Resilience Theory: A Literature Review

with special chapters on deployment resilience in military families & resilience theory in social work

by

Adrian DuPlessis VanBreda

October 2001
CHAPTER THREE: FAMILY RESILIENCE

3.1 INTRODUCTION TO FAMILY RESILIENCE

A great deal has been written on individual resilience; indeed, the very notion of resilience emerged within the context of the individual. Family researchers have begun to address the family as a context for the resilience of the individual and even as a unit of analysis in itself (Frankel, Snowden, & Nelson, 1992). This shift has not, however, been easy.

Research on resilience in children demonstrates that although it is conceptualised as a quality of the child him/herself, it is located within the systems of the nuclear family, the extended family and even the broader community (Butler, 1997). Unfortunately, the relationships and causal patterns between individual, family and community levels are not clear – they appear independent and interdependent and complementary of each other (Silliman, 1994).

Some family researchers conceive of the family as a system impacting on the resilience of the individual. Caplan’s (1982) study on the family as a support system is one such example. Despite addressing the family in the context of family stress and coping, his paper conceives of the family purely as a support system to the individual family member, and thus as a vehicle for individual resilience.

In this regard, Hawley and DeHann (1996) describe the family in two contexts:

- Firstly, and most commonly, the family can serve as a risk factor raising the vulnerability of family members. Some research outlines the kinds of family factors that create risk for family members (eg severe marital conflict, parental mental illness, etc), while other research has identified factors that help family members be resilient in the face of family dysfunction (eg research on adult children of alcoholics). Much of the literature on resilience has, in fact, considered resilience in relation to the profoundly dysfunctional family creating a very negative image of families (Walsh, 1996).

- Secondly, the family can serve as a protective factor to boost the resilience of the family members (as Caplan does). Protective factors include “a good fit between parent and child, maintenance of family rituals, proactive confrontation of problems,
minimal conflict in the home during infancy, the absence of divorce during adolescence, and a productive relationship between a child and his or her mother” (Hawley & De Haan, 1996, p. 285). Walsh (1996, p. 263) comments that “few have considered the family as a potential source of resilience: that is, as a resource.”

Both of these approaches consider the family merely as a context for the individual. Although there is movement from a purely intrapsychic conceptualisation of resilience to a more contextualised conceptualisation, the family remains in the background.

There is, however, another body of research that conceives of the family as an entity in itself, rather than as merely a context for individuals. McCubbin and McCubbin (1988), for example, have developed a set of typologies of resilient families, which address the family system itself. In these theories, individuals do not occupy centre stage; rather, the family is central and the individuals are merely the components of the family. Walsh (1996, p. 266) refers to this as “relationship resilience” as opposed to the “contextual view of individual resilience” detailed in the previous paragraphs.

There is some debate around whether it is valid to conceive of resilience as a family-level construct. In fact, family stress research which dates back to the 1930s and the family strengths literature which dates back to the 1970s both addressed the family as a unit, although the focus of family stress research was somewhat pathogenic and family strengths research lacked a theoretical frame. More recent theories, such as those of McCubbin and his colleagues, have developed and refined the theory of family-level resilience and have introduced new concepts, such as family schema, which strongly take the family as a unit (Walsh, 1996).

The biggest problem in researching family-level resilience remains measurement (Walsh, 1996). Reiss’ work on “shared constructs” (in Sagy & Antonovsky, 1998) has been assessed through direct observations of family interactions. There is, however, some doubt as to whether there is a direct relationship between an intangible construct such as family resilience or family SOC and the family’s actual behavioural patterns (ibid.). Furthermore, such methods of measuring family constructs are costly.

Most researchers make use of self-reports and scales to measure family constructs. The problem then is how to “build a collective measure on the basis of the interrelations of individual perceptions” (Sagy & Antonovsky, 1998, p. 209). Sagy and Antonovsky propose four alternatives (see also Patterson & Garwick, 1998):
Aggregation Model. The aggregation model, which is the most common method of creating a collective measure of a family construct, involves taking the average or mean of the individual family member scores. The McMaster Model Family Assessment Device (Epstein, Baldwin, & Bishop, 1983) is scored using such a model. This approach, however, ignores the systems theory notion of the whole being more than the sum of its parts, and Sagy and Antonovsky (p. 210) find no theoretically based justification for this practice.

Pathogenic Model. The pathogenic model is based on family systems theory and within the pathogenic paradigm. Here the family score on a construct is taken as the lowest individual family member’s score. “This measure, though it seems an individual one, actually takes into account the entire family by ‘choosing’ the score of only one member according to the relative scores” (Sagy & Antonovsky, 1998, p. 210). This approach to the measurement of family constructs is rare. The approach may, however, be common in clinical work where a family’s overall level of functionality is defined in terms of the worst functioning individual.

Salutogenic Model. The salutogenic model is also based on family systems theory, but within the salutogenic paradigm. Here the highest individual family member score defines the family’s level on a construct. Again, this approach to measurement of family constructs is rare.

Consensus Model. Lastly, the consensus model, which “is based on the assumption that agreement among family members improves its coping and resistance ability” (Sagy & Antonovsky, 1998, p. 210). In this model, the family measurement is the absolute gap between family member scores on the measure. This approach is used quite frequently, in both research and clinical practice.

Sagy and Antonovsky (1998) endeavoured to test which of these four models was most effective but did not reach unequivocal results. They did, however, find considerable support for the salutogenic model of measurement, allowing for:

The characterization of the whole system by one of its subsystems. The pathogenic orientation, which is well known in family therapy, defines the whole unit as ill by identifying the illness of one member. Our findings, however, support a salutogenic orientation, an approach rarely found in family research or clinical work. (p. 223)

Patterson and Garwick (1998) comment on the measurement of family constructs:

Focusing on the family system as a unit of analysis has led to the idea that family meanings are distinct from the meanings held by an individual family member [aggregation model]. Furthermore, family meanings are distinct from consensus.
Family meanings are the interpretations, images, and views that have been collectively constructed by family members as they interact with each other; as they share time, space, and life experience; and as they talk with other and dialogue about these experiences. They are the family’s social constructions, the product of their interactions. They belong to no member, but to the family as a whole. (pp. 80-81)

Clearly, then, there has been considerable progress in family resilience research over the past seventy years, since 1930:

- There has been a move from considering only individual resilience, to also considering family resilience.
- There has been a move from considering the family as only a source of dysfunction over which individuals must rise, to considering families as a source of resilience and strength.
- There has been a move from considering the family only as a context for the development of individual resilience, to considering the family as a unit, in terms of relational resilience.
- There has been a development in the understanding of family-level constructs that are not easily identifiable from individual family members.
- There has been progress in various conceptions of how to measure family-level constructs.

Such developments are particularly important given the many changes in and challenges facing contemporary families (Arcus, 1992; Schvaneveldt & Young, 1992; Walsh, 1996):

- The median age at first marriage has risen.
- More people cohabit outside of marriage.
- The birth rate has declined, resulting in smaller families.
- More women now work outside the home for pay.
- An increasing number of marriages end in divorce.
- Employers are having to address the work-family interface.
- Families experience increasing financial pressure.
Health care costs are rising.

AIDS is taking an increasing toll on families.

Women’s experience of violence and poverty is receiving increasing attention.

Family violence is becoming more visible.

The quality of childcare is problematic.

More and more adolescents are having children.

Life expectancy is increasing, resulting in more working families caring for elderly parents.

It seems that today’s families need more than ever to be resilient. Walsh (1996) has rephrased the salutogenic question in family terms:

While some families are shattered by crisis or persistent stresses, others emerge strengthened and more resourceful. A resiliency-based approach aims to identify and fortify key interactional processes that enable families to withstand and rebound from the disruptive challenges they face. A resiliency lens shifts perspective from viewing families as damaged to seeing them as challenged, and it affirms their reparative potential. This approach is founded on the conviction that both individual and family growth can be forged through collaborative efforts in the face of adversity. (pp. 261-262)

How, then, is family resilience defined?

Family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook. (Hawley & De Haan, 1996, p. 293)

[Family resilience refers to the] characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations. (McCubbin & McCubbin, 1988, p. 247)

[Family] resiliency can be defined as the positive behavioral patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which determine the family’s ability to recover by maintaining its integrity as a unit while insuring, and where necessary restoring, the well-being of family members and the family unit as a whole. (McCubbin & McCubbin, 1996, p. 5)

[Family resiliency refers to those] key processes that enable families to cope more effectively and emerge harder from crises or persistent stresses, whether from within or from outside the family. (Walsh, 1996, p. 263)
3.2 FAMILY STRESS RESEARCH

Research on family stress has been conducted for the greater part of the twentieth century and forms the foundation of much of the later research on family strengths and family resilience. Huang (1991) provides a detailed sixty year review of this research, from 1930 until 1990. In the introduction to the chapter, Huang states:

Research on family stress and coping has examined how various life events and hardships affect families. The most frequently studied life events are chronic illness, drug abuse, sudden divorce, death, disaster, war, unemployment, parenthood, captivity, and rape. Stressor events, transitions, and related hardships produce tension, which calls for management (Antonovsky, 1979). When tension is not overcome, stress emerges. Family stress (as distinct from stressor) is defined as a state that arises from an actual or perceived imbalance between a stressor (e.g., challenge, threat) and capability (e.g., resources, coping) in the family’s functioning. (p. 289)

A brief summary of Huang’s (1991) review follows:

- **1930s.** In the 1930s, family stress research was dominated by the effect of the Great Depression on families and individuals. These studies identified how families responded to the Depression, and began to identify the qualities of families that survived the Depression.

- **1940s.** During the 1940s, attention shifted to the consequences of World War II for individuals and families. The first studies that form the initial foundation of Van Breda’s (1995a, 1995b, 1995c, 1995d, 1997a, 1997b, 1998a, 1998b, 1998c, 1999a, 1999b; Van Breda, Potgieter, Siwisa, & Banda, 1999) work on deployment resilience (e.g., those of Hill) were published in this decade. The ABCX family crisis model, which serves as the platform for the current innovative research by McCubbin, was formulated in 1949.

- **1950s.** During the 1950s the Depression and War were ignored, as researchers addressed reactions to illness, disaster, alcoholism and parenthood. Although the research in this decade was still largely descriptive, a more concerted use of theory was apparent, notably crisis theory, role theory and life cycle theory.

- **1960s.** The interests of the 1950s continued into the 60s, with the addition of delinquency and imprisonment.

- **1970s.** During the 1970s, family stress research focused broadly on war-related stress, physical and mental illness, drug abuse, rape, imprisonment, parenthood,
alcoholism and disasters. Longitudinal research began, generating more interesting and explanatory data. Theoretical models tentatively proposed in the previous years were refined and developed, and constructs were better defined and operationalised.

**1980s.** During the 1980s, family stress research continued with the topics of the 1970s, with the addition of studies of the absent father and divorce. Theory development and testing was much more common in this decade than before, and statistical analysis became increasingly sophisticated.

The growing interest in resilience research can be seen in the number of publications on the subject. In my personal literature collection, I have 194 papers and studies addressing various aspects of resilience (including individual resilience), distributed over the decades as follows:

- **1960s:** 2
- **1970s:** 7
- **1980s:** 56
- **1990s:** 129

Early studies on family stress, by researchers such as Burgess in 1926, Angell in 1936, Cavan and Ranck in 1938, Koos in 1946 and Hill in 1949, tended to emphasise family pathology (H.I. McCubbin & McCubbin, 1992). These researchers attempted to describe, explain and predict family dysfunction in the face of certain stressors. As a result of their research we have a much clearer understanding of the family as a system and how that system suffers under stress. Family stress research was not, however, well located within a salutogenic paradigm. It was only from the 1970s that family stress research began to investigate how “family members interact with and support each other, what strengths and capabilities families call upon to adjust and adapt, the specific roles and transactions the community plays and enacts in family coping and adaptation, and suggesting ways to improve the resiliency in families” (ibid., p. 154).

Family stress research is “based on ten fundamental assumptions about the ecological nature of family life and intervention in family systems” (McCubbin & McCubbin, 1992, pp. 155-156):

- **Change is Normal.** “Families face hardships and changes as a natural and predictable aspect of family life over the life cycle.”
Homeostasis. “Families develop basic strengths and capabilities designed to foster the growth and development of family members and the family unit and to protect the family from major disruptions in the face of family transitions and changes.”

Flexibility. “Families also face crises that force the family unit to change its traditional mode of functioning and adapt to the situation.”

Self-Protection. “Families develop basic and unique strengths and capabilities designed to protect the family from unexpected or nonnormative stressors and strains and to foster the family’s adaptation following a family crisis or major transition and change.”

Support Networks. “Families benefit from and contribute to the network of relationships and resources in the community, particularly during periods of family stress and crisis.”

Rhythm. “Family functioning is often characterized as predictable with shaped patterns of interpersonal behavior, which in turn are molded and maintained by intergenerational factors, situational pressures that have evolved over time, the personalities of the family members, and the normative and nonnormative events that punctuate family life throughout the life cycle.”

Multidimensional Assessment. “Family interventions can be enhanced and families supported by both a diagnostic and an evaluation process which takes the strengths, resources and capabilities in the family system as well as the deficiencies of the family system into consideration.”

Problem-Oriented Interventions. “Family functioning can be enhanced by interventions that target both the vulnerabilities and dysfunctional patterns of the family unit.”

Strength-Oriented Interventions. “Family functioning can be enhanced by interventions that target both the family’s interpersonal capabilities and strengths which, if addressed, can serve as a catalyst for other family-system, wellness-promoting properties.”

Self-Regulation. “Families develop and maintain internal resistance and adaptive resources, which vary in their strength and resiliency over the family life cycle but which can be influenced and enhanced to function more effectively. These resources can play a critical role in fostering successful family adjustments and adaptations.”
even after the family unit has deteriorated to the point of exhibiting major difficulties and symptoms of dysfunction.” (McCubbin & McCubbin, 1992, pp. 155-156)

3.3 **Hill’s ABCX Model**

Undoubtedly, Hill’s 1949 formulation of how stressors impact on families, known as the ABCX Model, laid the foundation for all subsequent family stress research and family resilience models (Burr, 1973/1982; McCubbin & Patterson, 1982). The model was slightly modified by Hill in 1958, but has remained essentially unchanged since then. Although other, more sophisticated models have been evolved since then (notably by McCubbin and colleagues), Hill’s model remains the prototype and is presented in some detail here in order to clarify the evolution of later models. The model, slightly adapted from Burr (1973/1982), is illustrated in Figure 3.1.


\[
A \text{ (the event)} \quad \text{– interacting with} \quad B \text{ (the family’s crisis-meeting resources)} \quad \text{– interacting with} \quad C \text{ (the definition the family makes of the event)} \quad \text{– produces} \quad X \text{ (the crisis).} 
\]

The second and third determinants – the family resources and definition of the event – lie within the family itself and must be seen in terms of the family’s structures and values. The hardships of the event, which go to make up the first determinant, lies outside the family and are an attribute of the event itself. (p. 5)

3.3.1 **The Stressor (A)**

The A factor in Hill’s model, the stressor, can be defined as “a life event (eg death, purchase of a home, parenthood, etc) impacting upon the family unit which produces, or has the potential of producing, change in the family social system” (McCubbin & Patterson, 1983b, p. 7). According to Hill, there are four main categories of stressors (in McCubbin & Patterson, 1983b, p. 7):

- “Accession – changed family structure by adding a member (eg birth of a child)
- “Dismemberment – changed family structure by losing a member (eg child’s death)
- “Loss of family morale and unity (eg alcoholism, substance abuse)
- “Changed structure and morale (eg desertion, divorce).”
The amount of change

The family’s crisis-meeting resources

The family’s definition of the seriousness of the changes

The amount of crisis in the family social system

The stressor event

Figure 3.1 Hill’s ABCX Model

(Adapted from Burr, 1982, p. 10)
3.3.2 FAMILY CRISIS (X)

In 1949, Hill defined a crisis as “any sharp or decisive change for which old patterns are inadequate” (cited in Burr, 1973/1982, pp. 5-6). Crisis in family literature is most often conceived of as a disruption in the routine or rhythm of a family, that is, a disruption of the family’s homeostasis. The greater the disruption, the greater the degree of crisis, hence X can refer to the amount of crisis (ibid.).

McCubbin and Patterson (1983b) state:

Crisis is characterized by the family’s inability to restore stability and the constant pressure to make changes in the family structure and patterns of interaction. In other words, stress may never reach crisis proportions if the family is able to use existing resources and define the situation so as to resist change within the family system. (p. 11)

The power of a stressor event (A) to cause a large degree of crisis in a family system (X) is mediated by the family’s crisis-meeting resources (B), the family’s definition of the stressor (C) and the amount of change required by the stressor.

3.3.3 RESOURCES (B)

The B factor in the ABCX model refers to the crisis-meeting resources at the family’s disposal. Resources refer to the family’s ability to prevent a stressor event or transition in the family from creating a crisis (McCubbin & Patterson, 1982; 1983b). Resources, then, refer to the capacity of a family to resist the development of a crisis in the face of stress. Burr (1973/1982, p. 8), following on from Hansen (1965) who worked with Hill on later developments of the ABCX model, indicates that the B factor can also be called ‘vulnerability’. Although this term is more pathogenic in orientation, it is important in that it is incorporated as a separate component into later family resilience models.

3.3.4 FAMILY DEFINITION (C)

The C factor refers to the family’s definition of the stressor event and the changes that the stressor requires of the family. Hill (in Burr, 1973/1982, p. 8) indicates that there are three types of definitions: (1) definitions formulated by an impartial observer, (2) definitions formulated by the community or society within which the family lives, and (3)
subjective definitions formulated by the family itself. Hill argues that the family’s own subjective definitions are the most important for influencing their response to a crisis. Burr (ibid., p. 9) proposes that the C factor does not act directly on the X factor, but rather that it influences the degree of vulnerability in the family (or the resources at the family’s disposal), as illustrated in Figure 3.1.

### 3.3.5 Amount of Change

According to Burr (1973/1982, p. 9), in Hill’s original formulation of the ABCX model there was another component which was not included in later formulations, viz the “hardships of the event”. In 1949 Hill operationalised this by counting the number of changes required by the stressor, hence Burr refers to this as the “amount of change”. Burr (ibid.) states, “The amount of change [italics added] that occurs when a stressor event occurs in the family social system influences the amount of crisis that results from the event.”

In short, “a stressor does not act directly on the family; rather, it is the perception of the event as mediated by internal and external contexts that determines whether the family will cope or fall into crisis” (Black, 1993, p. 275).

### 3.3.6 The Contribution of Hill’s Model

Hill’s ABCX Model has made a number of significant contributions to the field of family stress and family resilience research:

- It undermines the linear and deterministic notion that stressors cause crisis, by introducing a number of mediating variables.
- It provides clinicians with hints on how to enhance the resilience of families, by identifying two sets of variables (resources and definitions) that are directly within the family’s control.
- It empowers families who are subject to stressors over which they have no direct control (e.g., war induced separations, death, natural disasters, birth, etc) to resist entering crisis.
It provides a framework within which to classify the findings of later research, such as the research on family strengths (which form part of the B factor – crisis-meeting resources).

It provided a foundational theoretical model that facilitated the development of later models.

3.4 FAMILY STRENGTHS RESEARCH

Whereas family stress research examined families exposed to extreme stress, family strengths research examined families who, by their own or other’s opinion, were considered strong or resilient. The intention was to identify the characteristics of these families. This is somewhat similar to the salutogenic notion of identifying people who thrive in the face of adversity, except that there is no explicit attempt to identify adversity. There is an implicit assumption that routine life events entail stressors that families must deal with.

Family strengths research is largely theory free and tends to be descriptive (Ponzetti & Long, 1989). As such, it is difficult to present it as a coherent model. However, in light of Hill’s ABCX model, one can fit most of the characteristics of strong families under the umbrella of Crisis-Meeting Resources (the B factor), since strong families have more resources with which to meet and mediate the crisis-producing effects of a stressor.

3.4.1 DEFINITIONS OF FAMILY STRENGTHS

There are various definitions of family strengths:

[Family strengths are] those relationship patterns, interpersonal skills and competencies, and social and psychological characteristics which create a sense of positive family identity, promote satisfying and fulfilling interaction among family members, encourage the development of the potential of the family group and individual family members, and contribute to the family’s ability to deal effectively with stress and crisis. (Williams et al, 1985, in Trivette, Dunst, Deal, Hamer, & Propst, 1990, p. 17)

[Family strengths are] those forces, and dynamic factors in the relationship matrix, which encourage the development of the personal resources and potential of members of the family, and which make family life deeply satisfying and fulfilling to family members. (Otto, 1975, in Sawin, 1979, p. 167)
Family strengths are the competencies and capabilities of both various individual family members and the family unit that are used in response to crises and stress, to meet needs, and to promote, enhance, and strengthen the functioning of the family system. (Trivette et al., 1990, p. 18)

Many authors, such as Pollack, Jansen, Otto, Stinnett, Olson, Beavers, Barnhill, Epstein & Bishop, Handsen and Trivette, have generated lists of family strengths. In many cases, these lists overlap, so that a separate review of each researcher’s contribution would be very repetitive. A synthesis of the findings of these various will, therefore, be presented. I identified eleven clusters of family strengths that are summarised in the sections below.

### 3.4.1.1 Cohesion

Family cohesion or closeness is one of the most frequently cited characteristics of strong families, and is particularly valued as a family strength by both healthy and clinical families (Bobele, 1989). Cohesion, as conceptualised in the Circumplex Model, can be defined as “the emotional bonding that families have toward one another”, and can range from extremely low cohesion (disengagement), to moderately low cohesion (separation), moderately high cohesion (connection), and to extremely high cohesion (enmeshment)” (Olson, Lavee, & McCubbin, 1988, p. 22).

Minuchin (1974) has written extensively on cohesion, as H.I. McCubbin and McCubbin (1992) summarise:

> He writes that the human experience of identity has two elements: a sense of belonging and a sense of separateness. A family’s structure may range from the one extreme of the “enmeshed” family to the other extreme of the “disengaged” family. In the former, the quality of connectedness among members is characterized by “tight interlocking” and extraordinary resonance among members. The enmeshed family responds to any variation from the accustomed with excessive speed and intensity. In sharp contrast, individuals in disengaged families seem oblivious to the effects of their actions on each other. (pp. 158-159)

The McMaster Model of Family Functioning (Epstein & Bishop, 1981) uses the term “affective involvement” rather than cohesion. Affective involvement can be graded on a 6-point scale: (1) lack of involvement, (2) involvement devoid of feelings, (3) narcissistic involvement, (4) empathic involvement, (5) over-involvement, and (6) symbiotic involvement. Empathic involvement, which is just above the half way mark, is seen as the most effective form of affective involvement (Will & Wrate, 1985, p. 23).
Research indicates that “in nonclinical families, [across the lifespan,] family cohesion level accounts for level of family strain and well-being. In other words, ‘connected’ (more cohesive) families have lower levels of strain and higher levels of well-being than do ‘separated’ (less cohesive) families” (Olson et al., 1988, p. 40); see also (H.I. McCubbin & McCubbin, 1988).

Barnhill (1979) refers to cohesion as ‘mutuality’, in contrast to ‘isolation’. Mutuality is defined as “a sense of emotional closeness, joining, or intimacy” (ibid., p. 95). Barnhill notes that isolation can occur when there is no mutuality, or when the mutuality is so strong (enmeshment) that the separate identities of the family members becomes fused, making it impossible for them to be “close”.

Other writers also indicate the importance of cohesion. Otto (1963, in H.I. McCubbin & McCubbin, 1992, p. 167) cites the importance of “family unity, loyalty, and interfamily cooperation,” as well as “utilizing consciously fostered ways to develop strong emotional ties”. Lewis (1979, in Lee & Brage, 1989, p. 350) indicates the importance of “close knit” families that “share opinions and feelings with each other”. Beavers (1977, in Lee & Brage, 1989, pp. 353-354) refers to optimal families as experiencing “joy and comfort in relating”, and found that they display “an engaging warm, optimistic tone and a striking emotional intensity.” He also found that they “had a high involvement with each other.”

Some writers (eg. Lewis, 1979, in Lee & Brage, 1989) indicate that cohesion in the marriage relationship creates the platform for the strength of the family as a whole:

A family is more likely to be healthy if the parents have a ‘good’ marriage, where both spouses feel competent and share power. They achieve deep levels of intimacy. Neither feels highly vulnerable or competitive. Their individual differences are enjoyed and supported. (p. 350)

As an example of the value of marital cohesion, Conger and Elder (1999) studied the role of marital support as a mediator between economic pressure and emotional distress. Marital support was defined as:

The tendency of each spouse to (a) listen to the other’s cares and concerns, (b) maintain a cooperative and helpful posture in relation to expressed concerns, (c) indicate sensitivity to the partner’s point of view, and (d) express approval of the partner’s qualities and characteristics. (p. 57)

Results indicated that couples who were high in marital support (crisis-meeting resources – B) experienced less emotional distress (the crisis – X) in response to economic pressure (the stressor – A) than couples who were low in marital support (vulnerability – B) (Conger et al., 1999, p. 69).
A study by Burke and Weir (1982, p. 223) found that husbands and wives who were satisfied with the degree of informal help they received from their partners experienced greater life, job and marital satisfaction, reported less stress and fewer psychosomatic complaints. The researchers conclude that spouse helping has therapeutic effects. Spouse helping could be interpreted as an operationalisation of marital cohesion.

Stinnett (1979; 1989) refers to the importance of families spending time together, another operationalisation of the construct ‘cohesion’. Linking on with Olson’s notion of degrees of cohesion, Stinnett (1989, p. 64) indicates that “it is also important that individuals have time alone and time outside the family so that the bonds do not become chains”. He refers to a study by Jacobsen in which 1,500 children were asked what they believed made for a happy family. “Their most frequent response was that a family is happy because they do things together” (Stinnett & De Frain, 1989, p. 63). Stinnett (1989) argues against the “quality rather than quantity” expression, and promotes a “quality in quantity” approach. Finally, he notes that time together does not “just happen” (Stinnett, 1979). Strong families make it happen by scheduling it into their lives. Other authors (Trivette et al., 1990, p. 19) state that strong families make a “concentrated effort to spend time and do things together, no matter how formal or informal the activity or event”. Similarly, Curran (1983, in H.I. McCubbin & McCubbin, 1992, p. 169) indicates that “the healthy family fosters table time and conversation [and] shares leisure time.”

“Commitment” is the second of six qualities of strong families identified by Stinnett (1979; Stinnett & De Frain, 1989), and although it is not equivalent to cohesion, it can be helpfully placed under the cohesion heading. Stinnett (1979, p. 27) found that strong families “were deeply committed to promoting each others’ happiness and welfare. They were also very committed to the family group as was reflected by the fact that they invested much of their time and energies into the family”. Commitment “is the invisible tie that binds [these families] together and [is] perhaps the foundation of the other five qualities” of strong families (Stinnett & De Frain, 1989, p. 57). While cohesion is probably an affective quality (a feeling or sense of being engaged with others), commitment is more volitional: a conscious choice to promote “the well-being and growth of the individual family members as well as that of the family unit” (Trivette et al., 1990, p. 56).
3.4.1.2 Communication

Good communication has long been hailed as the cornerstone of a strong family (Gantman, 1980; H.I. McCubbin & McCubbin, 1992). “These families communicate with a great deal of shorthand, are very spontaneous, and tend to interrupt each other frequently” (Lewis, 1979, in Lee & Brage, 1989, p. 350). Stinnett (1989) emphasises the centrality of good communication in strong families:

They talk about important things, and are often very task-oriented in their communication: what-needs-to-be-done and how-are-we-going-to-get-it-done types of conversations. Strong family members also spend a lot of time talking about small things. ... Communication is important not only to solve problems, but also as recognition that the people in the family simply enjoy each other's company. (p. 60)

Good communication involves “checking out” the meaning of communications to ensure accurate understanding (Barnhill, 1979, p. 96). Poor communication, by contrast, involves “vague or confusing exchanges of information, paradoxical communication (when one part of a message invalidates another part), or prohibitions against ‘checking out’ meaning” (ibid.).

The McMaster Model of Family Functioning (Epstein & Bishop, 1981) unpacks three components of effective communication, which Beavers (1977, in Lee & Brage, 1989, p. 353) refers to as “contextual clarity”:

- Firstly, effective communication is both ‘clear’ and ‘direct’. Clear communication is explicit and straightforward, as opposed to ‘masked’ communication, which is camouflaged or vague. ‘Direct’ communication is “explicitly directed towards the individual for whom it is intended” (Will & Wrate, 1985, p. 17), as opposed to ‘indirect’ communication.

- Secondly, effective communication is ‘congruent’, that is there is a fit between the verbal and nonverbal components of the message, as opposed to ‘incongruent’ communication.

- Thirdly, the recipient of the communication ‘validates’ the message, that is acknowledges receipt of the message and an understanding of the content of the message, as opposed to ‘ignoring’ the message (acting as if the communication has not occurred) or ‘disqualifying’ the message (“denying that the communicator has the experience about which he has communicated” (Will & Wrate, 1985, p. 18)). Other authors also indicate the importance of listening in communication (eg Lewis, 1979,
Strong families evidence moderate amounts of conflict and fighting, “but the hostilities generally do not get to an extreme level” (Stinnett & De Frain, 1989, p. 60). The fights in strong families tend to be task-oriented, honest, direct and solution-focused (Stinnett, 1979). When they fight, they are able to “emphasise positive interactions among family members” (Trivette et al., 1990, p. 19).

An important component of good communication is the capacity of family members to provide each other with positive feedback and appreciation (Stinnett, 1979; Stinnett & De Frain, 1989; Trivette et al., 1990). Stinnett (1989, p. 59) argues that the ratio of positive to negative communications is a key to the success of strong families. He proposes a minimum ratio of 10:1 (at least ten positive comments for every one critical comment) in order to maintain a healthy relationship.

### 3.4.1.3 Problem Solving

“The ability to engage in problem-solving activities designed to evaluate options for meeting needs and procuring resources” (Trivette et al., 1990, p. 19) is an important characteristic of strong families (Beavers, 1977, in Lee & Brage, 1989; Tallman, 1988). Lewis (1979, in Lee & Brage, 1989, p. 351) notes that strong families are able to “identify problems sooner than dysfunctional families” and are able to follow a concerted problem solving process without blaming each other.

The McMaster Model of Family Functioning (Epstein & Bishop, 1981) details the process of problem solving as comprising seven stages, viz; “(1) identification of the problem, (2) communication of the problem to the appropriate person(s)/resources, (3) development of alternative action, (4) decision on one alternative action, (5) action, (6) monitoring the action, (7) evaluation of the success of action” (Will & Wrate, 1985, p. 14). Strong families are able to follow the entire problem solving process.

A problem can be defined as follows (Tallman, 1988):

A problem is an intrusion in an actor’s [ie a person’s] state of affairs that has the following characteristics: (1) it impedes, blocks, or interferes with the actor’s efforts to attain a particular goal; (2) it creates an undesirable situation for the actor that is alterable if and only if the actor engages in mental and/or motor activities that will eliminate, bypass, or overcome the impediments, obstacles, or barriers that are
interfering with goal attainment efforts; (3) there is some degree of uncertainty that the activities listed in the second statement can be successfully completed. (p. 107)

This detailed definition of a problem has several implications (Tallman, 1988). First, since the problem is an intrusion on one’s normal or routine activities, activities to solve the problem must be nonroutine or extraordinary. Secondly, these activities are taken at some risk. Solving a problem may create other problems and inevitably requires change that produces instability. The larger the problem, the greater the risk involved in solving it. Third, a problem can be considered solved when the “barrier, obstacle, or impediment to attaining a goal is removed, ended, or overcome” (ibid., p. 109). Fourth, since the problem is defined as the obstacle that prevents the attainment of some goal, the problem solving process must entail the removal of the obstacle, not the attainment of the goal itself. Fifth, problem solving can be considered effective when the person is able to continue on the path towards achieving his/her goal.

Consequently, the problem solving process can be defined as follows (Tallman, 1988):

The problem-solving process involves nonroutine mental or physical activities in which the actor attempts to overcome a condition that impedes his or her goal attainment efforts. These activities always entail some degree of risk that the problem may not be solved. (p. 112)

Conger and Elder (1999) were able to test the strengthening properties of effective problem solving with couples exposed to economic stress. They measured marital conflict and marital distress on three occasions at yearly intervals. Marital conflict was operationalised as “criticism, defensiveness, escalations in negativity, angry withdrawal, and insensitivity” and marital distress as “negative evaluations of the relationship, including thoughts of or even actions related to divorce or separation” (ibid., p. 56). The researchers concluded:

We proposed that couples with strong problem-solving skills would be most able to effectively respond to marital conflict [at Time II], reducing its impact on later marital distress [at Time III]. ... The findings were consistent with these hypotheses. Couples who demonstrated the ability to generate realistic and nonexploitive solutions to their conflicts and disagreements, and who did not engage in protracted solution generation to the neglect of actually resolving a disagreement, were less likely to suffer distress in their marriages as a result of such conflicts compared with less capable couples. Also consistent with expectations, the level of couple supportiveness did not moderate the relationship between marital conflict and marital distress. These findings suggest that, when faced with an internal family stressor, couples need to do more than providing sensitivity and concern. They need to be able to negotiate, bargain, and reach agreement on realistic solutions to internal family matters. (p. 69)
The longitudinal Lundby study in Sweden also found that problem solving acted as a significant resilience factor, reducing the incidence of alcoholism and psychopathology among a sample of high risk people (Cederblad et al., 1995, p. 328).

### 3.4.1.4 Spirituality and Values

“This is possibly the most controversial finding in our research, and yet it is undeniable that for many strong families religion – or spiritual wellness, or feelings of optimism or hope, or an ethical value system, or whatever you wish to call it – are important themes in their lives” (Stinnett & De Frain, 1989, p. 65). Some families express their spirituality through active involvement in a religious community, leading to Stinnett’s original formulation of this strength as “a high degree of religious orientation” (Stinnett, 1979, p. 28). In his later writings Stinnett was more accommodating of those who, while not participating in religious activities, have a strong sense of transcendent spirituality.

Others researchers have also identified spirituality as a source of family strength: Otto (1963, in H.I. McCubbin & McCubbin, 1992, p. 167) refers to “spirituality commitment” and Curran (1983, in H.I. McCubbin & McCubbin, 1992, p. 167) says, “The healthy family has a shared religious core”. Olson (1983, in H.I. McCubbin & McCubbin, 1992, p. 168) found that religious orientation, congregational activities and spiritual support were particularly important strengths for families with adolescent children. Trivette et al (1990, p. 19) stress the importance of “a sense of purpose that permeates the reasons and basis for ‘going on’ in both bad and good times”, while Beavers (1977, in Lee & Brage, 1989, p. 354) indicates that “optimal families also experience significant transcendent values which are necessary for enjoyable, hopeful, and optimistic living.”

### 3.4.1.5 Family Identity and Rituals

Curran (1983, in H.I. McCubbin & McCubbin, 1992, p. 167) found that “the healthy family has a strong sense of family in which ritual and traditions abound.” This raises two related concepts, viz family identity and family ritual.
Family Identity

Gunn (1980) describes family identity as follows:

Our concept of family identity [has] two polar aspects. On the one hand, the family’s identity looks back to its history and forward to its future – and to its mythology composed of “patterns, themes, motifs by which [it] recognizes the unity of [its] life” (Novak, 1971, p. 60). On the other hand, the family’s identity is involved with the larger community in which it lives – the formulation of the family story which embodies a family’s identity must set it into the context of the wider community in a way which will be acceptable to the family members themselves. In other words, a sense of family identity creates a symbolic image of the “the family” in the minds of family members. ... The symbolic entity created by a sense of family identity gives a context to family life from which meaning can be derived and personal satisfaction obtained from the family experience. ... If families are to exhibit strengths, if they are to be capable of pulling together and collectively overcoming difficulties, it would seem that they ... need an awareness that their cooperate [sic] lives and endeavors make sense, and that family life is meaningful in the context in which the family lives. (pp. 20-21)

Gunn (1980, p. 18) argues that family identity “lies at the very heart of what it means to have family strengths as distinct from strengths accruing to the individuals who happen to be living in families”. He then identifies four activities that assist in the formation and maintenance of family identity (ibid., pp. 26-29):

- **Telling the Family Story.** Modern, Western families have tended to neglect the ‘family story’. There is a need to piece together and transmit the story of each family to other members of the family, so that the entire system shares the common oral tradition of where the family came from.

- **Photographing the Events of the Family.** Like paintings in a museum, photographs of family activities and members serve to preserve the history of a family. Unless these photographs are linked with the family story, however, they are meaningless and of little value in developing family identity. Families with strong family identity preserve photographs, along with stories, for future generations.

- **Preserving and Perpetuating Traditions, Rituals and Distinctive Ways of Doing Things.** When a new family is formed through marriage, two sets of traditions are also merged. In the process, some must be discarded and others adopted. This process should be a conscious process and ways of honouring both sets of traditions built in. “Of course, these efforts can also mire the family down in endless functions and meaningless repetitions if they become separated from the family story or if they merely become a burden upon one or a few members of the family” (Gunn, 1980, p. 28)
Preserving Mementos of the Past. As with photographs, mementos from the past need to be preserved and linked with the family story to ensure their vitality.

Family identity is able to provide families with strength and dignity (Gunn, 1980):

The key to such family identity lies in transforming the bric-a-brac of the past – the genealogies, the boxes of photographs, the mementos, the rituals, the anecdotes – into a family story which has the power to unite the present generation with its past, and which reveals patterns, themes, and motifs by which a family can recognize the unity of its life. (p. 30)

Family Rituals

Gunn’s explanation of family identity well introduces the theme of family rituals, which can be defined as follows:

We define family ritual as a symbolic form of communication that, owing to the satisfaction that family members experience through its repetition, is acted out in a systematic fashion over time. Through their special meaning and their repetitive nature, rituals contribute significantly to the establishment and preservation of a family’s collective sense of itself, which we have termed the “family identity”. Rituals stabilize this identity throughout family life by clarifying expected roles, delineating boundaries within and without the family, and defining rules so that all members know that “this is the way our family is.” (Wolin & Bennett, 1984, p. 401)

Rituals are coevolved symbolic acts that include not only the ceremonial aspects of the actual presentation of the ritual, but the process of preparing for it as well. It may or may not include words, but does have both open and closed parts which are “held” together by a guiding metaphor. Repetition can be a part of rituals through either the content, the form, or the occasion. There should be enough space in ... rituals for the incorporation of multiple meanings by various family members ... as well as a variety of levels of participation. (Roberts, 1988, p. 8)

Ritual, while perhaps not as honoured in contemporary society as before, remains a cornerstone of resilient families and societies (Imber-Black, Roberts, & Whiting, 1988; H.I. McCubbin & McCubbin, 1988). Rituals serve multiple functions; indeed this is a key part of their value to families. Roberts (1988; see also Wolin & Bennett, 1984, pp. 407-413) identifies the following functions of daily, familial, cultural and religious rituals:

- Rituals facilitate change or transition, while maintaining order through the location of the ritual within the tradition or history of the family or culture.
- Rituals help to teach and promulgate the family’s worldview, meanings and beliefs.
- Rituals help to hold together the many paradoxes and contradictions of life, such as the joy and sorrow of a wedding.
Rituals help to hold and contain strong emotions.

Rituals help to delineate and link roles among individuals, families and communities, and to tie together past, present and future.

Rituals help to integrate left-brain, verbal, analytic functions, with right-brain, nonverbal, intuitive, symbolic functions, which allows for the processing of information that might not otherwise be possible.

Most families report three categories of rituals (Wolin & Bennett, 1984):

- **Family Celebrations.** "Family celebrations are those holidays and occasions that are widely practiced throughout the culture and are special in the minds of the family" (Wolin & Bennett, 1984, p. 404). Roberts (1988) subdivides family celebrations:
  - **Annual Celebrations.** These rituals tend to be located within the broader society, either secular or religious/cultural. These include Christmas, Easter, Passover, New Year, May Day, Freedom Day, etc. The broad nature of these rituals tends to be socially defined, but each family adapts the broad tradition to their own style. Often these celebrations evoke mixed responses, yet they remain important to most families.
  - **Rites of Passage/Family Life Cycle Rituals.** Rites of passage rituals or family life cycle rituals include weddings, funerals, baptisms, circumcision, bar mitzvahs, etc. These rituals “help to define the membership list of the family – baptism, weddings, funerals – and they signify the family’s developmental phase as in bar mitzvahs, confirmations, and graduations” (Wolin & Bennett, 1984, pp. 404-405).

- **Family Traditions.** “Family traditions, as a group, are less culture-specific and more idiosyncratic for each family. They do not have the annual periodicity of holidays or the standardization of rites of passage, though they recur in most families with some regularity” (Wolin & Bennett, 1984, p. 405). Family traditions run according to the family’s ‘internal calendar’, unlike family celebrations which run according to an ‘outside calendar’ (Roberts, 1988, p. 34). Family traditions help to define the family’s identity, and can include birthdays, anniversaries, holiday trips, participation in periodic community or extended family functions, etc. Family traditions can vary in the degree to which they centre on the needs of the children in the family and the degree to which they incorporate people from outside the family.
Family traditions can even be built up around problem-solving activities, such as a regular or ad hoc ‘family council’ (Wolin & Bennett, 1984, p. 405).

- **Family Interactions/Rituals of Daily Family Life.** The last set of rituals are the least standardised of all family rituals, and are often so apparently trivial that families do not even consider them to be rituals; the word ‘routines’ seems more appropriate. Nevertheless, these rituals are performed the most often (Wolin & Bennett, 1984):

> In this category belong rituals such as a regular dinnertime, bedtime routines for children, the customary treatment of guests in the home, or leisure activities on weekends or evenings. In some families, the discipline of children or everyday greetings and goodbyes are rituals. Whatever the patterns, these interactions help to define member’s roles and responsibilities; they are a means of organizing daily life. (p. 406)

Imber-Black (1988) identified five ritual themes in families (which he also uses in therapeutic rituals):

- **Membership.** Membership rituals help to define “who is in and who is out, who belongs to the system, who defines membership, and how one gains or loses membership” (Imber-Black, 1988, p. 51). Membership rituals take place daily (eg hellos and goodbyes, meal times) and at special events (weddings, funerals, etc). Some families experience difficulties because of the absence of membership rituals (eg marriages for homosexual couples, divorce rituals, the formation of stepfamilies).

- **Healing.** Healing rituals help people cope with and adjust to difficulties in life. Funerals are a prime example; the stylised grieving assists in a moderate catharsis that promotes healing. Diary writing is a form of healing ritual that helps some people cope with life’s ups and downs. Even psychotherapy can be thought of as a ritual that helps people heal and grow.

- **Identity Definition and Redefinition.** Many cultural rituals assist in identity definition and redefinition. Weddings assist the bride and groom change identity from a separate individual to a part of a couple. Adolescent rites of passage assist in changing identity from child to adult. Birthdays assist in changing identity from one year to the next. Religious and culture specific rituals (eg church services or Scottish Dancing) assist in reinforcing one’s religious or cultural identity.

- **Belief Expression and Negotiation.** Most rituals serve to give expression to the beliefs and values of a family, thereby locating the family with a broader context, both in time (past, present and future) and space (a current community of people
who share those beliefs). As beliefs develop, rituals change to follow suit; and as rituals change, the beliefs they uphold are gradually transformed.

**Celebration.** Most rituals contain elements of celebration – both rejoicing and reverence (Imber-Black, 1988):

The celebration theme involves that aspect of rituals connected to affirming, honoring, commemorating, and demarcating regular time from special time. Rituals of celebration frequently involve ethnic expression, special food and drinks reserved for certain celebrations, unique music, gifts, and particular clothing. The celebration aspect of rituals is often the most visible and dramatic marker of individual, family and community definition and change, although celebration, per se, is usually only the culmination of a much longer process. (p. 76)

### 3.4.1.6 Affective Responsiveness

Lewis (1979, in Lee & Brage, 1989, p. 351) indicates that “the basic mood of healthy families contains elements of warmth, humor, and concern for each other”. Strong families are able to share their feelings honestly and openly with each other, and respond to the expression of feelings with empathy and acceptance. In particular, feelings of loss in response to the inevitable losses of life can be expressed and dealt with in healthy families.

The McMaster Model of Family Functioning (Epstein & Bishop, 1981) conceptualises this as “affective responsiveness”. This is the capacity of family members to express two sets of feelings: (1) welfare feelings, such as “love, tenderness, sympathy, happiness, and joy; responses which are positive and supportive” and (2) emergency feelings, such as “fear, panic, anger, and disappointment” (Will & Wrate, 1985, p. 20). Strong families are able to express a wide range of feelings (as opposed to a limited range of emergency feelings), and are able to express feelings that are contextually appropriate (as opposed to expressing distorted amounts or qualities of feelings, given the context).

### 3.4.1.7 Boundaries & Hierarchies

According to Beavers (1977, in Lee & Brage, 1989) and Gantman (1980), strong families have very clear boundaries between individual family members (so that they are not enmeshed with each other) and between generations within the family (so that parents...
do not behave like children and so that children do not serve the functions of spouse or parent) (see also Barnhill, 1979; Minuchin, 1974).

Furthermore, Beavers (1977, in Lee & Brage, 1989), Lewis (1979, in Lee & Brage, 1989) and Gantman (1980) stress the importance of the parents having the “ultimate power” in the family, and add that the power needs to be equally distributed between the parents to avoid power conflicts.

These views on intergenerational boundaries and parental power were published in the late 1970s and by today’s standards may be considered somewhat old-fashioned. Boss’ 1980 contribution of “boundary ambiguity” was quite farsighted and offers valuable insights to the question of boundaries. Boundary ambiguity occurs when the physical and psychological presences of family members do not coincide or when there is uncertainty concerning an individual’s membership within the family system (Boss, 1980):

If a family member is perceived as psychologically present, but is, in reality, physically absent for a long time, the family boundary is ambiguous and cannot be maintained. The reverse also manifests boundary ambiguity: physical presence with psychological absence, as in some intact families where a parent is consistently preoccupied with outside work. (p. 446)

Boss argues that, regardless of how a family organizes its boundaries, “a high degree of boundary ambiguity” may cause dysfunction (Boss, 1980, p. 446). She continues:

The greater the boundary ambiguity at various developmental and normative junctures throughout the family life-cycle, the higher the family and individual dysfunction. Resolution of the ambiguity is necessary before the family system can reorganize and move on toward new functioning at a lower level of stress. Non-resolution of boundary ambiguity holds the family at a higher stress level by blocking the regenerative power to reorganize and develop new levels of organization. Boundaries of the system cannot be maintained, so the viability of the system is blurred. Dysfunction results. (p. 447)

Boss argues that boundaries in the family will have to be adjusted periodically throughout the family life cycle. Typical life cycle changes which create boundary ambiguity include (1) the formation of the dyad, (2) the birth of the first child, (3) the children first going to school, (4) job-related parent/spouse absence or presence, (5) adolescent children leaving home, (6) taking in children not one’s own or blending children from different dyads, (7) loss of a spouse through death, divorce, etc, (8) loss of parents, (9) formation of a new dyad or remarriage and (10) remaining single (Boss, 1980, p. 448).
Boundary ambiguity focuses not on normative (and hence culture bound) boundary structures, but rather on the ambiguities that can arise in any family structure when there is unclarity regarding who is in and who is out. Boss cites African American families as an example of families who historically used very flexible and need-defined family structures. The elasticity of African American family boundaries allowed for the physical absence of family members for long periods and over great distances, without disrupting the family identity (Boss, 1980; Littlejohn-Blake & Darling, 1993). Informal conversations with African social workers in South Africa suggests that the same may be true in African families who experienced a father separated through migrant labour or parents separated through exile.

3.4.1.8 Flexibility/Adaptability

Minuchin (1974, pp. 60-65) indicates that families must constantly adapt to change – change resulting from contact with problems and stressors outside the family, change resulting from transitional or developmental points in the family life cycle, or change from idiosyncratic problems (such as a child being born with a disability). Most families are sufficiently flexible to adjust to these changes. Families who can by termed dysfunctional are those “who in the face of stress increase the rigidity of their transactional patterns and boundaries, and avoid or resist any exploration of alternatives” (ibid., p. 60).

Barnhill (1979) also identifies flexibility (in contrast to rigidity) as an important component of healthy family systems. Gantman (1980, p. 111) states that “families are optimally conceived of as highly flexible systems which respond spontaneously and are open to growth. Structure exists but is subordinate to function or process.” Trivette (1990, p. 19) indicates that strong families are characterised by “flexibility and adaptability in the roles necessary to procure resources to meet needs” and Otto (1963, in H.I. McCubbin & McCubbin, 1992, p. 167) concurs that “flexibility in performing family roles” is one of 14 dimensions of strong families.

Olson’s Circumplex Model (Olson et al., 1988), which was mentioned previously in connection with its plotting of degrees of cohesion (from disengaged to enmeshed) on the horizontal axis, also plots adaptability on the vertical axis. Adaptability ranges from extremely high (chaotic), moderately high (flexible), moderately low (structured), to extremely low (rigid). Flexibility in this model “is defined as the ability of the marital or family system to change its power structure, role relationships, and relationship rules in
response to situational and developmental needs” (ibid., p. 22). Research by Olson and colleagues (ibid., p. 41), however, found that cohesive/connected families that are flexible are more resilient than cohesive structured families, but separated families that are structured are more resilient than separated flexible families. The researchers conclude that “family flexibility, by itself, is not a critical factor in family vulnerability to stress and its resilience in response to demands.”

### 3.4.1.9 Social Support

Trivette et al (1990, p. 19) indicate that strong families evidence “a balance between the use of internal and external family resources for coping and adapting to life events and planning for the future.” Otto (1963, in H.I. McCubbin & McCubbin, 1992, p. 167) – “active participation in the community” – and Curran (1983, in H.I. McCubbin & McCubbin, 1992, p. 168) – “the healthy family values service to others” and “the healthy family admits to and seeks help with problems” – echo this perspective. Research by Olson (1983, in H.I. McCubbin & McCubbin, 1992, p. 168) found that “family and friends” are important to the maintenance of “balance” in families in all stages of the family life cycle except “family in empty nest stage and retirement stage”. The longitudinal Lundby study found that that social support protected high-risk children from developing alcoholism and psychopathology in later life (Cederblad et al., 1995, p. 328).

Social support, as a family resilience factor, received intensive study during the 1970s and 1980s (H.I. McCubbin & McCubbin, 1992, p. 160). In 1976, Cobb (in H.I. McCubbin & McCubbin, 1992) identified three primary levels of social support, viz:

1. Emotional support, leading the individual to believe he or she is cared for and loved;
2. Esteem support, leading the individual to believe he or she is esteemed and valued;
3. Network support, leading the individual to believe he or she belongs to a network of communication involving mutual obligation and mutual understanding. (p. 160)

H.I. McCubbin and McCubbin (1992) conclude:

Research on the mediating influence of social support for specific stressor events has emphasized the role of social support in protecting against the effects of stressors and thereby contributing to a family’s resiliency. Research has also emphasized the importance of social support in promoting recovery from stress or crisis experienced in the family as a result of life changes, thereby contributing to the family’s adaptive power. (pp. 162-163)

Support systems will be discussed in greater depth in a later section (Section 4.2).
3.4.1.10 Autonomy

Strong families are able to strike a balance between intimacy and autonomy. This balance is similar to the cohesion balance between enmeshment and disengagement. The cohesion balance, however, is more concerned with the family system itself, while the intimacy-autonomy balance is concerned with the place of the individual within the system. Part of promoting the autonomy of family members is respecting them (Otto and Curran, in H.I. McCubbin & McCubbin, 1992).

Lewis (1979, in Lee & Brage, 1989, p. 351) indicates that “healthy families encourage intimacy and individual autonomy. Each person in the family is viewed as a separate, unique individual. Trust, empathy, openness of feelings, and acceptance of individual differences facilitate intimacy and autonomy” (see also Beavers, 1977, in Lee & Brage, 1989; Stinnett, in H.I. McCubbin & McCubbin, 1992). Barnhill (1979, p. 95) describes individuation as “independence of thought, feeling, and judgement of individual family members. It includes a firm sense of autonomy, personal responsibility, identity and boundaries of the self.” Individuation, according to Barnhill, is a prerequisite for healthy family cohesion (see also Gantman, 1980).

3.4.1.11 Coherence

A number of researchers have attempted to translate individual constructs (e.g., hardiness, coherence, etc.) to the family level. Trivette et al (1990, p. 19), for example, state that strong families are characterised by “the ability to be positive and see the positive in almost all aspects of their lives, including the ability to see crises and problems as an opportunity to learn and grow.”

This description has much in common with Antonovsky’s sense of coherence (SOC), which has been translated to the family level (McCubbin, Thompson, Thompson, Elver, & McCubbin, 1998):

[Family Coherence] is a dispositional work view that expresses the family’s dynamic feeling of confidence that the world is comprehensible (internal and external environments are structured, predictable and explicable), manageable (resources are available to meet demands), and meaningful (life demands are challenges worthy of investment). (p. 45)

Similarly, Kobasa’s hardiness concept has been translated up to family level, and pilot research by Bigbee (1992, p. 216) found that “hardiness may serve as a stress-
moderating factor within families. ... Hardiness may have a direct effect as well as a 
buffering effect in the stress-illness relationship, particularly in relation to negative 
events.”

3.4.2 MEASURING FAMILY STRENGTHS

There has been a proliferation of scales that measure various aspects of family 
strengths:

- The Family Assessment Device (Epstein et al., 1983), based on the McMaster Model 
of Family Functioning is closely tied to a clinical assessment and intervention model 
  (Epstein & Bishop, 1981; Miller et al., 1994), and has been tested in a variety of 
  settings (Fristad, 1989; Kabacoff, Miller, Bishop, Epstein, & Keitner, 1990; Miller, 
  Epstein, Bishop, & Keitner, 1985; Sawyer, Sarris, Baghurst, Cross, & Kalucy, 1988).

- The Family Adaptability and Cohesion Evaluation Scale (FACES) which is based 
  on the Circumplex Model of family functioning has also been widely tested (Fristad, 
  1989; Olson et al., 1988).

- Family Strengths Index (cited in Trivette et al., 1990), developed by Stinnett and 
  DeFrain to measure their six qualities of strong families.

- Family Strengths Scale (cited in Trivette et al., 1990), developed by Olson, Larsen 
  and McCubbin to measure family pride and family accord.

- Family Functioning Style Scale (cited in Trivette et al., 1990), developed by Deal, 
  Trivette and Dunst, to measure their 12 qualities of strong families.

- The McCubbin team have brought out a 900 page book entitled “Family Assessment: 
  Resiliency, Coping, and Adaptation: Inventories for Research and Practice” 
  (McCubbin, Thompson, & McCubbin, 1996) which contains 28 scales measuring 
  various aspects of resiliency in families, all of which have reported validity and 
  reliability, such as:

  - The Family Hardiness Index (FHI)
  - Family Inventory of Resources for Management (FIRM)
  - Family Time and Routines Index (FTRI)
- Family Traditions Scale (FTS)
- Family Celebrations Index (FCELEBI)
- Social Support Index (SSI)
- Family Crisis Oriented Personal Evaluation Scales (F-COPES) which measures family problem solving
- Family Coping Index (FAMCI)
- Family Problem Solving Communication (FPSC)
- Family Coping Coherence Index (FCCI)
- Family Schema-Ethnic (FSCH-E)
- Family Member Well-being index (FMWB)
- Family Index of Regenerativity and Adaptation – General (FIRA-G)
- Family Index of Regenerativity and Adaptation – Military (FIRA-M)

Fischer and Corcoran (1994a) published a book called "Measures for Clinical Practice: A Sourcebook: Couples, Families and Children" in which they publish 42 scales measuring family constructs, of which about 20 measure some aspect of family strength, such as:

- Family Beliefs Inventory
- Family Empowerment Scale
- Family Functioning Scale
- Family Sense of Coherence and Family Adaptation Scales
- Kansas Family Life Satisfaction Scale
- Parental Locus of Control Scale
- Parental Nurturance Scale
- Self-Report Family Instrument
3.4.3 A CRITIQUE OF FAMILY STRENGTHS RESEARCH

Family strengths research is subject to a number of criticisms (drawn largely from Ponzetti & Long, 1989):

- Many of the families studied in family strengths research were self-selected. They tend to reflect an implicit bias towards intact, White, nuclear families. (Ponzetti & Long, 1989)

- Family strengths research has tended to lack a theoretical framework. “The purpose of a theory is to organize data so that implications of more general behaviors can be specified. Theories also specify the interrelatedness of the data so that findings can be interpreted and unified, and explanations and predictions made” (Ponzetti & Long, 1989, p. 48).

- Consequently, family strengths literature tends to be quite fragmented, with different writers generating quite different lists of family strengths, or lists that could be integrated were it not for disparate paradigms. (Ponzetti & Long, 1989)

- Family strengths are very culturally bound, and may vary widely over time, place and culture. Much of the literature on family strengths probably reflects the value system of White, American families in the 1960s and 1970s. It is quite probable that other ‘kinds’ of families may value very different strengths. (Ponzetti & Long, 1989)

- The practice of inviting families who define themselves as ‘strong’ to participate in research, which is the methodology used by many of the family strengths researchers, has come under attack as being unsound. Such volunteers tend to come from a subculture that is quite different from the broader culture. (Ponzetti & Long, 1989)

- Assessment by self-report questionnaires may be confounded by social desirability. Families who define themselves as ‘strong’, and who may also have strong religious beliefs, may tend to skew the presentation of themselves in a questionnaire. Data collection needs to combine behavioural and questionnaire data. (Ponzetti & Long, 1989)

- Research by Bobele (1989) demonstrated that families (both clinical/unhealthy and nonclinical/strong) tend to have quite different perceptions of family strengths, when compared with family therapists. Clergymen, in contrast, have perceptions that are
more similar to families than to therapists. Research on family strengths needs to identify clearly the source of data and the method of data collection.

3.4.4 CONCLUSIONS

Family strengths research has been effective in identifying and describing numerous characteristics of healthy families. These findings have provided invaluable guidelines for the development of family strengths, particularly in the field of family life education (Johnson et al., 1998; Lee & Brage, 1989; Schvaneveldt & Young, 1992). What is most lacking in this body of research, however, is a coherent and integrating theoretical framework. Research is largely descriptive and research findings stand free from theory or model.

3.5 McCUBBIN’S RESILIENCE MODELS

Previously it was stated that Hill’s 1949 ABCX model (see Figure 3.1) laid the foundation for most later models of family resilience. One of the main contributors to the evolution of family resilience models is Hamilton McCubbin (Huang, 1991; McCubbin et al., 1996). During the 1970s he worked as a researcher in the US Navy and began studying factors that protected naval families from deployment stress. During the past two decades he and his colleagues have significantly advanced the work of Hill and have generated, in my opinion, the most significant model of family resilience to date.

This section will review of the evolution of Hill’s original ABCX model, concentrating in some depth on the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin et al., 1996). Research that supports this model will also be reviewed.

3.5.1 PROPOSITIONS ABOUT FAMILIES UNDER STRESS

In 1973, Burr (1973/1982) created one of the first evolved ABCX models, which he based on the 1965 work of Hansen, who himself had collaborated with Hill on a slight revision of the model in 1964. Burr’s contribution was to formalise the contributions of Hill and Hansen, as well as other researchers in the 1930s and 1940s such as Angell in
1936 and Koos in 1946, into a coherent model. Burr’s formalisation of the ABCX model is important in spelling out the relationships between various family resilience and vulnerability factors, and their relative impact on family adjustment. Furthermore, he highlighted the distinction between family regenerativity (that is, the capacity of the family to recover from crisis) and family vulnerability (that is, the ability of the family to prevent a stressor from precipitating a crisis). This distinction was later incorporated into McCubbin & McCubbin’s Resiliency Model.

Burr’s model (Figure 3.2) depicts the relationships between 23 variables, by means of 25 propositions (Burr, 1973/1982):

- **Proposition 1.** “A stressor event in a family social system influences the amount of crisis in the system, and this is a positive relationship” (Burr, 1973/1982, p. 8). This is the A-impacts-on-X part of Hill’s model (see Figure 3.1).

- **Proposition 2.** “When a stressor event occurs, the vulnerability to stress influences the amount of influence the stressor event has on the amount of crisis and this is a positive relationship” (Burr, 1973/1982, p. 8). This is the moderating influence of B in Hill’s model (see Figure 3.1), although Burr prefers to refer to B as ‘vulnerability’, rather than ‘crisis-meeting resources’.

- **Proposition 3.** “The definition a family makes of the severity of changes in the family social system influences the family’s vulnerability to stress and this a positive, monotonic relationship” (Burr, 1973/1982, p. 9). This refers to the influence of C in Hill’s model (see Figure 3.1), and indicates that the more serious the family defines the situation, the more vulnerable they are.

- **Proposition 4.** “The amount of change that occurs when a stressor event occurs in the family social system influences the amount of crisis that results from the event and this is a positive relationship” (Burr, 1973/1982, p. 9). This is also apparent in Hill’s model as presented by Burr in Figure 3.1. The greater the change required by the stressful event, the greater the crisis in the family.

- **Proposition 5.** “The amount of positional influence in a social system influences the vulnerability of families to stress and this is a positive relationship” (Burr, 1973/1982, p. 11). The concept of positional influence was introduced by Hansen in 1965 and refers to the power to influence the family system that is derived from one’s position in the family. Proposition 5 indicates that the more positional influence used by a family member, the more vulnerable the family is to stress.
Figure 3.2  Burr’s Propositions about Families under Stress

(Amount of change)

Change in the family system 1+

Legitimacy of conjugal power structure

Amount of crisis in family system 25−

Change in power structure

Family vulnerability to stress

Family’s definition of the seriousness of the change 3+

Externalization of blame for change 9−

Amount of time changes are anticipated 15−

Family integration

Family adaptability

Amount of positional influence 5+

Amount of personal influence 7−

Level of reorganization 10+

Amount of anticipation socialization 23−

Regenerative power

Length of time a family system experiences disruption 17

Amount of similarity of sentiment 18+

Relative conjugal power 20(NR)

Amount of wife’s social activity 22+

Extended familism

Marital adjustment

Amount of consultation

(Burr, 1982, p. 24)
Proposition 6. “The amount of positional influence in a social system influences the regenerative power and this is an inverse relationship” (Burr, 1973/1982, p. 11). Hansen also introduced the term ‘regenerative power’ to indicate “the ability of the family to recover from a crisis” (ibid.). Proposition 6 states that the more positional influence used by a family member, the lower the family’s ability to recover from stress.

Proposition 7. “The amount of personal influence in a social system influences the vulnerability of families to stress and this is an inverse relationship” (Burr, 1973/1982, p. 11). Hansen used the term ‘personal influence’ to refer to the power to influence a family system by virtue of one’s personal relationships with other family members. This proposition is thus saying that the more personal influence a family member has in a family, the lower the family’s vulnerability to stress.

Proposition 8. “The amount of personal influence in a social system influences the regenerative power and this is a positive relationship” (Burr, 1973/1982, p. 11). The more personal influence a family member has in a family, the greater the family’s capacity to recover from stress.

Proposition 9. “The externalization of blame for changes in the family social system influences the vulnerability of the family to stress and this is an inverse relationship” (Burr, 1973/1982, p. 12). ‘Externalization of blame’ was also introduced by Hansen and refers to whether blame for a stressor event is placed on a family member (internal) or on some source outside the family system (external). Proposition 9 states that family vulnerability is reduced when blame is externalised, but that when one or other family member is blamed for causing the stress, the family is more vulnerable to the stress and thus more likely to enter crisis.

Proposition 10. “The regenerative power of families influences the level of reorganization after a period of crisis and this is a positive relationship” (Burr, 1973/1982, pp. 14-15). The term ‘level of reorganization’ was introduced by Koos in 1946 and refers to the recovery or adjustment of the family system, whether or not the actual stressor is overcome. The proposition states that the greater the capacity of a family to recover from stress, the greater the adjustment after the stress.

Proposition 11. “Family integration influences regenerative power and this is a positive relationship” (Burr, 1973/1982, p. 15). Angell introduced the term ‘family integration’ in 1936 to refer to cohesion and good organization within a family.
Proposition 11 says that the more cohesive a family, the greater its power to recover from crisis.

- **Proposition 12.** “Family adaptability influences regenerative power and this is a positive relationship” (Burr, 1973/1982, p. 15). Angell also introduced the term ‘family adaptability’ which refers to the flexibility and adaptability of a family system, that is, its ability to change as required. Flexible families are more able to recover from crisis.

- **Proposition 13.** “The amount of family integration influences the vulnerability to stress and this is a positive relationship” (Burr, 1973/1982, p. 16). This proposition appears contradictory, but both Koos and Hansen found that well-organised families tended to have more severe crises than poorly organised families, that is, they tend to be more vulnerable. Highly cohesive, organised families thus appear to be more vulnerable to stress.

- **Proposition 14.** “The amount of family adaptability influences the vulnerability to stress and this is an inverse relationship” (Burr, 1973/1982, p. 16). Flexible families are less vulnerable to stress.

- **Proposition 15.** “The amount of time stressful events are anticipated influences the vulnerability to stress and this is an inverse relationship” (Burr, 1973/1982, p. 17). Based on research by Hansen and Hill in 1964, it was found that the more time families have to anticipate and prepare for a change, the less vulnerable they are to the stress of the change.

- **Proposition 16.** “The amount of extended familism influences the regenerative power of families” (Burr, 1973/1982, p. 18). ‘Extended familism’, a term developed by Winch and Greer in 1968, is a development on the term ‘kinship-oriented communities’ of Hansen and Hill. Extended familism refers to the degree of contact and closeness with one’s extended family. High extended familism thus refers to having contact with many family members in close proximity (‘extensity’), having close contact with them (‘intensity’), having regular contact with them (‘interaction’) and receiving practical help from them (‘functionality’). The relationship between extended familism and regenerative power is clarified in the following proposition.

- **Proposition 17.** “The length of time a family system experiences disruption influences the relationship in proposition 16, which asserts that extended familism influences the regenerative power of families, and this is a quadratic relationship in
which variation in short periods of time are inversely related and variation in long
periods are positively related to the regenerative power” (Burr, 1973/1982, pp. 18-
19). Hill and Hansen’s research indicates that when stress is experienced for a short
time, families who are separated from their extended family (i.e. low extended
familism) are most able to recover from the stress; but when the stress is
experienced for a long time, families who are closely connected to their extended
family (i.e. high extended familism) are most able to recover from the stress.

Proposition 18. “The amount of similarity of sentiment in a family influences the
regenerative power of families and this is a positive relationship” (Burr, 1973/1982,
p. 19). Based on Hill’s 1949 and 1958 research, it was found that families that have
internal divisions have less regenerative power. When families have similarity of
sentiment, that is, when all family members feel similarly affectionate towards each
other, the family is more able to recover from crisis.

Proposition 19. “The amount of marital adjustment influences the regenerative
power of families and this is a positive relationship” (Burr, 1973/1982, p. 20). High
marital adjustment, defined as “consensus, satisfaction, happiness, and stability”
(ibid., p. 19) in the marriage, contributes to a great ability of the family to recover
from crisis.

Proposition 20. “The amount of relative power of spouses is not related to the
regenerative power of families” (Burr, 1973/1982, p. 21). Hill found no relationship
between the equality of the distribution of power between husband and wife and
regenerative power.

Proposition 21. “The amount of consultation in decision making influences the
regenerative power of families and this is a positive relationship” (Burr, 1973/1982,
p. 21). The use of a democratic/consultative process in making family decisions did,
however, enhance the ability of family’s to recover from crisis, although Burr (ibid.)
suggests that this may be a curvilinear relationship in which excessive consultation
could reduce regenerative power.

Proposition 22. “The amount of social activity of wives outside the home is related
to the regenerative power of families and this is a positive relationship” (Burr,
1973/1982, p. 22). Research during World War II found that wives who had
nonwife/mother activities had more regenerative power (both during and after
military separations) than wives who did not.
Proposition 23. “The amount of anticipatory socialization for changes in the family social system influences the vulnerability of families and this is an inverse relationship” (Burr, 1973/1982, p. 23). ‘Anticipatory socialization’ is a theoretical term introduced by Burr to explain what Hill operationalised in 1949 as previous experience with the stressor. When people are exposed to a stressor (in reality or in anticipation), they are able to develop the skills and insights to cope with the stressor. Families who have the opportunity to imagine or experience the stressor beforehand are less vulnerable the stressor when it arrives.

Proposition 24. “The amount of anticipatory socialization for changes in the family social system influences the regenerative power of families and this is a positive relationship” (Burr, 1973/1982, p. 23). Families who have the opportunity to imagine or experience the stressor beforehand are more able to recover the stressor when it arrives.

Proposition 25. “The legitimacy of the power structure in a family influences the amount of change in the power structure that occurs in family crises and this is an inverse relationship” (Burr, 1973/1982, p. 23). ‘Legitimacy of power structure’ is a term introduced by Komarovsky in 1940. She found that when the power structure of a family is based on fear or coercion, the power structure changes more when the family is exposed to a crisis, than when the power structure is based on legitimate personal or positional influence.

The purpose of Burr’s model is to illustrate the sources of family vulnerability to stress and family regenerative power. Burr (1973/1982) argues that:

These two variables [vulnerability and regenerativity] are important because they play such an important role (a) in determining whether a family will experience a crisis when they encounter changes in the system and (b) in determining how adequately the family will be able to recover from the crisis situation. (p. 23)

3.5.2 Double ABCX Model

McCubbin and Patterson (1983a) developed the Double ABCX model in 1983. Research by McCubbin and his colleagues during the 1970s led to the identification of various deficits in the ABCX model and the recognition of the need for an expanded model (M.A. McCubbin & McCubbin, 1996, pp. 6-7, based on eight studies published from 1974 to 1979 by McCubbin and various colleagues):
“Longitudinal studies of families faced with crisis situations indicated more factors involved in family recovery than reflected in original ABCX model …

“Families struggle with the pile-up of hardships, prior strains and co-occurring stressors …

“Families are faced with normative stressors and strains over time and not just the single stressor …

“When families are faced with a crisis situation which demands change, the appraisal processes appear to be more complex than the definition of the stressor and its severity. Family appraisal involves an assessment of the total situation, inclusive of the family’s resources, capabilities and demands …

“In crisis situations, the resources families need and call upon are broader (eg social support, etc), change over time (eg financial support, public policies, etc) and are often created (eg policies and programs, etc) …

“Confirmation that family crises are not typically catastrophic and do not typically lead to a dysfunctional family situation; family crises do, however, demand changes in the family’s patterns of functioning …

“Most families in crisis situations appear to transition well and adapt to the situation…

“Families in response to crisis situations change their established patterns of functioning, thus creating a different family situation …”

The Double ABCX Model (McCubbin & Patterson, 1983a), Figure 3.3, emphasises “the factors, particularly coping and social support, which facilitate family adaptation to a crisis situation” (M.A. McCubbin & McCubbin, 1996, p. 5). This differs from the ABCX model by asking what happens to the family after x, that is, after the crisis. McCubbin’s research indicated that most families recovered from the x crisis. Others experienced ongoing pile-up of stressors (aA) which led to bonadaptation or maladaptation (xX), as mediated by coping, by perceptions of x, aA and bB (cC) and by existing and new resources (bB). The Double ABCX Model thus advanced Hill’s ABCX model with five additions, viz the aA, bB, cC and xX factors, and coping patterns (M.A. McCubbin & McCubbin, 1996, p. 7).
(McCubbin & Patterson, 1982, p. 46)
3.5.2.1 Family Demands: Pile-up (aA)

Families seldom have to deal with only one stressor at a time. Typically, multiple stressors coincide, requiring a more complex range of coping patterns than originally identified by Hill. This confluence of stressors is termed ‘pile-up’ in the Double ABCX model. Pile-up (aA) differs from the Stressor (a), in that the latter refers to a single stressor while the former refers to a pile-up of multiple stressors. The distinction between stressor and pile-up is also reflected in research studies that use either single or multiple stressors as an independent variable.

3.5.2.2 Family Adaptive Resources (bB)

Families under stress often develop new resources to cope with the pile-up of stressors. In the pre-crisis phase (ie in Hill’s ABCX Model), resources (b) referred to existing resources within the family system that help to prevent the stressor from leading to crisis. In the post-crisis phase (ie in the second half of the Double ABCX Model), new resources (B) are added to the existing resources (b). These resources can be individual, family or community resources, and are activated by the demands placed on the family by the pile-up of stressors. A resource of particular importance, which is highlighted in the Double ABCX Model, is social support, which promotes the ability of families to resist crisis and to recover from crisis (McCubbin & Patterson, 1983a).

3.5.2.3 Family Definition and Meaning (cC)

The ‘c’ factor in Hill’s ABCX Model addressed the family’s perceptions of only the stressor itself (the ‘a’ factor). Research by McCubbin and colleagues indicate that when faced with multiple stressors, the perceptions families have of the “total crisis situation” are important. The total crisis situation “includes the stressor believed to have caused the crisis, as well as the added stressors and strains, old and new resources, and estimates of what needs to be done to bring the family back into balance” (McCubbin & Patterson, 1983a, pp. 15-16).
3.5.2.4 Family Adaptive Coping: Interaction of Resources, Perceptions & Behaviour

Research by McCubbin and colleagues indicated the importance of looking not only at the perceptions of the crisis situation and the available resources to deal with the situation, but also at what families do to cope with the situation. “Coping, then, becomes a bridging concept which has both cognitive and behavioral components wherein resources, perception, and behavioral responses interact as families try to achieve a balance in family functioning” (McCubbin & Patterson, 1983a, p. 16). The family’s efforts at coping may focus on five areas (ibid.):

(a) Eliminating and/or avoiding stressors and strains; (b) managing the hardships of the situation; (c) maintaining the family system’s integrity and morale; (d) acquiring and developing resources to meet demands; and (e) implementing structural changes in the family system to accommodate the new demands. (pp. 16-17)

3.5.2.5 Family Adaptation Balancing (xX)

The outcome of Hill’s ABCX Model (x) was the degree of crisis. ‘Successful’ families were those who minimized the degree of crisis or disruptiveness of the stressor to the family system. Other research, however, indicated that many families emerge from a period of stress stronger and more resilient than before, and McCubbin and Patterson conclude that “Reduction of crisis alone is an inadequate index of a family’s post-crisis adjustment” (1983a, p. 17).

“The concept of family adaptation is used to describe a continuum of outcomes which reflect family efforts to achieve a balanced ‘fit’ at the member-to-family and the family-to-community levels” (McCubbin & Patterson, 1983a, p. 20). The concept of ‘balance’ is introduced in the Double ABCX Model, and refers to the fit between the demands of one system or subsystem and the capabilities of another system or subsystem to meet those demands – hence the ‘demand-capability balance’. McCubbin and Patterson highlight two important points of balance or fit, viz member-to-family fit (in which the demands of one member can be met by the family unit, or when the demands of the family unit can be met by the family members) and family-to-community fit (in which the demands of the family can be met by the community, or when the demands of the community can be met by the family). Demand-capability imbalance results in family stress and creates the need for a restructuring of the family system.
Adaptation (xX), conceptualised as balance or fit, can range from bonadaptation (healthy adaptation) to maladaptation (unhealthy adaptation) (McCubbin & Patterson, 1983a):

The positive end of the continuum of family adaptation, called bonadaptation, is characterized by a balance at both levels of functioning [ie member-to-family and family-to-community] which results in (a) the maintenance or strengthening of family integrity; (b) the continued promotion of both member development and family unit development; (c) the maintenance of family independence and its sense of control over environmental influences. Family maladaptation, at the negative end of the continuum, is characterized by a continued imbalance at either level of family functioning or the achievement of a balance at both levels but at a price in terms of (a) deterioration in family integrity; (b) a curtailment or deterioration in the personal health and development of a member or the well-being of the family unit; or (c) a loss or decline in family independence and autonomy. (p. 20)

The Double ABCX Model, then, improved the ABCX Model by addressing the post-crisis functioning of families, and by incorporating additional variables. Furthermore, the shifting of the outcome variable from crisis to adaptation reflects the evolvement of the resilience orientation of family stress researchers.

### 3.5.3 FAAR MODEL

In the same 1983 paper that presented the Double ABCX Model, McCubbin and Patterson (1983a) introduced the Family Adjustment and Adaptation Response (FAAR) Model (see also Lavee, McCubbin, & Olson, 1987). The revision to the Double ABCX Model was prompted by a four of studies in 1974 and 1975, which revealed the following (M.A. McCubbin & McCubbin, 1996, p. 8):

- “The observation of complex family processes involving changes in family functioning and recovery in the face of family crisis situations ..."
- “Families may seize a crisis situation to produce additional changes in the family patterns of functioning and thus a crisis situation may be precipitated by other factors than the initial stressor which allegedly forced the family into a crisis situation ..."
- “A family systems perspective on coping strategies is observable and definable and needed to be included in the family stress framework and processes of adjustment and adaptation ..."
“Adaptation was observed to be a more complex process involving an internal restructuring (member-to-family fit) and an external restructuring (family-to-community fit) over time...”

The FAAR Model “evolved as a natural extension of the Double ABCX with an emphasis on describing the processes involved in the family’s efforts to balance demands and resources” (M.A. McCubbin & McCubbin, 1996, p. 5). The FAAR Model (McCubbin & Patterson, 1983a), Figure 3.4, advanced McCubbin’s Double ABCX model with seven additions (M.A. McCubbin & McCubbin, 1996, p. 9):

- “Integrated coping in family stress theory.
- “Introduced the consolidation phase in family stress model.
- “Introduced adaptive coping strategies.
- “Introduced adjustment coping strategies.
- “Introduced resistance phase in family stress process.
- “Introduced restructuring phase in family stress model.
- “Introduction of balance concept of family-to-member and family-to-community fit to the XX or adaptation factor as critical dimension of family adaptation.”

Longitudinal studies of families exposed to the stressor of prolonged war-induced separation (viz the husband-father being missing in action), revealed that families went through a fairly predictable process, which is described in the FAAR Model. Families, it was found, go through three stages of adaptation: resistance, restructuring and consolidation (McCubbin & Patterson, 1983a). The resistance stage falls within the adjustment or precrisis phase of the Double ABCX Model, while the restructuring and consolidation stages fall within the adaptation or post-crisis phase. In the FAAR Model, restructuring is considered to be part of level 1 accommodation, while consolidation is part of level 2 accommodation.

When families are initially exposed to a stressor, they tend to resist facing the stressor or making adjustments to the family in response to the stressor, thereby precipitating a state of maladjustment that leads to family crisis (the Resistance or Adjustment Phase). The crisis increases the demand on the family for change, and initial restructuring starts. Frequently, some family members do not support the changes, and demands are not always well managed. Consequently, the family tends to be disjointed and disorganised...
Figure 3.4 FAAR Model

(Adapted from McCubbin & Patterson, 1983, p. 23)
(the Restructuring Stage or Accommodation Level 1 of the Adaptation Phase). This disorganisation is the impetus for making further changes in the family aimed at achieving a level of stability and coherence, as well as member-to-family and family-to-community balance (the Consolidation Stage or Accommodation Level 2 of the Adaptation Phase).

### 3.5.3.1 Family Adjustment Phase

When a family is confronted with a stressful event (the ‘a’ factor), a set of three demands are placed on the family: “(a) the stressor event or transition; (b) the hardships directly associated with this stressor; and (c) prior strains already existing in the family system which may be exacerbated by the stressor” (McCubbin & Patterson, 1983a, p. 24). The demand on the family system enters the awareness of the family to the degree that the demand is great. The family then begins a process of adjusting to the stressor and demands that is characterised by resistance. Initially, the family appraises the situation, the seriousness of the demands and the actions that need to be taken (the ‘c’ factor). In response they may experience a fairly positive or neutral feeling of stress or a more aversive feeling of distress.

This leads to an adjustment coping strategy that is often aimed at minimizing the degree of change the family must make. This strategy has three components. Firstly, avoidance, which involves a denial of the stressor in the hope that it will dissipate of its own. Secondly, elimination, which is an active process of getting rid of the stressor. Both avoidance and elimination involve avoiding making family changes by not allowing the stressor into the family system. Thirdly, assimilation, in which the family makes minimal changes which reduce the negative impact of the stressor.

The existing resources in the family (the ‘b’ factor) influence the family’s definition of the problem (if there are few resources the stressor may be defined as more threatening) and the family’s adjustment coping strategies (if there are many resources, the family may be more willing to assimilate the stressor).

In response to the stressor, the resources and the family’s adjustment coping strategy, the family moves into a state of adjustment that ranges from bonadjustment to maladjustment. Adjustment is not equivalent to adaptation (as described in the Double ABCX Model), but rather refers to “a short-term response by families, adequate to manage many family life changes, transition, and demands” (McCubbin & Patterson,
1983a, p. 25). At times, however, the demand-capability fit between the stressor and the family is imbalanced, such that the adjustment efforts are inadequate and the family becomes maladjusted, leading to family crisis (the ‘x’ factor). The factors that can influence the adequacy of the family’s adjustment efforts include (ibid.):

(a) the nature of the stressor or transition involves a structural change in the family system (eg prolonged war-induced separation, transition to parenthood, death of a parent, etc);
(b) the nature, number, and duration of demands depletes the family’s existing resources;
(c) the number and persistence of prior unresolved strains also tax the family’s resources;
(d) the family’s capabilities and resources are basically inadequate or underdeveloped to meet the demands; and
(e) the family overtly or covertly seizes the opportunity to produce structural changes in the family unit as a way to promote family and member growth by allowing or facilitating a demand-capability imbalance or family crisis. (p. 26)

The FAAR Model “evolved as a natural extension of the Double ABCX with an emphasis on describing the processes involved in the family’s efforts to balance demands and resources” (M.A. McCubbin & McCubbin, 1996, p. 5).

### 3.5.3.2 Family Adaptation Phase: Family Accommodation: Level 1: Restructuring

One or other member of the maladjusted family becomes aware that the family’s efforts to adjust to the stressor, now combined with the family crisis to form a pile-up of stressors (the ‘aA’ factor), are inadequate. The family then works towards a shared definition of the situation (the ‘cC’ factor), which is influenced by both the pile-up and the extent of the family’s resources (the ‘bB’ factor). Out of this definition, the family searches for, agrees upon and implements some or other change. This change differs from the change in the adjustment phase in that the adjustment changes are minimal and involve no fundamental change to the family system or family structure (ie first order change). In contrast, the changes made in the restructuring stage do involve structural change (ie second order change), although the change is problem-focused and the family has little awareness of the broader or long-term implications of the change.
The family's adaptive coping involves system maintenance, “designed to keep the family functioning together as a unit [integration], to maintain the esteem of members [italics added], and to maintain family morale [italics added]” (McCubbin & Patterson, 1983a, p. 28). The family's resources and support (the ‘bB’ factor) promote family well-being by “buffering the impact of pile-up (eg using resources to resolve problem), by influencing the definition of the situation (eg positive appraisal, sense of mastery, communication skills), and maximizing solution(s) available (eg problem solving ability)” (ibid.).

3.5.3.3 Family Adaptation Phase: Family Accommodation: Level 2: Consolidation

In the Restructuring phase the family made a significant second order change to adapt to the initial stressor and the resulting stressors. In this Consolidation phase, the family works towards two goals: (1) to consolidate the changes made by working in the broader consequences of the primary change, and (2) to draw the entire family together in the change, rather than only a part of the family as is typical of the Restructuring phase.

One or more family members become aware of the change that the family has made and the lack of fit between that change and the family’s usual structure and functioning. The entire family works together towards a new and shared life orientation and meaning which will support and maintain the changes made in the family system. Consequently, the whole family agrees on and implements concomitant changes that are needed in response to the primary change made in the Restructuring phase, “so that the family’s new orientation will be coordinated, stable, and congruent” (McCubbin & Patterson, 1983a, p. 30).

The adaptive coping in the Consolidation phase involves (1) synergising, in which the family members pull together as a unit; (2) interfacing, in which the family promotes family-to-community balance; (3) compromising, in which the family compromises where the new changes result in unmet needs; and (4) system maintenance is in the previous stage.

The family’s adaptive efforts (both restructuring and consolidating) result in adaptation, which can range from bonadaptation to maladaptation (as discussed under the Double ABCX Model).
### 3.5.4 T-DOUBLE ABCX MODEL

In 1989, M.A. McCubbin and H.I. McCubbin (1989) introduced the T-Double ABCX Model, also known as the Typology Model of Family Adjustment and Adaptation, which further developed the FAAR Model. This development was prompted by five papers published from 1982 to 1988, which yielded the following results (M.A. McCubbin & McCubbin, 1996, p. 10):

- “The importance of family typologies as established patterns of functioning over the family life cycle …
- “The importance of typologies as important established patterns of functioning as a factor in family adaptation …
- “The importance of social class, ethnicity and family typologies …
- “The importance of family problem solving communication in family adaptation …”

The T-Double ABCX Model “was introduced to emphasize the importance of the family’s established patterns of functioning, referred to as Typologies and family levels of appraisal, as buffers against family dysfunction, and factors in promoting adaptation and recovery” (M.A. McCubbin & McCubbin, 1996, p. 5). The T-Double ABCX Model (H.I. McCubbin & McCubbin, 1989), Figure 3.5, advanced the FAAR Model with the following five additions (M.A. McCubbin & McCubbin, 1996, p. 11):

- “Family typologies (T factor) integrated into the model.
- “Integration of a life cycle perspective to family typologies and adaptation.
- “Introduction of vulnerability (V factor) due to pile-up as a factor in both adjustment and adaptation.
- “Clarification of the importance of family life cycle stage in understanding both vulnerability and family resilience.
- “Family schema is defined and included as another level of family appraisal (CCC) emphasising the importance of the family’s shared views, values and beliefs.”
Key to T-Double ABCX Model

A: Stressor/Transition: Demands
V: Family Vulnerability: Pileup & Family Life-Cycle Stage
T: Family Types: Profile of Family Functioning
B: Resistance Resources: Capabilities & Strengths
C: Family Appraisal: Focus on Stressor
PSC: Family Management: Problem Solving & Coping
X: Family Adjustment, Maladjustment & Crisis: Demand for Change

R: Family Regenerativity
AA: Family Demands: Pileup
T: Family Types: Profile of Family Functioning
BB: Family Strengths, Resources & Capabilities
BBB: Community Resources & Supports
CC: Situational Appraisals
CCC: Global Appraisals & Family Schemas
PSC: Adaptive Coping
XX: Family Adaptation
The T-Double ABCX Model is divided into two phases, viz adjustment and adaptation, as in the FAAR Model (these phases were referred to as pre-crisis and post-crisis in the Double ABCX Model). Many of the components of the T-Double ABCX Model have already appeared in and been discussed under the Double ABCX Model, e.g. the A, B, C, X, AA, BB, CC and XX factors.

### 3.5.4.1 Family Adjustment

The Adjustment phase corresponds with Hill’s original ABCX Model, with some additions (M.A. McCubbin & McCubbin, 1989, separated into paragraphs for ease of reading):

*The level of family adjustment and/or the family’s transition into a crisis situation* (x) (and into the adaptation phase or exhaustion) in response to a stressor event or transition is determined by:

- **A** (the stressor event or transition and its level of severity) –
  - interacting with the **V** (the family’s vulnerability determined in part by the concurrent pileup of demands – stressors, transition, and strains – and by the pressures associated with the family’s life-cycle stage) –
  - interacting with **T** (the family’s typology – regenerative, resilient, rhythmic, balanced, etc) –
  - interacting with **B** (the family’s resistance resources) –
  - interacting with **C** (The appraisal the family makes of the event) –
  - interacting with **PSC** (the family’s problem-solving and coping repertoire and capabilities). (p. 8)

The additional factors (vulnerability, typology and problem-solving and coping) will be discussed under the Resiliency Model which follows.

### 3.5.4.2 Family Adaptation

The Adaptation phase of the Typology Model expands on the Double ABCX and FAAR Models (M.A. McCubbin & McCubbin, 1989, separated into paragraphs for ease of reading):

The level of family adaptation (XX) and/or the family’s transition back into a crisis situation (or exhaustion) in response to a crisis situation is determined by:
AA, the pileup of demands on or in the family system created by the crisis situation, life-cycle changes, and unresolved strains –

interacting with $R$, the family’s level of regenerativity determined in part by the concurrent pileup of demands (stressors, transition, and strains) –

interacting with $T$, the family’s typology (resilience, rhythmic, balanced, etc) –

interacting with $BB$, the family’s strengths (the family’s adaptive strengths, capabilities, and resources) –

interacting with $CC$, the family’s appraisal of the situation (the meaning the family attaches to the total situation) and

$CCC$, the family’s schema (ie world view and sense of coherence which shapes the family’s situation appraisal and meaning) –

interacting with $BBB$, the support from friends and the community (social support) –

interacting with $PSC$, the family’s problem-solving and coping response to the total family situation. (p. 14)

The additional factors (Family Types, Community Resources & Supports, Global Appraisals and Family Schemas, Pileup and Adaptive Coping) will be discussed under the Resiliency Model which follows.

### 3.5.5 Resiliency Model of Family Adjustment and Adaptation

#### 3.5.5.1 Introduction

In 1993 M.A. McCubbin and H.I. McCubbin introduced the Resiliency Model of Family Adjustment and Adaptation (M.A. McCubbin & McCubbin, 1993, 1996), which was an extension of both the T-Double ABCX Model and the FAAR Model. Nine studies published from 1985 to 1994 prompted this development with the following findings (M.A. McCubbin & McCubbin, 1996, pp. 12-13):

- “Ratio of resources to demands too simplistic to explain adaptation …
- “Relational aspects of family adaptation emphasized …
- “Family problem solving communication emphasizing the family’s interpersonal climate an important part of resiliency …
“Family beliefs, identity and family paradigms important aspects of family resiliency ... 

“The relationship between family’s appraisal processes and problem solving an important part of family resiliency ... 

“Importance of the Community and Work Environment explaining resiliency and health emphasized ... 

“Family levels of appraisal in relation to family’s established patterns of functioning important parts of resiliency ... 

“Ethnic and cultural factors in the family appraisal process and family resiliency emphasized ... 

“Family patterns of functioning critical to the resiliency perspective of adaptation.”

The Resiliency Model (M.A. McCubbin & McCubbin, 1993, 1996), Figure 3.6, advanced the T-Double ABCX and FAAR models with the following five additions: 

“Relational perspectives of family adjustment and adaptation. 

“Established and instituted patterns of family functioning included as part of adjustment and adaptation. 

“Integration and inclusion of family problem solving and family coping. 

“Four domains of family systems functioning: (1) Interpersonal Relationships; (2) Development, Wellbeing and Spirituality; (3) Community Relationships and Nature; and (4) Structure and Function. 

“Five family levels of appraisal in relationship to patterns of functioning and problem solving and coping: Schema (CCCCC), Coherence (CCCC), Paradigms (CCC), Situational Appraisal (CC), and Stressor Appraisal (C).”

The Resiliency Model will be discussed in depth since it is the latest development in the thinking of McCubbin and his colleagues and since it incorporates many of the concepts that have been introduced briefly in the preceding models.
Figure 3.6 Resiliency Model of Family Stress, Adjustment and Adaptation}

(Adapted from McCubbin & McCubbin, 1996, pp. 15 & 25)
3.5.5.2 Family Adjustment Phase

Family adjustment refers to the outcome of a family’s efforts to deal with a specific and relatively minor stressor. There are “several important interacting components” which influence the family’s adjustment (M.A. McCubbin & McCubbin, 1996, separated into paragraphs for ease of reading):

*The Stressor (A) and its Severity* interacts with the family’s *Vulnerability (V)*, which is shaped by the pile-up of family stresses, transitions, and strains occurring in the same period as the stressor.

Family Vulnerability (V) interacts with the family’s *typology*, which is the *Established Patterns of Functioning (T)*. For example, both parents in paid work with child care support is an established pattern of functioning.

These components, in turn, interact with the family’s *Resistance Resources (B)*. Quality communication between husband and wife and a family’s willingness to be supportive of each other are examples of resistance resources.

This, in turn, interacts with the family’s *Appraisal (C) of the Stressor* (ie the family’s shared definition of the problem as being minor, a setback, or a catastrophe).

The family’s appraisal interacts with the family’s *Problem Solving and Coping strategies (PSC)*, such as adopting an affirming communication style, seeking help from close friends, and taking advantage of the advice made available by friends. (pp. 16-17)

3.5.5.3 Balance & Harmony

M.A. McCubbin and McCubbin (1996) argue that families strive for harmony and balance in the family. Change inevitably brings about imbalance and sometimes families deliberately create imbalance in order to bring about change. Change can also create disharmony, in which well-being suffers and the family experiences a lack of vitality or energy. Families tend to strive to promote harmony and balance in their family during times of stress. There are four main domains of life in which stress acts and in which balance and harmony are thus important, viz “(a) interpersonal relationships; (b) structure and function; (c) development, well-being, spirituality; and (d) community relationships and nature” (ibid., p. 16). These four domains, together with the desired balance and harmony, thus occupy the centre of the resilience circle, together with an image of the family (Figure 3.6).
3.5.5.4 The Stressor (A)

“A stressor is a demand placed on the family that produces, or has the potential of producing changes in the family system” (M.A. McCubbin & McCubbin, 1996, p. 17). Stressors can be divided into normative and nonnormative stressors:

- Normative stressors “are expectable, scheduled changes involving entrances into and exists from social roles” (Lavee et al., 1987, p. 859). Life events can be considered normative when they are “ubiquitous (they occur in most families), expectable (families could anticipate their occurrence at certain schedules points in the family life cycle), and short-term (not chronic)” (McCubbin & Patterson, 1983b, p. 8). Normative stressors tend to create less strain for families than nonnormative stressors, and the strain caused by a normative stressor tends to increase with the number of changes families must make in response to the stressor (ibid.).

- Nonnormative stressors, by contrast, “are those that occur unexpectedly, such as natural disasters, the loss of a family member, war”, etc (Lavee et al., 1987, p. 859). Lipman-Blumen (1975, in McCubbin & Patterson, 1983b, pp. 7-8) posed several criteria that can be helpful in determining the stressfulness of a stressor:

  - “Is the origin of the stressor from within the family system (eg mother goes back to work) or from outside the family (eg loss of a job)?
  - “Does the impact of the stressor extend directly to all family members (eg divorce) or to only some members (eg adolescent has argument with friend)?
  - “Is the onset of the stressor very sudden (eg tornado) or does it emerge gradually (eg pregnancy)?
  - “Is the degree of severity of the stressor intense (eg a death) or mild (eg the purchase of a new car)?
  - “Is the length of adjustment to the stressor short-term (eg child starts school) or long-term (eg parent gets cancer)?
  - “Can the stressor be expected (eg child becoming an adolescent) or does it occur unpredictably at random (eg an auto accident)?
  - “Does the stressor emerge through natural causes (eg a hurricane) or as a result of artificial, human-made situations (eg loss of a job from increased use of technology)?
“Does the family believe that the stressor is one that can be solved (eg adjusting to a new home) or is it beyond their control (eg inflation’s effect on family income)?”

According to M.A. McCubbin and McCubbin (1996, p. 17), “The severity of the stressor is determined by the degree to which the stressor threatens the stability of the family unit, disrupts the functioning of the family unit, or places significant demands on and depletion of the family’s resources and capabilities.”

3.5.5.5 Family Vulnerability (V)

Family vulnerability refers to “the interpersonal and organizational condition of the family system” (M.A. McCubbin & McCubbin, 1996, p. 17) and is determined by (M.A. McCubbin & McCubbin, 1993):

1. The accumulation, or pileup, of demands on or within the family unit, such as financial debts, poor health status of relatives, and changes in a parent’s work role or work environment, and (2) the normative trials and tribulations associated with the family’s particular life-cycle stage with all of its demands and changes. (p. 28)

Vulnerability therefore indicates how vulnerable the family is to a particular stressor. Since the pileup of stress varies across the life cycle, the family’s vulnerability also varies across the life cycle, and one can predict that a particular stressor will be more or less threatening at different times in the life of a family. A couple without children may be less vulnerable to losing a job, for example, than a family with adolescent children, due to the “accumulation of life strains associated with raising an adolescent and the depletion of family interpersonal, social, and economic resources at this stage” (M.A. McCubbin & McCubbin, 1996, p. 17).

3.5.5.6 Family Typology of Established Patterns of Functioning (T)

A family typology is defined as “a set of basic attributes about the family system which characterize and explain how a family system typically [italics added] appraises, operates, and/or behaves” (M.A. McCubbin & McCubbin, 1989, p. 27). A family typology is the family’s typical, predictable or habitual pattern of behaviour, which is established over time. Research by McCubbin and colleagues demonstrated that these patterns can be grouped into typologies, and that once a family’s typology has been identified, the
family’s response to stress can be predicted (ibid.). The notion of family typology was
introduced in the T-Double ABCX Model (ibid.).

Different publications use different terms to refer to these typologies or refer only to one
or two of the total number of typologies. Most notably, the term ‘resilient families’ (M.A.
McCubbin & McCubbin, 1989, 1993) has been replaced with the term ‘versatile families’
(McCubbin et al., 1996), probably to allow for the grouping of a number of family
typologies under the general heading of ‘resilient families’ (H.I. McCubbin & McCubbin,
1988). All family types are defined along two dimensions, both of which have been
dichotomised into high and low (Figure 3.7).

The **Regenerative Family** (see Figure 3.7) is high in family **hardiness** and high in family
**coherence**. “Family coherence is operationalised as the family’s emphasis on
acceptance, loyalty, pride, faith, trust, respect, caring, and shared values in the
management of tension and strain” (H.I. McCubbin & McCubbin, 1988, p. 250). Family
hardiness is defined as “the family’s internal strengths and durability, [and] is
characterized by an internal sense of control of life events and hardships, a sense of
meaningfulness in life, involvement in activities, and a commitment to learn and explore
new and challenging experiences” (ibid.).

Regenerative families can be described as follows (H.I. McCubbin & McCubbin, 1988):

> **Regenerative Families** indicate that they cope with family problems by cultivating
> trust, respect, and maintaining an emotional calm and stability. These families cope
> through having faith, accepting difficulties, and working together to solve problems.
> Additionally, they are secure in their sense of purpose, of being able to plan ahead,
> of being valued for their efforts, and of feeling that life is meaningful. These families
> feel in control and have a sense that they can influence both good and bad things
> which happen; they are not victims of circumstances. Additionally, Regenerative
> Families are active; they try new things, encourage others to be active in addressing
> their problems and concerns. In general, Regenerative Families are in control,
> active, and when faced with difficulties, more caring, loyal, and tolerant of hardships.
> (p. 251)

Vulnerable, Secure and Durable families make up the other four in this typology
(McCubbin et al., 1996):

Vulnerable Families are more complacent, less likely to try new and exciting things,
tending to do the same things over and over, and are less likely to encourage each
other to be active and to learn new things. ... Secure Families are active, in control,
but when faced with difficulties are also less supportive of each other, less caring and
loyal, and less tolerant of hardships. ... Durable Families may have fewer basic
internal strengths, but they appear to compensate for this deficiency by having a
strong coping repertoire characterized by caring, respect, trust, reduced tension and
calmness. (pp. 67-68)

Resilience Theory: A Literature Review
Figure 3.7  Four Family Typologies

RHYTHMIC FAMILIES
Value of Family Time & Routines
Low  High
Family Time & Routines

TRADITIONALIST FAMILIES
Family Traditions
Low  High
Family Celebrations

REGENERATIVE FAMILIES
Family Hardiness
Low  High
Family Cohesion

VERSATILE FAMILIES
Family Bonding
Low  High
Family Flexibility

(McCubbin et al., 1996, chap. 2)
The **Rhythmic Family** (see Figure 3.7) is high on *family time and routines* and high on *valuing of family time and routines*. ‘Family time and routines’ is operationalised as “the degree to which the family unit maintains continuity and stability through specific family activities which are repeated on a routine basis” (H.I. McCubbin & McCubbin, 1988, p. 250). ‘Valuing of family time and routines’ is operationalised as “the meaning and importance families attach to the value of such practices designed to promote family unity and predictability” (M.A. McCubbin & McCubbin, 1989, p. 32).

Rhythmic Families “foster development of predictable activities and routines within the family unit involving relatives and with an added emphasis upon valuing these patterns in an effort to foster a shared rhythm of purpose and meaning of family togetherness, regularity, and predictability” (H.I. McCubbin & McCubbin, 1988, p. 250).

By contrast, Unpatterned Families neither value nor implement family routines, Intentional Families value routines and recognise their importance but are unable or unwilling to implement family routines, and Structuralised Families implement family routines rigorously but fail to perceive the value of routine for family wellness (H.I. McCubbin & McCubbin, 1988).

The **Versatile Family** (see Figure 3.7) is high on *family flexibility* and high on family *bonding*. ‘Family flexibility’ is operationalised as “the degree to which the family unit is able to change its rules, boundaries, and roles to accommodate to changing pressures from within and outside the family unit” (McCubbin et al., 1996, p. 70). ‘Family bonding’ is defined as “the degree to which the family is bonded together in a meaningful and integral family unit” (ibid.).

Versatile Families (McCubbin et al., 1996):

- Indicate that they have a major strength in their ability to change. These families view themselves as being able to say what they want, as having input into major decisions, being able to shape rules and practices in the family, as well as being able to compromise; they are experienced in shifting responsibilities in the family unit, and willing to experiment with new ways of dealing with problems and issues. These families also indicate that they have a major strength in their sense of internal unity. They are dependent upon each other for understanding and support, feel close to each other, are pleased to engage other family members, and have no difficulty deciding what to do as a family unit. (p. 72)

Fragile Families, by contrast, lack emotional bonding between members and are unable to deal with stress in a flexible, participatory way. Bonded Families tend to rely on their closeness as a family unit, as well as their resistance to change, when faced with stress. Pliant Families feel emotionally disconnected from each other and prefer to rely on the
support of people outside the family, but are able to handle stress in a flexible way, shifting roles, making decisions, compromising and altering family patterns, as needed. (M.A. McCubbin & McCubbin, 1989)

The **Traditionalist Family** (see Figure 3.7) is low on family *celebrations* and high on family *traditions*.

‘Family celebrations’ are defined as (McCubbin et al., 1996):

Those family behaviors and practices which families choose actively or passively to adopt and maintain in an effort to punctuate and spotlight situations and circumstances which the family deems appropriate for such an emphasis. Family celebrations such as spouse’s birthday, special occasions (e.g., Valentine’s Day, Mother’s Day, etc.) and yearly major holidays (e.g., Christmas, New Year’s Day, etc.) are emphasized as integral parts of family celebrations. (p. 78)

‘Family traditions’ are defined as (McCubbin et al., 1996):

Those family behaviors and practices which families choose actively or passively, to adopt and maintain in an effort to maintain beliefs and values and to pass them on from generation to generation. It includes such practices as decorating around holidays, special experiences (i.e., songs, dances, etc.) around changes, special rules to follow around religious occasions, and which members participate in special events (i.e., reunions). (p. 78)

Traditionalist Families “carry on their lives with minimal emphasis upon celebrating major events, but with a strong belief in and greater emphasis upon family traditions carried on across time and from generation to generation” (McCubbin et al., 1996, pp. 78-79). In contrast with the other three typologies, in which a high measure on both axes yielded the most resilient family type, research on the current typology found that families that were high only on traditions were more resilient than families that were high on both traditions and celebrations (ibid., p. 98).

Situational Families place no emphasis on either traditions or celebrations and merely “develop across the life span” (McCubbin et al., 1996, p. 78). Celebratory Families emphasise celebrations to commemorate special events, but place no value on traditions which cross generations. Ritualistic families value both celebrations and traditions.

The strengths literature reviewed in a previous section highlighted the importance of “family integrity, unity, changeability, predictability, and rituals”, and it is these factors which the four family types are designed to describe (McCubbin et al., 1996, p. 81). Research on the typologies indicates that the four family typologies are related to a small, but significant degree, which the researchers expect given the association between the typologies and family strengths (ibid.). Research also indicates that the
Regenerative family type is most strongly correlated with family satisfaction, marital satisfaction, community satisfaction and general family well-being, while the Rhythmic family type is correlated with family satisfaction and community satisfaction.

3.5.5.7 Family Resistance Resources (B)

M.A. McCubbin and McCubbin (1996) define resistance resources as:

A family’s abilities and capabilities to address and manage the stressor and its demands and to maintain and promote harmony and balance in an effort to avoid a crisis, or disharmony and imbalance, and substantial changes in or deterioration in the family’s established patterns of functioning. (p. 19)

As was highlighted in the FAAR Model, resistance resources in the adjustment phase are aimed at avoiding a crisis with the minimum of change to the family system (M.A. McCubbin & McCubbin, 1993). “Critical family resources include social support, economic stability, cohesiveness, flexibility, hardiness, shared spiritual beliefs, open communication, traditions, celebrations, routines, and organization” (M.A. McCubbin & McCubbin, 1996, p. 19). Resources also vary across the life cycle (ibid.) and can vary from culture to culture.

3.5.5.8 Family Appraisal of the Stressor (C)

“The family’s appraisal of the stressor is the family’s definition of the seriousness of a stressor and its related hardships” (M.A. McCubbin & McCubbin, 1996, p. 19). This can range from a perception of the stressor as catastrophic and overwhelming, through viewing the stressor as manageable, to perceiving the stressor as irrelevant and innocuous. The family’s subjective appraisal of a stressor has a greater impact on family adjustment than the standardised severity of a stressor as agreed upon within a given culture or society.

3.5.5.9 Family Problem Solving & Coping (PSC)

Family problem solving and coping refers to “the family’s management of stress and distress through the use of its abilities and skills to manage or eliminate a stressor and
related hardships” (M.A. McCubbin & McCubbin, 1996, p. 20). Specifically, problem solving and coping can be defined as follows (M.A. McCubbin & McCubbin, 1989):

Problem solving refers to the family’s ability to define a stressor and the situation in manageable components, to identify alternative courses of action, to initiate steps to resolve the discrete issues, and ultimately to resolve the problem.

Coping refers to the family’s strategies, patterns, and behaviors designed to maintain and/or strengthen the organization and stability of the family unit, maintain the emotional stability and well-being of family members, obtain and/or utilize family and community resources to manage the situation, and initiate efforts to resolve the family hardships created by the stressor/transition. (p. 10)

3.5.5.10 Family Bonadjustment, Maladjustment and Crises (X)

If the stressor is not too great, and/or if the family is not too vulnerable, and/or if the family has a helpful pattern of functioning/typology and a positive stressor appraisal and good resistance resources and good problem solving and coping skills, the family may weather the crisis and emerge in a state of bonadjustment. Minor alterations to the family’s functioning, which promote balance and harmony, without fundamental, second order change, may contribute to bonadjustment. Indeed, most stressors probably result in bonadjustment (M.A. McCubbin & McCubbin, 1996).

However, if the stressor is very severe, intense or chronic, the demands placed on the family may be too great to be managed by minor adjustments, as was highlighted in the discussion on the FAAR Model. Families have to make more substantial second order change in order to cope, but frequently resist making such fundamental changes that would disrupt both harmony and balance. These families “will, in all likelihood, experience a state of maladjustment and a resulting condition of crisis” (M.A. McCubbin & McCubbin, 1996, p. 22).

McCubbin frequently points out that family crisis should not be negatively connoted. It merely refers to “a continuous condition of disruptiveness, disorganization, or incapacitation in the family social system” (M.A. McCubbin & McCubbin, 1996, p. 22). In many cases, family crisis is a necessary and desirable precondition for second order family change (M.A. McCubbin & McCubbin, 1993). Some families may even precipitate a crisis deliberately or planfully allow a crisis to develop in order to facilitate change (M.A. McCubbin & McCubbin, 1996). In sum (ibid.):

Family crisis denotes family disharmony and imbalance in the system and a demand for basic changes in the family patterns of functioning to restore stability, order,
balance, and a sense of harmony. This movement to initiate changes in the family system’s pattern of functioning marks the beginning of the adaptation phase of the Resiliency Model. (pp. 22-23)

3.5.5.11 Family Adaptation Phase

Family adaptation refers to the outcome of a family’s efforts to deal with prolonged, severe and multiple stressors. There are several important interacting components that influence the family’s adjustment (M.A. McCubbin & McCubbin, 1996, pp. 25-26, separated into paragraphs for ease of reading):

Families at risk are characterized in part by imbalance and disharmony, a condition which is fostered by the inadequacy of or the problematic nature of the family’s established patterns of functioning (T) in response to stressful situations, and which places the family in a crisis situation (e.g., being vulnerable, but faced with an opportunity for constructive changes in its patterns of functioning).

These families’ situations are exacerbated by the concurrent pile-up of demands (AA) (e.g., other life changes and hardships).

By the family’s own accord and will, and possibly with crisis-oriented or transitional assistance or treatment, the family and its members may take on the challenge to regenerate itself, to change and to improve upon its situation, enter into a process of change and thereby work to achieve a level of adaptation (XX) characterized by balance and harmony. The goal of this process is the restoration of family harmony and balance in the family’s interpersonal relations, the family’s structure and function, the development, well-being, and spirituality of the family unit and its members, as well as the family’s relationship to the community and the natural environment.

The level of successful adaptation referred to as Bonadaptation (XX) is determined by the interacting influences of

- newly instituted patterns of functioning (TT) (e.g., patterns of communication, rules, boundaries, etc),
- the modification, maintenance or revitalization of already established patterns of functioning (e.g., traditions, celebrations, ethnic practices, etc), restoration and/or maintenance of viable established patterns of functioning – (T),
- the family’s own internal resources and capabilities (BB) (e.g., hardiness, coalitions, respect, support),
- the family’s network of social support (BBB) (e.g., extended family, neighborhood, church, community, friends, kinship, etc), and
- the family’s situational appraisal by the family’s appraisal processes: Schema (CCCC) (e.g., family shared values and beliefs);
Coherence (CCCC) (eg dispositional view of the family’s sense of order, trust, predictability and manageability); and

Paradigms (CCC) (eg shared expectations as to how the family will function in areas of child rearing, discipline, etc).

These three levels of appraisal impact upon and shape the family’s Appraisal of the Situation (CC) as well as the definition of the Stressor (C) which may well be in a distant past.

Finally, the Instituted Patterns of Functioning, Resources, and Appraisal components of the family unit influence and are influenced by the family’s Problem Solving and Coping abilities (PSC) (eg conflict resolution, family problem solving, coping repertoires, etc).

The family engages in a dynamic relational process over time, introducing changes directed at restoring and maintaining family harmony and balance within the family system as well as in the family’s relationships to the larger community and environment.

The dynamic relational process involves a cyclical effort in such situations where the family’s efforts at change prove to be unsuccessful and propel the family into a Maladaptive outcome (XX); and the cycle starts again at changes in patterns of functioning and recycles through the family processes of adaptation. (pp. 25-26)

3.5.5.12 Family Adaptation (XX)

Family adaptation refers to the outcome of the family’s efforts to adapt to the demands of the stressor and also to the demands the adaptation itself requires. Bonadaptation can be said to have been achieved when the family has integrated the demands of the stressor into the family functioning, when the family has been restored to a state of harmony and balance, and when the individual-to-family fit and family-to-community fit between demand and capability are balanced (M.A. McCubbin & McCubbin, 1993, 1996).

3.5.5.13 Pileup (AA) of Demands

A large part of the reason for the ongoing development of family resilience models has been to explain how families cope with multiple stressors. The confluence of such stressors is termed pileup. McCubbin’s studies indicate that most families “experience a pile-up of demands, particularly from a chronic stressor such as caring for a disabled family member or in the aftermath of a major stressor, such as a death, a major role change for one member, or a natural disaster” (McCubbin & Patterson, 1983b, p. 14).
The greater the pile-up experienced by a family, the more vulnerable the family is to stress and maladaptation.

M.A. McCubbin and McCubbin (1996) identify nine principle sources of pileup:

- **The Stress & Its Hardships.** Firstly, pileup results from the “initial stress and related hardships which develop over time” (M.A. McCubbin & McCubbin, 1996, p. 27). There are various indirect or additional stressors that are inherent in the initial stressor (McCubbin & Patterson, 1983b). For example, the stressor of a father losing his job brings with it the additional stressors of financial difficulties, loss of masculinity and esteem, potential loss of the family home, excess free time, frustrations resulting from searching for a new job, etc.

- **Normative Transitions.** Secondly, pileup results from “normative transitions in individual family members and the family as a whole which happened during the same period of time” (M.A. McCubbin & McCubbin, 1996, p. 27). Stressors and normative, family life-cycle transitions may co-occur independently of each other, but combine in ways which increase the pileup of family stress. The families researched by McCubbin and Patterson (1983b):

  Experienced the normal growth and development of child members (eg increasing need for nurturance and supervision; increasing need for independence), of adult members (eg spouse’s desire to continue with her career; mother’s increasing need for a meaningful relationship), of the extended family (eg illness and death of grandparents); and family life cycle changes (eg children entering school, adolescence). (p. 14)

- **Prior Strains.** Previous stressors create strains in the family that are often not resolved at that time and continue to exert a subtle influence over the family. “These prior strains are not usually discrete events which can be identified as occurring at a specific point in time; rather, they emerge more insidiously in the family” (McCubbin & Patterson, 1983b, p. 15). The introduction of a new stressor in the family system may exacerbate the prior strains thereby contributing to increased pileup and to the vulnerability of the family to the stressor.

- **Situational Demands and Contextual Difficulties.** The society or community within which the family is situated may contribute to the stress of a family or undermine the ability of a family to resolve crises. For instance, the employer of a mother with a disabled child may be unaccommodating regarding her working flexitime in order to care for the child’s medical needs. The lack of adequate childcare facilities may be a contextual difficulty or concern for many. Political
instability, crime or a history of discrimination are all examples of situational demands and contextual difficulties that contribute to pileup.

- **Consequences of Family Efforts to Cope.** Not only the stressor itself contributes to pileup, but also the family’s efforts to deal with the stressor (McCubbin & Patterson, 1983b). “These stressors and strains emerge from specific behaviors or strategies that a family may have used in the adjustment phase, ... or that the family currently uses in their effort to adapt to the crisis situation” (M.A. McCubbin & McCubbin, 1996, p. 29). Some of a family’s coping efforts may be obviously negative and stressful (such as the use of alcohol or drugs to cope with the stressor), but others may be apparently positive and helpful (such as avoiding discussing the problem which reduces the short term stress but leads to aversive medium and long term consequences). This can be seen in the FAAR Model (Figure 3.4) in which the adjustment and restructuring processes themselves constitute pileup (aA).

- **Intrafamily and Social Ambiguity.** All change results in a degree of uncertainty about the future, and this uncertainty constitutes ambiguity. There may be ambiguity within the family system, such as the boundary ambiguity discussed previously (Boss, 1980) or shifts in family roles and responsibilities following a divorce. There may also be ambiguity in the family’s social context, such as when the community is unable to decide how to handle a family. For instance, a catholic wife who believes divorce is the only viable final response to being battered by her husband may face ostracism by the Church and the congregation (M.A. McCubbin & McCubbin, 1996).

- **Newly Instituted Patterns of Functioning Create Additional Stress.** The healthy new patterns of functioning instituted during the adaptation phase of the Resilience Model may demand changes in the family system that create additional stress. Positive long-term changes tend to produce increased disharmony and imbalance in the short-term. These additional changes constitute pileup.

- **Newly Instituted Patterns of Functioning Clash with Family Beliefs.** Eighthly, pileup results from the “newly instituted patterns of functioning which are in conflict with or incongruent with the Family’s Schema (values and beliefs) and/or the Family’s Paradigms (ie rules and expectations)” (M.A. McCubbin & McCubbin, 1996, p. 28). Not all family members may agree with the changes that are implemented during adaptation, creating additional strain.
Established Patterns of Functioning. Lastly, pileup may result from “old patterns of functioning which are in conflict or not compatible with newly adopted patterns of functioning” (M.A. McCubbin & McCubbin, 1996). Established patterns of functioning continue while the family is adapting to the stressor and crisis, thereby providing much-needed stability and continuity for the family. However, these patterns may be in conflict with the new patterns that are being established, resulting in conflict and tension.

3.5.5.14 Family Types and Newly Instituted Patterns of Functioning (T & TT)

The family’s typical patterns of functioning influence the adaptability of the family. The Resiliency Model (M.A. McCubbin & McCubbin, 1996) contains four items marked by T or TT:

- **Inadequate and/or Deterioration in Family Patterns of Functioning (T).** The first item influences the degree of maladjustment and crisis that the family experiences by the end of the adjustment phase and as it enters the adaptation phase. A large part of the reason why the family enters a state of maladjustment rather than bonadaptation is that the family’s typology (or more generally, the family’s pattern of functioning) is inadequate to meet the demands created by the stressor. Furthermore, through the unsuccessful adjustment process, the family’s pattern of functioning may deteriorate, thus exacerbating the family crisis.

- **Retained Patterns of Functioning (T).** The family enters the adaptation process with many of the patterns of functioning intact. Some of these patterns may facilitate the bonadaptation process, while others continue to exert a pathogenic influence over the family or clash with the newly forming patterns.

- **Restored Patterns of Functioning (T).** The family crisis (X) may reactivate and restore patterns of functioning which once were present in the family by have been lost over time. Particularly in the face of prolonged stress, families may temporarily lose health patterns. Some stressors (eg the death of a spouse) force the family members to return to patterns long abandoned (eg the surviving spouse must regain patterns of functioning from her/his single days).
Newly Instituted Patterns of Functioning (TT). As was illustrated in the FAAR Model (Figure 3.4), the adaptation phase involves the family making significant, second-order changes to the family system that facilitate its adaptation. These changes constitute new typologies. For example, the family may begin to place greater emphasis on family routines and times, thereby moving from an 'intentional' family type towards a ‘rhythmic’ family type, which in turn augurs well for bonadaptation.

3.5.5.15 Family Resources (BB)

Family Resources comprise family capabilities and resiliency or adaptive resources (M.A. McCubbin & McCubbin, 1993, 1996). A family’s capability is defined as (M.A. McCubbin & McCubbin, 1993):

A potential the family has for meeting all of the demands it faces. We emphasize two sets of capabilities: (1) resources and strengths, which are what the family has and (2) coping behaviors and strategies, which are what the family does as individual members and as a family unit. (p. 45)

A resiliency resource is a characteristic, trait or competency found in an individual, family or community that facilitates the family’s adaptation (M.A. McCubbin & McCubbin, 1996). The individual or personal resources that can be used to assist the family in adaptation have already been discussed in depth in the section on individual resilience. M.A. McCubbin and McCubbin (1996, p. 33, emphasis added) provide a list of eight important individual level resources:

- The innate **intelligence** of family members, which can enhance awareness and comprehension of demands and facilitate the family’s mastery of these;
- **Knowledge and skills** acquired from education, training, and experience so that individual family members, and the family unit can perform tasks with greater efficiency and ease;
- **Personality traits** (for example, a sense of humor, temperament and hardiness) that facilitate coping;
- **Physical, spiritual and emotional health** of members so that intact faculties and personal energy may be available for meeting family demands;
• “A sense of mastery, which is the belief that one has some control over the circumstances of one’s life;

• “Self-esteem, that is, a positive judgement about one’s self-worth;

• “Sense of coherence, which is the family member’s world view that life can be trusted, is predictable and manageable;

• “The ethnic identity and cultural background of family members and the ethnic orientation or world view adopted by the family unit to guide the family’s functioning.”

In addition to personal resources, families can also draw on family system resources to assist them in the adaptation process. Many of these resources were addressed in depth the section on family strengths. M.A. McCubbin and McCubbin (1996, p. 34) identify the following important family strengths:

• Cohesion, defined as “the bonds of unity running through the family life.”

• Adaptability, defined as “the family’s capacity to meet obstacles and shift course.”

• Family organization, which includes “agreement, clarity, and consistency ... in the family role and rule structure.”

• “Shared parental leadership and clear family generational boundaries.”

• Communication.

• Family problem solving.

• Family hardiness, which is “characterized by a sense of control over the outcome of life events and hardships, a view of change as beneficial and growth producing, and an active orientation in responding to stressful situations.”

• “Family time together and family routines in daily living” help to facilitate “harmony and balance while inducing changes in the family system.”
3.5.5.16 Social Support (BBB)

M.A. McCubbin and McCubbin (1989) describe community resources or social supports as follows:

Community-based resources are all of those characteristics, competencies, and means of persons, groups, and institutions outside the family that the family may call upon, access, and use to meet their demands. This includes a whole range of services, such as medical and health care services. The services of other institutions in the family’s meso environment, such as schools, churches, and employers, are also resources to the family. At the macro level, government policies that enhance and support families can be viewed as community resources. (p. 20)

McCubbin and colleagues have most frequently used Cobb’s conceptualisation of social support, which comprises three dimensions, and have added two additional dimensions (M.A. McCubbin & McCubbin, 1989):

[Social support can be defined as] information exchanged at the interpersonal level which provides:

(a) emotional support, leading the individual to believe that he or she is cared for and loved;

(b) esteem support, leading the individual to believe he or she is esteemed and valued; ...

(c) network support, leading the individual to believe he or she belongs to a network of communication involving mutual obligation and mutual understanding; ...

(d) appraisal support, which is information in the form of feedback allowing the individual to assess how well he or she is doing with life’s tasks; and

(e) altruistic support, which is information received in the form of goodwill from others for having given something of oneself. (p. 21)

McCubbin and McCubbin distinguish between social support (which involves exchange of information within a trusting relationship) and social network (which is the sum of people with whom one has contact and from whom one potentially can derive support). Much of the research on social support, however, uses these terms interchangeably and researchers have often found that the mere number of people on whom one can depend for support is predictive of well-being, irrespective of the quality or nature of that support (eg Hiew, 1992).
3.5.5.17 Family Appraisal Processes (C to CCCCC)

It is perhaps McCubbin and colleagues’ work on family appraisal processes, and in particular the notion of family schema, that is the most unique contribution of family resiliency theorists to the broader field of resiliency theory (Hawley & De Haan, 1996). A review of family appraisal in the various family resiliency models will demonstrate how this construct has evolved. In Hill’s original ABCX Model of 1949 (see Figure 3.1), the ‘C’ factor refers to the family’s definition of the seriousness of the changes demanded by the stressor event. In the Double ABCX Model (see Figure 3.3) and the FAAR Model (see Figure 3.4) of 1983 the ‘CC’ factor was added and refers to the family’s appraisal of the whole situation, including the stressor, the family’s resources and the pileup of stressors or vulnerability. In the T-Double ABCX Model of 1989 (see Figure 3.5) and in the first presentation of the Resiliency Model (M.A. McCubbin & McCubbin, 1993) the ‘CCC’ factor was added, which refers to the family’s global appraisals and family schemas.

Finally, in the 1996 presentation of the Resiliency Model (M.A. McCubbin & McCubbin, 1996), on which this document is based, the ‘CCC’ factor of family paradigms, the ‘CCCC’ factor of family coherence and the ‘CCCCC’ factor of family schema are added. Consequently, the most current model of family resilience proposes five levels (C to CCCCC) of family appraisal. Depending on the nature of the stressor, higher and higher levels of family appraisal are activated in the family appraisal process. Lower severity stressors may activate only the first two or three levels, while severe or prolonged stressors may activate all five levels. This will be discussed in greater detail later.

McCubbin and colleagues have also introduced the important notion of ethnicity, and have begun to explore how a family’s culture or ethnicity influences the appraisal process (McCubbin et al., 1998; M.A. McCubbin & McCubbin, 1996). This too will be discussed in greater detail later.

Family Appraisal Process Level 5: Family Schema (CCCCC)

The family schema is defined as “a generalized structure of shared values, beliefs, goals, expectations, and priorities, shaped and adopted by the family unit, thus formulating a generalized informational structure against and through which information and experiences are compared, sifted, and processed” (McCubbin et al., 1998, p. 43). Family schema is a deeply held, largely unconscious cluster of beliefs that locate the family’s day-to-day experiences within a larger context. Family schema develops...
gradually over time and comprises a combination of the schemas brought into the family from the individuals’ families of origin.

The value of the schema is stated as follows (M.A. McCubbin & McCubbin, 1996):

Not only does a family’s schema and its appraisal process give order, harmony, balance and stability to family life, it plays an influential role in shaping and legitimizing the family’s old, established, newly instituted, and maintained patterns of functioning, as well as the family’s problem solving and coping behaviors and patterns. (p. 39)

The family schema plays the equally important role of developing family meanings. “This aspect of family appraisal involves the creation of family ‘stories’ or ‘understandings’ shared by family members for the purpose of facilitating the family’s adaptation to the crisis situation” (McCubbin et al., 1998, p. 45). Family meanings at this worldview level are still very broad and families will probably not be able to articulate them; nevertheless family meanings may be detected in qualitative research in which families are asked to tell their stories about coping with life stressors (Patterson & Garwick, 1998). Patterson and Garwick (ibid.) state that family worldview meaning “focuses on the family’s orientation to the world, how they interpret reality, what their core assumptions are about their environment, as well as their existential beliefs, such as the family’s purpose and place in life”.

The family schema helps families develop meaning through five primary functions (M.A. McCubbin & McCubbin, 1996, p. 41):

- **Classification.** “The process of framing the family crisis situation in terms of shared values and expectations of the extended family and the tribal structure.”

- **Spiritualization.** “The process of framing the family crisis situation in terms of shared beliefs and the goal of units with the cosmos as a way to achieve harmony.”

- **Temporalization.** “The process of framing the family crisis situation in terms of the long view and long-term consequences but also taking advantage of the positive nature of the present.”

- **Contextualization (nature).** “The process of framing the family crisis situation in terms of nature and the order of living things; harmony with nature and the land is pursued with all aspects of life.”
Contextualization (relationships). “The process of framing the family crisis situation in terms of human relationships, a ‘we’ group orientation whereby the needs of the whole rise above the needs of the individual.”

Family meanings are derived from the broad family schema (M.A. McCubbin & McCubbin, 1996) or family worldview (Patterson & Garwick, 1998), but are expressed at stressor or situational level. “The meanings are often described in cryptic phrases or special phrases such as ‘God’s will’ ..., used to encourage understanding and in some cases the acceptance of adversity” (M.A. McCubbin & McCubbin, 1996, p. 39). There is a reciprocal relationship between the situation specific meanings and the family schema – the schema facilitates the development of family meanings that help the family to adapt to the stressor, but the stressor may also shake the foundation of the family schema leading to alteration in the schema (Patterson & Garwick, 1998). Nevertheless, a family schema is stable and resistant to change. Consequently, it is an important dimension in the ability of families to “transcend the immediate stressor and the situation and place the family crisis in a larger context of experiences” (M.A. McCubbin & McCubbin, 1996, p. 40).

The family has long been regarded as the bastion of cultural beliefs and it has often been said that families pass on cultural beliefs and practices from generation to generation (M.A. McCubbin & McCubbin, 1996). However, there is “a dearth of research and inductive theory-building common to the advancement of family stress and resiliency theories linking cultural and ethnic factors to the ways in which families respond to and cope with catastrophes and life’s crises” (ibid., p. 37).

A family’s ethnic or cultural beliefs are stored in or comprise the family schema (McCubbin et al., 1998; M.A. McCubbin & McCubbin, 1996). For instance, Native Hawaiians place value on the extended family, on mutual concern and care, on a “we” or group orientation, on malama or caring (which is probably similar to the African notion of ubuntu), on spirituality as fundamental to all aspects of life, on the environment as living and thus to be respected and preserved, on the importance of harmony, wholeness and balance, and on time as relative and cyclical (McCubbin et al., 1998, pp. 50-51). These beliefs are clearly the content of the family schema. However, it is also clear that these values and beliefs are specific to and influenced by the Native Hawaiian culture. Thus (M.A. McCubbin & McCubbin, 1996):

In solving problems and managing family life, the family’s culture fundamentally influences three critical levels of family appraisal involved in the process of adaptation: the Family’s Schema, Family Coherence, and Family Paradigms ... [which
in turn] help families to give meaning to stressful life events and family struggles, and they appear to play a fundamental role in shaping the family’s responses and strategies directed at adaptation. (p. 38)

**Family Appraisal Process Level 4: Family Coherence (CCCC)**

M.A. McCubbin and McCubbin (1996) describe family coherence as:

A construct that explains the motivational and appraisal bases for transforming the family’s potential resources into actual resources, thereby facilitating changes in the family systems, coping, and promoting the health of family members and the well-being of the family unit. This is a dispositional world view that expresses the family’s dynamic feeling of confidence that the world is comprehensible (internal and external environments are structured, predictable and explicable), manageable (resources are available to meet demands), and meaningful (life demands are challenges worthy of investment). (p. 42)

Research by McCubbin and associates confirmed that family sense of coherence indirectly reduces family dysfunction by mobilising family resources (McCubbin et al., 1998):

The sense of coherence plays a catalytic role in family resiliency by combining with and fostering the family’s resistance resources, such as family hardiness (the family’s dispositional resource of having a sense of commitment, control, confidence, and challenge) and family problem-solving communication (affirming style of communication). (p. 60)

Other researchers also have demonstrated the salutogenic effect of family sense of coherence (eg Anderson, 1998; Sagy & Antonovsky, 1998). Family SOC and family schema seem closely related, but are in fact conceptually distinct. While neither SOC nor schema addresses the specific situation within which the family finds itself, the family schema is related to beliefs about life in general, while the family SOC is related to stressors in general. This is empirically demonstrated in research that found that the family schema is causally related to coherence, and not the other way around (McCubbin et al., 1998, p. 57). In other words, schema influences SOC, suggesting that schema is a higher order construct.

**Family Appraisal Process Level 3: Family Paradigm (CCC)**

The family paradigm is (McCubbin et al., 1998):

A model of shared beliefs and expectations shaped and adopted by the family unit to guide the family’s development of specific patterns of functioning around specific
domains or dimensions of family life (eg work and family, communication, spiritual/religious orientation, child rearing, etc). (p. 46)

The family paradigm is a lower order appraisal process, more closely connected to daily living and consciousness than either family SOC or family schema. While family SOC and schema both relate to general life events and stressors, family paradigm relates to specific family functions, patterns and dimensions. It is not, however, concerned with specific stressors, but rather with the family that functions around the stressor.

M.A. McCubbin and McCubbin (1996) report on a study demonstrating the effect of family paradigms:

In a recent study of Navaho children with autism and their families, it was shown that despite some families’ conscious choice to follow a less traditional path and thus define themselves as modern (rejection of ethnically based traditional ways) or semi-traditional (living in a non-traditional way, but incorporating some ethnically based traditional ways), the influence of cultural beliefs and definitions of disability had a wide-ranging and powerful effect on the family’s paradigms and the family’s adaptation to the long-term care of their disabled member (Connors, 1992). (p. 43)

The distinction between ‘modern’ and ‘semi-traditional’ families in this study concerns both the family schema (the ethnic beliefs and values held by the family) and the family’s paradigm (the beliefs about patterns of family functioning). Families were able to change their paradigms with greater ease, as evidenced in changes to the family structure, role allocation, power relations, etc. However, the family schema was less malleable, and the traditional ethnic values and beliefs regarding disability continued to exert an influence on the family paradigm, which in turn influenced the family’s adaptation to the stress of having an autistic child.

Family paradigm is similar to or equivalent to Patterson and Garwick’s (1998) notion of ‘family identity’:

How a family defines itself is reflected in both its structure (who is in the family) and its functioning (the patterns of relationship linking members to each other). Implicit rules of relationship guide family members in how they are to relate to each other. These rules include (1) definitions of external boundaries (who is in the family) and internal boundaries (for example, encouraging subsystem alliances), (2) role assignments for accomplishing family tasks, and (3) rules and norms for interactional behavior. (p. 76)

**Family Appraisal Process Level 2: Situational Appraisal (CC)**

Situational Appraisal is defined as (McCubbin et al., 1998):
The family’s shared assessment of the stressor, the hardships created by the stressor, the demands upon the family system to change some of its established patterns of functioning. The appraisal occurs in relation to the family’s capability for managing the crisis situation. (p. 46).

While the family paradigm focused on the family’s functioning in general, situational appraisal focuses on the specific stressor in general, that is on the stressor itself as well as those factors which are contingent on the stressor, including the family’s resources for managing the stressor, the other hardships and strains which the stressor causes, etc.

**Family Appraisal Process Level 1: Stressor Appraisal (C)**

Stressor appraisal is equivalent to that described in Hill’s 1949 ABCX Model (see Figure 3.1), viz the family’s definition of the stressor and its severity. It is narrower in focus than Situational Appraisal. Stressor appraisal focuses principally on the stressor itself, while situational appraisal broadens the focus to other factors contingent on the stressor.

Stressor Appraisal is not reflected in the Adaptation Phase of the Resiliency Model (see Figure 3.6) because by that stage the family is having to deal not only with the initial stressor (as in the Adjustment Phase), but also a host of other related stressors which together comprise the situation (McCubbin et al., 1998). Indeed, part of the distinction between the Adjustment and Adaptation phases is the shift in focus from (1) trying only to get rid of the stressor with minimal impact on the family system (in the Adjustment Phase) to (2) trying to deal with the stressor in a more functional way, by making second order changes to the family system, which has many more ramifications for the family system as a whole (in the Adaptation Phase). It is because the family has to deal with a much larger scope of change in the Adaptation Phase that the higher levels of appraisal (paradigm, coherence and schema) become involved.

**The Process of Appraisal**

Not all five levels of stressor appraisal are activated every time a family encounters a stressor. The nature of the stressor influences which levels of appraisal are used. Stressors that “call for predictable and straightforward responses” tend to use fewer and lower levels than stressors which “the established patterns of family functioning are not adequate to manage” (McCubbin et al., 1998, pp. 46-47). In the case of a less stressful
situation, the first three levels of family appraisal (stressor, situation and paradigm) may be activated to assist the family in adapting to the stressor and its various consequence.

In the case of a more profound stressor, such as the birth of a child with a physical disability or the destruction of the World Trade Centres in September 2001, the family’s existing patterns of functioning (paradigms) will be inadequate to help the family adapt. Furthermore, the crisis may precipitate changes in the family’s sense of coherence and the family schema. These higher orders of appraisal are indispensable for helping a family incorporate and adapt to the fundamental changes that are required in the family system.

This process can be described as follows (McCubbin et al., 1998):

Working backward from the initial stressor, family situational appraisals are first called into action by the demands of the crisis situation, challenging the way the family will function. Family routines will likely be altered; family roles related to providing physical care will need to be reexamined; family paradigms, which have served as the family framework to guide, affirm, and reinforce the established patterns of family functioning, will be challenged and called into question; and newly instituted patterns and accompanying roles and expectations will emerge. New paradigms will also emerge to reinforce and legitimate the new patterns of functioning – a necessary process to provide family stability and predictability. The family’s sense of coherence, always available as a dispositional resource to facilitate adaptation, will be of greater importance in fostering the family’s world view in the face of this adversity or challenge. The family’s sense of coherence allows the family to maintain their confidence that the world is comprehensible, manageable, and meaningful. Thus the family’s level of coherence shapes the degree to which the family transforms its extant or potential resources into actual resources and thereby facilitates the creation of new patterns of functioning, promotes harmony and congruency, and fosters coping and adaptation. Because the family’s established patterns of functioning are threatened, the family’s schema, the hub of the family’s appraisal process, is also involved. … culture and ethnicity may play a critical role in helping the family derive meaning by placing the family’s situation into a broader set of values. This new meaning may result in the family framing the crisis situation as less threatening when viewed over time, when viewed in the context of the cultural acceptance of all children in the community, when viewed as a spiritual challenge, and when viewed as part of the natural ebb and flow of nature. This family world view may foster the adoption of new patterns of functioning and coping. When combined with the three other central processes of appraisal (coherence, paradigms, and situational appraisal), the family’s schema serves the family unit by fostering the creation of the family’s unique identity and enhancing the development of the family’s sense of coherence. (pp. 47-48)

Patterson and Garwick (1998) note that changes in the family’s appraisal processes can occur both up and down the levels. For example, if the child in a family is diagnosed with a chronic illness, the family may begin to process this crisis through the meanings derived from the family schema, so as to locate the crisis within a broader and more transcendent context. The family’s patterns of functioning will need to adjust, with a
concomitant adjustment in the family paradigm or identity. The changes in functioning will, in part, be guided by the family schema. Should, for example, the family schema hold the value of families caring for themselves, the family may choose to raise the child themselves, whereas if the schema saw the disabled as an intrusion and as needing professional care, the family may choose to place the child in a special home (see McCubbin et al., 1998). If, however, the family directs a “disproportionate share of their resources toward the illness needs, reducing resources needed for normative family needs,” the family may change its identity to that of an ill family (e.g. “the diabetic family”) (Patterson & Garwick, 1998, p. 85). In such a case, the change to the family’s paradigm will precipitate a change in the family schema, whereby the family redefines its goals, values and purpose in terms of the illness. “The illness [then] becomes the center-piece for organizing all family activity” (ibid.).

It can thus be seen that the process of influencing change within the family appraisal process is reciprocal and flexible. However, the higher up the order of appraisal processes one goes (from stressor appraisal to family schema), the more intransigent the process becomes. Consequently, it is more likely that the family schema and coherence will provide stability for a family system and influence the way families handle specific stressors and the resultant situations. When families are exposed to fairly severe or prolonged stressors, the family schema and coherence may be shaken but will probably recover or may shift somewhat. When families experience catastrophic or profound and prolonged stressors, the family schema and coherence may disintegrate and a new schema will gradually take its place.

3.5.5.18 Family Problem Solving and Coping (PSC)

Family problem solving and coping, “the process of acquiring, allocating, and using resources for meeting crisis-induced demands,” was discussed in the Adaptation Phase of the Resiliency Model (M.A. McCubbin & McCubbin, 1996, p. 49). “Coping and problem solving may be directed at the reduction or elimination of stresses and hardships, the acquisition of additional resources, the ongoing management of family system tension, and shaping the appraisal at both the situational and the schema level” (ibid., p. 50).
3.5.5.19 Research on the Resiliency Model

The work of McCubbin and colleagues involves three closely interwoven processes, viz theory and model development, scale development and empirical research. It seems that their research leads to the formulation of new concepts and hypotheses, which are then tested empirically, which itself often requires the development of a new scale, which then confirms the hypothesis, which leads to the formalization of theory. There is, consequently, a great deal of research to support and guide the various models of family resilience presented here and a complete review of this data is beyond the scope of this document. A few representative findings can, however, be highlighted:

- A test of the Double ABCX Model with 288 military families relocated from the USA to Germany in 1983 (Lavee, McCubbin, & Patterson, 1985, p. 821) found that over 90% of the variance in family adaptation ($x_X$) (operationalised as well-being, satisfaction with the Army family lifestyle and family distress in terms of health, emotional, marital and legal problems in the family) was accounted for by the following five variables:
  - Relocation strain ($a_A$), measured as strain related to leaving home and strain related to adjusting to the new country;
  - Family life events ($a_A$), measured as the severity of major life events in the family in the year prior to relocation;
  - Family system resources ($b_B$), measured as family cohesion, family adaptability and supportive communication;
  - Social Support ($b_B$), measured as community support (feeling supported by the community), friendship support (feeling supported by friends) and community activity (participating in community activities); and
  - Coherence and Meaning ($c_C$), measured as the degree to which the family perceives a positive Army-family fit, the predictability of the immediate future of work and family schedules, and the feeling of commitment to the Army lifestyle.

- A study of 1,251 American families (Olson et al., 1988, p. 32) in terms of the Circumplex Model found that connected-flexible families, which are elsewhere referred to as the Versatile Family Type (McCubbin et al., 1996), experienced the greatest well-being and the lowest intrafamily strains, even though they did not experience significantly fewer stressors/transitions. Overall, Versatile and Bonded
families did better than Fragile and Pliant families, indicating the importance of family cohesion (Olson et al., 1988, p. 34).

- Further analysis of the data from the previous study (Lavee et al., 1987, p. 867) demonstrated that stressful events (losses and illnesses) and normative family transitions increase intrafamily strain, that family strain influences marital adjustment and sense of coherence, and that family strain, marital adjustment and sense of coherence influence family well-being. In total, 58% of the variance in well-being was explained by the other variables (ibid., p. 869).

- Research on the family typologies yielded the following results (McCubbin et al., 1996, chap. 2):
  - Regenerative families, in comparison with Durable, Secure and Vulnerable families, “indicated a more positive family adaptation as reflected in the areas of Family Satisfaction, Marital Satisfaction, Child Development Satisfaction, Family Physical and Emotional Health, and Community Satisfaction, as well as in overall Family Well-being” (p. 69).
  - Versatile families, in comparison with Pliable, Bonded and Fragile families, “indicated a more positive family adaptation as reflected in the areas of Family Satisfaction, Marital Satisfaction, Child Development Satisfaction, and Community Satisfaction, as well as in overall Family Well-being” (p. 73).
  - Rhythmic families, in comparison with Structuralised, Intentional and Unpatterned families, "indicated a more positive family adaptation as reflected in the areas of Family Satisfaction, Marital Satisfaction, Child Development Satisfaction, and Community Satisfaction, as well as in overall Family Well-being” (p. 77).

- In a study of 150 Native Hawaiian families (McCubbin et al., 1998), community social support contributed to both family hardiness and family schema, family schema contributed to family coherence and problem solving communication, coherence contributed to hardiness and problem solving communication, hardiness also contributed to problem solving communication, and problem solving communication in turn contributed to family functioning.

Much of the research on military families and deployments that will be addressed in chapter 8 is based on and helped to shape McCubbin’s family resilience models and will not be dealt with here. The Resiliency Model, the latest in the evolution of the models, has been widely tested on various ethnic groups, particularly native Hawaiians, native
Americans and African-Americans (McCubbin, Thompson, Thompson, & Fromer, 1995a; McCubbin, Thompson, Thompson, & Futrell, 1995b).

McCubbin and colleagues have published the scales they have developed to measure the various constructs they have developed in their theoretical models (McCubbin et al., 1996). These scales were listed in a previous section on the measurement of family strengths (Section 3.4.2).

### 3.6 CONCLUSIONS

Although it may have appeared that the field of family resilience theory was nascent, this chapter will have clearly illustrated that there is a strong history of several decades of research and theory concerning family resilience.

Some of this research has tended to view the family merely as a context for developing individual resilience, while other research has tended to consider only factors that impact on the group of individuals called a family. Much of the literature covered here, however, particularly concerning the models of family resilience developed by Hill, Burr and McCubbin and associates, has demonstrated a commitment to seeking to understand the resilience of families as a unit of investigation.

The complications of measurement remain largely unresolved. Most of the scales that measure aspects of family resilience endeavour to tap into family constructs through the formulation of family-oriented questions. There remain, however, no clear guidelines for collecting, analysing and interpreting data from multiple family members.

The criticisms of the field of individual resilience (Section 2.11) have been largely resolved:

- Firstly, family resilience considers interpersonal and intrafamilial factors, not intrapsychic. There is more attention paid to systems issues, including the goodness of fit between member and family, and between family and community. In this way, the social work principle of person-in-environment is more fully addressed.

- Secondly, family resilience theory and models point more clearly towards clinical utility. Perhaps because the resilience factors are not located within the individual psyche and because they do not develop in the first years of life, family resilience factors are more amenable to intervention. It is more possible, for instance, to
develop a family’s support systems, patterns of communication and cohesion, than to
develop an individual’s sense of coherence, hardiness or sense of self-efficacy.