4

Family Stress Theory

Marsha and Sean Peabody have been married for five years; this is the second marriage for both. While Sean has a child from his previous marriage (eight-year-old Billy) who spends every other week, holidays, and one month during the summer with them, they have wanted to have an "ours" baby for some time. After trying to become pregnant for several years they started infertility treatment—which worked! Marsha, a corporate manager at a large software company, had to leave work six weeks early because of a difficult pregnancy—she's having twins! Sean, a salesman at a television station, spent three weeks running back and forth between work and the hospital. Finally, Alicia and Barry were born, but five weeks prematurely, which led to health complications for both but especially for little Barry. Although Alicia was able to come home after just two weeks, Barry was in the hospital for one month. Thus, Marsha and Sean spent a lot of time running back and forth between work, home, and the hospital. This also impacted Billy's visitation schedule, which left him feeling unwanted and angry.

Marsha was not able to return to work because of the health needs of the twins and the fact that child care for two would consume most of her paycheck. Sean kept his job but was able to take off only one week once the twins were born. Needless to say, life has been stressful for the Peabody family!

The twins are now three months old and are getting stronger by the day. They still wake up every three hours needing to be fed, and each is taking different medications that must be administered at different times. Marsha's parents live nearby and are taking turns spending the night and helping with the feedings. Other friends and family members are coming over during the day to help Marsha take care of the twins. Both parents are still exhausted and constantly worry about the health of the twins. They often turn to prayer when they feel overwhelmed and find that it comforts them. They are also both very optimistic people and take it all in stride. They were so desperate to be parents that the lack of sleep and complete loss of any activity outside of taking care of the twins seems like no big deal in comparison to the joy Alicia and Barry bring them. Now if they could just convince Billy how wonderful it is to be a big half brother!

HISTORY

Whereas families have experienced stress since time began, the scientific study of how families deal with stress is a relatively recent phenomenon. The Depression of the 1930s was the impetus for this research as Angell (1936) and Cavan and Ranck (1938) sought to discover how families were dealing with the loss of household income and the stress associated with unemployment. Angell discovered that a family's reaction to the sudden loss of income during the Depression was based on two things: integration and adaptability. Integration means how close or unified a family feels and how economically interdependent they are whereas adaptability means how flexible families are in talking about problems, making decisions as a group, and modifying existing patterns, roles, and rules. Angell found that families who are both integrated and easily able to adapt their family roles to meet the needs of the situation are most capable of dealing with stress such as that caused by job loss during the Depression. Similarly, Cavan and Ranck studied families both before and after the Depression and found that those who were organized and cohesive prior to the Depression were best able to deal with economic losses, whereas disorganized families faced further breakdown.

Koos (1946) also researched how families deal with economic loss, building upon Hill's (1949) "roller-coaster profile of adjustment to crisis" (14). According to Hill's model (see fig. 4.1), families go through four stages when faced with a stressful situation: crisis, disorganization, recovery, and reorganization. The crisis phase is obviously the stress-provoking event that sent the family into crisis. This can be anything from the birth of a new child to the death of a family member. Once the family is faced with a crisis, a period of disorganization follows as family members attempt to cope with the situation. For example, new parents attempt to develop a schedule of feeding and/or waking up with the child at night so that each parent is able to get some sleep. They also must attempt to cope with little sleep, meeting the needs of the infant, and changing how they view each other now that they are parents as well as spouses.

As families figure out how to handle the situation, they enter the stage of recovery, which can be either fairly quick or long term. According to Hill (1949), families will eventually reach a new level of organization; for some it will be the same as the previous level of organization, for others it will be better than it was before; but for still others things become stable but not as good as they were prior to the stressful event.

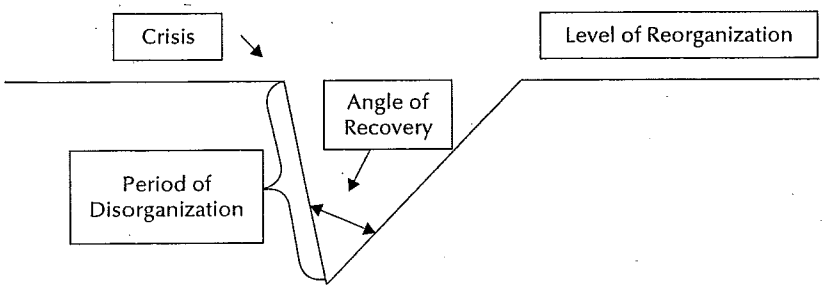

FIGURE 4.1 Roller-coaster profile of adjustment.

Source: Hill, R. 1949. Roller-Coaster Profile of Adjustment. In *Families Under Stress,* 138. New York: Harper & Brothers.

Thus, some new parents eventually find a schedule that fits all of their needs and are able to continue much as they did prior to the birth of their child. Other first-time parents become closer and find that their marital relationship is better because they have bonded over the birth of their child. This may also lead to better communication skills as a result of figuring out how to manage a newborn. Unfortunately, some parents find having an infant in the home overwhelming and never really learn to adjust. In these families, lines of communication break down, resentment and jealousy form, and often divorces occur as the couple is not able to return to a satisfactory level of interaction.

The roller-coaster model of adjustment to crisis was the predecessor to Reuben Hill's (1949) ABC-X model of family stress, which is the foundation of family stress theory. His early research on how families attempt to adjust to the crisis caused by separation and reunion during wartime led to the development of a theory that has remained virtually unchanged over the last five decades. Although other scholars have added to (McCubbin and Patterson 1982), attempted to simplify (Burr and Klein 1994), or built on (Lazarus and Folkman 1984) this theory, the basics as Hill wrote them have remained primarily unchanged. The rest of this chapter will discuss Hill's ABC-X model.

BASIC ASSUMPTIONS

The basic assumptions of family stress theory revolve around the central components of the model. Thus, this section will focus on the theory itself, and then we will focus more specifically on defining each of those components. As was previously stated, stress theory is based on the ABC-X model, with *A* being the stressor event, *B* the family resources or strengths, and *C* the family's perception of the event, or how they define or attribute meaning to the event. If the event or stressor is such that the family cannot immediately figure out how to solve the problem, this will lead to crisis, the *X* component of the model (Hill 1949). Because of the nature of this theory, the format will be a little different for this chapter.

Stressor Events (A)

Now we'll look at each component of the model a little more closely, beginning with the stressor. It's critical to realize that the stressor event itself is neither positive nor negative because events or situations are neutral prior to our interpretation of them. It is also important to remember that both positive and negative events can cause stress. For example, while it is obvious that events such as loss of a family member are stressful, the birth of a much-wanted child or winning the lottery can also cause stress even though both are events that cause celebration.

Lipman-Bluman (1975) has come up with ten criteria that affect the degree to which a stressor will impact a family, eight of which are commonly used in stress theory and will be addressed here.

1. The first criterion is whether the stressor is internal or external to the family. An example of this would be whether a mother chooses to return to work after

the birth of a child versus the mother who loses her job following the birth of her child. In the first case, the mother makes the choice to quit her job to take care of her child, so this is a decision made internally. In the second case, however, her boss fires her because she is always late to work and is falling asleep on the job; thus, external circumstances control the decision.

2. Whether a stressor is focused on one member of the family, or all members of the family, can make a difference. For example, is a stressful workplace causing one family member to come home unhappy, which might then disrupt the family, or has a recession caused both spouses to lose their jobs, causing the entire family to deal with a loss of income?
3. Suddenness versus gradual onset revolves around how much time a family has to anticipate the stressors' arrival. Whereas an unexpected illness might cause immediate crisis, pregnancy gives couples time to adjust to the idea of being parents.
4. The severity of a stressor can also make a difference. Are you dealing with the death of a child or the purchase of a new home, for example?
5. How long families have to adjust to a stressor can affect how they cope. Whereas the first day of kindergarten happens only once, learning how to care for a spouse with cancer is a long-term stressor event.
6. Whether the stressor is expected or not can also make a difference. We can expect to have difficult times while our children are adolescents, but we do not expect to be the victim of a road-rage crime.
7. The seventh criterion is whether the stressor is natural or artificial/human made. For example, are you trying to deal with the damage left behind by Hurricane Katrina, or are you dealing with the loss of a job because of increased technological advantages at your canning plant?
8. Finally, the family's perception of whether or not they are able to solve the crisis situation can determine how they react to the stressor. It is much easier to respond to something such as being a member of a blended family than it is to deal with a terrorist attack, over which we have little control. Thus, when looking at the *A* component of ABC-X model, use these eight criteria to determine how to define and describe the stressor event in a determination of how it will affect the family.

Resources (B)

Once a stressor has affected a family, the family must figure out how to deal with the event or situation. One way of doing this is by accessing resources, the *B* component of this model. Recall the work of Angell (1936), who described the ideas of family integration and adaptability. The ability to pull together as a family and to be flexible based on the circumstances are both resources. These two resources were further developed into a more complex model by Olson and McCubbin (1982), but the premise remains the same: Family members must learn to balance being cohesive and being individuals while also finding ways to retain their boundaries as a family, unless doing so brings harm to the family. In other words, family members stick together as a

cohesive unit when facing a crisis and pull together to help one another, but they also learn when they need to go outside the family and seek help.

McCubbin and Patterson (1985) stated that we should think of resources as falling within three categories: individual, family, and community. For example, one way to deal with the loss of a job is to figure out what you can do to solve the problem or find another job. In this case, individual resources would be level of education, job experience, perseverance, and work ethic. One can also use family resources to deal with unemployment by being supportive and encouraging to one another, making contacts with those you know in the job market, helping your spouse with a résumé, and sharing household responsibilities to allow more time for a job search. Finally, one can also turn to the community for such help as job relocation services, headhunters, having people at church help you make contacts and keep you in their prayers, and having other friends help with some of your current tasks to allow you more time to search for a job. The more resources you have available, the better you are able to cope. Thus, the best response to stress is to use a variety of resources.

According to McKenry and Price (2000), social support is one of the most important resources we can access. This can be provided by families instrumentally (i.e., with household chores or writing a résumé), emotionally, and through the building of increased social networks. Being supported also has the added benefit of building one's self-esteem because our feelings of self-worth increase when others are willing to help us—it is seen as a sign of love and support. We can also receive social support from community resources such as increased networking, help with problem-solving skills, and providing assistance in accessing valuable resources.

The role of social support is so strong that Kotchick, Dorsey, and Heller (2005) suggested that it can act as a buffer for single African American mothers living in low-income environmentally hazardous conditions with their children. In their family stress model, the neighborhood is the stressor which decreases mom's psychological functioning which in turn leads to impaired parenting. However, having good social support from friends, neighbors, and family can lead to more positive parenting practices and can minimize the effects of environmental stress.

Definition of the Situation (C)

Lazarus and Launier (1978) suggested that what individuals think about or how they interpret the stressor is as important as accessing resources when determining how a family will react to a crisis. This is often assessed in research concerning coping with a chronic illness such as cancer. Cognitive appraisal and coping processes are thought of as mediators of individual psychological responses to stressors such as being diagnosed and living with cancer (Folkman 1999; Lazarus and Folkman 1984). Optimism, or the belief that more good things will happen than bad, helps a person to view a stressor as more challenging than threatening, which has been associated with more positive outcomes in breast cancer patients (Carver et al. 1993; Epping-Jordan et al. 1999). The appraisal process in turn influences the thoughts and behaviors used to manage stress—coping. Thus, individuals with cancer who are optimistic about their chances of survival are better able to deal with their diagnosis than those who see it as an insurmountable problem (Smith and Soliday 2001).

The self-fulfilling prophecy, which is "a prediction of behavior which biases people to act as though the prediction were already true" (Papalia and Olds 1996, 487), also influences our perceptions of stressors. Burr (1982) related this to stress theory by saying that individuals and families who believe that a stressor cannot be solved are dooming themselves to failure. By contrast, those who can cognitively reframe the problem as being something they can handle are better able to manage the stressor. For example, if a student convinces herself she cannot pass an exam, she is likely to study less than she would otherwise, which may lead to her actually failing the exam. By contrast, if she had confidence that she could pass the exam, or her perception was that she was able to pass the exam, she would probably study more, which would most probably lead to success.

An important part of this process is how the stressor is broken down into manageable tasks. For example, rather than looking at the problem in its entirety, such as moving to a new town to take a new job, make a list of things that have to be done in each location. That way you're focusing on only one item at a time rather than being overwhelmed with all that has to be done. Cognitive reappraisal is a part of this process as well; we attempt to decrease the intensity of the emotions surrounding the situation as much as possible. Rather than viewing the move as tearing you away from a place you love, focus on the endless adventures that await you in a new town and a new work environment. This changes the emotional energy from negative to more positive. Finally, family members should encourage each other to maintain their normal lives rather than allow the problem to consume them. In this example, that would mean spending time with friends you care about and doing things in your community as a family while still working toward completing the tasks necessary to make the big move.

Stress and Crisis (X)

Whether or not a family will enter a state of crisis is determined by the previously discussed components of the ABC-X model. A crisis is reached when the family is no longer able to maintain its usual balance because of the stressor event. It is important to note that not all stressors will lead to crisis. In addition, just because a family faces a crisis does not mean the family will be broken apart because of it. In fact, families often function better and are more cohesive after a crisis than they were before, as was shown previously, when the roller-coaster model of adjustment to crisis (Hill 1949) was discussed in the example of how differently couples adjust to having a newborn.

PRIMARY TERMS AND CONCEPTS

Stressors

Now that we know the basics of the theory, it is important to define a few of the concepts in more detail, which will be done following the ABC-X model. Olson, Lavee, and McCubbin (1988) defined stressors as "discrete life events or transitions that have an impact upon the family unit and produce, or have the potential to produce, change

in the family system" (19). Notice that this definition uses the word *discrete*, which implies that stressors are singular. In other words, in this model, we deal with one stress-producing event at a time. It is also important to note that stressors are neither positive nor negative by themselves but become one or the other based on how we define the situation. Thus, what is negative for one person might be a positive event for another. Becoming pregnant may be perceived differently by a fifteen-year-old with plans to attend medical school versus Marsha and Sean discussed at the beginning of this chapter, who have taken extraordinary measures in an attempt to become pregnant. Both families are faced with the same event, pregnancy, but what is a painful and difficult predicament for the teenager is a cause for celebration for the Peabody family.

Your sample reading for this chapter is based on ambiguous loss as a potential stressor for families (Betz and Thorngren 2006). This refers to types of losses, physical or psychological, which are not as commonly understood or accepted as something like the death of a spouse. It includes losses such as a missing family member (i.e., due to war or child abduction), a miscarriage, or having a parent who is suffering from dementia and no longer able to recognize you. Falicov (2007) described transnational migration as a similar type of loss as the length of time away from family, ability to survive in the new country, and challenges faced during the migration itself are examples of the multitude of potential stressors.

Normative Event

Similarly, while stressors can be both positive and negative, they can also be normative or nonnormative. A normative event has three primary components: It is something that occurs in all families, you can anticipate its occurrence, and it is short-term rather than chronic (McCubbin and Patterson 1983). Examples of normative stressors would be the birth of a child, learning how to deal with a teenager, buying your first home, and facing retirement. We are better able to deal with those stressors that are normative because we have had some time to think about how we will handle the situation or what resources we can access. Nonnormative stressors such as losing an infant to sudden infant death syndrome or the separation of family members due to war are not anticipated and, thus, are more likely to lead to a crisis.

Resources

The *B* component of the model—resources—are characteristics, traits, or abilities of individuals, families, or communities, as was discussed earlier (McCubbin and Patterson 1985). One resource not already mentioned is that of *coping*, which is what we do in an attempt to deal with a stressor. Coping is really an interaction of our resources and our perceptions as we choose those resources we draw upon based on our perceptions of what will work and what won't. For example, if a student has a big paper due on Monday, and it's now Sunday night, and he is sick but hasn't started the paper yet, there is a problem. One way for him to cope with that problem is to simply admit that the paper won't be his best work but that he can still get it done if he locks himself in his room with his reference materials and his computer. In this case, he has defined the problem as solvable and used the resources at his disposal—his

work ethic, self-confidence, and creativity—to write the paper. If, on the other hand, he decides that he just can't get it done and will explain it to his professor tomorrow, he might cope by going to bed, which in turn is likely to result in a failing grade on his paper.

Lazarus and Folkman (1984), among others, believe there are three primary ways to define how families cope: using direct actions, intrapsychically, or by controlling the emotions associated with the stressor itself. *Direct actions* mean actually doing something, such as searching the community for resources, writing a new résumé, or seeking counseling to help deal with a problem. *Intrapsychic coping* refers to cognitively reframing the problem so that it does not seem so overwhelming or insurmountable. Finally, while some people "control the emotions" caused by the stressor in positive ways such as talking with a friend or going to a religious service, others use more destructive means, such as turning to alcohol or drugs in an attempt to dull the pain or alleviate the emotions. Regardless of how a family copes, the ultimate goal is to return the family to its previous state of functioning—in other words, trying to solve the problem so things can return to normal.

Crisis

Here it is important to make a distinction between stress and crisis. Whereas *family stress* is something experienced by families that causes a change in the family or upsets their sense of normalcy, *crisis* is a state or period of disorganization that rocks the foundation of the family. One should also bear in mind that whereas families can experience different degrees of stress, one is either in crisis or not in crisis. When does stress become crisis? Families encounter crisis when it can no longer maintain the status quo using their existing resources, or when it is so overwhelmed as to be incapacitated (Boss 1988).

Adaptation

The level of family adaptation is usually thought to fall somewhere between *bonadaptation*, a positive result to the crisis, and *maladaptation*, an unhealthy or dysfunctional resolution of the crisis. For example, whereas some families deal with the job loss of one spouse by pulling together and pooling resources until a new job is found (bonadaptation), other families fall apart in this situation, fighting with each other, and turning to alcohol to cope with the loss (maladaptation).

COMMON AREAS OF RESEARCH AND APPLICATION

In their review of the use of family stress theory during the 1970s, McCubbin et al. (1980) pointed out that while much research has taken place to provide support of Hill's (1949) original theory, there was also a good deal of research on normative life events such as the transition to parenthood, adjusting to widowhood, relocation and institutionalization, and adapting to retirement. Interestingly, similar research is still taking place using stress theory as a basis for analysis and discussion.

Informal Family Care

For example, Fredrikson and Scharlach (1999) noted that this theory has been used extensively in the study of informal types of care. Their research focuses on the outcomes of working and caregiving at the same time and the stressor pileup that can result from having multiple, conflicting roles. They suggest that stressors such as caring for disabled family members or finding alternative sick child care can be dealt with using resources such as social support and professional caregivers. It was also found that the greater the intensity of the stressor—job demands, degree of child or parent disability, or accessibility to caregiving resources—the higher the level of stress and greater the potential for crisis.

Work and Family

Bernas and Major (2000) also studied a variation of this topic as they looked at the stress associated with work and family conflict and resources that can alleviate this stress, or at least prevent it from leading to crisis. They focused on social resources such as friends, family members, and coworkers as well as personal resources such as hardiness (i.e., being committed to each role, having a sense of control over roles, and the ability to positively frame stressors as challenges rather than unsurmountable obstacles). They found that both types of resources positively impact a parent's, particularly a mother's, ability to balance work and family roles.

Adolescent Coping

Another normative stressor currently being researched using stress theory is the work of Plunkett and Henry (1999), who studied how adolescents' level of stress, and the type of coping resources they access to deal with these stressors, affect adolescent family life satisfaction. One thing that led to lower levels of adaptation for adolescents was their perceptions of parental overt conflict (hostility, mocking, insulting, screaming, or threatening). They also found that "adolescents who perceived increased stress due to the pileup of life event stressors reported decreased family life satisfaction" (616). In addition, the use of detrimental coping strategies such as drugs or alcohol to escape stress also resulted in lower family satisfaction, whereas those who used social support to cope with stress had more positive views of family life. Thus, one must recognize the multitude of things that cause stress for adolescents, analyze how they perceive each of these stressors, and encourage the use of positive coping strategies to keep adolescents from entering a crisis state, which may lead to problems.

Nonnormative Stressors

Many nonnormative stressors are also being assessed using family stress theory. Although the process of divorce is becoming more normative in its existence, it is still considered a nonnormative event, because couples do not enter a marriage expecting to divorce. Wang and Amato (2000) studied how families adjust to divorce based on divorce stressors (loss of income, loss of friends, moving), perceptions (positive versus negative views), and resources (supportive friends and family, education, employment,

and income). While their research, by contrast to past research in this area, found only minimal support for stress theory, they did determine the importance of obtaining a participant's subjective assessment of whether or not the divorce was a positive or negative event. In other words, perhaps one of the most important parts of the model for this topic is the individual's perception of the divorce itself: Having a more positive attitude toward the divorce and available social resources leads to better postdivorce adjustment.

Nonnormative Caregiving

Whereas we discussed some of the caregiving literature focused around normative events, there can also be unexpected situations, such as mental or physical illness, that require a caregiver as well. Provencher et al. (2000) reviewed measures using a family stress theory framework that is available to assess how caregivers of individuals with schizophrenia cope. Primary emphasis was placed on the fact that although much of the literature in this area identifies how caregivers respond to the stress of caring for the behavioral needs of individuals with schizophrenia, there is little study of how caregivers perceive their roles or how they cope with caring for the individual. It seems obvious that each of these components would influence the behaviors of caregivers as discussed in the ABC-X model.

With 10 percent of American grandparents today raising their grandchildren, this is another caregiving situation that is increasing in prevalence (Heywood 1999). Stressors for this population include financial problems, health problems, returning to employment after retirement, and a decreased social life due to returning to childcare activities. Because of this, access to resources such as child and medical care, counseling, and social support is important. Because many of these grandparents are putting their "golden years" on hold to become full-time parents once again, it is also important that they make the choice willingly or perceive the event as being positive. The incredible amount of stress experienced by this population has led to a good deal of research using family stress theory (Sands and Goldberg-Glen 2000).

Similarly, Hardesty et al. (2008) studied caregivers (primarily grandparents) who were caring for children following the violent death of their mothers at the hands of their intimate partners. In addition to the stressors mentioned earlier for grandparents raising grandchildren, you now have children who were typically exposed to domestic violence prior to the homicide, many of whom saw the murders take place or were there for the aftermath, and children who then watched the family members of the victims and perpetrators fight over what should be done with them. The ABC-X model was an excellent tool in this study for understanding the experiences of both the children and their caregivers.

Finally, one more area of nonnormative caregiving is taking care of someone with, or living with, a chronic illness. As was stated earlier, much of the research in the area of chronic illness uses a stress theory approach to determine how individuals and families cope with the diagnosis of a chronic illness such as cancer. This is especially difficult when the form of cancer is extremely rare, as in the case of carcinoid cancer (Soliday et al. 2004). Much of the stress for these patients comes from uncertainty about the disease itself as well as the knowledge that there is currently no cure. It was found that the perception of the diagnosis as either a death sentence or something

that can be coped with by living life to the fullest affects patient levels of depression. In addition, coping strategies differed widely from one individual to the next, again supporting the need to address both individual and family reactions to stressors as well as to make inferences to large populations only with extreme caution (Smith and Soliday 2001).

Family Ambiguity

As you will soon read, family systems theory states that families have boundaries which determine who is or is not a part of the family system, and/or what roles people play within the family. When those positions or roles are unclear, family boundary ambiguity exists (Boss and Greenberg 1984). Researchers have integrated this concept into family systems theory as being either the cause of stress (the *A* component) or as being defined by the perceptions of the individual family members (the *C* component). So, for example, integrating a stepparent into the home may cause family members to have to share resources, change rituals, or reevaluate their boundaries, and so could all be potential stressors. How they perceive this person, however, will also influence the level of boundary ambiguity. Family stress research and therapeutic practices have benefited from the integration of boundary ambiguity into the ABC-X model of family stress in areas such as missing-in-action family members, death of a family member, divorce, remarriage, stepfamilies, family health care issues, and research on clergy families (Carroll, Olsen, and Buckmiller 2007).

Thus, if there is one thing we can conclude from this review of current literature based on family stress theory, it is that the theory is as relevant today as it was in its inception in the 1930s. One would predict that as people face more and more stressors in their lives, and society becomes increasingly complex, the use of this theory will remain stable. Perhaps the most common approach will be a combined theoretical orientation as authors discuss issues, such as those in the previous paragraph, using this theory in addition to other theoretical approaches more specific to their topic of study.

CRITIQUE

Despite the fact that this theory has been widely used since its introduction in the 1930s, many have identified problems in the theory. Perhaps the most well-established problem is the fact that this is a linear model trying to explain complex families and situations. In other words, it is often not one single event that causes a family to become stressed to the point of crisis but rather an accumulation of events. To address this problem, McCubbin and Patterson (1982) developed the Double ABC-X model (see fig. 4.2), based on their research on families who had a member either captured or unaccounted for after the war. The model begins with the traditional ABC-X model and treats this as the precipitating event. However, it adds the postcrisis period of adjustment, which takes into consideration the fact that families must respond not just to the initial crisis itself but to the events that precede and follow that event as well. With that in mind, the Double ABC-X model uses the traditional model as its base and then replicates this model with a different interpretation to represent postcrisis adjustment.

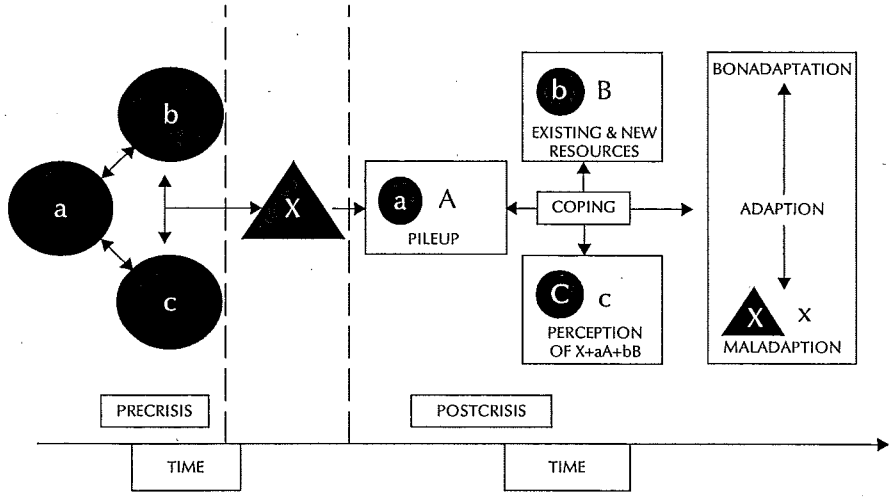

FIGURE 4.2 The double ABC-X model.

Source: McCubbin, H. I., A. E. Carble, and J. M. Patterson. 1982. *Family Stress Coping and Social Support*, 46. New York: Brunner/Mazel.

The Double A Factor: Stress and Change

There are three components to the double A factor: the initial stressor, changes in the family, and stressors resulting from attempting to cope with the initial stressor. Therefore, if you're attempting to deal with the loss of a job, the initial stressor event, you often have other things that happen at the same time that compound the stress. Perhaps, the family has to change roles to accommodate the husband now being at home while the wife is the only parent working. In this case, the father will now take on housework and childcare responsibilities, which can be stressful for him as he learns to balance those duties while also searching for employment. It is also possible that the resources you access to help you deal with the loss of a job, such as having an in-law come and help out with the kids because you can no longer afford childcare, are in and of themselves a source of stress. Having multiple stressors at one time is called stressor pileup.

The Double B Factor: Family Resources

While the initial stressor caused the family to access those resources that were immediately available, often those resources are not enough to keep the family from entering a crisis state. When those resources fail, families must turn to new sources, learn new skills, or strengthen old skills in order to cope. Thus, the double B factor takes into account the fact that sometimes those resources on which we rely cannot help us solve the problem, in which case we must seek out new opportunities.

The Double C Factor: Family Perception

The double C factor component is concerned not only with the family's response to or beliefs about the initial stressor but also with how they interpret their previous

responses to the crisis situation itself. For example, a family faced with the death of a child will assess how they interpret the death of the child and then how they assess their ability to cope with that loss. How a family perceives its ability to respond to situations such as this can determine how they will continue to cope with the ramifications of this event.

The Double X Factor: Family Crisis and Adaptation

In the double X factor, the postcrisis adaptation hinges on how the family has adapted to the initial crisis as well as how it has adapted to the new level of family functioning. In other words, does the situation break the family apart or build the family up? This time, however, we are referring to the entire family system rather than just how the family responded to one event or situation.

Mundane Extreme Environmental Stress Model

It was thought by Peters and Massey (1983) that family stress theory does not truly represent the experiences of those who experience oppression on a continual basis as, for example, African American family members do. In fact, these researchers thought that racism and discrimination were so much a part of their daily lives that they were not an additional stressor as implied by Hill's (1949) model but instead were a part of everyday life. Thus, they developed the mundane extreme environmental stress (MEES) model, which adds three components to the original ABC-X model. The first addition is an A factor, which represents constant exposure to racial discrimination, most of which is both chronic and unpredictable. In this case, it's not another stressor but simply a piece of the puzzle that must be examined when studying African American family stress. The second addition is the D factor, which is the pervasive environmental stress associated with being of minority status in the United States. This is more anticipated because it is a part of daily living. Finally, the Y factor is the lens through which crisis situations must be viewed for African American families because their experiences are different from those of majority status. Thus, this model simply builds upon the traditional family stress theory by adding the need to take racial discrimination into account when studying African American families.

Family Adjustment and Adaptation Response (FAAR) Model

A final extension of family stress theory, which addresses critics who say that this is only an individual theory focusing on one specific topic, is Patterson's (1988) FAAR model, which basically expands the previous theory to be more inclusive of family systems. In this framework, families attempt to balance the demands they face with their capacity to deal with them, as influenced by the family meaning or definition/interpretation of the situation. When these demands are beyond the family's ability to deal with them, the family experiences crisis. Thus, the model looks at the processes families use in an attempt to restore balance while also including what is added by individual family members, the family unit itself, and the community.

This model has been further tested in the field of family resiliency (Patterson 2002). Resiliency means thriving or succeeding despite adverse circumstances.

The focus here is on why some families do well while others are torn apart by stressful or high-risk situations. It is hoped that by determining the process that allows those families to thrive, we can help those families that are unable to balance their demands on their own.

Another common criticism of family stress theory is that it focuses on only one issue: stress. Because of this, the theory will perhaps never be considered a grand theory or a theory that one can apply to any discipline or situation. However, this should not overshadow the primary strength of this theory, which is its applicability to real-life situations. There is a great deal of literature using this theory as a basis for therapy. For example, you can help a couple deal with their lack of communication by having them analyze each component of the ABC-X model in an attempt to keep them from entering crisis, or if they're already in crisis to help them adapt positively. Similarly, this theory is helpful when studying any topic that produces stress that has the potential to lead to crisis for an individual or a family. In addition, this is one of the few theories reviewed that has shown continual development, as is illustrated in this critique. Although it may not have reached the status some would like in order for it to be included in a textbook on family theory, it is a great example of an evolving theory with more and more application to family situations in modern times. Thus, while the scope of the theory is perhaps limited to dealing with stress, its applicability is far reaching.

APPLICATION

1. Think about the story of the Peabody family at the beginning of this chapter. How does the ABC-X model apply to their lives? What are the family's stressor(s), resources, and definition of the situation? How are they coping? Would one of the other models covered be more useful here? If so, why?

2. Name three things that are causing you stress right now in your life. How would you use the ABC-X model to analyze each situation and figure out how to keep those stressors from leading to crisis?

3. Look at your list of stressors again. Which of these would be better explained by using the Double ABC-X model? Analyze the situation again using this model.

4. Early family stress research was focused on the Depression and the effects of war on families. What are some events in society today that could benefit from research using this theory? Outline the basic components of the model as they apply to current situations.

5. What do you think the ABC-X model is missing? How do current models address or fail to address these issues? How would you further modify the model?

6. Entering college exposes you to many potential stressors (Darling et al. 2007). A freshman has come to you because he is dealing with some of these stressors. How would you use the ABC-X model to help him deal with these issues?

7. Think about the eight criteria Lipman-Bluman (1975) developed to determine how much a stressor will impact a family. Pick a form of ambiguous loss as described in your sample reading and see how each of these eight criteria apply to it. How will these factors affect the family's ability to cope?