MAPPING THE FAMILY STORY

The little world of childhood with its familiar surroundings is a model of the greater world. The more intensively the family has stamped its character upon the child, the more it will tend to feel and see its earlier miniature world again in the bigger world of adult life.

C. G. Jung

ONE YEAR AFTER FRANKIE "BABY FISH-EYE" DEMELLO FLEW OFF in his imagination to Disneyland and ended up to everyone's dismay in Newtondale State Hospital, the short doctor from Israel—Alan Flashman—told me the following story about families. It began some sixteen years ago when Dr. Flashman was a resident at the Albert Einstein College of Medicine. There, his duties as a young psychiatrist included creating a team of specialists to care for patients in the Burn Intensive Care Unit at the Bronx Municipal Hospital Center. His role on this team expanded from the ordinary one of helping patients and families adjust to their painful misfortunes to the subtler role of psychological detective. Why, he asked himself, were so many of the spouses of burn victims furious as well as appalled? Why did these angry family members talk as if the accidents were inevitable or even planned? Was he actually dealing with what

he calls "covert suicides"—the subconscious wish to die that leads individuals to take risks and to be careless until finally "an accident" just happens?

"What got me into this business of mapping family stories," he said, "was a man—a janitor—who came to the unit with a hundred percent of his body burned. He died, and I interviewed his wife. She was a wonderful storyteller, as the Irish often are, and it became clear to me that she was telling a story of a very long power struggle."

In this family, Dr. Flashman learned, women were traditionally obedient. They lived within the home, and they followed their husbands' advice. It had been like this for generations until the janitor's wife and daughter got other ideas. One chapter in this long debate involved the daughter's wish to go to college and the wife's decision to use family collateral to support this experiment. The father said no. He felt that his role as head of household and as a man was being challenged. Months of arguing ensued. Finally, his wife marched down to the neighborhood bank and secured a loan. While she was there, the janitor, who had handled cleaning materials all his life, cleaned the wooden steps of their home with flammable cleaners and a propane torch. He caught fire himself and nearly burned down the house.

"'Oh my God,' I said to myself when I heard this, 'the man got so angry, he just went up in smoke.' What I saw then, was that the 'accident' could not possibly be understood without knowing how several generations in this family had dealt with one another. The fire had a special meaning for this family that would not hold for other fires or other families."

As Dr. Flashman continued talking with the janitor's wife, he further realized that they were engaged in a kind of reciprocal storytelling (the kind we saw in chapter 2 that Roy Schafer was experimenting with and calling narratives). Again and again, the wife would retell the events leading up to the accident, but each time the account was expanded or in some way clarified by the insights that Dr. Flashman's listening fostered. Conversely, with every retelling, Dr. Flashman's own story of what is important to know about an accident was expanded and clarified by the

And the second second second

209

wife's tale of how the members of her family worked or failed to work together. Some stories, he concluded, can only be understood if their distant beginnings are uncovered.

Naturally, Dr. Flashman carried these insights to new cases. Regardless of the type of burn, he now collected information on every member of the extended family—uncles, cousins, grandparents, stepparents. He tried to see how the whole unit or family system operated to keep itself going. To parallel this, he developed what he called a systems approach to the emotional management of the burn team itself. This group, too, functioned as a family system, meaning that the activities and feelings of each member of the team caused reactions in all the other members. Also, the jobs the team undertook and the progress it made—both physical and emotional—were all shared.1

"Keeping track of all these people and events got pretty messy on paper," Dr. Flashman remembered. "The conventional genogram, developed in the late 1960s by such family therapists as Murray Bowen and Monica McGoldrick, wasn't capable of handling the passage of time. The old genogram is a snapshot here's a square for Dad, a circle for Mom, symbols for the kids, and a bunch of lines for divorces and deaths—but there is no way to look back and see patterns of behavior that may be repeating themselves."

So Dr. Flashman devised a way of following the progress of a family, called Family Developmental Tracking, which is why when he met Frankie and his several mothers and brothers he began drawing circles and squares, and lots of dates. His objective was to map the characteristic behavior of this particular family system, starting as far back as possible. For example, what did Lola, her brothers, and one sister do when it was time for them to leave the nest? Did each get a job and move into an apartment? Did they go to jail? Did the girls get pregnant and move into someone else's house? And would these patterns then repeat themselves in Frankie's generation?

Looking at Lola's family of origin in the expanded genogram

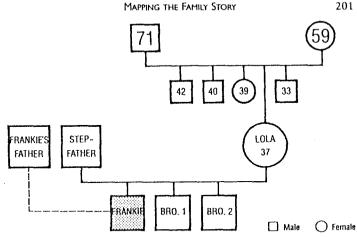


FIGURE 1. Conventional Genogram of the DeMello Family

(Figure 2), it is evident that it was strangely difficult for each of the five children to leave home. Several of the boys went in and out of jail before marrying and moving out. It was almost as if they had broken the law of the home, been sent away, and were allowed back only to break their parents' rules again and be sent away once more. In a similar fashion, Lola's sister, Lorna, ran away and returned repeatedly before marrying and moving out. Lola adopted a different pattern. She became pregnant at fifteen and was allowed to stay in the home with little Frankie until she married some five years later. Somehow she managed not to break the rules of the home and not act out her rebellion. During her tumultuous marriage, however, she returned to her parents' home many times. The youngest brother—"the good one," as Lola calls him-moved out a couple of times to live with girlfriends, but he soon returned for good. At present, he lives with his parents—and, we learned later, his uncle had lived with his parents a generation before.

"Just like the novels," Dr. Flashman said when I told him. "You know, the writers of family sagas have known for years that it takes three or four generations to bring out the family drama."

In simplest terms, then, the genogram that Dr. Flashman devised suggests that Lola grew up in a family that had parts or roles in the family drama for "bad," rebellious kids and another

^{1.} Michael Kerr and Murray Bowen, Family Evaluation: An Approach Based on Bowen Theory (New York: W. W. Norton & Co., 1988).

LOLA'S FATHER						LOLA'S MOTHER	
Ī	BRO. 1	BRO. 2	LORNA	(LOLA)	BRO. 3		
AGES			_	<u> </u>		AGES	
44	15*	13	12	10	6	32	
46	17*	15*	14*	12	8	34	
49	20△	18*	17△	15 Pregnant	11	37	
50		19△	Die	16-U	12	38	
54			OII	20 [△]	16	42	
Health problems					18*	44	
					19*	45	
				古24	20+	46	
59				reakdown	21∗	47	
71 Poor hea	lth F/	MILY AT P	RESENT		33*	59	
☐ Male ○ Female ★ Briefly out of the home							

FIGURE 2. Family Developmental Tracking: Lola's Family of Origin

script for dependent ones who seemed to want, or at least accept, protection. Both ways of behaving strongly suggest that the family was run according to a set of rules so rigid and inflexible that an adolescent with the natural need to modify family rules so that he or she might become more than a family clone was given no room for negotiation. Either the teenager knuckled under and was kept at home as a perpetual child afraid to grow up, or he or she broke the rules, started growing up, and was kicked out with the message that "rebellion and growing up are bad."

MAPPING THE FAMILY STORY

"Conventional genograms can't reveal these ways of acting in a family," Dr. Flashman explained. "In addition, they can't answer the question, 'What do these actions mean now?' Why did Frankie get put on Ritalin for hyperactivity at age five? Why not at six or eight? Why did Lola have a breakdown at age twenty-four? We can begin to answer these questions when we see what else is going on both in Lola's family of origin and in the new family she's starting with her husband."

For example, we can see in the genogram of Lola's new family (Figure 3) that when Frankie is four years old, he gets a stepfather. Lola tells us that her husband had a violent temper when he drank, and would strike out at those around him. This behavior began shortly after Lola was married, and it does not seem surprising that within the year, Frankie became unmanageable and was put on Ritalin.

In a similar fashion, Lola's breakdown at age twenty-four is more understandable when we see that just as Frankie was taken off Ritalin and Lola's second child was ready to get out of diapers, the young mother gave birth to a premature baby. Now she had an eight-year-old who was becoming increasingly restless off his medication, a two-year-old, and a preemie. In addition, the house where she and her children were living while her husband was in and out of jail burned down, and her life went up in smoke again. She was forced to return to her parents, but this was no longer a solution. Her position as the dependent, obedient one had been taken over in her absence by her youngest brother. Lola with her three young children were not welcome. Feeling angry and rejected, she fought violently with

STEP-**FATHER FATHER** Divorced BRO. 1 **AGES** AGES 30 Lola marries Ritalin 31 at 5 32 Born House burns down, Lola Premature 2 & children move in with Birth her parents. Suicide attempt. Jail Frankie in legal trouble 5 Youngest bros, hyperactive 40 30 Frankie's suicide attempt Legal followed by hospitalization. 9 He is diagnosed schizophrenic. Divorced Back home 36 Frankie gets girlfriend Both boys in trouble 21 37 Frankie hospitalized 38 FAMILY AT PRESENT 23 17 39 (15)Future? 18 out? 16 out? 40 BREAKDOWN? 26 42 STABLE FAMILY UNIT?

FIGURE 3. Family Developmental Tracking: Lola's New Family

her father, twice kicking a door down, and once drinking alcohol and taking all her father's heart pills in an angry suicide gesture. Although Dr. Flashman had begun mapping families like the DeMellos in order to organize multigenerational data and to answer the question, "What does this action mean now?" he realized that the maps could be used as a guide to the future as well as the past. In other words, if he saw that Lola or a brother was kept at home as a fragile or obedient child, he could look at Lola's children to see if any of them were on the same kind of journey. Sure enough, there was Frankie making a serious suicide attempt at fifteen (the age Lola had become pregnant) and suffering a breakdown at seventeen, at which time he was diagnosed as schizophrenic. Both gestures labeled him "fragile," and suggested that he might be the one the family chose to stay home.

"Where do you think Frankie will be ten years from now?" I asked Lola recently.

"With me," she answered without hesitation. "I knew Frankie was my boy from the time of his first breakdown, and he say he'll be mine till he get a hundred years old. When the others are gone, I'll be with Baby. Peoples used to take us for brother and sister, you know."

Had I used Family Developmental Tracking when Frankie was eighteen and the DeMello family first came to me, I wouldn't have been so surprised by what now seem to be a more understandable series of events. I would have expected Lola to want to keep Frankie at home. I would have expected the second brother to get in trouble at age fifteen—he did. I would have expected trouble with the law. And I certainly would have paid attention when Frankie got his first serious girlfriend at age twenty—exactly the age his mother married and moved and began to be abused. But I did not map the family back then, and I was unprepared for what seemed like its sudden disintegration.

When Frankie turned twenty-one, he and Tanitia decided to marry. He looked as good as I'd ever seen him that fall, and the prospect of being out on his own for the first time, yet protected by the well-organized Tanitia, seemed to interest him a great deal.

"We'll work at a job that pays good money, an' I can play my metal music whenever I want," he said. "Tansy better learn how to cook fast."

Frankie started to work out at a gym and dress smartly. This so alarmed the family that both brothers made trouble at school and came in for counseling as if to take Frankie's place.

Several months before the marriage, I began meeting with Lola, who openly encouraged Frankie and his girl to marry but confided to me and her sister that Frankie was too fragile to move out of her home. I also met with Frankie and his girl. Tansy sensed Lola's ambivalence and was hedging her bets by trying to get pregnant several times a day. Frankie was delighted. As the date approached, however, he grew quiet, and when the couple rented an apartment and actually moved in together, he became physically ill. For several weeks he threw up frequently and was treated for the flu. A month before the wedding, Frankie began canceling his appointments at the clinic. It became apparent that he was either not taking his medication for schizophrenia or was throwing it up. A new supply was obtained, and a loading dose (or catch-up dose) administered. For a day or two he seemed to rally, but with hindsight I can see we were opposing the momentum of at least three generations with a couple of pills. Our efforts were uscless. One morning Frankie received a phone call from his mother, ostensibly about his benefit check. That afternoon he rang all the fire alarms in Hillsdale, ignited his wastebasket (more smoke), and turned himself in. Within two days he was at Newtondale. Mute, immobile, and incontinent, he was a true baby. He remained hospitalized there for nearly nine months.

Now he is coming home, "Where he belongs," Lola says, "an' he's given up on girls. The other boys miss him. They're starting to settle down now because they know he's coming back." The pattern continues uninterrupted.

Referring again to Figure 3, it is clear that a number of hurdles confront the family in the coming years. Will the third brother break loose at fifteen? Will Frankie break down again at age twenty-four, as his mother did? Will his brothers leave home then?

"It would not be too farfetched to predict some very dangerous or pathological transactions, say from the time Frankie is twenty-four to the time he's twenty-eight," Dr. Flashman speculated.2 "These years will give the family its last natural opportunity to free themselves from the unchosen necessities of their common path—from their old pattern of living where any gesture or statement that is spontaneous and truly expressive of how someone is feeling sets off so many reactions in the other members of the family that it gets smothered. As a result, the people in Frankie's family feel trapped. They have the sense that they are doomed to go on living exactly as they have been living. They have no feeling of authorship for their actions. They feel controlled by the way things are and have to be. That's the way myths represent life—as inevitable. Will the family stay in the myth? Or will it struggle to regain a measure of freedom, and enter the realm of history?"

One thing is clear, if the myth is continued, either Frankie will stay at home as a child, as both his uncle and great uncle have done before him, or, if he is placed in a halfway house against Lola's wishes, one of his brothers will be sacrificed to the role of fragile child in need of protection. Of course, no one in the family consciously understands why it is so dangerous to grow up or why one child must remain at home. The original problem, for which keeping a child at home was the solution, has been forgotten generations ago.

"Now you can begin to appreciate why one of the problems in treating families is that a family's time scale is very different from the time scale used by therapists," Dr. Flashman said. "Professionals see clients like the DeMellos getting better or breaking down within a span of several years—maybe a decade—but actually families live and grow, suffer and heal within the slow passage of generations.

"Consider Murray Bowen's provocative pronouncement that it takes three generations to create a schizophrenic. That's like saying it takes three generations for a family to become trapped

^{2.} Alan Flashman, "A Systems Approach to the Emotional Management of the Burn Team," in J. Nicosia, ed., Manual of Burn Care (New York: Raven Press, 1983).

209

But how does this actually happen? Why is it that when patterns of living are rigidly handed down from generation to generation, they become increasingly confusing. Studying many families, including his own, Murray Bowen was able to appreciate that his mother and father interacted with their children not primarily on the basis of the characteristics or needs of their sons and daughters, but more on the basis of the earlier relationships they had experienced with their own parents. Of course, as children Bowen and his siblings had no idea that they were being recruited into a drama that was already under way. They did not realize that when their mother sang a lullaby, she was singing as much to her own mother (and to herself, as if she were again the listener) as she was singing to her children. Bowen believed that this unacknowledged carrying forward of past relationships affected the way parents punished, praised, comforted, instructed, and generally treated their children. To the extent that these past relationships were problematic and remained unresolved, the unconscious carrying forward created confusion. (To the extent that the relationships were productive, they forged family cohesion.)

"Think of Frankie as playing a part in a play that has been running for three generations," suggested Dr. Flashman. "In the original drama the players actually read the script; that is, they experienced the loss or the problem firsthand, be it loss of a parent, a house burning down, or an unexpected pregnancy. They see the original props—say the house that is now in ashes or a piano that must never be played. As the years pass, members of the original cast die or move away. They are replaced by Lola and her siblings and later still by Frankie and his brothers. These replacements are never told what the old problems were or how to think about them. They certainly aren't told what to say. But they are praised if they say the 'right lines'—the lines that made sense twenty years ago—and punished if they say something too different, even if it makes sense in the present situation.

"It's important to understand that when a player says the

right lines—like Frankie saying, 'Ma, I feel sick,' which he believes is his own idea—he experiences a special 'click.' That click is the sense of belonging, of things coming together the way they're supposed to. However, if Frankie says the 'wrong lines,' and starts talking about moving out, then he will experience an unpleasant drop as he hits a gap. The gap is a sense of speaking a foreign tongue, and of saying something that no one will recognize. Something starts to fall apart.

"This maneuvering becomes increasingly confusing with the passage of time because after a generation or two the entire cast is made up of people who have never seen the original script or experienced the original problem. They still walk carefully around 'something' that isn't even on the stage anymore. [The piano.] They may even speak the right lines to 'someone' who it was very important to placate or comfort in the past, but who is now both gone and nameless. You see the confusion? I mean here's a rough description of psychosis for you—a person whose actions don't fit the present reality in an understandable way. In a milder form the same muddle is familiar to all of us. Yet from the player's point of view, he is simply trying his best to play a needed part. Out of loyalty for his family, he is unconsciously agreeing to remain no one—a blank and self-erasing slate that accepts the inscriptions or lines of prior generations."

Given this ongoing drama, Bowen wondered how it could be changed—how the actors could be "differentiated" or broken free from their traditional roles. He found it to be extremely difficult. If therapist-as-director tries to redirect some of the scenes, the family tends to assimilate the role of director into the drama as well. If therapist-as-audience gives feedback, the same thing happens. The therapist mysteriously finds himself onstage caught up in the same old play. Bowen concluded that the best way to change a family was to coach one member until that person was able to refuse to honor the traditional exchange of lines. "I'm part of this family," that person says, "but I'm not continuing the old play." This daring sabotage does not create a new drama, but it brings the old one to a halt. It forces members of the family to face each other and begin to speak lines that fit the present reality.

"There are cultures such as Latino and Yiddish," Dr. Flashman continued, "where every baby girl is called Mommy and every boy, Daddy. 'Sing to me, Mommy,' a mother will tell her daughter. 'Take care, Daddy,' she will say to her son. I think they are giving the child a hint that he is going to play the role of parent as well as child.

"This may help to explain what Bowen meant by saying that it takes three generations to create a schizophrenic. We can see that with each generation of DeMellos there is more confusion and an increasingly narrow range of solutions or options. Perhaps all that is left for Frankie's children is to remain unborn."

Looking at the other side of the coin—the gradual differentiation and loosening up of family roles—Bowen believed that there are particular points in a family's life cycle when its members have a natural opportunity to grow and expand. The most obvious of these windows is adolescence, which is when most children start making their own decisions.

In every family with children, parents have a pretty clear although often unstated idea of what roles the children should play. Some parents expect tomboys or little scholars. Others expect strong ones or weak ones, bad ones or good ones. There are family mascots and pranksters. There are little Mommies and little Daddies. From the age of about four years old to twelve, children accept the roles given to them, and learn how to play them. During adolescence, however, they begin to strike out on their own and change these roles. No longer content to be a chip off the old block, the fourteen-year-old adds and experiments. Cigarettes, makeup, beer, preppie clothes, untied shoes, messy rooms—all kinds of props are used to put on new productions. Not only does each adolescent change the person he or she wishes to be, but the teenager changes the rules for making the rules that the family lives by. It is not enough for parents to allow their children to alter the way they speak and dress; they must also allow their sons and daughters to assume a more equal role as partners in determining their emerging lives.

I once heard a psychologist say that adolescence is a fight over who knows what is best for the child. "One of the important things to remember in this fight," he said to parents, "islose!" In other words, adolescents need to emerge at eighteen or twenty believing that they are different—or as Bowen would say, "differentiated"—from their parents' expectations, and that they themselves know how to regulate their lives.

It is at this point, when children reach adolescence and start rocking the family boat, that either they will be allowed to make new roles and set new rules, which will open up the family system for everyone, or great energy will be expended to keep them in their more obedient, preteen position. To some degree this shuts down the family's options—again for everyone. There is no way for a family not to change one way or the other. The entire system either becomes more flexible or more rigid.³

Naturally, not all aspects of family life become better or worse when a family changes, and it is common to hear people say that their families are "lucky in love" or "losers when it comes to work—not one of us has had a job we really liked." These are common ways of saying that a family has or has not had problems in certain areas of living. If asked, the speaker will usually go on to admit with surprise that this piece of "luck" or that inability is indeed generations old. Although they may wish to "fix" their own problems and hand down to their children an entirely different pattern or attitude, such transitions cannot be rushed.

Returning to Bowen's formulation of family growth, and using it in conjunction with Flashman's Family Developmental Tracking, we can now look at the DeMellos and see the family's pattern of increasing rigidity. We can speculate even further into the future. When Lola was fifteen, she spent a day in the city

3. In chapter 14, "The Record Keepers," we will see that institutions such as university departments and teaching hospitals are also systems. Here, too, students and junior clinicians come into the system to learn a role that is clearly formulated by their seniors. For a year or two, beginners are fairly obedient, but then they enter a kind of adolescence. They wish to expand and modify their roles as psychiatrist, psychologist, or social worker, and they wish to have a hand in making the rules that govern their behavior and training. Like a family with a dozen fifteen-year-olds, the hospital system is challenged. It will either open up and allow greater flexibility for all, or, as we will see, it will find ways to discourage rebellion and innovation. Often these ways of not changing are called "being professional," just as in the family not changing is often called "being good."

together.

215

and came home pregnant. Her father, who beat all the kids when they disobeyed him, beat Lola and then made a deal. You can remain at home with your baby, he told her, as long as you never again break another rule in our household. In other words, I'll feed and protect you, if you agree not to grow up. (This apparently solved a problem for Lola's parents.) Having few resources, Lola accepted the bargain. For all intents and purposes she remained a child of twelve both in her father's home and then in her husband's home, where she was again beaten. Fifteen years later she struck the same bargain with Frankie, again to solve an old family problem that she couldn't even name. Although his stormy adolescence gave the entire family-Lola and her three sons-a second chance to disentangle themselves from each other and experiment with independence, it seemed too dangerous. Frankie shut down. Bowen might speculate that each of Frankie's two half-brothers will again try to pry open the family system as each goes through

adolescence. If all three fail, the troubles will be passed on. Like

his uncle and great-uncle before him, Frankie will stay with his

mother until she dies. Each of his brothers may pass this "solu-

tion" on and have a son who is expected to remain a trouble-

some child-a distraction, a reason for the family to stay

"In a family like this a clinician must understand that the treatment will take several generations," said Dr. Flashman. "Let's say that hope for this family means letting out the secrets about abuse, whatever they may be. You might work for fifteen years with Lola simply to stop Frankie from abusing his unborn children. That's where your focus might be. If it worked, the direction of the family would change—away from enmeshed rigidity and toward differentiation."

This is what Dr. Flashman means by "doing therapy in the family's time" rather than forcing the problem into the clinic's much shorter periods of treatment.

"Therapy is always somewhat artificial," Dr. Flashman continued, as he began returning the DeMellos' six-page genogram to Frankie's chart, "just as case histories are artificial stories. But by mapping the family story in family time, therapy can

sometimes fall into step with real life. Mapping lets us recognize and respect who the clients are now, this minute, who they are capable of being in the next year or so, and who they can become together in the future.

"And this is good for the therapist as well," he said with a smile. "She has time to be curious, time to choose and reflect more freely among a variety of strategies for facilitating change—including no change just yet—and time to learn. She needs to figure out what therapist she can become with the family as they go off on this slow journey together."

At the end of the summer, Frankie "Baby Fish-Eye" DeMello finally got out of Newtondale Hospital, and Dr. Flashman went back to the Hebrew University in Jerusalem where he teaches Family Developmental Tracking as part of a course in systems theory. Before he went, he told me a story that, he said, most poignantly illustrated that changes in the lives of families proceed according to their own slow timetables.

"I was once asked to speak to an entire kibbutz about families," he began. "It was arranged that they would gather in the dining room, from the oldest to the youngest, and that I would stand at the end of the room and, as therapists do, try to put into words something that they felt but perhaps could not quite say. I hesitated a very long time, wondering if I should tell them what I saw happening in their communities, or whether I would be causing them pain and retarding their healing. But I went ahead, and this is what I told them.

"I said, 'Many of the kibbutzim in this region of the Negev were founded in the last years of the 1940s by young people who had recently survived the Nazi Holocaust in Europe. They came to Israel as refugee-pioneers with the most extraordinary mixture of personal tragedy, burning identification with their people, intense idealism, and an adolescent passage—a phase of growing up—that was brutally cut short. All of these people had suffered overwhelming losses. Most were all alone in the world. On this desolate emotional landscape they built the kibbutz, and this community took the place of their families—not of ordinary families with many generations, but a horizontal family with

everyone in a single generation. As much as humanly possible these people in their late teens and early twenties turned their backs on what they had lost, and began again. Of course, they could not forget their parents and siblings, but all the rest—the aunts, uncles, and grandparents—were allowed to recede into some inner recess of their hearts that remained locked and silent.

"Soon the kibbutz began creating children, and naturally these children formed another horizontal generation. For practical as well as ideological reasons, they were raised together with their age mates and seen as children of the kibbutz. No one seemed to notice then that in real time—in family time—an entire generation was growing up with parents but with no grandparents—no mothers and fathers of their own mothers and fathers. Now imagine twenty, twenty-five years of group life without a single grandparent around. How could children possibly come to see their parents as "children of" and begin to understand the family drama of which they were a part? They couldn't. In the kibbutz adults were "mommies and daddies of," but beyond that, they were only rather abstractly "members of" the kibbutz, as if they had been born to it.

"'And then,' I told these people sitting in the dining hall, 'just add the years as they move slowly along—and you will come to the early 1970s. The first children of the kibbutz themselves become parents. For this society at this time, the birth of the first grandchild in each family is a double birth, for with the birth of the child, the first grandparents are born. For a generation, the words "Grandpa" and "Grandma" have not crossed the lips of anyone. But with this first utterance of "Grandpa," voices that have long been silently locked in the heart begin to speak, and memory returns. The voice that returns is that of children long ago in Eastern Europe'whose cries and squeals abounded with "Grandpa" and "Auntie." It is the voice, rich and vibrant, of large families who shared real family time with each other. It is the voice of family life as once lived by these now graving onceyoung pioneers, and it brings back to them their real families where parents were always both "my mommy" and "daughter of." All the grandparents, uncles, and aunts who had been lost in the Holocaust and who had been locked away in the hearts of lonely teenagers began to move then, and without warning the old pioneers—weeping—regained the memories of their families. Images that had receded generations ago arose anew. The enormity of the loss, its boundaries, expand. And with that deep and unexpected shudder of pain every generation on the kibbutz was changed. "My mommy" plain and simple is shaken, and everyone feels the secret and the richness of the family drama in which my mommy has a mommy just like me.'

"That is the story I told them as I stood before that group in the dining hall, facing three generations in fact, and two more in emotional reality. And as I said the words—'and then the first grandparent was born,' I felt that shudder move again through the hall as it still does through me.

"And do you know what has happened since the early 1970s?" the doctor from Israel concluded. "By the time the first grandchildren on the kibbutz became teenagers, community living had returned to its natural state. Children are no longer raised in groups. They have all moved home. There are many factors involved in this shift, but I cannot help but think that one factor—one meaning—was the shudder that shook the hearts when the first generation of grandchildren and grandparents faced each other. This moment could not have been hurried into existence any earlier. It is good to remember that therapy needs to fit itself to life and not the other way around."

גישה בין-דורית: מונחים עיקריים

דייר א. פלשמן 1998 (כל הזֹכויות שמורות)

דוגמה	הגדרה	מונח חלופית	מונח	
• לידת ילד • פטירה	מעבר השייך לשינוי בכאן ועכשיו שהוא תמיד בעל משמעות בכל משפחה	מעבר אובייקטיבי אוניברסלי	מעבר אובייקטיבי	
 מחלה של אחות הסבתא המושכת את הסבתא מטיפול קבוע בנכדה פרישת סבא לגמלאות הגורמת לסבתא להתערב בגידול הנכדים כדי להתרחק מסבא 	מעבר השייך לשינוי בכאן ועכשיו שאינו תמיד בעל משמעות בכל משפחה אבל בעל משמעות במשפחה ספציפית בגלל שותפות של בן משפחה (בדייכ במשפחה המורחבת) להתפתחות בני	מעבר אובייקטיבי מיוחד	מעבר פרגמטי	
 אבא בן 60, אביו נפטר בגיל לס לאימא ילדה שניה בת 8, הוריה התגרשו כאשר היא, הבת השנייה, הייתה בת 8 	אחד מההורים מוצא את עצמו עכשיו במצב משפחתי המזכיר לו מעבר משמעותי שהוא עבר בתור ילד בדור הקודם		מעבר סובייקטיבי	