The sense of coherence (SOC) is a construct that refers to the extent to which one sees one's world as comprehensible, manageable, and meaningful. This article applies the SOC construct to the study of family adaptation. A family SOC scale was developed to measure the perceived coherence of family life. The study tested the hypothesis that the strength of the SOC, central to successful coping with family stressors, is associated with adaptation, here defined in terms of perceived satisfaction with intrafamily and family-community fit. A sample of 60 married Israeli males who were disabled by injury or illness completed SOC and adaptation scales, along with their wives. The data provide strong support for the hypothesis and show a considerable degree of consensus among spouses. The discussion considers the dual meaning of the term "the family SOC," the nature of the links between coherence and adaptation, and the variable conceptions of adaptation.

The purpose of this paper is dual: (a) to consider the possibility of translating the sense of coherence (SOC) construct from the individual to the family level; and (b) to test the hypothesis that the family SOC is related to family adaptation. In doing so, we hope to advance the growing link between the different theoretical and research traditions of the fields of family stress and life events and illness, as exemplified in Walker's (1985) paper. It is not our intention to enter into all the theoretical complexity of the work done in this area, but rather, using empirical data from a modest study, to make a contribution toward clarifying this complexity.

The life events literature, from Selye through Holmes and Rahe to the present day, presents an overwhelming emphasis on risk factors as causally related to pathological outcomes. In the mid-seventies, with the appearance of the first Dohrenwend volume (Dohrenwend and Dohrenwend, 1974) and the Rabkin and Struening paper in Science (1976), attention was increasingly paid to mediating and buffer variables. The underlying philosophical hypothesis continued to be that life events, stressors, or psychological risk factors eventuate in physical and/or emotional pathology. What was now added was that it was important to see what factors might attenuate this relationship. Occasionally in the more recent papers, especially on social support, a new note is detected: the possibility that such factors might have a direct and positive effect on not getting sick.

The family stress literature, by contrast, tends to show a somewhat different orientation, or at least to be hospitable to one. True, in Hill's classic
work (1949, 1965), the dependent variable was crisis. But as this model was developed by Burr (1973) and McCubbin and Patterson (1983), not only was central attention given to the family's resources and its definition of the stressor; regenerative power, reorganization after a period of crisis, and adaptation as fit became central concepts as well.

Starting from a different philosophical orientation than that of the life events literature, Antonovsky, having earlier worked on "resistance resources" (1972), developed a "salutogenic model" (1979). Stressors, he argued, are ubiquitous in human existence; heterostasis is normative; the deviance of illness is far from rare. It is at least of equal importance to seek to explain the origins of health—of successful coping with stressors—as it is to explain the origins of pathology. Moreover, the two questions are seen as radically different. (For a detailed development of this argument, see Antonovsky, 1987, chap. 1.)

The proposed answer to the salutogenic question came to be called the sense of coherence. It is derived from a theoretical analysis of what a large variety of "generalized resistance resources" seem to have in common that might explain how they work. Briefly put, such resources as social support, money, religious faith, work role autonomy, and cultural stability provide continuing life experiences with three characteristics: consistency (see Cassel's 1974 discussion of feedback); an underload-overload balance; and participation in socially valued decision making. Over the course of time, a person with many such experiences comes to see the world as one that makes sense; or in terms of information theory, one that provides information rather than noise. Formally, this world view, the sense of coherence, is defined as (Antonovsky, 1987: 19)

\[
a \text{a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.}
\]

The three inextricably intertwined components of the SOC are called, respectively, comprehensibility, manageability, and meaningfulness. A tendency to expect the world to be ordered, or orderable, facilitates cognitive clarification of the nature of the problems stressors pose. A tendency to expect the demands posed by these problems to be manageable leads one to search out the appropriate resources potentially available to one. And a tendency to see life as meaningful provides the motivational drive to engage in confrontation with the problems. It should be noted that the SOC is not at all a specific coping style, active or otherwise. Its hallmark, rather, is flexibility in selecting coping behaviors that are judged to be appropriate. These may vary radically according to the situation and the culture. This approach proposes that if one has a strong SOC, the motivational and cognitive bases exist for transforming one's potential resources, appropriate to a given stressor, into actuality, thereby promoting health.

The formal definition of the SOC includes the phrase "a global orientation," that is, a general view of the world not limited to this or that area of life. The theory assumes that one's view of the world tends to be of whole cloth. When this is not the case, the implication is that one has a weak SOC. Obviously, this assumption will sooner or later have to be tested. In recent work (Antonovsky, 1987, chap. 2) the concept of "boundaries" is introduced, suggesting that what matters is not that all stimuli be perceived as coherent, but only those that one defines as important in one's life. For one person, the boundaries might be wide; for another, narrow. But this caveat is qualified by the insistence that no one can so narrow the boundaries as to put beyond the pale of significance four spheres—one's inner feelings, one's immediate interpersonal relations, one's major activity, and existential issues—and yet maintain a strong SOC.

For purposes of the present study, however, we decided to focus on one sphere of life: one's family. The instrument we used to measure the family sense of coherence (FSOC) refers only to this sphere, which brings us to another issue.

In the original formulation of the SOC construct (Antonovsky, 1979), occasional reference was made to the SOC as applicable to the group as well as the individual. But this thought was never seriously developed. It was only with the planning of the present study that the complexity of the problem began to become clear. What does it mean, we asked ourselves, to say that a family has a strong, or a weak, SOC? A family has size, structure, division of labor and power, social
functions, myths, and so on. But how can a family have a dispositional orientation, a way of seeing the world? We speak of family ambience, morale, atmosphere, and the like, but how do we know such things about a given family?

The clinician, working with the individual person, tends to rest content with obtaining data about the individual's perception of how the family presumably sees things. One can make a case for arguing that this is what matters. Or can one? If the "reality" of how other family members see things is at variance with the individual's perception, this has consequences for what happens to him or her; which brings us back to whether "the family" sees things.

Family researchers, by and large, have ignored the issue. As Walker puts it (1985: 832), "those who study family stress continue to postulate the existence and importance of the family's definition of the event, even though it has yet to be operationalized or measured." (For a detailed discussion of this issue, see Fisher, Kokes, Ransom, Phillips, and Rudd, 1985.) The tendency has been to collect data on the perceptions of reality by different family members. If these perceptions coincide, the problem is "solved." If not, one averages the ratings. When the consistency of family members' perceptions is on the high side, one can reasonably feel that little violence has been done to the data. One can ignore the fact that one has avoided the theoretical problem.

The problem is particularly salient when the issue of concern is a construct like the SOC. Its very essence as a group property requires that there be consensus among family members if one is to speak of a strong family SOC. To use one person's report, or to average data, is to risk the danger that there is dissensus, in itself evidence of a weak family SOC. On the other hand, consensus about seeing the world as incoherent, paradoxically, might hint that there is some order.

Two problems have been raised here with regard to the "family sense of coherence": (a) the focus on family life versus the world as a whole as the object of the perception of coherence; and (b) who does the perceiving. The wisdom and problematics of our resolution of these issues in the present study will be considered in the discussion.

Family Adaptation

In the development of the salutogenic model (Antonovsky, 1979), great care was taken to avoid tautology. The SOC was carefully defined, and later operationalized, to avoid any reference to health. Health was specified as referring to one type of "well-being," essentially physical health; thus the slippery concept of mental health was avoided. If a link was indeed found between the SOC and health, one could have some confidence that how a person sees the world of stimuli and how his or her organism functions physiologically are distinct though related variables. But the SOC construct, posited to explain successful coping with stressors or crises, can reasonably be hypothesized to be related to morale, satisfaction, general well-being—or adaptation (see Antonovsky, 1987, chap. 7). Yet how are the two to be measured independently?

Family stress researchers have long wrestled with the problem. However, as Lavee and McCubbin (1985: 1–2) put it in a recent and most significant paper,

family adaptation is but a descriptive criterion of family post-crisis outcome rather than a purely defined construct with an operationalized set of measures. . . . Specifically, in adopting family adaptation as a dependent variable in family stress research we are faced with the challenge of ensuring the independence of the predictors, such as family resources (e.g., family integration and communication) or family appraisal (e.g., coherence), from the criterion measure of family adaptation.

In the present study, "adaptation" was conceptualized in a way consistent with the literature (McCubbin and Patterson, 1983; Lazarus and Folkman, 1984) and pushed one step further. Specifically, we followed Lavee and McCubbin's (1985: 1) definition of adaptation as "a fit at two levels—between the family members and the family unit and between the family unit and the community." We departed, however, from their definition when it came to operationalizing the concept, choosing to measure adaptation by asking about the satisfaction with fit (while they chose to operationalize it by asking about general well-being, satisfaction, and family distress). Once again, the wisdom of our decision will be considered in the discussion.

In sum, the present study deals (a) with the degree of spouse consensus about the family's perception of the coherence of family life
(FSOC); and (b) with the presumed consequences for the perception by spouses of the family’s satisfaction with its adaptation to its internal and external environments (FAS).

**Sample and Data Collection**

**Sample**

The sample for this study was drawn from the Rehabilitation Branch files of a central Israeli city office of the National Security Institute (Israel’s Social Security Administration). All potential respondents who met the following criteria were selected: male, formally recognized disability of at least 40%, disabled from 2 to 10 years, aged 25 to 50 at the time of onset of disability, and married (to the same spouse) with at least one child at home at time of onset and at time of study. These criteria were set in keeping with the purpose of the study, which focused on coping with a family crisis. Of the 65 families identified in the files, 7 refused to be interviewed and 3 could not be traced. The files of an adjacent small community office contained records for another 5 men who met these criteria, and they were included in the sample. The final sample comprised 60 men and their wives.

It should be noted that the sample only includes persons disabled in civilian life. Those disabled while on army duty are registered in the Ministry of Defense Rehabilitation Branch. Among the respondents, then, were persons injured in traffic, at work or in other accidents, or as a result of illness.

The modal male respondent had been disabled for 3 to 5 years (48.3%), had a 51–80% disability (i.e., of sufficient seriousness to warrant institutional assistance in rehabilitation and with reasonable grounds, as the NSI saw it, to anticipate reemployment; 50%), had experienced a decline in occupational status and income after onset (75%), was unemployed and not looking for work (48.3%), had been 41–50 years old at onset (70%), was born in Asia or Africa (53.3%), had had 5 to 8 years of schooling (38.4%), and had three or more children (76.7%). Thus the sample may generally be characterized as a working-class population.

**Data Collection**

Talma Sourani, an experienced rehabilitation social worker, visited each family at home after an appointment had been made. After the purposes of the study were explained, each spouse was requested to complete the questionnaire, separately and simultaneously. After the forms were collected, any further necessary explanations were given. In nine cases, male respondents were unable to complete the questionnaire by themselves. While the wife was doing so elsewhere, the questions were read aloud and responses recorded. In two of these cases, an adolescent child read the questions to the wife, who was also unable to read and write Hebrew.

**Measures**

The self-completion questionnaire (see Appendix) opened with a general statement that the items refer to the family's behavior as a whole. The 26-item FSOC measure opened the questionnaire, followed by 9 demographic items. The third part contained the 10-item Family FAS and a single item on overall satisfaction with family life. The questionnaire took, on the average, 20 minutes to complete. Case workers were also asked to evaluate the adaptation of each of "their" families, using a single global 7-point item.

The Family Sense of Coherence Scale (FSOC) consisted of 26 semantic differential items, scored from 1 to 7, with extreme anchor phrases. High scores indicate a strong FSOC. Fourteen of the items were phrased so that the higher the number checked, the weaker the coherence; these were reversed in scoring.

The initial basis for constructing the scale was Antonovsky's (1987, chap. 4) questionnaire designed to measure the SOC of the individual as a global orientation. As indicated above, the present study focuses on family life only. Those items that could not easily be adapted to a family context were dropped. Other items referring to issues that come up in everyday life were constructed. In each case, the underlying frame of an item was the extent to which the respondent perceives family life as comprehensible, manageable, or meaningful. Two brief pretests, with 5 and 14 couples, respectively (each with a disabled spouse not in-
cluded in the sample), led to the construction of the final questionnaire.

The internal reliability of the FSOC was quite high. Cronbach's alpha for the entire sample (N = 120) was .921; for husbands separately, .923, and for wives separately, .920. Systematic removal of each item had no impact on the alpha.

The Family Adaptation Scale (FAS) consisted of 10 semantic differential items scored from 1 to 7. In each case, the extreme anchor phrases were "completely satisfied" and "dissatisfied." Given the propensity shown in many surveys to give positive answers to such questions, the imbalance was intentional (i.e., the fact that "completely dissatisfied" was not used). Six of the items were phrased so that the higher the number checked, the poorer the adaptation; these were reversed in scoring, so that a high score indicates good adaptation. Five of the items referred to satisfaction with internal family fit (Items 1, 4, 5, 7, and 10); 2 items referred to family-community fit (Items 8, 9); and the 3 others were less specific, covering both facets of fit. Cronbach's alpha for the 10-item scale was .874 for the whole sample (.851 for husbands, .895 for wives).1

**RESULTS**

**Preliminary Analyses**

Our concern in this study is to test the hypothesis that the family construction of family reality is related to the perception of family adaptation. Before doing so, we present data on the individual scores. The mean score on the 26-item FSOC scale was 128.63 (SD = 33.35) for husbands and 130.85 (SD = 33.99) for wives, or 4.95 and 5.03, respectively, per item. In keeping with many other survey results, these means seem to be on the high, optimistic side, if we consider that 7 is the most positive reply. Since the scale has never been used with any other population, no comparisons can be made. The 29-item individual SOC scale, however, has been used (Antonovsky, 1987, chap. 4). Adjusted mean scores of most of the populations are considerably lower, suggesting that it seems easier for persons to be less optimistic about themselves, at least in survey questionnaires, than about their families. Since many of the items differ on the two scales, however, such a generalization can only be tentative. The important point, for present purposes, is that "high" scores have no inherent meaning, and can only be used for comparative purposes within the same study or across studies when the same instrument is used.

In order to examine the relationship between the FSOC and the FAS, we set cutting points to divide both husbands and wives into three groups as equal as possible on each scale. In each case, the two variables are strongly related. Among men, 46 (77%) of the 60 are in the same third on the two variables, with one extreme deviant (low on FSOC, high on FAS). Among women, 35 (58%) of 60 are in the same third, while 3 are extreme deviants. The correlation coefficient between the two variables for men is 0.89; for women, 0.85 (p < .001).

We have, then, initial evidence that does not allow us to reject the FSOC-FAS hypothesis. But this hypothesis relates to the family's SOC and the family's adaptation, not to the perception by each spouse of the coherence of family life and adaptation. What can the data tell us about this question?

**Spouse Consensus on Coherence and Adaptation**

To what extent, we now ask, do spouses share a construction of reality, in this case the perception of the FSOC and of the FAS? Many studies ignore the problem by assigning a family score based on the mean spouse score. When few couples in a sample differ substantially—an empirical issue—using mean scores to test hypotheses perhaps does little harm. But when the construct under study bears a very direct relationship to the issue of agreement, as in the present case, it becomes impossible to ignore the matter. The very idea of a family sense of coherence is based on spouse agreement. When spouses disagree, there is by definition a weak SOC.

The correlation between husband's and wife's FSOC is .77 (p < .001). As noted, the scores of each gender were trichotomized into groups as nearly equal as possible. Of the 60 couples, 35 (58%) were in the diagonal cells, indicating agreement, whereas only 4 were extreme deviants (husband high—wife low, or the reverse) (chi-square = 20.9, 4 df, p < .001).

One further way of examining consonance between spouses was taken: examination of the 26 FSOC item-by-item differences. The range of
possible mean item differences is from 0 to 6.0. In reality, 19 of the couples (32%) had a mean item difference of less than 1; another 28 (47%), from 1.01 to 2; and the remaining 13 between 2.01 and 4.

Thus it can be concluded that by and large there is a substantial degree of spouse agreement. This proves to be the case on the FAS as well. The correlation between husband’s and wife’s FAS is .68 (p < .001). Again, the scores of each gender were trichotomized into groups as nearly equal as possible. Of the 60 couples, 33 (55%) were in the diagonal cells, indicating agreement, and only 4 were extreme deviants (chi-square = 18.0, 4 df, p < .001).

Having shown that there is indeed a considerable degree of consensus between spouses, which suggests that, at least in this case, it makes sense to speak of a family SOC (as well as of a family perception of adaptation), we may turn to the hypothesis of the study and examine the relationship between the two. But it is of value to analyze the “deviant” cases—in this instance, the spouses whose perceptions of the FSOC are discordant. The correlation between spouses is not perfect; 42% of the couples are not in the same third on the trichotomized scores; 22% of the couples had a mean item difference of 2.01 or more. Most, then, though not all, spouses have a similar construction of family reality. How does this relate to family adaptation? Or, to put the problem in another way: do the separate levels of husband and wife FSOC matter more or less than the fact that they agree or disagree on FSOC?

**Family Coherence and Adaptation**

Our first way of jointly analyzing the level of FSOC and the extent of spouse agreement as related to FAS was to use the tripartite divisions of spouses on FSOC and on FAS. The small number of cases obviates a very detailed breakdown. Nonetheless, the data, presented in Table 1, are suggestive. There are 13 cases in which both husband and wife had a high FSOC score, that is, they were both high and in agreement with each other. Using the husband’s FAS score as criterion, we can see that none of the 13 had a low score. In the wife’s perception, only one had a low score. Almost all these husbands (12 of 13) and a majority of the wives (8 of 13) report high adaptation. By contrast, the 13 couples in which both spouses agree that the family has a weak SOC are concentrated in the “poor adaptation” group (11 of the 13 by husband’s perception, 12 of the 13 by wife’s). The four intermediate groups on FSOC are clearly also intermediate on FAS.

But is the FSOC score more or less important than consensus in relation to the FAS? This issue was examined in two ways. We first compared two sets of two groups from the six in Table 1: the

<table>
<thead>
<tr>
<th>Adaptation</th>
<th>Husband FAS</th>
<th>Wife FAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>92.3%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Medium</td>
<td>7.7%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Low</td>
<td>0.0%</td>
<td>7.7%</td>
</tr>
<tr>
<td>n</td>
<td>(13)</td>
<td>(13)</td>
</tr>
</tbody>
</table>

chi-square = 54.3, 10 df, p < .001

<table>
<thead>
<tr>
<th>Joint Spouse FSOC</th>
<th>High-High</th>
<th>High-Medium</th>
<th>Medium-Medium</th>
<th>Medium-Low</th>
<th>High-Low</th>
<th>Low-Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>92.3%</td>
<td>45.5%</td>
<td>0.0%</td>
<td>20.0%</td>
<td>25.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Medium</td>
<td>7.7%</td>
<td>54.5%</td>
<td>77.8%</td>
<td>20.0%</td>
<td>50.0%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Low</td>
<td>0.0%</td>
<td>0.0%</td>
<td>22.2%</td>
<td>60.0%</td>
<td>25.0%</td>
<td>84.6%</td>
</tr>
<tr>
<td>n</td>
<td>(13)</td>
<td>(11)</td>
<td>(9)</td>
<td>(10)</td>
<td>(4)</td>
<td>(13)</td>
</tr>
</tbody>
</table>

chi-square = 33.2, 10 df, p < .001
medium-high versus the medium-medium FSOC groups; and the medium-low versus the low-low. If the average FSOC level is more important than consensus, then the former in each pair should have a higher adaptation score; if consensus is more important, the opposite should be the case. Using first the husband's FAS and then the wife's FAS as criterion measures, we tested the null hypothesis four times. In all four cases, even though the numbers are small, the mean FAS scores of the discordant FSOC pair are higher than the concordant but lower FSOC average couples. (In three of the four cases, the difference is statistically significant.) Thus, for example, comparing the mean husband's FAS scores of the medium-high and medium-medium couples, \( t = 3.15, p < .006 \).

We next examined the question using the above-noted mean FSOC single-item differences. The 60 couples were trichotomized into low, medium, and high mean differences. Again using the husband and wife FAS scores as criteria, we compared the three mean item difference groups pairwise. None of the comparisons show statistically significant \( t \) test differences, though the low-difference group has a bit higher FAS score than the medium, and the medium a higher score than the high-difference group. But even the low-high comparison falls short of significance.

We may conclude, then, that it seems to matter more for adaptation that at least one spouse has a relatively strong FSOC than that the spouses agree. This observation should make those who use average family scores a bit more comfortable. This is not to say that consensus makes no difference. The correlations between the mean item differences and the FSOC of husbands is \(-.25 (p < .027)\); of wives, \(-.29 (p < .012)\). The correlations between the differences and the FAS of the husbands and wives, respectively, are \(-.14 \) and \(-.24 (p < .069 \) and .032). Consensus, then, is related to both coherence and adaptation, but it seems less powerful than the average level of coherence.

**The Problem of Contamination**

Evidence has been provided that the FSOC, whether measured by individual spouse score or joint couple score, is very strongly related to the FAS. In order to confront empirically the question of tautology raised earlier, that is, whether the FSOC and FAS measure the same thing, two steps were taken. First, the individual FSOC items were compared to the individual FAS items in terms of substantive overlap. This subjective comparison led to the identification of 9 FSOC items that seemed to us too close for comfort to FAS items. Thus, for example, FAS Item 7 refers to satisfaction with communication among family members. FSOC Item 1 refers to a feeling of mutual understanding; Item 8 refers to clarifying problems together; Item 14, to others sensing one's feelings. These 9 items (the above 3 and Items 5, 11, 19, 23, 25, and 26) were eliminated and a new scale was constructed on the basis of the remaining 17 items.

Once again, the correlation between husband's and wife's FSOC scores is highly significant (.71, \( p < .001 \), a bit lower than the .77 of the original scores). Of greater importance, the correlations between the new scores and the FAS scores remain highly significant: .84 (\( p < .001 \)) for husbands and .81 (\( p < .001 \)) for wives. This time, further, we calculated the correlations between husband FSOC and wife FAS scores and vice versa in the attempt to decrease contamination. The correlations were indeed somewhat lower but remained very highly significant (husband FSOC–wife FAS, .57; wife FSOC–husband FAS, .68; \( p < .001 \) in both cases).

Our final attempt at removing contamination between the two variables seems to be a strict test. We had asked the social workers in the rehabilitation office to provide a global estimate, on a scale of 1 to 7, of each family's level of adaptation. By and large, the worker was most familiar with the disabled husband. We obtained social worker ratings of the overall adaptation of 47 families. The correlations between these and the four major measures of the study are as follows: husband FSOC, .64; wife FSOC, .62; husband FAS, .51; wife FAS, .55 (in all cases, \( p < .001 \)). Thus, even with a totally independent measure of adaptation, which is highly correlated with the respondents' perception of adaptation, there is a strong relationship between the sense of coherence and adaptation. This provides an independent confirmation of our consistent finding.

**Discussion**

This study was designed to apply the concept of sense of coherence to the level of the family and to
test the hypothesis that the family SOC is related to family adaptation. A sample was selected consisting of 60 families who had confronted a severe life stressor or crisis—the disablement of the head of the family—at least two years earlier, an acute event followed by the pileup of stressors involved in the inevitable need to reorganize family life. The data strongly support the hypothesis that those families with a strong family SOC—measured by the perception by spouses that family life is comprehensible, manageable, and meaningful—are more likely to be well adapted, more likely to have reached a high level of reorganization after a period of crisis, as measured by the satisfaction with family fit, internally and vis-á-vis the social environment.

Examination of this brief summary of the study points up a number of conceptual problems that are central to family stress theory. It may well be that the major contribution of this study goes beyond the modest empirical finding and is found in conceptual clarification. These are the issues to which we now turn. We will first consider the meaning of the two central variables of the study, “the family SOC” and “family adaptation.” We then will turn to the relationship between the two.

The SOC construct was originally formulated to apply to the individual’s perception of the world of stimuli that bombard one. In the present study, we have undertaken to examine whether the construct can be applied to the family. But the word “family” as used in the phrase “the family sense of coherence” has a dual meaning. First, it refers to the stimuli generated by interaction among family members and between family members and nonfamily units—to what is perceived as more or less coherent. In this sense, the term is narrower than the focus of the original concept. The latter is similar to the focus in Reiss’s (1981) concept of “reality.” Reiss too encompasses a very broad range and asks how this reality is “constructed” in the minds of the people he studies. The broader scope is also similar to what Lavee and McCubbin (1985: 9) call “family schema,” defined as “the family’s world view or appraisal of the total situation . . . the most enduring and stable of the family’s levels of appraisal.” The narrower use of the construct in the present study is analogous to Lavee and McCubbin’s Level 3, called “family coherence” and defined as “the family’s appraisal of the overall circumstances, particularly, the family’s fit within the community in which it lives, its sense of manageability about life events, the predictability about circumstances, and the sense of control and trust the family has over present and future events.” It also would seem closely related to the Mooses’ concept of the family environment (Moos and Moos, 1976).

We have raised these parallels in order to call attention to the distinction between broader and narrower foci, a distinction that has received little attention and is often blurred, particularly when it comes to operationalization. We chose to study the construction of family reality, rather than the global orientation of the original SOC concept, following the Moos and Lavee-McCubbin approach. In retrospect, this choice may be regrettable. First, it increased the danger of contamination with the dependent variable (an issue dealt with below). Second, it may have involved the loss of power of the broader concept, which, precisely because it encompasses a global view of the world, promises to be relevant in coping with a wide variety of stressors. On the other hand, limiting the focus of attention to family reality increased the chances that spouses would agree (whereas they are more likely to have divergent views of their major activities, social relations, etc.). Moreover, since coping with family reorganization in the face of the acute and ongoing stressors of disablement is a family issue par excellence, we thought it more appropriate to make the choice we did. Further study would be required to test the hypothesis that global coherence would be a better predictor to adaptation than coherence about family life. A further crucial question for study is the relationship between the global perception of the world as coherent and the perception of family life as coherent. Our important point is that the two should be studied separately. It might be noted that, while Reiss explicitly claims to be studying the construction of all reality, his methodology of observing family interaction in essence compels him to assume that how family members interact in coping with problems reflects how they see the world.

The second meaning of “family” refers to the family sense of coherence, thus posing the question of what it means to say that “the family” perceives a reality (whether that reality is broader or narrower), or the question of who is the perceiver. This question too has been slighted in the literature, the tendency being to assume that
the technical device of averaging individual perceptions gives the "family" perception. At the operational level, Moos and Moos (1981) have given attention to this issue in developing and applying the Family Incongruence Score. In a rather different context, Kohn (1983: 6) has also raised the issue, when he writes: "The second issue is so obvious as to be embarrassing to raise, yet it has received surprisingly little attention in the research literature: Mothers and fathers often do not have the same values."

One possibility is to follow Moos and Moos, asking the individual respondent about his or her perceptions. Alternatively, one can, as Reiss (1981) does, obtain data by observing family interaction; the family as a unit, in this case, provides the data directly. In the present study, we sought a solution to the problem by combining the technically easier way of obtaining data from individuals with, in the stage of data analysis, considering spouse consensus as relevant to the SOC. The fact that our data show that consensus is a less powerful predictor of adaptation than is the average perception does not mean that the problem of group perception can be disregarded. We know, however, of no way other than Reiss's method of systematic observation of behavior to get at the orientation of the family as a unit.

We may summarize this issue by proposing a fourfold table of study designs. One may ask, focusing on who does the perceiving, about the perceptions of (A) individual family members or (B) the family as a unit. Second, one may ask, focusing on what is perceived, about the extent of coherence in (a) family life or (b) all of life. In design the present study is of the Aa type, asking: To what extent does each spouse perceive family life as coherent? In the analysis, by dealing with the consensus between spouses, we sought to introduce B. The fact that we found a high degree of spouse consensus, making it difficult to compare consensual and disensual families, does not do away with the theoretical problem. This may have been a result of something unique about our sample. These families have all experienced a similar, major, nonnormative stressor and have remained intact. This may have effected a process of greater shared construing as a way to adapt.

The distinctions between A and B, and between a and b, may contribute to understanding the rather surprising finding that Moos and Moos's Family Environment Scale and Reiss's Card Sort Procedure showed no empirical association, despite seeming conceptual overlap (Oliveri and Reiss, 1984). The FES represents an Aa approach, its scores expressing the average of how individual family members perceive different aspects of family life. The CSP represents a Bb approach. Family interactional behavior is observed and scored directly; the focus of attention is on how the "family views the world" (p. 36). In addition to the contribution of methodological differences in obtaining data, Oliveri and Reiss attribute the lack of association to the possibility that "the FES and the CSP are tapping essentially unrelated domains of family functioning. . . . one domain consists of the family processes or properties that govern how individual family members perceive the family and describe it to an investigator and the other domain consists of the family processes or properties that govern how family groups behave in a situation with unclear external demands" (p. 47).

The next issue to which we turn is the conceptualization and operationalization of the "dependent" variable, adaptation. Antonovsky's original work on the coherence-adaptation hypothesis focused on physical health. When this limitation is observed, the problem arises whether it should be measured in terms of "objective" or "subjective" criteria. The former, in practice, comes down to axiomatic acceptance of a medical mode of thinking, which also has its problems of reliability and which poses no less difficulty than the use of self-report. Once one moves to self-report, whether of physical health, psychological well-being, or social functioning, one enters dangerous waters.

On the one hand, one faces the Scylla of determination by the investigator of what is good adaptation, an inevitably value-shaped determination. At the conceptual level, the solution seems to be easy. One can use terms like integration, homeostasis, level of entropy or disorganization, fit among members and between the family and the nonfamily environment, or the balance between demands and capabilities. These are the terms with which the literature is replete. But when it comes down to operationalization, this approach leads to problems. Thus one might ask which of three families is best adapted: when both husband and wife agree that she continue to be a maid-chauflle? when the wife rebels, against the husband's wishes? or when both agree that the
time has come for a radical revision of her role? Residents of Fresno and Berkeley are likely to give quite different answers. Or one might ask about the number of friends spouses have jointly, or how often there are family fights, or whether problems are solved by letting time do its work or by actively discussing them. In each case, the investigator, wishing to rank respondents on adaptation, introduces his or her own values.

On the other hand, one faces the Charybdis of conceptualizing adaptation as satisfaction. Operationally, one can seek to avoid asking directly about satisfaction by asking about physical or psychological symptoms, financial or legal problems, sense of well-being (cheerful, happy, etc.), and so on. But in each case, the underlying question is always one of satisfaction, for it is reasonable to presume that no one is particularly pleased by having symptoms or problems, or by being tense, morose, or miserable. Or one can ask about satisfaction directly, avoiding the investigator's values by the reasonable assumption that a family that is highly satisfied in a variety of life areas is a family that is in dynamic homeostasis.

This latter is the choice we made, in essence asking how well the respondent thought his or her family fitted together and fitted into the community. We have called this choice a preference for Charybdis because it presented the danger of making a valid test of the SOC-adaptation hypothesis impossible. Had we been interested, say, in social class or ethnic differences in adaptation, there would have been no problem. These are zeroing-in variables, not contaminated with the dependent variable, but they are not helpful, except as points of departure, in the task of explaining bon- or maladaptation. Use of the FSOC—or any other presumably explanatory variable, such as perceived resources, definition of the stressful situation, or marital quality—carries the danger of implicitly or explicitly asking about satisfaction with family life.

We tried to avoid this danger by constructing FSOC items that avoid direct reference to satisfaction. In all but a few cases, however, there are clearly desirable answers. But what differentiates the FSOC questionnaire from other measures is that it is constructed on the basis of a theoretical guide. Each item is explicitly constructed to ask about the perception of comprehensibility, manageability, or meaningfulness of a given family issue. On the other hand, the FAS was constructed with the use of the concept of fit.

How, then, are the two variables related? The population selected for study was clearly one whose members had all faced a serious crisis from 2 to 10 years earlier, when the head of the family (in Israeli culture at present, for better or for worse, the husband-father is defined as such) had become seriously disabled because of illness or injury. Though we did not investigate the matter, it is reasonable to assume that, since the onset of disability, there had been a "pileup" of stressors; for example, 75% of the husbands reported a decline in occupational status and income after onset. Was the FSOC, we asked, associated with adaptation?

The data provided strong support for the hypothesis. Whether one looks at husband, wife, or joint perception, the relationship is extremely strong. Correlations of .89 and .85 are not often found in the social sciences. When the FSOC measure was refined by omitting items that seemed overlapping to reduce contamination between the two variables, the correlations were only slightly reduced (to .84 and .81). And when a truly independent measure of adaptation was used, the evaluation by case workers, the correlations remained highly significant (.64 and .62).

These findings are consistent with those of the only other study we know of in which the SOC construct was used to study family adaptation (Lavee, McCubbin, and Olson, 1987, based on Lavee's doctoral dissertation). In a large U.S. national sample of families, the sense of coherence was hypothesized to enhance family well-being. Since the SOC scale developed by Antonovsky was not yet available (Antonovsky, 1983), the researchers used two brief scales that represented the concept: a 4-item scale measuring confidence that problems can be handled by the family, and a 3-item scale measuring acceptance and positive appraisal of stressful situations as part of life. "Well-being" was measured by a scale that "measures family members' satisfaction with various aspects of their lives in areas such as health, work, the family, and the community" (Lavee et al., 1987: 863). "The results show," the authors write, "that sense of coherence has a positive impact upon family well-being [and] acts as a stress-buffer" (p. 868).

The study by Lavee et al. (1987) is far more
sophisticated, in plan and analysis, than is suggested by this brief reference. Its importance, in the present context, is that there is a commitment to providing an explanation of the link between SOC and well-being. Their emphasis, in keeping with the original discussion of the SOC construct (Antonovsky, 1979, especially chap. 5), is on the cognitive processes, the factors of appraisal and perception, that facilitate coping with stressors. Our study takes us two steps further, going beyond a strictly cognitive emphasis and incorporating components that are emotional (confidence in the availability of resources) and motivational (viewing the stressor as a challenge).

Neither Lavee and associates nor we have solved the problem of contamination. But we believe, taken a step in the right direction. Some may prefer to see both studies as using two scales that represent a single construct, or as studies of concurrent validity. But the hope is that both contribute to the clarification required for advancing research.

The solution to the problem we would propose at this stage is that a variety of conceptualizations and operationalizations of family adaptation be used. But we would insist, in each case, that it is incumbent on the researcher to specify the mechanisms through which the independent variables and one’s variant of adaptation are linked. (On this issue, see the exchange between Trost and Spanier in the November 1985 issue of this journal, pp. 1072-1074.) In the present case, such specification provides, we believe, at least some theoretical basis for claiming that the FSOC and the FAS are conceptually distinct and that the hypothesis of the study has been tested.

One final comment is in order. Correlation is not causation. The results of a cross-sectional study cannot demonstrate that a strong SOC is causally predictive of family adaptation. Whatever the plausibility of a theoretical account of a chain of events, the data cannot demonstrate that the SOC indeed precedes adaptation. This can only be tested in a longitudinal study. Moreover, in real life, we would anticipate interactional influence: a strong SOC does foster, by its contribution to successful coping with stressors, a high level of family adaptation; but such adaptation, in turn, leads the family to experiences that reinforce the SOC. To study this process over time is indeed a challenge for research.

**CONCLUSION**

Our underlying concern in this study has been to bridge two research traditions that have generally disregarded each other. The SOC construct was developed in the context of life events and coping theory, which primarily seeks to explain physical (and sometimes psychological) illness. Family stress theory, on the other hand, has been concerned with family adaptation (though one of the indices sometimes used is physical distress). Both traditions deal with crises, stressors, coping, and the consequences of the process. There is little doubt that a married couple, experiencing a relatively severe disablement of the husband, confronts both a serious acute stressor and an ongoing stress situation. The study has demonstrated that the levels of the “family sense of coherence” of husband and wife, taken singly and taken jointly, are very closely associated with the extent to which the spouses are satisfied with different aspects of family life. Whether such strong results would have been obtained had an alternative conception of adaptation been adopted remains a matter for future research. Moreover, since the study was cross-sectional, we have no evidence for a causal relationship. The theory proposed points to such causality in that it argues that a strong SOC, particularly one shared by spouses, provides the motivational, perceptual, and behavioral basis for successful resolution of both the instrumental and emotional problems posed by stressors. Such resolution—note, not the absence of stressors, but their successful resolution—should provide one with a sense of satisfaction about family life. Were one to carry on study of the process, one might see that such satisfaction reinforces coherence. But if, at any given time, one wishes to predict which families will resolve crises successfully, the SOC seems to be a promising bet.

**NOTES**

This article is based on an MSW thesis submitted by Talma Sourani to the School of Social Work, University of Haifa, 1983.

1. The inevitable limitations of a one-person endeavor prevented fulfilling the desirable requirement of obtaining data that would test the validity of the FSOC and FAS, for example, by administering the Moos and Moos (1981) Family Environment Scale. Our empirical findings, then, must be treated with
due precaution. But since our major concern in this study was to advance theoretical clarification, we felt justified in using the data at least to illustrate our concepts. Clearly, the scales proposed here will have to be examined further for their psychometric properties before they can be adopted.

REFERENCES


APPENDIX

The Family Sense of Coherence Scale and the Family Adaptation Scale

In the data-gathering phase of this study, the written questionnaire was introduced to respondents as follows:

This questionnaire contains questions about the way your family handles various daily problems. The questions relate to your immediate family: spouse and children. In answering, try to think of the behavior of the entire family, and not only of specific individuals. But don’t include little children to whom the questions don’t apply. There are no right or wrong answers. Each family has its own way of behaving in different situations.

The semantic differential technique was explained next, and the 26 FSOC items were introduced. These were followed by 9 sociodemographic items and the 10 FAS items, again in semantic differential format. The first FSOC item is given here in the format in which it appeared in the questionnaire (translated from the Hebrew). All other items are given with the anchor responses in parentheses, the response appearing under 1 presented first.

In the marginal notations on the FSOC items, "R" shows that the response is reversed for scoring purposes, so that 7 is always a high FSOC. "C," "MA," and "ME" indicate that the item is a comprehensibility, manageability, or meaningfulness item.
Family Sense of Coherence

1. Is there a feeling in your family that everyone understands everyone else well?
   - There’s full understanding among all family members.
   - There’s no understanding among family members.

2. When you have to get things done which depend on cooperation among all members of the family, your feeling is: (there’s almost no chance that the things will get done . . . the things will always get done)

3. Do you have the feeling that it’s always possible, in your family, to get help one from another when a problem arises? (you can always get help from all family members . . . you can’t get help from family members)

4. Let’s assume that unexpected guests are about to arrive and the house isn’t set up to receive them. Does it seem to you that: (the job will fall on one person . . . all the members of the family will pitch in to get the house ready)

5. In case an important decision has to be taken which concerns the whole family, do you have the feeling that (a decision will always be taken that’s for the good of all family members . . . the decision that will be taken won’t be for the good of all family members)

6. Does it happen that someone in the family feels as if it isn’t clear to him/her what his/her jobs are in the house? (this feeling exists all the time . . . this feeling exists very rarely)

7. Does it seem to you that: (the job will fall on one person . . . all the members of the family will pitch in to get the house ready)

8. When a problem comes up in the family (like: unusual behavior of a family member, an unexpected overdraft in the bank account, being fired from work, unusual tension), do you think that you can together clarify how it happened? (very little chance . . . to a great extent)

9. Many people, even those with a strong character, sometimes feel like sad sacks (losers). In the past, has there been a feeling like this in your family? (there’s never been a feeling like this in the family . . . this feeling always exists)

10. Think of a situation in which your family moved to a new house. Does it seem to you that (all family members would be able to adjust easily to the new situation . . . it would be very hard for family members to adjust to the new situation)

11. Let’s assume that your family has been annoyed by something in your neighborhood. Does it seem to you that (nothing can be done to prevent the annoyance . . . it’s possible to do a great deal to prevent the annoyance)

12. Until now your family life has had (no clear goals or purpose at all . . . very clear goals and purpose)

13. When you think about your family life, you very often (feel how good it is to be alive . . . ask yourself why the family exists)

14. Let’s say you’re tired, disappointed, angry, or the like. Does it seem to you that all the members of the family will sense your feelings? (no one will sense my feelings . . . all the family members will sense my feelings)

15. Do you sometimes feel that there’s no clear and sure knowledge of what’s going to happen in the family? (there’s no such feeling at all . . . there’s always a feeling like this)

16. When the family faces a tough problem, the feeling is (there’s no hope of overcoming the difficulties . . . we’ll overcome it all)

17. To succeed in things that are important to the family or to one of you (isn’t important in the family . . . is a very important thing for all family members)

18. To what extent does it seem to you that family rules are clear? (the rules in the family are completely clear . . . the rules aren’t clear at all)

19. When something very difficult happened in your family (like a critical illness of a family member), the feeling was (there’s no point in going on living in the family . . . this is a challenge to go on living in the family despite everything)

20. When you think of possible difficulties in important areas of family life, is the feeling (there are many problems which have no solution . . . it’s possible in every case to find a solution)

21. Think of your feeling about the extent of planning money matters in your family (there’s full planning of money matters . . . there’s no planning about money matters at all in the family)

22. When you’re in the midst of a rough period, does the family (always feel cheered up by the thought about better things that can happen . . . feel disappointed and despairing about life)

23. Does it happen that you feel that there’s really not much meaning in maintaining the family framework? (we always have this feeling . . . we’ve never had a feeling like this in our family)

24. Think of your feeling about the extent of order in your home. Is the case that (the house is well-ordered . . . the house isn’t at all ordered)

25. Let’s assume that your family is the target of criticism in the neighborhood. Does it seem to you that your reactions will be (the whole family will join together against the criticism . . . family members will move apart from each other)
To what extent do family members share sad experiences with each other? (there's complete sharing
with all family members . . . we don't share our sad experiences with family members)

Family Adaptation Scale

Two anchor replies, printed under scores 1 and 7, were standard for all 10 items: I'm not satisfied . . . I'm completely
satisfied. However, to avoid a set, the negative reply was placed under 7 on Items 1, 2, 4, 6, 9, and 10. These items,
then, need to be reversed so that a high score represents high satisfaction. Item 11 represents an overall measure of
adaptation, scored after reversing.

1. Are you satisfied in belonging to your family?
2. Are you satisfied about the way the children are being raised? (like with their education, their behavior, their ac-
tivities?)
3. Are you satisfied with the family's way of life?
4. Are you satisfied with the possibility of expressing what you feel in your family?
5. Are you satisfied with the extent to which family members are close to each other?
6. Are you satisfied with how the family spends its leisure time?
7. Are you satisfied with the way family members communicate with each other?
8. Are you satisfied with how your family fits into the neighborhood?
9. Are you satisfied with the social relations your family has?
10. Are you satisfied with the way the family relates to the wishes of all the family members?
11. And now, think of what for you would be an ideal family, one which is perfectly adjusted. Where on the scale
would you rank your family compared to the ideal family? (1 = ideally adjusted family; 7 = a family which is
not at all adjusted)