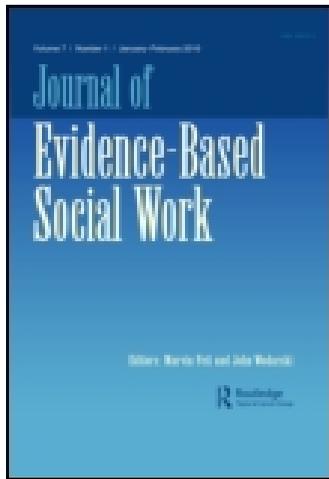


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Intergenerational Families of Holocaust Survivors: Designing and Piloting a Family Resilience Template

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Intergenerational Families of Holocaust Survivors: Designing and Piloting a Family Resilience Template

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Researchers from the Templeton study, “Forgiveness, Resiliency, and Survivorship Among Holocaust Survivors,” and the Transcending Trauma Project, combined efforts to examine six transcripts of interviews with survivors of the Nazi Holocaust. The researchers focused on the nature of parent–child family dynamics before, during, and after the Holocaust. They refined a Family Resilience Template (FRT) originally based on an ecological-systems design, adding an attachment theory component and a quantitative methodology. The goal of the research project was to pilot the FRT by further defining terms and adding a Quality of Family Dynamics Paradigm to encompass an intergenerational dimension. The researchers arrived at a consensus of item definitions, establishing the initial face validity of the FRT.

Keywords: Holocaust survivors, Family Resilience Template, Quality of Family Dynamics Paradigm, adaptive intergenerational family dynamics

Families of various forms are the bedrock of any society, providing a cushion against adversity and everyday life challenges. Family resilience theory, presented here, enables researchers to better understand how family systems deal with distress. It assumes that the family unit itself is resilient and that it socializes children to understand how to function in the larger environment (Greene, 2008b, 2012).

Family resilience is a universal capacity that allows people to prevent, minimize, or overcome the damaging effects of adversity (Grotberg, 1995). That is, the family experience enables people

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to cope collectively with the distress precipitated by events such as traumatic injury or even war (Greene, 2002; Walsh, 1998). Therefore, the concept is increasingly used in resilience-enhancing mental health treatment and program development (Greene, 2007).

LITERATURE REVIEW

As family-centered, ecological-systems approaches emerged in the 1970s and 1980s, practitioners emphasized healthy, realistic adaptation to problems in living. The use of strengths-based approaches gradually became more prevalent; these approaches avoided problem-saturated descriptions of clients and explored clients' stories within their culturally specific and personal histories (Greene, 2005).

For example, Walsh (2006), whose family resilience perspective contributed to the Family Resilience Template (FRT), pointed out that studies of adult development and family functioning reveal that families use a variety of adaptive mechanisms to help them successfully meet the challenges of life. She indicated that flexibility in family structure, roles, and reactions to developmental tasks can play a vital function in helping people explore new options, something that is so important to survivors of adversity.

Another example of a positive resilience approach was developed by Antonovsky (1998). Antonovsky's (1987) model was derived from interviews with Israeli women who had been in a World War II concentration camp. He observed that some had managed to maintain good health and lead full lives despite their experiences and remarked that it was a wonder that they had survived at all. He assumed that stress was a part of the natural condition and posed an interesting question: How come we survive in spite of this (Lindström & Eriksson, 2006)?

Rejecting the traditional pathogenic model, Antonovsky (1998) observed that despite high levels of exposure to stress, some individuals remain healthy. This led him to describe a "health–ease/disease continuum." He used the phrase "salutogenesis orientation" to encompass his study of how people naturally use their resources to strive for health. He also assumed that a family is a collective that uses its coping capacities to return to stability when faced with stressors, such as chronic illness or disability.

Antonovsky (1987) was interested in how people develop a sense of coherence, or the capacity to perceive life and to manage successfully the infinite number of complex stressors encountered in daily life. Antonovsky (1987) defined *sense of coherence* as "a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence" (p. 5). In addition, he noted that stressors can be (1) comprehensible, or structured, predictable, and explicable; (2) manageable, or available to meet demands; and (3) meaningful, or worthy of investment and engagement.

After developing the theoretical concept of salutogenesis, Antonovsky (1987) developed the Sense of Coherence Scale, a seminal tool used to evaluate well-being. In the almost 30 years since its inception, the scale has been translated into at least 33 languages in 32 countries and has been found to be valid and reliable, setting a foundation for a resilience approach.

Family Resilience Template

The instrument described (FRT) was derived from research conducted during the study "Forgiveness, Resiliency, and Survivorship Among Holocaust Survivors" (hereafter, the Templeton study) that took place from 2007 to 2010 in 9 U.S. locations, and the Transcending Trauma Project (TTP), a 20-year study of the Council for Relationships, the Division of Couple and Family Studies, Department of Psychiatry and Human Behavior, Jefferson Medical College, Philadelphia, PA. These studies provided a foundation for FRT, whose purpose is to explore family resilience.

Section I

Section I of the FRT used in this study synthesized the assumptions of ecological, family systems, and risk and resilience theories about family adaptability to guide the analysis of transcripts of interviews with Holocaust survivors during the earlier Templeton study.

Review of the interview transcripts [particularly in the family study] was intended to reveal survivors' memories of their family relationships; offer perspectives on how family life may have been disrupted, maintained, or transformed as a consequence of extreme stress/trauma; and shed light on factors that permitted survivors to make successful life transitions. The survivors' own words thus became the vehicle for illustrating themes of family and family-like interactions. (Greene, 2010a, p. 487)

Risk and resilience. *Resilience* is the human capacity to adapt in the face of stress, adversity, trauma, or tragedy. Resilience involves overcoming the odds and being successful despite exposure to high risk, sustaining competence under pressure, and recovering from trauma by adjusting to negative life events successfully (Fraser, Richman, & Galinsky, 1999).

The resilience approach was used in the original and revised FRT to examine how a family builds on its assets and uses survival skills (Walsh, 2006). Walsh (2006), who believes that all families facing a crisis have the potential for self-repair and growth, has attributed a family's resilience to its (a) belief system, (b) organizational patterns, and (c) communication patterns.

The *family belief system* includes the values and attitudes that establish a family's ideas about how to act during stress. *Family organizational patterns* involve how the family is structured to carry out its tasks. *Family communication patterns* encompass the exchange of information within the family (Walsh, 1996, 1998).

Systems theory. Systems theory concepts explore family structural properties, or a model of how families develop interrelationships, differentiate roles, and generate patterns of communication (Greene, 2008a). Systems theorists suggest that families are adaptive, are poised to maintain stability, and continually face environmental demands for growth and change by "structuring, de-structuring, and restructuring"—becoming more differentiated or complex (Buckley, 1968, p. 494).

Ecological theory. The ecological perspective is often combined with systems thinking to explore how families interact with other social systems and fit into the larger environment (Germain, 1994). This point of view allows for an exploration of how people who function in hostile environments do not surrender to what Garmezy (1991) called the "attendant inordinate effects of stress" (p. 416). These factors may include "culturally unique protective factors," such as religious beliefs (Miller & MacIntosh, 1999, p. 159).

Templeton major themes. The major themes that emerged from the Templeton study use of the original FRT to analyze transcripts of interviews with survivors of the Nazi Holocaust revealed that survivors often

- lived in a middle- to upper middle-class family during their early years;
- experienced early expressions of love;
- survived the war in family dyads;
- formed surrogate family networks;
- traced their lineages and losses;
- set priorities in life, including having a family and career;
- attended to traditions and beliefs; and
- self-healed and transcended adversity.

Section II

Section II of the current FRT stems from the Quality of Family Dynamics Paradigm (QFDP). This paradigm is based on attachment theory and the relationships between the child and his or her primary caregivers in the family of origin (Goldenberg, 2011; Hollander-Goldfein & Isserman, 1999; Isserman, 2005).

Internal working model. The seminal scholar of attachment theory is John Bowlby, who in the 1950s developed the concept of the internal working model as the basis of attachment theory. He posited that the internal working model is an integral component of the attachment behavioral system that guides a child's behavior based on past experiences (Bowlby, 1973, 1969/1982). In this model, the mental health of the child depends on him or her experiencing a consistent relationship with a nurturing caregiver (Bowlby, 1969/1982). Bowlby noted that a child whose parents encourage autonomy views himself or herself as able to cope and as worthy of helping. Conversely, a child whose parents is unresponsive or abandon or threaten to abandon him or her views himself or herself as unworthy and unlovable (Ainsworth, 1979).

Brain pattern development. Siegel (1999) elaborated on attachment in the family of origin. He hypothesized that repeated patterns of interactions between children and their parents create patterns in the developing brain that form impressions in memory, shaping behavior, emotions, and perceptions. During a child's early development, a parent and child relate to each other's feelings and intentions in ways that establish these patterns. For this reason, multiple generations of the family were interviewed in the TTP.

Attachment styles. Attachment theory describes five attachment styles between the parent/caregiver and the child that directly influence attachment styles in adulthood: closeness/distance, empathy/self-centeredness, validating/critical, expressions of positive emotion/expressions of negative emotion, and open communication/closed communication.

Assessing the parent-child relationship patterns through the original application of the QFDP revealed three types of families: positive (loving and caring), negative (one or both parents angry or depressed), and mixed (in between these two extremes). The definitions of the three types of families were based on the following criteria: the descriptions of each of the parents in the parent-child relationship according to the QFDP, the parents' marital relationship, whether one or more children in the family was targeted for abuse or neglect by a caregiver, the ability of caregivers to place the child's needs above their own, the description of the child's mental health status as an adult, and the nature of relationships in the child's nuclear family.

TTP major themes. The TTP findings revealed a substantial relationship between family of origin dynamics and qualities of coping and adaptation that enabled survivors to rebuild healthy families or left them deficient in their capacity to focus on the needs of their children (Hollander-Goldfein, Isserman, & Goldenberg, 2011). The family of origin relationships predicted both positive and negative coping in the survivor that could then be tracked in terms of positive and negative relationships in the post war families. Those survivors who coped poorly after the war were traumatized by the devastation and could not manage positive attachment with people in their lives. Those survivors who coped well after the war could put their children's need before their own and could engage in a positive way. While not all survivors expressed the positive attributes listed below, those who showed greater resilience were survivors who:

- had a secure attachment with at least one caring adult in childhood;
- retained moral values connected to the importance of family;

- sustained a sense of meaning in life;
- sustained a Jewish identity even if they did not observe ritual practices; and
- put children's needs first.

BACKGROUND OF FRT

Theoretical Concept

The purpose of refining the FRT was to explore the resilience or adaptiveness of intergenerational Holocaust survivor families as a “systemic phenomenon” (Butler, 1997, p. 26). The original FRT grew out of the idea that adaptive family systems have complex, positive, dynamic interactions with their environments that foster internal communication and organization. Adaptive families have some degree of plasticity, responding to environmental demands that create a sense of tension. Adaptive families may be said to “live beyond their means in the sense that they must continually face the demands of their environment” (Greene, 2008a, p. 181). Another way of thinking about family adaptiveness is to consider resiliency, or how families withstand disruptive life events and avoid succumbing to stressful situations. Resilient families overcome the negative consequences associated with high risk, enabling them to make successful life transitions (Leitz, 1999; Walsh, 1998).

Another approach to studying family adaptiveness is to examine how well children and their caretakers bond. The developing infant has a biological need to stay in close proximity to his or her primary caregiver, which forces the development of bonds of attachment—either weak or strong—between infant and caregiver. When these bonds of attachment are strong and positive, they provide the child with a feeling of safe haven and security. This safe haven, which has been called the secure base of attachment, facilitates the child's exploration of the inner and outer worlds (Ainsworth, 1979). The nature of this attachment not only governs the child's experience of relationships in the family of origin but also affects the child's behavior toward other people into adulthood (Allen, 2005).

Project Collaboration

For the current study, researchers from two distinct projects combined efforts to examine six transcripts of interviews with survivors of the Nazi Holocaust to learn about family dynamics among survivors before, during, and after the Holocaust. The first research project, the Templeton study, was conducted from 2007 to 2010. It used a mixed methods approach to study 133 survivors (Greene, 2010b). The resulting Holocaust Survivorship Model suggests how individuals, families, and communities developed a positive engagement with life after long-term exposure to adverse and even life-threatening events (Greene, Armour, Hantman, Graham, & Sharabi, 2010). The project also included a number of smaller qualitative studies addressing such topics as mental health and family dynamics. In that process, an initial FRT was created to explore survivor family functioning.

The second project, TTP, conducted since 1991, examined the coping, resilience, and rebuilding of 275 Holocaust survivors and their family members. Researchers with TTP developed the QFDP, a qualitative research tool for analyzing parent–child dynamics.

In the current study, the researchers added the QFDP to the original FRT to yield a revised FRT. This combined instrument was converted to a quantitative measurement instrument consisting of two sections, the first based on an ecological-systems design and the second based on attachment theory.

METHODOLOGY

The goal of this research project was to refine the original FRT by further defining terms and determining variability and intercoder reliability. Given the small sample size of six interviews, another goal was to explore family-related themes as opposed to testing hypotheses, as in most research based on quantitative methods.

Research Team

Researchers from the two projects (the Templeton study and the TTP) joined forces to conduct the present study. They originally relied on a grounded research methodology to qualitatively analyze interviews with Holocaust survivors. Their goal was to pilot a quantitative method for rating family resilience.

Interviews

The TTP members selected six transcripts to study. These transcripts consisted of three parent-child sets. The interviews were part of the original TTP database collected from the mid 1990s to the early 2000s. The three pairs were chosen by the TTP project directors to represent a parent-child dyad that had been categorized in this original study as positive, negative and mixed functioning (Isserman, Hollander-Goldfein, & Raizman, 2011). The interviews were also chosen because they contained full descriptions of prewar, war, and postwar experiences of the survivors.

Instrument

The original FRT and the QFDP were used to pilot a quantitative instrument now called the FRT. Concepts from both were incorporated into the new instrument. The original FRT, developed in the Templeton study, explored the nature of family communication, organization, and belief systems as expressed in survivor transcripts (Greene, 2012). TTP examined the quality of intergenerational parent-child dynamics, including attachment styles and parent-child relationships, and culminated in the previously mentioned QFDP (Hollander-Goldfein et al., 2011).

In the present study, researchers combined the original FRT and the QFDP into the revised FRT and used it to analyze the transcripts of three parent-child dyads. They first refined and came to a consensus on the definitions of each the 41 FRT items. They relied on the knowledge of research experts to achieve face validity. The instrument was then converted from a qualitative measure to a quantitative measure with the addition of a 5-point Likert scale. Coders rated each item based on the following scale specifying level of agreement:

- indicated a low level of this quality present in the family
- indicated the midpoint between low and moderate
- indicated a moderate level of this quality present in the family
- indicated the midpoint between moderate and high
- indicated a high level of this quality present in the family

Research Packet

The FRT research packet comprised two sections: the ecological-systems section and the attachment theory section (see Tables 1 and 2). The packet was rated by two clinical practitioners and one researcher. Ratings encompassed three time periods in the intergenerational survivor family's life: (a) prewar period, (b) war years, and (c) postwar period.

TABLE 1
Family Resilience Template: Ecological-Systems Concepts (Section I)

-
1. Family had positive interrelationships.
Family formed an effective unit or group. There were strong family bonds. Family members felt connected and provided mutual support. Family relationships were described as warm, close, empathic, supportive, validating, mutual, and loving.
 2. Family functioned as an effective structure.
Family members were differentiated in terms of their needs and personality. Family could change as needed. Family could rebound from difficult challenges and resume normal functioning. Family showed flexibility in addressing problems. Family functioned well in terms of meeting the demands of everyday life. The parents functioned effectively as executive decision makers in the family, and the children functioned in the roles expected of them as children.
 3. Family members assumed viable roles.
Family members carried out the roles of work and family care. The roles fit together well. The assigned roles enabled the family to fulfill the demands of family life. These demands included meeting financial responsibilities, meeting work expectations, nurturing children, and fulfilling the day-to-day needs of family members (e.g., for food, clothing, shelter). Family members, parents, and children accepted their roles and functioned within their roles. Extended family members who lived with the family functioned within their assigned roles.
 4. Family had explicit rules, norms, and expectations.
There were shared family values. The rules and expectations of children were clear to the parents and communicated clearly by the parents to the children. Parents functioned as the executives of the family and fulfilled their role as providers.
 5. Effective problem solving was based on effective communication.
There was shared decision making. Depending on the roles and rules of the family, the generational system that was responsible for problem solving fulfilled this task for the betterment of the family. If problem solving was the parents' responsibility, then the parents communicated effectively to achieve this task. If problem solving was the entire family's responsibility, then family members communicated effectively to achieve this task.
 6. Family engaged in successful decision making.
Family took action to achieve a goal. There was effective conflict resolution. Once this process was fulfilled and the process of problem solving resulted in a decision, members of the family were mobilized to put this decision into action in order to achieve the goal. Family members who took action were defined by the roles of each member in the family.
 7. Family showed positive patterns of communication.
Communication was characterized by consistent messages, clarity in flow of information, and open patterns of communication between family members. Positive communication could be described as open (people talked as opposed to did not talk), clear (as opposed to confusing), direct (people said what they meant), reciprocal (both parties in the conversation communicated about the issue and both parties listened to each other), honest (parties told the truth about their thoughts, feelings, behaviors, etc.), and personal (parties communicated about themselves as well as about content topics).
 8. Successful parenting resulted in the success of the children.
Parent(s) guided children to take responsibility. There were strong parental role models present in the family. Children were successful in school, in social relationships, and in accomplishing their tasks and roles. Children were happy and hopeful in their future.
 9. Parents were caregivers to the children.
Parents were nurturing, empathic, and loving, and provided security.
 10. Family took on challenges in a direct manner.
Family took on challenges in the best way to achieve success. For example, family members planned, anticipated outcomes, explored options, chose wisely, and were proactive in addressing challenges. They did not wait to address an immediate situation.
 11. Family had assets and strengths.
Assets and strengths included intelligence, schooling, close-knit relationships, the ability to work hard, good problem-solving and decision-making skills, a positive attitude, the ability to be proactive, flexibility, the ability to make the best out of every situation, perseverance, hopefulness, and faith (here the assets are psychosocial qualities).
-

(continued)

TABLE 1
(Continued)

-
12. Family identified and responded to risks.
Family understood the importance of planning for life transitions and changes from the outside. Family recognized risks when attempting to enact decisions. Family recognized dangers and disruptions and acted proactively to address the danger and protect family members from the impending harm as opposed to ignoring the dangers, pretending that all would be well without action, and leaving the family members vulnerable to harm.
 13. Family used its resources effectively.
Family used its resources to plan for life transitions and address dangers. Resources included finances, property, intelligence, training, family support, and community support.
 14. Family members took time together.
Positive time was spent together engaged in conversation, recreation, fun, and relaxation.
 15. Family was cohesive and worked together in its efforts.
Family felt coherent and worked together to achieve common purposes.
 16. Children functioned well in their environment(s).
Children were doing well in school, socially with peers, in dealings with people outside of the family, at work, in their intimate relationships, and in their nuclear families.
 17. Family was optimistic.
Family believed that things would go well for the family and its members, that bad things would not happen, and that the family could overcome whatever came its way. Family was hopeful for a good future for this generation and the next.
 18. Family established connections with extended family and friends.
Family reached out to others and established caring, warm relationships with extended family and friends. Family members turned to others to find the support missing in their own family and offer support to those who needed support that they did not get from their own families, establishing surrogate families.
 19. Family made affiliations in the community.
Family established affiliations with neighbors, community members, business people, and political figures.
 20. Family took the initiative to keep functioning well.
Family had the ability to identify possible problems and solutions, to engage in problem solving and decision making, to take on challenges, and to anticipate risks.
 21. Family accepted what cannot be changed.
Family had a philosophy of moving on, making the best of a situation, appreciating what one had, and counting one's blessings.
 22. Family felt in control of life situations.
Family had a sense of self-efficacy, agency, and strong self-esteem. It acted on the capacity to control what could be controlled, was proactive to achieve a better situation, felt capable of making the changes necessary to address the current demand, and sought what was possible and not settle for less.
 23. Family envisioned new possibilities.
Family took initiative, showed perseverance, was proactive, and was resourceful.
 24. Family learned and grew from adversity.
Family showed transcendence, achieved posttraumatic growth, assigned meaning to adversity, and found meaningful explanations for adversity that enabled it to go on with a sense of meaning and purpose.
 25. Family adhered to a faith system.
Family exhibited spirituality, faith, meaning, values, and/or a belief in God.
 26. Family kept traditional practices.
Family kept tradition and participated in rituals.
-

Analysis

SPSS (version 17) was used to analyze the responses. First two researchers read and coded the two-section FRT. Cronbach's alpha was computed. A third coder was then added to determine intercoder reliability (Miles & Huberman, 1994). Coders were trained in one or two meetings with the authors of the templates and practiced coding one case study before beginning the actual

TABLE 2
Family Resilience Template: Attachment Theory from the Quality of Family Dynamics Paradigm (Section II)

-
27. Closeness: there are frequent and positive contacts and ties with family members, there are warm feelings among family members, family members are helpful to one another.
 28. Empathy: the child experiences the parent as a caring and understanding adult, the child feels understood and important to the parent, the parent is giving and pays attention to the child's needs and feelings even though the parent may not understand the rationale for the child's actions, the parent may make sacrifices on behalf of the child and in the child's interest.
 29. Validation: the parent supports the child's feelings, thoughts, needs, and behaviors; the parent is encouraging, positive, and complimentary; the parent may express pride in the child.
 30. Expressions of positive emotions: positive emotions, love, and affection, are expressed verbally and/or physically between the parent and child; the child feels loved, even if this is not expressed in words; positive feelings, such as happiness, satisfaction, and fun, are expressed within the family.
 31. Open communication: communication about the war; communication about problems; listens to others (child, parent) and responds appropriately; purpose of communication is either to support the family member, to convey information, values or beliefs or engender positive emotions; communication is congruent, boundaried; communicator is emotionally available.
 32. Distance: contacts among family members are cold, infrequent, and negative; relationships are not close; there is little involvement in family members' lives.
 33. Self-centeredness: the parent is focused on his or her own needs and desires to the partial or complete exclusion of the needs and desires of the child; the parent is experienced as self-absorbed, neutral, or inattentive to the child; the parent may be selfish or even damaging to the child's well-being.
 34. Criticism: the parent's interactions with the child are negative, dismissive, and unsupportive of the child's feelings, thoughts, needs, and behaviors; the parent may express disappointment in the child.
 35. Expressions of negative emotions: predominantly negative emotions are expressed within the family relationships, including anger, resentment, criticism, disappointment, rage, and dissatisfaction; the child may feel unloved, "bad," unwanted, guilty, or unworthy.
 36. Closed communication: sensitive topics are taboo or secret; problems are not discussed; silence exists between the generations; communication engenders negative emotions; incongruent, negative stories that may focus on victimization; communication is compulsive/unboundaried; communicator is emotionally unavailable.
-

analysis. Researcher-practitioners then read and analyzed the transcripts to determine whether there was intercoder reliability on the coding of each item.

FINDINGS

Use of Working Definitions

Definitions used in the FRT were based on a review and synthesis of concepts found in the literature. The working definitions were reviewed by four experts in the field to examine face validity. These experts concluded that each definition clearly explained the element or phenomenon in question (Anastasi, 1988). Also, the items were deemed properly grouped within their respective frameworks: ecological-systems, resilience, and attachment theory.

Application of Working Definitions

Qualitative analysis revealed that item definitions could be applied effectively to the transcripts. For example, Jacques L. and David L. were a parent-child dyad interviewed in TTP who were characterized as having a negative bonding experience.

Jacques L. was a psychologist in private practice and had two sons from a previous marriage (he was married to his fourth wife). He had a PhD from Yale University in biology, was a U.S. public health fellow, and taught at Drexel University. Despite his accomplishments, he appeared never to have developed a sense of trust. This lack of trust negatively influenced his relationship formation (Table 1, #9; Table 2, #32):

You had no choice but to go on [during the Holocaust]. The scar I bear from all of this is not trusting people. I was deprived of a childhood, and a feeling of belonging. I have been in the US for 50 years and still am not comfortable.

He went on to say that he had a poor time with relationships: "I did not provide fathership. I have a fear of being abandoned."

David L., 33 years of age and son of Jacques L., remembered having a warm extended family with viable roles (Table 1, #2) and structure (Table 1, #3), until his parents divorced when he was 5 years of age. He then depended on his mother for affection (Table 2, #30):

Well, my mother provided all the affection that, you know, I could possibly need. My father, I don't recall him being overly affectionate. [long pause] No, I don't recall, really, much affection there. Especially when he was living with, when he was married to his second wife. Our visits there were not enjoyable, by and large. I felt that he was, both, the two of them, were rather cold.

George G. and Julie J. were a dyad characterized as having a positive bonding experience. George remembered that he and his parents had no doubt that they would survive the Holocaust. He had been married to his first wife (a chemist and community activist) for 41 years when she died. He fell in love again and married his second wife, an artist, 2 years later (Table 1, #1, #10). George G. summed up his life by saying, "We cultivate our garden. There are scars that are known as life. Do I have a choice or do I curl up and die?"

Julie G. relished the idea of the intergenerational relationships in the family:

And he's [her father] horrified when he looks at my kids, although he's beginning to realize that all the energy that he's exerted on me, and that I've exerted on my kids, is beginning to pay off. Because Peter can now have conversations with him about various concerts and various pieces of music that he likes, and the traveling. And both my kids adore traveling with my father.

Another dyad, Sarah K. and her son Morton K. had a mixed view of family life. Sarah appeared to have strong emotional ties to the larger Jewish community in her own family of origin, recounting religious affiliations and an ecological view of her surrounding (Table 1, #16, #25, #26):

Well, in my city, where I remember, where we used to live, we lived in a religious section. Like five, six blocks away, I saw already people who were, as I said, not a shochet and not a rabbi, five, six blocks away. I saw already non-Jewish people were living there. But not in our section. Everybody was religious, yeah. [According to the Rabbi] whoever had a store, had to be closed before [Friday night] candle lighting. Even, if he was not so religious.

Current Study Interrater Reliability

Cronbach's alpha for the first two raters revealed that the raters were consistent and there was little variance among them. The intercoder reliability among the three coders was high. In all but two cases two of the three raters agreed 75% of the time.

QFDP, which worked well as a qualitative measure of the parent-child relationship, did not work well as a quantitative measure. Consensus among two of the three raters was rare, occurring only six times for a 50% level of agreement.

Support of Earlier Findings

In addition to refinement and support of earlier concepts used in the original FRT, the current study confirmed the original qualitative analysis of TTP for the three family dyads chosen for this analysis. The interviews in the Transcending Trauma database mentioned previously used QFDP to analyze the relationship between the survivor and the child postwar. In all three families, ratings of positive, negative, and mixed relationships remained the same. Thus, the quantitative and qualitative analyses of these three parent-child dyads agreed on the categorization of the pattern of family dynamics.

CONCLUSIONS

The researchers concluded that it was premature to use the FRT as a quantitative instrument or scale. Additional work was seen as needed to

- use the instrument with a larger sample,
- conduct a reliability analysis,
- examine the validity of the instrument,
- conduct a factor analysis of the suggested domains of the scale,
- explore the correlates of family well-being with the template, and
- determine whether the FRT should be used with a 7-point Likert scale.

However, the researchers were satisfied that combining quantitative and qualitative approaches counteracted the researchers' tendency to "build elaborate interpretations of phenomena that in fact may not be typical or reliable" (Suedfeld & Soriano, 1998, p. 113). In addition, the quantitative and qualitative methods used complemented each other and compensated for each other's weaknesses (McGrath & Johnson, 2003).

The researchers also concluded that the FRT would be useful as a clinical tool for practitioners to use to explore client family resilience. Moreover, families could use the FRT to rate themselves and explore issues to resolve in treatment.

Although the researchers have a rich future agenda, they are heartened by Antonovsky's (1996) observation:

It is wise to see models, theories, constructs, hypotheses and even ideas as heuristic devices, not as holy truths. The young scientist of today, looking back, tends to be impatient with what was exciting and fruitful to her older colleagues yesterday. She tends to be unaware of the contributions to thinking and research, even the breakthroughs, of work which ultimately had to be built upon, transformed or perhaps discarded, and oblivious to the importance of knowing how the present flows from the past. On the other hand, there are those who remain fixated on the past, finding it difficult to re-examine, revise and move ahead. (p. 11)

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