

A MULTIGENERATIONAL CASE STUDY: ONE RESILIENT FAMILY'S
EXPERIENCE OF LOSS

by

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ABSTRACT

The purpose of this research study was to capture the experience of a multigenerational, resilient family who had experienced a nonnormative stressor event.

A phenomenological case-study approach was utilized as methodology to guide this study. Interviews were held collectively with the entire family and individually with participating family members. All interviews were audio-taped and transcribed.

The family's story of resilience emerged from this transcript material. In addition, the process of thematic analysis yielded nine main intergenerational themes that helped to explain this family's resilience. They included: 1) Be flexible about communication; 2) Connect with one another; 3) Have access to and accept support; 4) Detach from the experience; 5) Normalize the stressor; 6) Minimize the children's distress; 7) Focus on the positive; 8) Find strength in religion and 9) Find creative ways of coping.

Results also indicated a strong multigenerational component to this family's resilience. In addition, resilience was found to be a process made up of both struggle and occasional costs. Findings were compared to relevant professional literature on family resilience, including The Resiliency Model of Family Stress, Adjustment and Adaptation developed by McCubbin, McCubbin,

Thompson and Thompson in 1995. All of these findings led to a number of implications for counselling practice, as well as for future research.

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CHAPTER ONE

INTRODUCTION

It has become so easy to look for the broken, the damaged, the despondent in our world. This focus on the negative, within our own personal worlds and beyond to the greater society, often obstructs our capacity to recognize and celebrate strength and hopefulness. Even as therapists and researchers, our mission has traditionally been to identify and illuminate the deficits and pathology in the clients we "treat." I would argue that, in doing so, we have failed our clients. We have "missed the boat," some might say. We have forgotten about the personal strengths and fortitude that lead many of us through journeys of pain and despair and allow us to emerge with a renewed commitment to live a full and rewarding life. This is resilience. In essence, our vulnerable selves interact with our personal strengths to create the potential for positive growth and change.

There has been a gradual shift, this decade, to begin to examine and research the resilience of individuals. Only recently has research begun to examine the potential for resilience in families. Instead, the traditional clinical perspective on family influence over the individual has been deficit-based and blind to family strengths (Walsh, 1993). It is of interest to note that, although the concept of family is among the "...most revered, guarded and mythologized in our culture"(Weick & Saleebey, 1995, p.141), much of the literature on families has traditionally pathologized and blamed the family for dysfunction and failure

in the individual, rather than seeing it as a source of strength (egs. Bradshaw, 1988 & Richardson, 1987). What would it be like, instead, to see the family as a source of power and strength in the midst of crisis and persistent stressors? To begin to tell the stories of families who have emerged from tragedy and loss, strengthened and more resourceful than ever before? To do so, it will be necessary to approach our work and research with families differently than we have traditionally done throughout history. It will mean looking at ourselves and others through a new, affirming life lens. It is my hope that my research will do just that. To my knowledge, this is the first research study to tell the story of a family's resilience, from both the individual family member's and collective family's perspective, and to do so through a multigenerational lens. Hopefully, this allowed this researcher to begin to identify potential generational links of strength and resilience, as well as the differing ways of expressing resilience across generations.

There is no doubt that the world has become a complex and challenging place to raise a family. Families today are often coping with simultaneous stressors that threaten, on a daily basis, to unravel the very threads of family life. Approaching our work with families through a resiliency lens does not negate the presence of these stressors but, rather, requires a subtle, crucial shift in the way we approach distressed families. The resiliency lens allows families to reframe their problems as challenges, view their failures as possibilities for change and growth and affirms their reparative potential as a family. The Chinese symbol for

"crisis" is made up of two pictographs: the symbols for "danger" and "opportunity." Building on this metaphor, I would suggest that, in our work with families who are distressed, it is not always our job as therapists to promote coping or adaptation to stress but rather to assist the family in recognizing and acting upon the possibilities for change and revolution within the family's experience of crisis.

My exploration of the resilient family focused on one family's story, their experiences, and the meaning they attach to such experiences. Walsh (1995) supports this research premise when she states that "Rather than proposing a blueprint for any singular model of 'the resilient family,' our search for family resilience with each family seeks to understand key processes that can strengthen that family's ability to withstand the crises or prolonged stresses they face. All families have the potential for resilience. Moreover, there are many pathways in resilience"(p.269). It is through listening to and attempting to understand a family's experience of resilience that we can begin to illuminate this important concept and better promote the resilience of the families we work with.

I will begin by defining relevant, and often complex, concepts relevant to this research. In many cases there are numerous possible definitions for these concepts throughout the literature and therefore, I have included the definition that comes closest to fitting with my own assumptions:

Family: "The family is a continuing system of interacting personalities bound together by a history and future of shared rituals and rules"(Boss, 1988, p. 12).

Resilience: "...a process, capacity or outcome of successful adaptation despite challenges or threatening circumstances"(Radke-Yarrow & Brown, 1993, p. 581).

Family Resilience: "Family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family's shared outlook"(Hawley & DeHaan, 1996, p. 293).

Nonnormative Stressor Event: "...the unexpected (nonnormative) events and the result of some unique situation that could not be predicted and is not likely to be repeated"(Boss, 1988, p. 41). For the purposes of this study, this nonnormative event would be an intensely stressful one, in nature, and would be initially perceived by the family as negatively impacting upon their well-being.

There are inherent challenges within my research area. Some of these are discussed within the Methodology section of this document. In addition, many of the concepts to be explored and studied, are difficult to define and operationalize. The concepts defined above are subjective in nature and are, therefore, inherently coloured by an individual's assumptions and personal life

experiences. Knowing this to be true, one can thus move forward with the knowledge that all research is inescapably impacted by the researcher's personal biases. Therefore, it becomes crucial that these personal biases are explored and illuminated as a part of this research (Colaizzi, 1978).

Phenomenology refers to this process as bracketing.

Personal Background

What has led me to this particular research interest? In order to give the reader an understanding of how resilience has played a role in my life, and in my family's life, I will begin with the telling of stories. For a long time in my family there was very little storytelling. What I mean by this is that the generations older than my brother and I seldom spoke about their own personal family experiences or journeys. This changed for me during a graduate course I took with John Friesen. One of our assignments was to begin to explore our family of origins and so I began to ask questions and hear stories I had never heard before. Probably one of the major reasons why many of these stories, both paternal and maternal, had never been told before is because they are filled with such themes as: poverty, addiction, abandonment, abuse, and heartache. However, although it's understandable why pain and loss can lead us to not want to remember, at the same time it is only through remembering the struggle, through the telling of the story, that we can also acknowledge and celebrate the strengths, the victories, and the legacies of resilience.

I need to return to the early 1900's when my great-grandparents were not only alive, but young and hopeful. Both my maternal and paternal sets of great-grandparents emigrated from European countries in order to escape the atrocities of war and because of promised free land in Canada. Both exchanged lives of certainty, familiarity and prosperity for lives in a foreign country full of strangers, where they learned to survive as farmers in the often brutal climate of the Canadian prairies and where they adjusted to lives of poverty.

My nana (maternal grandmother), Mary, was the fourth daughter born to Katherine Ostwald and Kristof Scheibel on April 5, 1917 on a small homestead in Winnipeg, Manitoba. A younger brother, Jack, was born but died at two years of age and then my nana's mother died while giving birth to the youngest daughter, Hilda. After Katherine's death, Hilda was immediately adopted by the local preacher and his wife and the eldest daughter Katy continued to live with and take care of her father. My nana was six years old when she and her three other sisters were sent to live in the local orphanage, and that is where she spent the next ten years of her life, losing her mother and father, her home, her family existence in one fierce blow. Life at the orphanage was difficult; today, we would probably describe it as abusive. Mary received little education; as a young child of twelve, she was put to work cleaning houses in neighbouring homes. Without parents to love and protect her, Mary relied on her sisters for affection and a sense of belonging.

But, even as a child in such arduous circumstances, my nana's spirit prevailed. She grew up strongwilled and stubborn, many a time being punished for speaking her mind. Her sense of humour, her spirit, helped her survive not only as a child, but as a young woman. At the age of twenty-nine my nana found herself pregnant and alone. Her husband abandoned both Mary and their unborn child, both physically and financially, and, therefore, Mary was forced to raise her daughter (my mother Donna) as a single, working woman for the first few years. This was not a common occurrence in the late 1940's and it meant that Mary had to work long hours, often involving physical labour, to keep food on the table.

My mother was essentially raised by an array of baby-sitters and neighbours until my nana remarried, taking for her husband a prison guard by the name of Walter, who was twelve years older than my nana. When my mom was four years old, her half-brother Arthur was born. He was a sickly baby and was diagnosed with a terminal disease and died at the age of five months. My nana and Walter separated when my mom was fourteen years old. Approximately one year later Walter died suddenly, and my mom suffered the loss of the only father she had ever known. My mother's childhood was a difficult one. She remembers feeling alone, constantly seeking from others the love and attention she was not receiving at home.

I never knew my paternal grandmother, Katherine Whittmere. She died of cancer before I was born. However, her story is a part of me, as are the stories

of all my family. In 1927, she married Frederick Kraushaar, a young man she had essentially grown up with in the close-knit, Ukrainian community of Melville, Saskatchewan. When the Depression hit, my grandfather, like many others, was unable to find work and so the family, which by then had grown to include one daughter and five sons, including my dad Ron, survived on what was then referred to as "relief." Fred decided to ride the rails in search of work across Canada, first to Toronto and then to Vancouver, where he landed a job at a Vancouver shipyard for seventy-seven cents an hour. Because the family was on relief, the Saskatchewan government paid for the rest of the family to travel to Vancouver, with the promised signature that they would never again be eligible for Saskatchewan relief.

However, even with a regular paycheque coming in, they missed the support of extended family and their community, and life became more difficult for Katherine and her family. My grandfather, often fueled by alcohol, began to, on occasion, resort to physical and emotional violence with his children, and especially with Katherine. Growing up as the working poor, neither my dad, nor any of his siblings, were encouraged to pursue educational goals. The realities of everyday life deemed that all would receive no greater than a grade ten education, and would instead go to work as adolescents to help support the family.

When my dad was twelve years old, Katherine left my grandfather to live with another man, Bob Able. She brought her three youngest children, including

my dad, with her and, during my father's adolescence, life became even more of a daily quest for survival. Bob's promises of love and security did not materialize for my grandmother. In fact, Bob only worked occasionally, he was an alcoholic, and on occasion was abusive to both Katherine and her children. My grandmother was forced into working long hours as a housemaid to keep food on the table. It is difficult to understand why my grandmother left her husband for a man who appeared to treat her and her children as poorly, or even more poorly, than did her husband. I can only speculate that, within my grandmother, there was still a place that was hopeful, that still believed in her dreams. After years of being worn down in a difficult marriage and a difficult life, this hope must have spurred her on to take a risk.

I tell these stories of my grandparents because, not only do they lead me to myself, they also lead me to my parents. Both of my parents had a tough start in life. They were impacted by loss, poverty, loneliness, abuse, neglect, addiction, and lack of opportunities. Yet, they also emerged from their families with strengths, courage and hope. Ron and Donna met as teenagers and when, at eighteen, my mom became pregnant, they got married. There is a great deal of literature that focuses on the pathology of families. I have no doubt that many theorists who would learn the details of my parents' childhood's, as well as the teenage pregnancy and unplanned marriage, would conclude that as parents and as a family there would be legacies of pathology. My family had its struggles like any family and yet both of my parents parented my brother and I in

such a way that we were able to grow up with a fundamental belief in ourselves as worthy, capable human beings who were able to love and be loved in return. Both of us were encouraged and supported to follow our dreams and were given the opportunities, educational and otherwise, that neither my mom, dad, my uncles, aunts, grandparents were afforded. The legacies of abuse, addiction and poverty came to a halt. My family's story supports my premise that there can be value to struggle, that it doesn't always have to have an outcome of pathology but also can result in strength, determination and resiliency.

CHAPTER TWO

LITERATURE REVIEW

Part of what led me to my research interest of examining resiliency as a construct within a family context has to do with my own family experience as well as the uncovering of multigenerational family stories. A way to connect my experiences and biases to research is to begin to examine the relevant literature. In my readings, I came across research that identified many different factors, both biological and environmental, which put individuals at-risk for pathology. In a study by Kochanek and Buka (1991), both biological and environmental factors were used to help identify vulnerable infants and toddlers. The children were screened and four percent overall were categorized as being "at-risk" in their families. Of these four percent, only twenty percent were found to be at-risk due to biological factors whereas eighty percent of those at-risk were defined as such due to environmental and familial characteristics. This study seems to suggest that it is advantageous to examine both pathology and resiliency from within a family-oriented context. It may be that, just as some of the answers to an individual's pathology lie within the context of their family experience, so may the clues to a person's capacity for resilience. Of course, there is an abundance of possible factors that put a family at-risk for pathology. Most often, I would like to propose, there are multiple factors operating simultaneously within a particular family that places their coping in jeopardy. For

example, Swick and Graves (1993) define a family as being highly at-risk when it is compelled to confront "...multiple stressors...which places the family's integrity and functioning at-risk"(p. 13).

Before the term "resilience" was ever conceptualized, there was a body of literature and research that looked at strengths and, in particular, family strengths. When examining this literature, it is crucial to keep in mind that strength is not merely the opposite of weakness, as one might imagine. In fact, for a person or family to succumb to an external difficulty or tragedy would not be considered a lack of strength, as strengths are not absolute, meaning they cannot be conceptualized in isolation from the situation in which they are expressed. Instead, strength is seen as "...the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience"(McQuaide and Ehrenreich, 1997, p. 203). This recent definition is an excellent example of the concepts of strengths and resilience combined.

It is also important to note that there are many possibilities when it comes to identifying strengths, and that strengths utilized in any given situation will depend on circumstance, person, and culture, to name a few. Dunst, Trivette and Deal (1988) attempted to define "family strengths" by referring to "...those relationship patterns, interpersonal skills and competencies, and social and psychological characteristics which create a sense of positive family

identification, promote satisfying and fulfilling interaction among family members, encourage the development of the potential of the family group and individual family members, and contribute to the family's ability to deal effectively with stress and crisis"(p. 24). As you can see through this definition, the concept of family strengths and family resilience are very closely connected. Dunst, Trivette and Deal (1988) took this concept one step further with an attempt to identify those major qualities one would find in a "strong family." They did so through interviews with families, obtaining extensive information from these families about the characteristics that define strong families. They combined this research with that of Curran (1983), who attempted to identify the traits of healthy (strong) families from the perspective of professionals with extensive but varied experiences working with families. Finding remarkable congruence between the two sets of findings, Dunst, Trivette and Deal (1988) suggested that there are about twelve major qualities of strong families. They cautioned that not all twelve qualities were needed for a family to be considered "strong" and, in fact, there were many possible combinations defining a unique family situation. The qualities appear in no particular order:

- 1) A belief and sense of commitment toward promoting the well-being and growth of individual family members as well as that of the family unit.
- 2) Appreciation for the small and large things that individual family members do well and encouragement to do better.

3) Concentrated effort to spend time and do things together, no matter how formal or informal the activity or event.

4) A sense of purpose that permeates the reasons and basis for "going on" in both bad and good times.

5) A sense of congruence among family members regarding the value and importance of assigning time and energy to meet needs.

6) The ability to communicate with one another in a way that emphasizes positive interactions.

7) A clear set of family rules, values, and beliefs that establishes expectations about acceptable and desired behavior.

8) A varied repertoire of coping strategies that promote positive functioning in dealing with both normative and nonnormative life events.

9) The ability to engage in problem-solving activities designed to evaluate options for meeting needs and procuring resources.

10) The ability to be positive and see the positive in almost all aspects of their lives, including the ability to see crisis and problems as an opportunity to learn and grow.

11) Flexibility and adaptability in the roles necessary to procure resources to meet needs.

12) A balance between the use of internal and external family resources for coping and adapting to life events and planning for the future (p. 26).

As mentioned above, a family's unique configuration of strengths would combine to create a family's particular functioning style, signifying their particular way of dealing with life events and coping with stressors. Trivette, Dunst, Deal, Hamer and Propst (1990) emphasized that there is no continuum of strengths and weaknesses, "...no right or wrong styles, but rather differentially effective styles that are likely to be employed in response to different life events and situations" (p. 20).

Another overlapping body of literature examines the concept of "healthy" or "well" families. It will become noticeable as this literature review unfolds that the concepts employed and research on strong families, healthy families and resilient families share much in common and, in many ways, reinforce and support each other's assumptions. As well, each has something unique and important to offer on its own which is why all of them have been included in this review.

It is crucial to emphasize that healthy family functioning cannot be equated with the absence of problems and in fact may be most commonly found within families who may be in the midst of difficulties (Walsh, 1993). To take this one step further, it would be crucial for therapists to not automatically equate the presence of families in therapy with pathology. Wellness and health may exist within families in therapy as well as not and, in fact, it may be that families committed to working through their difficulties through therapy are actually models of wellness.

Research has been conducted trying to identify those qualities of families that indicate health and wellness. A study by David Mace, as outlined by Curran (1983), found that in "well" families "...the members of these families like each other, and kept on telling each other that they liked each other. They affirmed each other, gave each other a sense of personal worth, and took every reasonable opportunity to speak and act affectionately"(p. 59). Scarf (1995) agrees and expands on this description of a "healthy" family when she discusses a family's capacity to affirm and embrace each member's full range of emotional responses: "This readiness to acknowledge and to embrace the hard and distressing parts - the sorrows, vulnerabilities, losses, grief, and feelings of anger intrinsic to the human condition - makes it possible for the people in the family to experience all of their affects and to feel quite naturally entitled to do so"(p. 414). Her research also stresses the importance of families allowing the development of the individual within the family, with differences amongst family members not only embraced but celebrated.

Overall, the research indicates that there is no one singular model for healthy families, just as there is no one blueprint for a strong or resilient family. Walsh (1993) reminds us that "We need to move beyond the myth that one type of family is the paragon of virtue to be emulated by all families and that all others are inherently deficient. In perpetuating this myth, and the need to conform, family *form* has been confused with family *substance*"(p. 19). Taking into consideration the variety and complexity of contemporary family patterns, without

oversimplifying, one can still attempt to identify some important processes for healthy family functioning. Walsh (1993) attempted to do so by surveying the major clinical and research-based models, finding that despite selective emphasis on various aspects of family functioning, there was considerable overlap and agreement about key variables. She therefore attempted to identify a number of important processes for healthy family functioning:

- 1) The connectedness and commitment of family members as caring, mutually supportive parts of a relationship unit.
- 2) A respect for individual differences, autonomy, separate needs, fostering the development and well-being of family members of each generation.
- 3) The couple relationship within the family characterized by mutual respect, support, equitable sharing of power and responsibilities.
- 4) Effective parental executive leadership and authority - nurturing, protecting, socializing children and the caretaking of other vulnerable family members.
- 5) An organizational stability characterized by clarity, consistency and predictability within patterns of family interaction.
- 6) An ability to be adaptable and flexible by meeting internal and external demands for change and coping effectively with stress and problems that arise.
- 7) An atmosphere of open communication characterized by clarity of rules and expectations, pleasurable interaction and a range of emotional expression and empathic responsiveness.

8) Effective problem-solving and conflict resolution processes.

9) A shared belief system enabling mutual trust, problem mastery, connectedness with past and future generations, ethical values, and a concern for the larger community.

10) Adequate resources for basic economic security and psychosocial support in extended kin and friendship networks and from community and larger social systems (pp. 58-59).

Walsh goes on to say that each of these variables reinforces the other and so they are intimately connected with one another. As well, it is important to acknowledge that these components may be organized and expressed in diverse ways and in different degrees depending on many factors such as: the family configuration, family resources, values, culture and family challenges.

At first glance, this list may appear overwhelming and exhaustive. I think it is important to state that we are not searching for perfection in families; to expect all of the above to exist within a family, all the time, is unrealistic. However, it provides a compass for all of us who exist in families and work with families in our search for wellness and health. I also applaud Walsh's consideration of external resources and supports and the importance they hold in the quest for family wellness. Looking outside the family unit to the larger community as a possible support system and promoter of strong families is essential amongst the challenges families are facing. Instead of "supporting" these families through the identification of their pathologies, I would suggest the opportunity is there to

empower and support families by building on existing family strengths and creating a larger sense of community.

In discussing family strengths, family wellness and family resilience I would also like to highlight the power of hope. Curran (1983) describes hope as "...the travel virtue - it gets us from yesterday into today and gives us the courage to face tomorrow"(p. 211). Hope is an almost intangible quality that is difficult to define and a challenge to cultivate. However, I would suggest that it is crucial in a family's quest to successfully and meaningfully move through challenge and crisis. To have hope for a better and brighter tomorrow often is what carries us through pain and loss. Learning about a family's experience of resilience and the meaning they attribute to such experience gives us a window into a family's way of hoping, of maintaining optimism no matter how bleak life may seem in the moment. Having explored research on strong families and healthy families, I will now illuminate the more recent research on individual and family resilience, knowing that the concepts are inherently connected and inescapably linked.

Briefly, research on individual resilience has very often focused on individual traits and/or external supports outside of the individual such as school or church. In his research, Kobasa (1985) found three general characteristics of resilient personalities: 1) a belief that they can control or influence events in their experience; 2) an ability to feel deeply involved in or committed to the activities in their lives; and 3) an anticipation of change as an exciting challenge

to further development (as cited in Walsh, 1995). Scarf (1995) refers to resilience in individuals as a kind of existential balance sheet - a life ledger that takes into account not only risks but the range of resources available. In other words, resilience or its lack is not determined solely by the amount of risks an individual may experience, but rather is a process whereby the internal and external resources that are accessible to an individual interact with the risks and may allow an individual to not only overcome, but master and define new coping skills. Therefore, "Coping successfully with stressful situations can be strengthening; throughout life, it is normal to have to meet challenges and overcome difficulties. The proof of resilience does not lie in an avoidance of stress but rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility"(Scarf, 1995, p. 198).

Resilience researcher Dr. Michael Rutter (as cited in Scarf, 1995) states that what really matters most for children undergoing stress are two major protective features: a stable, affectionate relationship and experiences of success and achievement. Interestingly, although most research on individual resilience confirms this relational quality of resilience in children, the family has traditionally not been examined as a source of resilience. Instead, research on the family's role may either assume it is a negative factor, one that often forces individuals to look outside the family for resources (Walsh, 1995) or, at minimum, not acknowledge the potential a family holds to offer a family

individual at risk. However, the most recent research on individual resiliency seems to increasingly point towards the importance of not only viewing resilience systemically, but looking at the family as a potential initiator of resilience. For example, the idea that Walsh (1995) refers to as "relational resilience" allows researchers to begin to understand the significance of strong relationships in the cultivation of resilience. It also encourages researchers to examine the context of such resilience, as well as see it as a process that unfolds over time and recognize that there is meaning attached to such a social context.

Within the most recent literature, family resilience is seen as a developmental process that allows a family to create its own unique path that is adaptive and may even present members with an opportunity to grow and thrive in response to stressors (Scarf, 1995). This is a different way of thinking about family stress. Instead of viewing such stressors as solely negative or obstacles to growth, they can be viewed as potentials for change; change that, in the family, can be necessary and life enhancing. Boss (1988) takes this one step further when she states that, "The most vulnerable families, I believe, are the ones that deny change. They are rigid and fragile family systems"(p. 93).

Looking at family resilience within the theories of family stress is helpful because it begins to provide us with a reference point in which to begin to explore family resilience. Reuben Hill in 1958 (as cited in Boss, 1988), created the ABC-X Model of Family Stress. Hill identified three variables to consider

when assessing family stress: 'A' stands for the provoking event or stressor; 'B' for the family's resources or strengths at the time of the stressor event; 'C' as the meaning that is attached to the event by the family, both individually and collectively; and 'X' being the resulting amount of stress and crisis for the family. It is variable 'C' that many researchers believe holds the most significance in determining a family's level of resilience during times of stress. Pauline Boss (1988) agrees with the importance of this variable and states that, although this is the most difficult variable to measure, and therefore is the least researched, a family's perception of a stressor event is crucial to the understanding of the experience of family resiliency.

Hill's theory of family stress connects even more closely to the concept of family resilience in its discussion of protective factors. McDonald, Billingham, Conrad, Morgan, O, N. and Payton (1997) illuminate this by discussing Hill's theory on what protective factors are needed for families to avoid family crises: a) an informal and formal social support network, including within family supportive relationships; and b) the ability to positively reframe their perceptions of stressors in order to no longer feel that they are the only ones struggling with the stressor, and therefore a feeling of increased hope and power in their ability to improve their situation. Within Hill's theory of family stress, it is important to note that there are different types of stressors, and these stressors are very much defined within a context, for example a cultural context. Another important caution lies in the observation that there is not a linear relationship between the

stressor event and the degree of stress experienced. The two are related but there are mitigating factors, such as family perception, that influence the outcome.

In 1993, McCubbin and McCubbin (as cited in Hawley & DeHann, 1996) have built upon Hill's model by adding two more variables to consider when assessing outcome of family stress: Family Type and Family Schema. Under Family Type they define three important aspects of family functioning: Regenerative families who are believed to exhibit patterns of functioning that emphasize coherence and hardiness; Rhythmic families who focus on family time and routines as a way of coping with change; and Resilient families who demonstrate a high degree of flexibility and bonding. The term Family Schema is used to describe a family's shared values, goals, priorities, expectations and world view. These additional variables are believed to interact with a family's resources and social supports, their perception of the stressor event, and their problem solving and coping skills in a way that contributes to adaptation and resilience to stress.

In exploring family perception or meaning making further, one realizes that this process has multiple layers. Not only may the family as a collective unit have a perception of an event but each individual member of a family will hold a unique perspective of the same event which may or may not be congruent with the family perception. Boss (1988) speaks of this and adds that, "As in any system, especially a human one, the whole is greater than the sum of its parts;

the family's definition of reality is powerful and may even supersede the meaning that individual family members give to the same event"(p. 47). The perception of being victimized is a powerful example of possible meaning making in a family, and one that can have an impact on family resilience, for "...if a victimized family perceives the bad event or situation as happening to them because they are losers, tainted, or marked, they will have a harder time overcoming the victimization (and will stay in crisis longer) than if they feel that they as a family have the capability to change..."(Boss, 1988, p. 121). David Reiss, in 1981 (as cited in Walsh, 1995), took this one step further in his discussion of family paradigms. He discussed the possibility of a critical event creating a major shift in the family belief system which would create potential for reorganization and adaptation. What makes his discussion particularly interesting, and relevant to my research, is that he believed these current perceptions would intersect with the legacies of previous experiences within a multigenerational system and eventually would forge the meaning the family experiencing a current stressor would make of the event.

How a family perceives an event, or the meaning they attribute to it, also can be assessed by looking at what Boss (1988) refers to as "Boundary Ambiguity," which is essentially who the family perceives as being in or out of the family. This concept is particularly relevant after a family has experienced a loss or an addition to the family, or even if such an event is anticipated in the near future. One may, in particular, look at the congruency or incongruency

between a family or family member's psychological perception of who is in and out with the physical reality of who is in and out of the family system. Of course, this is all subjective and, it would seem to me, that each individual in the family may have a different perception. It would be interesting to observe whether or not this would have an impact on family resilience. Boss (1988) believes so and says that "...one of the most critical developmental tasks required of families over the life cycle is the ability to clarify and maintain boundaries after loss. This may be more relevant to predicting whether a family will manage stress or go into crisis than continued focus on the stressor event itself"(p. 80). No matter what, it would appear that family perception is a key variable in understanding a resilient family's experience of a nonnormative stressor event.

It is important to emphasize that the experience of family stress and resilience takes place within a context, one that is particular to a particular family. And, one cannot understand the experience of the family without understanding that context. Boss (1988) discusses the internal and external contexts within a family. External context is described as something beyond a family's control and includes such things as: historical, economical, hereditary, developmental and cultural elements, all which basically orient a family to a particular time and place. The internal context, on the other hand, refers to elements a family can change and control and includes: structural context (boundaries, roles, rules); psychological context (affective and cognitive perception); and philosophical context (values and beliefs). Strength and

resilience are both examples of concepts that are *not* culture-free. McQuaide and Ehrenreich (1997) suggest that events may be viewed as normal or unusual, depending on the cultural context, which would result in the family being required to more or less actively cope. This, in turn, will affect an individual's or family's experience of the event, and the meaning they make of that experience.

For example, within different cultures, social expectations vary and emotional control and expressiveness are valued differently. Unfortunately, even while knowing the impact of cultural and other contexts on experience and research results, I came across very little discussion of this crucial truth when conducting my literature review. Perhaps this is because so few of the relevant studies on family resilience and strengths are devoted to learning more about a particular family's experience, and the context and culture which influences the meaning they make of their experience. This gap in the literature further indicates the need for a qualitative approach when eliciting information about families experiencing stress. Qualitative methods permit examination of the complexity of an experience, rich in contexts, from both an individual and familial level. Boss (1988) agrees and emphasizes that, "This means family researchers and professionals must rely on each family *member's* story and each *family's* story..."(p. 35).

I hoped to bring a unique perspective to my research on resilient families by telling this story of resilience through a multigenerational lens. Family therapists, in particular Bowen therapists, have long seen the value in examining

family patterns from a multigenerational point of view. Traditionally this connection to previous generations has emphasized the negative elements and the pathologies that pass from one generation to the next. Cowan, Pape Cowan and Schulz (1996) refer to these negative patterns as "...chains that tend to extend over long periods of time in the life of an individual and to repeat themselves across generations"(p. 33). David Freeman (1992) agrees and suggests that it is essential that one examine multigenerational patterns within their family of origin, in order to fully understand current family patterns. He takes this one step further, believing that these negative patterns contribute to an overall family story that continues to be replayed over and over again in the current generation. Therefore, from his perspective, "One of the major objectives of a multigenerational approach is to help people rethink their family stories"(p.12). I would like to suggest that, just as dysfunctional patterns have been found to be passed from generation to generation, so may family stories based on resilience and strength.

Learning my own family stories has not only helped me to better understand myself and my parents, it has also led me to a place of greater resilience. This in turn has helped me to better recognize my own potential and examples of resilience. Family stories are not just words or sentences strung in sequence. Alex Haley (as cited in Curran, 1983) puts it this way: "Stories aren't icing; they're basic ingredients in any group that claims to be family...heritage is not just a role call of our ancestors...Rather it is the *feeling* inbred in a family,

what the forebears did, how they lived and coped, and what they left behind”(p. 202).

Walsh (1993) refers to the “family life cycle” while studying families from a multigenerational perspective. She acknowledges that the “...tremendous life-shaping impact of one generation on those following is hard to overestimate. For one thing, three or four generations of a family must accommodate to life cycle transitions simultaneously. Painful experiences such as illness and death are particularly difficult for families to integrate and are among the many family experiences that may have a long-range impact on future generations”(p. 408). This statement has become particularly relevant to my research as it is such an experience I have chosen to illuminate. Of course, when this Literature Review was first completed, the research family was unknown, as was their particular nonnormative stressor. Once the family was chosen, and the stressor identified, additional research on family resilience, as it relates to the untimely death of a loved one, was needed. In this family's case, the stressor consisted of the prolonged illness and death of a young mother of two small children.

Walsh (1998) suggests that coming to terms with death and loss is the most difficult challenge a family must confront. Of course, an untimely death, or a death that is premature or off-time, is often the most difficult of all to cope with. A death in the family results in multiple losses: the loss of the person; the loss of established family roles and relationships; the loss of the intact family unit; and the loss of the particular hopes and dreams of that family.

Walsh (1998) has identified two crucial family adaptational challenges, in relation to loss, as a result of her research and clinical experience: 1) Sharing the experience of death, dying, and loss and; 2) Reorganization of the family system and reinvestment in other relationships and life pursuits (p. 179). The first is seen as describing the importance of open communication between family members in coping with the loss of a loved one. A climate of trust, empathic responses, and a tolerance for diverse reactions to the experience, is seen as crucial if the family is to adapt to the loss. In addition, having direct contact with the dying family member, is considered to be an important part of the adaptational process for all family members, especially the children. The second adaptational challenge has to do with what happens in a family once one of its members is gone. Relationships must be realigned within the family, as must family roles. In doing so, it is important to remember that "Children can be harmed even more by their family's inability to provide structure, stability, and protective caregiving, than by a loss itself (Walsh, 1998, p. 187). Therefore there is a need, amongst all this overwhelming loss and disruption, for continuity and stability.

Walsh (1998) also believes that children who lose a parent may suffer profound short and long-term consequences including: difficulty in forming intimate attachments with others; and catastrophic fears of separation and abandonment. She states that "A child's handling of parent loss depends largely on the emotional state of the surviving parent (p. 199). As for that parent who is

left behind, early widowhood can be a shattering and isolating experience, especially for the parent who is not emotionally prepared or without essential social support.

In conclusion, by illuminating a resilient family's experience of loss, I have not looked for dysfunction, as so many have done before me, but rather courage and wellness through experiences of adversity. Can experiences and stories of resilience be passed on from one generation to the next? And how do these persons of different generations experience and express their resilience? It is my hope, now that my study is done, that by learning one family's story from the perspective of three different generations, including how they uniquely and collectively experienced their resilience, that the concept of family resilience has been illuminated more comprehensively and innovatively than ever before.

CHAPTER THREE

METHODOLOGY

The overall research question guiding this study was "How do three generations of a family, who sees itself as resilient, describe their experience of a non-normative stressor event?" In non-academic terms, I was interested in learning more about how a self-defined "strong" family succeeds in overcoming adversity. I wished to obtain a detailed description of the family's experience of loss, to tell their story of strength in action, from the participants' point of view, and in their own words.

Because my interest lay in learning about the experiences of a multigenerational resilient family, I chose phenomenology as my research method. In addition, I believed an in-depth study of such a family would provide invaluable insight into such experience, and therefore, chose the case study as a method within phenomenology. One might define this method as a phenomenological case study. It was hoped that such an approach would best capture the essence of the family's experiences, and allow the researcher to come to a deeper understanding of the meaning of these experiences. This falls under the category of qualitative research and Gilgun, Daly and Handel (1992) discuss the merits of this method of research with families when they explain that, "With qualitative methods, the focus is not on identifying structural or demographic trends in families, but rather on the processes by which families

create, sustain and discuss their own family realities”(p. 4). In other words, such research allows us to begin to understand how families give insight or meaning to their experiences as a family. Boss (1988) agrees and goes a step further when she discusses family stress research and states that ,“The meaning they give to the event is the key to their appraisals of the situation; this meaning influences not only the families’ vulnerabilities but, also, how the families and family members will act and react to what is happening to them. Only after professionals see the event through a family’s own eyes can we know how to assess, support and intervene, if need be”(p. 19). She goes on to add that this involves “seeing” the event through the eyes of each individual family member, as well as the collective family, and only by doing both can one attain the full picture.

Colaizzi (1978) explains that there are different types of descriptive methods that fall under the category of phenomenological research and that the choice of a method, or methods, depends upon the particular aims and objectives of the particular researcher. In many ways, a method that attempts to illuminate another person’s or other persons’ experience is daunting in its purpose; yet, for those of us who work with families, this may be the most valuable and purposeful kind of research. Colaizzi (1978) describes imaginative listening as a descriptive method within phenomenology in which “...the researcher must realize that his subject is more than merely a source of data: he is exquisitely a person, and the full richness of a person and how verbalized

experiences can be contacted only when the researcher listens to him with more than just his ears; he must listen with the totality of his being and with the entirety of his personality”(p. 64). In this way, this research method appears to parallel the intent of the therapist.

Phenomonology researchers also understand that they bring their own “self” to their research. As a human being, I bring all that I am and all that I have experienced to all that I touch. To be purely objective is unachievable in research. Colaizzi (1978) agrees, and states that “...to be objective means to eliminate and deny what is really there” (p. 51). However, as my goal was to illuminate the experiences of others as accurately as is possible, all effort was made to explore and state any presuppositions I may have possessed, through the process of bracketing. In addition, all material was shared with the co-researchers in supplemental interviews, in order to receive feedback and ensure accuracy in the telling of their family story.

Yin (1989) defines a case study as being “...a detailed and in-depth investigation of a single unit” with units of analysis including “...individuals, families, organizations, and communities” (as cited in Gilgun, Daly & Handel, 1992, p. 176). The case study can also fit within the phenomenology framework because it, too, “...deals directly with the individual case in its actual context” (Bromley, 1986, p. xi). In other words, it is about real life and the focus is on experiences of the family’s real world. Gilgun, Daly and Handel (1992) also speak about the case study’s merit in offering theoretical direction that more

closely approximates real people and situations. In other words, although research findings cannot be generalized, the case study narrative can be interpreted through a larger body of research findings. Bromley (1986) also identifies many advantages that case study research offers, including: allowing for a comprehensive understanding of a phenomenon; making known the social structures and processes that are a part of any phenomenon; and revealing the context of a research phenomenon, crucial to true understanding. Attempting to describe the experience of a resilient family was a formidable task. Yet, it was the family stories and the family experiences that truly interested me, especially in terms of how other families, and family therapists, can learn from this story in order to promote resilience in themselves, and in the families they work with.

Participant Recruitment

One multigenerational family was chosen to participate in this research project. Professionals who work with families in a variety of contexts (e.g., family therapists, family associations, nonprofit organizations) were contacted and received an Information Sheet (see Appendix A). In addition, where appropriate, this Information Sheet was displayed at places families frequent (e.g., schools, recreation centres, etc.). This sheet described, briefly, the nature of the research, including the expectations and requirements of participants, as well as the kind of family being sought. This Information Sheet was written in everyday language, as jargon-free as possible, so that not only the professionals were able to identify appropriate families, the families had an opportunity to identify

themselves and respond without professional involvement. I then contacted referred families by telephone and informally discovered whether they met the following criteria:

Family Inclusion Criteria

1) The family chosen had participants representing a minimum of three generations. In addition, an overall minimum of four to six family members was needed to participate, with all children being thirteen years of age or older. This number was chosen, so that all three generations were represented by a minimum of one person and, also so that the family story that was told, would be as comprehensive and inclusive as possible.

2) The family chosen had collectively experienced a non-normative stressor event within their family. This stressor event was described by the family as being: unexpected; a unique situation that could not have been predicted by the family as something that would happen to them; an intense event, initially perceived as negative; an event that challenged the family's coping; and an event that, in all likelihood, would not be repeated and experienced again by the family. Possible stressors included:

- sudden job loss leading to long-term unemployment
- the sudden, untimely death of a family member (parent or child)
- diagnosis of a life-threatening or debilitating illness or disability of a young family member (parent or child)
- a trauma experienced by the family (crime etc.)

The actual stressor event was defined by the family who participated in this research study. The non-normative stressor event would have occurred and been resolved a minimum of two years prior to this study.

3) All of the family members saw themselves as successfully meeting the challenge of this stressor event, defined themselves overall as a "strong" and "resilient" family, and were willing to share their experiences as co-researchers.

4) The family chosen were of a cultural group similar to my own, in order that their stories would be compatible with my own frame of reference, hopefully allowing their stories to be told in a more accurate fashion.

The family who best met all four discussed criteria was chosen and asked if they would like to participate in the research.

Participants

A family composed of five participating members, representing three generations, were chosen to participate in this research study. Family members included: two paternal grandparents (gramma, aged sixty-seven, and grampa, aged sixty-nine); one father/husband (aged forty-three); and two teenage children (daughter, aged sixteen, and son, aged fourteen).

The family chosen live in an urban centre just outside Vancouver, B.C., Canada. They are Caucasian, and of European descent. Seven years ago, this family suffered the loss of their very young wife and mother. All participating family members saw their family as "strong," and were willing to share their experiences with the researcher.

Data Collection Procedures

In a phenomenological study, there is no such thing as a single phenomenological method (Osborne, 1990) for data collection. In fact, it is the research question being posed that dictates the particular data collection procedures in any phenomenological research study. In this study, the participants or co-researchers were the sources of data, and the sharing of their experiences through a series of interviews was the means by which data was gathered.

Gilgun, Daly and Handel (1992) state that "families present a challenge as to the unit of analysis"(p. 6). Not only is a collective picture of multiple perspectives on an experience difficult to illuminate, Scarf (1995) reminds us that, "the pulling, magnetic forces at play within a family can be so powerful that on occasion one finds oneself responding to the group vibes and 'catching'(for better or for worse) its general mood state"(p. xxx). I found myself comparing these challenges to the ones family therapists face when conducting therapy with families, as opposed to individuals. I anticipated it would be difficult to juggle the feelings, thoughts, and stories of more than one person at a time, especially when one's intention may be to validate these same processes.

Hess and Handel, in 1959, were the first researchers to attempt to study a family by taking into account individual perspectives of family members. I have been unable to locate any research on families that attempts to integrate these individual perspectives into a collective family story. However, a strength of

qualitative research is seen as being its ability to accommodate multiple perspectives, as would need to be done when attempting to understand a family's experience (Gilgun, Daly & Handel, 1992). Therefore, I conducted both individual and collective family interviews, with my five co-researchers, within my research process. Three family interviews and two individual interviews with each family member were audio-taped and transcribed, with data collection being further supplemented by the researcher's field notes and observations made during the interview.

All interviews were held in a semi-structured format. This structure provided the researcher with the list of questions and/or issues that were explored during each interview. During the proposal phase of this research study, interview questions remained general in nature, as the family who would be chosen, as well as the type of non-normative stressor event to be explored, were at the time unknown to the researcher. However, once the family was chosen and the stressor event became known, it became apparent that these interview questions were inadequate and would need to be restructured. In particular, the nature of these questions were changed to reflect the nature of this family's experience - the illness and death of a young mother and wife. Interview questions were redesigned to sensitively tap into the experience of such a loss. Also, because the co-researchers in this study ranged in age from fourteen years to sixty-nine years, interview questions were revised to better reflect those age differences and help to capture the key ingredients particular to

that generation's experience. Although the interview questions guided the researcher through each interview, the semi-structured format of the interviews allowed the researcher to remain free to word questions spontaneously, clarify and/or pursue a particular statement further, and on occasion follow the participant's lead. Interviews were conducted during the period of time between October 1999 and May 2000 with a break included for Christmas holidays. They ranged in duration from forty-five minutes to two hours in length and were conducted in both the father and children's, and grandparents' homes. In all of the cases, the rooms afforded a sense of privacy and were comfortable to both the participants and the researcher.

In qualitative inquiry, unless rapport and trust are established, the researcher is unlikely to get authentic descriptions of the participants' experiences (Osborne, 1990). By establishing trust and rapport at the beginning of the study, the researcher is better able to capture the nuance and meaning of each participant's life from the participants' point of view, and increases the possibility that "participants will be more willing to share everything, warts and all, with the researcher" (Janesick, 1994, p. 211). With this in mind, the initial interview was set up to be casual in nature, with all five family members participating and pizza brought by the researcher to be enjoyed by the family. The first interview focused on building trust and rapport with the family, taking care of business items regarding the research study, collecting basic family demographic information from the family, and getting a general sense of this

family's experience. The second interview was an opportunity for individual family members to tell their story and to convey their own experience of the non-normative stressor event to the researcher. The third interview was again an individual one, with the basic goal of allowing each family member to go over with me the transcript of their individual interview. Co-researchers had an opportunity to add, omit, or change any of the transcript material in order to best reflect their experience. The fourth interview was the second interview involving the complete family system of family members. Gilgun, Daly and Handel (1992) state that "Although the practical limitations of an observation or interview segment or the nature of some research questions may lead researchers to focus on one family member at a time, the focus on the composite family picture, with all its inherent corroborations and contradictions, is a strength of qualitative research"(p. 6). In addition, they add that, within the case study method, the use of multiple types of interviews, group and individual, helps to provide a check on potential threats to the reliability and validity of the research. This fourth interview made use of the Lifeline facilitation tool to help facilitate a more complete understanding of the context of this family's experience. In addition, during this interview, preliminary themes emerged during the Lifeline exercise, which the family had an opportunity to explore with the researcher. During the fifth interview, again with all five family members, the integrated "family story" and the nine major themes of family resilience were presented to the family. The family members then had an opportunity to respond to both the story and the

themes, by giving feedback. This allowed the researcher to make sure the findings best reflected the family's experience. During this verification interview, family members were also asked to review quotations from their previous interviews, and give permission for them to be used. For a more detailed description of interviews, including an outline of interview questions, please refer to the Interview Guide in Appendix E .

Observations in the Interview Process

In addition to gathering data from the interviews, field notes were recorded immediately after each interview in the researcher's journal. This allowed the researcher to record observations about the participants' reactions to the interviews, as well as explore her sometimes very personal reactions to the interview experience.

In the individual interviews, it became apparent that each family member had his/her own unique reaction to the interview experience. And in turn, the researcher also experienced a unique reaction to interviews, which was recorded in a journal throughout the research process. Overall, all family members shared openly throughout the interviews. I was surprised, at times, by the depth and intensity of their sharing, of their very personal self-disclosures. My feeling was that this family, as a whole, welcomed the opportunity to talk about what had happened to them. They disclosed that they had never really sat down together and talked about this event, or shared their feelings with one

another on any consistent basis. In this way, the research process gave them a venue to do this.

Although, as stated earlier, all family members participated openly during interviews, on occasion, the fourteen year old son appeared to have some difficulties understanding questions and expressing his point of view. This meant that the researcher often spent some extra time, during interviews, with this research participant in order to make sure that he understood the questions being asked, and also to give him ample opportunity to respond. As well, photographs of the family were used by the researcher with this young participant in his first individual interview, as a concrete way to help him feel more relaxed about answering the questions, and to hopefully make the whole process seem less intimidating. As mentioned under Presentation of the Findings, this young man is coping with learning challenges, and therefore, during portions of the interviews, when reading and writing were required by the research participant, the researcher assisted the son with these tasks. Even with these challenges, however, there was never any doubt that this research participant's contribution to the interview process was highly valuable and at times, revealed both a great strength and sense of poignancy.

Some family members cried openly during their individual interviews, others did not. There was more laughter than tears during group interviews; however, during the final interview, when the family story was shared, there were a few tears. The researcher cried alongside the grandmother at one point during

her individual interview. Not surprisingly, exploring loss with another, in such an in-depth fashion, was often a painful process for both the researcher and the research participant. In fact, the researcher struggled with feelings of guilt, at times, during the interviews, for asking family members questions that often brought them to very painful places. This was especially true during the individual interview with the grandfather. The researcher became increasingly uncomfortable as the grandfather cried silently, and also found it difficult to speak. I had a sense of wanting to protect him from the struggle of the interview, to rescue him from the questions. Of course, all participants had been informed, prior to the interview process, that the interviews might bring up some painful memories. I, therefore, made sure that there was adequate closure at the end of each interview, and also gave research participants an opportunity to debrief their interview experience following each interview.

I also struggled, at times, with the distinction between the role of researcher and that of therapist. When exploring such a personal experience with family members, it would have been very easy to fall into the ways and comments of a therapist. Instead, I had to continuously remind myself of my agenda, that of a research interview. There were cathartic moments however, within the interviews, when the research process itself appeared to lend itself to moments of therapeutic healing. I was honest and open with the family about my struggles during the research process, and I believe the family responded to these disclosures with an increased level of trust and connection with me.

Data Analysis

Colaizzi (1978) outlines the process phenomenological research takes as it attempts to illuminate an experience and link it to relevant theory. Because of the nature of my research, I made a few adjustments to his outlined approach, but the terms and general process underlined are his. With Colaizzi's approach, one first must identify significant statements from the transcript material, in my case as they are related to the study of family resilience. Meaning units are then developed from these significant statements, and these meaning units are eventually developed into themes. The themes are then clustered in such a way as to develop a comprehensive narrative, the family story in this case. The main alteration I made to this approach was to follow the steps, but in a different order. Significant statements were first identified and clustered to develop the family story, or comprehensive narrative. Meaning units were then identified and eventually developed into themes. Something I discovered during my research, is that the processes of data-collecting, data-analysis and writing of the results overlap and essentially occur concurrently within the research process. Although they are discussed under separate headings here, one cannot realistically isolate one from the other.

Once all of the individual interviews, and the first two family interviews, had been completed and transcribed verbatim, I read the transcripts through several times and highlighted any passages that were a direct description of the family story of resilience. These family story passages were then cut out and

pasted chronologically, in a way that allowed the family story to emerge. This family story encompassed the experiences of three generations, and whenever possible, the research participants' own words were used to tell the story.

In this study, the essential structures of the participants' experience were derived through the process of "thematic analysis," or through the identification of the themes embodied in the participants' interviews. After writing the family story of resilience, I read through the transcripts again, several times, this time highlighting the meaning units. For the purpose of my research, these were statements connected to the experience of loss. To begin this process, I was guided by the practical words of Seidman (1991) when he said, "Mark what is of interest to you as you read. Do not ponder about the passage. If it catches your attention, mark it. Trust yourself as a reader" (p. 90). Keeping the research question in mind, I marked those passages that directly described the family's experience of loss, and the meaning they ascribed to this experience.

Next, I wrote down preliminary ideas for a category or theme, beside each highlighted passage, guided again by Seidman (1991): "What is the subject of the passages marked? Are there words or a phrase that seems to describe the meaning units, at least tentatively? Is there a word within the passage itself that suggests a category into which the passage might fit? (p. 99). Passages that appeared to be describing the same phenomena, were then grouped together under the same headings. In this way, meaning units were transformed into themes. Initially, twenty-two themes were identified by the researcher. These

themes were reworked again and again, essentially looking for overlap and connection between identified themes. Eventually, nine intergenerational themes emerged, seven that were supported by three generations, and two that were supported by two generations.

Once these preliminary themes were developed, a verification check was completed by a colleague with an M.A. in Counselling Psychology. Meaning units had been cut out, shuffled, and the colleague was given a heading and description of each of the nine themes. She then proceeded to place each meaning unit under the theme she felt to be most appropriate. In 93% of the cases, the rater's placement of meaning units matched my original categorization.

Another kind of verification check was done when the researcher met with the family for the last time. At this time, the family was presented with the family story, and given a chance to respond, and make any changes, in order to have the story most accurately reflect their experience. Family members also had an opportunity to provide feedback on the nine themes that had been identified by the researcher. All of the family participants stated that they felt the family story, and the nine themes identified, accurately described their family's experience.

In addition to the verification checks referred to above, I met with my research supervisor on two occasions during this process, in order to receive feedback and check my own perceptions. I also tracked my own feelings and reactions, throughout the research, by writing about my own process in a

research journal. By bringing these very personal and subjective reactions to the surface, it is hoped that the impact my own process has on the research will be minimal. It is also important to note that, as a phenomenological research study, emphasis will be placed upon the family's experience of the stressor, and therefore any attempt to connect this resilient family's experience of loss with specific models of resiliency will be done after data has been collected.

In Summary

A phenomenological approach was utilized to capture the experience of a resilient, multigenerational family's experience of loss. The researcher held two individual and three family interviews with the research participants. These interviews were recorded and transcribed.

The data gathered from these interviews yielded the family's story of resilience. In addition, the process of thematic analysis resulted in nine intergenerational themes. The family story and the themes were validated by the participants, and the themes were validated by a peer reviewer.

CHAPTER FOUR

RESULTS

In this chapter I have utilized all of the information received in the individual and family interviews to create the core family story. This family story does not claim to encompass the entire existence of this family up until today, but rather attempts to offer a detailed glimpse into some of this family's experiences, particular their experience of a non-normative stressor event. Many of the experiences touched on in the core story, will be explored more thoroughly, and in more detail, in the description and analyzation of themes. Whenever possible, the family members own words will be used; however, quotation marks will only be utilized for a direct quotation. Following this story, I present a description of common themes of family resilience that emerged from within the story itself.

Phenomenological writings often include biographical information about the participants. In order to protect this family's anonymity, any identifying information, including names, have been changed. The family's pseudonyms include: Trey Gordon (father), Susan Gordon (mother), Rhiannon Gordon (daughter), Lincoln Gordon (son), Agnes Gordon (grandmother), and George Gordon (grandfather). These names were chosen by the participants. Any additional names used in the story, or referred to elsewhere, have also been changed.

The story you are about to read is about an ordinary family who experienced an extraordinary event. They are a middle-class Canadian family, of European descent, who were going about their lives, just as you and I do every day; working, taking care of the children, doing the housework, paying the bills, until something unexpected happened that changed their lives forever. What makes their story so significant is that it could be any of our stories. What makes it so special is that, by allowing us a glimpse into their struggles, and their resilience, we are given a window into our own capacity for courage and acceptance of life's unexpected turns. What makes this family so remarkable is their willingness to share themselves, their feelings, their memories with all of us.

The Gordon Family Story

Agnes Gordon was born in a small prairie town of approximately one thousand people, in Saskatchewan, Canada in 1932. Her parents had emigrated from Austria in 1912 to Saskatchewan, bringing with them their first two born children. They were to have seven more, once living in Saskatchewan, with Agnes being the youngest of the nine children of seven girls and two boys. The family lived in a tiny little house, on what might be considered a small farm nowadays with a cow and chickens. Agnes remembers her family growing up as very poor but happy. All of her extended relatives, aunts, uncles and cousins, were also poor and lived in the same neighbourhood.

Being the youngest, many of Agnes' brothers and sisters had already moved away from home and married by the time she was born. She had a special relationship with her dad and remembers being told that she was her "dad's boy," and of working side by side with him outdoors, sawing wood and doing other outside chores. They shared some favourite rituals together, such as walking to the beanery for ice cream on Sunday afternoons after Church. A daily ritual, that only they knew about, was how Agnes would run the two blocks to meet her dad on his way home from working on the railroad, and he would always have one piece of his sandwich saved for her to eat.

Agnes remembers her mom as a great teacher and a very busy mom. She has fond memories of making donuts with her mom every New Year's Eve, and remembers that on bread baking day, she and her sister were allowed to cut all the crusts off of one loaf of bread (their favourite part), and eat them. Agnes' mom taught her how to needle point and always wanted Agnes to sit with her while she read through the Bible. At the time, Agnes remembers saying, "Oh, I'll leave that 'till I'm old!"

When Agnes was fourteen years old, her father became ill with stomach cancer. Agnes remembers being told about the illness: "That word 'cancer' was a very foreign word, I had never heard that word before. My sister told me it was very bad." In those days there were no medical treatments, and so, about six months later, under the watchful eye of Agnes, her father died a very painful death at home. Agnes remembers that when he died she immediately ran out

outside, afraid to be in the house any longer, because she thought she was going to die as well, being so connected to her dad.

With her father's death, Agnes remembers family coming from all parts to be there for Agnes, her mom, and her sister. This extended family became the support system for the immediate family, pitching in to do all that had to be done during this very difficult time. Agnes remembers this support and closeness as getting her through some sleepless nights. The extended family stayed for as long as they were needed, phasing out their leaving so that Agnes and her sister wouldn't be left entirely alone.

Eventually time passed and it became just her mom, herself and her sister at home in the tiny little house on the Prairie. They struggled with their loss, but Agnes remembers them coping by just spending time together. "We were just always together." She also remembers her mom as having a very special relationship with one of her sisters who lived two doors away saying, "And after they did all their chores and the two of them would be sitting in front of our wood stove, and they would be doing their crocheting, and I can see them together, and they just loved spending that precious time together." As difficult as it was to leave these close family relationships behind in Saskatchewan, as a young woman, Agnes, looking for adventure and opportunity, moved West, to live in Vancouver, British Columbia.

George Gordon was born in 1930 in Edmonton, Alberta, the second child of five, four boys and one girl. His mother had emigrated from Newcastle, England, his father from Dublin, Ireland, to Edmonton where they eventually met, fell in love and married. They lived in a house, built by George's father, in Edmonton, with relatives of one sort or another pretty well making up the neighbourhood. George remembers it as a nice, little family community, a safe and secure place to grow up.

George's dad worked for the Edmonton Street Railway where he started out repairing old streetcars, and eventually ended up fixing the buses. George remembers his dad as a hard worker, and has a special memory of always meeting his dad after his shift, and walking with him the two blocks home. George's mother was a stay at home mom who took care of the family, and the home, and was always there for her children.

When George was ten years old he became very ill with a type of Rheumatic Fever call St. Vitus Dance. For an entire year he was relegated to bed and was unable to go to school. George remembers this as the greatest challenge his family faced during his growing up years. For the first few months, George was so weak that he couldn't even get out of bed to go to the bathroom, he had to be carried in. It was a scary time but George remembers his family being there for him. In fact, in the beginning, his mother rarely left his bedside. George also remembers a lot of extended family visitors during the year he was

so sick, who helped to keep his spirits up and keep him feeling connected to the world.

Even though George was unable to attend school, he kept up with his studies at home and when he returned to school, a year later, he was able to rejoin his peers without missing a beat. George was left with a weakened heart, due to his illness, and was unable to play some of the sports that he loved. Perhaps that is what led him to partner up with his brother to raise prize chickens and showbirds, enter them into competitions, and eventually act as judges in these competitions.

George and his brothers grew up always goofing around with each other and playing tricks and, not surprisingly, would occasionally find themselves in a bit of trouble. There was a tickling fight which eventually led to a sink being ripped off of the wall, and a small shed that burnt down in the backyard after they had built a small fire in it. When George was twelve years old, the entire family moved West, to Vancouver, British Columbia where George and Agnes would eventually meet.

As a young woman in Vancouver, Agnes invited her mother to share her basement suite and remembers that, "she was just delighted. So I had that special time with her again, before she died." Agnes was working in an Accounting office in Vancouver, in 1955, when she was introduced to George

who worked for the City of Vancouver. Love blossomed and they were married one year later.

George and Agnes began their married life living with George's parents and saving for a house of their own. In 1957 their first child Trey was born, and shortly after that, the small family bought their family home in a suburb just outside Vancouver, a home George and Agnes still live in today. Three more children were to follow, two brothers for Trey and lastly a daughter.

Trey remembers spending a lot of weekends at his paternal grandparents' home as a young child and has many fond memories, especially of his grandfather. He remembers asking his grandfather to smoke a cigarette each night, while Trey was trying to fall asleep, because watching the cigarette grow and then fade helped him to get to sleep. Trey also remembers his grandparents slipping him some money, on the sly, to buy army cards, and he would walk the two blocks on his own to buy them at the corner store.

When the children were born, Agnes quit working outside the home, and concentrated on raising her family. From all accounts it was a relatively happy time with only the occasional, and fairly typical family challenge, to deal with. Trey remembers occasional family rows, and fights at the dinner table, especially with one of his younger brothers, "We'd get him wound up and then that would wind mom and dad up." When these upsets happened in the family, Trey doesn't remember them as lasting for very long saying, "My memory is that things just seemed to go away and everything would be okay."

Susan's family originally came from a little community in the heart of Saskatchewan and had also settled in the same suburb just outside Vancouver. With Trey also growing up in there, it was no surprise that he and Susan met as small children, while attending the same church with their families. However, they didn't actually go out on their first date until 1978 when they attended a concert together. It took another twelve months before the second date happened. Susan had been invited to Trey's surprise twenty-first birthday party, and it was after this occasion that their romance really took off and they became an item. In fact, Susan was Trey's first serious girlfriend.

In 1980 Trey and Susan were married. She worked as a practical nurse and he had followed in his father's footsteps as a worker for the City of Vancouver. Trey remembers those first few years together as a lot of fun. As a young couple they spent much of their free time outdoors, both of them loving to camp and hike. A couple of years into their marriage, they bought a home in the community they grew up in, the home that Trey and the children still live in today. Then in 1983 their first child, Rhiannon, was born. This birth was not an uneventful one, with Rhiannon having to be transferred to the Royal Columbian Hospital in New Westminster, suffering from strep pneumonia. Rhiannon was immediately placed in an incubator and put on antibiotics, and perhaps most unfortunate of all, was separated from her mother who remained in their local

hospital. However, her dad visited Rhiannon every day, and eventually the three of them were allowed to go home.

This happy little family eventually grew to include Lincoln, who was born in 1986. This time around, the pregnancy was a difficult one, with Susan developing kidney stones and having to be hospitalized. Susan suffered with kidney stones for almost the entire pregnancy, and was unable to take any medication for this painful condition while pregnant. It was a very difficult time, and yet Susan fought through it, and managed to hold on until it was safe for Lincoln to be born.

Only eight months later, in November of 1986, Susan was diagnosed with a cancerous brain tumor, and Trey was told she had six months to live. Susan was immediately placed in the hospital for surgery, and both Rhiannon and Lincoln moved in to live full time with Agnes and George.

During the next four months Trey remembers most days consisting of working all day, then going to the hospital to have dinner with Susan, sleeping on a cot beside her bed in the hospital, getting up the next morning and going into the office, having a shower there and resuming work. Needless to say, both he and Susan were thankful to have parents such as Agnes and George to take such good care of their children. Coincidentally, George had retired at the exact same time that Susan was first diagnosed. Agnes remembers feeling so thankful for George's presence saying, "I couldn't have done it without him, I needed his strength and support. We had the illness to cope with, and we were tending to

two small children's needs. Lincoln was still a two a.m. feeding, and we'd get up and bring him to bed and feed him, and we just cherished those moments."

Incredibly, Susan proved the doctors wrong and eventually went into remission. However, she was still in and out of the hospital for treatments and because of lingering problems with kidney stones. Rhiannon and Lincoln remember practically living with their grandma and grandpa while their mom was in the hospital. However, when Susan was feeling well, there were a lot of good family times. Trey remembers "when she was feeling good, we got pretty close to normal. The kids would be giggling and laughing. I never saw them get too down about things cause Susan, no matter how she was feeling, she had the upbeat attitude and the kids fed off that. And it created for some nice atmosphere...parties, Christmas parties, family gatherings, she'd make sure she'd made it. Those were good times."

Rhiannon and Lincoln also have some great memories of their mom. Rhiannon remembers a family camping trip when "...mom bought me a Barbie and we played Barbies and we were pretending like we were just friends, that we'd met at the campsite, and she came over to my place." Even though Lincoln was very young, he also remembers playing with his mom. "Well, I remember one thing. It was really fun. Dominoes. That was neat. She was in my room on my bed, and I ran down the hall, jumped on the bed, and all of them fell down. I remember it was the funniest thing." Rhiannon recalls, "I remember one thing that mom used to do. I just remembered it. When I was going to sleep, she

used to rock me in her arms. It was so cool. I liked that very much. Even when I was really big."

But eventually Susan's cancer was back and Trey knew this time there would be no reprieve. "I know I had waves of grief hitting me months before she died. Because it turned. It turned to a point where...she's not getting better now, everything has come back. It's just gonna be what the doctor told me initially. There's no surgery, no chemo. That's when it really hit me. And that was, I think, about four months before she passed away. And that whole phase wore me out." It wore Trey out to the point where he physically collapsed at work and was taken to the hospital. Not wanting his children to have to deal with two parents in the hospital, Trey returned home, and then took three months of stress leave off of work.

Trey was unable to spend as much time at the hospital during the last month of Susan's life because, in his own words, he just couldn't take much more. Shortly before Susan's death, she lost her ability to communicate and so when Trey did visit, he would talk to her and play music he knew she would enjoy. In September of 1992, Susan passed away after a six year long battle with cancer. At the funeral, Lincoln remembers "....when the hearse, it was like a big truck, it drove in, and I was looking at the drapes and trying to peek in." Trey also remembers what happened at the conclusion of the funeral service when Lincoln, "... as the hearse was pulling away, was running, chasing it to the road." Susan had managed to live almost six years longer than doctors had predicted,

long enough to get to know her children, and for her children to get to know her.

She was a hero.

Trey was now a young single parent with two young children ages six and nine. With Susan's death he was able to make them his primary focus. For the first three months he remembers walking them to school every morning, and then going for a three hour walk himself along the dike. "I'd go out and watch the birds at the foot of the rushes, and find a log to sit on and watch the birds landing all around me. I'd go off and have a cry there and the days would just flow...and then you're cooking dinner and the kids are home."

Shortly after returning to work it became apparent that the children were having some difficulties at school. Rhiannon had withdrawn into a shell at school, a way of making herself invisible to others, and Lincoln was behaving aggressively and having difficulties learning. Trey worked hard at finding help for his children and they struggled through their difficulties together. Agnes and George were still a very prominent part of the children's' lives, and in many ways Trey and his parents functioned as a three way parenting unit.

Trey had begun dating a woman some months after Susan's death and in retrospect feels he may have moved on too soon. However, after six years of suffering he remembers thinking, "She's not hurting anymore...maybe this means I'm not hurting anymore, and I can get on with my life." And this family did get on with the process of living, and there have been ups and down along the way.

In January of 1997, this family welcomed a new family member, a Malamute puppy named Taku, into their home. And make no mistake about it, Taku is a member of this family. Trey remembers when Taku joined them saying, "The kids...I never heard the kids laugh like that in years, unreserved, just howling in the backyard with this puppy. And she's been such a huge impact on the family. She's just a dog, but man, she's just amazing relief!"

The children are growing up. Rhiannon will be turning seventeen soon and she is an independent, creative, well-spoken and loving young woman. She loves to ride horses and, in fact, is crazy about all kinds of animals. Lincoln is a fourteen year old teenager who cares about others and loves his family. He plays hockey, and loves to snowboard and ride his bike. Their dad is proud of both of them, and says, "We're a great little team. Rhiannon's always giving me big hugs. And Lincoln, he was thirteen, and we're walking through the mall, and he just slips his hand into mine. We're walking through the mall! Those are magical things that tell me I've done okay."

In fact, Trey and his family are doing more than okay. All of them suffered a tremendous loss, they will never forget Susan or stop missing her. In 1993, Anne Tyler wrote in her novel The Tin Can Tree, "Bravest thing about people, Miss Joan, is how they go on loving mortal beings after finding out there's such a thing as dying. Do I have to tell you that?" (p. 96). This family has gone on loving, has gone on living. No doubt, there will always be new challenges ahead. Trey is in a serious relationship of two years now with a woman who has

a young child, raising new issues around blended families. It has been over seven years now since Susan's death. Their resilience and their struggle, all add up to a family who is intact and strong.

Description and Analysis of Intergenerational Themes

The process of data analysis yielded nine common themes that characterized this resilient family's experience of loss. It is important to note that all of the nine themes are intergenerational in nature. That is, they were experienced by more than one generation in the family. In fact, seven of the themes were experienced by all three of the generations, and two of the themes were experienced by two generations. I did not make a conscious effort to identify themes that were intergenerational in nature, instead it was something I noticed after the initial identification of themes. Therefore, it came as somewhat of a surprise, when quotes from all three generations were found as evidence of seven of the nine themes. In many cases, this evidence was easy to find and involved multiple quotations.

All nine themes will be discussed separately. However, because of their intrinsic connection to this family's story, they truly are more like a tapestry of experience, overlapping and moving in and out of one another. For this reason, many of the quotations would be appropriate under more than one theme. In such cases, I placed the quotation under the theme I felt was the best fit. Family members also were given an opportunity to correct my placement of quotations, and could have suggested a better fit. The themes will be defined, in relation to

this family's experience, and evidence of themes will be presented. I made an effort to give examples representing all of the generations who supported a particular theme. For that reason, quotations may be chosen, on occasion, because of who spoke them, rather than because they are the best example of that theme. As well, because the father in this family was the one person involved in most levels of this family's experience, the reader will discover his quotations appear most frequently. In some cases, context has been provided for the reader in order that they can better understand the quotation given. This context will be provided in brackets before the quotation. Some of the nine themes have been broken down into sub-themes in an effort to more clearly represent the data collected. Additional quotes supporting these nine themes may be found in Appendix F.

In order for the reader to be able to quickly identify the speaker for each, and what interview it comes from, the following codes have been developed:

G=George, Grandfather	F1=First Family Interview
A=Agnes, Grandmother	F2=Second Family Interview
T=Trey, Father	Ind=Individual Interview
R=Rhiannon, Daughter	S= Susan, Mother
L=Lincoln, Son	B= Brenda, Researcher

In addition, the following Table illustrates, which interviews produced evidence of the themes, for each generation. This allows the reader a quick

overview of themes, and a picture of evidence across interviews, which is followed by a more thorough discussion of the nine themes.

Table 1

Evidence of Themes Across Interviews By Generation

Themes	Family Members	Interview(s)
Be Flexible About Communication	Grandparents	F1, F2, Ind
	Parent	F1, Ind
	Children	F2, Ind
Connect With One Another	Grandparents	F1, Ind
	Parent	F1, Ind
	Children	F1, F2, Ind
Have Access To And Accept Support	Grandparents	F1, Ind
	Parents	F1, F2, Ind
	Children	F1, Ind
Detach From The Experience	Grandparents	Ind
	Parent	F1, Ind
	Children	Ind
Normalize The Stressor	Grandparents	Ind
	Parent	F1, Ind
	Children	Ind
Minimize The Children's Distress	Grandparents	F1, Ind
	Parent	F1, Ind
	Children	Ind
Focus On The Positive	Grandparents	F2, Ind
	Parent	F2, Ind
	Children	F2, Ind
Find Strength In Religion	Grandparents	F1, Ind
	Parent	F2, Ind
Find Creative Ways of Coping	Parent	F2, Ind
	Children	F1, Ind

The above Table indicates that evidence for themes was found in all data collecting interviews, and demonstrates the intergenerational nature of the themes, which will now be discussed in more detail.

Be Flexible About Communication

This first main theme, describes how sometimes family members share how they are feeling, and at other times they do not. This communication pendulum swings back and forth, creating moments of both disclosure and concealment. This is reflected in the choices family members make around when to share information, and their feelings, with one another. This family's ability to express and accept this variation in communication, contributes to their resilience.

Sharing information.

A sub-theme of this main theme, sharing information refers to family members' decisions about what they do and do not tell each other when something is going on in the family.

☆(Trey is referring to how Susan responded once diagnosed)
She never wanted to talk about what was going on. She said, "I don't want to hear about it." Then I say, "What do you want me to do?" And she says, "This is what I want." Fine. And that involved not talking about it. That's the support. (T, F1)

☆(Agnes is referring to talking to her grandchildren after Susan's death)
Just with the children...remembering different things and telling them about it. But not formally. I tried to, wherever possible, we did, if there was something that could be a smell, or whenever I thought of something about S and I wanted to share it with the children, that was okay for them to feel that they were getting to know who she was. So we tried to do that. (A, F1)

☆(Trey speaking of telling the children about Susan's illness)
Trying to tell R as much as I could safely tell her, at that point, about what was wrong. I could not tell her what the end result was going to be. And L was way too young to understand, but...I was just waiting, I guess. (T, Ind)

☆My gramma used to sit down and talk about...like she would be the one who would be like, you know what happened, and I would be, sort of. I don't wanna talk about it and stuff, 'cause it made it harder, 'cause then I would just keep on thinking about it. (L, Ind)

Expressing 'negative' emotions.

Another sub-theme of this first main theme, represents this family's choices around expressing such feelings as pain, grief, sadness, fear, and anger.

☆It was so confused. You know, I'd be shaking, I'd be upset, and as opposed to letting anybody else see it or help me deal with it, I'd say, "Oh I'm gonna go get some wood." And on the surface, I'd be all happy and relaxed and that, when I was around the kids and Susan. (T, Ind)

☆Before L was born, Susan was hospitalized quite a few times with kidney stones. Oh, I remember one time distinctly. R was about two at the time. T was having to take S back to the hospital, and S took R onto the stairs and I heard her say, "Now mommy has to go back to the hospital. You be a brave girl and don't cry." Well they left, and we had our chesterfield here at the time, and G and I were holding R, and her stomach was as hard as a rock wanting to cry, and mommy said don't. I can feel it still...the hurt that little girl was having to bear. So we told her it was okay to cry, and gramma and grampa would cry too. (A, Ind)

☆B: And when you think about your mom, what do you do? L: Tell my dad, and we sit down and talk. B: And does that help? L: Yep. (L, Ind)

Connect With One Another

The second main theme illustrates that this family spends time with one another, in a meaningful and consistent manner. In addition, the emotional bonds between family members are exceptionally strong. One of the more unique strong bonds that exists in this family is between the paternal grandparents and their two grandchildren. Another component of this connection highlights how this family has managed to maintain its traditions and rituals, even though the nonnormative stressor has disrupted the family lifecycle. Another important connection that has been maintained within this family, is the children's sense of closeness to their mother, both while she was dying and after her death. This sense of cohesiveness contributes to this family's resilience.

Exceptional grandparent and grandchild connection.

A sub-theme, of this second main theme, has to do with the remarkable bond that exists between the grandchildren and grandparents in this family. In many ways, these grandparents have functioned more as additional parents to their grandchildren.

☆(Agnes talking about her grandchildren)

And on occasion, S's mom and dad wanted to take them for the day. And you know, I used to feel so...I didn't want to give them up even for a day. I didn't want anybody looking after them. I was just totally absorbed with these two children. So much so, that I, I really didn't relinquish them easily. Even when we brought them home and it should have been a joyful time to return them back to the family unit, which they needed to be with, it was difficult...it was very difficult, 'cause they became our babies and we had to give them up. (A, F1)

☆Well, we were at Gramma and Grampa's a lot...that was our home. (R, F1)

☆(George speaking about his grandchildren)

We knew them much better than we would have, you know, if they'd grown up with the normal family of both parents. (G, Ind)

☆Well, every summer since S passed away...before they were old enough to be on their own...if I had three, maybe four weeks off in the summer, they'd have them for the balance. So again, they just moved in there for a month. (T, F1)

☆Being L and R's grandparent is totally different from just being a grandparent. 'Cause when they're hurting, we are hurting, and as much as we love our other grandchildren, it's just not the same for us. (A, Ind)

Spending time together/having family rituals.

The second sub-theme describes how this family makes doing things together a priority. Family members also have begun and maintained family traditions.

☆It's all gramma. She organizes everything. There are the big family gatherings, reunions, family barbecues...(R, F1)

☆Like we've done stuff together, instead of just keeping on like...If we didn't do anything, like if we didn't go camping and stuff, like what my mom used to do, then we'd probably be going downhill again. (L, Ind)

☆(George talking about Trey and the children)

Well I think they're very close. They do a lot of cycling together, the three of them. And T is very interested in what the kids want to do. R is quite interested in horses, she takes her lessons. And he's always there. Drives her, stays there while she's having her lessons, and is involved. And also with L, his hockey, whatever he's into...(G, Ind)

Maintaining connection between mom and children.

The third and final sub-theme describes how this family has found ways for the children to still feel connected to their mom, both during her illness, and after her death.

☆And one thing I would like to say is, my dad gave me...this is a stuffed animal that was my mom's...my dad gave it to me to take care of it. (L, F2)

☆(Rhiannon referring to the plastic stars on her bedroom ceiling)
Well, usually it's at night, and I put those stars up for her 'cause when I was really little, I used to talk to them like I was talking to her. (R, Ind)

☆(Agnes speaking about Susan)
But even in her in-between periods of somewhat wellness...oh she just had the children and would take them home, they melted in her arms. She loved spending time with them, a good little mom. (A, Ind)

☆And I got to keep mom's teddy, Snuggles. She didn't name Snuggles, I did, because at that point she couldn't talk. I said, how about we call him Snuggles, and she nodded her head, like that's a good name, so I called him that, and I got to keep him. And I remember that a couple of months afterwards, he still smelled like her. Like hospital. (R, F1)

Have Access To And Accept Support

This third main theme illustrates how this family is an open system that accepts help from others. In addition, they also have access to a number of social networks that they can turn to in a crisis. For this family, this has meant being there for one another, and accepting help from extended family. Support has also come from the community and from friendships. Having these resources, and accessing them when they're in difficulty, contribute to this family's resilience.

Family support.

The first sub-theme illustrates examples of how the family supported one another through tough times.

☆He moved the kids in with us when S went into the hospital. And we had them full-time for three to four months. (G, F1)

☆ B: So the help that you got, what really made a difference for you, was your family. L: Yep. B: That was the big thing. Yeah. What do you think helps you now? L: Family. (L, Ind)

☆But the family was always there. Nobody ran away from the situation.
(T, F2)

☆(Trey speaking about his parents)
If things got unbearable, or if it got to a point where we couldn't be there,
I knew the kids were automatically taken care of, and there wasn't a
concern in the world. (T, Ind)

Community support.

The second sub-theme gives examples of a variety of people and groups
in this family's community who helped to support this family during their time of
need.

☆The whole ladies' group put a list together, and every night of the week,
somebody different would arrive here with a full hot cooked meal for the
family. (T, F1)

☆When I was in Grade 2, Mrs. Cameron, she was a scary teacher, but
she went out and bought me a stuffed animal. And that day, when the
school found out through my class, I got to sit in the special chair...this
humongous old chair, and I got to sit there. (L, F1)

☆I think the kids are doing fine. I think they got a lot out of that
counselling they got when they were quite a bit younger. (G, Ind)

☆My work as well...it was, if you need to do something, go, no questions
asked. We'll cover. I mean, if stuff doesn't get done when you're on the
job, we'll take care of it. (T, F1)

Support of friends.

The third sub-theme represents examples of how friends were a support
to family members.

☆Well, she's helped me a lot. She's my best friend, and we tell
everything to each other. (R, Ind)

☆My best friend, he's the only one I've been able to talk to. We were at
this friend's birthday party, and I was sleeping on the couch, then he just
saw this expression on my face, and I just completely erupted in tears.
And the next thing I knew, he had his arms around me. (T, Ind)

Detach From The Experience

This fourth main theme illustrates how during crisis, family members are able to disconnect from their inner experiences, helping to get through painful moments. Existing in a kind of survival mode allows them to keep going and stay strong.

☆(Trey referring to the six years his wife was ill)
It got pretty numbing after a while. You almost go into a state when you just go on with the flow...it's driving you along...there's no way you can get off the train. (T, F1)

☆I like to just think about stuff... like sometimes when bad things happen, I just think about it as if I'm not me. As if I'm someone else looking at it. And sometimes I think I've lost me. (R, Ind)

☆Looking back, I don't think I was even thinking about how I was dealing with things. I was just doing what was necessary to do. I don't think I ever thought 'woe is me.' I don't think I had time to think about how I was feeling, or if I was tired, or any of those things. (A, Ind)

Normalize The Stressor

This fifth main theme illustrates how the Gordon family did not allow crisis to take over their lives. The stressor they were dealing with was essentially incorporated into their lives, in a way that allowed them to feel like a normal family. This contributed to their resilience.

☆I didn't know what cancer was either. Except that it was probably bad for you. And I really didn't think much, I just thought, mom's sick, that's okay. It just became sort of normal, mom's at the hospital. It's just a thing that happens. Mom has a basket full of pills. That's kind of odd, but okay. I don't remember anything like coping...I mean it was just sort of the way life was. (R, Ind)

☆(George talking about Trey)
After S died, we tried to make it as normal for him, as possible, as a family. (G, Ind)

☆(Trey talking about Susan)

And when she was feeling good, we got pretty close to normal. The kids would be giggling and laughing...And it created for some nice atmosphere...parties, Christmas parties, family gatherings, she'd make sure she made it. (T, Ind)

Minimize the Children's Distress

This sixth main theme illustrates how, in this family, there is a focus on the children's well being. Boundaries emerge from this focus which clearly delineate the different roles in this family for adults and children. Letting the children be children, even in times of crisis, keeps this family focused and strong.

☆(Lincoln talking about his dad)

He probably...like I guess...he would try to make it seem like it sort of never happened. So we wouldn't be too down, to keep it sort of leveled out. It helped me because if that happened, and my dad totally told me, and then I knew, then it would have been so down. And then it would have been so hard to get back up to where we are now. (L, Ind)

☆A lot of the time I wasn't thinking about S, I was thinking about the children. I don't know why I couldn't...I couldn't always involve S in the children's lives. I was mothering them to myself, trying too hard to protect them. (A, Ind)

☆And I think that was the priority. I don't know what it would have been like without kids. But we had to get those kids a happy childhood, as much as they could. And we did just as much as we could to achieve that...that's what kept both of us going. (T, Ind)

Focus On The Positive

This seventh main theme illustrates how this family has been able to maintain hope and optimism despite adversity. They look on the bright side of things, and view themselves as fortunate. They are also able to recognize some

of the remarkable gifts they have received, as a direct result of their struggles. Having such a positive outlook on life seems to be essential in forging the strength needed, to withstand and rebound from crisis.

The glass is half full.

This first sub-theme demonstrates that instead of focusing on what they have lost, this family focuses on what they still have.

☆(When Rhiannon was asked if she thinks a lot about her mom's death) I usually don't think about it at all. I just completely ignore it. It's just...this is what I have now. I don't really dwell on the past much. I just...this is what I have now...and this is what we're working towards. (R, Ind)

☆Some people get very...mad isn't the word...angry at life. I never have. (G, Ind)

☆As imperfect as it is, and whose isn't...yeah...that's about it. I just feel really lucky, and lucky with the kids I've got. (T, Ind)

☆I always try to look on the bright side of things. Like...oh, I've still got dad. (R, Ind)

Recognizing the gifts.

The second sub-theme indicates how this family is able to be aware of, and acknowledge, the many gifts that they have received as a result of their struggles.

☆Just knowing, that if and when we face...there's traumatic events that the family...I already know the family's got the strength to carry it through. (T, F2)

☆I've become less anxious, if it's meant to be, it will be. I think it's made me stronger and more understanding of people outside of the family too. (A, Ind)

☆I think we should bring everything about it with us. Because even the bad things helped. (R, F2)

☆We reaped many rewards...the respect we have from T and the children...L and R, they show us so much love and respect. (A, Ind)

☆I can't see how I could have gotten anywhere near as close to my kids. (T, Ind)

Find Strength In Religion

This eighth main theme illustrates how the adult generations of this family have found comfort and meaning, in the face of adversity, within their long standing religious beliefs. This is especially true for the grandparents, and has become a more conflicted area for the father since Susan's death. Regardless, it would seem their religious background has contributed to this family's resilience.

☆And I pray about the family, and for the family a lot. And that, that gives me a lot of strength. (A, Ind)

☆I think, you know, our church background, I think that's really helped. (G, Ind)

☆(Trey talking about Susan)

And in the same way as my mom, her faith carried her through so much. It's hard to understand, unless you're in that position it's hard to understand how that can work, but it sure worked for her. (T, Ind)

☆Even though I don't go to church anymore, and I've told this to many people, is that I thought it was so valuable in that it taught me just the way to be, and the way to be towards people. It gives you good basis for being a good person. I'm sure we all learned a lot from it, and it's just helped carry us through. (T, F2)

Find Creative Ways Of Coping

In this the final, and ninth main theme, evidence illustrates how the children and the father, in this family, have all found unique ways to cope with their loss. These coping strategies are personal in nature, and yet represent

each family member's ability to find a way to manage their crisis. Using humour, imagination, physical activity, creative initiative, and the love of animals to cope, have all contributed to this family's overall resilience.

☆(Rhiannon is speaking of her fantasy world which is connected to a comic novel Elfquest)

I had this idea when she died. As I was saying, this character Leetah, in Elfquest, is a healer, and I figured, well, it's got to be on the earth somewhere, because they're on the earth. So I was wondering where they might have been. I remember this. There's a huge waterfall in there. And I thought, where's the biggest waterfall? Uhm...probably Niagara, 'cause it's the only one I've heard of. So they must be around there. And Leetah would come and heal my mom, and she'd be better. Either that or she would become an elf. She'd live in Elfquest, and they're immortal. She was either gonna come back soon, or she decided to stay with the elves. (R, Ind)

(T is using physical activity as a way to manage overwhelming emotions)

☆But I played a lot of floor hockey, and I got rid of a lot of frustration. Or...I used to beachcomb a lot. I'd go out and gather firewood, and then chop it and just totally wear myself out. (T, Ind)

(R talking about the grandparents' dog, and the benefits of an animal's unconditional love during crisis)

☆I think it was Bridget too. 'Cause she was dog, and she would sit there and listen and listen, and she wouldn't care what you were saying...but she'd still look at you, and she'd give you a big hug. (R, F1)

☆(Trey talking about Taku, the family dog)

The kids, I never heard the kids laugh like that in years, unreserved, just howling in the backyard with this puppy. And she's been such a huge impact on the family. She's just a dog, but man, she's just amazing relief! (T, Ind)

☆(Lincoln speaking of how he takes the initiative at school to explain his mom's death, helping him feel more in control)

And now...if I have a substitute...and so, if he doesn't know that my mom passed away, I tell him, and then he tells other teachers. And then, it's sort of good if they already know, 'cause then it doesn't have to be like, oh, I'm very sorry and stuff. 'Cause I don't like it when people say that. 'Cause like, I already know. (L, Ind)

(T illustrating how he and S used humour to cope with a difficult situation)
 ☆So it's the humour...but S appreciated it too. Like when she was on steroids, I think I made a joke, and she just howled. Like we don't need the jack anymore if we get a flat. She can just lift the back of the car, and I'll change the tire. (T, Ind)

Links to Previous Generations

Many of the intergenerational themes discussed above are specific to this three generational family, and the challenges they found themselves faced with in the recent past. However, it is interesting to note that for two of the more global major themes, evidence was discovered indicating that this family's way of being in the world, in an everyday sense, is linked to past generations. This data emerged even though the primary focus of interviews was understanding the immediate experience of the non-normative stressor. Of course, as demonstrated in seven of the nine major themes, it is apparent that the resilience of all three generations of this family are closely linked. This notion is taken one step further when examining data related to events that occurred before this immediate family of dad, mom and the kids was formed.

Be Flexible About Communication

Some examples of a variation in communication between family members arose when the adults in this family were asked to talk about the previous immediate family with George and Agnes as the parents, and Trey as one of their children.

☆(Trey discussing his family as he was growing up)
 My memory is that things just seemed to go away. Things just seemed to solve themselves, or get solved out of sight from me...there wasn't really a lot of follow-up. (T, Ind)

☆It was sad you know, that we didn't talk about what was happening. I had a hysterectomy, I was dealing with that, basically myself. And I just expected G and the kids to know automatically what was happening, that I was just losing it. G didn't understand and didn't question - hey what's going on here? You know, we just didn't do that. (A, F2)

Connect With One Another

A strong connection between family members, taking the time to spend quality time together, this theme appears even farther back in this family's history. Not only are there examples of this in Trey's growing up family, there is also evidence for such connection in the growing up years of the grandparents.

☆(Trey talking about his dad)

We did a lot of fun things together...wrestling with him when I was a kid, and taking me fishing and lots of things. (T, Ind)

☆I think my sister and I went ice-skating, or went to the odd movie, but other than that we were home. Because we had our cousins. We played kick the can and stuff out in front of our house, and we had no need to go looking for fun. (A, Ind)

☆Yeah, and the fact that my dad, as well, him and his brothers, every weekend, just to keep in touch, go out for breakfast first thing Saturday morning, the four of them. (T, F1)

☆(Trey speaking of his growing up years)

The family gatherings from both sides were always so much fun...a lot of the best memories are of those big family gatherings. (T, Ind)

☆I spent a lot of time with my grandparents. (T, Ind)

All of these quotations are examples of how, in some cases, evidence presented itself, which appears to indicate that, for this family, major themes are not only intergenerational in nature, but in some cases demonstrate a link with past generations. Such evidence is also found in the Gordon Family Story. Growing up, both Agnes and George's immediate families faced adversity. How

both families coped with such adversity, primarily through the support of extended family, is another example of how the present Gordon family's experience of resilience is linked with previous generations.

Costs To Resilience

It became apparent, during the analysis of this family's themes, that resilience is not a linear process. In other words, although all of the themes presented are examples of ways in which this family was able to stay strong, there were also costs attached to some of them. The researcher came upon these costs while searching for exceptions to the themes. This notion of resilience as a process, with inherent ups and downs, will be explored further in the Discussion chapter. The following are examples of possible costs attached to coping and being a resilient family.

Be Flexible About Communication

This variation in communication, alternating between disclosure and concealment between family members, allowed this family to manage the intensity in which they experienced the stressor, contributing to their resilience. However, the following quotations indicate that family members also suffered, on occasion, as a result of not sharing information and feelings with one another.

This appeared to be especially true for Trey, the father.

★A lot of it was...it felt...saying I was worried on my own isn't fair at all, but that's how it felt sometimes. Knowing that I hadn't really been able to really tell or talk to anybody about how bad it was, that was hard. (T, Ind)

★We still had not known that she was given the six months. T carried that all by himself. (A, Ind)

☆And of course, you end up being punched all the time, 'cause you try to keep a brave face. Which was probably hard on the kids 'cause they never saw me break down at all. I'd be sad, but as far as having a good cry, like mom described they had with each other, that never happened. Hard to say if that was the right or the wrong way to go about things...I'd never been through it before. (T, Ind)

☆(T referring to his and S's non-communication re: her illness)
At the time, it was probably a relief of not having to deal with it. But eventually, after that many years, you'd never have a chance to deal with it? Talk about it? Not enough, no where near enough. And that's a big regret...a major regret. There's a lot of things we could have talked about and dealt with, but it also would have been really painful, and there was enough pain already. (T, Ind)

Detach From The Experience

As mentioned earlier, this family was able to stay strong, by existing, at times, on automatic pilot. However, this ability to detach from their experience also had some costs attached, as illustrated by the following examples.

☆I know in retrospect, I know I might have moved on a little too quick. I didn't give myself enough time to go through all the different stages of grieving that I probably should have. (T, F1)

☆(R speaking of being at school)
And I used to get teased a lot 'cause I was so quiet. And I really had, like this little shell, and I still have it when I'm in class. This little shell that I'll hide in. And after mom died, I think it got a little stronger, like now I've got something to hide or something. (R, Ind)

☆I think I might have related to what was going on a lot more than just helping her through what was going on. It would have been better for me, I think, to be able to absorb some of what was going on. (T, F1)

Minimize The Children's Distress

By making the children's well-being their primary focus, this family was able to get through some very difficult times. However, on occasion, doing so

resulted in a missed opportunity, and/or in the father's case, an extra heavy load.

☆The kids don't...it's my mistake...that they don't do any chores basically. Because I always felt they missed out on so much. It was like, do something you enjoy, and I'll do the dishes, I'll do the laundry, I'll do the vacuuming. And now after the fact, I'm thinking I'd better teach them how to do these things. (T, F1)

☆But I have a lot of regret, in that I was focusing on the two little ones, and I think about this every once in a while, and I feel very badly that I didn't spend more quality time with S. But I felt there was a kind of wall there, and my focus was with the children, and they didn't want to face what was happening. And so it felt right to be where I was. (A, F1)

☆(G talking about T)
He hasn't had them do things, you know, around the house. Him feeling they need more time to play and do their homework, and those sorts of things. He's tried to do everything himself, you know, nobody can do that. It's impossible. (G, Ind)

Find Strength In Religion

For the grandparents in this family, their religious background was of great comfort in the face of adversity. For the father, there appeared to be both benefits and costs attached to this belief system. One result was anger being directed at the God he had been taught to rely on.

☆So from that, you know, R was sick when she was first born, she had pneumonia. So, that was a big scare, and then S having kidney stones all the way carrying L, and then getting sick after having L. You know, it just all adds up to if there's a God, he's pretty cruel. (T, Ind)

☆Basically, if He couldn't do anything to help S out in the trials she had during her life, it's not going to be involved in the way I'm raising my kids. If they want to go sometimes, I'm comfortable with that, but only to a point. (T, Ind)

Conclusion

Data collected resulted in a family story encompassing this family's experience of a non-normative stressor event, and nine intergenerational themes, which were used to help explain this resilient family's experience of loss. These nine themes not only crossed generations, in some cases evidence was found linking themes to previous generations of this family. As well, although these themes illustrate how this family was able to stay strong, in the face of adversity, it was also discovered that occasionally there were costs attached to such ways of coping.

CHAPTER FIVE

DISCUSSION

The purpose of this study was to capture the experience of a resilient family who had experienced a non-normative stressor event, using a phenomenological, case study approach. It is hoped that such an approach has contributed to a deeper and more meaningful understanding of what it means to be a resilient family. The resilient family chosen had three generations who participated in the study, providing an innovative dimension to the research. In this study, I attempted to explore the essence of the lived experience of this resilient multigenerational family through both individual and family interviews. The research question that guided this study was "How do three generations of a family, who sees itself as resilient, describe their experience of a non-normative stressor event?"

In this study, the results consisted of a summary of this family's story of resilience. Thematic analysis was used to make sense of this resilient family's experience of loss through the identification of nine intergenerational themes. The themes that emerged included: 1) Be flexible about communication; 2) Connect with one another; 3) Have access to and accept support; 4) Detach from the experience; 5) Normalize the stressor; 6) Minimize the children's distress; 7) Focus on the positive; 8) Find strength in religion and, 9) Find creative ways of coping.

These are the findings of this research however, it is also important to reflect in a critical manner on these findings. Therefore, findings will be compared to professional literature, and implications of these findings for the practice of counselling psychology and future research will be examined.

Research Findings in the Context of Professional Literature

When one considers the nine themes that emerged from this resilient family's experience of loss, there are some that are consistent with previous research on resilient families as described in Chapter Two, and there are others that were not mentioned in research reviewed for this study. One new finding, that hadn't appeared in prior reviewed research, was how there are costs attached to being a resilient family. When examining this complicated process we call family resilience, my research would indicate it is not a one way street. In other words, many of the qualities the Gordon family cited and/or described as being an aspect of their resilience, had costs attached. Resilience is not a linear process, it is about strength and struggle, and in this family's story you cannot realistically separate one from the other. Without struggle, there is no strength, and without strength, there is no struggle. Both appear to be two sides of the same coin, as this family's experience illustrates.

Communication is one area that has been described in previous research on family resilience. Both Dunst, Trivette and Deal (1988) and Walsh (1993) all agree on the importance of open communication amongst family members, if that family is to be considered strong and resilient in the face of stress. Scarf (1995)

is even more specific about the importance of open communication, when she discusses a family's capacity to affirm and embrace each member's full range of emotional responses as being crucial to that family's ability to rebound from crisis. In other words, all of the above researchers have suggested that, in order for a family to be considered healthy and resilient, they must be willing to share their experiences and feelings (both positive and negative) openly with one another.

My findings would suggest that the desired communication process may not be quite so straightforward. For the Gordon family, it would appear that having the choice of whether or not to share feelings with one another, at any given time, was actually something that helped them to stay strong during a very difficult period in their lives. This freedom of not sharing, or not constantly talking about what was happening, helped this family to get on with the task of living.

Walsh (1998) suggests that when families don't share concerns with one another, when a family member is very ill or dying, this often evolves into denial or at the very least, a minimizing of the stressor. She claims this eventually leads to a complete communication shut down of the family system. I would argue that yes, in some cases this may be true. However, for the Gordon family, it was not an all or nothing way of communicating, but rather something in between. Living through six years of uncertainty, it would seem to me, requires a certain amount of "denial" or communication shut down in order to survive, and

not completely fall apart. Imagine if this family were to share openly with one another, everything, all the time, for six years. It seems to me that this, instead, might contribute to a family breakdown.

However, as resilience is made up of both struggle and coping, there are also costs attached to this pathway to resilience. This would especially be true for the father, Trey, who in many ways appeared to carry many of the burdens for this family. As the person who often had the most information about what was happening, he often felt unable or not permitted to share his fears, feelings, or his reality. This, in turn, appeared to lead him to experience increased suffering, feelings he chose not to share with others. In particular, there were missed opportunities to share the experience with his wife, Susan. Trey refers to these missed opportunities when he remembers, "At the time, it was probably a relief of not having to deal with it. But eventually, after that many years, you never have a chance to deal with it? Talk about it? Not enough, no where near enough. And that's a big regret...a major regret"(Ind). Perhaps one of the crucial truths of surviving a loss such as this one is that there is no perfect way, no way to emerge completely unscathed. Just because you are a resilient family does not mean you have not suffered or that you have no regrets. In this family's case, having flexibility around communication kept them strong and allowed them to keep going. When you are in the midst of such an experience, perhaps that is what matters most.

Another theme that emerged from the research was the adults' focus, in this family, on minimizing the children's distress. This theme has many layers and has been either unacknowledged, or treated ambiguously, by previous researchers. Dunst, Trivette, and Deal (1988), in their list of qualities of strong families, do not highlight this important theme. Walsh appears to be in conflict over the issue. On the one hand, in her list of processes for healthy family functioning (1993) she mentions the importance of effective parental executive leadership, describing it as "...nurturing, protecting, socializing children and the caretaking of other vulnerable family members" (p. 58). However, she also states, "well intentioned attempts to protect vulnerable members from the potential upset of exposure to death, isolates them from the shared experience, and risks impeding their grief process"(Walsh, 1998, p. 179).

For the Gordon family, adults made choices continually about how much to involve the children in what was happening. These choices did not come easily to the adults in this family and they often struggled to do "what was best" for the children. Perhaps research treatment of this theme is ambiguous because really there is no established roadmap to guide parents in this situation. There is no right or wrong way, instead parents do their best under the circumstances. Finding that balance between protecting the children, and allowing them to be a part of such a significant family experience, would be a struggle for any family.

There is no doubt, however, that for the Gordon family, focusing on the children's well being kept them going through intensely stressful times. As Trey Gordon acknowledged, "I don't know if I could have gotten through things as well, if I wasn't a parent" (Ind). The adults in this family were united in their mission to give those children a childhood, even amongst such pain and uncertainty.

This brings us to another dimension of this particular theme. Boundaries emerged from this focus on the children which clearly delineated the different roles in this family for adults and children. Walsh (1998) suggests that families often fall apart after an unbearable loss if the adults are unable to nurture and protect the children. If adults are preoccupied with their own loss, they may breach generational boundaries, and burden the children inappropriately to meet their own needs. In the Gordon family, this did not happen. Instead, the parents and grandparents focused on the children and their well-being, at times keeping their suffering and fears to themselves. Roles in this family ensured that it was the adults in this family that carried most of the burdens. This is not to say the children did not suffer, or have burdens of their own, but rather that all attempts were made to ensure that the children were not dealing with more than they could handle.

Putting the children's needs ahead of their own meant that sometimes the adults in this family were overburdened. Of course, the adults had each other, but as mentioned above, sometimes they chose not to share, even with one

another, how they were feeling. Also, there were missed opportunities and regrets along the way for this family because of this particular focus.

Occasionally adults would forget about the importance of being there for each other because they were so focused on the children. As well, the children did not see their parents show their grief, perhaps limiting their abilities to understand and express their own feelings.

The theme of minimizing the children's distress is made up of many layers, and occasional contradictions. However, the bottom line is, that for the Gordon family, doing so allowed them to stay strong and emerge from this loss as a resilient family.

Another theme which emerged from this research, was the importance of family members being connected to one another in times of crisis. It is not surprising that many researchers recognize the value of family connection and support in times of adversity. Dunst, Trivette and Deal (1988) identify the importance of families spending time together and Walsh (1993) refers to the significance of connectedness, organizational stability, and extended kin when examining healthy family functioning. Walsh (1998) states "Meaningful kin connections are lifelines in times of distress"(p. 52).

The Gordon family reflects these descriptions of connectedness. Strong emotional bonds exist between family members, they consistently spend time with one another, and they are there for one another, no matter what. It is not surprising that this would contribute to family resilience. What is unique about

the findings of this research is the evidence of how important a grandparent/grandchild bond can be to a family who is experiencing a nonnormative stressor event. In this family, the paternal grandparents were unbelievable sources of support for their son, daughter-in-law, and their grandchildren.

Many times when a family is in crisis, or a death occurs, a family is thrown into chaos and turmoil. In the Gordon family, the paternal grandparents were there to make sure this did not happen. Understandably, Trey was consumed with being available to his wife and was unable, at times, to be present for his children. It eased his mind, and Susan's, considerably to know that Agnes and George were there for the children. Trey stated, "If things got unbearable, or if it got to a point where we couldn't be there, that I knew the kids were automatically taken care of, and there was not a concern in the world"(Ind).

This reorganization of the family system, with the grandparents of this family becoming more involved, allowed the home situation to be stabilized, and reassured the children that they would be cared for and not abandoned. In fact, Rhiannon and Lincoln lived with their grandparents for extended periods of time during their mom's illness. Walsh (1998) states that this provision of security and stability for the children in the face of loss is crucial, adding that children who lose a parent may later have "...catastrophic fears of separation and abandonment"(p. 199). Agnes remembered Lincoln on the day of his mom's funeral: "I tucked Lincoln into bed, and he was lashing out and kicking the walls, and he said, 'Gramma, is my daddy going to die too?' He said, 'I never want to

grow up”(Ind). Rhiannon and Lincoln have shared their fears of losing someone else they love, and their dad and grandparents are not only aware of these fears, they share them. Both Agnes and Trey brought up this sensitive issue in their individual interviews. Agnes said, “The only wish I had, is live long enough for Lincoln and Rhiannon to be able to handle the death of their grandmother. That’s my wish that they don’t have to go through that as young children. Because they’ve had enough. And with the bond that we have, I think it would almost be like losing their mother again. And I pray about that...that we can spare them from that.” And Trey stated, “I want to live, that’s it. Live. For as long as possible too. That’s a big concern of mine. I’m it, and that’s a concern of the kids. You know, if it can happen to mom, it could happen to dad.”

A unique finding of this research, the exceptional grandparent/grandchild relationship, goes beyond this notion of physical support and provision. Emotionally, these kids felt, and still feel, incredibly loved and valued by Agnes and George. This is especially significant because their mom and dad, during this crisis, were not always available to them. Agnes sums up this remarkable bond when she remarks, “Being Rhiannon and Lincoln’s grandparent is totally different from just being a grandparent. ‘Cause when they are hurting, we are hurting, and as much as we love our other grandchildren, it’s just not the same for us”(Ind).

Culturally, our society has moved away from the importance of extended family bonds. Many grandparents do not have the opportunity to be a part of

their grandchildren's lives, either because of distance or because it is not made a priority. The Gordon family's experience of loss demonstrates how valuable and meaningful these extended family bonds can be to a family, not only in crisis, but during ordinary times. The groundwork for this extended family support was laid far before the crisis occurred, some might argue generations before. Extended family support, and in particular an exceptional grandparent/grandchild relationship, partially explains the Gordon family's resilience.

Perhaps a surprising theme to emerge from this research, was that to stay strong, this family occasionally detached themselves from their traumatic experience. I did not come across any professional literature on resilient families highlighting the value of detaching oneself from an experience. This does not come as a surprise. Detaching, disassociating, not being present during an experience, all tend to have more of a negative connotation in traditional psychological theory. Scarf (1995) stresses the importance of staying connected to your inner experience during crisis, believing it is the best way to get through a painful experience, intact and strong. In therapy, clients are encouraged to get "in touch" with their inner most feelings, often while they are going through difficult times. Satir, Banmen, Gerber, and Gomori (1991) suggest that once we cut ourselves off from our feelings and our experiences, "...we rechannel our energy away from ourselves. In such a case, the energy gets rechanneled into physical, psychological, or social difficulties" (p. 303).

However, for the Gordon family, detaching themselves from their experience was what they needed to do to survive, and keep going. They describe the six years Susan was ill as essentially "a blur", "a blank time...with not a lot of memories." It seems to me, we may be too quick to judge others who do what they have to do to stay strong. Imagine existing for six years with a partner and mother who is slowly dying. It is truly the unimaginable, and in such a circumstance, detaching may be viewed as a powerful and helpful coping mechanism.

Detaching from their painful experiences helped the Gordon family stay strong. Operating on "automatic pilot" allowed them to do what had to be done, over and over again, for six long years. It is important to note that this family was not detached from their experience all the time but rather moved into detached mode as needed.

Seven years after Susan's death, family members are able to recognize that, while detaching served them well at the time, sometimes it also prevented them from experiencing their grief, which occasionally led to difficulties. Trey began dating a woman shortly after Susan's death, and felt in retrospect, that his detachment led him to move on too quickly. This, in turn, prevented him from moving through the stages of grieving he sees now were necessary. Trey has found himself struggling off and on these past seven years and has sought help for himself. He has been in therapy and just recently took another short-term leave from work.

This is an excellent example of how some of the costs of resilience, in this case the costs to detaching, actually serve the process of resilience. In fact, the costs may create another opportunity for struggle, and thus an opportunity to enhance resilience. There is no end point to resilience, it is a lifelong process with continuous choices to be made along the way, choices of how to answer the struggle. With such a profound loss, issues will resurface again and again, initiating struggle and other opportunities to increase resilience.

A crucial aspect of this family's ability to utilize the struggle is also highlighted in this example, and reflects another theme that arose in this research. The Gordon family makes crucial decisions to seek help when they need it. Walsh (1998) states, "...studies have found that highly resilient families do reach out for help when needed, turning to kin, social, and religious support systems, as well as to professionals" (p. 57). This family's access to, and willingness to accept and seek support from others during times of crisis, not only allows them to cope with the struggle that is a necessary part of resilience, it allows them to emerge from trauma intact and strong.

Another theme that emerged from this research on resilient families, described how the Gordon family normalized their nonnormative stressor event. How a family makes meaning out of what has happened to them is crucial when reflecting on family resilience. Patterson and Garwick (1994) agree and state that "How families make sense of a crisis situation and endow it with meaning is most crucial for resilience" (as cited in Walsh, 1998, p. 54). This notion of

meaning making during crisis is reflected in the professional literature, but is not listed as one of Dunst, Trivette and Deal's (1988) qualities of a strong family.

For the Gordon family, it became important to normalize the nonnormative stressor. Instead of allowing it to take over their lives, this family incorporated what was happening to them, as best they could, into their ordinary existence. This allowed them to continue to feel like a normal family, which in turn contributed to their resilience. Although Susan's illness was disruptive at times, whenever possible family traditions and celebrations continued.

After Susan's death there wasn't a pervasive "woe is me" attitude in this family, but rather an acceptance of life's many possible turns and challenges as being an inevitable part of life. Trey said it well: "I think everybody goes through ups and downs as you're growing up...that's what life's about, is ups and downs. There's just a little more extreme downs sometimes. I guess if the downs when you're growing up are really severe, families can fall apart over it. But when they're the types of things we went through...to me, now it looks like normal stuff, and actually a lot less than most people I talk to"(F2).

Although realistically there was not much hope for Susan's ultimate survival, she did manage to live almost six years longer than the doctors had predicted. Perhaps this family's ability to normalize the crisis, and focus on the positive, contributed to her will to live. Taylor (1989) found that people who hold positive biases about stressful situations, and sustain hope in the face of crisis, are able to carry on their best efforts to overcome the odds. She stressed that

these positive illusions were not the same as denial or repression: "Whereas defense mechanisms become more exaggerated in response to anxiety and break down under extreme stress, positive illusions function as a buffer against extreme stress and promote strong mental health"(p. 65).

Dunst, Trivette and Deal (1988) view strong families as ones who have the ability to be positive, and see the positive in almost all aspects of their lives. Walsh (1998) recognizes that a positive outlook has been found to be vitally important for resilience, and that high-functioning families tend to hold a more optimistic, rather than a pessimistic view of life. Another theme that emerged, from this family's experience of resilience, is their unquestionable ability to focus on the positive. The Gordon family have been able to maintain hope and optimism despite the adversity they have faced, and they continue to have a positive outlook on life.

One of the interesting sub-themes of this theme has to do with this family's ability to recognize the gifts of adversity, and in their case, the loss of a loved one. Dunst, Trivette and Deal (1988) believe that for a family to be strong, they must be able to see crisis and problems as an opportunity to learn and grow. Although I'm certain this family would give almost anything to have Susan back, they have found a way to become aware of the gifts of loss. In particular, they highlighted the additional closeness that exists between remaining family members and the knowledge that they, as a family, are strong and can survive

whatever life brings them. This, in turn, contributes to their resilience as a family.

Perhaps the biggest surprise of all, in these research findings, had to do with the consistency of themes across generations in this family. Of the nine themes discovered, evidence for seven was found in all three generations of this family. For the remaining two themes, evidence was found in two generations. In addition, for two or more of the themes, evidence was found even further back in time, in descriptions of previous generations. As mentioned in Chapter Two, traditional multigenerational focused theories and therapies, such as those by Bowen and Freeman, have focused on the dysfunctional patterns that have been passed from generation to generation. It was my correct assumption that, just as dysfunctional family stories can have an impact on future generations, so too can family stories of resilience and strength.

Walsh (1998) states that "Legacies of loss find expression in continuing patterns of interaction and mutual influence among the survivors, and across the generations" (p. 176). The family members who participated in this study represented three generations, and all three generations came together as a resilient family by coping in very similar ways. As an added dimension to these findings, two generations of this family experienced the loss of a parent as children. Agnes, the grandmother, lost her father to cancer at the age of fourteen and, of course, Rhiannon and Lincoln lost their mother to cancer when they were nine and six years old, respectively. Agnes referred to this

generational connection to loss in her individual interview when she said, "A sense of knowing a little of what they were feeling. Yeah. With a tremendous knot in the stomach for Lincoln and Rhiannon. And that doesn't go away. You know, that's just their curse that I've shared. And I think I always will." This "curse" that Agnes shared with her grandchildren, no doubt impacted on the family's experience of the present day loss. Walsh (1998) states that "Traumatic past experiences-particularly a similar situation or a crisis at the same nodal point in the life cycle a generation earlier-load meaning and apprehension onto the present situation, thereby complicating adjustment"(p. 55). She also goes on to say however, that if a family has been successful in mastering similar crises or transitions in the past, current family members will approach their current situation with greater confidence.

In this family, I believe that both of the above happened. Because Agnes had also experienced the loss of a parent, she found herself to be consumed with the overwhelming need to protect her grandchildren during Susan's prolonged illness. Having witnessed her own father's painful death, and remembering how painful that had been, she wanted to shelter Rhiannon and Lincoln from that same kind of pain. This kind of protection prevented the children from being with their dying mother, on occasion, something Agnes regrets: "I don't why I couldn't, I couldn't always involve Susan in the children's lives. I was mothering them to myself, trying too hard to protect them. They

needed to be with Susan, even when she was sick. They needed to be with her more. And yet, I wanted them all the time”(Ind).

I also believe that because Agnes had experienced a similar loss in her childhood, the current family was able to bring some of the lessons of previous generations with them into their current crisis. The importance of family connection and the availability of family support were themes that were brought forth from previous generations into the current family, guiding them through their situation and into a place of comfort and resilience.

In both Agnes and Rhiannon’s individual interviews, each described how they experienced the moment they found out their parent had died. I believe it is important to include these two descriptions, one representing the grandparent, the other the grandchild, because even though the events happened years apart, how each coped with the news is similar, and demonstrates further evidence of links between generations.

Agnes described her experience:

“I watched him die. He died at home of cancer, and I thought I was going to die too at that time, because he was choking with stomach cancer...And then when he died, I remember running outside and afraid to be in the house any longer, because I thought I was going to die as well, because I was so connected to him.”

Rhiannon described her experience:

“I remember the day she died though. My friend had slept over and we played really late, and she died that night. When we got up, we had no idea what had happened. I walked into the kitchen and wondered why are dad’s friends here? And then Lincoln blasts it out, and I went into my little world. I don’t remember crying though. I don’t think I did. I just curled up on the couch in the living room and sat there for a very, very long time.”

Grandmother and granddaughter both eloquently described their experiences. Although Agnes was present during her father's death, while Rhiannon was at home when she heard the news, both have conveyed the devastating impact of a parent's death. Both also have conveyed a sense of wanting to get away from the situation, to escape and be alone. Agnes ran from the house and hid for a long time in the outhouse on her family's property, while Rhiannon escaped into her own little world. It would appear that previous generation's experiences with death have an impact on how present family copes with loss experiences. It is reassuring to me that the stories and experiences of struggle and courage of previous generations can shape and influence a present family's own struggle. These lessons of survival, while painful, also remind us of our family's ability to emerge from pain and suffering with strength and a poignant reminder of the importance of family.

Resiliency Model of Family Stress, Adjustment and Adaptation

When examining these research findings, it was useful to apply this resilient family's experience of loss to an established model. For the purpose of this research, findings were compared to The Resiliency Model of Family Stress, Adjustment and Adaptation developed by McCubbin, McCubbin, Thompson, and Thompson in 1995. This model attempts to explain why some families recover from stressors and are deemed resilient, whereas others remain vulnerable and appear to deteriorate under similar circumstances. The Resilient Model, a)

highlights the four domains of family functioning deemed critical to family recovery; b) introduces the important family processes and goals of harmony and balance in the face of adversity; c) emphasizes the importance of the five levels of family appraisal, inclusive of culture and ethnicity, involved in family change and recovery, and d) focuses on the centrality of the family's relational processes of adjustment and adaptation (McCubbin, Thompson, & McCubbin, 1996, p. 5). For the purposes of this research, this Model was not reviewed prior to analysis, in order to avoid the biasing influence of pre-existing ideas. In addition, as the purpose of this particular research study was to illuminate a resilient family's experience of loss, the Model was not seen as the focus of analysis but rather as another unique way of comparing results.

The Resilient Model is made up of two phases: The Adjustment Phase and The Adaptation Phase. A brief description of these two phases will be presented separately, as discussed by McCubbin, Thompson, and McCubbin (1996). For further discussion and illustrations of this Model please refer to the above reference.

In the Adjustment Phase of the Resiliency Model, the identified Stressor (A) interacts with the family's level of Vulnerability (V), which is shaped by the pile-up of stressors and/or transitions which are occurring in the family at the same time as the stressor. The family's Vulnerability (V) then interacts with the family's typology, which is their Established Patterns of Functioning (T). These components, in turn, interact with the family's Resistance Resources (B), which

then interacts with the family's Appraisal (C) of the stressor. Next, the family's appraisal interacts with the family's Problem Solving and Coping Strategies (PSC). All of these components are interacting with one another, in a way that ultimately determines the family's level of adjustment to the stressor.

As part of the Adjustment Phase of The Resiliency Model, Harmony and Balance are seen as two important attributes of the family system. In addition, four domains of family life are highlighted as being those most likely to be affected by the stressor. These then become the focal areas in terms of restoring and maintaining balance and harmony in the family.

There are two possible outcomes of adjustment in this first phase of the Model. The first, Bonadjustment, is when the family is considered to have moved through their stressful situation with relative ease, only requiring minor changes to the family system. In the second, Maladjustment, the result is a state of crisis for the family. This outcome is generally the result of more significant stressors that demand more substantive changes to the family system. It is important to note that according to this Model, just because a family is said to be in crisis does not mean they are experiencing dysfunction. Instead, such an outcome is considered to be an expected, necessary condition in order for the family to adapt successfully to their different situation.

In the Adaptation Phase of the Resiliency Model the emphasis is placed on the movement to initiate changes that occurs within the family system's pattern of functioning. The goal of this second phase is the restoration of family

harmony and balance to the four family system domains. In general, new patterns of functioning focus on five areas of family functioning:

1. Patterns which involve changes in the family's rules and boundaries;
2. Patterns which involve changes in family routines, relationships, and roles;
3. Patterns which involve changes in the coalitions in the family unit;
4. Patterns which alter the family's patterns of communication;
5. Patterns which alter the family's transactions and interactions with the community (McCubbin, Thompson, and McCubbin, 1996, p. 32).

The level of successful adaptation (XX) is determined by: interacting influences of newly instituted patterns of functioning (T's); the family's network of social supports (B's); and the family's situational appraisal (C's). All of these components are then influenced by the family's Problem Solving and Coping abilities (PSC).

The family under stress engages in a dynamic, relational process over time, introducing changes that are directed at restoring harmony and balance to the family system. This phase of the Model is cyclical in nature. In other words, if a family's first attempt at adaptation proves to be unsuccessful, or a Maladjustment, then the cycle will start again, until new patterns are eventually developed.

The Resilient Model of Family Stress, Adjustment, and Adaptation is a very complex model, and it was challenging to attempt to compare results from my research to this particular Model. Of course, family resilience, as a

construct, is by its very nature complex and made up of infinite possible paths and variables.

The Adjustment Phase of the Model highlights many different and interactive components, and I believe that most of them were also found to be significant factors in the Gordon family's experience of loss. It was interesting to consider the Vulnerability (V) variable in relation to the Gordon family. It was my expectation, when I began my research, that any family chosen would be coping with a pile-up of stressors, in addition to the identified nonnormative stressor to be explored. McCubbin, Thompson, and McCubbin (1996) agree with this expectation, and state that "All too often researchers and clinicians alike commit a common oversight in trying to explain family behaviour as a response to a single stressor used to define a family situation as the presenting problem"(p. 27). Using the Lifeline tool in the second family interview helped to better illuminate the context of this family before the stressor occurred. And indeed, even before Susan was diagnosed with a cancerous brain tumour, the Gordon family had been coping with some additional stressors. Susan was ill, and in pain with kidney stones, during most of her pregnancy with Lincoln. In addition, once Lincoln was born, and approximately six months before Susan's diagnosis, there was a new baby and a three year old little girl in the home. This, while certainly a blessing, was also a significant transition for the young family.

These are significant stressors that no doubt had an impact on this resilient family's experience of loss. However, I would argue that, relative to

most families, this family was in fact predominantly stable before Susan was diagnosed with cancer. This, without a doubt, contributed to this family's ability to be resilient. However, I must also add that because Susan was ill for six years before she passed away, the longevity of the stressor itself made very different demands on this family than would a sudden untimely death of a loved one.

Certainly, many of the themes that emerged from the Gordon family's experience of loss can be placed under one or more of the component headings identified in this Adjustment Phase. For example, the theme of Normalizing the Stressor could be seen as fitting under the Model's component of Stressor Appraisal or, the Model's component of Family Resources could be seen as reflecting the themes of Support and Connection. One notable exception may be the theme of detaching oneself from the experience. Nowhere in this Model was there an emphasis on the value of detaching oneself from a traumatic experience. As mentioned earlier, this particular theme, in many ways, appears to be a new, and perhaps unexpected finding, in family resilience.

I had a difficult time however, with this Model's emphasis on Balance and Harmony. These concepts were not well defined, and I found them to be more nebulous than practical. In addition, suggesting that Harmony is an important attribute of the family system, perhaps places more emphasis on "getting along" within families, as opposed to the struggle that is an inherent part of moving through crisis.

As with many models, outcomes are identified. I struggled with the notion of outcome when examining family resilience because my research would indicate that resilience is more of a process than an outcome. In the Adjustment Phase, outcome possibilities appeared to fall under the category of either "good" or "bad." I found this to be somewhat restrictive in nature, because for the Gordon family there appeared to be variance and movement, throughout their experience, between resilience and struggle. I did however, like this Model's emphasis on crisis as a positive and necessary condition, rather than one of dysfunction. This brings us to the Adaptation Phase of the Model.

In the Adaptation Phase, the family system is expected to initiate changes in regards to the stressor they have experienced. Again, many of the themes that emerged from this family's experience of loss fit under one or more of the components identified in the Model. And in fact, this notion that a family must first adjust and then adapt to such a major stressor, as the Gordon family experienced, makes good sense. However, in this family's case I think it might be more appropriate to identify the two stages as Coping and Adaptation. While experiencing such a prolonged critical illness, this family was forced to cope for six long years. Adaptation occurred, in some cases, during those six years, and also after Susan's death.

The outcomes in the Adaptation Phase are more movement oriented and in fact are described as cyclical in nature. This was more consistent to my findings. Going back and "redoing", "relearning", "changing" and "struggling", all

are better ways of describing the Gordon family's experience of loss. I would argue, however, that this process does not have an end point, but instead is lifelong. The Gordon family will continue to adjust and adapt to their circumstance throughout their lifecycle. For example, if Rhiannon gets married and has a baby in the future, an adjustment and adaptation will have to happen, on the part of the family, in Susan's absence. Rhiannon will have to learn about being a partner and mother without her mother's immediate example and advice. Her baby will grow up never knowing his or her grandmother.

This model's premise that change is necessary if one is to be resilient, is reflected in the Gordon family story. The Gordon family had to change many things in adapting to life without Susan. Family roles, and in particular those of the grandparents, became much more pronounced in this family. Family relationships and routines evolved once Trey was operating as a single-parent. If Trey is to marry again, and his new wife has a child, the family system will be forced yet again to accommodate to these new changes.

The model's emphasis on outside support also fits with my findings. For the Gordon family, an outpouring of support, from many different sources, was truly a lifeline. I would add a dimension to this component by stating that not only must this support be available, the family in crisis must be open to such support, and in some cases make a conscious choice to seek it out. These are things the Gordon family did and continue to do on their path to resilience.

Of course, as my research study was multigenerational in nature, I was disappointed that this particular model of resilience did not appear to even consider the impact previous generations may have had on a family's resilience. It would appear, from my research with the Gordon family, how generations from the past had coped with challenges and crises was significant in terms of how the present day family dealt with the presented nonnormative stressor. I hesitate however, to suggest that any additions be made to this particular Model as it is already so comprehensive and complex. It would seem to me that trying to compose a picture of family resilience, and its infinite, interactive variables, through the use of models, would be an insurmountable task for anyone. I would suggest that learning about the process of family resilience, through the telling of family stories, and the identification of what has helped a particular family to cope and stay strong despite adversity, is just as valuable.

Limitations of the Research Project

As mentioned previously, the purpose of phenomenological research is to capture and describe a lived experience. In this research study, an attempt was made to capture the experience of a resilient, multigenerational family who had experienced the prolonged illness and untimely death of a young wife and mother. Although an effort was made to incorporate many different levels of the experience, through individual and group interviews, it is important to remember that no single description of any experience can truly capture the complexity and totality of that experience. This is true even when, as in the case of this

research, the research participants state that the description fits with their experience.

This research study set out to explore an experience of a resilient family. By placing emphasis on the resilient aspect of the research family, this experience of loss was framed in a particular way. This was done on purpose, as it was my intent to explore an experience of adversity through a positive lens, rather than a dysfunctional lens, as so many have done before me. Using resilience as a frame for the experience, and identifying the family as resilient before the research began, allowed for one story to emerge. There is no question that a different story and possible themes could have resulted if the experience and the family had been framed differently. Families have many stories to tell, and all of their narratives are valuable and important.

Another important limitation of this research has to do with the generalizability of the findings. This research study resulted in the Gordon family's story of resilience, as well as nine intergenerational themes which characterized this resilient family's experience of loss. The research participants were Caucasian, middle-class Canadians of European descent. In no way are the results of this study imagined to represent the experiences of adversity for all families. The particular context of this family - their culture, education, history and nature of their stressor all remind us that the results of this study are particular only to the Gordon family. However, it is hoped that such a descriptive and intimate look into one resilient family's experience of loss not only provided

additional clues that may guide work with families in crisis, but also added a new dimension to our understanding of this very important and complex process.

Seven years had passed since Susan passed away. The researcher asked this family to recall many different aspects of an experience that had occurred a long time ago. Chances are, in some instances, memory recall may have been distorted or limited. This was probably especially true for the two teenagers who participated in the study, as they were young children at the time the stressor occurred. No doubt, this may have had an impact on how this resilient family's experience of loss was remembered and therefore shaped and described. It is interesting to note however, that there were very few discrepancies between family members as to how the experiences were remembered. This was especially noticeable during family interviews when family members had an opportunity to listen and respond to each other's memories.

Attempting to incorporate information from both individual and family interviews into a collective family story was challenging. Scarf (1995) reminds us that, "The pulling, magnetic forces at play within a family can be so powerful that on occasion one finds oneself responding to the group vibes and 'catching (for better or for worse) its general mood state"(p. xxx). Certainly, having family members together for two of the interviews had an impact on what was and was not shared by family members. The powerful nature of these family interviews, and the dynamics between the family members, also had an impact on my

responses and interactions with the family. This may in turn, have had an impact on the findings of this research. It is hoped however, that by balancing the family interviews with individual interviews, and by keeping a journal of my reactions and feelings during the interview process, that this impact was minimal.

It is important to remember that no research is purely objective. The nature of this research project was no exception. In fact, participating in research that was so personal, and exploring a topic that is fundamentally a part of the human experience, meant that it was impossible to completely separate myself from the research. However, every attempt was made, through verification checks, interviews with the family to check data and findings, and the keeping of a research journal, to keep the impact of subjective bias to a minimum. All of us are unique individuals who experience our families in distinct and diverse ways. What is exciting about this kind of research is that it allows us an opportunity to learn from one another's experiences and apply that learning to our own lives.

Implications for Counselling Practice

Given what I have learned from the results of this research study, I would like to share some very important implications for all of us who work with families. All families, at different points in the lifecycle, experience loss and other forms of stress and trauma. To do so, is to be human. And yet, many of us in the field of Psychology are quick to label families, who are coping with such

stressors, as dysfunctional or pathological. The Gordon family's experience of loss, and the window they have allowed us into that experience, reminds us that there is no right or wrong way for a family to deal with trauma.

Walsh (1998) believes that, "A family resilience approach fosters the ability to face death and dying, to come to terms with loss, and to move forward with life individually and collaboratively, strengthened as a family unit" (p. 173). The Gordon family found many different ways to cope with their loss. All of them contributed to their ability to be a resilient family. As a researcher, the themes of connection and support most stand out when I think about this family. The groundwork for resilience was laid long before the nonnormative stressor occurred. This family is connected to one another and has been for generations. This multigenerational aspect of resilience is important, and is something clinicians can bring to their work with families. Exploring a family's history, as well as their stories of strength and resilience, with a family in therapy is invaluable. Families are given an opportunity to better understand and appreciate the struggles that occurred in previous generations, increasing their sense of connection to their own capacity for resilience. Walsh (1998) recommends that therapists use a genogram or timeline with families as a way of alerting clinicians to losses and stressful transitions that have occurred over the family's lifecycle. These same tools can also be used to identify examples of family resilience and strength.

The theme of support was also a critical component in the Gordon family's experience of resilience. As clinicians, it is important that we understand that to be a resilient family is not to be invulnerable. McQuaid and Ehrenreich (1997) agree and state that, "In moving toward assessment of client strengths, then, it is essential that clinicians continue to recognize the vulnerable self"(p. 207). In doing so, clinicians begin to recognize the significance of support for families who are facing adversity. Cicchetti and Garmezy (1993) agree and stress that access to support is a critical component in the continued expression of resilience. Our focus as therapists, therefore, may be to help the family develop a support network or plan that will serve them well outside the therapeutic office.

This research also has implications for how counsellors or therapists who work with families are trained or educated. We need to open our minds and hearts and begin to recognize that family differences does not equal family pathology. Walsh (1993) makes some interesting points as to how these family patterns come to be labeled as dysfunctional. She believes that both clinicians and researchers co-construct the pathologies they "discover" in families. She therefore believes that the training of therapists profits immeasurably from exposure to non-clinical families: "Clinicians tend to notice what they are trained to see. They are likely to be blind where training is lacking and to ascribe dysfunction where training is skewed toward pathology"(p. 47). Therefore, in training, when students are exposed to these non-clinical families they "...begin to appreciate that all families are challenged in one way or another and have

some problematic areas of functioning. But, since they are also guided to assess strengths and resources, students become much more appreciative of family competencies and resilience and see that they can be found in quite diverse family arrangements" (p. 48). Hopefully, this would help prevent therapists and researchers from mistakenly identifying normal patterns as pathologies and confusing family style variance with pathology.

In the Gordon family, one example would be Trey, who has recently sought help for himself from an E.A.P counsellor. She has diagnosed Trey as depressed and recommended that he take a short term leave from work, take antidepressant medication, and participate in counselling sessions. These may be necessary recommendations for Trey at this time, however, a resilience approach may re-label Trey's "depression" as a normal reaction to his ongoing situation. Although his "depression" is an indicator that he is struggling, the Gordon's family story reminds us that this struggle is indeed part and parcel of being resilient. Therefore, although Trey is in need of support and assistance, his adjustment should not be viewed as dysfunctional or pathological.

Some global implications that arise from this research include the reminder that, as clinicians, we must become aware of our own implicit assumptions about family, based on our experiences in our own family. Walsh (1998) suggests that a clinician's own resilience is needed when working with families who have experienced loss. We truly cannot separate ourselves completely from our work with families because we, too, are part of a family.

Therefore, as part of our training, we must turn inward and begin to explore our very personal experiences with our own families, and begin to understand how those experiences are currently impacting our work. Even as a researcher participating in such research with a family, I found that I needed to consistently track my own feelings and responses through the use of a personal journal. As a family therapist, working with families like the Gordons, such personal exploration becomes even more important.

When, as therapists, we focus on the pathology of the human beings who come to us for help, we are only allowing ourselves to see one half of the person before us. We may look for what has gone wrong, and fail to recognize what has gone right. In addition, Wolin and Wolin (1993) argue that often helpseekers are made to feel the answers to their difficulties exist outside of themselves. This may contribute to a family's feelings of being out of control and therefore unable to deal with what is happening. I would argue therefore that clinically, the resilience lens has much to offer families and family therapists. Walsh (1995) states that "Families respond positively to the depathologized framing of their distress as a family challenge..."(p. 276), and to do so normalizes and contextualizes stressors. It makes sense that this normalizing could lead a family to begin to frame their distress more positively and to perhaps even discover positive meanings to their stressor experience. It is important to remember that all families have resiliency potential; however, they experience this potential to different degrees. Is it not our job as family

therapists to capture this resiliency in the families we work with, nurture it, and allow it to flourish?

When used in therapy, I would suggest that the resilience lens enables and creates opportunities for all family members to display and acquire competencies that strengthen family functioning. By focusing on family strengths and capabilities, families are more likely to respond favourably to interventions, and therapists are going to increase their chances of making a significant positive impact on the family (Dunst, Trivette and Deal, 1988). Working in partnership with families, emphasizing joint responsibility between the helpseeker and therapist, may give helpseekers the opportunity to deal more effectively with future problems and challenges.

Clinically, this research reminds us that resilience is a process. To be a resilient family is to struggle. Reframing struggle as positive, and viewing it as part and parcel of family resilience may require a change in the way we think about resilience. In addition, resilience is not an end point, it is a process that a family works at for a lifetime. Likewise, there is also no end to struggle. Loss, change, even trauma are a part of the family life cycle. Families will struggle for many reasons, and that struggle is a valuable part of the process of resilience. In fact, struggle indicates that there is movement within the family system when it is under siege. The Gordon family is an excellent example of this. They are a resilient family who struggle and continue to struggle with what has happened. They have found ways to cope and carry on with life, reaching out for help and

support along the way. As clinicians, it becomes critical that we not only normalize the struggle but honour it with the families we work with.

Working with families from a strengths-based model can create opportunities and possibilities for working with families in new and creative ways. Perhaps most important, it is important for clinicians to begin to understand that successful interventions with families depend as much, if not more so, on the resources and coping strategies of the families we work with than on our skills as therapists. The Gordon family suffered a tremendous loss and they received a limited amount of therapy. Yet, they are a true example of a resilient family. What this family needed to do, to stay strong, they did. It does not matter if we would do the same, or if we approve. All that matters is...it worked.

Implications for Future Research

Thirty five years ago, Otto (1963) pointed out that, "Although the professional literature is replete with criteria for identifying 'problem families' and criteria useful in the diagnosis of family problems or family disorganization, little is known about how we might identify a 'strong family'" (as cited in Dunst, Trivette, and Deal, 1988, p. 329). I would suggest that still, so many years later, our insight into family strengths or resilience is limited.

Perhaps, what in part has bound researchers to the study of family pathology has something to do with the myth of the "perfect" family, or the singular model of family we all were expected to aspire to. Becoming more accepting and appreciating the many shapes a "healthy" or "resilient" family may

assume over time allows room for differences, and more importantly, for struggle. For, no family is without struggle and, as stated earlier, perhaps struggle is only resilience in disguise. Walsh (1993) agrees when she states that, "A challenge model of family resiliency corrects the tendency to think of family strengths and resources only in a mythologized problem-free family. Instead, we need to understand how families can survive and regenerate even in the midst of overwhelming stress, adversity, or life-altering transition"(p. 55). This appreciation of the many forms a resilient family may take, in turn, leads us to increased interest in and presumed importance of family stories and narratives, which allow us to better understand the richness and complexities of individual families.

What does a resilient family look like? This research study attempted to answer this question by presenting an in-depth picture of a resilient family representing three generations. Cowan, Pape Cowan and Schulz (1996) have asked this question also, and suggest that "...the answers are far from obvious and clear, and constitute one of the important agenda items for the future of family risk research"(p. 18). Walsh (1993) agrees and says, "...we need to direct research attention to healthy families who demonstrate resilience in response to adverse life challenges to identify the key transactional processes that enable mastery. It is important to understand the ingredients of family resilience: how it is possible for some families to emerge hardier from adversity - not in spite of, but actually strengthened through their experience" (p. 55).

The Gordon family represent one example of a resilient family. By using a phenomenological case study method, there was a concerted effort on behalf of the researcher to provide an in-depth window into one family's experience of loss. More studies that focus on families' experiences, and on their subsequent family stories, are needed in order for researchers to develop a more comprehensive understanding of the complicated process we call family resilience. In addition, these family narratives would allow us to begin to identify and compare some of the commonalities and unique characteristics of resilient families. I found that allowing the participating family to tell their story was an empowering process for both the family participants and the researcher. This, in turn, appeared to have led the Gordon family to an even greater place of resilience. What a fantastic, unplanned benefit of participation in a research study!

This research also uncovered a strong connection between generations in the experience of family resilience. It would be interesting to direct more research attention to studying how family stories from previous generations, of struggle and resilience, have had an impact on the present day family system. Learning more about how families are connected to their past, in a positive way, would hopefully direct clinicians to explore these stories of strength with their clients, thus increasing their potential for resilience.

One of the key ingredients for a resilient family, as indicated by this research, is access and openness to support. Not all families who experience

adversity have the level of family support available to them that the Gordon family did. For those families, community support becomes increasingly important. I would like to suggest that future research direct attention to this important variable of community support, and how communities can better support the families that live there. Perhaps, this research path would direct our attention away from traditional intervention methods, and towards building support systems into our community that are family friendly and accessible to families before they reach crisis.

McCubbin, Thompson, and McCubbin (1998) strongly suggest that if there is a serious commitment to prevention and family preservation, research and theories should be focused on attempting to explain why families including those predisposed to hardships, can and do emerge resilient, succeed, even thrive as they recover from adversity. As clinicians, with such knowledge and understanding, we would be better able to help the families who come to us for help, by focusing our efforts on fostering resilience enabling processes, in therapy and in our communities. Such research offers excellent potential for improving efforts in primary prevention work and clinical intervention with families.

Conclusion

It is ironic that while finishing this document I suffered the loss of a very dear family member. It was an extraordinary experience to be writing about family resilience at the same time I was living and witnessing it in my own family.

Learning about my own family's struggles and resilience was what had initially led me to want to find out more about family resilience. It was somehow appropriate, towards the end of this process, to return to my original focus and be reminded of my own family's capacity for resilience.

I began this research armed with my own experiences of family resilience, as well as a textbook understanding of the concept. My interactions with the Gordon family, hearing their story, has allowed my understanding of family resilience to evolve and grow. They have helped me to understand that there cannot be resilience without struggle. Resilience is hard work. It cannot be found in a formula or a list. There is no final destination to arrive at. Family resilience is an endless process that is always changing, shifting, and demanding struggle. The struggle is valuable and necessary. The Gordon family has struggled, and continues to struggle with the loss of Susan, and all that comes with that loss. They also continue to thrive and live life fully. They are an excellent example of a resilient family.

This research project, and the Gordon family story, also reminds us that there is no one pathway to becoming a resilient family. Nine main themes were identified for this family to help explain and understand their resilience. Perhaps some of them would be universal to all resilient families. Without a doubt, many are probably unique to the Gordon family. The value is in remembering, as we exist in and work with families, that there is no right way to stay strong during adversity and crisis. This realization allows us, as practitioners, to value

differences among the families we work with, instead of labeling them as pathologies. This, in turn, provides families with opportunities to become aware of their own strengths and capacities, and build on them, consequently enhancing their level of resilience.

The multigenerational connection to family resilience is a unique finding of this study. It would appear that just as dysfunction can be passed from generation to generation, so too can strength and resilience. In the Gordon family, all three generations experienced their resilience in similar ways. This was reflected in the consistency of themes across generations. In addition, some of the themes were found to be linked to previous generations of this family, providing even more evidence to support a multigenerational component to the construct, family resilience. This appeared to be one of the crucial components of the Gordon family's experience of resilience, and Trey summed it up nicely when he stated, "I just know I'm very, very lucky to have the type of family I have behind me. And that mom and dad had the types of families behind them when they were growing up. And on and on. I can only assume it went on for generations." Learning about family stories from previous generations can strengthen our experience and understanding of our own resilience. In addition, as practitioners, we can facilitate the exploration of multigenerational family stories of strength and resilience with the families we work with. This in turn, will lead those families to become more connected to their own family's legacies of resilience, and therefore to their own capacity for resilience.

Finally, while many would consider the Gordons to be an ordinary family, I found them to be remarkable. They were willing to open up their homes, their hearts, themselves, to a student who was interested in listening to and telling their story of family resilience. By sharing their experiences with all of us, they have given a gift that allows us insight into our own families' struggles and triumphs. They remind us that our goal should not be to become the "perfect" family, but rather to stay meaningfully connected to one another. Their story prompts us to remember the value of extended family, and the importance of the connection between grandparent and grandchild. Listening to them tell their stories, I was reminded of the benefits of humour and laughter while facing tragedy. Above all else, I was struck with the resilience of the human spirit.

The Gordon family could be any one of us. In an instant our lives can change forever. However, they are also an inspiring example of how to rise from tragedy and live a meaningful and gratifying life. Trey, the father, speaks of this when he states, "I'm proud of the way we are. We're a solid little family...and if we ended up being just the three of us, I know that would work. It wouldn't be perfect, but I know we could survive together."

The Gordon family is one example of a resilient family. My hope has been that, by sharing their experiences through this research project, the construct of family resilience has been illuminated more personally and meaningfully than ever before.

References

Boss, P. (1988). Family stress management: Family studies Text (Series 8). California: Sage Publications Inc..

Bradshaw, J. (1988). Bradshaw On: The Family. Deerfield Beach, Florida: Health Communications, Inc..

Bromley, D.B. (1986). The Case-study Method in Psychology and Related Disciplines. Great Britain: John Wiley & Sons Ltd..

Cicchetti, D., & Garmezy, N. (1993). Prospects and promises in the study of resilience. Development and Psychopathology, 5, 497-502.

Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In R.S. Valle & M. King (eds.), Existential-Phenomenological Alternatives for Psychology (pp. 48-71). New York: Oxford University Press.

Cowan, P., Pape Cowan, C., & Schulz, M. (1996). Thinking about risk and resilience in families. In E.M. Hetherington & E. Blechman (Eds.), Stress coping and resiliency in children and families (pp. 1-38). New Jersey: Lawrence Erlbaum Associates, Publishers.

Curran, D. (1983). Traits of a Healthy Family. Minneapolis: Winston Press Inc..

Dunst, C., Trivette, C., & Deal, A. (1988). Enabling & Empowering Families: Principles & Guidelines for Practice. Cambridge: Brookline Books, Inc..

Freeman, D.S. (1992). Multigenerational Family Therapy. New York: The Haworth Press.

Gilgun, J., Daly, K., & Handel, G. (1992). Qualitative Methods in Family Research. California: Sage Publications, Inc..

Hawley, D.R., & DeHaan, L. (1996). Toward a definition of family resilience: integrating life-span and family perspectives. Family Process, 35, 283-298.

Janesick, V.J. (1994). The dance of qualitative research design: Megaphor, methodolatry, and meaning. In N.K. Denzin & Y.S. Lincoln (Eds.), Handbook of qualitative research (pp.209-219). London: Sage Publications.

Kochanek, T.T., & Buka, S.L. (1991). Using biological and ecological factors to identify vulnerable infants and toddlers. Infants and Young Children, 4(1), 11-25.

McCubbin, H.I., Thompson, A.I., & McCubbin, M.A. (1996). Resiliency in families: a conceptual model of family adjustment and adaptation in response to stress and crises. In Family assessment: resiliency, coping and adaptation (pp. 1-64). Wisconsin: University of Wisconsin.

McDonald, L., Billingham, S., Conrad, T., Morgan, A., O, N., & Payton, E. (1997). Families and schools together (fast): Integrating community development with clinical strategies. Families in Society: The Journal of Contemporary Human Services, 140-155.

McQuaide, S., & Ehrenreich, J. (1997). Assessing family strengths. Families in Society: The Journal of Contemporary Human Services, 201-212.

Osborne, J.W. (1990). Some basic existential-phenomenological research methodology for counsellors. Canadian Journal of Counselling, 24(2), 79-91.

Radke-Yarrow, M., & Brown, E. (1993). Resilience and vulnerability in children of multiple-risk families. Development and Psychopathology, 5, 581-592.

Richardson, R. (1987). Family Ties That Bind: A Self-Help Guide to Change Through Family of Origin Therapy. North Vancouver: Self Counsel Press.

Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). The Satir Model: Family Therapy and Beyond. California: Science & Behavior Books, Inc..

Scarf, M. (1995). Intimate Worlds: How Families Thrive and Why They Fail. New York: Ballantine Books.

Seidman, I.E. (1991). Interviewing as qualitative data. A guide for researchers in education and the social sciences. New York: Teacher's College.

Swick, K.J., & Graves, S.B. (1993). Empowering At-Risk Families During the Early Childhood Years. Washington: National Education Association of the United States.

Taylor, S.E. (1989). Positive Illusions: Creative Self-Deception and the Healthy Mind. New York: Basic Books.

Trivette, C., Dunst, C., Deal, A., Hamer, W., & Propst, S. (1990). Assessing family strengths and family functioning style. Topics in Early Childhood Education, 10(1), 16-35.

Walsh, F. (1995). The concept of family resilience: crisis and challenge. Family Process, 35, 261-281.

Walsh, F. (1993). Normal Family Processes. New York: Guilford Press.

Walsh, F. (1998). Strengthening Family Resilience. New York: Guilford Press.

Weick, A., & Saleebey, D. (1995). Supporting family strengths: orienting policy and practice toward the 21st century. Families in Society: The Journal of Contemporary Human Services, 141-149.

Wolin, S.J., & Wolin, S. (1993). The Resilient Self: How Survivors of Troubled Families Rise Above Adversity. New York: Villard Books.

APPENDIX B

LETTER OF INITIAL CONTACT

A Multigenerational Case Study: One Resilient Family's Experience of Loss

Dear Research Participant,

Thank-you for considering to participate in this research study. This is an exploratory, interview study designed to tell the story of one multigenerational family's experience of resilience, strength and courage.

Participation in this study involves five interviews with me, three as a family and two as an individual. Each interview is expected to last approximately one hour and will be audiotaped. I will transcribe the interviews and look for themes of resilience, which will then be clustered together to develop a comprehensive account of your family story. You will have an opportunity to provide feedback on these themes, and this story, in two of these interviews, to ensure that the final story accurately describes your experience. When this research is complete you will receive a copy of the results.

All the information you provide for this study is confidential. All documents, computer files and audiotapes will be given an identity number and will be kept in a locked filing cabinet. Your name will not appear in any of the final reports of this study. Once the study is completed, all audiotapes will be destroyed.

APPENDIX E

INTERVIEW GUIDE

Guiding Question: “How do three generations of a family, who sees itself as resilient, describe their experience of a non-normative stressor event?”

First Interview

The initial interview involved meeting with all family member participants and making certain that all participants gave informed consent to their participation in the study. In addition, the issue of confidentiality was addressed, including the discussion of individual interviews with other family members during the research period. The researcher asked family members to try and refrain from discussing their individual interviews with one another, in order to reserve their unique perspectives. Also, it was suggested that family members not share any information during the individual interviews that they did not wish to be revealed in the family story. Of course, family members were also told they would have the opportunity, during follow-up interviews, to check for accuracy and discuss any areas of concern. Demographic information was requested from family members including: names, birthdates, education, and a brief family history. A simplified Family Genogram was used to organize this material for the researcher. This period of the interview also allowed the researcher to have a frank discussion with the co-researchers, as to how they would like their demographic information to be presented in the research, in a way that protected their anonymity. Pseudonyms were chosen and will be used in this interview

guide. Of course, during the actual interviews, the correct names were used. A brief overview of the research to be conducted was described by myself and agreement was reached by all participants on the definition of the non-normative stressor event. The structure of interviews, including practicalities as to where interviews would be conducted was discussed. Participants' questions were addressed by the researcher. Finally, several questions were asked of the family, in order to begin to establish a feeling of comfort and ease amongst the participants, and also to initiate exploration of the family's resilience. After exploring the family genogram, I introduced the following questions by stating:

We're going to be talking about your family and what it was like for you to experience the loss of your mom/wife/daughter-in-law. Some of these questions may ask you to think about things you've never really thought of before. There are no right or wrong answers, just feel free to share whatever it is that comes to mind that you're comfortable with sharing.

a) What are a couple of qualities you have as a family that contribute your sense of well-being?

b) As a family, you experienced the loss of a mother/wife/daughter-in-law. We're going to talk about this in more detail, but in order to get a feeling for this, can you give me a sense of what that was like for all of you?

c) I'd like to get a sense of who Susan was. Can you please tell me about her?

d) Have you, as a family, talked about this event and has that contributed to how you have seen yourself as coping?

e) Has your family changed since Susan died? If so, how?

f) Looking back on it, how do you think your family dealt with this challenge? What qualities do you have as a family that helped you meet this challenge?

Second Interview

An in-depth individual interview was conducted with each family member co-researcher in order to understand their individual experience of the death of Susan. A series of questions, unique to each generation, were used to tap into many different elements of their experience.

Adolescents' Interview Questions

As an introduction I stated the following: Your family had something really painful happen to them. When something like this happens, some families fall apart, but your family seems strong, even though there have been both rough times and good times. I'm going to ask you some questions to get an idea of what this has all been like for you and also hopefully, with your help, to begin to better understand what helps families in these situations. If you feel uncomfortable answering any of these questions, please let me know. Any questions before we begin?

a) Your mom got sick when you were a baby/ three years old, and died when you were six/ nine years old. What memories do you have of those years? What stories have others told you about yourself at this age?

b) How did your family let you know what was happening during this time?

c) Do you remember your mom doing anything that helped? Made it harder? How about your dad? Grandparents? Anyone else?

d) Do you have any family memories of before your mom got sick?

e) What do you know about your family before your mom became sick?

f) Your grandparents on your dad's side have played a big role in your life. Are there any family stories that they've told you that stand out for you?

g) What has it been like for you to be a kid without a mom?

h) What are some of the things your family has done to help you feel like a family?

i) Do you find yourself thinking about all of this very often? When you think about your mom, what do you do?

j) Some kids don't handle stuff like this very well. What is it about you, do you think, that helps you be okay?

k) Was there anyone or anything outside yourself or your family that helped you through this stuff? That helps you now?

l) Anything else you'd like to add?

Paternal Grandparents' Interview Questions

The same introduction was given, with one addition, that I was also interested in hearing a bit about the memories each of them had growing up in their immediate family. This was a way of tapping into the multigenerational piece.

a) Can you tell me a little bit about the family you grew up in? What memories stand out for you?

b) What kinds of struggles and challenges did you face as a family, growing up?

c) Can you tell me a little bit about how, as a family, you faced these challenges?

d) Do you remember any family stories, you were told about your parents? Grandparents? If so, can you share them with me?

e) When you think about Trey, Susan and the kids, before Susan became ill, what words and/or descriptions come to mind? In other words, tell me about the family before this happened.

f) Susan was diagnosed with a brain tumor and fought her illness for six years before she died. Can you tell me about those years?

g) What was it like for you during those six years?

h) Tell me about the family after Susan's death. What was happening?

i) What was it like for you to be a parent in this situation? A grandparent?

- j) What were some of the challenges? Were there any rewards?
- k) How do you see Trey and the kids now? What do you see as the things they're doing well? What do you see them struggling with?
- l) What are some of the things your family has done to help everyone feel like a family?
- m) Looking back on it, how do you think you personally dealt with all that happened?
- n) What qualities do you have as a person that helped you deal with what happened?
- o) Was there anyone or anything outside yourself or your family that helped you?
- p) Have you changed since this happened to your family? If so, how?
- q) Anything you'd like to add?

Father/Husband's Interview Questions

The introduction used in this interview was essentially the same one used for the grandparents.

- a) Can you tell me a little bit about the family you grew up in? What memories stand out for you?
- b) What kinds of struggles and challenges did you face as a family, growing up?
- c) Can you tell me a little bit about how, as a family, you faced these challenges?

d) Do you remember any family stories you were told about your parents?

Your grandparents? If so, can you share them with me?

e) You and Susan were married in 1980. Can you tell me a bit about those first few years together?

f) You and Susan then started a family. Can you tell me about those years - you, Susan and Rhiannon?

g) Shortly after Lincoln was born, Susan was diagnosed with a brain tumor. She fought her illness for six years before she died. Can you tell me a bit about those six years?

h) Do you remember anything that helped you during those years? Anything that made it even harder?

i) Tell me about the family after Susan's death. What was happening in the first six months? The next two years?

j) Tell me about being a parent with two small children in this situation. What has it been like for you? What have been the greatest challenges? Have there been any rewards?

k) When you look at yourself and Rhiannon and Lincoln, what do you see?

l) What are some of the things your family has done to help everyone feel like a family?

m) What qualities do you have as a person that helped you deal with what happened?

n) Was there anyone or anything outside yourself or your family that helped you?

o) Have you changed since this happened to your family. If so, how?

p) What are your hopes and dreams for yourself in the future? For your family?

q) Anything you'd like to add?

Possible prompts that would be effective in eliciting the experience from the family members would be:

-Tell me more about that.

-What were your feelings when that happened?

-What went through your mind when that happened?

-What did you do when that happened?

-What did that mean to you?

-What did that mean to your family?

-How did that affect you?

-How did that affect your family?

Third Interview

A second individual interview was held with each family member co-researcher in order to go over the transcript of their first interview and have an opportunity to respond to the following questions recommended by Colaizzi (1978):

a) "How do my descriptive results compare with your experience?"

b) "Have any aspects of your experience been omitted?" (p. 62).

I added questions of my own:

c) Would you change anything? Add anything?

d) Is there anything you've told me that you do not want to be included in the family story?

These are the spirit of questions I asked each family member, with questions being asked in an age appropriate way in order that all co-researchers, including children, had a chance to respond.

Fourth Interview

This interview was the second interview with all family member co-researchers. The researcher made use of the Lifeline facilitation tool in order to get a better sense of the familial context in which the death of Susan occurred. This interview also gave family members an opportunity to share memories with one another, which in some cases opened discussion of varying perceptions of the same event. It was hoped by the researcher that this process would "fill in the gaps" of the emerging family story, and also begin to highlight some examples and themes of this family's resilience.

Preparation: A large Lifeline was drawn on a piece of paper, before this interview, with only the marriage of Trey and Susan, the birth of their children, and death of Susan marked on it to create a sense of elapsed time. The researcher then went through the transcripts of previous interviews looking for events that had occurred. Each event was then written down on a small piece of

paper, each piece outlining a single event. Events were then categorized as to who shared the event with the researcher in their interview. In some cases, of course, events had been shared by more than one family member, and in that instance a choice was made by the researcher as to who would receive the event. At this fourth interview, each family member then received a sheet of cardboard holding "their events," or events that they had discussed in a previous interview.

As an introduction I stated the following: We are beginning to create your family story and as we do so, we are highlighting some examples of your family's strengths. A Lifeline is a tool that we can use to create a picture of your family including your past, your present, and even your thoughts about the future. Please take a look at the pieces of paper that you have received. Each one has written on it an event that you told me about. Please take each of these events and place them on this Lifeline where you believed them to have occurred. Of course, if you have received an event that you do not wish to share with your family, feel free to not include it on the Lifeline. The family members then got up and placed their events on the Lifeline. Once all the pieces of paper were up, the researcher then went through the events on the Lifeline with the family in order to allow all family members to hear all the events. Two questions were then asked:

a) As we look at the events up on the Lifeline, are there any there that you see differently? That you feel need to be moved or changed?

b) Are there any events that you'd like to ask another family member about?

Blank, small pieces of paper were then handed out to family members and the researcher asked family members to write down any events that they felt were important and not yet up on the Lifeline. They were told that these events could include happy times and/or rough times that had occurred sometime before the present. Family members were then asked to add those additional events to the Lifeline, with each family member having an opportunity to tell the others what events they had added. Once this process had ended, the following questions were asked:

c) As you look at the Lifeline, what do you notice about your family?

d) Is there anything on the Lifeline that's a surprise to you, that you didn't know about?

e) If a friend looked at your family's Lifeline, what do you think they would see?

The researcher would then state that one of the things she had noticed in the individual interviews was that people in this family sometimes had different ways of coping with hard times.

f) What kinds of things did you notice about each other during these hard times?

g) How do you see yourselves as similar to other families?

h) How do you see yourselves as different from other families?

The researcher would then shift the focus of the interview to the imagined future of this family. Blank, small pieces of paper were again distributed, and family members were asked:

i) When you think about your future, your family's future, what kinds of things do you imagine will happen? Family members all wrote these future events onto the pieces of paper and then were asked to place these future events onto the Lifeline. Family members were then asked to share their identified future events with the group. The following questions were then asked by the researcher:

j) Still thinking about the future, when you look back at your family story so far, what will you want to take with you into the future?

k) What might be some of the challenges, from your family story so far, that you imagine might follow you into the future?

l) Anything anyone would like to add?

Fifth Interview

This final interview was the third interview with the entire family. The purpose was one of verification. This interview gave all family members an opportunity to respond to, and give feedback, regarding the researcher's findings, before the final draft. This in turn, would ensure that results presented would best reflect this family's experience. Family members also had an opportunity to review their specific quotations that would be presented in the findings, and give their permission, or not, for their use.

At this final interview, the researcher passed out a copy of the family story to each family member. As an introduction the researcher stated to the family that this story was not meant to tell their entire family story, but rather to tell the story of their resilience. The story created came about because of our interviews, and therefore, whenever possible, will use their own words. Family members were asked if they would like to read the story to themselves; have the researcher read the story out loud; or take turns reading the story, out loud, themselves. Once the story had been read, the researcher asked the following questions:

- a) This is a story about your family. Does it feel true to your experience?
- b) What, if anything, in your family story, does not fit for you?
- c) Is there anything I've put in your family story that you want removed?
- d) Is there anything I've forgotten to put in your family story that you believe is important?

The researcher then handed out prepared pieces of paper with each family member's quotations listed. Each family member received their own piece of paper with their own quotations. Quotations were colour coded to indicate which theme they represented. Titles of the nine themes, their colour code, and a brief description were put up on the wall. The researcher introduced the activity stating:

I've come up with nine things that your family did, during the hard times, that helped to keep you strong. These are what we call the themes. I am going

to read out the themes and tell you briefly what they mean. Then I would like you to do two things. First, please read over your quotes and mark any that you are not comfortable with me using. Second, take a few minutes to pick out a few of your quotes, look at the colour code, and see which theme they fall under.

a) Is there anyone that has found a quotation of theirs they would not like me to use? Please mark it clearly and call me over to show me, so that I won't miss it.

b) What is your reaction to these nine themes? Do they fit with your perception of your family?

c) Would anyone in the family like to read out one of their quotes and tell us which theme it has been placed under?

Thank-you and debriefing.

a) What has this experience been like for you?

b) What was helpful about this experience? What was difficult?

c) Is there anything further you'd like to add?

APPENDIX F

ADDITIONAL QUOTATIONS SUPPORTING THEMES

The following is an example of additional quotations supporting the Intergenerational Themes, as outlined under Results. All are direct quotations, with the exception of occasional text, which will be used to provide context if needed, and which will be found in brackets. The codes provided at the end of each quotation indicate who the speaker is, and in which interview they spoke the passage.

<u>Speaker:</u>	<u>Interview:</u>
G=George, Grandfather	F1=First Family Interview
A= Agnes, Grandmother	F2=Second Family Interview
T= Trey, Father	Ind=Individual Interview
R= Rhiannon, Daughter	S=Susan, Mother
L= Lincoln, Son	

Be Flexible About Communication

Because every day I knew...to see the kids...to tell the absolute truth...but I can't, not until it gets really close. So again, the kids would go to see their mom and, they, maybe deep down knew, probably did know...but maybe didn't show it as much as if I had actually told them. (T, Ind)

One day in the summer, a few years ago when the children spent the summers...Uhm, I didn't know where R was for a few minutes, and she was upstairs on her bed. And she was having a little cry. Do you remember that? And so she shared that she was missing her mommy, and hadn't expressed that for a very, very long time. And so we sat there and we had a cry together. And that was a great release for both of us. And she felt safe in doing that, and that was good. (A, F1)

Well I knew that she was sick, and that she had a brain tumor. I didn't know what that meant, didn't know what that was. Of course, at that time I didn't know what cancer was either. Except that it was probably bad for you. (R, Ind)

Of course there was no talking to L about it, but I remember talking to R about it in the car. It was difficult at that age to know how much to tell her without going too far? And yet you wanted her to know enough. (T, F1)

(L talking about picking out his mom's grave stone)

I asked the person in the shop...like when we were picking them out. And I asked my dad what this was for. And so he took me outside, and we walked around it, and he was telling me... (L, Ind)

I got back from school one day and it was the first time I ever saw Gramma cry. It was when I got back from school, and this guy was making fun of me, and then she cried, and I was like, 'Oh my God, what'd I do?' (L, F2)

So we tend...me and the kids will get into this type of conversation...and I enjoy it when we do. The kids and I, we can really get into a topic deeply. (T, Ind)

Nothing bothers me, it does you know, but I don't carry on or anything. Most things, if I don't make an issue of them, they move along smoothly. (G, Ind)

(T talking about his wife when she was ill)

'Cause I only remember a couple, two or three incidents, where she was looking absolutely devastated, almost didn't want to go on anymore. Maybe the next day she'd be feeling the same, but it would never come across that way, she'd have the brave face on. (T, Ind)

Connect With One Another

No matter how many other grandchildren we have, or will have, with these two the bond is abnormally strong because of the situation. Because we were together so much. (A, F1)

About two years ago, L really wanted to see us. He wasn't allowed to ride his bike all the way over here but he did come one afternoon, after school, and we weren't home. So he didn't know what to do. He picked some leaves from the front and wrote his name in leaves and left it on the front porch. (A, Ind)

(Agnes talking about her grandchildren)

But I'll take them up to one of the bedrooms on the couch and we'll sit and talk and I'll ask them what's going on in their lives. And I say, whatever you tell me, will stay in this room. (A, Ind)

I think the nicest thing right now, that's going on, is our annual get together. We get together for a full week up at the lake, we're there twenty-four hours a day. (G, Ind)

(Grandpa talking about Trey)

He still plays a lot with the kids...always has done..(G, F1)

(Rhiannon talking about her mom)

I remember once when she'd been to the hospital. She had a little tray, a food tray or something, and I brought My Little Pony. I called it Susan, and I put it on the little tray and it stayed with mom. When she came out of the hospital, she had a New Little Pony for me as well. (R, F1)

Have Access To And Accept Support

(Gramma talking about hearing the news of Susan's cancer)

Feelings are just indescribable at the time of hearing the news, you know, and looking at the two babies, and not knowing what's in store for anybody. We were all in this together. (A, Ind)

There was never any doubt that there would be a lot of support. (T, F1)

We'd make up meals to take over, and as we told you before, people from the church were very good that way, and my brother and his wife always, you know, were very good too. So everybody helped out to try and make it as good as possible. (G, Ind)

I've had a lot of people tell me how lucky I've been to have this much support. To have a family that really did stick with me, and there wasn't a lot of trauma in the growing up years, and that helps make it possible. (T, F2)

And work too. It was 'take it and tell us later... just go and let us know.' So that was amazing support. (T Ind)

Detach From The Experience

Time just screams by when something like that's going on. One day you're thirty, and the next you're thirty-six. (T F1)

(Trey talking about the six years Susan was ill)

Those years were pretty much a blur, and it's not a lot of memories. (T F1)

(George talking about the six years Susan was ill)

Well they were busy years. I can't really remember too much. (G Ind)

It was kind of almost a blank time after Susan left. (A, Ind)

Normalize the Stressor

(Rhiannon talking about visiting mom at the hospital)

We went for hospital visits, and we used to get sundaes at the little buffet place at the hospital. (R, F1)

Minimize the Children's Distress

But I can look at the kids and smile because that's what Susan wanted to see. She would've said it doesn't really matter how we're feeling, or how we're coming out of this, it's look at those two. (T, Ind)

Well I felt sorry for the kids, you know. We just had to do the best we could to minimize that...keep them happy. (G, Ind)

Focus On The Positive

I didn't really grieve a lot when she finally went...it was almost like a big sigh. Like okay, not to be misinterpreted, but in one respect, she's not hurting anymore. And maybe, maybe this means I'm not hurting anymore, and I can get on with my life, which I did. (T, Ind)

And remembering all the people who meant so much to us through the travels, and during that time, in a positive way. (A, F2)

We are very strong. (G, Ind)

I just know I initially felt a lot stronger because I knew she was finally at ease, and there was no more pain and no more concerns. Her kids were strong and healthy, and as happy as could be expected. So all the things we wanted to see happen, happened. (T, Ind)

Well, bringing you back to earth and knowing that some people, no matter how bad it seems to be, some people have it worse. And at least I'm still here. (R, F2)

We're a great little team. R's always giving me big hugs. But for L...he was thirteen and we're walking through the mall, and he just slips his hand into mine. We're walking through the mall. Those are magical things that tell me I've done okay. (T, Ind)

Maybe not less to cope with, but through every situation that we've gotten stronger, so the next time, whatever happens, we've learned a little bit by it, and the next situation won't drag us down so much. (A, F2)

(G speaking about T and S)

They were really very close, and when R came along, and she had a little bit of a problem when she was first born. But I think that just made them closer. (G, Ind)

Find Strength In Religion

Susan's faith was very strong, very important to her. The love that she had for her Lord. (A, F1)

And it's deeply personal you know, faith isn't something somebody can tell you to have, it has to come from within. (A, Ind)

The Pastor's wife was a very strong person for me to do a little unloading when I needed to. (A, Ind)

Find Creative Ways of Coping

(Trey talking about after Susan died)

In the first few months after, every morning I'd walk them to school, and then I'd go walk for about three hours. I'd go walk along the dike. I'd go off and I'd have a cry there and you know, relax. (T, Ind)

I had these Oriental goldfish, all named after rock stars. I really nursed these fish along, a lot of hours with nothing to do or waiting for the next incident, waiting for the next call. And she'd be sleeping, and I'd just sit there and watch these fish. (T, Ind)

(Rhiannon talking about her imaginary world)

Well, in Elfquest I used to see the chief as dad, and the Healer, that was mom. And they have two kids, a boy and a girl who are twins, so I thought those were me and L. (R, Ind)

My relief was a huge stump of wood in the backyard, and a sledgehammer and I'd go out there and just pound away at it, and shake all the windows. (T, F2)