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**Original Article**

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## Impact of crisis on the development of family maturity

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### Abstract

Families are threatened today in all societies with the rapidity of changes that are occurring to threaten family stability. However, research related to families reflects that while some families are destroyed by crisis, others are much stronger after the crisis resolution. The purpose of this research study was to identify, describe and provide an analysis of the nursing interventions and factors that facilitate families to attain higher levels of maturation stimulated by crisis resolution within the family. The subjects of the study were from three countries and had experienced different crisis, some situational and some developmental. A semantic differential scale was used as the tool to assess the types of changes indicating changes in the degree of maturation of both individuals and families. A short questionnaire was also used for data gathering.

Communications systems within families, family support systems, and the ability to relate to health care professionals particularly nurses were three factors most frequently identified by the participants in the study as influential in the resolution of the crisis and the maturation process experienced by the families. Family values in all of the families were strengthened by the crisis. The importance of family became apparent in each unit even in situations where the basic family unit was destroyed.

Key words : family crisis, semantic differential scale, crisis intervention, family values

### Introduction

Maturity is an evolutionary process that occurs as long as learning occurs within an individual. When individuals or families confront a crisis they also face an opportunity for growth. Opportunities for growth used wisely promote the development of maturity in individuals and groups. If this is so, then why is crisis often seen as negative? Crisis and stress are often seen as negative rather than as potential for the enrichment and development of an individual and/or family. The academic study of the impact of crisis on individuals and families has grown since the 1940's. Family theories have expanded and given rise to theoretical frameworks for the study and research related to changes affecting families in function and structure. Biological maturity and acceptance of responsibility toward economic independence often labeled an individ-

ual as mature and independent. Related to cultural traditions, marriage occurred at an age when the culture determined that a couple was able to provide for themselves and a family. Developmental theory reflects that maturity and chronological age coincide. However as study of social strengths and social ills has evolved recognition that maturity is not necessarily determined by chronological age and independence but additional factors are required.

Maturity is often associated with adults. In recent years it is used in many situations in reference to the growing elderly population. To reference maturity to the over 65 age groups reflects the arbitrary ages assigned to Erikson's Eight Stages of Development<sup>1)</sup>. The dictionary definitions of maturity imply that development is complete. Biological maturation occurs in human generally in the teen years reaching its peak in the 20's. Caplan<sup>2)</sup> after many years of

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research and study identified that the most important aspects of mental health are the state of the ego, the stage of its maturity, and the quality of its structure.

Observation from working with children and families through the years has often illustrated that crisis can either destroy or strengthen families. Crisis affects individuals in families in different ways. Not all family members experience crisis the same and not all grow at the same rate while others grow some may regress. Through the process of crisis resolution, individuals may either be stronger or weaker, families are either stronger or weaker, values are often affected, but no one is left unchanged by the experience. Families are affected and values are impacted by crisis and the resiliency of families is being studied after the resiliency of children has been noted in the child abuse literature and research on children who have suffered from catastrophic illness or have experienced significant disruptions within the family unit or structure of the family. How does the maturity level of the family affect the individuals and the family unit?

Studies of ego development have proliferated in the 20<sup>th</sup> century. Research has generated data on how to develop and preserve mental health. The studies of crisis and crisis resolution have given rise to a body of literature with types of intervention and their effectiveness. Developmental phases of crisis have been identified with the predictive outcomes based on response.

Family nursing theory is evolving and becoming a specialty area of nursing practice in some countries. Family nursing associations meet and discuss the role of the family in health and disease and the expansion of the role of the nurse to work with not only an individual patient but also with the family. The recognition of those working with adults that others in the family may affect the management of the disease in a patient by providing care and love to the patient that in fact creates complications for patients rather than cure or remission from complications.

## Review of the literature

The study of families and the roots of family theory can be traced back to the space between 1800's. The origin of family theory is in sociology but many other disciplines in recent years are studying families and the dynamics of families. There are diverse schools of thought from which various family theories emanate. Major theories related to family study are generally representative of the Chicago School (social disorganization, the sociology of knowledge, pragmatic philosophy and symbolic interaction theory), Harvard School (structural functional theory), and Modern Family Theory (diverse focus). Stress was studied by Cannon in 1929 as later by Selye<sup>3)</sup> to determine the affect of stress on humans and the physiological changes that occur. Identification of the types of stress by Selye revealed distress and eustress. Distress being extreme psychological pressure results from facing repugnant and/or unenjoyable challenges and eustress is an extreme psychological pressure resulting from facing enjoyable. Family crisis and theories related to the study of families identify stressors as life events, challenges, or changes that are so serious or drastic that they require changes in families and individuals. Since the late 1940s stress and its impact upon family structure, function and individuals has become an increasing focal point of research because previously believed notions in research are continually being tested and the expected outcome vary rather than remain consistent. Some of the theories that evolved related to family crisis are categorized as structural functional theories (society's expectations); conflict theories (nature of self-interest and effect on group); symbolic interaction theories (socialization and acculturation); social exchange theories (motivation to action); and developmental theories (human phenomena).

Kuhn's<sup>4)</sup> treatise on scientific revolutions (1970) stated that in the absence of a paradigm, all of the facts that could possibly pertain to

the development of a given science are likely to seem equally relevant. As a result, early fact-gathering is far more nearly a random activity than the one that subsequent scientific development makes familiar. Furthermore, in the absence of reason for seeking some particular form of more recondite information, early fact-gathering is usually restricted to the wealth of data that lie ready to hand. The diversity of results produced by social science research stimulated the investigation by some researchers to investigate General Systems Theory<sup>5)</sup> for its use and relevance in studying families and crisis. General systems theory is applicable to human social behavior and allows the incorporation of the theoretical tenets of the other schools of theory development related to families. General systems theory incorporates the principles of the other theories which are self-limiting and restrictive by producing a multi-dimensional view of the family and family members embedded in an interaction structure with other systems.

Hill<sup>6)</sup> published a paradigm of family stress (Figure 1) that is used today and has been modified by other researchers. Hill's paradigm reflects similar changes in families after a crisis as Selye's model that depicted the schema of General Adaptation Syndrome and the physiological responses within an individual. Both of these paradigms articulate well with general systems theory and its adjustments based on various stimuli requiring an organism or system to make adaptations based on the threat to the system and the resources available for reconstitution of the organism and thereby suggest that after a crisis an individual or family may experience different levels of functioning as a result of the crisis. Growth occurs with new information into a system. In the paradigm of Aguilera and Messick<sup>7)</sup> the resources, timing, and interventions impact the effect of the crisis and the level of functioning. This paradigm assesses the effect of balancing factors in a stressful event of the components (human organism and stressful event) with the state of disequilibrium

and the need to restore equilibrium as critical in the sequence leading to the evolution of a crisis in the absence of one or more balancing factors or the prevention of a crisis based on the balancing factors being present. A variety of factors have been isolated and studied in relation to crisis and the impact on families, such as economics, disease, divorce, death, birth of a child, etc. However, there is a dearth of research related to the dimension of maturity as it affects individuals and families in crisis. Maturity has been researched in cross cultural studies, primarily with adolescents<sup>8)</sup>. Family characteristics have been studied across ethnic groups in relation to adolescents and aging populations<sup>9)</sup>.

Maturity is less commonly addressed in the literature yet seen as a factor impacting confrontation with crisis situations throughout life. Some individuals and families seem to face many crises throughout life and grow from each experience. Overstreet<sup>10)</sup> presented what he identified through his research as dimensions of maturity. While the dimensions of maturity identified by Overstreet are not physical, often they are not used in assessment databases when working with individuals or families. In practice this assessment can provide professionals with valuable information. A mature person is not one who has come to a certain level of achievement and stopped there but rather a *maturing* person---one *whose linkages with life* are constantly becoming stronger and richer because his attitudes are such as to encourage their growth... A mature person, for example, is not one who knows a large number of facts. Rather, one whose mental habits are such that the individual grows in knowledge and the wise use of it (Overstreet 1949). In Table 1 the dimensions of maturation are illustrated.

To look at these concepts more closely, it is best to consider the characteristics in the column on the left as being quite similar to the level in infancy when a child is totally dependent, quite passive, begins learning with

**Table 1: Dimensions of Maturation** (Overstreet <sup>10)</sup>)

|                         |   |                          |
|-------------------------|---|--------------------------|
| From                    |   | Toward                   |
| Dependence              | → | Autonomy                 |
| Passivity               | → | Activity                 |
| Subjectivity            | → | Objectivity              |
| Ignorance               | → | Enlightenment            |
| Small abilities         | → | Large abilities          |
| Few responsibilities    | → | Many responsibilities    |
| Narrow interests        | → | Broad interests          |
| Selfishness             | → | Altruism                 |
| Self-rejection          | → | Self Acceptance          |
| Amorphous self-identity | → | Integrated self-identify |
| Focus on particulars    | → | Focus on principles      |
| Superficial concerns    | → | Deep concerns            |
| Imitation               | → | Originality              |
| Need for certainty      | → | Tolerance for ambiguity  |
| Impulsiveness           | → | Rationality              |

**Table 2: Eight Stages of Man** (Erikson, <sup>1)</sup>)

| Stage            | Age                  | Basic Conflict               | Important Event                             | Summary   |
|------------------|----------------------|------------------------------|---|---|
| Oral-Sensory     | Birth to 18 months   | Trust vs. Mistrust           | Feeding                                     | Infant must form a loving, trusting relationship with a caregiver or a sense of mistrust.   |
| Muscular-anal    | 18 months to 3 years | Autonomy vs. – Shame/Doubt   | Toilet training                             | Child's energies are directed toward the development of physical skills including walking, grasping and rectal sphincter control. The child learns control but may develop shame and doubt if not handled well. |
| Locomotor        | 3-6 years            | Initiative vs. Guilt         | Independence                                | Child continues to become more assertive and to take more initiative, but may be too forceful, leading to guilt feelings.   |
| Latency          | 6 -12 years          | Industry vs. Inferiority     | School                                      | Child must deal with demands to learn new skills or risk a sense of inferiority, failure and incompetence.  |
| Adolescence      | 12-18 years          | Identify vs. Role Confusions | Peer relationships                          | The teenager must achieve a sense of identity in occupation, sex roles, politics, and religion.   |
| Young Adulthood  | 19-40 years          | Intimacy vs Isolation        | Love relationships                          | Young adult must develop intimate relationships or suffer feelings of isolation.  |
| Middle Adulthood | 40-65 years          | Generativity vs. stagnation  | Parenting                                   | Each adult must find some way to satisfy and support the next generation  |
| Maturity         | 65 to death          | Ego integrity vs despair     | Reflection on and acceptance of one's life. | The culmination is a sense of oneself as one is and of feeling fulfilled.   |

imitation, is aware only of their perception of the world, can do very little on their own, have few responsibilities, etc. Amorphous self-identity begins with the stages of development as described by Erikson<sup>1)</sup> as the eight ages of man. The eight stages of development as identified by Erikson may be overlaid the above illustration depicting the movement that occurs from dependency to independence. The eight stages with the major tasks are presented in Table 2. No stage is really ever complete although many people will place chronological time limits on each stage. As individuals process through new situations they move within the eight stages described by Erikson. When individual development becomes frustrated, often fixation occurs. Life experiences that provide individuals with an increasing sense of security and self-confidence the ability to tolerate ambiguity arises. It is not uncommon to see adults behaving like toddlers in work situations or in conflict situations. Analyses of many wars are conceptually no different than the struggles of toddlers only the stakes are much greater and the cost of human life and suffering is of much greater magnitude.

Maturation requires learning, growth and experience. In spite of chronological age, there are many individuals who are in age ranges beyond childhood that still do not demonstrate the characteristics of maturity as identified by Overstreet nor do they attain maturity within the developmental stages as identified by Erikson to which people have placed the age of maturity at 65 years allowing an even longer time for one to mature. Individuals for a variety of reasons do not reach maturity in their lifetime.

### Purpose of Study

The purpose of this research study was to identify, describe and provide a theoretical analysis of the nursing interventions and factors that facilitate families to attain higher levels of maturation stimulated by crisis resolution within the family. Research questions related

within the study were:

- Do families have characteristics of maturation similar to individuals?
  - Do families resolve crisis in the family until functioning at a higher level than prior to the crisis?
  - Is there a type of stress to the family system that is more likely to stimulate maturation of family members?
- What nursing interventions impact the stimulation of growth toward maturation in families in crisis?
- When are the interventions most effective?
- Under what conditions are the interventions effective?
- Do outcomes depend on intervention, timing or other factors?
- How do the dynamics of a family system impact nursing interventions?
- Are other resources identifiable to predict impact of interventions?

### Methodology

Semantic differential scales were developed to capture the perception of individuals who had experienced a major stress in their life to assess the changes in themselves and in their perception of their family as a result of the crisis. (N.B. For a complete discussion of semantic differential which is a method for measuring concepts the reader is referred to Osgood, Suci, Tannebaum's<sup>10)</sup> book listed in the reference.) This required the participants to reflect on themselves before the crisis and after the crisis and also to reflect on the impact of the crisis on their family. Pilot tests were completed to determine clarity of instructions and potential difficulties for analysis of the results. A convenience sample of 40 subjects was used in three countries, two English speaking countries and one country requiring translation and reverse translation of the materials. As a pilot study since there was such a small sample the feasibility of doing such a study on a larger scale in various

cultures was being tested informally. In addition to the semantic differential scales, a written questionnaire (Appendix A) was also used for data collection. All participants were informed about the risks and benefits of the study and their anonymity was assured. The participants were informed that participation may resurrect some experiences that they had put in the past and that it might make them uncomfortable and they were free to discontinue participation at any time. Many participants separately submitted requests for the results of the study after completing the questionnaires. The study was conducted over a period of three years.

### Data Analysis

The data from the questionnaires revealed that there were four major types of crisis experienced by the individuals and families:

- medical crisis which included cancer, heart disease, car accident, births and Alzheimer's disease;
- Social crisis
- Psychological crisis
- Others were crisis identified by the respondents as both social and psychological.

Qualitative analysis on the open-ended questions of the revealed the following categories: the impact of the crisis on the family, the impact on the respondent, other persons affected by the crisis, factors that relieved the crisis or facilitated the resolution of the crisis, changes that occurred in self as a result of the crisis and changes that occurred in the family from the crisis.

The scale used was a 7-point scale from -3 to +3 the means of the total was obtained for each of the 15 items reflecting characteristics of immaturity/maturity. Figure 2 portrays the summary of the means. In both self and family, the means moved toward maturity following crisis experience.

### Discussion

The semantic differential was analyzed by obtaining the means of all participants based on their perception of the items both of self and of family before and after the crisis. Because the sample size was small graphing the trends was done to determine changes of the group toward maturation. The degree of change varied by item and in some there was little variance and not statistically significant but the means indicate a definite trend toward maturation, greater with self than with family. Individual and family crisis may provide opportunities for growth. Individuals generally do not seek crisis as an opportunity for growth. However, personal experience often reflectively informs individuals that those unplanned, never would have chosen crisis that occur throughout life often provide the best opportunities for complex learning about self, family, resources and other opportunities that would have been missed had the crisis not occurred. Research studies are reflecting the growth that does occur because of the interventions and opportunities for individuals and families to learn new ways of dealing with conflict, of communicating effectively, of accessing resources, of learning about their values and how to improve their coping skills. McCubbin et al<sup>12)</sup> discuss in their research the concept of resilience and identify two components: elasticity as the property of the family system that enables the family to establish patterns of functioning after being challenged and confronted by risk factors; and buoyancy, as the family's ability to recover quickly from a misfortune, trauma or transitional event causing or calling for changes in the family's pattern of functions. Crises are both transitional such as the birth of a child, marriage, developmental events, or traumatic such as the birth of a child with multiple problems; diagnosis of a teen with stage IV non-Hodgkin's lymphoma; death of a mother; sudden relocation from a revolution; hospitalization for post traumatic stress syndrome, divorces

after years of spousal abuse; a father dying of cancer; birth of a child placed for adoption, death of spouses, and other traumas.

Crisis situations in the study group included terminal and chronic illness as well as emergencies. Regardless of the type of health problem, all participants identified family members, significant others, far more frequently than others as providing support, concern, caring and strength. Health care professionals, particularly nurses were the second most frequently cited support persons followed by support groups, dogs and others. Individuals who experienced social crisis and psychological crisis identified the same personnel as being most helpful in working through the crisis to resolution.

Do families have characteristics of maturation similar to individuals? Clearly, the literature is reflecting more recently research related to families assessing the same criteria as has been used to assess an individual's ability and resources to resolve crisis situations. Children have been studied for years to see the source of their resilience with many of the crisis they experience developmentally and from various events in their lives such as divorce, death, natural disasters, war, etc. Children have been a source of information for family research. The past theories related to the inability of children from structurally destroyed home to be inadequate adults are challenged by the number of children who do better when a structurally intact home dissolves and becomes functionally intact rather than dysfunctional. Research is looking at functionally intact as perhaps a more important factor in the overall outcome<sup>13)</sup>.

The types of stress affecting individuals and families are the same. After all, individuals are part of a family and community. The enmeshment cannot be denied. The use of general systems theory as a basis of family systems analysis reflects the same impact of crisis whether it is on an individual or family when there is an imbalance created that requires attention for resolution and must draw upon resources available just

as an individual, perhaps only the complexity and the number of factors increases slightly but also the potential for resources increases.

The questionnaires reflected the drawing upon resources to facilitate crisis resolution ranging from various family members, support groups, nurses and occasionally other health professionals. Community support groups with a focus related to the stimulus of the crisis were found to be helpful for many because the individuals and families found others who had experienced the same event and were in the process of healing and restructuring. The information and techniques shared were beneficial and a bond was frequently developed with these resources.

Factors that will promote crisis resolution in families are family integration that promotes an optimistic outlook; family support and esteem building; family recreation orientation, control and organization and family optimism and mastery. In the responses of the participants of the study, most often identified as being the major factor in growth through the crisis resolution were people either a support individual or individuals who assisted with the crisis resolution were family. In the several individuals and families that reflected regression, support by family was not identified as a resource which supports the concept of immediate resources available make a difference in growth or regression following a crisis event.

Recovery factors isolated in the responses were self-reliance and equality in family functioning; family advocacy from spiritual support, group support or professional support; family's ability to adapt to the changes that were occurring as a result of the crisis and family values that became clear during the crisis and stronger once the crisis was resolved. Participants reported learning the importance of family values and the reciprocal needs of members of a family not only in time of crisis. A striking need for some was the increased need of knowing information while for others the ability to live with uncertainty was accepted and increased after

experiencing the crisis event.

Nursing interventions that were identified were support and facilitation of communication and access to resources. The ability to communicate the needs without asking and the encouragement and support for the adjustments that needed to be made because of the medical conditions confronted. The ease with which family members were able to relate to nurses was comforting and provided opportunity for learning not previously experienced in medical situations.

Several respondents commented learning new ways of communication and coping strategies arose from the crisis that have been helpful in other situations since. The ability to resolve problems that previously seemed impossible in the past was rewarding. From the crisis, priorities were evaluated that changed life in a positive manner that would probably not have happened if the crisis had not occurred.

Some of those who suffered from such stress as loss of job or dissolution of a long term relationship or divorce cited learning about themselves through the process of restructuring their lives has been invaluable not only in their personal life but also in their professional life. The clarification of values related to family and life became clearer as well as effective strategies for dealing with conflict and the ability to recognize impending high levels of stress and the need to intervene to prevent crisis.

Introduction to support groups and others with the same problems was most helpful. This was true with all types of crisis including death, catastrophic medical problems, loss of job and loss of partner. "Isolation and others not understanding my needs made it difficult but being with others working through the same crisis was most helpful. Prior to the crisis, I did not know such resources existed."

The effectiveness of the interventions were in the immediate period after the crisis occurred when as some responded they were at "loose ends" and did not know what to do or how to proceed

because they were so overwhelmed. "Having the intervention when floundering made all the difference in the world" several responded.

Flexibility was identified by some as being critical in working through a crisis yet having limits and a framework. Yet "family routines were comforting as well as the maintenance of family traditions, comfort foods or activities enjoyed in the past and forgotten in recent times". The need for the opportunity to have "moments of enjoyment, laughter, and hope when all seemed dismal" was important to some of the participants who reported these gave them a "refreshing perspective and reduced the overwhelming feeling".

The need for the assessment of developmental characteristics done often in theory classes and not applied in clinical situations, too frequently in introductory courses of human development arose as a measure to be addressed by nurses in education and practice. In assessments maturity is generally done based on physical evidence. Maturity encompasses more than physical development and the dimensions of maturity are not restricted by age. Assessment of patients for characteristics of maturity based on the dimensions as identified by Overstreet may serve nurses to be better prepared to recognize impending overwhelming stress or crisis in the patients and families with whom they work. Certain clinical units commonly present daily struggles of patients and families with overwhelming crisis and the need for assistance in crisis resolution. Knowledge of patients and family resources obtained when other assessments are completed prepares the nurse for preventive intervention.

Knowledge of community resources that may be available for patients is important to assist with the opportunity for growth by patients and families who experience crisis. Hospitals are always a crisis situation, which is why nurses may play a vital role in helping strengthen families and individuals through appropriate interventions.



## Summary

Family nursing theory is evolving and focusing not only on the structure and function of families but also on the characteristics of families that will assist with crisis resolution with positive growth for the family and its members in today's quickly evolving society. Nursing plays a critical role with crisis resolution in families since so many of the stimulants to family crisis are in various types of medical situations as well as developmental milestones across the life span. Factors that facilitate maturation in individuals need to be assessed in clinical situations to prepare individuals and families for the crisis situation that they are likely to encounter and apprise them of resources for support and resolution. Optimism is important and can make a difference.

The use of the semantic differential based on Overstreet's Dimension of Maturation may be used as a tool in working with families or individuals to determine their capacity to resolve crisis situation they may experience. It is easy to administer and quite easy to see the level at which an individual is functioning and what the potential capacity is for resolving crisis. Adults who are still closer to the characteristics of immaturity are vulnerable to have greater difficulty should crisis cross their path. The resilience of children is often related to their openness for learning. Crisis provide an opportunity for learning and for resolving problems allowing individuals to function at a higher level than before the crisis, however, as facilitators of growth, nurses must be proactive and promote skills that will prevent crisis and enhance the ability of an individual and/or family to resolve those events that will arise.

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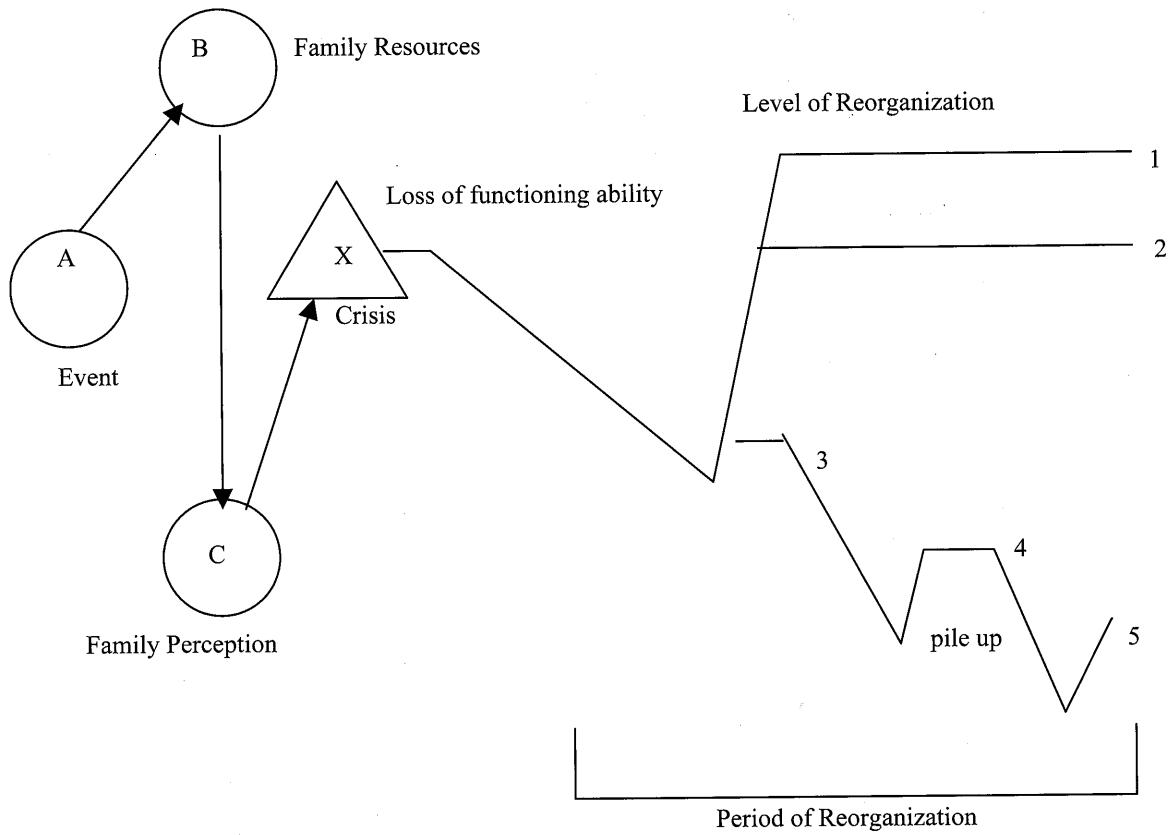


Figure 1 Hill's ABC-> X Model

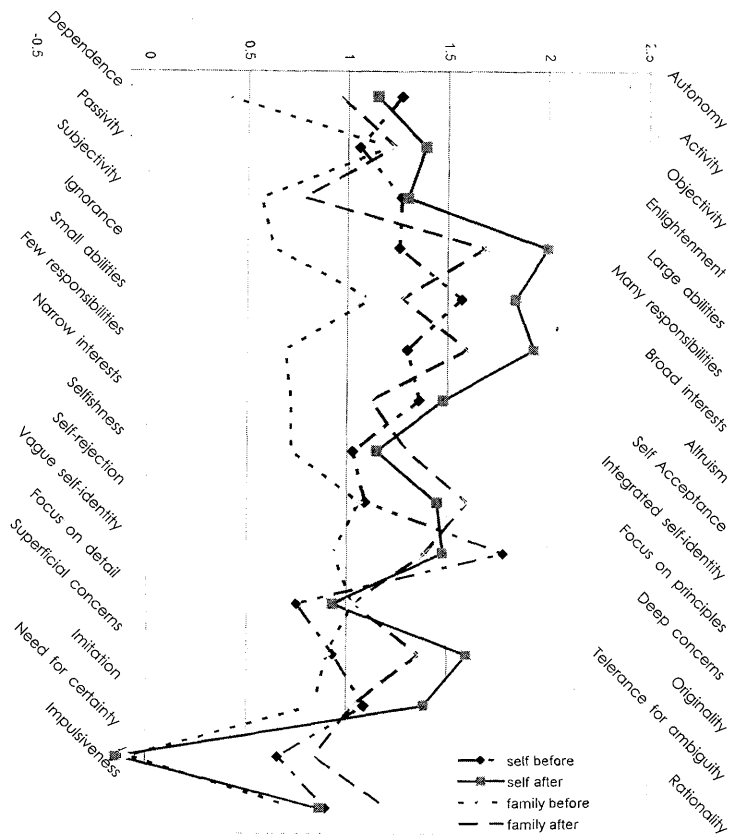


Figure 2: Results of the Semantic Differential Scale Reflecting Maturity of Self and Family Before and After Crisis

**Appendix A - Questionnaire**  
Impact of Crisis on Family Dynamics

At some time during our life, we often experience crisis either self or a family member. This study is looking at the effect upon individuals and their perception of the impact on their family. Please respond to the following questions. This is part of a study being conducted in several countries to assist professionals who work with families to be more effective in their work.

1. Type of crisis:
  - Medical
  - Social
  - Psychological
2. Cause of crisis (i.e. cancer, car accident, divorce, etc.)  
\_\_\_\_\_
3. Person affected:
  - Self
  - Mother
  - Father
  - Sister
  - Brother
  - Child
  - Significant other
  - Cousin
  - Aunt
  - Uncle
4. Coping mechanisms used
  - Anger
  - Denial
  - Grief
  - Projection
  - Extra work
  - No work
  - No reaction
5. Support systems available
  - Family
  - Friends
  - Professionals
  - Other persons experiencing same crisis
6. Please check perception of **SELF BEFORE** Crisis

| Characteristics of <b>SELF BEFORE</b> Crisis |                          |
|--|--------------------------|
| Dependence                                   | Autonomy                 |
| Passivity                                    | Activity                 |
| Subjective                                   | Objective                |
| Ignorant                                     | Enlightened              |
| Small abilities                              | Large abilities          |
| Few responsibilities                         | Many responsibilities    |
| Narrow interests                             | Broad interests          |
| Selfishness                                  | Altruism                 |
| Self-rejection                               | Self-acceptance          |
| Vague self-identity                          | Integrated self-identity |
| Focus on detail                              | Focus on principles      |
| Superficial Concerns                         | Deep concerns            |

7. Please check perception of **SELF AFTER** Crisis

Characteristics of **SELF AFTER** to Crisis

|                      |   |   |   |   |   |                          |
|----------------------|---|---|---|---|---|--------------------------|
| Dependence           | : | : | : | : | : | Autonomy                 |
| Passivity            | : | : | : | : | : | Activity                 |
| Subjective           | : | : | : | : | : | Objective                |
| Ignorant             | : | : | : | : | : | Enlightened              |
| Small abilities      | : | : | : | : | : | Large abilities          |
| Few responsibilities | : | : | : | : | : | Many responsibilities    |
| Narrow interests     | : | : | : | : | : | Broad interests          |
| Selfishness          | : | : | : | : | : | Altruism                 |
| Self-rejection       | : | : | : | : | : | Self-acceptance          |
| Vague self-identity  | : | : | : | : | : | Integrated self-identity |
| Focus on detail      | : | : | : | : | : | Focus on principles      |
| Superficial Concerns | : | : | : | : | : | Deep concerns            |
| Imitation            | : | : | : | : | : | Originality              |
| Need for certainty   | : | : | : | : | : | Tolerance for ambiguity  |
| Impulsiveness        | : | : | : | : | : | Rationality              |

8. Please check perception of **FAMILY BEFORE** Crisis

Characteristics of **FAMILY BEFORE** Crisis

|                      |   |   |   |   |   |                           |
|----------------------|---|---|---|---|---|---------------------------|
| Dependence           | : | : | : | : | : | Autonomy                  |
| Passivity            | : | : | : | : | : | Activity                  |
| Subjective           | : | : | : | : | : | Objective                 |
| Ignorant             | : | : | : | : | : | Enlightened               |
| Small abilities      | : | : | : | : | : | Large abilities           |
| Few responsibilities | : | : | : | : | : | Many responsibilities     |
| Narrow interests     | : | : | : | : | : | Broad interests           |
| Selfishness          | : | : | : | : | : | Altruism                  |
| Self-rejection       | : | : | : | : | : | Self-acceptance           |
| Vague self-identity  | : | : | : | : | : | Integrated self-identity  |
| Focus on detail      | : | : | : | : | : | Focus on principles       |
| Superficial Concerns | : | : | : | : | : | Deep concerns             |
| Imitation            | : | : | : | : | : | Originality               |
| Need for certainty   | : | : | : | : | : | Tolerance for ambiguities |
| Impulsiveness        | : | : | : | : | : | Rationality               |

9. Please check perception of **FAMILY AFTER** Crisis

Characteristics of **FAMILY AFTER** Crisis

|                      |   |   |   |   |   |                          |
|----------------------|---|---|---|---|---|--------------------------|
| Dependence           | : | : | : | : | : | Autonomy                 |
| Passivity            | : | : | : | : | : | Activity                 |
| Subjective           | : | : | : | : | : | Objective                |
| Ignorant             | : | : | : | : | : | Enlightened              |
| Small abilities      | : | : | : | : | : | Large abilities          |
| Few responsibilities | : | : | : | : | : | Many responsibilities    |
| Narrow interests     | : | : | : | : | : | Broad interests          |
| Selfishness          | : | : | : | : | : | Altruism                 |
| Self-rejection       | : | : | : | : | : | Self-acceptance          |
| Vague self-identity  | : | : | : | : | : | Integrated self-identity |
| Focus on detail      | : | : | : | : | : | Focus on principles      |
| Superficial Concerns | : | : | : | : | : | Deep concerns            |
| Imitation            | : | : | : | : | : | Originality              |
| Need for certainty   | : | : | : | : | : | Tolerance for ambiguity  |
| Impulsiveness        | : | : | : | : | : | Rationality              |

10. Other impact on self from crisis:
11. Other impact on family from crisis:
12. What was most helpful to you to overcome the crisis?

Thank you for responding to this questionnaire.