

STRONG FAMILIES IN CRISES

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Isn't it strange that princes and kings,
And clowns that caper in sawdust rings,
And common people like you and me
Are builders of eternity?
Each is given a bag of tools,
A shapeless mass, a book of rules,
And each must make ere life has flown,
A stumbling block or a stepping stone.
(Anonymous)

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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Statement of the Problem	1
Purpose of Study	3
Definition of Terms	4
II. REVIEW OF LITERATURE	6
Crises	6
Resources	11
Strong Families	15
Summary	22
III. PROCEDURE	23
Selection of Subjects	23
The Instrument	24
Analysis of Data	25
IV. RESULTS	27
Description of Subjects	27
Perceptions of Strong Family Members Concerning Family Crises Experiences and Ways of Meeting Those Crises	30
V. SUMMARY	46
Conclusions and Implications	48
Recommendations	54
SELECTED BIBLIOGRAPHY	56
APPENDIX - FAMILY CRISES INVENTORY	64

LIST OF TABLES

Table	Page
I. Characteristics of Subjects	28
II. Perceptions Concerning Most Serious Crisis Event Experienced By the Family in the Last Five Years . . .	32
III. Perceptions Concerning How the Family Success- fully Coped With the Crisis	33
IV. Perceptions Concerning Who Was Most Important in Helping the Family Cope With the Crisis	35
V. Perceptions Concerning the Manner in Which These Persons Were Helpful to the Family in Coping With the Crisis	37
VI. Perceptions Concerning the "Good Development" in Family Life as a Result of Experiencing the Crisis	39
VII. Perceptions Concerning the Philosophy of Life Which Helped the Family Cope with the Crisis	40
VIII. Perceptions Concerning Advice to Families Experiencing Serious Crises	43
IX. Perceptions Concerning What Was Said or Done For the Family which was Most Helpful in Coping With the Crisis	43
X. Perceptions Concerning What Should Not Be Said or Done to the Family Experiencing Crises	45

CHAPTER I

INTRODUCTION

Statement of the Problem

There is always a way out. No problem is insoluble. The resources of the human spirit to meet and triumph over adversity have amazed me again and again. There seems to be almost nothing men and women cannot do when they are wholly resolved upon it (Mace, 1958, p. 143).

According to Jackson (1974), "two of the best kept secrets in the Twentieth Century are: everyone suffers and suffering can be used for growth and becoming" (p. 22). Crises, stresses, and hardships are an inevitable fact of life. A crisis may be defined as any event that produces stress or disequilibrium (Hansen and Hill, 1964; Glasser and Glasser, 1970).

Any change or disruption in the steady state of one's existence creates anxiety and uncertainty in direction, thus all crises are personal because they affect human lives. Jackson (1974) noted that people have the human encounter and emotional capacity which allows a crisis to be a significant event in their personal history. However, a crisis rarely affects only one individual, but usually implicates those persons having emotional ties with one another, namely the family unit.

When the individual contends with internal or external difficulties, he may view his family as a resource in coping with crises. Archibald (1962) noted that in today's society, the family offers less support

than in earlier years due to the breakdown of the family unit. However, Vincent (1967) countered such a view by describing the family as a flexible unit responsible for the tasks that maintain society and suggested that the family is regaining recognition for its contribution. The family is not only affected by a crisis which may be encountered by one of the family members, but is a resource in itself in coping with crises. The family, as a resource, gives strength to the individual through the emergency and is reciprocated by the individual's contribution of strength back to the family. Foley (1974, p. 373) supported this attitude of interdependence: "Families are an interdirectional system, each member is related to and dependent on every other member."

When the family is viewed as a resource in meeting crises, there are positive aspects to note. Decisions must be made and reorganization of family roles undertaken. There are new skills, adaptations and adjustments to be made. As the family develops skills in making choices, and living with them once they are made, they are able to handle future adversity in a superior manner. Maslow (1970, p. 324) noted "there is a level of human experience that produces maximum confidence in coping with all that life brings." This "human experience" is a resource which is gained by meeting crises and successfully coping with them. Crises may, therefore, be viewed positively as a growing experience. This type of growth is a change in a positive direction (Jourad, 1964). O'Neill and O'Neill (1975) supported this positive view by defining a crisis as a new stage of development and a vehicle for growth.

Not every family and its individual members view crises as positive events, nor do they successfully cope. Families that have been broken

or weakened may be bitter toward society because of their hardships. Some crises may cause a family to weaken, perhaps even dissolve, while the individual members alienate themselves from the unit and further reinforce their negative outlook (Al-Anon, 1971). Otto (1962) found that a distinguishing characteristic of strong families is their ability to successfully use crises for growth. Thus, there are characteristics, actions, and attitudes which are particular to the type of family (strong or weak) which allow it to cope, grow, and positively view crisis as a stage of development.

The management of crises is basic to the personality development and inner strength of individuals. The family, despite the loss of many of its functions, remains a major resource and aide for the majority of humans coping with their crises. The increasing rate of suicide and divorce, however, indicate that perhaps this function of the family is also dissolving. There is little research which indicates how the family unit helps its members meet crises and grow from the experience. Research is also limited concerning how strong families deal with crises. The one study which dealt specifically with this topic was by Otto (1962) and was based upon only 27 families. There is a need for more recent and elaborate research. A greater understanding is needed of those attitudes, actions, and characteristics of strong families which allow successful coping and a positive perspective of crises.

Purpose of Study

The overall purpose of this study was to examine strong families' reactions to crises and to determine those attitudes or resources as well as the action that they manifested which they perceived to be most

helpful in dealing with crises.

The specific purposes of this study were to:

1. Determine strong families' perceptions of who they considered to be the most helpful resource in coping with their crises, and determine their perception of how these persons were helpful.
2. Determine how the family as a unit coped with their particular crisis.
3. Determine the family's evaluation of their ability to face and cope with a particular crisis.
4. Determine whether strong families had a positive or negative attitude toward crises by determining if they felt: (a) that a particular crisis had a long range affect on their life philosophies or perspectives, (b) that a particular crisis was a positive turning point by rendering itself as an opportunity for any good development.
5. Gather advice given by strong families' to any family which may be experiencing a serious crisis.
6. Determine what characteristics of the strong families' relationships were conducive to coping with crises.

Definition of Terms

Strong Family: those families whose members have a high degree of happiness in the husband-wife and parent-child relationships and whose members fulfill each others' needs to a high degree; the family is also intact with both parents present in the home (Sauer, 1976).

Crisis Event: any major change or disruption in the family which places an unpleasant emotional, financial or physical burden on the members of the family (Classnotes, Family Crises and Resources, Fall, 1975; Waller and Hill, 1956; Glasser and Glasser, 1970).

CHAPTER II

REVIEW OF LITERATURE

The literature dealing with strong families in crises is extremely limited. The related review of literature presented below includes the following areas: (a) crises, (b) resources, (c) strong families.

Crises

Types of Crises

A review of literature indicated that there are two main types of crises: the internal or maturational crisis of the life cycle and the external or situational crisis. According to Burgess and Lazare (1976, p. 61), "internal or developmental crises are expected events which occur normally to most individuals in the course of their life span." The individual devises and tests his coping skills in order to deal with the various maturational tasks. Heisel, Ream, Raitz, Rapoport, and Coddington (1973) identified possible stressful events in the life cycle of the child, adolescent and young adult which may be considered internal crises. These anticipated events may be identified as follows:

Family related--birth or adoption of a sibling; changes in parent's marital relationship, changes in parent's financial status, addition of a third adult to the family.

Self related--having a visible congenital deformity, change in peer acceptance, outstanding personal achievement.

School related--beginning school, change of school, failure of a year in school (p. 119).

Similar growth events which may be perceived as crises, occur within the family unit. Several research studies denote the stress which is placed on the family due to the maturation of its members (Cyr and Wattenberg, 1957; Rapoport, 1963; Cath, 1965; LeMasters, 1965).

The external crisis is an unexpected traumatic event, effective in disrupting a person's homeostatic state or environment (Burgess and Lazare, 1976). Hill (1965) denoted that extra-family events such as wars, political or religious persecutions, floods, tornadoes, hurricanes, deaths and other events not within the family's control, tend to solidify the family in the long run because they are external to the family. It is the element of unpreparedness that triggers the crisis potential and reduces the person's control or mastery of the situation. These crisis events often demand solutions that are new for the individual who has never had to face such unexpected demands. Each situation contains emotional strain which necessitates the need for additional resources or adaptive behavior.

Accompanying Hardships

No crisis event precipitates the same response for every family. The impact of the crisis will create accompanying hardships for the family that must be encountered along with the actual crisis event itself. Hill and Boulding (1949) in researching the separation of the husband-father during wartime, found that the number of hardships accompanying the actual crisis event ranged from none to six, including: changes in income, housing inadequacies, or rearrangements, illnesses, role changes, and child discipline problems.

Cavan and Ranck (1938) also noted this phenomena of accompanying hardships during the crisis of the 1930 Depression. The reduction or loss of employment threatened the loss of symbols of social class, and led to the disorganization of the family's reactions and role, and downward social mobility. Burgess and Holmstrom (1974) in their study of various coping strategies of rape victims, found that such an event had the capacity to disrupt multiple areas of their family life style thus having a cumulative or "ripple" effect. Tallman (1969) found that even a move to suburbia may become a crisis because of the additional hardships of unfamiliarity and a sense of social isolation. Therefore to understand the complexity of the reactions and attempts to cope with crises, an account must be taken of the variability and impact of the accompanying hardships.

Reactions

When faced with a stressful situation, a person attempts to problem solve through a mechanism called coping. These problem solving efforts, according to Lazarus, Averill and Opton (1974) are made "by an individual when the demands he faces are highly relevant to his welfare and when these demands tax his adaptive resources" (p. 250). A crisis can affect an individual's performance or reactions and hence the kind of coping strategy that is available to him. Kubler-Ross (1969) determined five stages of the dying patient which are also applicable to the stages of crisis reaction. They include: (a) denial and isolation, (b) anger, (c) bargaining, (d) depression, (e) acceptance. It is at this point that the crisis victim is able to make the necessary readjustment to regain stability in his life. The profile of process adjustment to a

crisis was suggested by Koos (1946) and further refined to the roller-coaster profile by Waller and Hill (1956).

As they meet a crisis the family members are numbed by the blow...there is a downward slump in organization; roles are played with less enthusiasm, resentments are smothered or vented; conflicts are expressed or converted into tensions which make for strained relations. As the nadir of disorganization is reached, things begin improving, new routines...are put into effect; and some basic agreements about the future are reached (p. 465).

Komarovsky (1940) described the emotional reactions which accompany these stages in his research of the depression's effect on families. Reactions which occurred during this period of declining unemployment and exhausting resources were commonly manifested as worry, discouragement, and despondency. Neurotic symptoms such as extreme insomnia, hysterical laughing or crying, and suicide threats developed due to nervous tension. Many took refuge in alcohol.

Bakke (1940) found, however, that few families remained disorganized for a very long period of time. Readjustment came when the family accepted their lower status and developed a new hierarchy of statuses through renewed family activities. A study of a community's response to the disaster of a tornado (Taylor, Zurcher, and Key, 1970) found that panic was rare. The people took on new roles which enabled them to adapt and reorient themselves. Hence, the organization of the family, through agreement in its role structure and goals, is a determining factor in readjustment and the ability to cope (Komarovsky, 1940; Koos, 1946; Cavan, 1959).

Communication

Communication as described by Waller and Hill (1956) during a crisis is a process of stabilization. Hill and Boulding (1949) in

their wartime study found that the crisis of separation and reunion may be cushioned and even used to strengthen family relationships if communication is adequate and kept open. In a study of how families coped with heart disease, Jacobsen and Eichhorn (1964, p. 173) concluded that "where wives and husbands were able to openly discuss the crisis that confronted them, solutions to their problems were more evident." Withdrawal or refusal to communicate by recently bereaved spouses, was found to be a hindrance to the readjustment process (Fulcomer, 1942).

Communication is an important process in the adjustment of the family to the crisis, however, the type of communication is also a contributing factor. Bach and Wyden (1968) condone particular verbal and nonverbal communication as a method to increase understanding and avoid "emotional" divorce. On the other hand, Straus (1974) found that verbal aggression or ventilating communication led to physical aggression and was not a satisfying means of resolution.

Cohen and Dotan (1976) investigated communication in the family as a function of stress during the 1973 Middle East War. They discovered that mothers tended to engage in more discussions with their children and the primary topic of conversation eighty percent of the time was the wartime situation. It was also found that more telephone conversations were held with relatives, and there was greater interaction with neighbors. The authors suggested that these activities aided both the mother and child in dealing with stress.

Positive Action

Jackson (1974) suggested the most positive initial response an individual can make after the numbing effect of the crisis is to engage

in constructive action:

As long as they are busy, they are using up energy with a sense of direction and this keeps them from being over involved with their own inner responses to the external conditions. This tends to postpone the personal response until a time when there is more perspective and inner control (p. 41).

Taylor, et al. (1970) noted that a utopian period followed tornado-disasters, where the giving of help was valued, interactions were personalistic, and the sense of a shared fate was common. A longitudinal study of Hurricane Audrey denoted that men regarded their first duty as being to their families, and acted by performing whatever protective behavior was possible under the circumstances (Bates, Fogleman, Parenton, Pittman, and Tracy, 1963).

Such a positive response whether it be constructive action to regain equilibrium; verbal communication to gain greater perspective of the situation; or nonverbal response to gain security and comfort through the trauma, are positive contributors to readjustment and each utilize the family as a resource.

Resources

Family

Koos (1946) studied the problems of sixty-two low income families over a two year period. He found that families turned to relatives more times than to any other source of aid, since they were in some way familiar with the family's problem. Several studies emphasize the nuclear and extended family as the most valuable help in providing labor, comfort, counsel, financial aid, and material goods after a crisis (Quattranelli, 1960; Jacobsen and Eichhorn, 1964; Drabek and Boggs, 1968;

Winch and Goodman, 1968; Hays and Mindel, 1973).

A recurrent theme in the literature describing the American family during the past thirty years has been a shift from the primacy of fulfilling societal functions to that of fulfilling the emotional needs of the individual (Burgess and Locke, 1945; Mace and Mace, 1975). Maslow (1962) has theorized that every person has the need for security, response, belongingness, physical satisfaction, achievement and recognition. Otto (1963) included the ability to provide for the physical, emotional, and spiritual needs of a family, in his framework in which to view family strengths. Clements (1967) found that the marital interactions which satisfy personal needs occur most often in well adjusted families and in turn sustain the marriages.

The utilization of the family as a resource may also be attributed to the support the members provide for one another. It was found that parental supportiveness had a greater impact on adolescents' degree of religiosity than did parental control (Weigart, 1968). Elder (1963) found that parents who were democratic were more likely to have their adolescents model their behavior than parents who were authoritarian or permissive. Seigleman (1965) reported in his study concerning the effect of early parent-child relationships upon personality characteristics of college students, that those students who were extroverts remembered their parents as loving, while students who were considered introverts remembered their parents as rejecting.

It has also been observed that the parents' satisfaction with the child's learning was significantly and positively related to the child's self concept, and a supportive family was conducive to the development of high ability, achievement, and creativity (Mote, 1967). Bullard,

Glaser, Heagerty, and Pivchick (1967) supported the necessity for an emotionally and physically satisfying home environment in their study of psychologically fatalistic children. They found that these children came from homes in which there was severe marital conflict, erratic living habits, and the inability of the parents to maintain employment or provide financial support for the child's care.

A supportive home environment and strong relationships contribute to each individual's ability to handle crisis. Tracey (1971) noted that when the relationship between the parent-child improved, the ability to meet and deal with stress resulting from other relationships also improved. Carl Roger's client centered research (1961) has identified sincerity, unconditional positive regard and empathetic understanding as the qualities of a relationship which are necessary for growth. It is these qualities which also allow the family unit to be utilized as a source of physical and emotional satisfaction in times of need (Blackburn, 1967).

Friends

Friendships are an emotional investment of one person in the life of another. A study of successful American families (Zimmerman and Cervantes, 1960), denoted that similarity and intimacy are the two interrelated characteristics of friendships that contribute to family success. These external family relationships provide an important resource in coping with crises. Neighbors and friends give aid and comfort as well as fulfill family roles during the period the family is immobilized by disorganization (Koos, 1946; Jacobsen and Eichhorn, 1964).

Taylor, et al. (1970) observed a "counter disaster syndrome" in their study of physical disasters. In the aftermath of tornadoes, unharmed neighborhoods and communities developed an esprit de corp toward helping the stricken. However, some families respond to the crisis by alienation and withdrawal from contact. Their isolation is particularly noted in crises implying personal failure such as financial or employment instability (Koos, 1946; Cavan, 1959) or marital instability (Eshleman, 1969).

Financial

Many crises incur financial hardships on the family. The impact that this will have will depend on the family's monetary resources. For this reason, low-income families suffer the most severe stress. Ginsburg (1942, p. 22) in studying the effect of unemployment on people stated: "Lower class life is a crisis life, constantly trying to make do with a string where a rope is needed. Anything can break the string." This stress due to financial disability may carry over into other relationships. Siporin (1967) found that husband-wife or familial problems were closely related with a decrease or lack of income.

In a study of the effect that the depression had on the middle class, Angell (1936) found that their reactions and stresses were less severe than the lower American classes. Due to a better financial situation and often monetary reserves in savings accounts, they were saved from markable downward mobility. Their losses were related chiefly to changes in personal status within the family.

Religion

A deep religious or spiritual faith is often a resource in coping with crises. This conviction perceives the family as part of a universal system in which a greater power has control. With this attitude, crises are met with more acceptance and there is more hope or faith in coping with the problem and regaining religious stability.

The family's degree of religiousness provides not only a mutual bond for its members, but also provides concrete expectations of their attitudes and behavior due to their belief (Hurlock, 1973). Several research studies denote that marriage happiness and marital stability is significantly higher among those families who have a high degree of religious orientation (Zimmerman and Cervantes, 1960; Bowman, 1974). Crockett, Babchuk and Ballweg (1969) gave specific attention to the differing religious affiliations of husband and wife and their respective marital stability. They found that the stability of the marriage was enhanced by religious homogeneity among the spouses.

Kunze (1963) in researching the effect of religious influence on parental discipline suggested that the practiced doctrine of the Latter Day Saints was supportive in increasing the children's maturity, responsibility, and achievement. deLissovoy (1973) investigated the increase in stability of the family due to spiritual practices. He discovered that in high risk marriages, church activities were contributing factors in sustaining the marriages.

Strong Families

Anderson and Carter (1974) have observed that strong families

contribute to the strength of all interrelated social systems, hence, healthy family functioning is critical to ensure the preservation of society and the emotional stability of its members. Many of the characteristics of strong families are also conducive to facing societal crises and successfully coping with them. Otto (1962) in his framework of family strengths included the following:

1. The ability to be sensitive to the needs of the family members.
2. The ability to communicate.
3. The ability to provide support, security, and encouragement.
4. The ability to establish and maintain growth-producing relationships within and without the family.
5. The capacity to maintain and create constructive and responsible community relationships in the neighborhood and in the school, town, local and state government.
6. The ability to grow with and through children.
7. An ability for self-help, and the ability to accept help when appropriate.
8. An ability to perform family roles flexibly.
9. Mutual respect for the individuality of family members.
10. A concern for family unity, loyalty and inter-family cooperation.
11. The ability to use crises or seemingly injurious experiences as a means of growth (pp. 278-279).

Otto (1962, 1963, 1964, 1966, 1967, 1972, 1975) viewed family strengths as constantly changing elements within the family's subsystems and which were at the same time interaction and interrelated. Each element can be identified as separate strengths, but when viewed in their totality result in family strength. Therefore, variations in the strengths of a family would naturally be expected throughout the family life cycle. The literature suggested that individual mental health is

highly correlated with the degree of family strength. Multi-problem families are more likely to experience a wide variety of emotional difficulties than are more stable families (Sherz, 1972). Using historical accounts for gathering data, Zimmerman (1972) has concluded that societies with strong family systems are more likely to survive adverse conditions than those whose family structure is less well organized.

Affection and Communication

When the needs of the family members are satisfied, the home achieves a happy and comfortable environment. Navran (1967) found that married couples who reported themselves as happy, had better verbal and nonverbal communication than did unhappy couples and that good verbal communication was more positively associated with couples' satisfactory relationship than was good non-verbal communication. He also observed that there were significant differences when happily married couples were compared with unhappily married couples. The happily married couples:

(a) talk more to each other; (b) convey the feeling that they understand what is being said to them; (c) have a wider range of subjects available to them; (d) preserve communication channels and have them open; (e) show more sensitivity to each others feelings; (f) personalize their language symbols; (g) make more use of supplementary non-verbal techniques of communication (p. 182).

Several studies support the importance of communication as a prerequisite to the development of a less stressful marriage (Locke, Sabagh, and Thomas, 1956; Karlsson, 1963; Clarke, 1970).

Ball (1976) found that satisfactory interfamilial communication was a characteristic of strong families. The factors that contribute to satisfying communication included: (a) talking out problems together;

(b) honesty; (c) listening; and (d) talking together. Levinger and Sen (1967) observed that the disclosure of feelings tended to be correlated positively with general marital satisfaction, and was even more highly correlated with good feelings about the other person in the relationship.

In a study of personality needs and self-rated happiness, Chilman and Meyer (1966) discovered that "love and companionship in marriage received a far higher rating . . . than sex satisfaction, living conditions, and academic pursuits" (p. 75). Cuber and Haroff (1965) while measuring the quality of marital relationships, observed that a vital relationship is one in which "the mates are intensely bound together psychologically in important life matters. Their sharing and togetherness is genuine" (p. 55). A successful marriage is one in which the partners' level of satisfaction with their relationship is at least what they expected from marriage. The more satisfaction they obtain above this level, the greater is the success of the marriage relationship (Bowman, 1974; Stinnett and Walters, 1977).

Commitment

The ability of the strong family to provide a restorative service for its members denotes personal commitment to the family unit. Lack of commitment can be seen in the family instability indicators such as divorce and annulment. Hobart (1961) discusses the decline in marital commitment. He suggests that unconditional commitment is directly challenged by the success and achievement values of the society. These imply that a person is valued by what he owns and achieves rather than because of what he is.

Hurvitz (1965) found that indications of commitment depended on conformity. He noted that wives tended to conform more to their husbands' expectations than did the husbands to the expectation of their wives. Commitment is also important to the growth of the children. Norris (1968) found that parental satisfaction and understanding of the child was positively related to the child's achievement of basic skills, school grades, and favorable teachers' comments for preadolescent boys.

Kanter (1972) noted that there are three types of commitment:

1. Instrumental commitment--commitment to remain within and to the continuance of the family as a unit.
2. Affective commitment--emotional attachment to members of the family.
3. Moral commitment--commitment to values and expectations of the family (pp. 500-504).

Masters and Johnson (1974) indicated that the needs of achievement and endurance contribute to the development of commitment which is important to the success of the marital relationship. This is further supported by research indicating that the most important factor in marital success is the mutual determination of the couple to make the marriage work (Adams, 1951, Walters, Parker, and Stinnett, 1968).

Gabler and Otto (1964) found that factors for family strengths included the following: (a) strength in marriage; (b) strength as parents; (c) responsibility for helping children develop. These factors seem to be manifestations of commitment.

Togetherness

Strong families also gain strength in doing things together (Otto, 1962, 1964, 1967). By doing more things together, the family has time to communicate and understand each individual member to a greater

degree. White and White (1974) discussed the role of the family as a personality creating institution. They have observed that it is during this time together that the children are able to observe and live the values of their parents. Satir (1964) has noted that family communication provides a "blueprint" by which the child grows from infancy to maturity. In discussing indirect validation and life "script" Orten (1975) noted that parental expectation and actions are powerful and enduring life forces.

Condry and Siman (1974) found that children who became peer oriented and conformed to socially undesirable peer subcultures, had experienced parental rejection and neglect. Hence, neglect or deference to spending time with the family can affect peer values, attitudes and achievement. More importantly, as Ahlstrom and Havighurst (1971) discovered, the quality, instead of the absence or presence of the parents in the home, seems to be of greater importance in a study of adolescent boys. Kanter (1972) found that togetherness was a securing process in the building of commitment. This process included connectedness, belongingness, participation in a whole, the mingling of the self in the group, and the equal opportunity to contribute and to benefit; all are part of communion.

Role Flexibility

As previously indicated, Otto (1962) noted that another family strength is the capacity to change. In an investigation of the effect of crisis on conjugal power, Bahr and Rollins (1971) have found that the precrisis leader tends to be replaced by his mate if he does not have an obvious solution to the crisis. Furthermore, couples with

one dominant mate tended to be very rigid and resisted power change during stress. The research of Koos (1946) confirmed that the intra-family effect of trouble seemed to lie most often in the area of family authority. If in the opinion of the family, the father failed to meet the demands of the trouble situation, a loss in dominance followed in every instance.

Ackerman (1958) further supported that family stability rests upon role complementarity. He described complementarity as consisting of patterns of family role relations that provide avenues of solution for crises. Glasser (1963) while researching changes in family equilibrium found that each member must understand what is expected of himself and others in order to behave in a way which contributes to the solution of family problems. This implies a close fit among the roles of each member or, role flexibility.

Lipman-Bleumen's (1975) research on family changes during World War II further emphasized the importance of flexibility to family stability. It was found in a time of crises, that roles undergo a process of differentiation, whereby the lines of demarcation break down. Also the more severe, prolonged, and pervasive the crisis, the greater the permanent residue of role changes. These post-crisis role patterns become solidified and may remain intact until the next crisis.

Family strength through role flexibility may be considered allowing the family to help itself. However, Gabler and Otto (1964) noted that strength factors can become an impediment in crisis adjustment if the family lacks the flexibility to recognize the need for and accept help. Jacobsen and Eichhorn (1964) noted that as farm families faced heart disease, many received aid external to the family unit, thus had

a greater capacity to cope. Some of these families were even able to perceive positive benefits resulting from the crisis and the assistance they received in the coping process. Several studies emphasize the importance of utilizing the crisis as a potential growth opportunity (Leitner, 1974; Leitner and Steicher, 1974; Kardner, 1975).

Summary

Human behavior is a complex response to the variety of events in life. Whether they come to be a crisis largely depends on how the family has learned to live with frustration, conflict, and the need for adjustment. It may well be that the skills learned through coping with a crisis brings the individual to greater maturity and contributes to his perception or self-realization.

The strong family, because of its integral characteristics is engaged in the preservation of the emotional and physical well-being of its members, thus, logically it would seem to be able to cope more successfully with crises and be disoriented, or disorganized for a shorter time following the crisis event. The importance of the strong family's contribution to crises' reactions is not in the particular solution that they have found, but rather in the way that the strong family looks at life's problems and goes about meeting them.

CHAPTER III

PROCEDURE

Selection of Subjects

The study included 66 Oklahoman families. The respondents were representative of the 77 counties of Oklahoma. Cover letters (see Appendix) explaining the research study and assuring anonymity were sent to approximately 160 families. One questionnaire was included for each family unit. The husband and wife were requested to complete the questionnaire together for the family. A stamped, self-addressed return envelope was included with each questionnaire. Seventy-seven questionnaires were returned; however, eleven families did not perceive that they had experienced any serious crises in the last 5 years. These families were, of course, excluded from the analyses. The data were obtained during the months of April and May, 1977.

The cooperation of the Cooperative County Extension Service was utilized in collecting the sample. Previous research on strong families by Dr. Nick Stinnett, Associate Professor of Family Relations and Child Development, provided a master list of strong families which had been recommended by Extension Home Economists. The Home Economists were considered to be reliable professionals to recommend strong families due to their training and competence in the area of home and family life, the degree of contact with the families in their county,

and their concern for (as well as the tradition of Home Economics) strengthening family life.

The Extension Home Economists in each of the 77 counties were requested to recontact two or more of the previously recommended strong families to ascertain whether these families would be interested in contributing further information about their attitudes and relationships in a crisis research project. In those cases where the acknowledgment could not be obtained, the Home Economists were requested to recommend two or more families in their county whom they felt were strong families. They were provided with guidelines for consideration in selecting these families. The general guidelines were:

1. The family members appear to have a high degree of happiness in the husband-wife and parent-child relationships.
2. The family members appear to fulfill each others' needs to a high degree.
3. The family is intact with both parents in the home.
4. The family must have at least one school age child, 21 years or younger living at home.

The Instrument

The questionnaire was designed to determine various aspects of family reactions and attitudes toward crises, which the review of literature indicated were important components of family strength. The questionnaire was presented to a panel of three judges, all of whom held advanced degrees in the area of family relations. They were asked to rate the items in terms of the following criteria:

1. Does the item possess sufficient clarity?
2. Is the item sufficiently specific?

3. Is the item significantly related to the concept under investigation?
4. Are there other items that needed to be included to measure the concepts under investigation?

The judges agreed that the items met the four criteria. Suggestions made by the judges were incorporated into the final version of the instrument. A pre-test was also utilized including 10 families. Further modification concerning the wording of the questions and overall length of the questionnaire were made as a result of the pretest.

For the present study, the following areas of the questionnaire (see Appendix) were used: (a) biographical information such as number of years of marriage and educational attainment; (b) the method the family unit utilized to cope with the crisis; (c) resources utilized by the family which aided them through the crisis event; (d) the families' philosophies or perspectives concerning crises; (e) advice the strong family would recommend to other families who were experiencing crises. The questions used to obtain the above information were fixed alternative and open ended.

Analysis of Data

A percentage and frequency count was used to analyze the respondents' perceptions of the following: (a) type of crisis affecting the family; (b) the family's evaluation of its success in dealing with the crisis; (c) what the family did to cope with the crisis; (d) what persons were most helpful in helping the family through the crisis, and how were these persons helpful; (e) what good things, if any, have developed in their family's life as a result of experiencing the crisis;

(f) what philosophy of life, if any, helped the family, and had this philosophy changed as a result of the crisis; (g) advice to others who are experiencing crises.

Categories were developed for the open ended questions by the investigator from the responses given. A second person (a family life specialist and experienced researcher) reviewed the categorization.

CHAPTER IV

RESULTS

Description of Subjects

A detailed description of the 66 families who participated in this study is given in Table I. The husbands' ages ranged from 25 and 60 years, with the greatest proportions in the following categories: 31-36 (21.2%), 37-42 (27.27%), and 43-48 (24.24%). The wives ranged between the ages of 25 and 59. The greatest proportions were in the 35-39 (28.79%) and 40-44 (27.27%) categories. The subjects represented a wide spectrum of educational attainment, some with a few years of high school and others with post graduate degrees. Most of the husbands were high school graduates (31.82%) or had some college (31.82%). A greater proportion of their wives indicated they had attained a high school diploma (33.34%) or had attended some college (39.39%). The majority of the husbands were employed in professional or managerial occupations (33.34%). The wives most frequently indicated their occupation as housewives or mothers (56.06%), while 43% were employed outside the home. The couples in this study had been married from 3 to 38 years. Thirty-six percent had been married 21-26 years and 29% had been married 15-20 years. The greatest proportion of couples indicated that they had only two children (43.94%).

TABLE I
CHARACTERISTICS OF THE SUBJECTS

Variable	Classification	No.	%
Age of Husband	25-30	3	4.55
	31-36	14	21.21
	37-42	18	27.27
	43-48	16	24.24
	49-54	10	15.15
	55-60	5	7.58
Age of Wife	25-29	5	7.58
	30-34	12	18.18
	35-39	19	28.79
	40-44	18	27.27
	45-49	4	6.06
	50-54	6	9.09
	55-59	2	3.03
Educational Attainment of Husband	Some high school	2	3.03
	High school graduate	21	31.82
	Some college	21	31.82
	College graduate	9	13.64
	Post graduate study	13	19.69
Educational Attainment of Wife	High school graduate	22	33.34
	Some college	26	39.39
	College graduate	12	18.18
	Post graduate study	6	9.09
Husband's Occupation	Professional-Managerial	22	33.34
	Clerical-Sales	12	18.18
	Skilled, semiskilled, unskilled	15	22.73
	Farm	17	25.75
Wife's Employment	Employed outside home	29	43.94
	Housewife/mother	37	56.06
Years Married	3 - 8 years	3	4.55
	9 - 14 years	13	19.69
	15 - 20 years	19	28.79
	21 - 26 years	24	36.36
	27 - 32 years	5	7.58
	33 - 38 years	2	3.03

TABLE I (Continued)

Variable	Classification	No.	%
Number of Children	1	3	4.55
	2	29	43.94
	3	15	22.73
	4	9	13.64
	5	5	7.58
	6	3	4.55
	7	1	1.51
	12	1	1.51

Perceptions of Strong Family Members Concerning
Family Crises Experiences and Ways
of Meeting Those Crises

Frequencies and percentages were used to analyze the perceptions of the husband and wife among strong families concerning their family crises' experiences and ways of meeting those crises.

The following specific perceptions were examined: (a) type of crisis affecting the family; (b) the family's evaluation of their success in dealing with the crisis; (c) what the family did to cope with the crisis; (d) what persons were most helpful in helping the family through the crisis, and how were those persons helpful; (e) what good things, if any, have developed in their family life as a result of experiencing the crisis; (f) what philosophy of life, if any, helped the family, and has this philosophy changed as a result of the crisis; (g) advice to others who are experiencing crises. With the exception of (b), the percentages for each of the questions were based upon the total number of responses to that question: this was due to the fact that each respondent could give more than one answer to each question. The results concerning each of these perceptions are presented below.

Perceptions Concerning the Most Serious
Crisis Event Experienced by the Family
in the Last Five Years

The greatest proportion of responses (23.08%) indicated that surgery or a serious illness was the most serious family crisis event experienced in the last five years. The next most frequently reported event experienced was death (20.51%). The respondents indicated that

93 percent of the deaths were of their own family members, with the remaining deaths being that of friends of the family. Marital problems such as divorce, remarriage, and conflict was the third most frequently mentioned crisis (10.26%). However, these couples indicated that the majority of their marital crises (75%) involved other family members such as their children, in-laws, or brothers and sisters; only two couples indicated that the conflict was within the husband-wife relationship. Two categories dealt specifically with children. Eight percent of the families' responses indicated that they had experienced a crisis due to their child's behavior, i.e., pregnancy, delinquency, or poor adjustment to school. Another frequently mentioned child-related crisis (5.1%) concerned the parents' interpersonal relationship with the child. Examples of these might be a son-in-law who possessed different attitudes and beliefs, or the parental dislike of a daughter's friends. The results are presented in more detail in Table II.

Perceptions Concerning How the Family

Successfully Coped With the Crisis

The greatest proportion of respondents perceived that they were very successful (58.21%) or fairly successful (37.31%) in dealing with the crisis. Only one family (1.49%) felt that they were not very successful. As Table III illustrates, the greatest proportion of responses indicated that the families' method of successfully coping with the crisis was working together (36.46%). Within this category, the most frequently mentioned factors were staying by each other (46.67%) and laboring manually together (40%). The second most frequently reported successful method of coping with the crisis was talking (25%).

TABLE II
 PERCEPTIONS CONCERNING MOST SERIOUS CRISIS EVENT EXPERIENCED
 BY THE FAMILY IN THE LAST FIVE YEARS

Perceptions	Number	Percent
Surgery/Serious Illness	18	23.08
Death	16	20.51
Marital problems (divorce, separation)	8	10.26
Accidents	6	7.69
Child's behavioral maladjustment	6	7.69
Employment (loss, change, lay-off)	4	5.12
Geographical move	4	5.12
Problems in parent/child interpersonal relationship	4	5.12
Physical disaster (fire, tornado, hail)	3	3.85
Legal conflict (law suit, arrest)	3	3.85
Emotional, psychological breakdown	3	3.85
Economic strain	3	3.85

TABLE III
 PERCEPTIONS CONCERNING HOW THE FAMILY SUCCESSFULLY
 COPEd WITH THE CRISIS

Perceptions	Number	Percent
Worked/Sacrificed together	35	36.46
Talked	24	25.00
Religious involvement	16	16.67
Remained busy	6	6.25
Maintained cheerful, positive outlook	5	5.21
Learned to accept the problem	5	5.21
Used self-reliance and determination	3	3.12
Sought aid external to the family	1	1.04
Did not interfere	1	1.04

Eighty-six percent of these respondents indicated that they had successfully adjusted to the crisis by talk with their own family members. The third most frequently mentioned response concerned religious involvement (16.67%). Sixty-five percent of the responses in this category indicated prayer, and 35 percent indicated that faith in God were the manners in which the families successfully coped with their crises. Three families (4.48%) did not perceive themselves as successful in dealing with the crisis. The reasons they perceived they were unsuccessful in coping were: (a) they could not adjust without an increase in wages; (b) the situation is still not over; (c) interference of the government.

Perceptions Concerning Who Was the Most Important in Helping the Family Cope With the Crisis

As shown in Table IV, the persons who were most often reported as important in helping the family cope were: family members (42.86%), friends (14.29%), and relatives (13.10%). Some of the most frequently mentioned family members responsible for helping the family adjust were: the entire family--all of the members (28.57%), the husband-wife unit (17.14%), in-laws such as parents or brothers and sisters (17.14%), and the daughter in the family (14.29%).

Perceptions Concerning the Manner in Which These Persons Were Helpful to the Family in Coping With the Crisis

The greatest proportion of the families' responses (37.11%) indicated the giving of emotional support as a method of helping the family.

TABLE IV
PERCEPTIONS CONCERNING WHO WAS MOST IMPORTANT IN HELPING
THE FAMILY COPE WITH THE CRISIS

Perceptions	Number	Percent
Family members	36	42.86
Friends	12	14.29
Relatives	11	13.10
Minister	9	10.71
Church members	7	8.33
Community organizations	3	3.57
Neighbors	2	2.38
God	2	2.38
Doctor	2	2.38

This support was perceived as concern, encouragement, comfort, or understanding and was made known to the family through visits, phone calls, cards, flowers and the presence of others. The second most frequently mentioned response, concerned the assistance given to the family (21.68%). The respondents perceived that the family could be helped to cope by providing financial aid, manual labor, or taking over some of the family members' roles. A wife explains assistance most appropriately: "We all helped carry the burden of my husband's accident. The two children and I put up storm windows while he told us what to do from his bed." The third most frequently reported helpful manner to assist the family in coping was simply talking or listening to the family members (13.40%). The results are presented in greater detail in Table V.

Perceptions Concerning the "Good Development" in Family Life As a Result of Experiencing the Crisis

Seventy-seven percent of the respondents indicated that they had perceived something good had developed as a result of meeting and coping with the crisis event. Eighteen percent were uncertain if anything "good" had developed. There were many types of perceived developments which had resulted from the crisis event and accompanying hardships. Fifty-three percent of the families' responses indicated that they felt that the family had become closer knit. Within this category, the most frequently mentioned developmental factors were: stronger, more mature members (30.56%), greater appreciation of each other (22.21%), greater sharing and working together (13.89%), increased

TABLE V
PERCEPTIONS CONCERNING THE MANNER IN WHICH THESE PERSONS
WERE HELPFUL TO THE FAMILY IN COPING WITH THE CRISIS

Perceptions	Number	Percent
Gave emotional support (concern, comfort)	36	37.11
Gave assistance (financial, manual help)	22	22.68
Talked/Listened	13	13.40
Gave strength, relaxed members	7	7.22
Provided calm perspectives or advice	6	6.19
Prayed	5	5.15
Emphasized family unity	5	5.15
Maintained a positive outlook	3	3.09

understanding of each other (13.89%), and an improved relationship with specific family members (2.78%). The second and third most frequently reported development, as illustrated in Table VI, were increased appreciation (11.69%) and increased understanding (10.39%). Respondents indicated that they had an increased appreciation of the following: each day, due to the uncertainty of life (41.66%), their jobs or income (25%), and their neighbors or friends (16.66%). The respondents also denoted that they had attained a greater understanding of divorce, unemployment, death, alcohol, and the handicapped as a result of experiencing the crisis. In a fourth category, 10 percent of the families' responses indicated that the crisis event had allowed them to increase or strengthen their spiritual-religious beliefs.

Perceptions Concerning the Philosophy of Life

Which Helped the Family Cope With the Crisis

Eighty-seven percent of the families indicated that they possessed a philosophy of life which helped the family through the crisis. Table VII illustrates the characteristics of those philosophies. The majority of the families' responses (55.88%) indicated that a spiritual-religious philosophy was responsible in helping the members cope. A respondent characterized this religious belief in the following manner: "By working together with faith in God, all things can work for the best. It may not always be the answer we want, but it is the right one." The second most frequently selected area was commitment to the family (19.12%). The families explain their commitment philosophy in this manner: "We are a family---we share each other's burdens" or "We take time to enjoy one another, to listen and be helpful in whatever

TABLE VI
 PERCEPTIONS CONCERNING THE "GOOD DEVELOPMENT" IN FAMILY
 LIFE AS A RESULT OF EXPERIENCING THE CRISIS

Perceptions	Number	Percent
Developed a closer-knit family	41	53.25
Increased appreciation (of life, job, friends)	9	11.69
Increased understanding (of divorce, death)	8	10.39
Increased spiritual belief	8	10.39
Proved the family could cope	5	6.49
Gained in self confidence, patience, determination	4	5.19
Stopped drinking	1	1.30
Saved family from strain of moving	1	1.30

TABLE VII
PERCEPTIONS CONCERNING THE PHILOSOPHY OF LIFE WHICH
HELPED THE FAMILY COPE WITH THE CRISIS

Perceptions	Number	Percent
Spiritual-religious	38	55.88
Commitment to the family	13	19.12
Determination	5	7.35
Positive attitude	5	7.35
Fact of life	4	5.80
Talk about problems	3	4.40

way possible. We let each family member know they are important, loved and needed." The third and fourth most frequently perceived philosophies were determination to succeed in life's troubles (7.35%) and the maintenance of a positive attitude or to look for the good in everything (7.35%). Ninety-three percent of the families indicated that their philosophy of life had not changed as a result of experiencing the crisis. Of the respondents who indicated their philosophy had changed due to the crisis event, each of the four families denoted that the change was in a positive, valued direction. In other words, the family philosophies had become stronger or deepened because of the crisis experience.

Perceptions Concerning Advice to Families

Experiencing Serious Crises

The greatest proportion of the families' responses (35.85%) indicated spiritual assistance through faith and prayer as advice to other families who might be experiencing serious crises. The second most frequently mentioned advice (28.30%) was to share the crisis as a family. Within this category, talking/listening (66.67%) and depending on each other (28.57%) were some of the most frequently mentioned sharing factors. Approximately 12 percent of the families' responses were in the category don't panic--don't act too quickly. The following advice was typical of these responses: "...to not take things into their own hands---to be still and willing to wait for healing, for strength, for opportunity, but at the same time become aware of the world around them, to have a willingness to adapt to different situations. Time can be the greatest healer of all, but we are such

impatient people." Crises place an emotional, psychological, or financial burden on the family, therefore, some (5.66%) of the families' responses advised to "try to make it a time of being especially loving and thoughtful toward each other" or "Let the love of God and the love and understanding of others be prevalent in all attitudes and situations." These are presented in more detail in Table VIII.

Perceptions Concerning What Was Said or Done
for the Family Which Was Most Helpful in
Coping with the Crisis

Table IX illustrates that the majority of the families (71.02%) reported indications of love and support as most helpful to the family. Thirty-nine percent of the responses in this category denoted that just the presence of people was more important than anything that was said. "We experienced a feeling of concern from family and friends and a willingness to help. The feeling was more important than verbal expression (the conveyance of a caring attitude." Or "just knowing they care is enough. A touch of the hand, a caring look, an offer of friendship. The smallest thing can mean so much." The most frequently indicated method of showing concern (29.17%) was through manual or financial assistance. One family advised others to ask in what way they can help and mean it..."We could tell who really wanted to help because they showed up." Another frequently indicated method of showing concern (25%) was through prayer, with or for the family. The second and third greatest proportions of perceptions concerning helpful deeds or verbalization to the family was encouragement through positive attitudes

TABLE VIII
 PERCEPTIONS CONCERNING ADVICE TO FAMILIES
 EXPERIENCING SERIOUS CRISES

Perceptions	Number	Percent
Spiritual (pray, trust in God)	38	38.85
Share the crisis as a family	30	28.30
Don't panic--don't act too quickly	13	12.26
Seek aid external to the family	8	7.55
Maintain a positive outlook	8	7.55
Be especially thoughtful and loving	6	5.66
Accept the crisis and continue to live	3	2.83

TABLE IX
 PERCEPTIONS CONCERNING WHAT WAS SAID OR DONE FOR THE FAMILY
 WHICH WAS MOST HELPFUL IN COPING WITH THE CRISIS

Perceptions	Number	Percent
Indications of love and support	49	71.02
Positive attitudes, encouragement	6	8.70
Allow lots of time to adapt	5	7.25
Communication of life philosophies	3	4.34
Relate similar crises which were met successfully	3	4.34
Treat the person the same	3	4.34

(8.70%) and allowing the family time to adapt to the crisis (7.25%).

Perceptions Concerning What Should Not be
Said or Done To the Family Experiencing
Crises

The most frequently noted actions which should not be done to a family in crisis were: talk about your own problems or similar crises which were met unsuccessfully (14.47%), pry (14.47%), and criticize or ridicule persons involved (13.16%). Nine percent of the families' responses indicated that cliches should not be used, as they convey a feeling that the user does not really care. The families gave some of the following examples: "It could be worse; I know how you feel; just call if you need me; It happens to the best of families; It's best that he could go." The results are presented in more detail in Table X.

TABLE X
 PERCEPTIONS CONCERNING WHAT SHOULD NOT BE SAID OR DONE
 TO THE FAMILY EXPERIENCING CRISES

Perceptions	Number	Percent
Talk about own problems or similar crises which were met unsuccessfully	11	14.47
Pry	11	14.47
Criticize or ridicule persons involved	10	13.16
Use cliches	7	9.20
Stay with sick or bereaved too long	7	9.20
Give advice, tell what to do	6	7.89
Take sides, affix blame	4	5.26
Avoid the subject or person in crisis	4	5.26
Dwell on negative aspects of crisis	3	3.95
Sympathize, pity	3	3.95
Insist on adjusting quickly	3	3.95
Forget the family as soon as funeral is over	1	1.32
Pretend to feel more than really do	1	1.32
Make light of crisis	1	1.32
Gossip	1	1.32
Overreact, become too emotional to talk	1	1.32
Try to rationalize or justify crisis	1	1.32

CHAPTER V

SUMMARY

Crises are events which may emotionally, psychologically or financially affect the lives of most families. Strong families, due to their adaptability and fulfillment of each individual member's needs, may be thought to successfully cope and grow from crisis experiences. However, there is surprisingly little research on the strong families' reactions and evaluations of crises. The main purpose of this study was to investigate the perceptions of strong family members concerning those attitudes, actions and characteristics that they possess, which allow for successful coping and a positive perspective of the crisis.

The 66 families comprising the sample were recommended as strong family members by the Extension Home Economists in all counties in Oklahoma. They represent a wide range in age, educational attainment, occupation, and years of marriage. The respondents had at least one child 21 years or younger. The data were collected during the months of April and May, 1977.

Percentage and frequency counts were used to analyze the respondent's age, educational attainment, occupation, years of marriage, and number of children. Percentage and frequency counts were also utilized to analyze the perceptions. The results of this study were as follows:

1. The greatest proportion of respondents (95.52%) perceived

that they were successful in dealing with the crisis.

2. The most frequently mentioned methods of coping successfully with crises were working-sacrificing together (36.46%) and talking together (25.00%).
3. A majority of the respondents (42.86%) perceived the family members themselves as the most important persons in helping the family cope with crises. Friends (14.29%) were considered the second most utilized resource and relatives (13.10%) a third.
4. The most frequently mentioned help given to the family was through emotional support (37.11%), manual assistance (21.65%), and talking/listening (13.40%).
5. The positive aspects or "good development" which evolved through the crisis experience were a closer-knit family (53.25%), increased appreciation and understanding (22.08%), and increased spiritual belief (10.39%).
6. The most frequently mentioned philosophies which helped the family cope were spiritual (55.88%), family commitment (19.12%), and self-determination (7.35%).
7. The most frequently mentioned advice (35.85%) by strong families was spiritual in nature. Emphasis on family sharing of the crisis (28.30%), acting cautiously (12.26%), and seeking help external to the family (7.55%) were also recommendations the families perceived would be helpful.
8. The majority of respondents (71.02%) perceived any indication of concern or support as a useful manner in which others can help the family cope.

9. The greatest proportion of respondents perceived that talking about one's own problems (14.47%), prying (14.47%), and criticizing (13.16%) were unconstructive methods of helping the family.

Conclusions and Implications

One major conclusion of this study was that most of the strong families perceived the crisis experience as a growth in a valued, positive direction. This does not imply that the family was happy that they experienced the crisis; however, in retrospect, the strong family can perceive some "good development" or positive growth which has evolved through the coping process. This conclusion is further strengthened by the family's evaluation of its ability to cope. An overwhelming majority perceived themselves as successful in dealing with their crisis which would imply that their success is dependent on the positive things which have developed through the coping process. The results of this study showing a positive perspective of crises among these strong families is consistent with other research on family crises (Otto, 1962; Jacobsen and Eichhorn, 1964; Leitner, 1974; Leitner and Steicher, 1974; and Kardner, 1975).

A second major conclusion is that the family unit, in itself, is a major resource in coping with crises. Talking and deciding as a family allowed each member to explore alternatives based on individual needs. Archibald (1962), however, perceived that the influence of the family has decreased thus leaving the crisis victim with "little knowledge of his inner needs and lack of societal understanding" (p. 344). This study indicated that the strong family has a great deal to

contribute to the strength of the individual, while the individual, in turn, creates and contributes to the family. Slaby, Lieb, and Tancredi (1975) supported the family's contribution in their research on crisis intervention. The family provided a supportive atmosphere in which the crisis patients could ventilate their feelings. In the present study, the inner strength of the family in the face of crises, seemed to be developed through an indicated sharing/working process which emphasized open communication. Because this sharing occurs daily, it progressively builds upon itself and develops the inner strength in each family member. It appears that every member is able to function independently because they function well in a joint effort.

The research of Kanter (1972) and Stevenson (1975) further explained the manner in which working together is a coping process for the family. Such sharing serves to increase a sense of family identity and commitment and these qualities become a strengthening force as they encourage the family members' actual involvement and communication with each other. The studies of Rosenblatt and Cunningham (1976) and Bowman (1976) further emphasized that working and talking together keeps the family from avoiding their problems, hence such confrontation aids the coping process.

Most of the strong families were reliant on God to help them through the crisis experience. Prayer and faith that God controlled their lives for the best possible outcomes were denoted as the philosophies or advice which strong families most frequently advocated. Similarly, Taylor et al. (1970) reported that as individuals emerged from tornado shelters they were repeatedly thankful for survival and praised God for sparing their lives and families regardless of the

other losses they may have suffered. Hence, it may be concluded that the majority of strong families utilized their belief in a "Divine Power" to assist them in obtaining a strength and perspective through which to cope with their crisis. This finding is related to other research indicating that strong families have a high degree of religious orientation (Otto, 1975; Sauer, 1976; Wall, 1977) and that religion is positively related to marriage happiness (Bowman, 1974; Stinnett and Walters, 1977).

It may also be concluded that any indications of sincere concern and understanding are appreciated by the individuals experiencing a crisis. Such support may be shown through cards, letters, visits, and flowers. However, most families indicated that simply the presence of others provided emotional support and their verbalizations were not specifically remembered. This finding is consistent with the research of Haun (1976). A respondent appropriately summarized what could be said of families experiencing crises in the following simple statement: "True feelings of love, openly stated, are a powerful remedy." Because crises usually disorganize family roles, any assistance such as caring for the children, bringing in food or performing family chores were also perceived as helpful indications of love and support. These supportive qualities of strong families have also been found to exist in other research of successful family relationships (Otto, 1962, 1964; Mudd, Mitchell, and Taubin, 1965; Navran, 1967; Wall, 1977).

Finally, it may be concluded that being negative, such as criticizing individuals, affixing blame or dwelling on the negative aspects of the crisis were the actions which strong families indicated were unconstructive coping mechanisms. This is consistent with Korner's

findings (1970) which indicated that a positive attitude or the reassurance of hope was a successful method of coping. There is also a very fine distinction concerning the extent of curiosity that the individuals should exhibit to the crisis family. Strong families indicated that concerned individuals should not pry, yet at the same time, they should not avoid the subject of the crisis, because this conveys a feeling of uneasiness at a time when the family members need acceptance and support. This finding supports Haun's (1976) implication for those individuals visiting families experiencing crises to appear relaxed and be genuinely warm and interested.

There are a number of implications derived from this study that are pertinent to family life education and crisis intervention. The attitudes, expectations and life philosophies of the parents are socialized into the children through the crisis experience. Even more important, the parents are on hand to provide guidance and participate in the learning process. Hence, a positive cyclical process is engendered, whereby the children who have learned to handle crises successfully in their nuclear unit are more likely to carry this lesson with them as they begin separate families of their own. The parents have shown the children how to attain a skill through their own living experiences. When David Mace was asked to summarize what he had learned about the family and family life, he replied, "People seldom change as a result of reading books, of hearing lectures, or even of exchanging opinions. What brings about behavior change is experiencing" (Mace, 1974, p. 194).

Parents and family life educators should be aware of the importance of a strong family life in helping each individual mature. Even if parents neglect socializing their children in appropriate behavior

and expected vocational or domestic skills, these can be attained from significant others, or social institutions such as schools. But the inner strength, the development of the identity and self-concept, the ability to give, the ability to unconditionally accept and the freedom from the fear of love; these things cannot be taught, but can only be internalized through sharing experiences which the parents create. Blood (1969) encourages families to attend workshops which orient the family toward interacting and working together, thus fulfilling each others' needs.

Several studies denoted that continued emphasis must be placed on the process of open, honest communication (Hoopes, 1973; Bienvenu, 1975). Foley (1974) and Knox (1971) have noted that the major problems confronted by marriage counselors are due to the lack of adaptive communication skills. Through effective interaction, personal goals and needs can be conveyed so that the family members can understand and respect each other, while concurrently determining solutions to the crises which consider the fulfillment of each member's particular social, psychological, or emotional needs. Frequent family discussion periods could be arranged in order to discuss problems and reassess goals. Patterson, Hops, and Weiss (1975) and Koch and Koch (1976) urged the family attendance in interaction workshops. Furthermore, programs in communication skills should be made available throughout family life education.

Families should be encouraged to affix their values to a core of permanence. Leontine Young (1973) noted that the Jews kept religion and the family intact through 2000 years of change.

However, modern society in general, lacks a common faith, but it does have a tradition of humanist values growing out of the great Judeo-Christian heritage. Even when those values are honored more in words than in action, the values remain constant. As we are learning through bitter experience, no amount of affluence answers them (p. 143).

Most of the strong families noted that the philosophies which helped them through the crisis were spiritual in nature. It may be implied that crises become "tests in life" whereby goals, priorities, and purposes are examined. Hence, couples should be encouraged to affiliate with an influence which will provide them with permanence in their relationship and satisfaction in their lives.

Families should be encouraged to avoid the stereotyped perspective of crises as negative events which cause irreversible damage. Shneidman (1973, p. 9) noted that crises are best conceptualized "not as diseases or psychological disorders, but as socio-psychological blight or disorders." Positive attitudes toward crises should be developed by seeking the good, if any, which evolves from coping with the crisis. The crisis event may also be viewed as a challenging opportunity for growth. Such perspectives will facilitate the family's determination to succeed, encouragement toward each other, and hope for the future.

Better crisis counseling is needed for the family. Crisis intervention programs deal with the crisis after it has sufficiently affected the family. Likewise, most families do not seek professional help until the crisis situation is well developed. Preventive methods or the wise use of crises should be taught through family life education and family interaction.

New attitudes are needed toward the individuals or families who are experiencing crises. To date, there is a general attitude of fear

toward those who are suffering from crises. Common statements in crisis situations are, "I don't know what to say or do," or "I feel so uncomfortable and uneasy around the crisis family." The respondents of this study denoted that individuals can help the family through crises by treating them with concern and understanding. Schneiden (1973) stated that the most important requirement in order to work with crises individuals is to have a good heart. The results of this study indicated that many of the families did not remember the specific words extended them. They did, however, remember the warmth and interest that others displayed. Therefore, attitudes should be developed which perceive the family with a very gentle, still, loving manner. Through such concern, genuine emotional support can be given and will be greatly appreciated. There must also be an increased understanding in allowing the crisis individuals to adjust. The amount of time needed will differ with the individual and type of crisis, however, each family should be allowed to cope at their own rate, instead of an appropriate time determined by society or well-meaning friends.

Recommendations

In assessing the methodology of this research, it is recognized that in undertaking a study of such an emotional and intangible nature as the effect of crisis on strong families, the sample will be biased and each subject will view the entire process from his or her point of view.

The use of open-ended questions allowed the respondents freedom in their expression and hence provided more information than the use of fixed-alternative questions. However, the additional use of interviews

might have possibly provided a helpful supplement to the questionnaires.

While this study was limited to strong families in Oklahoma who were willing to participate, there is no way of knowing if their experiences and attitudes are representative of the majority of strong families in the United States. A study to make regional comparisons would be a worthwhile investigation, as well as a study of ethnic difference and a study involving a more equal distribution of socioeconomic levels and a greater representation of urban families.

Another area where information is lacking is the effect of crises on weak families. Research comparing the crises' reactions and philosophies of weak and strong families may yield important contributions to techniques of building strong families, or coping successfully with crises.

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A P P E N D I X

FAMILY CRISES INVENTORY

The purpose of this questionnaire is to ask you certain questions about Family Crises. We have defined a CRISIS AS ANY MAJOR CHANGE OR DISRUPTION IN YOUR FAMILY WHICH PLACES AN UNPLEASANT EMOTIONAL, FINANCIAL, OR PHYSICAL BURDEN ON YOU AND THE OTHER MEMBERS OF YOUR FAMILY. Examples of crises might be: death of a loved one; home destroyed by fire or tornado; loss of job; serious illness of a family member; arrest of a family member.

Please check or fill in answers as appropriate to each question. Your answers are confidential and anonymous since you do not have to put your name on this questionnaire. Please be as honest in your answers as possible. There are no right or wrong answers.

1. Age of Husband: _____ Age of Wife: _____
2. Educational attainment of the husband? _____
3. Educational attainment of the wife? _____
4. Husband's Occupation: _____
5. Wife's Occupation: _____
6. How long have you been married to present spouse? _____
7. How many children do you have? _____
8. Briefly describe the most serious crisis event which has affected your family in the last five years.

9. Do you feel that the family was successful in dealing with the crisis?

_____ Very Successful	_____ Uncertain
_____ Fairly Successful	_____ Not Very Successful
10. If successful, what did you do as a family that helped your family to cope successfully with this crisis?

11. If your family was not successful in coping with the crisis, what do you feel were the reasons?
12. Who do you feel was most important in helping the family cope with the crisis? (Please select only one answer)
- ___ relatives ___ neighbors ___ other church members
- ___ friends ___ minister ___ other community organizations
- ___ family members, please specify _____
13. Describe how the above person or persons were helpful.
14. Do you feel that anything good has developed in your family life as a result of experiencing the crisis?
- ___ No ___ Yes ___ Uncertain
15. If yes, specify the "good development".
16. Is there a certain philosophy of life which helped your family through the crisis?
- ___ No ___ Yes
17. If so, describe the philosophy that helped your family through the crisis.
18. Was this philosophy changed? ___ No ___ Yes
19. If so, how?

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Master of Science

Thesis: STRONG FAMILIES IN CRISES

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