



International Academy
of Family Psychology

NEWSLETTER OF THE INTERNATIONAL ACADEMY OF FAMILY PSYCHOLOGY

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Edited by Thomas M. Gehring and Peter K. Smith

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IAFP publishes a newsletter which is mailed out by e-mail about every six months. Sample issues can be downloaded from the IAFP homepage or may be obtained from your national representative (see www.iafpsy.org) and the editors: Thomas M. Gehring, Ph.D. (tmgehring@bluewin.ch) and Peter K. Smith, Ph.D. (P.Smith@gold.ac.uk).

Editorial

We hope that the present Newsletter is enhancing creative communication between IAFP members and between family psychologists from different backgrounds all over the world. We look forward to contributions from distinct professional perspectives in the near future. Submissions can be sent to the editorial board (tmgehring@bluewin.ch). We welcome diverse forms of contribution such as news of member's interests, new research activities, reports from relevant conferences, reviews of family psychology in particular countries, reviews of books, letters and debates on important issues.

This newsletter focuses on the 20th Anniversary Conference of IAFP which will take place in Callaway Gardens (USA) mid of May next year. We look forward to meet you at this magnificent place and to share great experiences with you!

Zurich and London

Thomas M. Gehring and Peter K. Smith

Note

**The 20th Anniversary Conference of IAFP will take place in
Callaway Gardens near Atlanta, Georgia (USA)
May 13 – 16, 2010**

**The deadline for online submissions of presentations is
January 30, 2010!**

From the President's Desk

The past years have brought about many advances in family research in terms of the content questions addressed as well as with respect to the methods available for answering complex questions about "linked lives" in a changing world. Highly salient issues like poverty, migration, traumatic experiences through war and terror have received increasing attention not only in a person-focused perspective, but with a broader view on families as they cope with challenging life conditions. Similarly, the risks and opportunities arising from demographic trends such as earlier dating and mating, unmarried cohabitation, multi-cultural family formation, marital instability, increasing mobility, higher longevity and its demands for intergenerational solidarity have been addressed with more sophisticated approaches to shed light on their causes and consequences for children, adolescents, and adults. Longitudinal studies as well as intervention studies have contributed significantly to our knowledge about the interplay of contextual factors with family members' experiences and behaviour – alerting us to the notion that contexts are not always a given but may be strongly affected by the individuals and family networks as they seek to shape their lives. Genetically sensitive research designs have not only shed light on the role of genetic factors as they create family resemblance, but also helped to more clearly identify the role of environmental influences. Dyadic approaches in family assessments and data analyses allow for a better understanding of mutual influences among family members, and multi-level analyses support the search for commonalities among family units which might otherwise have gone by unnoticed.

Such research provides a most precious basis for designing policy as well as interventions in the field of family education, counselling, and therapy. The past conference of the IAFP in 2006 has focused on *Family Psychology in Context: Linking Research, Policy, and Practice*. Combining research with applied perspectives in an increasingly interconnected and globalised world is at the heart of the mission of IAFP. As any applications must be strongly sensitive to more or less hidden cultural factors and social-contextual conditions, international research and exchange about local findings and applied approaches gives us a powerful tool for broadening perspectives in theory-building and designing new interventions.

At our 20th anniversary, the International Academy of Family Psychology seeks to follow up on its earlier themes while focusing more strongly on the challenging current social changes as they affect families around the world. During the past year, the economic crisis has become a major topic not only for economists and politicians, but also for all parents and

children affected by the economic downturn, as well as for schools, day-care centers, social workers, and physicians – all those who work with the families hit by unemployment or loss of their business. Clearly, this is only one aspect of social changes affecting family life. In our upcoming conference, we seek to address a broad array of topics which highlight current risks, challenges, and opportunities encountered by the different generations in today's families. In doing so, we shall focus not only on stressors and the resulting threat to health and well-being, but also on adaptive ways of coping and the achievement of resilience in the face of substantial demands.

With this theme, we hope to highlight the advances of family psychology which is by far not everywhere a well-established sub-discipline within psychology. As we hope to show, family psychology is an important building block in an increasingly interdisciplinary field. We hope to push the field a little further and open new perspectives for the next 20 years to come. Come and join us at Callaway Gardens in 2010!

Sabine Walper, Ph.D., Acting President IAFP



Conference Announcement and Call for Abstracts

Families in a Changing World: Risks, Challenges and Resiliencies

20th Anniversary Conference of IAFP

Callaway Gardens, Pine Mountain, Georgia USA, May 13-16 2010

Dear Colleagues,

With great pleasure and anticipation for a fantastic event, we announce the International Academy of Family Psychology's 20th Anniversary Conference and invite you to plan to join colleagues from around the world in the most beautiful Callaway Gardens, Pine Mountain, Georgia USA, May 13-16 2010. **Save the dates!**

The goal for the conference is to continue the mission of IAFP when it was founded in 1990: to enhance international exchange and collaboration between researchers and practitioners working in the field of family psychology. Increasing globalization calls for a world-wide perspective on family issues such as changing family forms, diverse living conditions of families and their impact on family functioning, child bearing and child rearing, changing expectations and demands on partnerships, family relations in old age, and current trends in family education as well as family therapy.

The 20th Anniversary Conference provides magnificent opportunities for face-to-face sharing of ideas, continuing education and networking with colleagues and leaders in the field of family psychology from around the globe. The 2010 theme, ***Families in a Changing World: Risks, Challenges and Resiliencies***, will focus on sharing current research and findings about challenges and risks for families; economic deprivation, migration, marital instability, coping with trauma in the family context, raising resilient children in the face of contextual threat, the implications of family change for intergenerational solidarity, family values and spirituality, addiction issues in families and cross-cultural perspectives on partnership and parenting. Our conference will provide a unique and

exiting forum for psychologists, psychiatrists, researchers, academicians, clinician and students during four wonderful days together.

Callaway Gardens is a lovely, peaceful setting for our conference. With over ten miles of biking and hiking trails, lakes, a beach, a world class golf course, tennis courts, a horticultural center, a fascinating butterfly house, dining options that are second to none, and a conference center with southern hospitality, we will play together as we work together! IAFP has a precious heritage of memorable conferences; this is a group that has a lot of fun together. Georgia, with its rich heritage of family psychology and contribution of many family psychology leaders to the world, is the ideal place for our event. Presenters from scores of countries will gather to share and learn.





Plan to join us, go to our website at www.iafpsy.com to be part of this great event now!

Sabine Walper, Ph.D., IAFP Acting President
Lori Jurkovic, M.A., L.M.F.T., Conference Organizer

For further information concerning the conference and online submissions please go to our website www.iafpsy.com.

Deadline for abstract submissions: January 30, 2010

Please submit all presentations online by January 30, 2010. Save the dates and mark your calendar! Based on the final program, the organisation will apply for continuing education credits with APA and AAMFT. We hope to see you in Callaway Gardens in May 2010!

New Website and Call for Membership Renewals

IAFP has refreshed its website. Please visit us at www.iafpsy.com!

As you will notice, the website has become more informative and more functional. It now allows for online membership renewals and online membership applications. **Don't miss you renewal for 2010 in support of the organisation and for reduced conference fees!**

For those who are interested in joining the International Academy of Family Psychology, please take a look at our website and find information about the mission of IAFP, its national representatives, the upcoming conference, and currently ongoing research as reported by IAFP members. Also, you can easily access previous newsletters. We also invite family scholars from other disciplines to join and take advantage of interdisciplinary cooperation with colleagues in the field of family psychology around the world.

Your contribution to IAFP is well invested. Your payment will primarily be used to fund the meeting to ensure a most interesting program. All IAFP officials devote their work to this non-profit organisation without payment. Joins us and expand your perspectives through international exchange and cooperation!

The Role of Fathers in Child Cohorts

Scientific Workshop, University of Vienna, 24th – 25th of February 2010

In February 24th–25th 2010 a scientific workshop on the role of fathers in child cohorts will take place at the University of Vienna. This is part of the activities of "EUCCONET" (European Child Cohort Network), which is a research networking programme of the European Science Foundation ESF (see below).

At the early stage of children's development, most cohort studies interview the parents in order to collect information about the child's environment and behaviour. In most cases mothers are more involved in the study than fathers – a finding which raises the issue of fathers' role in cohort studies. Since they would most likely bring in another view of their child than mothers do, it seems highly desirable to get fathers involved. But seeking to add fathers' perspective is not easily done, particularly in the context of increasingly fragile family structures. Given considerable rates of separation and divorce, it raises the question whether the biological father or the everyday-caring father should be taken into account. The answer to this question depends at least partly on whether the focus is on genetic resemblance or children's day-to-day social environment and exposure. Further considerations will be discussed during this workshop: How should fathers be included in the studies? How should cohort studies deal with a couple's break-up, new unions and non-resident fathers, etc.?

European Science Foundation (ESF)*

The ESF is an independent, non-governmental organisation, the members of which are 80 national funding agencies, research performing agencies, academies and learned societies from 30 countries. The strength of ESF lies in the influential membership and in its ability to bring together the different domains of European science in order to meet the challenges of the future. Since its establishment in 1974, ESF with its head-quarters in

* see also the [EUCCONET leaflet](#)

Strasbourg and offices in Brussels and Ostend, has assembled a host of organisations that span all disciplines of science, to create a common platform for cross-border cooperation in Europe. ESF is dedicated to promote collaboration in scientific research, funding of research and science policy across Europe. Through its activities and instruments ESF has made major contributions to science in a global context. The ESF covers the following scientific domains: Humanities; Life, Earth and Environmental Sciences; Medical Sciences; Physical and Engineering Sciences; Social Sciences; Marine Sciences; Nuclear Physics; Polar Sciences; Radio Astronomy Frequencies; Space Sciences.

EUCCONET: An ESF Research Networking Programme in Medical Sciences

Despite its cost, the ethical and methodological issues it raises and time constraints on analysis, the cohort study is of strong interest to decision-makers and researchers in quest of new insight into behavioural development. Whereas longitudinal retrospective studies can reconstruct the past histories of individuals, they can only do so in a way that is subject to memory lapse. The *prospective* approach of cohort studies is more directly adapted to the information needs on current and future trends in population and can capture a variety of information that cannot be recalled. *Longitudinal* studies of children constitute a unique source of data to analyse human development in its context. They permit studying various factors as they interact during the life course up to adulthood: family structure, social and physical environment, schooling, health and nutritional behaviour, etc. They also allow to clarify the impact of early experiences during infancy on the individual's physical, psychological, social and professional development and thus support the progress of research in many different disciplines.

While offering very valuable sets of data, cohort type studies demand a very complex organisation and often raise important discussions on methodology issues as regards sampling, methods of data collection and storage, types of data collected, etc. Mostly, they also require the collaboration of many actors as well as the assent of various committees. All these factors make the cohort study a very ambitious venture.

Despite these demands, many such studies, most of which focus on very specific issues, are conducted throughout Europe and are concentrated in

specialist networks. However, there is no network for birth and child cohort studies, which assess the physical and psychological development of children in a multidisciplinary light. This is why teams in Europe gathered to request support from the ESF in order to create the European Child Cohort Network (EUCCONET). The aim of this Research Networking Programme will be to offer an opportunity to several research teams in Europe to share knowledge and experience, and to enter into international collaborations. The ESF funding will also be used to create a web portal linking several cohorts and networks together, and to provide an international inventory of child cohorts as well as a database of available tools and literature.

The running period of the ESF EUCCONET Research Networking Programme is 5 years from May 2008 to May 2013.

Objectives of EUCCONET

Some specialised thematic networks already exist and the objective of EUCCONET is not to replicate what has successfully been done elsewhere. The focus of this network is on large-scale and generalist cohorts, and its originality will lie in the interdisciplinarity of the themes to be covered: researchers involved in these studies tend to find ways to reconcile through *one survey* social, health and environmental aspects of child development. Within this context the objectives of EUCCONET are to:

- Enhance the visibility and the synergy between child cohort studies and among the different European teams involved.
- Identify the best expertise in Europe on cohort methodology. Links between large-scale and generalist cohorts will be strengthened, but the objective is also to call on the experience of limited-scale, regional cohorts, or very specific epidemiology and medical cohorts which may have already encountered similar methodological issues.
- Map the diversity and similarities in methodology at the European level in order to identify common methodological, scientific and ethical questions.

- Make the network a single access point of expertise for Child Cohort Studies in Europe, able to gather a scientific community of interested stake-holders and to diffuse methodology advice to potential newcomers.
- Initiate new and in-depth collaborations between scientific teams which could lead to comparative analysis, using common questionnaire modules, develop standardised questionnaires, and identify potential issues where comparative analysis could be undertaken.

The objectives of the network will be to increase awareness and knowledge, by providing a forum for discussion and an easy access to world-class expertise in the field. It will create and consolidate a scientific community working in a very specific field and producing data. It will also participate in the convergence of cohort studies in Europe and on the comparability of data at the European level on a policy-relevant issue: child development.

Activities of EUCCONET

Through its main partners, the programme benefits from the experience and skills acquired by leading European, American, Canadian and Australian scientists in this field. A wide range of expertise will be mobilised for the programme, ranging from demography, sociology, epidemiology, psychology or medicine, as well as methodology skills in conducting surveys. The partners involved in the network are leaders of major national or regional child cohort studies which are at different stages of advancement. This makes it very beneficial for those studies which are just starting as they will benefit from the expertise of more experienced cohorts. The desires and needs expressed by these new teams will lead the way to organising science meetings that we know to be of great interest to many scientists. These meetings will be an opportunity for all to present their different experiences and practices in specific fields, opening an unprecedented forum for exchange. Apart from setting targets and standards in the methodology of cohort studies, these meetings will help new teams to avoid making mistakes, thus giving more chance of success to their study. In order to do this, *interest groups* will be created to study specific themes. One important point is that these *interest groups* are open to cohort leaders and team members so that

everyone can benefit from the opportunities given by the network to learn and share.

For example, a specific working group will be created to discuss *data management*, i.e. all the computer systems used to store, secure and anonymise the data, whereas data managers mostly do not get to meet their international counterparts. Expertise and the synergies with existing specialised cohorts and networks will also be sought in order to develop sound discussions on specific methodology issues. Several themes have already been defined to be studied during the first two years of the programme: securing consent from parents and children; specific instruments for measuring child development; designing specific materials for child interviews; different modes of data collection; the role of fathers in child cohorts; the maintenance of large cohorts; record linkage; methods for data analysis; acceptability, feasibility, and ethics of collecting biological samplings from children.

Prof. Harald Werneck, PhD
Department of Psychology
University of Vienna, Austria

INTERNATIONAL ROVING REPORTER

Florence W. Kaslow, Ph.D., ABPP
Past President, IAFP 1998-2002

Marking IFTA's 20th Anniversary Prague, Czech Republic – May, 2007

The first East/West Family Conference that was held in Prague in 1987 was a fabulous ingathering of leaders in the field, as well as of newcomers and those at all stages in between who worked diligently day in and day out as clinicians, researchers, professors, trainers, and supervisors in the burgeoning field of family therapy. They came from dozens of far-flung countries, and everyone was excited to be there. Peter Bos was Chair; Virginia Satir was Conference President; Don Bloch, and George Vassiliou of Greece were Vice Presidents. The Family Process Board held their meeting at Prague, which served as an inducement to many of its Board members to attend and to present. Czechoslovakia was still under Communist rule and as I became acquainted with some of the Czech leaders I was admonished not to talk about anything political or controversial in the hotels or convention center as they “did not know where the rooms might be bugged”. Any serious conversations took place while we were walking in the park, and even then one looked over their shoulder to be certain they were not being followed. This advice stood me in good stead during that trip and on subsequent ones to Poland and Russia.

I submitted a proposal on the *Self of the Therapist*, a topic consonant with the conference emphasis, and was glad it was accepted. Our Eastern European colleagues were intrigued with the idea of thinking about themselves in societies which focused more often on the communal good than on individual satisfactions.

The last night of the conference a reception was held for speakers and the committee at a magnificent castle. Typical of Prague at that time, the outside of the edifice was grey and dingy, the inside was gorgeous – with dazzling cut crystal chandeliers and elegant furnishings. We were treated regally. During the festivities Judith Wertheimer of Israel and Janet Walker

of the U.K. approached me and said something like, "This is all too wonderful to let it end tomorrow. What can we do to keep the spirit and all that has been accomplished alive"? I rejoined with, "I guess this is the propitious moment to start an International Family Therapy organization." We all felt enthusiastic about doing so, and I suggested we ask Virginia Satir if she would undertake this. Virginia immediately concurred, but said, "Florrie, I'm too old and not in condition to do so, but I think you are the person to take on this challenge. You have my support and my blessing; I'll serve on the first Board, and I pledge the support of the Avanta (Satir) Network." Judith, Janet and I circulated the room, explained what we wanted to do to key leaders from other countries; many not only expressed their support of the idea but agreed to serve on the Steering Committee – which became the nucleus of the first Board. The next morning the Steering Committee of 10 assembled and I was elected first President. And IFTA was born. We announced our formation at the Closing Plenary session that day and the hard work of turning a dream into reality was underway.

Fast forward 20 years. The Czech and Slovak chapters of the Avanta Network hosted the Avanta Conference in Prague in May, 2007 in celebration of what would have been Virginia's 90th birthday. During their meeting, a major action taken was to change the name of the network to the Virginia Satir Global Network.

Since, as indicated above, Virginia had been President of the First East/West Family Conference and had been involved in the founding of IFTA, IFTA supported the conference, celebrated its 20th birthday there, and held its annual Board meeting. IAFP members present were Past President Kaslow (me), and David McGill.

As many of the participants spoke mainly Czech and/or Slovak, major sessions were simultaneously translated into these two languages, and into English when presentations were made in those languages. Many sessions dealt with the utilization, amplification and extension of the Satir Model – which has adherents in numerous countries. There was a large contingent present from Hong Kong, where John Banman commutes to direct a Satir training program, and I witnessed some captivating cross-cultural semi non-verbal action workshops.

I was honored to be invited to present the opening plenary address on the assigned topic of *Similarities and Divergencies in Families Across Five Continents* and was allotted an hour and a half to do so. This posed quite a challenge. I focused on 14 Megatrends that have swept the world in the last three decades and the impact these have had on families as well as the changes they have wrought on therapy training and practice (paper will be published in the *Journal of Family Psychotherapy*).

Prague itself has been beautified, its exquisite buildings cleaned up, and its museums, cafes, parks, etc. restored to full splendor. The city has many fine hotels and restaurants; there are multiple concerts every night – many in churches which are used primarily as concert halls. We were fortunate to be able to purchase tickets for the premier and opening night performance of Puccini's *Manon Lescaut*. The opera house is a regal gem – beautifully decorated and with fine acoustics. Staging and costuming were world class.

The Jewish Quarter is a popular tourist attraction, as are boat rides down the river that runs through the city. There is much to see in the Old City and everywhere else, including the Castle and environs. And since the Velvet Revolution in 1987, the Czechs are loving their freedom, capitalism is thriving, and the economy is booming.

Although there were only about 350 people at this conference, which was considerably smaller than the one of 20 years ago, it was well worth attending as international family congresses usually are.

Book Review

Reviews by Dr Sandra E. S. Neil, Australia (icp@netspace.net.au)

Carolyn Daitch (2007). *Affect Regulation Toolbox*. (ISBN 10:0-393-70495-5)

As Claire Frederick MD, says in her foreword to Dr Carolyn Daitch's book "*Affect Regulation Toolbox* is a clinical classic". It seems appropriate to comment that these affect regulation skills are used as part of hypnotherapy by Dr Daitch in her own practice. However, as presented by her at the International Council of Psychologists workshop in Kos, Greece in July 2006, these skills can also stand in their own right, and could easily be used in non-hypnotic therapies.

The book comprises a collection of therapeutic interventions, consisting of four components, or as Dr Daitch calls them "Tiers". Tier 1 is recognition of an overreaction, and initiation of a brief pause to interrupt it. Tier 2 is standard hypnotic induction and deepening techniques. Tier 3 is a set of tools aimed at shifting unhealthy reactive styles. Tier 4 comprises tools to address therapeutic transfer of suggestion and practice.

Dr Daitch describes symptoms of anxiety disorders including the following: uncontrollable worry, panic attacks, poor concentration, addictive behaviours, obsessive thoughts and phobias (page 25). Further, she describes anxiety in relationships; she sees overly reactive behaviours to be at the core of many troubled relationships. These typically include: escalation and conflict, disconnection from each other emotionally, inability to access positive affect and inability to practice beneficial therapeutic behaviours. This augurs poorly for the future of the relationship when two people experience such negative states every time they enter a conflict situation.

In Chapters 4-6, Dr Daitch looks at ways of diminishing over-reactivity, by using a set of skills, and I recommend the reader read these themselves (page 28). It makes excellent reading and excellent clinical practice.

1. Identifying the start of an overreaction and responding appropriately
2. Calming and focusing
3. Mindfulness
4. Somatic awareness and cues
5. Impulse control
6. Co-existing affective states
7. Resource utilisation
8. Positive affect development.

Dr Daitch says that it is the mastery of these skills, in the midst of stress and conflict that will truly enable patients to experience freedom from the heightened emotions and reactions that keep them trapped for so long.

In Chapter 9, "Application of Tools with Severe Anxiety Disorders", Dr Daitch uses tools from Tiers 1 and 2, before using tools from Tier 3 to address a Panic Disorder. Further the patient is given strategies from Tier 4 that she can implement in her daily life. These include tight fist, mindfulness with detached observation, mindfulness and releasing, sensory cue/anchor, age progression short-term and long-term, imaginary support circle and parts of yourself (very reminiscent of Virginia Satir's Parts Party).

In Chapter 10, Dr Daitch applies these rules within a marital, committed relationship. These include Gottman's description of the "Four Horsemen of the Apocalypse" as applied to couples – the four main destructive behaviours which are often evident in failing marriages: criticism, defensiveness, contempt, and stonewalling (Page 186).

Dr Daitch's gives an example of a couple at marital war with each other, Jonathon and Janice, who attend for therapy. Dr Daitch lays out her treatment goals as follows:

- Diminish defensiveness by each taking responsibility and owning their parts in conflict
- Practise active listening or mirroring
- Validate and empathize
- Practise using visualisation to rehearse effective communication
- Help the couple learn from each other's adaptive style
- Contain verbally damaging exchanges
- Increase empathy

- Close 'exits' (that is, activities which are designed with the express purpose of avoiding each other)
- Establish 'date nights' away from the children
- Develop positive expectations about the relationship and experience regular positive affect
- Increase the awareness of the impact of verbal and nonverbal communication.

The tools which she used for Jonathon and Janice were 'Arm and Leg Heaviness', and 'Parts of the Self'.

Chapter 12 is called "Roadblocks and Challenges". The most significant challenge to a therapist's successful implementation of the Toolbox is getting the patients to practice. She also talks about working with those who have low hypnotisability, managing resistance from different perspectives, and matching tools with client needs and styles.

In the epilogue, in which she focuses on the therapist, she describes how we have to learn to trust our own voice and style. She emphasizes the importance of self-care and self-acceptance for the therapist. Dr Daitch quotes Louise Hay, stating that the most important thing the therapist can do for their patients is to love themselves, and stop self-criticism.

After 36 years of clinical practice myself, I believe that Dr Daitch's therapeutic tools are very useful, and I have used variations of them in different ways and in different situations throughout my own career. *Affect Regulation Toolbox* is an invaluable resource, allowing patients to maintain a healthy response to stress, and facilitate effective clinical work for a happier life. The author has done a service to the whole field of psychotherapy.

Helen Lawner (2006). *Surviving the Warsaw Ghetto: A Three Generational Perspective*. (Reflections by Dr Miriam Tisher and her children). Caulfield South: Makor Jewish Community Library. (ISBN 1 876733 64 0)

I was pleased to learn that a clinical psychologist colleague, Dr Miriam Tisher, has written an account of her mother's life. As an eager reader I found the account to be adept, congruent and thoroughly honest.

Dr Tisher's mother, Helen Knaster-Lawner, was born in Warsaw, Poland, on 17th April 1918. So her formative years occurred in the period between the two World Wars. As Dr Tisher writes on Page 12:

..."Mum strongly believed in equality for all, and in this spirit was a member of the Student Communist Party, which was illegal, and, she used to say, could have resulted in her imprisonment.... Her communist leanings did not survive the war. She became disillusioned with Russian communism as it came to power in Poland.... She fled Poland and communism."

In Part Two of the book "The War Years: Helen Remembers, Miriam Reflects", we experience a dialogue between the thoughts of the clinical psychologist, and her mother. Some of the most memorable parts of the book are within this section. For example, on Page 26, Dr Tisher's mother describes how she and her husband Abraham (Adek) took hold of a prized personal possession, a crystal vase given to them as an engagement present. When faced with leaving behind this beloved possession as they were being forced by the Nazis to relocate to the Warsaw Ghetto, they systematically smashed the vase with the words "Not for us, and not for them." This gave expression to one of the only forms of resistance available to them at the time. Dr Tisher talks about the fact that her mother often retold the story of the breaking of the crystal vase as a lesson about the futility of over-valuing material possessions. Another of her mother's maxims was that "education was all that mattered" because "what is in your head, your education, is the one thing no one else can take from you."

I found it interesting to read of her mother's disgust for Nazi collaborators who were themselves Jewish.

..."She had no time for betrayal and was especially indignant when the betrayal came at the expense of fellow Jews, and even more so when the betrayers were openly orthodox and asserted their belief in God. These feelings persisted in Melbourne and I often heard her express distress about orthodox Jews who behaved unethically or judgmentally or in ways that clearly furthered their economic or social advancement at the expense of others." (Page 33)

After the end of the War, Dr Tisher's parents survived and were sent to a Displaced Persons Camp in Graz, Austria. Helen became pregnant with Miriam, which took Helen by surprise. Her parents were determined to not give birth to their child on German soil, so without papers or permits, they struggled over the Italian Alps by hiding in a coal train. Miriam was born in Rome in 1946, another tribute to her parents' resilience.

A sentiment which her mother repeated often was that having no country and being a refugee is a "devastating experience." Her mother loved Australia, its freedoms and its democracy.

Dr Tisher observes how children of Holocaust survivors become memorial candles to victims of the Holocaust. She refers to a book by Dina Wardi, about the naming of children after relatives who died in the Holocaust, in which she suggests that some of these children 'must live simultaneously as themselves and as the relatives they were named after'. This view is independently alluded to by other therapists. A French psychoanalyst, Anne Ancelin Schutzenberger, writes in *The Ancestor Syndrome* about trans-generational links which are often hidden in families. A German psycho-therapist, Bert Hellinger, in his more recent work, refers to the idea that people often carry, and re-enact, the pain of earlier generations and family members; and that healing occurs when the awareness of the forgotten pain is re-included in the lives of the current generation.

Dr Tisher's parents became part of a large group of Jewish Polish refugees who made their life in Melbourne and would gather regularly at Elwood Beach, enjoying "lots of food and loud conversation". Then, tragedy struck on Boxing Day 1951, when Helen's husband, Dr Tisher's father Abraham (Adek) Knaster, drowned at Brighton Beach while attempting to assist a young boy who was in difficulty. He was 38 years old at the time. The account in the book of this tragedy is potent and heart-wrenching. It is relevant for many others who have to face coping with loss and trauma. Helen focused on the positives rather than the negatives and this is a demonstration again of her resilience. In 1954, three years after her husband's death, Helen remarried Edmund Lawner.

There are many accounts of the events that took people through the Warsaw Ghetto. One of them is a recent movie called *The Pianist*, directed by Roman Polanski. This book, however, is quite different. Dr Miriam Tisher builds her mother's tragic account in her mother's words, and then

explores her own responses to these experiences and reflects on her mother's feelings, during and after these horrific events. Being a clinical psychologist must have enabled Dr Tisher do this with such clarity, compassion, and astuteness. The fact that Dr Tisher's children added and commented on their grandmother's accounts reveals the three-generational characteristics of the sequence of events.

I believe the book is a distinctive contribution to the growing archives of personal accounts of the Holocaust. It provides a thorough yet concise overview of a three generational family reconstruction that will stand in its own right. It is not uncommon for the second generation, the children of Holocaust survivors, to write the accounts of their parent's journey. I myself have written a book (based on a three-generational Family Reconstruction by Dr Virginia Satir of my own family) entitled *A Journey Through Three Continents and Four Generations*. In writing that book I used a process similar to that of Dr Tisher. My work was written to serve primarily as a therapeutic and teaching resource to demonstrate some of the major issues about resilience, crisis management within families and trans-generational family structure, while Dr Tisher's book will appeal to a wider audience as well.

Miriam Tisher's narrative illustrates the dignity and capabilities of the generations before her, and exemplifies the struggles that her mother had to overcome to bring her family to Australia to start a new life. This book will be a welcome addition to the reading lists of both therapists and patients, students of Holocaust studies, Holocaust survivors and their extended families and friends, and any well-informed person wishing to learn more about the heroism and valour of ordinary people who find themselves in extraordinary situations.

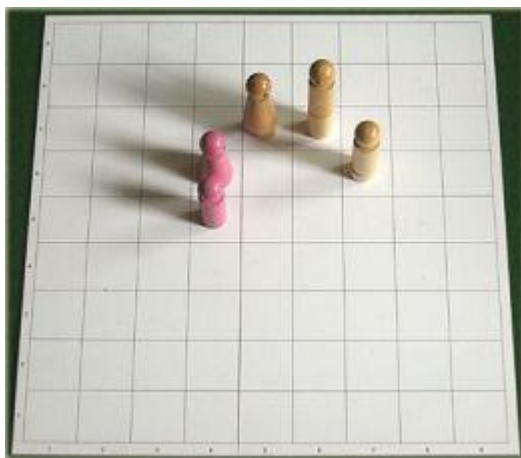
Dr Sandra E. S. Neil, Australia

Hungarian Version of the Family System Test (FAST)

The Hungarian version of the Family System Test (FAST-Manual) by Thomas M. Gehring has been published by OS Hungary, Budapest in November 2009 (oshungary.hu/fast.htm).

Description of the Instrument

A családi viszonyok és a kapcsolati struktúrák térbeli megjelenítése



The Family System Test (FAST) is a systemic approach for the quantitative and qualitative analysis of relational structures. This clinically-derived figure placement technique was designed to evaluate cohesion and hierarchy in the family and its subsystems in a variety of situations. Cohesion is represented by the distance between figures on the board. Hierarchy is represented by the elevation of figures with blocks. The

FAST is a versatile clinical and research tool which can be used in individual and family settings with respondents as young as six years.

The FAST is economical compared with other instruments which provide similar information. Another significant advantage of the FAST lies in its ability to trigger a process of reflection on family relations among respondents, thus facilitating diagnosis and therapy. A first evaluation is possible right after completion of the representations. For example, it is possible to determine structural characteristics such as clarity of generational boundaries without any prior calculations. A review of the follow-up interviews and the spontaneous comments of the family members benefit ad hoc individual and family-oriented hypotheses.

The FAST can be used in research and in clinical practice:

- As an individual test (with respondents age 6 and over) and as a group test

- For the analysis of family structures (perception and interaction)
- For diagnosis of bio-psychosocial problems
- For the planning and evaluation of preventive and therapeutic interventions
- In therapy training, clinical supervision, mediation and coaching.

A large number of different social situations can be studied by means of the FAST. Depending on the issue on the hand, the standard test procedure can be modified to include different phases of current conflicts as well as past and anticipated events. Furthermore, the figures need not to be limited to the persons living in the same household as the respondent. In fact, if children of divorced or separated families are allowed a free selection of figures, they can provide interesting information regarding their identification with absent family members. For example, children of divorced parents often represent the absent parent when the relationship is not stressful. Sometimes, however, respondents include even deceased family members in their set of important figures.

The first pilot studies with the FAST were conducted in the early 1980's by the test author at the Outpatient Clinic of the Department of Child and Adolescent Psychiatry at the University of Zurich, Switzerland. These showed that parents and children were highly stimulated to reflect upon the relationships in their families, a fact that contributed to the planning of therapeutic interventions. Financial support from the Swiss National Research Foundation and the Stanford Center for the Study of Families, Children and Youth enabled the test author to conduct validation studies with healthy families at the Department of Psychology at the Stanford University, California from 1985 to 1988. The following clinical research with the FAST focused on interpersonal constructs of distressed family members. The studies were devoted to conceptualize empirically-based interventions for families with a mentally disturbed offspring. The attempted goal was to develop the FAST as an instrument that is flexible to accommodate the requirements of systemic treatment and that meets high clinical standards. The FAST manual, originally published in Germany 1993, has been translated into major European languages as well as Japanese and various studies including clinical and nonclinical samples have been completed.

Recently Published Studies including the FAST

Hasenboehler, K., Munsch, S., Meyer, A.H., Kaeppler, C., & Vögele, C. (2009). Family Structure, Body Mass Index, and Eating Behavior. *International Journal of Eating Disorder*, 42 (4), pp. 332-338.

Objective: To explore associations between family structure, children's body mass index (BMI), and eating behaviors of children and their mothers. *Objective:* To explore associations between family structure, children's body mass index (BMI), and eating behaviors of children and their mothers. *Method:* Fifty-seven mothers and their children took part in an experimental study. BMI of children was measured. Mothers were asked to provide self-report data on socio-demographic background, mental health, and eating behaviors about themselves and their children. Parent-child-dyads represented their family structure using the Family System Test. *Results:* We found negative associations in typical family situations between family hierarchy and children's BMI, mothers' emotional eating and mothers' restrained eating. Family cohesion and restrained eating of the children were also negatively correlated. We obtained positive associations in typical and conflict family situations between family cohesion and external eating of the children. *Discussion:* We found indications that family structure is associated with overweight and with eating behavior in children and their mothers.

Kleinknecht, M., Neuhaus, T.J., Gehring, T.M., & Landolt, M.A. (2009). Renal Transplanted Adolescents' Perception of the Relationship to the Interdisciplinary Health Care Team. *Pflege*, 22, pp. 287-296.

Various studies have demonstrated that the experience of a supportive relationship improves adherence of chronically ill adolescents. Their experience of the professional relationship in the context of the interdisciplinary treatment setting is still rarely investigated. The aim of this descriptive cross-sectional study in adolescents with renal transplant was to explore how they experience the relationship to the exponents of the different professionals of the health care team. Twenty-seven adolescents, aged 12 to 18, years were investigated by the Family System Test (FAST). The analysis showed that to them, both the pediatric-nephrological specialized nurses and the doctors are attachment figures in a comparable manner. The emotional relationship to the nurses was stronger, whereas in their behavior decisions the influence of the doctors was more pronounced. The adolescents' wish is an equally friendly-professional, yet low hierarchical relationship. These results demonstrated that the patient group specialized primary nursing concept established at the Zurich University Children's Hospital is approved and that an interdisciplinary approach is important for the care of chronically ill adolescents.

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