Trini_4. Art materials: graphite pencil, oil pastels.....	112

CHAPTER I

INTRODUCTION

Resilience has become a synonymous concept to describe individuals' and families' ability to face adversity on a national and international level (Power et al., 2016); however, researchers have yet to explore the context of resilience among Caribbean families. This is due to the fact that English-speaking Caribbean countries, also known as the West Indies, have limited resources as developing economies (United Nations, 2020). The region has one of the highest rates of regional violent crimes (Sutton, van Dijk, & van Kesteren, 2017). There are at least six destructive hurricanes each year (Bertinelli, Mohan, & Strobl, 2016). In 2017, over a million Caribbean people were affected by natural disasters with economic losses exceeding \$100 billion (Waddington, 2018). In response to these adversities, the World Bank (2018) provided aid to enhance climate resilience, increase productivity, and improve education.

Studies related to the challenges facing English-speaking Caribbean countries focus on the non-human aspect, such as the environment (Mumby, Hastings & Edwards, 2007), economics, and tourism (Holladay & Powell, 2013). Despite all the external influences at play, English-speaking Caribbean people seem to maintain a sense of hope (Koffman et al., 2013). So, what makes this demographic resilient to these challenges?

Research indicated that Caribbean people place importance on their family (Taylor, Forsythe-Brown, Lincoln & Chatters, 2017; Thrasher & Anderson, 1988). Family relationships are an important “aspect of a Caribbean identity” (Reynolds, 2006,

p. 10). Earlier writers believed that Caribbean people use the family as a source for problem-solving (Thrasher & Anderson, 1988). Other writers posited that these families relied on spiritual beliefs and practices, and the communal family structure (Dudley-Grant, 2001) to address challenges faced regularly (Bhui, King, Dein, & O'Connor, 2008). Do those values and resources about English-speaking Caribbean families' resilience hold true today?

Statement of the Problem

The Caribbean region is generally considered understudied (Daniel, 2004; McLeod, 2012; Muruthi et al., 2015; Roopnarine & Jin, 2012) particularly related to how to support families. There has been more research on Caribbean immigrant populations in the United States, Canada, and England (Alessi, 2016; Baptiste, Hardy, & Lewis, 1997; Bhui et al., 2008; Daniel, 2004; Lambert, Ferguson & Rowan, 2016; Muruthi et al., 2015; Nicolas & Wheatley, 2013; Roopnarine & Jin, 2012). However, books and published research on Caribbean people born and living in the region have minimal examination beyond the structure of families and parenting styles (Griffith & Grolnick, 2014; Jaeger, Macturk, & Nguyen, 2013; Otterbein, 1965; Roopnarine & Jin, 2012; Schlesinger, 1968). This indicates that family therapists and other mental health professionals do not have sufficient information on the appropriate ways to support families in the Caribbean where resources are low and vulnerability to crises is high.

Applying research findings on family resilience from other regions would not adequately explain resilience among English-speaking Caribbean families. Economic

opportunities differ between the Caribbean and developed countries (Blake, 2015). English-speaking Caribbean families are considered informal and flexible social structures (Barrow, 1996). Therefore, exploring family resilience is important because there is a “lack of attention to mutually dependent systemic processes associated with positive development under stress” (Ungar, 2016, p. 19). Researchers suggest that the interdependence of people, who consider themselves family, has an impact on the speed at which someone can recover from difficulties (Card & Barnett, 2015). As a result, it is essential to explore Caribbean families’ experiences through an in-depth and multidimensional study. Understanding how these families cope with adversity is crucial for family therapists and other mental health professionals who will treat this population because strategies for prevention and intervention differ across cultural groups.

Purpose of the Study

The purpose of this study was to gain a pragmatic understanding of family resilience among English-speaking Caribbean families who currently reside in English-speaking Caribbean countries. The study used the convergent parallel mixed methods design. It is the concurrent collection of quantitative and qualitative data, analyzed separately, with the results merged during interpretation to provide complementary evidence (Creswell, 2014). The qualitative data came from family interviews and art created by families on their experiences of family resilience. The quantitative data came from a questionnaire containing the Family Resilience Assessment Scale (FRAS; Sixbey, 2005).

Research Questions and Hypotheses

With the study being one of the first to examine family resilience among Caribbean families, the aim was to answer quantitative and qualitative research questions and to converge the results to answer the overarching question: What are the experiences and resources of family resilience among English-speaking Caribbean families?

The quantitative research questions focused on measuring the demographic predictors of family resilience using the FRAS (Sixbey, 2005):

- Is there a significant relationship between family resilience and family size, socioeconomics, and education level among Caribbean families?
- What are the differences in family resilience by family type among Caribbean families?

It was hypothesized that there would be a significant relationship between family resilience and family size, socioeconomics, and education level. Families with more members would have more family resilience scores. Families with more socioeconomic resources and members with advanced education would have more family resilience. The extended or communal family would have higher family resilience scores among Caribbean families because of the cultural values and practice of Caribbean people who live in the region (Bhui et al., 2008; Thrasher & Anderson, 1988).

The qualitative research questions focused on the visual and verbal descriptions of experiences and resources of family resilience:

- What do English-speaking Caribbean families verbally and artistically describe as their experiences of family resilience?
- What do English-speaking Caribbean families describe as sources of support for family resilience in their families?

Person of the Researcher

I am a cisgender female who was born and raised in Grenada, an English-speaking Caribbean nation. Therefore, I share the same heritage as some of the participants who I studied and had an insider's view of the culture. I am a doctoral candidate in marriage and family therapy at Texas Woman's University. I also worked in social services in the Caribbean as an art therapist for families who experienced trauma prior to my doctoral studies. I have written and conducted research on culturally-appropriate clinical interventions for Caribbean people. For this reason, my interest in using research is a pragmatic way to address mental health challenges of Caribbean families.

Theoretical Framework

The theoretical framework that guided this study was the family resilience process theory. It was developed by Froma Walsh in the United States. It is defined as a family's ability to cope and adapt as a functional unit when faced with adversity (Walsh, 2016b). The framework clarifies how families are strengthened when faced with adversity. There are three processes in family resilience: *belief system*, *organizational pattern*, and *communication/problem-solving*.

There are limitations in the family resilience theory. The ability to identify processes, context and other systemic factors within a family could be difficult (Walsh, 2016a). For example, a family's daily routine could be informed by current weather conditions, while religious expectations may influence long term care of each member. These interactions could be challenging to track in relation to a family's ability to cope. Also, families could change in response to their environment and having one or more family member with a problem.

Definition of Terms

The following definitions will apply in this study:

Resilience - one's ability to cope with challenges (Walsh, 2002).

Family - a group of people bound together by their definition of kinship ties, close relationships, dedication, caring, and self-sacrifice (Rubenstein, 1983).

Family resilience - ability to cope, adapt, and grow as a functional unit when faced with adversity (Walsh, 2016b).

Caribbean person – a West Indian; someone who is born and currently lives in an independent country in the Caribbean region in which the official language is English. These countries are: Antigua and Barbuda, the Bahamas, Barbados, Belize, the Cayman Islands, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago.

Experience – a person's or group's subjective knowledge of participating in an activity or event.

Resource – an item that is in a person’s or group’s possession for adequate functioning.

Delimitations

The study focused on families within independent English-speaking Caribbean countries. Therefore, participants were families who were born and currently resided in those countries when the study was conducted. Families with members who are not born in an English-speaking Caribbean nation were excluded. Each participant of a family was at least 18 years old to complete the quantitative component of the study. This delimitation is used because the assessment on family resilience in other developing countries consisted of persons who were 18 years and older (Bostan, 2014; Faqurudheen, Mathew & Kumar, 2014; Kaya & Arici, 2012).

Assumptions

It was assumed that participants have the capacity to discern their family’s experiences and systemic development of resilience. This was possible through shared beliefs about who is considered family. By virtue of being in a developing country, it was assumed that Caribbean families face adversities. Another assumption was that Caribbean people will participate in all components of the study because the researcher is from the culture.

Summary

This chapter provided an overview of the dissertation that explored the experiences and resources of family resilience among English-speaking Caribbean families. Family resilience is the ability to cope, adapt, and grow as a functional unit when faced with adversity (Walsh, 2016b). Research on family resilience from other regions may not adequately explain resilience among English-speaking Caribbean families because of cultural, economic and familial structural differences. Hence, the overarching question for the dissertation was: What are the experiences and resources for family resilience among English-speaking Caribbean families? The study was a convergent parallel mixed methods design. The qualitative component was family interviews and art, while the quantitative part was a survey containing demographic questions and the FRAS.

CHAPTER II

LITERATURE REVIEW

This chapter consists of a systematic review of the theoretical foundations and research that informed the study on family resilience among families who reside in English-speaking Caribbean countries. The purpose of this study was to explore the experiences and resources of family resilience among English-speaking Caribbean families who reside in English-speaking Caribbean countries. A Caribbean person was defined as someone who is born and currently lives in an independent country in the Caribbean region in which the official language is English. A family is defined as a group of people bound together by their definition of kinship ties, close relationships, dedication, caring, and self-sacrifice (Rubenstein, 1983). The overarching research question was: what are the experiences and resources for family resilience among English-speaking Caribbean families?

The literature examined in more detail the family resilience process theory, the key processes, and critiques of the theory. Family resilience was defined as the ability to cope, adapt, and grow as a functional unit when faced with adversity (Walsh, 2016b). Cultural exploration of Caribbean families and related research are also presented. Other pertinent studies conducted on family resilience that informed the development of this study are explained. More specifically, research on family resilience from populations that are similar to English-speaking Caribbean people is presented.

Theoretical Background

This part of the literature review explains influences on the family resilience framework, its components, and critiques. Research and theoretical development have refined various areas in family resilience that are highlighted in this review. The family resilience process theory, also called the family resilience framework, was developed by Froma Walsh. It is understood through a broad and interrelated framework (Black & Lobo, 2008). Some of the origins of the theory are from child development (Anthony & Cohler, 1987; Werner & Smith, 2001), stress studies (McCubbin & McCubbin, 1988), systems, and ecological theories (Bronfenbrenner, 1981; Walsh, 1996). It is a prevention-oriented model that helps families and professionals identify families' sources of support when in distress (Simon, Murphy, & Smith, 2005). The theory has a strengths-based approach that explores families' potential for growth and transformation when they encounter challenges affecting their normal daily functioning.

The academic interest in family resilience began with studies in child development (Black & Lobo, 2008). The authors of the book, *The Invulnerable Child* (Anthony & Cohler, 1987), wrote about children's capacity to overcome challenges. They looked at children who thrive, struggle, and survive chaos. There was a recognition that parental interaction influenced a child's development (Anthony & Cohler, 1987). Later, Werner and Smith (2001) used those concepts from Anthony and Cohler's (1987) book and conducted a longitudinal study of 700 at-risk children in Hawaii that revealed that one-third of the children lived successful lives. This indicated the presence of other factors that impacted a child's ability to overcome challenges. They believed that

resilience was nurtured by having positive relationships with others (Werner & Smith, 2001).

The interest in families was integrated with family systems theory to examine contributions of relational networks in the immediate and extended family (Walsh, 2016b). Therefore, publications and research emerged that explained resilience as a resource for individuals through the interaction of family members. The systems theory clarified that a family is a system in which members work together as a whole (Becvar & Becvar, 1999). Parents influence and are influenced by their children (Walsh, 2003). Therefore, interactions among members affect the ability to cope as a family unit (McCubbin & McCubbin, 1988; Walsh, 2003). The systems theory takes into consideration the context of experiences to understand how a family copes and grows from a stressful situation (Walsh, 2016b). Family functioning is contextual and connects “processes to challenges” (Walsh, 1996, p. 6) to understand families in the midst of a crisis, after a traumatic situation, and crises over long periods of time.

The family resilience theory is also built on stress studies. McCubbin and McCubbin (1993) developed the resiliency model of family stress, adjustment and adaptation. It focuses on illness as a stressor affecting family life and how it is used in the context of health-care settings. The model became a guide for healthcare professionals to determine strengths or prevailing abilities to deal with an illness. It identified successful adaptation called bonadaptation and unsuccessful adaptation called maladaptation. It was beneficial in highlighting how families encounter stress and are vulnerable as a system.

Another influence on the family resilience theory is Bronfenbrenner's ecological theory (Walsh, 2016b). This perspective takes into consideration social relationships (Walsh, 1996) and nested social systems (Bronfenbrenner, 1981; Falicov, 1995). Walsh (2016b) used the ecological theory to explain that there are several systems that interact and impact families. The interaction with these systems create protective factors that influence resilience. Bronfenbrenner (1981) explained that environmental context, process, and biological factors work together to impact a family's actions. He explained the importance of examining resilience in families because family is viewed as a type of social system that interacts with other systems to develop ways to cope (Bronfenbrenner, 1981). Resilience is believed to advance through a family's ability to use protective factors to cope with adversity over time (Benzies & Mychasiuk, 2009).

The ecological background of family resilience increased the understanding of protective and risk factors that interact and affect the level of coping in a family (Luthar, Cicchetti, & Becker, 2000). Bronfenbrenner's (1986) theory looks at families in the context of its environments (MacPhee, Lunkenheimer, & Riggs, 2015). In the ecological theory, external systems interact with family development. These systems are: microsystem, mesosystem, exosystem, and the chronosystem (Bronfenbrenner, 1986). In the family resilience theory, the microsystem is a family, the smallest unit of focus. The mesosystem is the interaction of other systems that a family directly belongs to, such as school and church. Walsh (1996) believed that positive familial relationships and interactions of various systems create a culture of resilience. Unlike the mesosystem, the exosystem is comprised of social structures that do not directly interact with the family,

such as a parent's workplace. The macrosystem is the culture in which the family is embedded. The chronosystem is time and transitions of a family and its members, such as death, migration, and adoption (Bronfenbrenner, 1986).

Family Resilience Processes

Through the interaction of child development, stress studies, ecological, and systems theories, Walsh (1982) developed key processes for family resilience to explain how families navigate challenges. A primary aspect of the theory is to avoid defining normalcy; it is defined by the family. The key processes include: *family belief systems*, *organizational patterns* in a family, and *communication processes* among family members. These parts of the theory are believed to reduce stress, vulnerability, and promote healing in families.

Belief systems (Walsh, 2016b) are shared beliefs within a family that are influenced by their interactions with the community and existing cultural values that inform how they function as a unit. Belief systems include meaning making, positive outlook, and transcendence. Meaning making is considered the way in which a family comes to an understanding about situations that impact their daily functioning. Positive outlook is the amount of optimism and encouragement within a family. Transcendence is also referred to as spirituality. Transcendence could develop within the family, but it is also influenced by larger systems, such as culture and religious institutions. It explains a family's faith, creative expression, and aspirations.

The *organizational patterns* (Walsh, 2016b) encompass the structure within a family that ensures that it can function on its own definition of normalcy. The family

structure overtly and covertly makes decisions on whether or not changes should occur within the system in the face of adversity. Walsh (2016b) saw organizational patterns as a process that involves a family's flexibility to adapt, socioeconomic resources, and connectedness or mutual support. Flexibility explains how a family can adapt or rebound due to new challenges. It may require changes in relationships, new responsibilities for members or even a shift in who is considered the leader or head of a family. When there is an adversity impacting a family, there may be a need for repair in relationships. Walsh (2016b) explains this as connectedness. The process of family resilience requires that members redefine their commitment and respect for each other; while socioeconomic resources support family resilience by identifying and using community and extended family as buffers when there is distress. The availability of financial and institutional resources could also assist in a family's ability to rebound from adversity.

The other key process in family resilience is *communication* (Walsh, 2016b). It examines information that is conveyed to each member when faced with stress as a family unit. The communication process consists of: clear information, emotional sharing, and collaborative problem solving. For family resilience to occur, it is expected that there are honest and consistent messages conveyed to members. Usually, when a family is facing an adversity, it is more likely that members will shut down (Walsh, 2007). However, sharing positive and painful feelings are considered vital aspects of the communication process that builds family resilience. By sharing emotions and being consistent with messages, collaborative problem solving could occur. Families could shift from reacting to their distress to focusing on making decisions about using resources,

lessons learned, and the creation of coping techniques to ensure that similar experiences of stress do not reoccur.

Theoretical Application

The central unit of focus is the family (Walsh, 2007) for the family resilience theory. Questions directed to one person about family resilience is assumed to include the shared experiences of members within the family. Therefore, application of family resilience needs adequate systemic conceptualization. One person cannot be responsible for a family's ability to rebound from adversity. It is the interaction of members as a unit and with other systems that inform family resilience.

With its influence from the resiliency model of family stress, adjustment and adaptation (McCubbin & McCubbin, 1993), family resilience is applied in health-related issues. There are mutual interactions between family members and physical illness (Weihs, Fisher, & Baird, 2002). Family is affected when one or more members has a physical, mental, and/or emotional illness (Walsh, 2002). In this regard, the family's normal functioning is impacted by proper nutrition and access to health care (Weihs et al., 2002). Its *organizational pattern* may need to shift to accommodate members who care above and beyond what is considered normal familial support. New caregivers emerge or take on new responsibilities.

The application of family resilience is believed to be impacted by other characteristics within and outside of the family. The effect of major disasters (Walsh, 2007) shifts resources and other family processes. The size of the families is believed to be applicable to resilience where families with a small number of members are believed

to have less stress (Benzies & Mychasiuk, 2009). Advanced education, of one or more members, aids in acquiring and sustaining stable jobs and reduction of financial stress (Benzies & Mychasiuk, 2009).

Theoretical considerations and critiques. In total, there are nine elements among the three key processes in the family resilience theory that may be difficult to track (Ungar, 2016). The processes consist of several moving parts that are simultaneous and contextually based. Some critics believed that the ecological influences are challenging to measure and identify (Distelberg, Martin, Borieux, & Oloo, 2015) because social systems are constantly interacting across time and context. Moreover, comparison between families in a variety of settings could be confusing to identify because context may require variations in the definition of a problem and what is a family.

One of the challenges on this topic is a unified definition and use of the concept. Authors argued that variations on the definition are evident among many works (Luthar et al., 2000) where some writers used resilience only as a prevention or only as an intervention for families. Resilience includes processes over time that may vary and are context-specific (Walsh, 2006). As a result, the family resilience philosophical influence from ecology also affects decision-making on which parts of the multidimensional approach to apply in a study.

Family Resilience Assessment Scale. To combat the challenges of applying the theory, Meggan Sixbey (2005) developed the FRAS to understand existing family resilience processes within families. The FRAS is a standardized assessment on family

resilience that identifies factors of strength within a family and measures overall family resilience. Therefore, the higher the score, the more resilience exists in a family unit.

The FRAS was initially a pilot tool administered in the United States (Sixbey, 2005). There were 418 participants who were mostly Caucasian females (76.08%). There were initially 74 items in the scale, but through extensive recruitment and refining, the FRAS was reduced to 54 items. Thus far, it has gained attention in measuring family resilience across cultures and countries (Bostan, 2014; Chew & Haase, 2016; Faqurudheen et al., 2014) with high internal reliability and validity (Bostan, 2014; Chew & Haase, 2016; Kaya & Arici, 2012).

There are six sub-scales in the FRAS: *family communication and problem-solving, utilizing social and economic resources, maintaining a positive outlook, family connectedness, family spirituality*, and a family's *ability to make meaning of adversity* (Sixbey, 2005). *Family communication and problem-solving* is defined as a family's ability to openly express their feelings, share facts and information while recognizing and resolving problems. *Utilizing social and economic resources* are external and internal rules that allow families to carry out their daily routines through recognizing and using assets that support normal functioning. *Maintaining a positive outlook* is a family's ability to organize around a stressful incident with the shared belief that there is hope, and perseverance in making the most of their opportunities. *Family connectedness* is defined as a family's ability to organize and bond together for support while still recognizing their individual differences. *Family spirituality* is a family's belief system that guides and aids in defining meaningfulness and significance. The other subscale in the FRAS is

ability to make meaning of adversity. It is a family's ability to integrate stressful events into their lives while accepting their reactions as understandable in relation to the event.

Caribbean Families

The Caribbean consists of several countries stretching from the Bahamas and Cuba in the north, to Belize in the west, to Guyana on the coast of South America (Barrow, 1996). English-speaking Caribbean nations are: Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.

As a group of nations that faces economic challenges (Strobl, 2012), "Caribbean countries are economically fragile because of their small size, insularity, remoteness, environmental fragility, and high level of debt" (Wilkinson, Twigg, & Few, 2018, p. 3). Due to its geographic location, the region is at risk for volcanic eruptions, landslides, and earthquakes besides strong hurricanes. It was found that disasters create severe stress that leads to psychotic, and anxiety-related disorders and suicide among Caribbean people affected by natural disasters (Abel, Baboolal, & Gibson, 2019). This makes it challenging for Caribbean countries to balance limited resources (Wilkinson et al., 2018). Nevertheless, it also opens up creative opportunities for developing resilience because access to financial resources is low (Ievers & Bhatia, 2011).

The region is described as a multi-ethnic, family-oriented culture with English-speaking Caribbean countries being the most culturally similar (Dudley-Grant, 2001). It consists of ethnic groups primarily of African, Indian, Chinese, and Portuguese background; however, the majority of the families have an African background

(Cengage, 2020). The practice of oral storytelling is synonymous with Caribbean life (Lowery, 2013). The family structure is multigenerational and usually female-headed households (Daniel, 2004; Dudley-Grant, 2001; Navara & Lollis, 2009; Otterbein, 1965). A Caribbean family is usually communal (Dudley-Grant, 2001), which means that members share one plot of land with several dwellings on the property. Many households consist of extended family living in the same dwelling with maternal grandparents as the source of wisdom. There is a high reliance on family members' positive support in personal decision-making and for children's academic success (Rhamie, 2012).

Interest in examining the complexities of understudied populations like the Caribbean people is increasing (McLeod, 2012; Muruthi et al., 2015; Roopnarine & Jin, 2012). It is primarily due to the fact that more research was conducted on Caribbean immigrant populations in the United States, Canada, and England (Alessi, 2016; Bhui et al., 2008; Lambert et al., 2016).

Research in the Caribbean

Published research about the Caribbean primarily focuses on children and adolescents (Gabbidon & Shaw-Ridley, 2018; Matthews, 2011; Rhamie, 2012; Rodriguez, 2007) and family structure (Dudley-Grant, 2001). Research suggests that social, political, and economic tensions are associated with higher rates of mental health challenges in families (Lacey et al., 2017). Other scholars explained the need to develop indigenous social programs (Williams, Maxwell, Ring, & Cambridge, 2001) to address the high prevalence of mental illness. Written literature about the family structure posits that when in crisis Caribbean people rely on their family and religious leaders (Alessi,

2016; Bhui et al., 2008; Dudley-Grant, 2001). For this reason, the studies presented on Caribbean families are publications on English-speaking Caribbean people, findings connected to the value placed on family, and closely related topics on family resilience.

A study on resilience was conducted in Dominica related to the economic and community support in sustaining community-based tourism (Holladay & Powell, 2013). The focus was not on the human experiences of resilience, but on sustainable development to bolster economic growth. There were six communities were examined with 213 respondents. Data collection included transcribed face-to-face interviews in households in lieu of surveys to accommodate illiteracy. It was found that residents in the communities perceived low resilience across four domains of social, ecological, institutional, and economic aspects to sustain tourism. Financial support for tourism development was low, which impacted the development of community-based programs and leadership in Dominica.

Another study focused on the relationship between personality traits and resilience among adolescents (Fayombo, 2010). There were 397 adolescents between 14 and 18 years from five English-speaking Caribbean nations. They were measured on the international personality item pool (Goldberg et al., 2006) and a psychological resilience assessment developed by the researcher. The results revealed that healthier personality traits (conscientiousness, agreeableness, openness, and extraversion) indicated resilient Caribbean adolescents; while neuroticism, considered a negative personality trait in this study, was not correlated with resilience. Conscientiousness was the best prediction of Caribbean adolescent resilience (Fayombo, 2010).

A study conducted in Barbados revealed a list of family risk factors when there was a juvenile offender in the family (Matthews, 2011). The aim of the study was to examine risk factors within families with juveniles who are both institutionalized and those who are not. Data were collected from the psychological reports of 71 adolescents (70% males) who committed at least one crime during the 5-year period of data collection. Analysis revealed that family risk factors correlated to adolescents who were diagnosed with conduct disorders rather than those not diagnosed with a conduct disorder. The family risk factors for juveniles diagnosed with a conduct disorder included: having low income, presence of mental illness, single-parent home, and presence of ongoing family conflict.

The Caribbean region has a historic association with alcohol. The consumption of alcohol is difficult to “distinguish between social alcohol consumption and when it becomes a dependence or excessive intake” (Olayinka et al., 2016, p. 1). The patterns of alcohol use was studied in Trinidad to understand the impact in families (Maharaj et al., 2017). There were 1,502 surveys collected from households on alcohol use and demographic information. It was concluded that two-thirds of households surveyed consumed alcohol. High alcohol use negatively impacted members’ health, ability to work, and created an increase in family discord. The researchers found that heavy alcohol use was ingrained in the Caribbean culture and was a normal practice at home and in social settings. It was suggested that changes in the culture and family education are needed for safer alcohol use.

The socio-economic impact of a hurricane was researched in a Grenadian village to identify obstacles to recovery from a hurricane on the community level (Gomez, Atallah, Bidaisee, Patel, & Amuleru-Marshall, 2009). The researchers used surveys, observations, interviews, and focus groups. The results revealed that post-disaster development was slow due to the reliance on the agricultural industry, the major source of income for participants. Access to healthcare and employment opportunities were also limited for economic recovery. The close proximity to extended family due to communal family structure seemed to provide emotional support and preservation of family values. It was concluded that family cohesiveness and support were protective factors above and beyond community support for this Grenadian community to recover after the community suffered losses from a hurricane.

A qualitative study explored the experiences of immigration in the US among Caribbean women (Despot, 2016). Most of the women identified as Caribbean women of Asian Indian heritage who migrated to the United States. A focus group was used to understand their shared experiences of migration, ways of coping, and feelings of empowerment. The participants seemed to use the focus group participation as group therapy processing. They emphasized the importance of familial piety defined as showing respect for their family's organization and structure. There was also a desire for storytelling to cope with being an immigrant female.

In a study in the US on people with Type 2 diabetes, extended family was considered a means of coping (Degazon, & Parker, 2007). There were 212 participants (32.9% males) who were primarily born in English-speaking Caribbean nations with a

few born in the Southern US (25%). Using the Jalowiec Coping Scale (Jalowiec, 1988), participants identified ways in which they coped with managing their diabetes. Results indicated that participants' domestic environment, psychological distress, and extended family relationships helped them to cope with their diagnosis of diabetes, medication management, and diet.

Research on Family Resilience

To understand considerations for conducting a study on family resilience among families living in the Caribbean, qualitative, mixed methods, and quantitative studies were reviewed. The focus of the review was on using different types of research methods on families in developing countries to inform this study. The United Nations (2020) defines a developing country as a low-income economy through its gross national income. Developing countries face similar challenges like the Caribbean with poverty, and psychological trauma (Razzouk, et al., 2008). Hence, this section of the literature primarily focuses on research conducted on family resilience among developing countries because economic resources and access for supporting families in crisis are similar.

A mixed methods study was conducted in South Africa on family resilience (Bishop & Greeff, 2015). The aim was to identify family resilience resources that helped families adapt when a member was diagnosed with schizophrenia. The FRAS was not used to measure resilience; however, Walsh's (2016b) family resilience theory was operationalized to measure qualities of family resilience for the qualitative component. There were 42 families recruited. All members were over the age of 18 and excluded the family member diagnosed with schizophrenia. All data were collected from open-ended

questionnaires developed by the researcher. The close-ended questions were taken from existing scales that measured aspects of the family resilience theory: Family Attachment and Changeability Index 8 (FACI8), Family Hardiness Index (FHI), Family Time and Routines Index (FTRI), Social Support Index (SSI), Family Crisis Oriented Personal Evaluation Scales (F-COPES), Family Problem Solving Communication (FPSC), and Relative and Friend Support Index (RFS). The qualities identified for family resilience among South African families with a member diagnosed with schizophrenia were: family income, community support, family time, communication style during a crisis, supportive communication during a crises, family hardiness, family commitment, reframing the crisis, family adaptation, attitude of the family towards member who is diagnosed, and diagnosed member's characteristics (such as, involvement in the community).

Qualitative Research on Family Resilience

The results from the qualitative studies on family resilience seemed to indicate similar themes on the key processes of the family resilience theory. Families from developing countries and low income communities seemed to cope with various challenges in similar ways aligned to the family resilience process theory (Distelberg & Taylor, 2015; Vermeulen & Greeff, 2015).

Research on family resilience in South Africa was conducted with nine mothers to identify the resources for family resilience for families coping with child sexual abuse (Vermeulen & Greeff, 2015). The semi-structured interviews were transcribed from Afrikaans to English and verified through experienced qualitative researchers. The results indicated that the families had internal and external resources that helped them cope with

child sexual abuse. These internal resources for family resilience included: parents' relationship with their children, family boundaries, sibling relationships, insight in children's emotional needs, children's ability to cope with the abuse, and parents' emotional functioning and attitudes. External resources for family resilience for these South African families were: extended family, friends, community-based organizations, and support from school.

In another study (Burnette, 2017), the focus was on an indigenous community in the US. This research is included in this review because similar cultural values are placed on families. Family is the major support for indigenous communities where other resources may be limited (Dalla, Marchetti, Sechrest, & White, 2010). The researcher (Burnette, 2017) sought to understand the cultural and familial protective factors for indigenous female victims of intimate partner violence (IPV). It was an ethnographic study where 49 interviews were conducted while the author lived in the community for two months. The protective factors of resilience were as follows: family support through IPV, family communication of non-violence, family connectedness, storytelling, and family fostering of non-violence and ethnic pride.

Quantitative Research on Family Resilience

From the review of the literature, there was a high number of applied quantitative research compared to qualitative studies on family resilience among developing countries and indigenous groups. It seemed like the researchers' main goal was to understand if the FRAS can be a valid method of assessing family resilience in non-US countries.

Researchers sought to adapt the 54-item FRAS (Sixbey, 2005) to the Turkish language and culture (Kaya & Arici, 2012) by examining the psychometric properties. The researchers used 30 English language specialists (female = 83.3%) to verify the translation. Upon feedback, the Turkish translated FRAS was used with 433 university students (age $M = 21.83$, $SD = 2.11$), 70% were female. There were three other scales used for validation: Family Assessment Device (FAD1, FAD2; Reker & Fry, 2003), and the Personal Meaning Index (Reker, 2005). There was concurrent criterion validity. Other results indicate that only four of the six subscales were found for the Turkish adapted FRAS: family communication and problem solving, utilizing social and economic resources, maintaining positive outlook, and ability to make meaning of adversity. The Turkish translated version of the FRAS was reliable $\alpha = .92$ (Kaya & Arica, 2012).

Faqurudheen et al. (2014) conducted research with caregivers and their family members seeking mental health treatment in India to understand family resilience. The goal of the study was to understand the demographic characteristics of clients receiving mental health service and their caregivers and the level of family resilience at urban and semi-urban clinics. Brief Psychiatric Rating Scale and the 44-item FRAS (from Kaya & Arici, 2012 findings) were used with demographic information on the current severity of the symptom. In total, sixty persons completed the survey: 66% were male clients receiving mental health treatment, and 60% were female caregivers. The results revealed that the family connectedness subscale in the FRAS was lower for families receiving care in a semi-urban clinic than those getting support at the urban clinic. Caregiver's education has a positive correlation with family resilience. This means that the more

education that caregivers had, the higher score of family resilience for families with members receiving treatment for mental illness. There was also no relationship between caregiver's age and family resilience. There was no difference between family resilience score and the severity of mental illness for family members seeking mental health services in India.

Li, Zhao, Zhang, Lou, and Cao (2016) examined the psychometric properties of the FRAS (Sixbey, 2005) in China. Their aim was to adapt a shorter Chinese version of the FRAS and to understand the psychometric properties for use within the culture. The researchers first piloted 12 participants (age $M = 26$, $SD = 1.4$) to test the translated Chinese version of the FRAS. After the pilot, the Chinese version of the FRAS was administered to 991 participants (age $M = 20$, $SD = 1.2$). The results showed that the FRAS was reliable ($\alpha = .95$). It indicated that a 32-item FRAS should be used in China rather than the original 54-item scale. The FRAS six subscales were reduced to three: family communication and problem-solving, utilizing social resources, and maintaining positive outlook to align with the Chinese Eastern culture.

The FRAS (Sixbey, 2005) was also examined in a rural community in South Africa (Isaacs, Roman, Savahl, & Sui, 2018). The aim was to adapt the 54-item FRAS to Afrikaans and examine its psychometric properties. The first step was a pilot study of 82 participants on the translated version. After feedback, 656 participants completed the Afrikaans translated version of the FRAS. The majority of the participants were female (69.5%). The age range was 18 to 80 (age $M = 37.90$, $SD = 13.92$). The adapted Afrikaans FRAS was reliable ($\alpha = .93$). The factor analysis revealed that the six subscales

measured family resilience among the population with an additional scale: family and community outlook.

Researchers examined the FRAS (Sixbey, 2005) for use in Singapore (Chew & Haase, 2016). The aim was to adapt the 54-item FRAS to the Singaporean language and examine its psychometric properties for use with Singapore families who have a child with epilepsy. There were 152 participants (52% males) with epilepsy who completed the 54-item FRAS and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The adapted Singaporean FRAS was reliable $\alpha = .92$. The results revealed that there were seven subscales instead of six from the original FRAS. The social and economic resources subscale was divided into: community social and economic resources and neighbors social and economic resources. The findings aligned more with the family resilience theory (Walsh, 2016b) than the six subscales of the original FRAS.

Chiu, Chou, Chen, and Chien (2019) also examined the psychometric properties of the FRAS Mandarin translated version. The aim was to adapt the 54-item FRAS to Mandarin and to examine its psychometric properties among families who have at least one child with a developmental delay in Taiwan. The first step was to get the FRAS professionally translated. Then, five human service professionals rated the accuracy of the translation. Interviews were held with parents of children with developmental disabilities for cultural appropriateness of the translated FRAS. After sufficient modifications, the modified Mandarin FRAS was administered to 502 primary caregivers of children with a developmental delay. The majority of the caregivers were female (81.3%) between 30 to 39 years old. The average age of participants' child with

developmental delay was 52.4 months. The results revealed that the adapted Mandarin FRAS was reliable ($\alpha = .95$). The factor analysis revealed that the original six subscales was consistent with this population.

Summary

This literature review explored pertinent information that informed conducting research on family resilience among families living in the English-speaking Caribbean countries. The overarching research question is: What are the experiences and resources of family resilience among English-speaking Caribbean families? The family resilience theory is a prevention and strengths-based approach to supporting families in distress. It draws from ecology, child development and systems theory. There are three key processes of the theory: belief systems, organizational patterns in family, and communication processes among family members.

There was no existing research on family resilience among families in the Caribbean. However, related research came from developing nations and indigenous communities with similar socioeconomic challenges and family values to the Caribbean. Existing quantitative and mixed methods studies used the FRAS (Sixbey, 2005) to aid in the development of a comprehensive knowledge of family resilience in other cultures and locales. The research revealed that low income, presence of mental illness, family conflict, size of family and type of family informed family resilience. Lack of resources within and surrounding the family could also impact how families function. Therefore, being developing nations assumes that Caribbean people may have resources that have

not been studied to understand their experiences of family resilience. The FRAS (Sixbey, 2005) seems to be a reliable way of measuring this phenomenon.

Some research identified education, community, economic resources, storytelling, and absence of family conflict as sources that support family resilience. However, it is unclear if a qualitative or quantitative study would sufficiently capture information about family resilience in the Caribbean.

CHAPTER III

METHODOLOGY

This chapter describes the rationale and process for completing the mixed methods arts-informed research on family resilience among families in the Caribbean. The aim of the study was to explore family resilience among English-speaking Caribbean families who reside in English-speaking Caribbean nations. The overarching research question was: What are the experiences and resources for family resilience among English-speaking Caribbean families? Family resilience was defined as a family's ability to cope and adapt as a functional unit when faced with adversity (Walsh, 2016b). A Caribbean person is someone who was born and currently lives in an independent country in the Caribbean region in which the official language is English.

The first part of the chapter explains the rationale for the research design, which was a convergent parallel mixed methods design. Self of the researcher describes the researcher's background and how it informed the focus of the study, and assumed challenges to undertaking the project. Then, the quantitative and qualitative components of the study are explained in detail.

Research Methodology

In the development of the family resilience theory, there was a need for related integrative and multidisciplinary research to understand the diverse processes (Luthar et al., 2000) because of its influences from a variety of fields. Hence, it was suggested to use mixed methods designs to understand the dynamic framework of family resilience

(Walsh, 2016a) because family resilience is a multidisciplinary and pragmatic framework (Walsh, 1996).

Mixed methods research is the integration of qualitative and quantitative data and analyses that provide more information than when only one method is used (Creswell & Plano Clark, 2017). For this study, the convergent parallel mixed methods design provided deeper insights that other methodological designs may not be equipped to uncover. The research design gave equal value to numerical and non-numerical data (Creswell, 2014). The overarching research question was answered by collecting qualitative and quantitative data during the same phase with separate analyses and integration during the discussion of the findings. Mixed methods research corroborates findings through integration (Plano Clark, Huddleston-Casas, Churchill, O'Neil Green, & Garrett, 2008) of quantitative and qualitative analyses.

The convergent parallel mixed methods design is a pragmatic methodology. It is outcome-oriented to develop solutions to problems (Shannon-Baker, 2016) among Caribbean families that could provide a practical way to understand family resilience in the Caribbean. Walsh (2016a) believed that mixed methods research “can fruitfully advance understanding of family resilience” (p. 629). Hence, it was assumed that the research result could provide a multidimensional understanding of the resources and experiences of family resilience among families in the Caribbean.

For this study, there were text-based, visual arts, and numerical data integrated to interpret the experiences and resources of family resilience among families who reside in the Caribbean (see Figure 1). The numerical data came from a survey that assessed family resilience using the FRAS and demographic information on Caribbean families to measure the factors that explain family resilience.

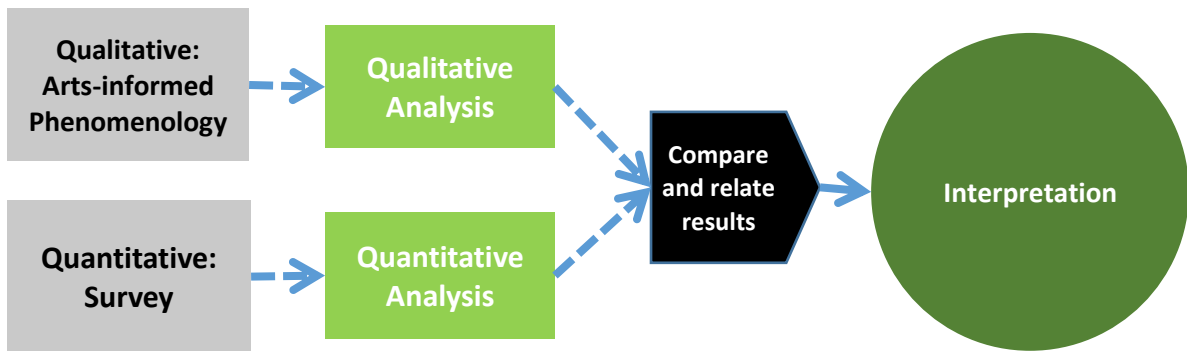


Figure 1. Convergent Parallel Design for Caribbean Family Resilience

During the same phase of collecting quantitative data, the phenomenological arts-informed design was used for the qualitative component (see Figure 1). The phenomenological approach focuses on the meaning making experiences of human phenomena (van Manen, 2014). More specifically, it explored the lived experiences of family resilience among English-speaking Caribbean families through interviews and artmaking.

This mixed methods design provided families with the context and opportunity to express their unique stories and address social issues that may not be gleaned from using only one type of data. Art was assumed to be an effective way to explore traumatic experiences that are difficult to convey verbally or in writing (Haywood, 2012).

Self of the Researcher

I am a cisgender female doctoral candidate in marriage and family therapy. As a person born and raised in Grenada, an English-speaking Caribbean nation, I share the same heritage as the research participants. I have an insider's view of the culture. The research took place between October 2019 and June 2020 where I lived in the villages and was a participant observer. I experienced similar exposures to the weather, political shifts, COVID-19 lockdown and cultural/religious celebrations, such as Divali, Bob Marley Birthday concert, Christmas, and Easter.

I also worked in social services in the Caribbean as an art therapist for families who experienced trauma. I am a board certified registered art therapist and a licensed marriage and family therapist associate. Most of my clinical experience is with families with children and adolescents who have experienced severe trauma, anxiety, and depression. Currently, I provide technology-assisted therapy to clients who currently reside in English-speaking nations. Additionally, I have written and conducted research on culturally-appropriate clinical interventions for Caribbean people who have experienced trauma.

For this reason, my interest was in using this research as a pragmatic way to address mental health challenges of Caribbean families. I am passionate about increasing research and knowledge related to Caribbean people and understanding the value of clinical intervention on the family level, rather than with individuals, because of my desire to provide culturally-appropriate therapeutic interventions.

Over the course of the research, I immersed myself in the culture through volunteerism and field observation. I interacted with Caribbean people in cultural, social and spiritual settings where I learned more about how Caribbean families interacted with their immediate environment and other institutions. I shared in the joys, sadness, and anxious moments with families that informed the contextual analysis on the qualitative component of this Caribbean family resilience study. There were anxious moments during the study that hindered the research when I was in the field during the lockdown and state of emergency of the COVID-19 pandemic. In one country, I experienced the initial stages of planning in response to the pandemic. While in another, my research was suspended for two months during the state of emergency. There were instances when I shared similar feelings of anxiety and low motivation in the midst of the COVID-19 emergency protocols that were disclosed to me from Caribbean persons in my volunteer settings. It impacted my ability to analyze and collect data.

Qualitative Component

The qualitative component of the study explored the resources and context of family resilience among Caribbean families. It included the verbal and non-verbal shared experiences of being English-speaking Caribbean families.

Qualitative Research Questions

As stated in the introduction of the dissertation, the study was guided by an overarching research question: What are the experiences and resources for family resilience among English-speaking Caribbean families?

The qualitative research questions focused on the visual and verbal descriptions of experiences and resources of family resilience:

- What do English-speaking Caribbean families verbally and artistically describe as their experiences of family resilience?
- What do English-speaking Caribbean families describe as sources of support for family resilience in their families?

Guided by these research questions, a phenomenological arts-informed design was the most appropriate way of addressing the qualitative component of the study.

Qualitative Methodology and Rationale

Qualitative research provides in-depth information on participants' detailed conversations and experiences within their families. The qualitative component was a phenomenological design. The phenomenological approach examines experiences of people who are exposed to a specific situation (Lyons, 2007; Smith, Flower, & Larkin, 2009), such as death of a loved one and economic challenges in a community. It is an "experiential method that is rich and detailed... to get concrete stories of particular situations or events" (van Manen, 2014, p. 319). For this study, participants shared their experience of being a family of English-speaking Caribbean heritage currently living in the region where there are economic, environmental, and health-related challenges. For this phenomenological study, the aim was to describe the experiences and resources of family resilience among families in the English-speaking Caribbean nations.

There are two types of phenomenological methodologies: hermeneutic and psychological/transcendental phenomenology (Creswell, 2014). The

psychological/transcendental phenomenology was used because the focus is on participants' subjective descriptions of their experiences of a phenomenon (Moustakas, 1994). This type of phenomenological research seeks to understand what the experience was like for a specific group. According to Mayoh and Onwuegbuzie (2015), the psychological/transcendental phenomenological design works best with the concurrent mixed methods research design because there are opportunities to corroborate the results through member checking, and triangulation.

The arts-informed part of the research supplements participants' information. The intention is to involve the reader in the active process of provoking and evoking thought and emotions (Cole & Knowles, 2008). The arts can be a stand-alone study; however, this dissertation sought to use art to inform an experience (Lynch, Sloane, Sinclair, & Bassett, 2013). The purpose was to give space for making experiences tangible (Skeffington & Browne, 2014) that other types of data may not convey. The arts provides aesthetic ways of understanding a phenomenon and connecting with participants' lived experiences. The intersection of mixed methods and arts research adds tangible understanding to culture and diversity (Archibald & Gerber, 2018).

The process of artmaking supports participants' awareness of their shared experiences and could foster resilience (Heise, 2013). It provides families with the context and opportunities to express their unique stories and addresses social issues that may not be gleaned from using only one type of data. Art was assumed to be a safer media to explore traumatic experiences that are difficult to convey verbally or in writing (Haywood, 2012). Art helps in the development of creative problem-solving (Kim, 2015).

Families may not have had an opportunity to explore crises and challenges in this format. Hence, it was believed that art helps participants learn from their experiences (Heise, 2013).

Types of Qualitative Data

The qualitative data consisted of field notes, researcher's diary, audio recordings, and artwork. Field notes are the researcher's observations of her surroundings where data were collected. The field notes included: date and time of the note, current weather, cultural activities and descriptions of families' home and surroundings (where applicable). It was recorded on a password protected Word file on a password protected computer. The researcher initially used a diary to record personal thoughts about the interviews and artwork as a form of bracketing. However, due to the logistics of engaging in participant observation, the written entries for field notes and researcher's diary (reflections) were combined

Family interviews were audio-recorded on two digital voice-recorders. Each family interview was transcribed word for word by the researcher. The recordings and transcribed family interviews were saved on a password protected computer and stored in a portable locked cabinet.

The families' artwork were photographed and saved on the same computer and stored in a portable locked cabinet. There were four families who opted to photograph their artwork and emailed the image to the researcher three days after the family interview. The materials provided for the artmaking component were: two 18 by 24 inch sheet of white paper, markers, oil pastels, colored pencils, watercolor paints, eraser,

graphite pencil, and glue. Three families opted to use their own materials in addition to the art materials provided. The rationale for the art materials was taken from experiential and family art therapy activities and directives (Asawa & Haber, 2015), which indicated that art is as important as verbal expression.

Selection of Participants

The main purpose was to achieve data saturation, which is collecting data until no new information arises. Sample size for phenomenological study should be no fewer than 10 interviews (Korstjens, & Moser, 2017). In this study, 19 Caribbean families interviewed. There were seven face-to-face family interviews facilitated in Trinidad; and four face-to-face family interviews were held in Jamaica. There were eight family interviews in Grenada with six interviews held online or with physical distance of six feet due to the COVID-19 pandemic. Data saturation was achieved in the study.

The primary criterion for inclusion in the study was families in which the members were born in the Caribbean and currently resided in an independent English-speaking Caribbean country. When children younger than 18 years were present at the interviews, parents and other adults consented for participation.

Participants were recruited in several ways. Initially, participants were suggested by gatekeepers in each country. Gatekeepers were people who had direct or indirect contact with the researcher in the past and were willing to collaborate for the research. It was assumed that gatekeepers were already with potential family participants; therefore, they first identified families who were willing and met the inclusion criteria. The researcher also invited families to participate through in-person interaction in participant

observation activities. The participant families also assisted in recruitment through snowballing. The method of snowballing is when participants in the study suggest persons or groups of similar backgrounds to take part in a research study (Marshall & Rossman, 2016).

Rigor

There were several techniques used to address rigor in the study. Rigor ensures that data were accurately represented (Thomas & Magilvy, 2011). It addresses trustworthiness and consistency in qualitative research (Thomas & Magilvy, 2011). It is important because the researcher identifies with the population as a person who grew up in an English-speaking Caribbean country. Therefore, bias existed as a result of familiarity with the culture and previous professional work. Bracketing was employed throughout the study. Bracketing, or *epoche*, is a term used, usually in phenomenological research, to describe when a researcher sets aside personal experiences as much as possible to examine a phenomenon from a different viewpoint (Hamill & Sinclair, 2010; Moustakas, 1994). This was achieved through recording personal reflections of family interviews, artwork, and participant observations afterwards and recording reflections.

After the interviews were transcribed, member checking of de-identified transcribed interviews were conducted. Member checking was used to verify that the transcripts of the family interviews were accurately completed. It ensures that the research is credible (Guba, 1981). Member checking was conducted on nine family interviews, three in each country. It was completed through informal phone meetings or in person. Gatekeepers and consenting participants also provided feedback on initial

analysis of the interviews and artwork through informal phone meetings of de-identified data. There were three gatekeepers who provided feedback, one in each country.

Dependability was accomplished through triangulation. It occurs when more than one source of data is used to converge information (Creswell, 2014). The triangulated data included transcribed interviews, field notes, and photographs of families' artwork. Confirmability was addressed through the researcher's thorough explanation of their professional and personal background (Thomas & Magilvy, 2011). It conveyed the recognition of a researcher's background and how it could influence interpretations and findings of a study (Given & Saumure, 2008).

Qualitative Analysis

All data for the qualitative component were stored and analyzed in a password protected computer with a password protected qualitative computer software called NVivo 12 (QSR International Pty Ltd., 2019). NVivo aided in the storage of all qualitative data and analysis. In this study, the qualitative data analyzed were transcribed interviews, field notes, photographs of each families' artwork, and families' descriptions of their artwork.

Transcribed interviews were read twice to develop familiarity with the information. Then, brief notes were made on recurring words and phrases. Notes and descriptions of families' artwork were also recorded in NVivo. Queries were then conducted on all data uploaded in NVivo. Queries are examinations of data that show patterns and ideas in a research. Queries were done through: text search, and word frequency. The first query was a word frequency. Word frequency is the term used in

NVivo to describe the most frequently used word on a selection of data. For this study, the query was on all text-based data uploaded and notes added to families' artwork. Text search queries is a term used to describe a word or phrase search in text-based data in NVivo. Text search was conducted on words and its synonyms related to the research. Although NVivo assists in data analysis, the researcher made the final decision on the types and process of data analysis in the software. This means that the "researcher plays a central role in generating and interpreting data in qualitative research" (Xu & Storr, 2012, p. 1) and decides on the themes derived from the data at the final coding cycle.

First Coding Cycle. The results of these queries were used to create codes in the first coding cycle. A code is a word or a phrase that is assigned to parts of the data. In the first cycle of coding, the researcher uses the data to develop codes (Saldaña, 2016). The types of codes derived from the field notes, transcribed interviews, and artwork were: descriptive, simultaneous, structural, attribute, and in vivo. Descriptive coding is a word or phrase used to explain the basic topic of a portion of data. Structural coding is the application of a word or a phrase directly connected to the research question. In this instance, it is the codes on the different types of resources and experiences of family resilience. Attribute coding is defined as a word or phrase that describes demographic information of participants or the location of where data was collected. In vivo coding is the use of exact words of participants to describe portions of data. Simultaneous coding is simply when two or more codes are assigned to the same portion of data (Saldaña, 2016).

There were 56 codes created in the first cycle. Some codes were merged or renamed when there was only one data source connected to the code. This led to 36

codes. Table 1 shows the names of those codes, the number of data sources and type of data where the codes were applied. In this table, the number of data sources represent the number of files where the data was coded. The types of data sources are the qualitative data collected: field notes (researcher's written observations and reflections), interviews (transcribed audio recorded family interviews), and artwork (photographs and descriptions of artwork created by the families who were interviewed).

Table 1

Names of Codes and Number of Data Sources

Code Name	No. of Data Sources	Types of Data Sources
Artistic Expressions	17	Artwork
External barriers to Family Resilience	11	Artwork, field notes, interviews
Internal barriers to Family Resilience	7	Field notes, interviews
Discord	9	Artwork, interviews
Extended Family	14	Artwork, field notes, interviews
Absence of Faith_spirituality	2	Interviews
Affirmations through faith_spirituality	6	Field notes, interviews
Expectations of faith_spirituality	7	Artwork, field notes, interviews
Faith_spirituality increase family connectedness	10	Artwork, interviews
Inspiration	12	Artwork, interviews
Church primary socialization	4	Interviews
Religious institutional support	18	Artwork, field notes, interviews
Family Connectedness	22	Artwork, field notes, interviews
Education	4	Interviews
Low financial resources	10	Field notes, interviews
Lack of government support	8	Field notes, interviews
Community Support	6	Interviews
Confidentiality	8	Field notes, interviews
No community support	2	Interviews
Alcohol Use	3	Interviews

(continued)


(continued)

Code Name	No. of Data Sources	Types of Data Sources
Mental health support	5	Field notes, interviews
Nature	11	Artwork, field notes, interviews
Natural Disasters	3	Field notes, interviews
Nature as stress relief	5	Artwork, field notes, interviews
Family obligations and responsibilities	11	Interviews
External Resources for Family Resilience	16	Artwork, field notes, interviews
Internal resources for family resilience	28	Artwork, field notes, interviews
Having younger children		Artwork, field notes, interviews
Positive outlook		Artwork, interviews
Problem solving		Interviews
Family values and rituals		Artwork, interviews
We tend to deal with stress independently	7	Artwork, interviews
Grief and loss	9	Artwork, field notes, interviews
Physical Health Challenges	10	Artwork, field notes, interviews
Work-related Stress	4	Artwork, interviews
Technology for connecting families	6	Artwork, interviews

Second Coding Cycle. Pattern and axial coding were developed in the final coding cycle to ensure that the results can be converged with the quantitative data in the discussion chapter. Pattern coding is a way of identifying connections between the codes created from the first cycle; while axial coding is the process of moving the codes created from the first coding cycle into categories (Saldaña, 2016). Themes and categories were developed through peer examination: a person familiar with qualitative coding but unaffiliated with the mental health field. The peer examiners were three gatekeepers who reviewed the initial codes to ensure that they relate to research questions and align with the Caribbean culture.

Table 2

Names of Category, Codes and Excerpts from Data Source

Data Excerpt	Code Name	Category
 <p>Picture of a straw hat chosen by a Trinidadian family to represent their family's resilience</p>	Artistic Expressions	Artistic Expressions
<p>"All of it was the negative things that the people in the community said. In terms of institutions, we got help from institutions. But it is the negative comments was...it took some time to actually get over and listening to that...It's not they didn't exclude us, but they said things like they're trying to separate...you know. They try to put one against the other."</p>	External barriers to family resilience	Barriers to Family Resilience

(continued)

(continued)

Data Excerpt	Code Name	Category
“Their father was so wicked to me. I have to like leave and 'im don't know that I was leaving. So I would say I run away. But when I was leaving I tell me mother. It hurt me so bad, I cried that day. I cried until I weak, but I know I had was to leave. When I leave and come to Kingston and get a live-in work because you know it's best way to find work living with somebody and working there.”	Internal barriers to Family Resilience	Barriers to Family Resilience
“When you're telling mommy something, you mean like, umm...when you do something wrong, they try to tell you calm, but instead they tell you loud...the opposite.”	Discord	Barriers to Family Resilience
“Oh! At one stage, I was more religious than I am now...So, I resorted to [makes sign for drinking].”	Absence of Faith spirituality	Faith_spirituality
“We are comfortable, thank and praise God. We are comfortable. The Almighty has blessed us. We don't give Him enough due.”	Affirmations through faith_spirituality	Faith_spirituality
“When she come and she say, ‘well look mommy and so and so.” I say, “well look, you know what to do, you need to pray.’ ”	Expectations of faith_spirituality	Faith_spirituality

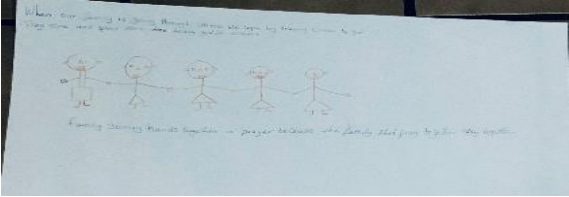
(continued)

(continued)

Data Excerpt	Code Name	Category
“Prayer! It is prayers. I think that's one of the things that we kind of have that keeps us as individuals and then therefore as a family unit.”	Faith_spirituality increase family connectedness	Faith_spirituality
“When our family is going through stress we cope by drawing closer to god. Pray and spend more time seeking God for answers.”	Inspiration	Faith_spirituality
“When dem born, I take them to church when they were babies. I tried to make dem grow up inna de church because whatever I don't know what to teach dem they get it in school. And [son], 'im doh like to come far down. 'im worried when 'im don't come one or 2 or mostly one. 'im love to be up there. Whatever school doh teach dem, I think church go teach dem. Whatever I doh teach dem, de church educate dem. Yeah, but church is very important.”	Church primary socialization	Faith_spirituality
“I had to do surgery on my right eye for cataract. Well I did it private at a cost of 10000 TT. We had Father [Last Name] at the time as parish priest. He was our parish priest at the time. When he heard about my situation, he decided that he will help.”	Religious institutional support	Faith_spirituality

(continued)

(continued)

Data Excerpt	Code Name	Category
	Family Connectedness	Family Connectedness
<p>“We have the Apple sign, which represents FaceTime and phone time; followed by the Facebook logo, then the green phone symbol which represents phone time. These represent the form of communication.”</p>	Technology for connecting families	Family Connectedness
<p>“Another key input to making us stable too was despite me changing jobs, I still had a first degree. So, I had another form of entry into another company. I could've get a least job with a pay cut.”</p>	Education	Finances
<p>“We don't have much. We're really struggling, but we're trying to cope with what we have.”</p>	Low financial resources	Finances


(continued)

(continued)

Data Excerpt	Code Name	Category
“Well, government nah really help. They don't really help because even people in government office, like people who linked to politician, they don't really listen to you. Whatever they do, they do it for themselves because if them 'ear about anything, and even if you ah ask them about something...them nah 'elp because whatever dem tek it fi dem believe that dem giving people.”	Lack of government support	Finances
“No, nobody didn't help us because we didn't call anybody. We didn't call, but I wanted to, but I say I don't want anybody come in the house.”	Confidentiality	Community Support
“Umm, people in the community and some family as well. Yeah, a few people they have nothing good to say, you know.”	No community support	Community Support
“Some of them does drink a lot of alcohol. I grew up in an extended family that likes to drink alcohol...everyday they drink a lot, a lot of alcohol.”	Alcohol Use	Mental Health
“Everything, unlike other people that help 'im never care. And that child went through so much, through a very very rough life and she never want to talk about a father, nothing! She would lash out. She would cry.”	Mental health support challenges	Mental Health

(continued)

(continued)

Data Excerpt	Code Name	Category
	Nature	Nature
“When the hurricane past, part of the house was damaged.”	Natural Disasters	Nature
“No matter how much we fall. These two things are always there in the midst of disagreements. And the tree with the rooftop...it just symbolizes that nature keeps us together.”	Nature as stress relief	External Resources for Family Resilience
“As head of the household, no matter what happens here. It is important. My wife... boasts that she doesn't have to go to the grocery. She don't have that type of responsibility because most males they come home after a work week and they hardly know if anything would be sufficient to provide.”	Family obligations and responsibilities	Family obligations and responsibilities
“Sometimes, we have friends who help us.”	Friends	External Resources for Family Resilience

(continued)

(continued)

Data Excerpt	Code Name	Category
“Or his mom does help too and then my sister does cuz he doesn't want me ask people.”	Extended Family	Internal resources for family resilience
“This young man [points to infant] is the life blood of the family. He keeps everybody occupied. Everybody tired. He keeps everybody energized.”	Having younger children	Internal resources for family resilience
“You know, you learn how to cope with the negative side of your family members. And you go out and you try to use that as a sort of way to cope outside.”	Positive outlook	Internal resources for family resilience
“We feel upset about something, we might then follow up on things on how to resolve it.”	Problem solving	Internal resources for family resilience
“Well, you see my grandmother used to tell us, ‘To live nice, don't have no dispute with nobody.’ And now I am the old people age...to live good.”	Family values and rituals	Internal resources for family resilience
“Ironically, my husband came into the picture after...but he's like that too. All four of us we are like that. Now that I think about he is like me and the children. So everybody kind of hold dem space.”	We tend to deal with stress independently	Internal resources for family resilience
“Loss of a close relative was one of the major losses in this family.”	Grief and loss	Stress

(continued)

(continued)

Data Excerpt	Code Name	Category
“Her health is compromised through asthma and she would have lost her appendix and other organs that would assist her in fighting the disease. So that was a stress.”	Physical Health Challenges	Stress
“If the business had continued, I said to my wife numerous times, I would have lost the family.”	Work-related Stress	Stress

Upon completion of the coding process, it was evident that almost all families talked about their experiences of faith, spirituality, or interaction with a religious institution. Therefore, another qualitative research question emerged: What is the role of faith and spirituality in family resilience among Caribbean families?

Quantitative Component

The quantitative research questions focused on measuring the demographic predictors of family resilience using the Family Resilience Assessment Scale (FRAS; Sixbey, 2005):

- Is there a significant relationship between family resilience and family size, socioeconomics, and education level among Caribbean families?
- What are the differences in family resilience by family type among Caribbean families?

Quantitative Methodology and Rationale

To answer these research questions, the quantitative research design was collected using a survey. A survey is a set of questions administered through paper-and-pencil or online to gather information to understand human behavior (Ponto, 2015). It is mostly close-ended in which participants will choose an answer from predetermined items. It is considered a beneficial means of getting a variety of information in a short period of time for both inferential and descriptive statistics (Onwuegbuzie & Combs, 2010).

Measures

All quantitative data were collected through a survey (see Appendix C). The survey contained demographic questions and the FRAS. The demographic information included basic information on participants' background: gender, marital status, socioeconomic questions, education, and number of persons living at home.

Variables. This study has dependent and independent variables. However, some variables were dummy coded for ease of statistical analysis.

Dependent variable is the outcome or a number that could change depending on factors. The total score from the FRAS was used as the dependent variable which was developed by Meggen Sixbey (2005) for measuring resilience within a family. The author of the FRAS granted permission to use the assessment as is (see Appendix E). The FRAS consists of six factors that explain family resilience: family communication and problem-solving, utilizing social and economic resources, maintaining a positive outlook, family connectedness, family spirituality, and a family's ability to make meaning of adversity (Sixbey, 2005). The items are totaled to a score to understand the level of family resilience. The score ranges from 42 to 204. The higher scores indicate that there is more family resilience in a respondents' family. Unlike other assessments on family resilience, the FRAS has high reliability with a Cronbach alpha between .70 and .95 from developing economies similar to those among Caribbean nations (Bostan, 2014; Chew & Haase, 2016; Faqurudheen et al., 2014; Isaacs et al., 2018; Kaya & Arici, 2012; Li et al., 2016). In this study, the Cronbach's alpha also had high internal consistency of the overall scale scores ($\alpha = .97$).

The test-retest reliability at an interval of two weeks is .88 (Chiu et al., 2019). Furthermore, there is a growing urgency in the social sciences for the applicability of scales to other social groups and cultures (Camerer et al., 2018). The average length of time for completing the FRAS is 15 minutes.

Independent variable is a type of category or measurement that remains constant. These variables were family size, family type, socioeconomic resources and education level.

Family size. It is a numerical independent variable. It was measured by asking participants how many family members including themselves currently live in their household.

Family Type. Type of family is a categorical variable because it asks about respondents' type of family. It is defined by Barrow's (1996) book that explained the types of families in the Caribbean. Family type was answered by asking participants to select the type of family in which they live from a list of options. The types of families were siblings (brothers and/or sisters), nuclear (parents and their children), single-parent (one parent and his/her children), extended (e.g., parents, uncles, cousin, children, and/or grandparents), communal (family living on one plot of land, but living in different households).

Education level. It was also a categorical variable. The focus was on the highest level of education within the family by one or more members. It was measured by asking participants the highest level of education of self. If the participant did not have the

highest level of education, he or she indicated the highest level of education for that family member.

Socioeconomic resources. This independent variable was measured through a series of questions and the score is totaled. Socioeconomic questions asked about receiving financial aid, vacation travel outside of country, number of computers and internet access, and ownership of a washing machine.

Selection of Participants

The study focused on families within the English-speaking Caribbean. Therefore, participants were people who are born in a Caribbean nation and currently resided there. As this was the concurrent collection of family interviews and art, some of the participants were from the 19 family interviews conducted in Grenada, Jamaica, and Trinidad.

The same recruitment procedure for the qualitative component was used to adhere to the convergent parallel design of collecting data in the same phase. Therefore, the primary inclusion criterion was used to seek people who were born in the Caribbean and currently resided in an independent English-speaking Caribbean country.

Participants were first recruited through gatekeepers in each country. The gatekeepers were provided with soft copies and hardcopies of the recruitment flyer (see Appendix F). The gatekeepers shared the flyers by email, phone calls, and through in-person interaction with potential family participants; therefore, they first identified persons who were willing and met the inclusion criteria. The researcher also invited Caribbean persons to participate through in-person interaction of participant observation activities. The option for the online survey was shared or a time to complete the paper

and pencil survey was arranged. Snowballing also occurred in which participants who completed the survey shared the online link to the survey.

There were 178 participants who completed the survey. In total, 106 surveys were completed online and 67 were completed through pencil and paper. Power analysis with a moderate to large effect size indicated that 105 participants were needed. However, more participants were recruited to account for missing data and invalid responses. For this reason, there were additional recruitment of participants because the number of participants needed to be higher for this component of the study.

Only one person in the same household completed the survey. It was more appropriate to use one family member because the family is the unit of measurement. It would also prevent violation of assumption of independence for parametric statistics. Each survey respondent was at least 18 years old to complete the survey. It was assumed the participants had the capacity to discern family experiences and systemic development of resilience. Also, the research on family resilience used in developing countries consisted of persons who were 18 years and older (Bostan, 2014; Faqrudheen et al., 2014; Kay & Arici, 2012).

Statistical Analysis Process

The data from all participants were entered and analyzed using the Statistical Package for the Social Science version 25, SPSS 25. The data included responses from the demographic survey and from the FRAS. It was stored on a password protected computer and stored in a locked briefcase for portability.

Data analysis for outliers, invalid and missing cases were conducted first. There were 28 cases removed for invalid cases, zero variance, and duplicate cases. In total 151 was the sample size for the quantitative component of the survey. As stated earlier, the Cronbach's alpha had internal consistency of the overall scale scores ($\alpha = .97$).

Descriptive Statistics. There were means, frequencies, and other descriptive statistics done on the demographic data to get the general background of participants. The statistics also included mean scores for the FRAS subscales and average score for family resilience overall.

Inferential Analysis. Inferential statistics was done on several variables. Multiple linear regression was conducted on the FRAS overall scores and the number of family members living together, socioeconomics, and level of education. No issues of multicollinearity were found. A one-way ANOVA was conducted to answer the quantitative research question on if there was a significant difference between types of family for family resilience.

Data Collection

Data collection took nine months. Preparatory work began by identifying gatekeepers or confirmed collaborators from local social service advocates and professionals with whom the researcher had previous contact from volunteer and professional work in the Caribbean. Approximately two months were spent in Trinidad and Jamaica respectively. However, the study was prolonged in Grenada due to impact of the COVID-19 pandemic. There were five months spent in Grenada with over 2 months

delay because the country declared a state of emergency and had restrictions on movement and daily activities to limit the spread of the disease.

After approval from the Texas Woman's University's Institutional Review Board, gatekeepers were confirmed for collaboration and recruitment of participants. Feedback was sought from gatekeepers on information to be sent to mental health professionals for referral in Grenada, Jamaica, and Trinidad and Tobago. Participants informed the mental health worker, gatekeeper, or contacted researcher on his or her interest.

Jamaica and Trinidad

The steps in Trinidad and Jamaica remained relatively the same to ensure consistency of the research process. During the first month in each country, the researcher volunteered and participated in cultural, educational, religious, and social service projects as needed. This was suggested in lieu of giving compensation for family interviews and surveys to be culturally-appropriate (J. Collymore, personal communication, March 16, 2018). With gatekeepers' suggestions, the volunteer activities were in different locations in each country. Field notes were recorded on researcher's volunteer activities and observation during data collection.

Family interviews and questionnaires commenced during the third week in each country. Most family interviews were held at the families' homes. Other interviews were held at a location suggested by gatekeepers or family to ensure privacy and space for candid conversations and artmaking. The family interviews, including the artmaking, lasted approximately 90 minutes. However, one Trinidadian family opted not to complete the artwork during the time. They emailed their artwork 3 days later. Another Trinidad

family declined to create art and chose an image online that represented what they would have created if the natural materials they needed were available.

Grenada

Data collection process differed in Grenada due to the COVID-19 pandemic. Unlike Trinidad and Jamaica, data collection lasted 5 months rather than 2 months. During the first 3 weeks, the researcher volunteered and participated in cultural and social service projects. Field notes were recorded on researcher's volunteer activities and observations. All family interviews held in Grenada, including the artmaking, lasted approximately 90 minutes. Only one family interview was conducted before the COVID-19 lockdown. The interview was held in person at the family's home. They opted to email a photograph of the second part of their artwork 3 days after completing the interview.

The COVID-19 pandemic delayed other data collection for 3 months. However, the researcher was involved in online social service activities where field notes were taken on online meetings and activities as a participant observer. Before online surveys or family interviews resumed, the recruitment flyer (see Appendix G) was modified and approval given by the Texas Woman's University's Institutional Review Board. Data collection resumed with family interviews online through Zoom, a password protected video conferencing software. The art materials were sent ahead of time to the families through local couriers or social distancing practices implemented by the Ministry of Health in Grenada. The artwork was emailed about 3 days after the family interviews. In

one case, a Grenadian family chose two images that represented family resilience instead of creating art. The images were emailed to the researcher 3 days later.

Family Interview Procedure

Before each interview, research background and confidentiality were explained. A consent form (see Appendix B) was read and related questions answered. Each family was given a consent form to sign. After the consent form was signed, the audio recorders were turned on. The researcher reminded the families that they had the option for the recorder to be turned off at any point. During the interview (see Appendix D), families were invited to create art to depict their experience of their family's resilience. Upon completion, photographs were taken of the family's artwork for further analysis, using a high resolution digital camera or the family took a picture and emailed the image. The survey was provided for the family for completion. Field notes were also recorded separately after each family interview.

For participants who completed only the survey, options for paper or online versions were given. Through snowballing and gatekeepers, a link to the online survey was provided for participants to complete the survey. A majority of the participants who completed the survey in person preferred an interview style in which the researcher asked the questions and participants responded with contextual explanations.

Summary

The mixed methods dissertation sought to answer the main research question on the experiences and resources of family resilience among English-speaking Caribbean families by using a convergent parallel design. It is the concurrent collection of

quantitative and qualitative data. This design required that data be analyzed separately and merged in the discussion to identify convergence.

The qualitative methodology was an arts-informed phenomenology. It captured the shared experiences of 19 families through their verbal and artistic expressions. After the coding process was completed another qualitative research question emerged: What is the role of faith and spirituality in family resilience among Caribbean families?

The quantitative methodology for this mixed methods dissertation used a survey that contained the FRAS and demographic questions to understand how demographic information on families predict family resilience. There were 179 survey respondents; after removing missing data, outliers, and invalid cases, 151 surveys were analyzed.

Rigor in the study was addressed through using the FRAS, a reliable and valid scale. Member checking, triangulation and having another coder increased the trustworthiness of the data. The data collection process was similar in Jamaica and Trinidad and Tobago with a two-month period of data collection. However, data collection took longer in Grenada due to impact of the COVID-19 pandemic where there were restrictions on in-person interactions and opportunities to volunteer in community and cultural activities. Data collection lasted 5 months in Grenada.

CHAPTER IV

RESULTS

This chapter focuses on the results of the mixed methods dissertation on the experiences and resources of family resilience among English-speaking Caribbean families. The main research question was: What are the experiences and resources of family resilience among English-speaking Caribbean families?

The mixed methods design used to answer the research question was the convergent parallel design. The quantitative component was a survey design. The qualitative part came from an arts-informed phenomenological design. Arts-informed research is a representation form of inquiry to enrich the understanding of experiences for “reach with multiple audiences by making scholarship more accessible” (Cole & Knowles, 2008, p. 59). One of the key components in mixed methods research is data integration. Integration in this design occurs during the discussion of the findings (Creswell & Plano Clark, 2017). Therefore, the results of each component are displayed in tables for adequate integration (Creswell & Plano Clark, 2017) in the next chapter. It also increases the quality of the mixed methods design (Onwuegbuzie & Johnson, 2006) for integration of the arts-informed part of the research design.

The chapter is divided into two sections. The first section presents the quantitative or the statistical analysis from a survey administered both online and through pen and paper containing the FRAS (Sixbey, 2005) with demographic questions. The dependent variable was the overall score from the FRAS. The independent variables were: the number of persons living in participants’ family or family size, the type of family, highest

level of education, and the total score from questions on the family's finances or socioeconomic resources. The quantitative research questions focused on measuring the demographic predictors of family resilience using the FRAS (Sixbey, 2005):

- Is there a significant relationship between family resilience and family size, socioeconomics, and education level among Caribbean families?
- What are the differences in family resilience by family type among Caribbean families?

It was hypothesized that there will be a significant relationship between family resilience and family size, education level, and socioeconomic resources. Larger families, those with more socioeconomic resources, and families with members having advanced education will have higher family resilience score. The extended family will have higher family resilience scores than other types of families among Caribbean families.

The second part of the chapter presents qualitative results that include analysis of non-numerical data from family interviews. The qualitative component explored family resilience among Caribbean families through: transcripts of audio-recorded family interviews held in person or online, artwork created by the families who were interviewed, field notes, and the researcher's memos recorded during data analysis. The research questions for the qualitative portion were:

- What do English-speaking Caribbean families verbally and artistically describe as their experiences of family resilience?
- What do English-speaking Caribbean families describe as sources of support for family resilience in their families?

- What is the role of faith and spirituality in family resilience among Caribbean families?

Quantitative Results

Using the Statistical Package for the Social Sciences version 25 (SPSS 25), initial analyses were conducted to check for normality, outliers, invalid and missing cases.

These analyses brought the total sample size to 153 for the quantitative component of the survey from 179 (two participants removed for duplicate cases, 11 participants removed for short duration, two participants removed for zero variance, two removed for invalid data, nine participants removed for extreme outliers). Of the 153 participants (65.4 % female), .7% were from Antigua, .7% from St. Lucia, 2% from Dominica, 49% from Grenada, 27.5% from Jamaica, 19.6% from Trinidad, and .7% from other English-speaking Caribbean countries not listed. Cronbach's alpha was done to measure reliability of the FRAS, which revealed that there was high internal consistency of the overall scale ($\alpha = .97$).

Descriptive Statistics

Descriptive statistics for the four continuous variables are shown in Table 3. As shown, highest education in families ranged from 1 to 7 ($M = 4.03$, $SD = 1.25$). In other words, the highest level of education in some Caribbean families was primary/elementary school; while the highest level of education in other families was doctorate. The average education level was a bachelor's degree. Socioeconomics scores range from 1 to 4 ($M = 2.33$, $SD = .69$), while family size ranged from 2 to 12 ($M = 4.16$, $SD = 1.89$). The FRAS scores ranged from 52 to 196 ($M = 130.00$, $SD = 32.64$).

Table 3

Means and Standard Deviations for Continuous Variables

	N	Min	Max	<i>M</i>	<i>SD</i>
Highest Education	147	1	7	4.03	1.25
Socioeconomics	146	1	4	2.33	.60
Family Size	146	2	12	4.16	1.89
Family Resilience	135	52	196	130.00	32.64

The categorical variable was family type. Of the total number of participants who completed the surveys, 59 (38.6%) were from nuclear families, 24 (15.7%) were single-parent, 26 (17%) were extended, and 19 (12.4%) communal families. There were nine (5.9%) participants who indicated “Other” and nine (5.9%) sibling families.

Inferential Statistics

ANOVA. A one-way analysis of variance (ANOVA) test was conducted to determine if family resilience differed by type of family. As shown in Table 4, results revealed that there was no significant difference of family type on family resilience, $F(5, 128) = 1.91, p = .10$. The post hoc tests were also not significant (see Figure 2). Therefore, there was no difference in family resilience according the type of family among English-speaking Caribbean families.

Table 4

One-way ANOVA for Family Resilience by Family Type

	Sum of Squares	df	Mean Square	<i>F</i>	<i>p</i>
Between Groups	9,879.38	5	1,975.88	1.91	.098
Within Groups	132,625.94	128	1,036.14		
Total	142,505.32	133			

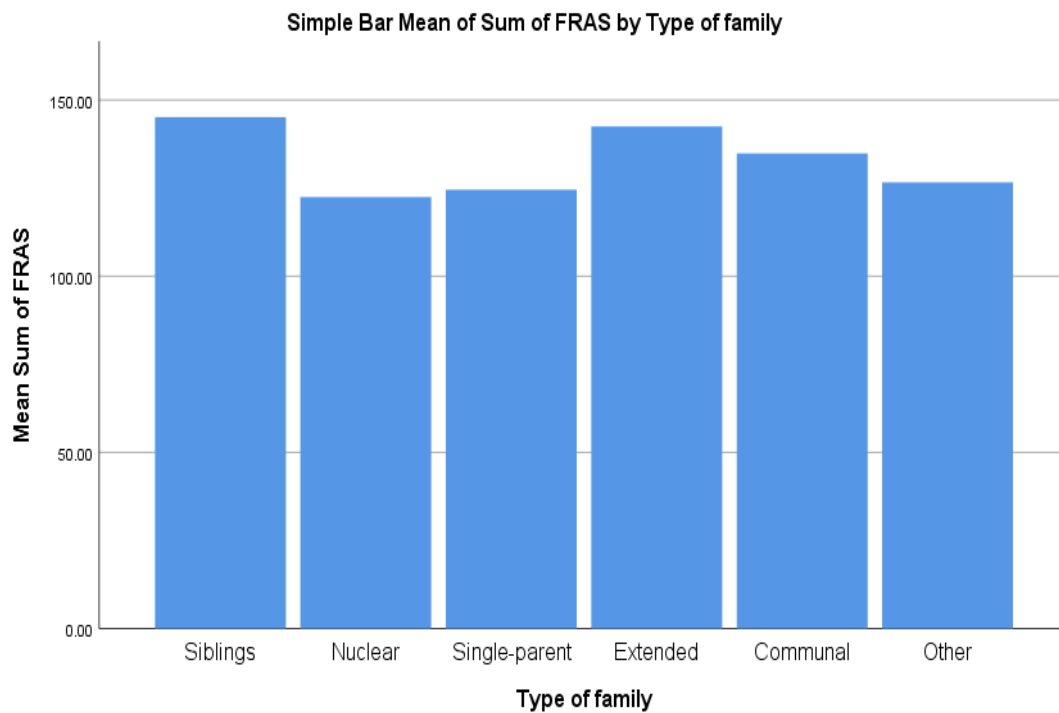


Figure 2. Type of Family by Family Resilience

Multiple Linear Regression

Multiple linear regression was used to investigate the relationship between family size, education level, and socioeconomics on family resilience. In Table 5, the overall model on the relationship between family resilience and socioeconomic resources, highest education, and family size was significant, $F(3, 127) = 3.88$, $p < .05$, and

accounted for 8.4% of the variance. Of the variables, only socioeconomic status has a significant relationship with family resilience. Higher socioeconomics was associated with lower family resilience, $\beta = -.32, p < .01$. The results partially support the hypotheses. Family resilience has a significant relationship with socioeconomics, but in the opposite direction. Caribbean families with more socioeconomic resources had lower family resilience. However, there was no significant relationship between family resilience and highest education and family size.

Table 5

Summary of Multiple Linear Regression on Family Resilience

Model	Unstandardized		Standardized	<i>t</i>	<i>p</i>	Collinearity Statistics	
	<i>b</i>	SE	β			Tolerance	VIF
Socioeconomics	-18.74	5.51	-.32	-3.40	.001	.80	1.25
Highest Education	3.71	2.56	.14	.145	.15	.81	1.24
Family Size	1.46	1.66	.08	.88	.38	.96	1.04

Qualitative Results

Family Demographics

Family interviews were held in Trinidad, Jamaica, and Grenada, respectively. There were 19 families who consented to participate in the interview and art making. Table 6 provides information on the families who were interviewed. There were seven families interviewed in Trinidad, four Jamaican families, and eight Grenadian families. The majority of the families were of African descent. There was a mixture of family types, from a married couple with launched children, multigenerational extended

families, communal, and single-parent families. More than half of the families received some form of financial aid in the past. Only one family interviewed had only females living together. There were three patriarchal, eight matriarchal, and eight families who negotiated the major responsibilities. Some families were small with only two persons and some were large with as many as eight members.

Table 6

Demographics for Caribbean Family Interviews

Family	Country	Highest Education	Ethnicity	Family Type	Financial Aid	Gender	Head of Household	Family Size
Gren_1	Grenada	Masters	Mixed	Nuclear	No	Both	Negotiable	4
Gren_2	Grenada	Masters	Mixed	Other	No	Both	Negotiable	2
Gren_3	Grenada	Bachelor	Afro-Caribbean	Extended	No	Female	Female	3
Gren_4	Grenada	Primary/Elementary	Mixed	Communal	Yes, two or more times	Both	Male	4
Gren_5	Grenada	Secondary/High school	Afro-Caribbean	Single-parent	Yes, two or more times	Both	Female	5
Gren_6	Grenada	Associate Degree	Afro-Caribbean	Extended	Yes, two or more times	Both	Negotiable	5
Gren_7	Grenada	Associate Degree	Afro-Caribbean	Extended	Yes, two or more times	Both	Negotiable	6
Gren_8	Grenada	Associate Degree	Afro-Caribbean	Single-parent	Yes, two or more times	Both	Female	2

(continued)

(continued)

Family	Country	Highest Education	Ethnicity	Family Type	Financial Aid	Gender	Head of Household	Family Size
Jam_1	Jamaica	Secondary/High school	Afro-Caribbean	Single-parent	Yes, two or more times	Both	Female	5
Jam_2	Jamaica	Masters	Afro-Caribbean	Nuclear	No	Both	Negotiable	4
Jam_3	Jamaica	Bachelor	Afro-Caribbean	Extended	No	Both	Male	4
Jam_4	Jamaica	Masters	Mixed	Extended	Yes, two or more times	Both	Negotiable	5
Trini_1	Trinidad & Tobago	Bachelor	Afro-Caribbean	Extended	Yes, two or more times	Both	Male	5
Trini_2	Trinidad & Tobago	Associate Degree	Afro-Caribbean	Extended	Yes, twice	Both	Female	5
Trini_3	Trinidad & Tobago	Secondary/High school	Mixed	Nuclear	No	Both	Negotiable	3
Trini_4	Trinidad & Tobago	Masters	Afro-Caribbean	Other	Yes, two or more times	Both	Female	2

(continued)

(continued)

Family	Country	Highest Education	Ethnicity	Family Type	Financial Aid	Gender	Head of Household	Family Size
Trini_5	Trinidad & Tobago	Bachelor	Indo-Caribbean	Communal	No	Both	Female	8
Trini_6	Trinidad & Tobago	Bachelor	Mixed	Communal	Yes, two or more times	Both	Female	5
Trini_7	Trinidad & Tobago	Doctorate	Indo-Caribbean	Nuclear	Yes, twice	Both	Negotiable	3

Themes

This part of the qualitative results presents the themes connected to the qualitative component of the mixed methods research on family resilience among Caribbean families. A theme is a phrase or a sentence used to connect coded and categorized qualitative data to the research question (Saldaña, 2016) in a more subtle way. For the purposes of connecting to the qualitative research questions, some themes emerged from the names of the categories. In other instances, some themes were renamed from categories to closely connect to answering the research questions. Table 7 shows the themes and categories that emerged from the interviews, field notes, and artwork. The artistic expressions were integrated into the themes to provide a more holistic and visual understanding of the themes.

Table 7

Themes and Categories

Artistic Expressions	Themes	Categories
	Barriers to Family Resilience	External barriers to family resilience
		Internal barriers to Family Resilience
		Mental Health
		Stress
	Reliance on Internal Family Connectedness	Family Connectedness
		Internal resources for family resilience
	External Support	Community Support External Resources for Family Resilience
		Mental Health
		Nature
	Financial Challenges as Strength	Finances
		Family obligations and responsibilities
	Multidimensional influence of Faith and Spirituality/Transcendence	Faith_spirituality

Barriers to family resilience. After Caribbean families explained the most difficult situations within their families, the term *stress* was used to describe the situation. Some of the areas of stress included the death of one or more family members and increase in discord among members. Half of the families who were interviewed explained that the sudden death or dying of important members in the family shifted the responsibilities of members. The changes in the roles of those family members increased

discord, “loss of a close relative was one of the major losses in this family. In the beginning, it was very difficult to get over this tragedy and there was conflict” (Gren_6). In fact, two families included their experiences of mourning the loss of their relatives in their art (see Figure 3 and 4). These families recounted that it took a long time to overcome the loss and make decisions on new roles and responsibilities in the family.

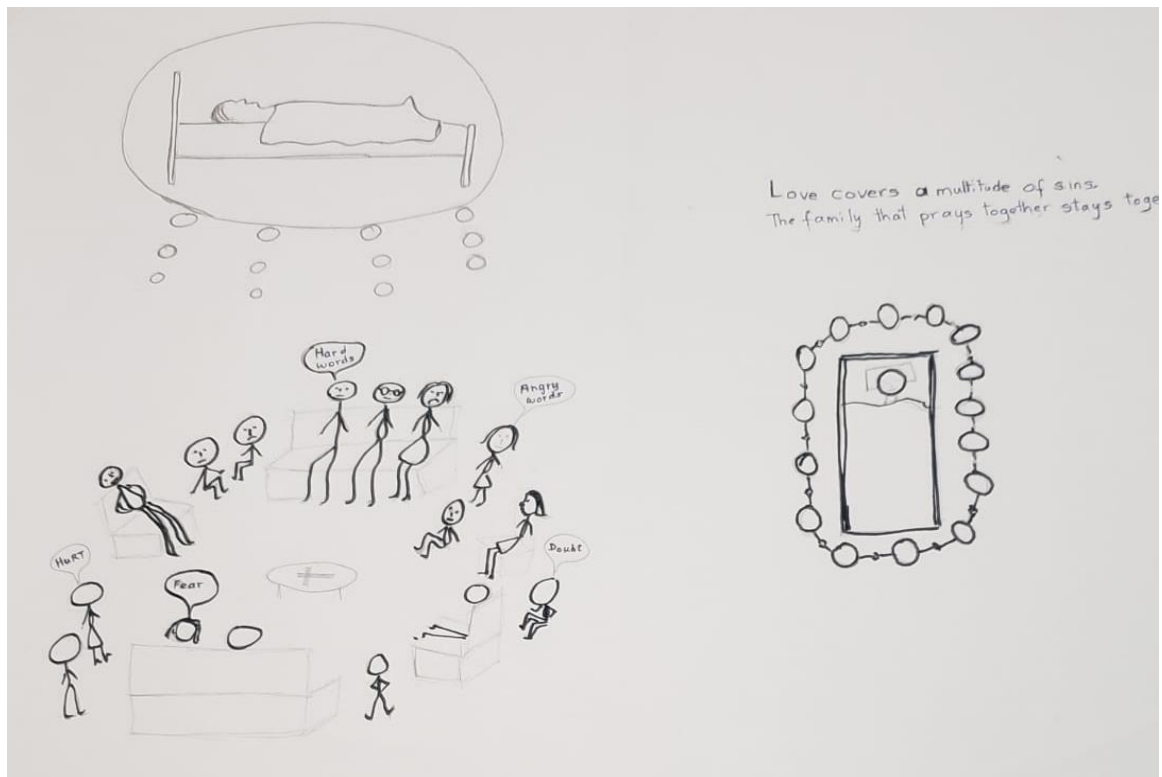


Figure 3. Artwork by Gren_2. Art materials: pencil, markers

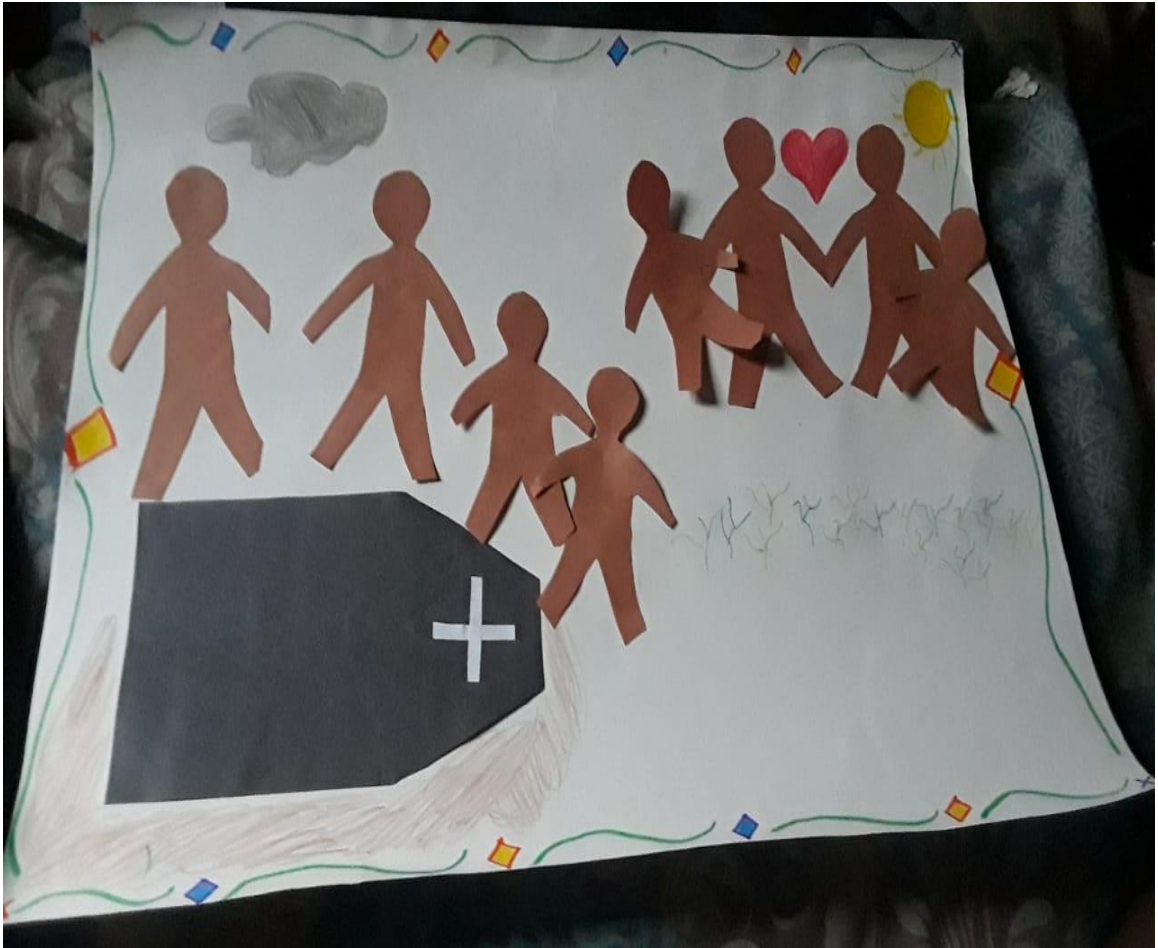


Figure 4. Artwork by Gren_6. Art materials: graphite pencil, colored pencils, glue, colored paper, markers

Other situations faced by families were related to physical and mental health that lead to disagreements among members, which took a long time to overcome. There were some families who had physical health challenges that changed the mood among members. In other instances, the stress was work-related. Some families talked about the constant change in moods of members when there is more work to do at home, while other families described work-related stress that members brought home. In some

families it was difficult to overcome alcohol use and abuse, “I tried to escape while I stay in the house. I had some mix of drinks were involved” (Jam_3)

There were other descriptions of family stress among Caribbean families that occurred simultaneously and was complicated by existing societal concerns, such as high crime in their villages. One of the families also included their concerns about crime in their artwork (see Figure 5).

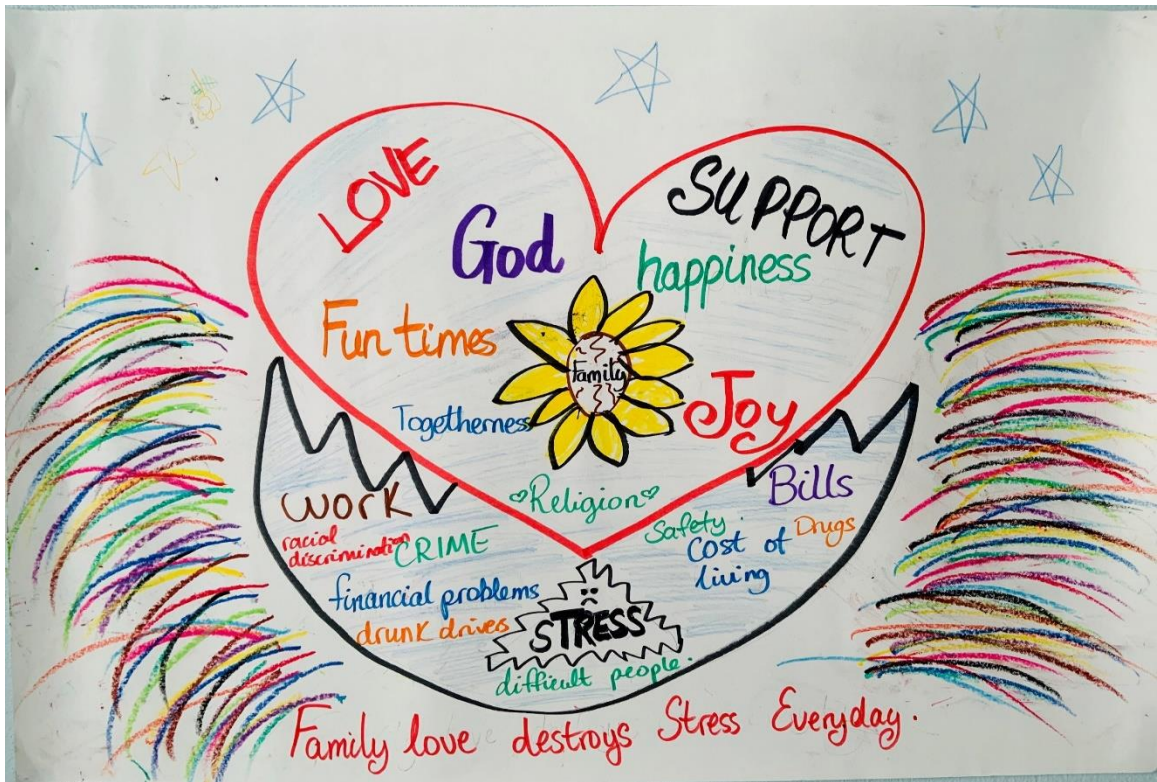


Figure 5. Artwork by Trini_5. Art materials: graphite pencil, markers, oil pastels

A few families talked about internal obstacles to coping resilience, such as their family’s history of domestic violence which increased division among members. One family admitted that the children witnessed ongoing dangerous situations at home:

Well, the children seeing it, my family is not really...I'd like for it to be a loving family, but in my family I would say there's chaos. When my husband get vex, he pull his weapon. I had to call the police. (Gren_4)

Although, the majority of families talked positively about their extended family, some families complained that they had no extended family input. If extended family sought to support members it created division, "well, eventually for me, like ok...when two people got married, the two families came together. So my family started taking sides and his own take a side. So, it was a discomfort...that didn't help [crying]" (Gren_6).

Reliance on internal family connectedness. In the midst of coping, all families explained that they had no choice but to rely on each other when they had extreme stress or challenges. Figure 6 was described as a family embedded in a chaotic world with the need to rely on each other. Another family depicted the peace they receive from each other (see Figure 7).

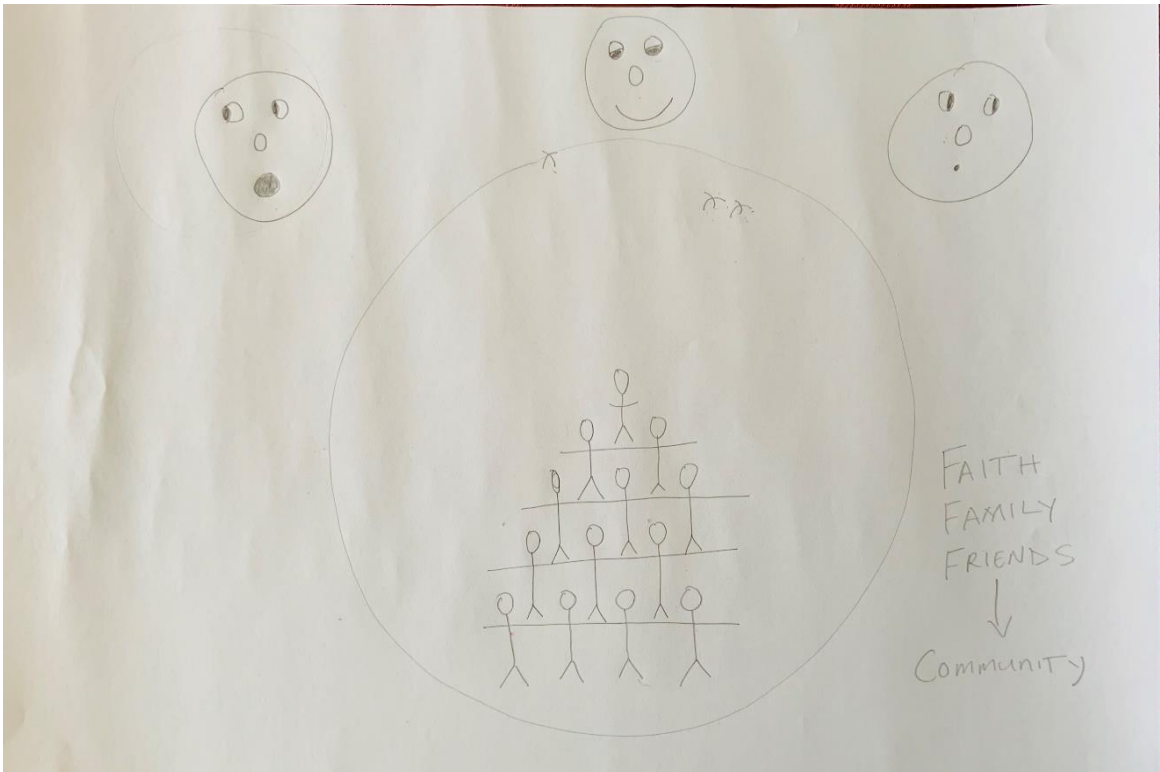


Figure 6. Artwork by Jam_2. Art material: graphite pencil



Figure 7. Artwork by Jam_4. Art material: oil pastels

In this study, Caribbean families spoke about their strong bonds among each other. They explained and depicted in their art that the bond through love kept them going in the midst of stress, “the fact that you can rely on the other party. It is a big big help” (Jam_2).

There were different ways in which the bonds among Caribbean families occurred. Some families explained that they used their love for cooking to create family activities around meals. Others described the use of technology to stay connected to each other during the COVID-19 lockdown and when some members are travelling. A Trinidadian family highlighted in their art the importance of maintaining family bonds through video chatting and text messages (see Figure 8).



Figure 8. Artwork by Trini_7. Art materials: graphite pencil, markers, oil pastels, watercolor paints

On the other hand, one family wanted to strengthen their bonds, but it was obstructed by the use of technology,

We don't eat together. If I have to, me alone and even some other people are there...because even if [daughter] and I are at home, I'm very very much alone. Because she normally put something in 'er ears. She doh hear me even if I call her. (Jam_1)

There were other aspects within Caribbean families that they described as resources to aid in coping with challenges. The presence of younger members, specifically children under the age of 7 seemed to bring joy among members. Several

field notes were recorded on the differences in emotional expressions when a younger family member participated in the family interviews. Families laughed and smiled more when younger members interacted with them and the researcher, and when the younger members answered the interview questions.

Almost all the Caribbean families explained that their ability to communicate with each other to solve stress was a positive quality within their family. They described accepting each member's strengths and weakness through reframing their experiences in a positive way to get their needs met:

Well, we try we best to...like my son is not a very articulate person. He don't talk much, you know. But 'im try to encourage...we do encourage each other. And we recognize when somebody is having a problem and we try to...you know. (Jam_3)

Loss of a close relative was one of the major losses in this family. In the beginning, it was very difficult to get over this tragedy and there was conflict. However, as time progressed we allowed the natural love we had for each other along with the memory of how things were before. (Gren_6)

Conversely, some families emphasized that they felt it was important that each person accept their independence in resolving family stress. Those families valued their routine of taking time away from each other to reflect on the difficult family situation through “distance” and “creating own space” at home. One of the families spoke at length about their mutual understanding of independence:

Father: We're cool doing it. I think...

Mother: You know, some couples are like, "I can't walk from here to there, without talking to my husband."

Father: Or, "we need to have a meeting" or "we need to have it..." because [wife] can handle it herself. She was programmed to handle it for herself. I was programmed to handle it by myself as a young person growing up, you know. So, it is not like to say she can't talk to me or come, but most of the times, if something real get into our skin, we will thing it. I'm not saying that we'll hide it but generally, we will be able to manage it ourselves. So, one of the ways that she helps me manage my stress is when I tell her that I'm going in the Bamboo. Like yesterday, I went and I literally ran. I'm...I always like to set boundaries for myself. (Trini_7)

However, the majority of the Caribbean families emphasized the important contribution of the extended family. In the field notes and interviews, nuclear and single parent families explained that their definition of a Caribbean family included the extended family, "You could look at that family, but there's always an importance in Caribbean family, the extended family." Figures 3 and 4 illustrated that they expected their extended family support during times of grief, but complained when the extended family input was destructive.

External Support. Caribbean families described a variety of resources outside of their own family for coping. Those supports extend from people to nature. A few families described the contribution from persons in their village who intervened when there was

family discord or major financial loss or death. “Hmm, well...to be honest, I know some neighbors inside here, they're really nice. So they came and they tried to console and all of that. And then, we cried together and then, we eventually moved off it” (Gren_6). In some families, community support was insufficient, they spoke about getting mental health support when their major family stress was overwhelming. “It was that deacon that 'elp 'er to get help, to get professional counseling. She got through counseling and so on. She go through talks and thing and it bring 'er down” (Jam_1).

The majority of families recounted the importance of friends. They defined friends as people who were coworkers or others who were outside of their community who provided financial and informal counseling. In the interviews, they said that people who they considered friends aided in their process of overcoming difficulties in the family. A few families said that they had people who were considered close friends who helped them when their family faced difficulties because there were instances when the family could not relate to their unique reaction to the situation, “And she was very very supportive because she would send clothes and...as best as she could. Well, she (points to daughter) has friends at work who would chip in, you know?” (Trini_2).

Another external resource for families in this study was nature. More than half of the families depicted nature in their artwork and verbally described the importance of nature as a stress relief. Families explained that the weather and interaction with plants and animals “always seems to bring [them] together” (Trini_1). Half of the families said that they had encountered at least one natural disaster, such as widespread flooding or hurricane as the most severe situation. This natural disaster, unfortunately, removed

nature as a resource for family resilience. It was demonstrated in an image chosen by a Grenadian family, who did not create art, but chose images before and after Hurricane Ivan in 2014 (see Figure 9). The image was described as, "...a pretty blurry scene, that's how we sometimes get or the environment around becomes" (Gren_8).



Figure 9. Art chosen by Gren_8. These paintings were chosen by the family who declined to create art

Financial Challenges as Strength. Some of the difficulties among Caribbean families related to financial issues. Many families interviewed spoke about the impact of financial decisions on their education and limited finances that created stress because there was no government intervention or programs to support their needs, “we don't have much. We're really struggling, but we're trying to cope with what we have” (Gren_4). “So for me that was the most recent stress I had recently because I know what I want to provide as a father for my daughter, and I wasn't monetarily contributing towards that, you know” (Trini_1).

About half of the families described obligations and responsibilities that were not taken seriously by members who were not physically present in the home. In some instances, the absence of fathers affected financial support for families with children under the age of 18. Some of the financial challenges contributed to family discord and limited access to technology. One family complained that not having access to the internet for their children's education and that they did not know how to resolve it.

Nevertheless, the field notes and interviews revealed that the families who had financial difficulties eventually found creative ways to cope. Some matriarchs and patriarchs explained the pride they took in providing for their family which motivated them to work harder or find other avenues to support the family. One patriarch explained his responsibility as the primary breadwinner in his multigenerational family:

And the reason for this is that for my family has to be taken care of. Bills have to be paid, particularly the bills. And I make it a sense of duty not to let them know what it is. (Trini_1)

While a mother recounted the instances when she had to seek help without informing her husband:

So I does kind of hide and ask to go and get. 'Cuz he doh ask, he doh ask. Not for God's sake! He will need something and he don't ask him. But I does say, 'my children, so I'm gonna ask if they have.' If they say that they can't make it, then I'll turn to another alternative or maybe ask his mom. He has a sister, I'll ask his mom. But I'm not asking people to take out of what they need for themselves.

(Gren_4)

Multidimensional influence of Faith and Spirituality/Transcendence. Many Caribbean families talked about their faith and spirituality as the primary means by which they coped. Only one family did not create art or talk about their faith or spirituality in relation to their experiences of family resilience. In all observations and the majority of family interviews, the definition of faith and spirituality was indistinct. One of the Trinidadian families went further to connect faith and spirituality with mental health of a Caribbean person:

Right, faith is a tricky word because faith itself is something is associated with spirituality, right. But then it is also associated with mental health. A lot of situations not really promote mental health, whether it be ritualistic practices, whether it be presumed theories. So, they have a lot of things that could influence that concept of faith because you could be the best spiritual person and without an able, stable, or a willing mind, you get no nowhere. I think we need to have a

greater emphasis on that in the Caribbean and dealing with stress because nowhere at the primary level we are taught how to. (Trini_7)

The connection of faith and spirituality was confirmed in another interview when a family in Jamaica explained that absence of religion lead to alcohol use.

For cultural relevance, the faith and spirituality was adapted as the term when referring to Caribbean families' practices and beliefs in a higher power. As a result, it emerged as the third qualitative research question for this study: What is the role of faith and spirituality in family among Caribbean families? The answer to this research question is that faith and spirituality played an important role in helping Caribbean families to cope with difficulties situations. The role of faith/spirituality was multifaceted. This is depicted in Figure 10 by a Jamaican family who placed the church at the center of their family.

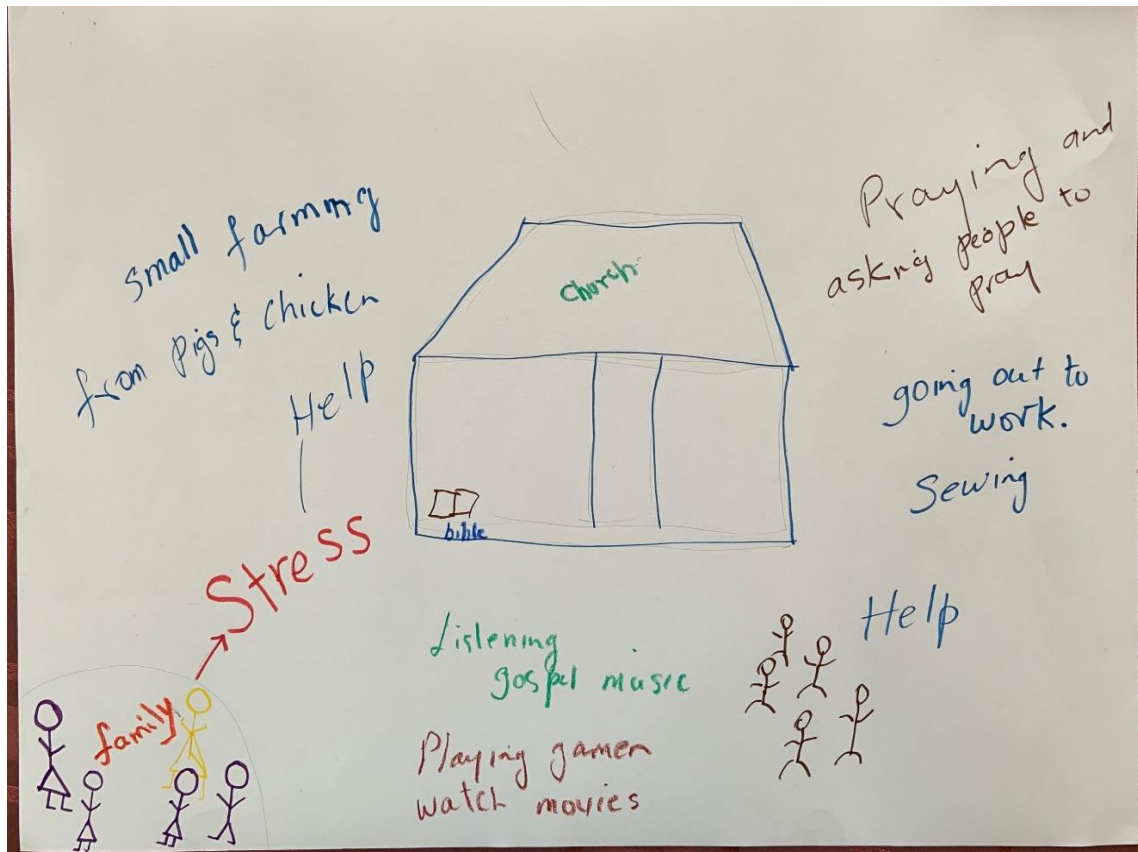


Figure 10. Artwork by Jam_1. Art materials: graphite pencil, markers.



Figure 11. Artwork by Trini_6. Art materials: oil pastels

There were also non-verbal expressions of strength through families' reliance on spiritual beliefs. In the artwork illustrated in Figure 11, the family described the yellow as spirituality and faith and the need for family members to be connected to their faith to cope with difficult issues. Another family described the divine intervention symbolized in the cross as an oasis (see Figure 12).

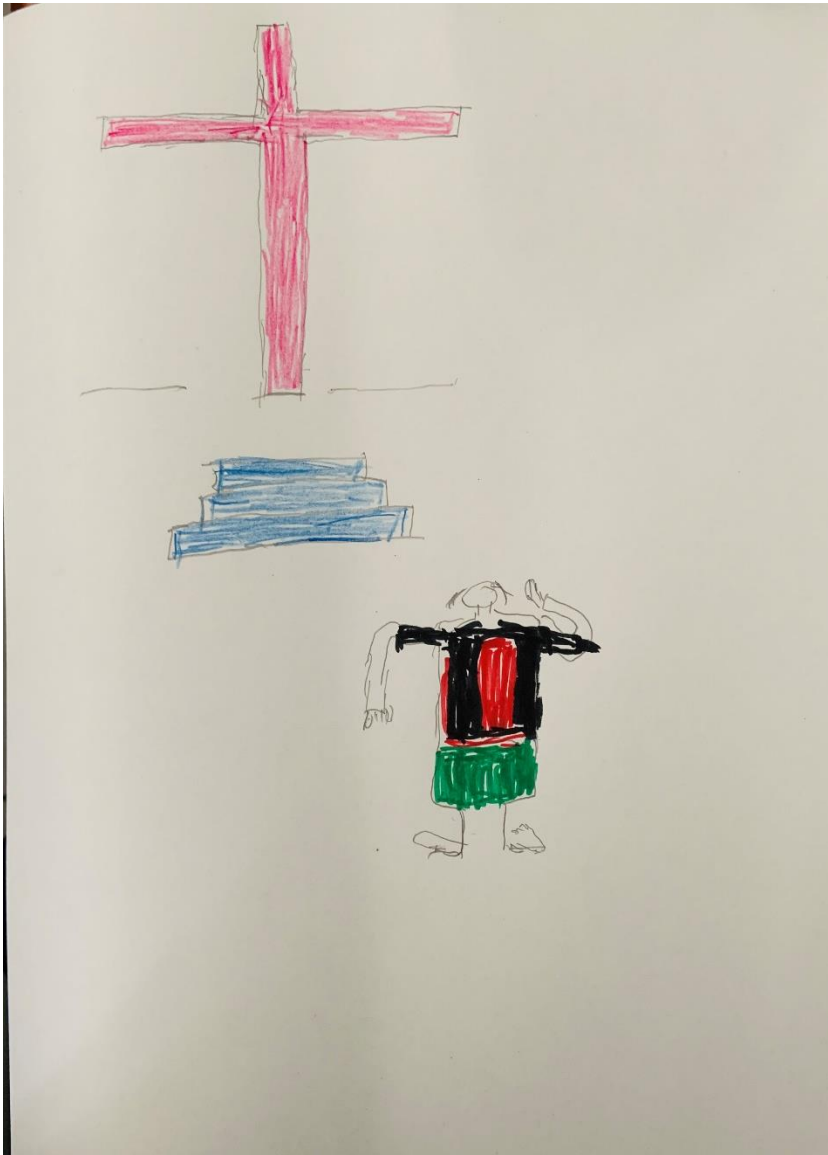


Figure 12. Artwork by Jam_3. Art materials: graphite pencil, markers

Faith and spirituality played a variety of roles in the experiences of Caribbean families' ability to cope. It helped many families in their acceptance of difficulties. Some families described praying to help them cope with uncertainties which eventually lead to their acceptance their challenging situation. Other families used positive affirmations integrated in their spiritual beliefs motivation when they were in the midst of the difficult

situation. Having family activities, such as prayer increase family connectedness. This was also depicted in Figure 13 by a Grenadian family who explained, “Family joining hands together in prayer because the family that pray together stay together” (Gren_5).

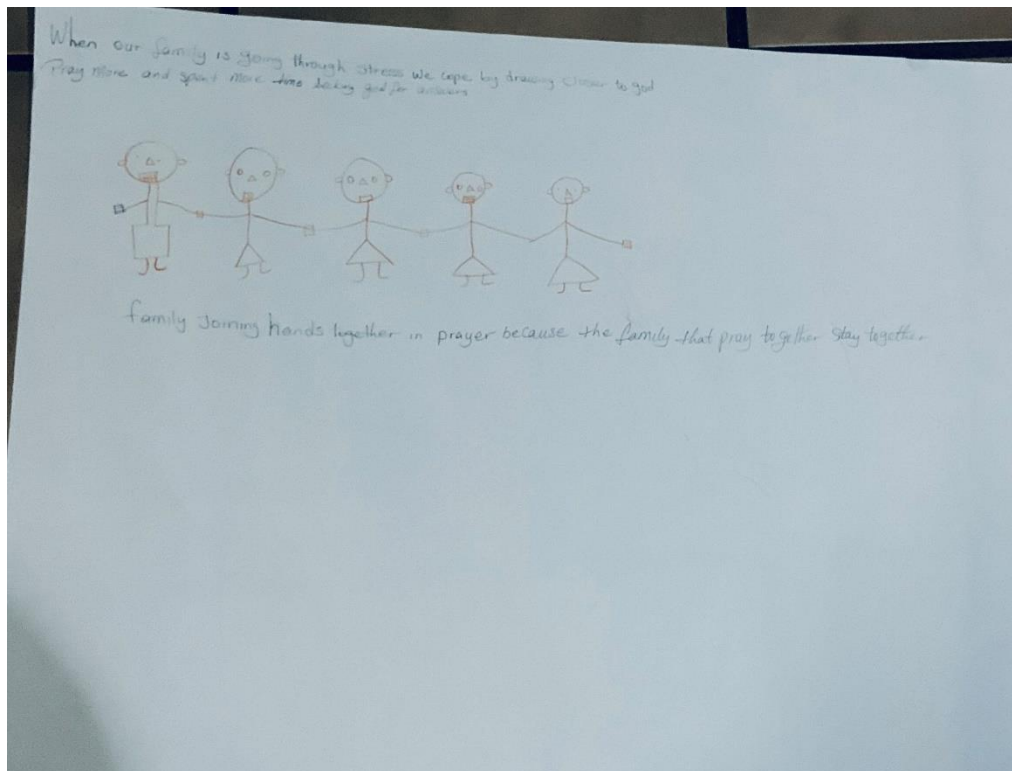


Figure 13. Artwork by Gren_5. Art materials: graphite pencil, colored pencils

Some families described integrating faith and spirituality into their process to resolve family problems. The majority of families who were interviewed talked about gaining inspiration from their faith and spiritual activities to learn how to cope with family challenges. All families who talked about their faith and spirituality as a support for family resilience said that religious member's support was helpful. On the other hand, one family complained that it was insufficient particularly from their religious leader,

As a pastor, he should come and check up on us. Before the lockdown he came to see us for counseling. Some of the things he said...I don't want him back in my house because some things he telling me...I can't deal with this! (Gren_4)

Most families explained that their family connections were strengthened through their religious institutions and spirituality. Whether the families stated that they attended a church, mosque, or synagogue, they described the spiritual activities within and outside of their home that increased family connectedness. A few families emphasized that their religious institutions were primary means of socialization for their children. More than half of the families interviewed believed that the knowledge gained from a religious institution was more important than formal education. Hence, more than half of the families interviewed drew inspiration from their faith and spiritual beliefs.

Summary

The results of this mixed methods dissertation on the experiences and resources for family resilience are presented in sections with the quantitative results first. The answers to the quantitative research questions were there was no significant relationship between family resilience and family size and education among Caribbean families. There was no significant difference in family resilience according to the type of family among Caribbean families. However, there was a significant relationship between family resilience and socioeconomic resources where affluent families (families with higher socioeconomic resources) have lower family resilience.

For the qualitative research questions, Caribbean families who were interviewed had a variety of challenges that they encountered, such as finances, mental health, natural

disasters, grief and loss, physical health, and work. These challenges were exacerbated or were more difficult to cope with when there were concerns about safety, crime, family discord, domestic violence, and no help from extended family. Nevertheless, internally, families used positive outlook, problem-solving skills, and members' independence. On other occasions, families relied on friends, nature, community, and mental health support to relieve stress. Faith and spirituality helped in the primary socialization of children, inspiration, positive outlook, and acceptance of the difficulties that families encountered. The last chapter of this dissertation will integrate the qualitative and quantitative results of this study to explain new insights and connections to existing literature about family resilience among Caribbean families, recommendations, and implications.

CHAPTER V

DISCUSSION, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

This is the final chapter of the dissertation exploring family resilience among Caribbean families. The primary purpose of the study was to gain a pragmatic understanding of family resilience among Caribbean families who currently reside in English-speaking Caribbean nations. The study used a convergent parallel mixed methods design to gain a dynamic understanding of how Caribbean families cope with difficulties. The qualitative data came from family interviews and artwork created by families on their experiences. The quantitative data came from a questionnaire on family resilience and demographic information.

The chapter presents the discussion of the converged qualitative and quantitative results. The first part explains the researcher's voice: reasons for the study and the impact that this study had on her understanding of research. The next section explains how the quantitative and qualitative results converged in connection with the family resilience process theory and related literature. Theoretical and research implications are presented. Then, clinical implications are explained. Research limitations and recommendations close the chapter.

Researcher's Voice

A key element in mixed methods research is the involvement of the researcher in the process of collection and analysis of qualitative data. This means that "researchers are tools" (Watkins & Gioia, 2015, p. 76) in the process. This study was conducted by an Afro-Caribbean female art therapist and marriage and family therapist doctoral candidate

who was immersed in the lives of the participants. Although I do not currently live in the Caribbean, the research process was influenced by my interactions with gatekeepers, members of the communities/villages, and the nine months during which I resided there to collect the data.

My interest in this topic was informed by my clinical work in the Caribbean prior to my doctoral studies in marriage and family therapy. During my full-time work and volunteer activities as a master's level mental health professional, I worked primarily with people with traumatic histories. My interest in how Caribbean families coped was initially informed by candid inquiries on why I excluded family intervention as a clinician providing individual therapeutic services. I became curious about how theories about families and individuals applied to mental health intervention in the Caribbean.

As a result, I sought the input of professionals and volunteers throughout the development, implementation, and conclusion of this research. At the beginning of choosing the topic, Caribbean mental health practitioners suggested using the word “coping” rather than resilience in my interactions with families. They acknowledged that resilience is a popular term, but many families may not know what it means in their familial context. Inasmuch as I sought to not limit myself to the types of recruitment (such as convenience and snowballing), I was surprised how often family participants and gatekeepers suggested that I disseminate my research to faith-based institutions and to religious leaders. During the analysis, peer examiners reminded me not to ignore my own Caribbean identity in understanding “our people” (L. Belnavis, personal communication,

August 18, 2020) and “our experiences” (K. Alleyne, personal communication, August 12, 2020) on the interaction of spirituality and crises in the Caribbean culture.

I would be doing a disservice to my research by not explaining the impact that this study had on my overall understanding of research. The gathering of data was both an easy and difficult process. Some families literally opened their doors to me which required more individual time than my planned community volunteer activities. They wanted me to develop a rapport by spending many hours sharing meals and informal discussions before talking about their “little family secrets” (Trini_2, personal communication, November 6, 2020). In other instances, I had to step out of my shy disposition to invite families to be interviewed and surveyed. Moreover, I was surprised that some people were disappointed that I “did not pick certain people” (Trini_1, personal communication, November 24, 2020) to answer my questions. There were situations in which I felt helpless about ways to convey respect of my own culture while adhering to TWU’s IRB requirements. This was most evident after the COVID-19 restrictions when families preferred in-person interactions for the interviews and surveys despite research modification requirements for online only data collection.

Overall, the voices and artwork of participants, gatekeepers, and gatekeepers as peer examiners broadened my understanding of family resilience in the Caribbean. I laughed, cried, and ate with them as they shared their experiences, which I later learned was an important part in the families’ level of comfort with letting me into their lives. Nevertheless, my responses to their stories and artwork were bracketed in my reflections. I learned that this research provided surprises in theoretical application, data collection

procedures, and analysis. It is important to include the voices of the people from the beginning to the end of the research. This is especially true for populations whose voices and images do not exist or have had only limited opportunity to be included in published and evidence-based research.

I do not have all the answers on family resilience among English-speaking Caribbean families, and it has been important to me to make certain that this dissertation reflects not only my voice. This research highlights the shared experiences of the families and those who provided critical support in my research. It is my hope that this study will add foundational knowledge in the field of psychology, marriage and family therapy, and what it means to be a Caribbean family in the Caribbean region.

Review of Research Questions and Hypotheses

My main research question was: What are the experiences and resources of family resilience among English-speaking Caribbean families? The quantitative research questions focused on measuring the predictors of family resilience using the FRAS (Sixbey, 2005) and demographic questions. My quantitative questions were:

- Is there a significant relationship between family resilience and family size, socioeconomics, and education level among Caribbean families?
- What are the differences in family resilience by family type among Caribbean families?

I hypothesized that larger families was associated with more family resilience. I assumed that families with more socioeconomic resources was associated with more family resilience. I also hypothesized that families who have at least one member with

education, beyond secondary school, would have more family resilience. I thought that the extended or communal family would have more family resilience than other types of families among Caribbean families.

I ensured that validity and reliability were applied in the quantitative component (Etchegaray & Fischer, 2006). I collected 179 surveys, which was more than the power analysis for a moderate to large effect size. Reliability was addressed through the selection of the FRAS which had high internal consistency in previous research of similar populations (Chew & Haase, 2016; Faqurudheen et al., 2014; Isaacs et al., 2018; Kaya & Arici, 2012; Li et al., 2016) and a high internal consistency in my study ($\alpha = .97$).

On the other hand, the qualitative research questions focused on the visual and verbal descriptions of the experiences and resources of family resilience through transcribed semi-structured family interviews (see Appendix D) and photographs of visual art created by the families on those experiences. I collected 19 interviews over the course of 9 months. The qualitative research questions evolved into:

- What do English-speaking Caribbean families verbally and artistically describe as their experiences of family resilience?
- What do English-speaking Caribbean families describe as sources of support for family resilience in their families?
- What is the role of faith and spirituality in family resilience among Caribbean families?

Rigor was applied throughout the qualitative component through bracketing my personal reactions and thoughts on the data collection and analysis processes. There were

nine families provided member checking on their own transcribed interview. The data were triangulated through the use of a variety of text-based (field notes and transcribed family interviews) and visual data (families' artwork). Gatekeepers also provided feedback on the initial codes of the de-identified data and in the convergence of the qualitative and quantitative results.

Discussion

The purpose of this mixed methods study was to explore the experiences and resources of family resilience among Caribbean Families. In this mixed methods design, integration occurs in the discussion of the findings (Creswell & Plano Clark, 2017). Convergence was developed through feedback from the same gatekeepers who provided insight on the initial codes of the qualitative analysis. Therefore, the results of both the qualitative and quantitative analysis are displayed in Table 8 to explain the convergence and connection to existing literature.

The qualitative and quantitative results converged in some areas to provide a dynamic understanding of family resilience in the context of Caribbean families (see Table 8). The gatekeepers, who provided insight on the initial codes for my qualitative analysis, were instrumental in sharing their knowledge on the reasons for convergence of the results.

Table 8

Display of Converged Results on Family Resilience in the Caribbean

Themes	Survey
Barriers to Family Resilience	The overall model on the relationship between family resilience and socioeconomic resources, highest education, and family size was significant, $F(3, 139) = 3.40$, $R^2 = .052$, $p < .05$, and accounted for 6.8% of the variance. Of the variables, only socioeconomic resources was a significant.
Financial Challenges as Strength for Family Resilience	Families with higher socioeconomic resources had lower family resilience scores, $\beta = -.32$, $p < .01$. This means that Caribbean families in this study had greater family resilience when they had lower financial resources.
External Support for Family Resilience	No convergence
Reliance on Internal Family Connectedness	There was no significant difference in family resilience according to family type, $F(5, 145) = 2.08$, $p = .07$. The post hoc tests were also not significant.
Multidimensional influence of Faith and Spirituality/Transcendence	No convergence

The qualitative theme on *barriers to family resilience* converged with the quantitative results that indicated no significant relationship between family resilience by education and family size. It is evident that there are obstacles that are beyond families' abilities to grow from adversity. Caribbean families disclosed external challenges, such as crime, safety, and limited support from government that overwhelmed them regardless

of the number of members within their families. High or low number of members within families could not counteract complex experiences of stress. Caribbean families' ability to cope was not reliant on the number of ideas that each member could provide for overcoming and growing from adversities. Moreover, internal issues such as discord, death, mental illness, and physical health challenges among members could not be alleviated by higher education obtained by members. Community-based and governmental interventions could not provide sufficient aid for family resilience even when families had more education to navigate challenges.

The theme on *financial challenges as strength for family resilience* converged with the quantitative results on families with high socioeconomic resources associated with lower family resilience. Families with more socioeconomic resources may have more than they need to survive and thrive. It is possible that are less opportunities for affluent Caribbean families to navigate challenges because of their resources. They do not need to shift family roles and responsibilities to counteract adversities. Caribbean families with high socioeconomic resources have less exposure to difficulties than lower socioeconomic families. In this regard, the more financial challenges that Caribbean families experience the stronger that they felt and capable to push through future difficulties.

The *reliance on internal family connectedness* theme converged with no significant difference on family type. Caribbean families preferred quality relationships among each other rather than a type of family structure. Moreover, there is the unspoken belief that personal and familial "things must be handled by self with immediate family"

(L. Pierre, August 19, 2020, personal communication). There are many different configurations or types of families, but the close bond among members and maintaining confidentiality are paramount features for Caribbean family resilience.

I was unable to assess convergence for the *external support for family resilience* and *multidimensional influence of faith and spirituality/transcendence* themes. These themes were not anticipated prior to the study and consequently no quantitative data on these themes were assessed. Future research would benefit from including quantitative data on these themes in order to assess convergence.

Discussion in the Context of Theory and Relevant Research

Family Resilience Process. The experiences and resources of family resilience among Caribbean families in this study align with some aspects of Froma Walsh's family resilience process theory (2016b), but the process has a different structure (see Figure 12). The main processes in Walsh's theory are: belief systems, organizational processes, and communication processes. Each of her key processes interact with each other. However, the context of each of Walsh's key processes is structured differently among the experiences shared by Caribbean families. The Caribbean family resilience process also has three key processes, but they are: faith & spirituality, organizational process, and meaning-making. Faith & spirituality and organizational process are influenced by and interact with each other. On the other hand, meaning-making is influenced by Caribbean families' faith & spirituality.

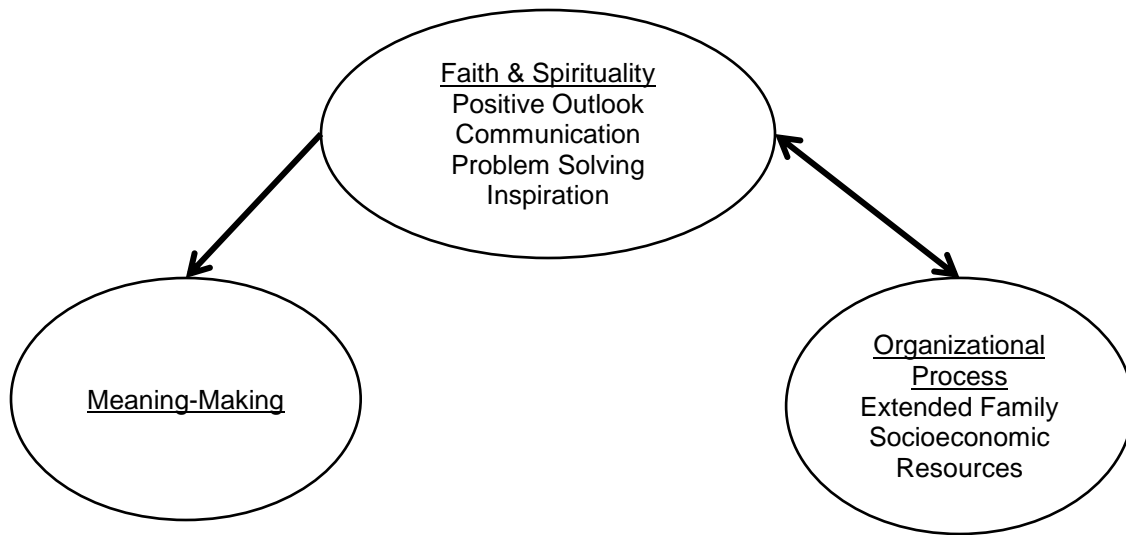


Figure 14. Caribbean Family Resilience Process

Walsh (2016b) defined belief systems as the shared views within a family which is influenced by that family's connections with the community and existing cultural values. It includes meaning-making, positive outlook, and transcendence. However, meaning-making, which is the way in which a family comes to an understanding about situations that impact their daily functioning, emerged as a product of Caribbean family's belief in a higher power.

Caribbean families' meaning-making experiences when faced with extremely stressful or difficult situations is done through the lens of faith and spirituality. Gren_1 was the only family who did not mention belief in a higher power or faith in their interview. However, during member-checking, they clarified that their means of coping was spiritual, but their extended family was more important. The family disclosed that I should have known that their spirituality is important as a Caribbean family although it was not explicitly stated. In fact, they pointed out that faith is part of the history of the

Caribbean, so as a Caribbean person, I should know that they relied on faith and spirituality.

In this regard, faith and spirituality is one of the key processes for resilience among Caribbean families. In Walsh's (2016b) theory, it is a sub-category called transcendence. Transcendence is considered its own process among Caribbean families seen in the art and the emergence of the third qualitative research question on faith and spirituality on family resilience among families (see Figures 3, 5, 6, 15, & 16). I chose to rename the process to align it with the voices of the families who referred to their faith and spirituality interchangeably. Faith and spirituality not only develops in a family, but it is also influenced by religious and spiritual practices within the communities and the English-speaking Caribbean as a whole.

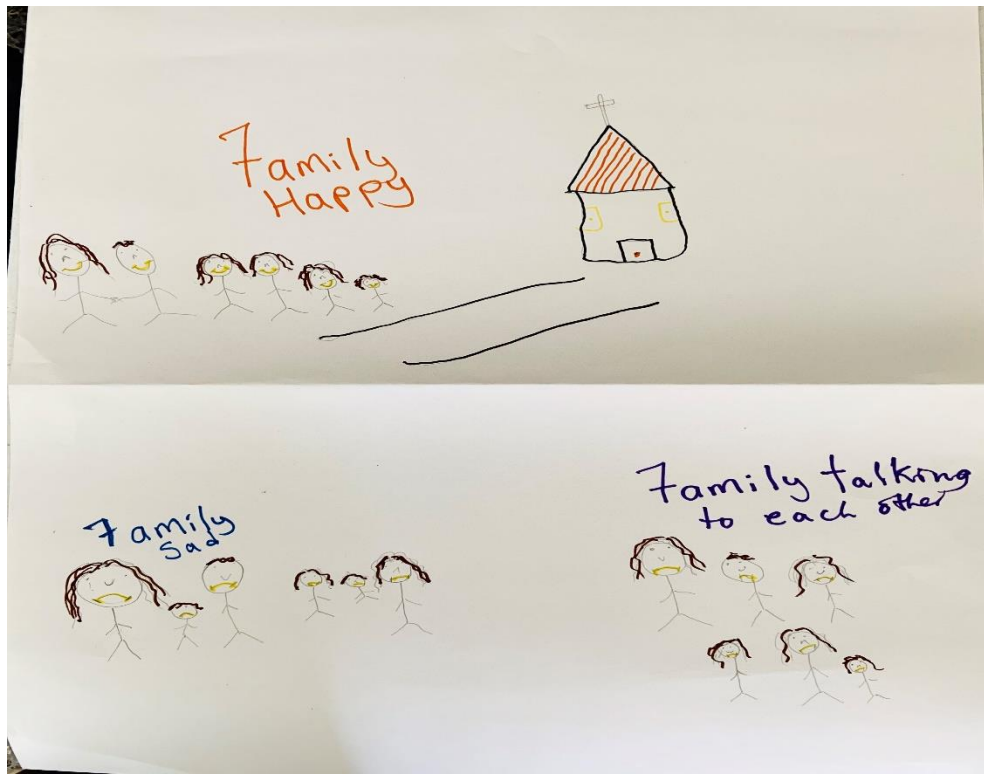


Figure 15. Artwork by Gren_7. Art materials: graphite pencil, markers.



Figure 16. Artwork by Gren_3 Art materials: graphite pencil, colored pencils

Positive outlook is a subcategory of faith and spirituality for Caribbean family resilience. It is defined as the amount of optimism and encouragement within a family (Walsh, 2016b). It emerges as a product of families' faith and spirituality when they rely on spiritual practice in the midst of severe stress. In Figure 15, the family described their reliance on their faith and communication to when they had conflicts.

As part of the family resilience process, Walsh (2016b) included organizational processes as a major part of understanding how families cope; however, it connected to Caribbean families differently. Walsh (2016b) believed that organizational processes are a main part of the process that consists of ability to adapt, socioeconomic resources, and connectedness or mutual support. Flexibility is a family's ability to adapt or rebound

when they encounter challenges. Socioeconomic resources occur when families identify and use community and extended family as buffers when in distress, while connectedness is the repair of relationships when there is adversity. For Caribbean families, there was an increased reliance on shifting relationships to include other family members who do not live in the household, as defined as extended family in other literature (Barrow, 1996). Caribbean families use the extended family more than any other resource, due to the absence of government support (see Table 8). Hence, using Walsh's theory, the Caribbean family organization patterns consists of extended families and low socioeconomic resources that seems to strengthen their ability to cope.

The other key process in family resilience is communication (Walsh, 2016b), which was also evident in this research, but emerged with a different structure. Walsh explained that communication examines information that is conveyed to each member when faced with stress as a family unit. It includes clear information, emotional sharing, and collaborative problem solving. It was not revealed in this study if clear information or emotional sharing was a norm except for a few families who spoke about resolving discord. One family discussed their disagreement through their art (see Figure 11). Another family depicted their communication in their artwork (see Figure 15) and described, "This is my family with conflicts and whatever it is...us talking about it and us discussing it" (Gren_7). Another family, Gren_1, explained their process of communication, "When you're telling mommy something, you mean like, umm...when you do something wrong, they try to tell you calm, but instead they tell you loud...the opposite."

Walsh (2007) believed that sharing positive and painful feelings are important to the family resilience process. However, this looks different for Caribbean families who prefer that emotional expression, if disclosed, should be conveyed in the context of faith or spiritual experiences.

For high family resilience among Caribbean families, a connection to faith and spirituality is paramount. Usually, when a family is facing an adversity, it is more likely that members will shut down (Walsh, 2007). Sharing positive and painful feelings are considered vital aspects of the communication process that builds family resilience for Walsh's theory. However, sharing emotions and having consistent messages are not a key feature for family resilience among Caribbean families. Collaborative problem solving occurs when words and actions are associated with belief in a high power for Caribbean families. Families shift from reacting to their distress to focusing on acquiring resources through spiritual inspiration and advice from a religious/spiritual leader, using resources, lessons learned, and the creation of coping techniques to ensure that similar experiences of stress do not reoccur.

In connection with the family resilience process theory, the FRAS (Sixbey, 2005) successfully measured those experiences of Caribbean families. There was a high Cronbach alpha, a popularly used measurement for scale reliability (Cho & Kim, 2015; Vaske, Beaman, & Sponarski, 2017). The six sub-scales in the FRAS emerged to some degree in one or both components of the study, which verified that the stories of Caribbean families were captured in a scale that has been used with similar developing countries and cultures. The findings confirmed that research on family resilience that used

the FRAS in developing countries (Bostan, 2014; Faqrudheen et al., 2014; Kay & Arici, 2012) was a reliable method.

Reliance on Internal Family Connectedness

There was no convergence for reliance on internal family connectedness because there were different definitions used for each component. During my recruitment endeavors and data collection, I was consistently asked if my definition of family only consisted of parents and their children. People who were interested in participating in my study always followed up with the fact that their family is not what persons in developed countries consider as family. Caribbean families are multigenerational with communal families a historical phenomenon (Barrow, 1996).

Extended family members, or people who do not live in the same household, are considered family and have almost equal importance and contribution in a Caribbean family. Caribbean family connectedness considers the extended family not merely distinct divisions as previously defined in Barrow's (1996) book on Caribbean families. The definition of family includes extended family who live far away or in close proximity. This was demonstrated in Figure 17 by a Trinidadian family with launched children (adult children who no longer live at home). Extended family members and adult children were included in the artwork and description of overcoming a difficult situation because Caribbean families are not defined by household boundaries but those they consider family.



Figure 17. Artwork by Trini_4. Art materials: graphite pencil, oil pastels

Caribbean families rely more on bonds with each other when they encounter challenges. This was emphasized in family interviews, “As the good saying goes, ‘what happens in the family, stays in the family’” (Jam_2). Extended family connections, positive outlook, and problem solving were resources for family resilience. This convergence occurred with the higher scores for family resilience for extended family, although the differences were not statistically significant. It explained that the reliance on internal qualities of families is more complex than was detected in the FRAS.

The type of family was not important in a family’s ability to cope because it is more vital to have a bond than have more education, both parents living together, or a high number of family members at home. The quality of family ties supersedes quantity

and type of family. Internal family connections was more meaningful through maintaining confidentiality and the sanctity of intimate family connections (L. Pierre, August 19, 2020, personal communication). By maintaining the bonds within the family, there is safety and less shame than when outsiders are aware of families' struggles. Caribbean families rely on mutual understanding amongst each other. Challenges are only shared when necessary outside of the family primarily in a religious or spiritual context. This means that a Caribbean family prefers to struggle together with its members.

The findings connected to Burnette's (2017) research conducted in an indigenous community in the United States on intimate partner violence and family resilience. Family is the major support for indigenous communities where other resources may be limited (Dalla et al., 2010). Some of the protective factors of resilience were similar to Caribbean families which were all internal family interactions: family support and storytelling (Burnette, 2017). Caribbean families prefer to keep information within the family for safety and comfort due to their shared experiences of stress.

On the other hand, the findings did not align with the family resilience research in South Africa (Vermeulen & Greeff, 2015). When there was trauma, internal resources for South African families' resilience were: parents' relationship with their children, family boundaries, sibling relationships, insight in children's emotional needs, children's ability to cope with the abuse, and parents' emotional functioning and attitudes. Caribbean family resilience internal resources were broad with no reliance on community-based organizations or school, with limited help from friends. Extended family was not

considered external support among Caribbean families. Other internal family resources for Caribbean family resilience were the presence of younger children, the family's values and rituals and ability to address stress independently.

Financial Challenges as a Strength

Caribbean nations are categorized as economies with lower gross domestic income and developing countries by several international organizations (United Nations, 2020). Therefore, it is known worldwide that Caribbean nations are poor. Yet, it was unexpected that the outcome in the convergence of the results was that families with higher socioeconomic resources had lower family resilience scores. It was expected that families with more resources will have the courage and ability to cope better. However, affluent families may have less experiences with developing creative ways to face difficulties than poorer Caribbean families.

Facing economic challenges is not only a national challenge, but it is a familial phenomenon. As I interviewed and collected data, there was evidence that some families and individuals involved in my study were poor: impoverished conditions, poor health, and limited education (Narayan & Petesch, 2002). Families talked about not having an income (Gasparini, Soso-Esudero, Marchionni, & Olivieri, 2013) or insufficient income to support their family. Therefore, socioeconomic challenges are integrated into the daily lives of families and may be considered a normal part of life that increases families' connectedness and their ability to cope. A Caribbean family has no choice but to maintain ties with each other because of their financial reality.

Limited economic resources was ingrained in the culture of being a Caribbean family. Families expect and welcome challenges of being financially disadvantaged. They struggle together in the fragility of small island states (Wilkinson et al., 2018, p. 3) and are strengthened by it. They have grown accustomed to the routine of uncertainty which has augmented innovation (Wilkinson et al., 2018) and connection to faith and pride in living with the financial unknown. Families have learned from their own governments, which rely on external aid for development (World Bank, 2018), that it is acceptable to have less.

The limited economic resources have informed the Caribbean culture; and conversely, the culture impacts limited resources. Caribbean families are proud of who they are and the fact that Olympic medalists (“Champs and Chumps; The Caribbean and the Olympics”, 2008), music (Allen, 2019), and literary masterpieces (Baral & Shrestha, 2020; Joseph, 2010) have emerged from these small islands. It confirms Ievers and Bhatia’s (2011) report on how to reduce risk after a disaster in which the loss of resources opens opportunities to develop creative ways to cope and grow. Environments that may not have a myriad of opportunities can still produce successful people due to the ability not only to bounce back but to bounce forward from extreme stress. This does not mean that Caribbean families with less socioeconomic resources do not need support. It indicates that the lack of resources must not be taken for granted. Opportunities to grow from adversities must be available for Caribbean families thrive after crises.

Multidimensional Influence of Faith and Spirituality/Transcendence

It is clear that Caribbean family experiences are unique due to their culture which explained why there was no convergence of the influence of faith and spirituality. The belief in a higher power emerged in a strong way in my volunteer activities and field notes. Moreover, many Caribbean dialects integrate their spiritual beliefs when they spoke about coping:

“Well in the beginning, the little one, when he heard that we had a case, he said, "oh God we dead now!"” (Gren_6)

“Yes, let's leave it there. Family start to say, 'oh god! I'm praying don't worry.'

You know, for everything, leave everything in His Hands, He is there. They keep telling me. So they came [to the hospital], they prayed. So that is our faith, through prayer, we're really making it.” (Trini_6)

“Jamaica has the most churches per capita;

"When it comes to God business, Jamaica is the head of the pack."

"Have love for God but dem nah show it to dem neighbor" [persons outside of the family]" (Jamaica Field note entry #21)

“Over the course of 2 weeks, I have been asking families or other professionals for potential families, but it has been difficult. Many of the suggestions for recruitment were non-governmental organizations and churches. It is obvious that recruiting from this subset is going to impact the type of answers that I will get.” (Jamaica Field note entry # 49)

Religious institutions, regardless of Christian and non-Christian background are very important in the Caribbean family reality. This confirms the appeal by some scholars to develop indigenous social programs (Williams et al., 2001) that include spirituality and faith. Existing scales cannot identify these spiritual nuances among cultures. Simply put, faith and spirituality is a crisis intervention for Caribbean families that was not measured directly in this study.

Peer examiners explained that spirituality and religious institutions are “ingrained in the Caribbean experience” (K. Alleyne, personal communication, August 12, 2020), and “should not be ignored or negated” (L. Belnavis, August 18, 2020). Moreover, it almost seemed like there was a historical connection to faith through colonization (L. Pierre, personal communication, August 19, 2020) that a scale like the FRAS would have missed because of the absence of Caribbean historical and cultural context. It confirms previous research and publications that, when in crisis, Caribbean people rely on their family and religious leaders (Alessi, 2016; Bhui, et al., 2008; Dudley-Grant, 2001).

“Faith and spirituality is Caribbean families’ love language” (L. Belnavis, personal communication, August 18, 2020). The multidimensional support of church, or in Walsh’s family resilience theory (2016b) on transcendence, helps with the acceptance of difficulties. The belief that Allah, God, or Jehovah is present and will intervene aids Caribbean families’ courage when they encounter challenges. The ability to bravely face any form of stress cannot be gained through other external sources for Caribbean families.

The dimensions of faith and spirituality influence a family's positive affirmations from birth to coping with death in the Caribbean. I observed in villages and in urban areas that there was at least one church, mosque, or temple that was accessible to families. If a Caribbean family was unable to walk or drive to a place of worship, there was reassurance by the leader or a religious member that transportation would be provided. Hence, the presence of places of worship in villages, aids families in coping with illness, death, and welcoming new life. The intervention and reliance on faith and spirituality are more obvious than other types of systems, such as community-based organizations, schools and government agencies. In fact, some of these institutions collaborate with faith-based institutions to learn how to support families generally. Hence, it would be difficult to ignore the input of spirituality or faith-based aid when Caribbean families encounter challenges.

Barriers to Family Resilience

The last section of the discussion explores some of the barriers to family resilience among families in the Caribbean. The barriers did not emerge in both components of the mixed methods study. However, it is worth explaining due to the fact that families explained challenges to their ability to cope and grow from adversity. External obstacles to family resilience include crime (Sutton et al., 2017) and safety. The challenges faced by one or more members in the family negatively affect how the entire system bounced back. Some individual members have histories of domestic violence, physical (Degazon, & Parker, 2007) and mental health issues (Lacey et al., 2017), stress,

and discord. Those challenges impact the overall mood and functioning with family. A Trinidadian family explained:

Daughter: I will let you into a little secret in this family. If I am stressed the whole family is stressed.

Interviewer: OK. That's happens a lot in families.

Daughter: So...

Mother: And when she cries, everybody cries.

Daughter: Everybody cries!

(Trin_2)

It is a systemic interaction. It confirms the types of barriers that were also mentioned in the previous literature on the challenges that people in the Caribbean face.

The barriers to the family resilience theme in the Caribbean is supported in a study on family risk factors when there was a juvenile offender in the family (Matthews, 2011). It connects with concerns about crime because the Caribbean region has one of the highest rates of regional violent crimes (Sutton, et al., 2017). Some of the family risk factors for juveniles diagnosed with a conduct disorder aligned with the barriers to family resilience, such as mental health and family discord.

Safety was connected to the high levels of crime in some parts of the country that the families described. In the context of the experiences of Caribbean families, concern about family members' safety seemed to connect with showing love and support towards each other. The concern around the safety theme was family member's method of showing affection rather than the clear and direct communication of love and affection.

Nevertheless, there are internal challenges that impede a Caribbean family's ability to cope. Alcohol (Maharaj et al., 2017), domestic violence (Le Franc et al., 2008), and members' discord are barriers to coping (Maharaj et al., 2017). In this vein, high reliance on each other could be damaging in families as a whole when some members have personal challenges. It is more likely in low income areas to have higher risks for health challenges (Bidulescu et al., 2015) which could be applied to Caribbean families. Hence, families are at risk for health complications that impact their ability to cope together. Physical health concerns are mainly non-communicable diseases with the main types being cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and mental health ("NCDs in the Caribbean", 2017). There is also a major case of premature adult deaths with the Caribbean having the highest mortality rate in the Americas. This confirms issues explained by the families on the high prevalence of grief and loss as a barrier to family resilience. Moreover, two of the three countries where data were collected, Jamaica and Trinidad, are part of the top 14 countries in global female obesity ("NCDs in the Caribbean", 2017).

Limitations

Most of the limitations in this study were related to unforeseeable issues. I do not live in any of the Caribbean nations in which the research was conducted. There may have been some contextual references that I may have missed. Hence, some areas of planning were inadequately addressed prior to and during my presence in Trinidad, Jamaica, and Grenada, respectively. Data collection and planning required more time than anticipated to understand the context in which the families lived.

The first limitation was the differences in the type of nations where the qualitative data were collected and the quantitative recruitment occurred. Data collection was proposed for four countries. Yet, interviews were only collected in three of the four countries: two larger islands with larger economies, Trinidad and Jamaica, and one small economy, Grenada. It is possible that larger Caribbean countries may have higher concerns about safety, crime, and other barriers or have different concerns compared to smaller islands. Hence, the study cannot be generalized to all English-speaking Caribbean nations.

The season may have influenced participant responses. The period of data collection was informed by the weather and cultural activities which affected families' engagement in the research process. Data were collected in Trinidad before Christmas, during the Parang season, a pre-Christmas period of musical celebrations (Taylor & Thomas, 1977), and Divali (Government of Trinidad & Tobago, 2020). Data in Jamaica were collected just after Christmas which is a time of the year that most families have limited financial resources due to consumption during the Christmas season (Farbotko & Head, 2013). On the other hand, Grenada and the rest of the world were impacted by the COVID-19 pandemic which postponed data collection and participant-observations for 2 months. Families in Grenada may have been more vigilant about natural disasters because data were collected during the first month of the hurricane season. It is possible that if data were collected at the same time of the year, the families' responses may have differed.

As a result, there was unequal time in each country for family interviews. I spent approximately 2 months each in Trinidad and Jamaica. While data collection in Grenada took 4 months, with 2 months when no data were collected due to the COVID-19 pandemic and TWU Institutional Review Board restrictions. Field notes and time frame for transcription and data analysis may have provided different results than the reality because of inconsistencies in data collection.

Dissemination of research online and in person, and in rural versus urban areas varied in two of the three countries. Most of the data in Jamaica that I collected was in the urban parts or near the country's capital. While in Trinidad, the data were primarily collected in rural parts of the country. In Grenada, data were collected from families in a variety of locations, but primarily online for both the surveys and interviews. In this regard, participant observations were not the same in each country. In Trinidad, most of my volunteer activities occurred at schools, cultural and religious events in rural areas. Activities in Jamaica were held in urban educational, cultural, and religious settings. My volunteer activities in Grenada occurred mainly online connected to social services due to COVID-19 restrictions.

Bracketing may not have sufficiently eliminated biases. I encountered moments of anxiety with recruitment and during analysis that may have impacted data collection and qualitative analysis. To remedy the situation, I recorded field notes and reflections on my disappointments due to the suspension of my research. In some moments of high stress, I did not engage in data collection, transcription, and analysis to recollect my thoughts and lower anxiety about my research. Therefore, capturing experiences and resources of

family resilience may be inadequately analyzed with numerous distractions in relation to the pandemic and other unforeseeable events.

Implications

This part of the chapter explains the meaning of the results on the experiences and resources of family resilience with Caribbean families in the context of research, theory and clinical practice. It is important to explain how the study can be beneficial to the people of the Caribbean and those who provide mental health and other services to families.

Implications for Theory and Research

On the theoretical aspect of family resilience, Walsh's theory can be applied to the experiences of family in the Caribbean. However, the model must be grouped differently, as presented earlier in Figure 14. The first aspect is to understand the definition of who is considered family. For Caribbean family resilience, extended family is not an outside resource because they contribute socially, spiritually, and emotionally to families who live together. It is important to acknowledge the role of faith and spirituality on the ability to cope. Families talk about their interactions with spiritual leaders as persons who provide tangible and spiritual aid in crisis. Moreover, references to a higher power are verbal and visual consolations when Caribbean families are in crisis.

The study implies that questions directed to a Caribbean person provides a snapshot of the current and historical reality of his or her family. Thus, policy research and development should take a systemic lens; when one person is affected, everyone in the family is affected. Systemic lens includes the interaction of other systems

(Bronfenbrenner, 1986). It provides an intimate understanding of how families are supported and how to sustain interventions that can benefit individuals. Policy development and research must ensure the collaboration of religious institutions. These institutions have historically provided spiritual, physical, and social nourishment that may be challenging for other entities to achieve. In this regard, taking a microsystemic lens (familial level) and mesosystemic lens (faith-based institutional interaction with families) will be helpful in policy development.

Protective factors needed to be addressed to boost family resilience. It is possible that affluent Caribbean families are overlooked because of the assumption that they are resilient due to their tangible resources. Nevertheless, social policy needed to address safety issues and innovative ways to tackle crime, domestic violence, physical and mental health issues that negatively impact Caribbean families' ability to cope. Natural disasters are an unavoidable phenomenon, yet knowledge on family resilience among Caribbean families provides disaster preparedness data on which families may be most vulnerable before and after natural disasters. Innovation on physical health to strengthen family bonds is also necessary to decrease premature death and to decrease instances of ambiguous loss of loved ones.

Art provided a tangible tool for understanding Caribbean family resilience where nature and religious symbols highlight ways in which families cope. The mixed methods approach provided a comprehensive overview of the Caribbean family and how to apply a theory in the Caribbean context. Theory on family resilience must include visual aids to highlight coping strategies for resilience among Caribbean families.

Implications for Clinical Practice

On the clinical side, it is beneficial to embrace a multisystemic approach.

Although Caribbean families thrive and survive when they come together in the midst of distress, counselors and therapists need to be aware of the impact of religious institutions on Caribbean families' well-being. Families may need support beyond what is provided in the therapy room. Families expect some form of support from non-governmental organizations, like religious institutions. In many instances, the gatekeeper of a Caribbean family is a religious institution. Thus, the collaboration of a spiritual leader chosen by the family can provide insight that surpasses clinical theory and suggested interventions for a family's presenting clinical problem.

There should be non-verbal interventions integrated in clinical practice for Caribbean families. The majority of the families enjoyed the process of creating art together. Some families benefitted from interaction with each other on choosing the most appropriate art to illustrate their shared experiences. Therefore, clinicians should include art making process in treatment as another modality to give space for families to tell their stories. There should be flexibility in the non-verbal interventions if families opt to identify existing images, music, and dance that convey their reality. The opportunities for families to share their stories through creative means connect with clinicians being culturally-sensitive to the value that Caribbean people place on storytelling.

The FRAS is a helpful tool in assessing the Caribbean family's level of resilience. It can accurately measure a family's ability to cope. The assessment can be administered to an individual or family to determine their therapeutic needs. The FRAS must include

some context of the family history and align with the culture of storytelling (Lowery, 2013) and artistic expression. Inclusion of art provides tangible understanding that may not be gleaned from verbal communication about families' experiences.

Clinicians should explore families' support systems and suspend assumptions about community support and the meaning of community to the Caribbean family. If the family explains internal interactions as most helpful or external, it is necessary to inquire how those support systems have been helpful in the family. Clinician need to have a natural curiosity about rules, roles, and family rituals to understand how a family functions on a daily basis and what families define as dysfunction.

It is necessary to avoid assumptions about low income Caribbean families. Caribbean families may have their unique experiences and barriers to coping that were identified in this research. However, clinicians must avoid only identifying safety, crime, physical, and mental health barriers as barriers to coping. Hence, time must be taken to allow families to tell their stories verbally or artistically to understand their familial interactions, values and other forms of aid beyond finances. This should help with adhering to the family resilience theory of focusing on existing strengths for coping.

Recommendations for Future Research

The convergent parallel mixed methods dissertation found that Caribbean families' experiences and resources may be both different than and similar to family resilience research in other parts of the world. Yet more exploration is needed. Future research should consider using mixed methods design in order to gain more insight that one type of design, qualitative or quantitative, may not be able to capture. Moreover, non-

verbal data, such as observations, and arts-based research should be undertaken. By closely examining non-verbal data, research could identify behaviors and art materials that convey family resilience or lack thereof.

The emergence of faith and spirituality provides valuable information on Caribbean spirituality that should be examined. Therefore, more family resilience research is needed to understand the connection between the FRAS and spirituality. Perhaps an ethnographic study on the interaction of one or more religious institutions and Caribbean families could shed light on the nuanced interaction between families and faith-based institutions. Another possible area to examine is family resilience among Christian, Islamic, Hindu, and indigenous faith-based institutions to understand if family resilience differs by the type of faith or religion that a family has or if families regularly attend a religious institution.

Future research on family resilience must maintain consistency in all aspects of data collection to provide useful information that is application to Caribbean families. Adequate planning before and during data collection must ensure that the equal number of participant families are collected in each country. It would be beneficial to also recruit equal number of families from each ethnic group within the Caribbean. Future research must include: Chinese, White, and indigenous Caribbean families (Amerindians, Mestizos, etc.) for more inclusivity of other ethnic groups. The uniformity in the ethnic groups must also align with equal time taken in the field for data collection.

Another research area for future consideration should be art modality. This study used visual art with selected art materials. More options should be provided for artmaking

to allow families to artistically convey their stories. Music, dance, drama, poetry, and other art forms should be included to provide other creative expressions of family resilience among families in the Caribbean.

The study should be replicated and expanded to Caribbean families in which English is not the main language including Spanish, Dutch, and French territories. It could strengthen the results of this study and/or possibly discover to what extent the family resilience process theory applies to Caribbean people. Another way to expand the study would be to conduct cross-cultural research on family resilience with Caribbean families in the diaspora to examine if family resilience differs for those families who live in countries where access to resources is easier.

Conclusions

The experiences and resources of family resilience among families in the English-speaking Caribbean are informed by the bonds among each other. The bonds are not defined by education, family's size, or the type of family, but by their shared faith in a higher power, regardless of religious affiliation. Caribbean families are stronger in the midst of financial weakness. They bond together by acknowledging that family is not defined by geographic location. The need for connection and its positive impact boost Caribbean families' ability to cope. It is important that policies are developed and programs are implemented to ensure that concerns about crime, safety, and physical and mental health do not decrease or eliminate the strength of a Caribbean family.

Summary

The discussion of the qualitative and quantitative results are converged in the first part of this chapter. Convergence occurred when Caribbean families with lower socioeconomic resources predicted more family resilience. There was also convergence between the reliance on internal family connectedness and no difference in family resilience on family type. Barriers to family resilience converged with no significant difference on family size and highest level of education. However, faith and spirituality was highly valued among Caribbean families when they encounter stress.

The last part of the chapter explained the limitations and implications. Unequal amount of data (ethnic groups, surveys, interviews, and artwork) collected in each Caribbean country may have impacted the results. However, the study revealed that the family resilience process theory has a different structure among Caribbean families. Clinicians can use the FRAS to measure family resilience among Caribbean families. Integration of Caribbean family values on faith and spirituality, internal family connectedness, and artistic storytelling are vital elements to include in supporting Caribbean families' ability to cope.

REFERENCES

- Abel, W., Baboolal, N., & Gibson, R. (2019). The epidemiology of mental health issues in the Caribbean. In PAHO (Ed.), *Mental health and psychosocial support in disaster situations in the Caribbean* (pp. 39-43). Retrieved from https://www.paho.org/disasters/index.php?option=com_docman&view=download&category_slug=books&alias=1973-mental-health-and-psychosocial-support-in-disaster-situations-in-the-caribbean-chapter-5&Itemid=1179&lang=en
- Alessi, E. J. (2016). Resilience in sexual and gender minority forced migrants: A qualitative exploration. *Traumatology*, 22(3), 203–213. doi:10.1037/trm0000077
- Allen, R. (2019). Harlem Calypso and Brooklyn Soca: Caribbean Carnival music in the diaspora. *Ethnic and Racial Studies: Special Issue: Music, Migration and the City*, 42(6), 865-882. doi:10.1080/01419870.2019.1544374
- Anthony, E. J., & Cohler, B. J. (1987). *The invulnerable child*. New York, NY: Guilford Press.
- Archibald, M. M., & Gerber, N. (2018). Arts and mixed methods research: An innovative methodological merger. *American Behavioral Scientist*, 62(7), 956–977. doi:10.1177/0002764218772672
- Asawa, P., & Haber, M. (2015). Family art assessment. *The Wiley Handbook of Art Therapy*, 524–533. doi:10.1002/9781118306543.ch50
- Baptiste, D., Hardy, A., & Lewis, K. (1997). Family therapy with English Caribbean immigrant families in the United States: Issues of emigration, immigration,

- culture, and race. *Contemporary Family Therapy*, 19(3), 337-359.
doi:10.1023/A:1026112126048
- Baral, R. K., & Shrestha, H. (2020). What is behind myth and history in Derek Walcott's Omeros? *Cogent Arts & Humanities*, 7(1). doi: 10.1080/23311983.2020.1776945
- Barrow, C. (1996). *Family in the Caribbean: Themes and perspectives*. Kingston, Jamaica: Ian Randle Publications.
- Becvar, R. J., & Becvar, D. S. (1999). *Systems theory and family therapy* (2nd ed.). Lanham, MD: Hamilton Books.
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, 14(1), 103–114.
doi:10.1111/j.1365-2206.2008.00586.x
- Bertinelli, L., Mohan, P., & Strobl, E. (2016). Hurricane damage risk assessment in the Caribbean: An analysis using synthetic hurricane events and nightlight imagery. *Ecological Economics*, 124, 135–144. doi:10.1016/j.ecolecon.2016.02.004
- Bhui, K., King, M., Dein, S., & O'Connor, W. (2008). Ethnicity and religious coping with mental distress. *Journal of Mental Health*, 17(2), 141-151.
doi:10.1080/09638230701498408
- Bidulescu, A., Francis, D. K., Ferguson, T. S., Bennett, N. R., Hennis, A. J. M., Wilks, R., . . . Sullivan, L. W. (2015). Disparities in hypertension among black Caribbean populations: A scoping review by the U.S. Caribbean Alliance for Health Disparities Research Group (USCAHDR). *International Journal for Equity in Health*, 14(1), 125.

- Bishop, M., & Greeff, A. P. (2015). Resilience in families in which a member has been diagnosed with schizophrenia. *Journal of Psychiatric and Mental Health Nursing*, 22(7), 463–471. doi:10.1111/jpm.12230
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing*, 14(1), 33–55. doi:10.1177/1074840707312237
- Blake, G. (2015). Using increases in criminal deportees from the US to estimate the effect of crime on economic growth and development in Latin America and the Caribbean. *Laws*, 4(4), 691–708. doi:10.3390/laws4040691
- Bostan C. M. (2014). Translation, adaptation and validation on Romanian population of FRAS instrument for family resilience concept. *Proceedings of ISI Web of Science*. Retrieved from <http://www.upm.ro/cci3/CCI-03/Eco/Eco%2003%2036.pdf>
- Bronfenbrenner, U. (1981). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723–742. doi:10.1037/0012-1649.22.6.723
- Burnette, C. E. (2017). Family and cultural protective factors as the bedrock of resilience and growth for Indigenous women who have experienced violence. *Journal of Family Social Work*, 21(1), 45–62. doi:10.1080/10522158.2017.1402532
- Camerer, C. F., Dreber, A., Holzmeister, F., Ho, T.-H., Huber, J., Johannesson, M., ... Wu, H. (2018). Evaluating the replicability of social science experiments in nature

- and science between 2010 and 2015. *Nature Human Behaviour*, 2(9), 637–644.
doi:10.1038/s41562-018-0399-z
- Card, N. A., & Barnett, M. A. (2015). Methodological considerations in studying individual and family resilience. *Family Relations*, 64(1), 120–133.
doi:10.1111/fare.12102
- Cengage (2020). *Caribbean families*. Retrieved from
<https://www.encyclopedia.com/reference/encyclopedias-almanacs-transcripts-and-maps/caribbean-families#:~:text=The%20Caribbean%20had%20been%20a,adult%20member%20of%20the%20community.>
- Champs and chumps; The Caribbean and the Olympics. (2008). *The Economist (London)*, 388(8595).
- Chew, J., & Haase, A. M. (2016). Psychometric properties of the Family Resilience Assessment Scale: A Singaporean perspective. *Epilepsy & Behavior*, 61, 112-119.
doi:10.1016/j.yebeh.2016.05.015
- Chiu, S.-J., Chou, Y.-T., Chen, P.-T., & Chien, L.-Y. (2019). Psychometric properties of the Mandarin version of the Family Resilience Assessment Scale. *Journal of Child and Family Studies*, 28(2), 354–369. doi:10.1007/s10826-018-1292-0
- Cho, E., & Kim, S. (2015). Cronbach's coefficient alpha: Well known but poorly understood. *Organizational Research Methods*, 18(2), 207–230.
doi:10.1177/1094428114555994

- Cole, A. & Knowles, J. (2008). Arts-informed research. In Knowles, J. G., & Cole, A. L. *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues* (pp. 55-71). Thousand Oaks, CA: SAGE Publications. doi: 10.4135/9781452226545
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Dalla, R. L., Marchetti, A. M., Sechrest, E. A., & White, J. L. (2010). “All the men here have the Peter Pan syndrome- they don’t want to grow up”: Navajo adolescent mothers’ intimate partner relationships-a 15-year perspective. *Violence Against Women*, 16(7), 743–763. doi:10.1177/1077801210374866
- Daniel, C. A. (2004). Social work with West Indian families. *Journal of Immigrant & Refugee Services*, 2(3-4), 135–145. doi:10.1300/j191v02n03_09
- Degazon, C. E., & Parker, V. G. (2007). Coping and psychosocial adaptation to Type 2 diabetes in older Blacks born in the Southern US and the Caribbean. *Research in Nursing & Health*, 30(2), 151–163. doi:10.1002/nur.20192
- Despot, O. D. (2016). Indo-Caribbean women from Trinidad and Guyana: Hardships, conflict, and resiliency. *Meridians*, 13(2), 1-27. doi:10.2979/meridians.13.2.02
- Distelberg, B., & Taylor, S. (2015). The roles of social support and family resilience in accessing healthcare and employment resources among families living in

- traditional public housing communities. *Child & Family Social Work*, 20(4), 494–506. doi:10.1111/cfs.12098
- Distelberg, B. J., Martin, A. S., Borieux, M., & Oloo, W. A. (2015). Multidimensional family resilience assessment: The individual, family, and community resilience (IFCR) profile. *Journal of Human Behavior in the Social Environment*, 25(6), 552–570. doi:10.1080/10911359.2014.988320
- Dudley-Grant, G. R. (2001). Eastern Caribbean family psychology with conduct-disordered adolescents from the Virgin Islands. *American Psychologist*, 56(1), 47–57. doi:10.1037/0003-066x.56.1.47
- Etchegaray, J. M., & Fischer, W. (2006). Survey research: Be careful where you step ... *Quality & Safety in Health Care*, 15(3), 154–155. doi:10.1136/qshc.2005.016659
- Falicov, C. J. (1995). Training to think culturally: A multidimensional comparative framework. *Family Process*, 34(4), 373–388. doi:10.1111/j.1545-5300.1995.00373.x
- Faqrudheen, H., Mathew, S., & Kumar, T. M. (2014). Exploring family resilience in a community mental health setup in South India. *Procedia Economics and Finance*, 18, 391–399. doi:10.1016/s2212-5671(14)00955-1
- Farbotko, C., & Head, L. (2013). Gifts, sustainable consumption and giving up green anxieties at Christmas. *Geoforum*, 50, 88–96. doi:10.1016/j.geoforum.2013.08.004

- Fayombo, G. A. (2010). The relationship between personality traits and psychological resilience among the Caribbean adolescents. *International Journal of Psychological Studies*, 2(2) 105-116. doi:10.5539/ijps.v2n2p105
- Gabbidon, K. S., & Shaw-Ridley, M. (2018). “Sex is a sin”: Afro-Caribbean parent and teen perspectives on sex conversations. *Journal of Immigrant and Minority Health*, 20(6), 1447-1457. doi:10.1007/s10903-018-0695-8
- Gasparini, L., Sosa-Escudero, W., Marchionni, M., & Olivieri, S. (2013). Multidimensional poverty in Latin America and the Caribbean: New evidence from the Gallup World Poll. *The Journal of Economic Inequality*, 11(2), 195–214. doi:10.1007/s10888-011-9206-z
- Given, L. M., & Saumure, K. (2008). Rigor in qualitative research. In L.M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 795-796). Sage Publications.
- Gomez, A., Atallah, W., Bidaisee, S., Patel, C., & Amuleru-Marshall, O. (2009). The centrality of community dynamics in the socio-economic recovery of devastated communities. *The West Indian Medical Journal*. 58(5) 441-445. Retrieved from <https://www.mona.uwi.edu/fms/wimj/article/1108>
- Goldberg, L. R., Johnson, J. A., Eber, H. W., Hogan, R., Ashton, M. C., Cloninger, C. R., & Gough, H. G. (2006). The international personality item pool and the future of public-domain personality measures. *Journal of Research in Personality*, 40(1), 84-96. doi:10.1016/j.jrp.2005.08.007

Government of Trinidad & Tobago (2020). *Festivals and holidays: Divali*. Retrieved from

http://www.ttconnect.gov.tt/gortt/portal/ttconnect/!ut/p/a1/jdDBCoJAEAbgp_HqjIqR3TxYqUFoVLqX0NhWY90VNe3xM29iWXOb4fvhZ4BABEQkbc6SJpci4e-dLC5-oKPpWgbuA7RQD13NQdM3NqHWg3gEws26B46pbf2TgYj_5fHL2D_zByrgDGSWeTgB05oDmOnhAWFcpsNPYlukxpIBqeiNVrRSH1V_zpqmrFcKKth1ncqkZJyqV1ko-CmSybqBaCyhLI7R072bvN3ZL9sCR6M!/dl5/d5/L2dBISEvZ0FBIS9nQSEh/?WCM_GLOBAL_CONTEXT=/gortt/wcm/connect/gortt+web+content/TTConnect/Home/About+T+and+T/Festivals+and+Holidays/Divali

Griffith, S. F., & Grolnick, W. S. (2014). Parenting in Caribbean families. *Journal of Black Psychology*, 40(2), 166–190. doi:10.1177/0095798412475085

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Resources Information Center Annual Review Paper*, 29, 75-91. doi:10.1007/BF02766777

Hamill, C., & Sinclair, H. A. (2010). Bracketing – practical considerations in Husserlian phenomenological research. *Nurse Researcher*, 17(2), 16–24. doi:10.7748/nr2010.01.17.2.16.c7458

Haywood, S. L. (2012). Liminality, art therapy and childhood sexual abuse. *International Journal of Art Therapy*, 17(2), 80–86. doi:10.1080/17454832.2012.687749

- Heise, D. (2013). Fostering resilience through art. In K. Tavin & C. Ballengee-Morris (Eds.), *Stand(ing) up, for a change: Voices of arts educators* (pp. 112-120). Reston, VA: National Art Education Association
- Holladay, P. J., & Powell, R. B. (2013). Resident perceptions of social–ecological resilience and the sustainability of community-based tourism development in the Commonwealth of Dominica. *Journal of Sustainable Tourism*, 21(8), 1188-1211. doi:10.1080/09669582.2013.776059
- Isaacs, S. A., Roman, N. V., Savahl, S., & Sui, X.-C. (2018). Adapting and validating the Family Resilience Assessment Scale in an Afrikaans rural community in South Africa. *Community Mental Health Journal*, 54(1), 73-83. doi:10.1007/s10597-017-0091-1
- Ievers, J. & Bhatia, S. (2011). Recovery as a catalyst for reducing risk: Report for UNISDR Global Assessment Report 2011. (International Recovery Programme). Retrieved from https://www.preventionweb.net/english/hyogo/gar/2011/en/bgdocs/Ievers_&_Bhatia_2011.pdf
- Jaeger, E., Macturk, K., & Nguyen, J. (2013). Parenting in West Indian families: Relationship to their literacy beliefs and practices. *Interamerican Journal of Psychology*, 47(2), 287-297. Retrieved from <https://www.redalyc.org/pdf/284/28430082013.pdf>

- Jalowiec, A. (1988). Confirmatory factor analysis of the Jalowiec Coping Scale. In C.F. Waltz & O.L. Strickland (Eds.), *Measurement of nursing outcomes: Measuring client outcomes* (Vol. 1, pp. 287–308). New York, NY: Springer.
- Joseph, K. B. (2010). Dreams, delirium, and decolonization in Derek Walcott's Dream on Monkey Mountain. *Small Axe* 14(2), 1-16. Retrieved from <https://www.muse.jhu.edu/article/387048>.
- Kaya, M., & Arici, N. (2012). Turkish version of shortened Family Resiliency Scale (FRAS): The study of validity and reliability. *Procedia - Social and Behavioral Sciences*, 55, 512-520. doi:10.1016/j.sbspro.2012.09.531
- Kim, H. (2015). Community and art: creative education fostering resilience through art. *Asia Pacific Education Review*, 16(2), 193–201. doi:10.1007/s12564-015-9371-z
- Koffman, J., Morgan, M., Edmonds, P., Speck, P., Siegert, R., & Higginson, I. J. (2013). Meanings of happiness among two ethnic groups living with advanced cancer in south London: A qualitative study. *Psycho-Oncology*, 22(5), 1096–1103. doi:10.1002/pon.3108
- Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. Part 2: Context, research questions and designs. *European Journal of General Practice*, 23(1), 274–279. doi:10.1080/13814788.2017.1375090
- Lacey, K. L., Cummings, L. O., Sears, K. P., Matusko, N., Jeremiah, R. D., & Jackson, J. S. (2017). Interpersonal conflict among Caribbean couples in Jamaica, Guyana and the United States. *International Journal of Sociology and Anthropology*, 9(6), 49–57. doi:10.5897/ijsa2016.0691

- Lambert, M. C., Ferguson, G. M., & Rowan, G. T. (2016). Cross-informant and cross-national equivalence using item-response theory (IRT) linking: A case study using the behavioral assessment for children of African heritage in the United States and Jamaica. *Psychological Assessment*, 28(3), 331–344. doi:10.1037/a0039487
- Le Franc, E., Samms-Vaughan, M., Hambleton, I., Fox, K., & Brown, D. (2008). Interpersonal violence in three Caribbean countries: Barbados, Jamaica, and Trinidad and Tobago. *Revista Panamericana De Salud Pública*, 24(6), 409-421.
- Li, Y., Zhao, Y., Zhang, J., Lou, F., & Cao, F. (2016). Psychometric properties of the shortened Chinese version of the Family Resilience Assessment Scale. *Journal of Child and Family Studies*, 25(9), 2710–2717. doi:10.1007/s10826-016-0432-7
- Lowery, R. M. (2013). Caribbean folk tales and African oral tradition. In V. Yenika-Agbaw, R. M. Lowery, & L. Henderson (Eds.), *Fairy tales with a Black consciousness: Essays on adaptations of familiar stories* (pp.101-116). Jefferson, NC: McFarland.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. doi:10.1111/1467-8624.00164
- Lynch, M., Sloane, G., Sinclair, C., & Bassett, R. (2013). Resilience and art in chronic pain. *Arts & Health*, 5(1), 51–67. doi:10.1080/17533015.2012.693937
- Lyons, E. (2007). Doing qualitative research: Initial questions. In E. Lyons & A. Coyle (Eds.), *Analysing qualitative data in psychology* (pp. 3-8). London, UK: SAGE Publications.

- MacPhee, D., Lunkenheimer, E., & Riggs, N. (2015). Resilience as regulation of developmental and family processes. *Family Relations*, 64(1), 153–175.
doi:10.1111/fare.12100
- Maharaj, R., Motilal, M., Babwah, T. et al. (2017). National Alcohol Survey of households in Trinidad and Tobago (NASHTT): Alcohol use in households. *BMC Public Health* 17, 347 doi:10.1186/s12889-017-4266-z
- Marshall, C., & Rossman, G. B. (2016). *Design qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Matthews, J. (2011). Family risk factors and conduct disorder among committed male and female juveniles in Barbados. *Caribbean Journal of Psychology*, 4(1), 5-16.
Retrieved from <http://ojs.mona.uwi.edu/index.php/cjpsy/issue/view/285>
- Mayoh, J., & Onwuegbuzie, A. J. (2013). Toward a conceptualization of mixed methods phenomenological research. *Journal of Mixed Methods Research*, 9(1), 91–107.
doi:10.1177/1558689813505358
- McCubbin, H. I., & McCubbin, M. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations*, 37(3), 247-254.
doi:10.2307/584557
- McCubbin, M. A., & McCubbin, H. I. (1993). Families coping with illness: The resiliency model of family stress, adjustment and adaptation. In C. B. Danielson, B. Jamel-Bissell, & P. Winsted-Fry (Eds.), *Families, health and illness: Perspectives on coping and intervention* (pp. 21-632). St, Louis, MO: Mosby.

- McLeod, T. A. (2012). First-generation, English-speaking West Indian families' understanding of disability and special education. *Multiple Voices for Ethnically Diverse Exceptional Learners*, 13(1), 26-41. doi:10.1177/0040059917720778
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Mumby, P. J., Hastings, A., & Edwards, H. J. (2007). Thresholds and the resilience of Caribbean coral reefs. *Nature*, 450(7166), 98-101. doi:10.1038/nature06252
- Muruthi, B. A., Nasis, T., Jordan, L. S., McCoy, M., Grogan, C., & Farnham, A. (2015). Collaborative therapy approach: Implications for working with Afro-Caribbean families coping with infidelity. *Journal of Systemic Therapies*, 34(3), 26-43. doi:10.1521/jsyt.2015.34.3.26
- Narayan, D., & Petesch, P. (2002). *Voices of the poor: From many lands*. New York, NY: A co-publication of the World Bank and Oxford University Press.
- Navara, G., & Lollis, S. (2009). How adolescent children of African Jamaican immigrants living in Canada perceive and negotiate their roles within matrifocal family. *Family Process*, 48 (3), 442-458. doi:10.1111/j.1545-5300.2009.01294.x
- NCDs in the Caribbean. (2017). *Health Caribbean Coalition*. Retrieved from <https://www.healthycaribbean.org/ncds-in-the-caribbean/>
- Nicolas, G., & Wheatley, A. (2013). Historical and socio-political perspectives on mental health in the Caribbean region. *Interamerican Journal of Psychology*, 47, 167-176. Retrieved from <https://www.redalyc.org/articulo.oa?id=28430082002>

- Olayinka, O., Ozoekwe, U., Halari, C. D. et al. (2016). The prevalence of alcohol consumption and common influencing factors to start alcohol consumption in early age: health fair study in Dominica. *Archives of Medicine*, 08(06). doi:10.21767/1989-5216.1000170
- Onwuegbuzie, A. J., & Combs, J. P. (2010). Emergent data analysis techniques in mixed methods research: A synthesis. *SAGE Handbook of Mixed Methods in Social & Behavioral Research*, 397–430. doi:10.4135/9781506335193.n17
- Onwuegbuzie, A. & Johnson, R. (2006). The Validity Issues in Mixed Research. *Research in the Schools*. 13, 48-63. Retrieved from http://www.robertre naud.ca/uploads/2/2/9/6/22962838/onwuegbuzie__johnson_2006.pdf
- Otterbein, K. F. (1965). Caribbean family organization: A comparative analysis. *American Anthropologist*, 67(1), 66–79. doi:10.1525/aa.1965.67.1.02a00050
- Plano Clark, V. L., Huddleston-Casas, C. A., Churchill, S. L., O’Neil Green, D., & Garrett, A. L. (2008). Mixed methods approaches in family science research. *Journal of Family Issues*, 29(11), 1543–1566. doi:10.1177/0192513x08318251
- Ponto, J. (2015). Understanding and evaluating survey research. *Journal of the Advanced Practitioner in Oncology*, 6(2). doi:10.6004/jadpro.2015.6.2.9
- Power, J., Cuff, R., Jewell, H., McIlwaine, F., O’Neill, I., & U’Ren, G. (2015). Working in a family therapy setting with families where a parent has a mental illness: Practice dilemmas and strategies. *Journal of Family Therapy*, 37(4), 546–562. doi:10.1111/1467-6427.12052

QSR International Pty Ltd. (2019). NVivo (Version 12).

<https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>

Razzouk, D., Gallo, C., Olifson, S., Zorzetto, R., Fiestas, F., Poletti, G., ... Mari, J. J.

(2008). Challenges to reduce the “10/90 gap”: Mental health research in Latin American and Caribbean countries. *Acta Psychiatrica Scandinavica*, 118(6), 490–498. doi:10.1111/j.1600-0447.2008.01242.x

Reker, Gary. (2005). Meaning in life of young, middle-aged, and older adults: Factorial validity, age, and gender invariance of the Personal Meaning Index (PMI).

Personality and Individual Differences. 38, 71-85.

doi:10.1016/j.paid.2004.03.010.

Reker, G. T., & Fry, P. S. (2003). Factor structure and invariance of personal meaning measures in cohorts of younger and older adults. *Personality and Individual*

Differences, 35(5), 977-993. doi:10.1016/s0191-8869(02)00312-4

Reynolds, T. (2006). Caribbean families, social capital and young people’s diasporic identities. *Ethnic and Racial Studies*, 29(6) 1087-1103.

doi:10.1080/01419870600960362

Rhamie, J. (2012). Achievement and underachievement: The experiences of African Caribbeans. *Race Ethnicity and Education*, 15(5), 683-704.

doi:10.1080/13613324.2011.624503

Rodriguez, M. C. (2007). Crime, violence, and development: Trends, costs, and policy options in the Caribbean. A joint report by the United Nations Office on Drugs

- and Crime and the Latin America and the Caribbean Region of the World Bank.
PsycEXTRA Dataset. doi:10.1037/e599952012-001
- Roopnarine, J. L., & Jin, B. (2012). Indo Caribbean immigrant beliefs about play and its impact on early academic performance. *American Journal of Play*, 4(4), 441-463.
 Retrieved from
<http://www.journalofplay.org/sites/www.journalofplay.org/files/pdf-articles/4-4-article-roopnarine-indo-caribbean-immigrant-beliefs-about-play.pdf>
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rubenstein, H. (1983). Caribbean family and household organization: Some conceptual clarifications. *Journal of Comparative Family Studies*, 14(3), 283-298. Retrieved from <http://www.jstor.org/stable/41585340>
- Saldaña, J. (2016). *The coding manual for qualitative researcher*. Thousand Oaks, CA: Sage Publications.
- Schlesinger, B. (1968). Family patterns in the English-speaking Caribbean. *Journal of Marriage and the Family*, 30(1), 149-154. doi:10.2307/350235
- Shannon-Baker, P. (2016). Making paradigms meaningful in mixed methods research. *Journal of Mixed Methods Research*, 10(4), 319–334.
 doi:10.1177/1558689815575861
- Simon, J. B., Murphy, J. J., & Smith, S. M. (2005). Understanding and fostering family resilience. *The Family Journal*, 13(4), 427-436. doi:10.1177/1066480705278724

- Sixbey, M. T. (2005). *Development of the family resilience assessment scale to identify family resilience constructs* (Doctoral dissertation, University of Florida).
Retrieved from <http://ufdc.ufl.edu/UFE0012882/00001>
- Skeffington, P. M., & Browne, M. (2014). Art therapy, trauma and substance misuse: Using imagery to explore a difficult past with a complex client. *International Journal of Art Therapy*, 19(3), 114–121. doi:10.1080/17454832.2014.910816
- Smith, J. A., Flower, P., & Larkin M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, UK: Sage Publications.
- Strobl, E. (2012). The economic growth impact of natural disasters in developing countries: Evidence from hurricane strikes in the Central American and Caribbean regions. *Journal of Development Economics*, 97(1), 130–141.
doi:10.1016/j.jdeveco.2010.12.002
- Sutton, H., van Dijk, J., & van Kesteren, J. (2017). The size and dimensions of victimization in the Caribbean. In H. Sutton & I. Ruprah (Eds.), *Restoring Paradise in the Caribbean Combatting Violence with Numbers* (pp. 181-196). Washington, DC: Inter-American Development Bank.
- Taylor, D. P. & Thomas, G. A. (1977). *Parang of Trinidad*. Port of Spain: National Cultural Council of Trinidad and Tobago.
- Taylor, R. J., Forsythe-Brown, I., Lincoln, K. D., & Chatters, L. M. (2017). Extended family support networks of Caribbean black adults in the United States. *Journal of Family Issues*, 38(4), 522–546. doi:10.1177/0192513x15573868

- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16(2), 151–155.
doi:10.1111/j.1744-6155.2011.00283.x
- Thrasher, S., & Anderson, G. (1988). The West Indian family: Treatment challenges. *Social Casework*, 69(3), 171–176. doi:10.1177/104438948806900306
- Ungar, M. (2016). Varied patterns of family resilience in challenging contexts. *Journal of Marital and Family Therapy*, 42(1), 19–31. doi:10.1111/jmft.12124
- United Nations. (2020). Country classification. *World Economic Situation and Prospects*. Retrieved from https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2020_Annex.pdf
- Vaske, J. J., Beaman, J., & Sponarski, C. C. (2017). Rethinking internal consistency in Cronbach's alpha. *Leisure Sciences*, 39(2), 163–173.
doi:10.1080/01490400.2015.1127189
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. New York, NY: Routledge.
- Vermeulen, T., & Greeff, A. P. (2015). Family resilience resources in coping with child sexual abuse in South Africa. *Journal of Child Sexual Abuse*, 24(5), 555–571.
doi:10.1080/10538712.2015.1042183
- Waddington, R. (2018). Caribbean rises to resilience challenge. *UNISDR*. Retrieved from <https://www.unisdr.org/archive/58911>
- Walsh, F. (1982). *Normal family processes: Growing diversity and complexity*. New York, NY: Guilford Press.

- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process*, 35(3), 261-281. doi:10.1111/j.1545-5300.1996.00261.x
- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51(2), 130-137. doi:10.1111/j.1741-3729.2002.00130.x
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18. doi:10.1111/j.1545-5300.2003.00001.x
- Walsh, F. (2006). *Strengthening Family Resilience* (2nd ed.). New York, NY: Guilford Press.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46(2), 207-227. doi:10.1111/j.1545-5300.2007.00205.x
- Walsh, F. (2016a). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process*, 55(4), 616-632. doi:10.1111/famp.12260
- Walsh, F. (2016b). *Strengthening family resilience*. New York, NY: Guilford Press.
- Watkins, D. C., & Gioia, D. (2015). *Mixed methods research*. New York, NY: Oxford University Press.
- Weihs, K., Fisher, L., & Baird, M. (2002). Families, health, and behavior: A section of the commissioned report by the Committee on Health and Behavior: Research, Practice, and Policy Division of Neuroscience and Behavioral Health and Division of Health Promotion and Disease Prevention Institute of Medicine.

National Academy of Sciences. Families, Systems, & Health, 20(1), 7-46.

doi:10.1037/h0089481

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience and recovery*. Ithaca, NY: Cornell University Press.

Wilkinson, E., Twigg, J., & Few, R., (2018). *A resilient Caribbean after the 2017 hurricane, ODI Risk & Resilience 2018 Conference*, (pp. 1-8). Retrieved from <https://www.odi.org/publications/11076-towards-more-resilient-caribbean-after-2017-hurricanes>

Williams, L., Maxwell, J., Ring, K., & Cambridge, I. (2001). Social work education in the West Indies. *Social Work Education*, 20(1), 57-73.

doi:10.1080/02615470020028373

World Bank. (2018). Overview. *The World Bank in the Caribbean*. Retrieved from <https://www.worldbank.org/en/country/caribbean/overview#2>

Xu, M. A., & Storr, G. B. (2012). Learning the concept of researcher as instrument in qualitative research. *Qualitative Report*, 17(2). Retrieved from <https://nsuworks.nova.edu/tqr/vol17/iss21/2/>

APPENDIX A

Survey Informed Consent Form

INFORMED CONSENT
(Survey)

Title: Family Resilience among English-speaking Caribbean Families

Main Researcher:	Karina Donald	kdonald@twu.edu	940/400-9936
Faculty Advisor:	Linda Brock, PhD	lbrock@twu.edu	940/898-2713

You are being asked to answer questions by Ms. Karina Donald, a student at Texas Woman's University, to get information for her dissertation research project. She wants to understand more about families in the Caribbean. She wants to know how easy or hard it is for families to bounce back after very difficult situations. You are invited to answer questions because you were born and raised in an English-speaking Caribbean country and are at least 18 years old.

Answering Ms. Donald's questions should take about 30 minutes. Answering these questions is voluntary, meaning you do not have to answer any questions if you do not want to. Please read this form carefully and let Ms. Donald know if you would like to talk to her and answer her questions. Please ask Ms. Donald any questions you may have about what she is doing at any time.

Description of Procedures

Ms. Donald will ask you questions about your family and how you all have handled difficult situations. It should take you about 30 minutes to answer these questions.

Potential Risks

It is possible that answering questions may make you feel upset or uncomfortable. You may take a break from answering questions or you may stop totally at any time. If you need someone to talk to because you feel upset or uncomfortable you can find someone through the list of places you have been given.

You may feel tired while answering questions. You may take a break from answering questions or you may stop answering questions at any time.

There is a possibility that someone else might find out about your answers. That would be a loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Ms. Donald will keep your name, your birth date, your address and your phone number separate from your answers.

Ms. Donald will try to prevent any problem that could happen because of this research. You should let her know at once if there is a problem and she will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Approved by the
Texas Woman's University
Institutional Review Board
Approved: May 25, 2019

Initials _____
Page 1 of 2

Participation and Benefits

Sharing your answers to the questions is completely voluntary, meaning you do not have to do it, and you may stop answering questions at any time. If you would like to know the results of this study it can be emailed or mailed to you.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the study you can ask Ms. Donald; her contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way it was conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or by e-mail at IRB@twu.edu.

Signature of Participant

Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email:

or Address:

Approved by the
Texas Woman's University
Institutional Review Board
Approved: May 25, 2019

Page 2 of 2

APPENDIX B

Interview Informed Consent Form

INFORMED CONSENT
(Interview)

Title: Family Resilience among English-speaking Caribbean Families

Principal Investigator:	Karina Donald	kdonald@twu.edu	940/400-9936
Faculty Advisor:	Linda Brock, PhD	lbrock@twu.edu	940/898-2713

You and your family members (adults and children) are being asked to answer questions by Ms. Karina Donald, a student at Texas Woman's University, to get information for her dissertation research project. She wants to understand more about families in the Caribbean. She wants to know how easy or hard it is for families to bounce back after very difficult situations. You and your family are invited to answer questions because you were born and raised in an English-speaking Caribbean country.

Answering Ms. Donald's questions should take about 1 hour. Answering these questions is voluntary, meaning you do not have to talk to Ms. Donald or answer any questions if you do not want to. Please read this form carefully and let Ms. Donald know if you would like to talk to her and answer her questions. Please ask Ms. Donald any questions you may have about what she is doing at any time.

Description of Procedures

Ms. Donald will spend 1 hour asking you questions about how you all handle difficult situations. After Ms. Donald asks you those questions, she will then ask you to create art about how you all handled a difficult situation. You can choose one person in your family to create the art, or everyone in your family can make the art together. There will also be a survey for one family member, 18 years or over, to complete. The family member who will fill out the survey can be decided before or after the interview.

You and your family will decide on a private location where and when the interview will happen. The interview will be audio recorded and your answers will be written down to make sure Ms. Donald knows exactly what you said. You will make up names to use for the interviews so no one will know your real names. The amount of time you will spend answering questions and creating art will be about one hour and 30 minutes. The interview will last 1 hour and the art creation will last 30 minutes. The questionnaire will take no more than 30 minutes. After the end of the study, you will receive art materials for your participation.

Potential Risks

It is possible that answering questions and making art may make you feel upset or uncomfortable. You may take a break from answering questions and making art or you may stop totally at any time. If you need someone to talk to because you feel upset or uncomfortable you can find someone through the list of places you have been given.

You may feel tired while answering questions. You may take a break from answering questions or you may stop answering questions at any time.

Approved by the
Texas Woman's University
Institutional Review Board
Approved: May 25, 2019

Initials _____
Page 1 of 2

There is a possibility that someone else might find out about your answers. That would be a loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Ms. Donald will keep your name, your birth date, your address and your phone number separate from your answers.

Ms. Donald will try to prevent any problem that could happen because of this research. You should let her at once if there is a problem and she will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research. If you would like to participate in the current study but not allow interview information to be used for future research, please initial here _____.

Participation and Benefits

Sharing your answers to the questions is completely voluntary, meaning you do not have to do it, and you may stop answering questions at any time. If you would like to know the results of this study it will be emailed or mailed to you.*

Questions Regarding the Study

You will be given a copy of this signed and dated form to keep. If you have any questions about the study, the contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study was done, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

Signature of Parent/Guardian

Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email:

or Address:

APPENDIX C

Modified Interview Informed Consent Form (Post COVID-19)

INFORMED CONSENT
(Interview)

Title: Family Resilience among English-speaking Caribbean Families

Principal Investigator:	Karina Donald	kdonald@twu.edu	940/400-9936
Faculty Advisor:	Linda Brock, PhD	lbrock@twu.edu	940/898-2713

You and your family members (adults and children) are being asked to answer questions by Ms. Karina Donald, a student at Texas Woman's University, to get information for her dissertation research project. She wants to understand more about families in the Caribbean. She wants to know how easy or hard it is for families to bounce back after very difficult situations. You and your family are invited to answer questions because you were born and raised in an English-speaking Caribbean country.

Answering Ms. Donald's questions should take about 1 hour. Answering these questions is voluntary, meaning you do not have to talk to Ms. Donald or answer any questions if you do not want to. Please read this form carefully and let Ms. Donald know if you would like to talk to her and answer her questions. Please ask Ms. Donald any questions you may have about what she is doing at any time.

Description of Procedures

Ms. Donald will spend 1 hour asking you questions about how you all handle difficult situations. After Ms. Donald asks you those questions, she will then ask you to create art about how you all handled a difficult situation. You can choose one person in your family to create the art, or everyone in your family can make the art together. There will also be a survey for one family member, 18 years or over, to complete. The family member who will fill out the survey can be decided before or after the interview.

You will be provided with a link for your online interview. You and your family will decide on a private place in your home where you can have the online interview and when the interview will happen. The interview will be audio recorded and your answers will be written down to make sure Ms. Donald knows exactly what you said. You will make up names to use for the interviews so no one will know your real names. The amount of time you will spend answering questions and creating art will be about one hour and 30 minutes. The interview will last 1 hour and the art creation will last 30 minutes. The questionnaire will take no more than 30 minutes. After the end of the study, you can keep the art materials that was sent to you for your participation.

Potential Risks

It is possible that answering questions and making art may make you feel upset or uncomfortable. You may take a break from answering questions and making art or you may stop totally at any time. If you need someone to talk to because you feel upset or uncomfortable you can find someone through the list of places you have been given.

Texas Woman's University
Institutional Review Board
Approval: May 25, 2019
Modifications Approved:
May 7, 2020

Initials _____
Page 1 of 2

You may feel tired while answering questions. You may take a break from answering questions or you may stop answering questions at any time.

There is a possibility that someone else might find out about your answers. That would be a loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Ms. Donald will keep your name, your birth date, your address and your phone number separate from your answers.

Ms. Donald will try to prevent any problem that could happen because of this research. You should let her know at once if there is a problem and she will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research. If you would like to participate in the current study but not allow interview information to be used for future research, please initial here _____.

Participation and Benefits

Sharing your answers to the questions is completely voluntary, meaning you do not have to do it, and you may stop answering questions at any time. If you would like to know the results of this study it will be emailed or mailed to you.*

Questions Regarding the Study

You can keep this form and email your signed copy to Ms. Donald at kdonald@twu.edu. If you have any questions about the study, the contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study was done, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

Signature of Parent/Guardian

Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email:

or Address:

Texas Woman's University
Institutional Review Board
Approval: May 25, 2019
Modifications Approved:
May 7, 2020

Page 2 of 2

APPENDIX D

Survey with Family Resilience Assessment Scale and Demographics

Can you share some information about yourself...Thank you! Please answer the questions in each box.

What is your age? _____	In which country do you currently live? Antigua and Barbuda The Bahamas Barbados Cayman Islands Dominica Grenada Guyana Jamaica St. Kitts and Nevis St. Lucia St. Vincent and the Grenadines Trinidad and Tobago Other, please specify _____
Gender: Male Female	
What is the highest level of education that you completed? Primary/Elementary school Secondary/High school Associates Degree (e.g. AS, AA) Bachelor's degree (e.g. BS, BA) Master's degree (e.g. MA, MPA, MS) Doctorate degree (e.g. MD, PhD, JD) Other, Please specify _____	
Do you have the highest level of education in your family? Yes No If no, please indicate the level of education of that family member: Primary/Elementary school Secondary/High school Associates Degree (e.g. AS, AA) Bachelor's degree (e.g. BS, BA) Master's degree (e.g. MA, MPA, MS) Doctorate degree (e.g. MD, PhD, JD) Other, Please specify _____	What is your ethnic identity? (Please select one) White/Caucasian Afro-Caribbean (African descent) Indo-Caribbean (Indian) Chinese Mixed Other, Please specify _____
About your family: Choose the best description of your type of family living together. Siblings (brothers and/or sisters only) Nuclear (parents and children) Single-parent (one parent and children) Extended (parents, uncles, aunts, cousins, and/or grandparents) Communal (family living in the same community/village but in different households) Other, Please specify _____	
How many people are currently living in your household, including yourself and children? _____	
Has your family cultivated a plot of land for home or other purposes? No Yes, once Yes, twice Yes, more than two times	

EXPERIENCES OF FAMILY RESILIENCE

As you recall a stressful event in your family (such as: divorce, death, move, job loss, financial loss, illness, hurricane, flooding, crime/violence, etc.), what level of intensity do you believe this event had on your family? Please circle a number below with 1 indicating little to no intensity and 10 indicating high intensity.

No Intensity 1 2 3 4 5 6 7 8 9 10 High Intensity

Please circle all members of your family you will be recalling when thinking about this event and completing the questionnaire:

Husband	Girlfriend	Grandfather
Wife	Boyfriend	Sister
Mother	Uncle	Brother
Father	Aunt	Niece/nephew
Son	Step-daughter/son	Close friend
Daughter	Grandmother	Other, Please specify _____

After this event, do you feel that your family's connection:

Grew distant Remained the same Grew closer

Please read each statement carefully and circle the most appropriate choice. Decide how well you believe it describes your family now from your viewpoint. Your "family" may include any individuals you wish.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Our family structure is flexible to deal with the unexpected	SA	A	D	SD
Our friends value us and who we are	SA	A	D	SD
The things we do for each other make us feel a part of the family	SA	A	D	SD
We accept stressful events as a part of life	SA	A	D	SD
We accept that problems occur unexpectedly	SA	A	D	SD
We all have input into major family decisions	SA	A	D	SD
We are able to work through pain and come to an understanding	SA	A	D	SD
We are able to make changes to demands placed on us as a family	SA	A	D	SD
We are open to new ways of doing things in our family	SA	A	D	SD
We are understood by other family members	SA	A	D	SD
We ask neighbors for help and assistance	SA	A	D	SD
We attend church/synagogue/mosque services	SA	A	D	SD
We believe we can handle our problems	SA	A	D	SD
We can ask for clarification if we do not understand each other	SA	A	D	SD
We can be honest and direct with each other in our family	SA	A	D	SD
We can blow off steam at home without upsetting someone	SA	A	D	SD
We can compromise when problems come up	SA	A	D	SD
We can deal with family differences in accepting a loss	SA	A	D	SD
We can depend upon people in this community/village	SA	A	D	SD
We can question the meaning behind messages in our family	SA	A	D	SD
We can solve major problems	SA	A	D	SD
We can survive if another problem comes up	SA	A	D	SD

	Strongly Agree	Agree	Disagree	Strongly Disagree
We can talk about the way we communicate in our family	SA	A	D	SD
We can work through difficulties as a family	SA	A	D	SD
We consult with each other about decisions	SA	A	D	SD
We define problems positively to solve them	SA	A	D	SD
We discuss problems and feel good about the solutions	SA	A	D	SD
We discuss things until we reach a resolution	SA	A	D	SD
We feel free to express our opinions	SA	A	D	SD
We feel good giving time and energy to our family	SA	A	D	SD
We feel people in this community are willing to help in an emergency	SA	A	D	SD
We feel secure living in this community	SA	A	D	SD
We feel taken for granted by family members	SA	A	D	SD
We feel we are strong in facing big problems	SA	A	D	SD
We have faith in a Supreme Being (e.g. God, Allah, etc.)	SA	A	D	SD
We have the strength to solve our problems	SA	A	D	SD
We keep our feelings to ourselves	SA	A	D	SD
We know there is community help if there is trouble	SA	A	D	SD
We know we are important to our friends	SA	A	D	SD
We learn from each other's mistakes	SA	A	D	SD
We mean what we say to each other in our family	SA	A	D	SD
We participate in church activities	SA	A	D	SD
We receive gifts and favors from neighbors	SA	A	D	SD
We seek advice from religious advisors	SA	A	D	SD
We seldom listen to family members' concerns or problems	SA	A	D	SD
We share responsibility in the family	SA	A	D	SD
We show love and affection for family members	SA	A	D	SD
We tell each other how much we care for one another	SA	A	D	SD
We think this is a good community/village to raise children	SA	A	D	SD
We think we should not get too involved with people in this community/village	SA	A	D	SD
We trust things will work out even in difficult times	SA	A	D	SD
We try new ways of working with problems	SA	A	D	SD
We understand communication from other family members	SA	A	D	SD
We work to make sure family members are not emotionally or physically hurt	SA	A	D	SD

	None	One	Two	More than 2
How many computers (PCs, Macs or laptops) does your family own?	0	1	2	3+
During the past 12 months, how many times did you travel away on holiday with your family?	0	1	2	3+
Does your family own a car, van, truck or other type of vehicle?	0	1	2	3+
Does your family have a washing machine?	0	1	2	3+
Do you have internet access at home?	0	1	2	3+

Do you get help in any form of financial aid from relative/friend/organization/neighbor/church? No Yes, once Yes, twice Yes, three or more times					
How often do you attend church or other religious meetings? Never Once a year or less A few times a year A few times a month Once a week More than once/week			How often do you spend time in private religious activities, such as prayer, meditation, or Bible study? Rarely or never A few times a month Once a week Two or more times/week Daily More than once a day		
The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.					
	Definitely not true of me	Tends not to be true	Unsure	Tends to be true	Definitely true of me
In my life, I experience the presence of the Divine (i.e., God)	1	2	3	4	5
My religious beliefs are what really lie behind my whole approach to life	1	2	3	4	5
I try hard to carry my religion over into all other dealings in life	1	2	3	4	5
<i>Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement by circling the most appropriate choice.</i>					
	Strongly Agree	Agree	Disagree	Strongly Disagree	
On the whole, I am satisfied with myself.	SA	A	D	SD	
At times I think I am no good at all.	SA	A	D	SD	
I feel that I have a number of good qualities.	SA	A	D	SD	
I am able to do things as well as most other people.	SA	A	D	SD	
I feel that I'm a person of worth, at least on an equal plane with others	SA	A	D	SD	
All in all, I am inclined to feel that I am a failure.	SA	A	D	SD	
I take a positive attitude toward myself.	SA	A	D	SD	
I wish I could have more respect for myself.	SA	A	D	SD	
I certainly feel useless at times.	SA	A	D	SD	
I feel I do not have much to be proud of.	SA	A	D	SD	
Did someone else in your family also complete this questionnaire? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No Don't know </div>					

APPENDIX E

Interview Guide

Interview Guide

Good morning/afternoon, it's good that all of you agreed to take the time to talk with me. As [gatekeeper] explained, my name is Karina Donald. I am conducting a study on family resilience among families here in the Caribbean. Our interview would be two fold, I will ask you questions about how your family copes with difficult situations. Then, I will invite you to create art about your experience of coping with a difficult situation. You can choose one person to create the artwork, or as a family, you can share in the artmaking activity.

I will be recording the interview. You can request the tape be turned off at any point or not include some parts of the interview. There are no wrong answers to any of the questions or wrong way of creating art. All your responses will remain confidential. I will take a picture of the art if you would like to keep what you created or I can take it with me if you so choose. This is a flexible activity, so if you prefer to create the art first, then talk about how you all cope... that is fine too. Another option is have me to return at another time to complete the activity.

What questions do you have?

So, let's begin:

- I would like to know a little bit about each of you – your name and what you like to do to relax?
- When you think of family, what comes to mind?
- When you all as a family experience stress, what comes to mind?

- What are the things that are in your family that keeps you going when there is major stress or difficulty?
 - How do you get through it as a family?
- What are the things that are outside your family that keeps you all going when there is major stress or difficulty?
 - How do those things keep you all going?
- Without identifying the names of persons or a specific location, what was the most stressful situation that you all as a family experienced?
 - What in the family helped you as a family through the situation?
 - What in the family did not help?
- What outside of your family did not help you cope? How did it not help you cope?
- What outside of your family helped you all cope? How did it not help you cope?

Art

In thinking about that stressful situation, create art using these materials on the table, on how you all coped with the situation. During this time that you are creating art, I am here to answer questions about the activity.

- Remember there is no wrong or right way to create art, it is your way of showing through art how you coped as a family.

APPENDIX F

Permission to use Family Resilience Assessment Scale



Karina Donald <kdonald@twu.edu>

Permission to use FRAS

3 messages

Karina Donald <kdonald@twu.edu>
 To: sixbey@ufl.edu

Mon, Oct 22, 2018 at 11:11 AM

Dear Dr Sixbey,

I am a doctoral student in family therapy at Texas Woman's University. I am planning to return to the Caribbean to conduct my mixed methods study dissertation on family resilience among English-speaking Caribbean families. I wanted to interview families and test the reliability of the FRAS among families in the Caribbean. Can I get permission to use the FRAS?

Looking forward to your feedback.

Best regards,

Karina

Karina Donald, MA, ATR-BC | Graduate Research Assistant
 Texas Woman's University | Center for Research Design & Analysis
 Office of Research and Sponsored Programs
 P. O. Box 425619 | Denton, TX 76204
 Phone: (940) 898 – 3384 | Fax: (940) 898 – 4416
kdonald@twu.edu | crda@twu.edu

Sixbey, Meggen B <msixbey@ufsa.ufl.edu>
 To: Karina Donald <kdonald@twu.edu>

Wed, Oct 24, 2018 at 2:02 PM

Hi Karina

Please let this email serve as permission to use the FRAS. I only request that individuals send me a copy of their study upon completion.

Best in your research,

Meggen Sixbey

Meggen Tucker Sixbey, Ph.D., LMHC, LMFT
 Associate Director & Clinical Associate Professor
 Counseling and Wellness Center
 3190 Radio Road
 PO Box 112662
 Gainesville, Florida 32611-4100
 Phone: 352-392-1575
 Fax: 352-392-5567
 Email: sixbey@ufl.edu

<https://mail.google.com/mail/u/1/?ik=d9d26d9226&view=pt&search=all&permthid=thread-a%3Ar5069284016589333175&simpl=msg-a%3Ar427716129...> 1/2

APPENDIX G
Recruitment Flyer

Family Resilience among Caribbean Families: A mixed-methods art-informed study

Researcher: Karina Donald

Contact Information

To find out more about this study, please contact:

- Karina Donald: email - kdonald@twu.edu; Phone: 940-400-9936, [local phone/contact]
- [Gatekeeper]: Phone - ; address -

Family
like branches on a tree,
we all grow in different
directions yet our roots remain as one.

The purpose is understand the things that help families when they have difficulties.

You can participate if you are over 18 years old and the members of your family are born in a Caribbean country. There are two ways to be part of this project:

1. Family interview – Time 2 hours; face to face
 2. Questionnaire – 30 minutes; face to face or online [PsychData link]
- Being part of this activity is completely voluntary, which means you do not have to do it.
 - You will receive a summary of the results when the study is finished

There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

APPENDIX H

Modified Recruitment Flyer (post COVID-19)

Family Resilience among Caribbean Families: A mixed-methods art-informed study

Researcher: Karina Donald

Contact Information

To find out more about this study, please contact:

- Karina Donald: email - kdonald@twu.edu; Phone & Whatsapp: 940-400-9936
- [Gatekeeper]: Phone - ; address -

Family
like branches on a tree,
we all grow in different
directions yet our roots remain as one.

The purpose is understand the things that help families when they have difficulties.

You can participate if you are over 18 years old and the members of your family are born in a Caribbean country. There are two ways to be part of this project:

1. Family interview – Time 2 hours; online - Google Meet or Zoom
2. Questionnaire – 20 minutes online [PsychData link]
 - Being part of this activity is completely voluntary, which means you do not have to do it.
 - You will receive a summary of the results when the study is finished

There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.