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Family Stress

An Overview

The Russian novelist Leo Tolstoy began his book *Anna Karenina* with these famous words: “All happy families are all alike; each unhappy family is unhappy in its own way” (1877/2001, p. 1).

Unlike Tolstoy, we focus on stress, not unhappiness; yet, our core premise about *difference* is the same. That is, distressed families are different in their own way, even within one community or culture. Each family’s process has unique qualities. Values and beliefs often vary so that what distresses one family (or family member) may not distress another. While there are similarities among families, we focus, as did Tolstoy, on the differences that exist among troubled families.

In this chapter, we introduce and define the concept of family stress and its linkages, which comprise the Contextual Model of Family Stress (CMFS) conceptual model introduced in Chapter 2. When providing the fundamentals of any theoretical model, our assumptions must be stated at the outset:

1. Even strong families can be stressed to the point of crisis and thus immobilized.
2. Differing cultural values and beliefs influence how particular families define what is distressing and how those families derive meaning from what is happening.
3. The meaning people construct about a stressor event or situation is often influenced by gender, age, race, ethnicity, and class.
4. Mind and body are connected. Psychological stress can make people physically sick. This process can affect whole family systems.
5. Some family members are constitutionally stronger or more resilient in withstanding stress than others.

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6. It is not always bad for families to fall into crisis; someone may have to hit bottom in order to recover; those who fall apart may become strong again, even stronger than they were originally.
7. Not all families with high stress are in trouble. Some enjoy and seek high stress if, for example, they enjoy competitive sports, risky work, or living on the edge.
8. Not all family stress is bad; stress can keep family systems alive and exciting.

Given these assumptions, we proceed to define family stress, explain the challenge of defining “family,” followed by personal accounts from each of the coauthors. Who is our family? What is the context in which we live? You will see differences between the three of us, but those differences enable us to shed a broader light here on the topic of family stress management. We begin with definitions.

Defining Family Stress

Extrapolating from medical, sociological, engineering, and psychological disciplines, we define *family stress* as a disturbance in the steady state of the family system. Such disturbance may emerge from the family’s external context (e.g., war, unemployment, hurricane), from the internal context (e.g., death, divorce), or from both simultaneously. In any case, the family system’s equilibrium is threatened by change. Such destabilization can have a positive or negative impact on families, often influenced by the types of stress (e.g., volitional or unwanted, clear or ambiguous, predictable or unforeseen). Each influences the valence of impact in a different way. Even with unexpected catastrophes, many families have the capacity to bend with the pressure and grow stronger from the experience. Boss observed such resilience in New York City after the September 11, 2001, terrorism that demolished the Twin Towers of the World Trade Center; in the Gulf States after Hurricanes Katrina and Rita in 2005; and in Fukushima, Japan, after the 2011 triple disaster of earthquake, tsunami, and atomic meltdown.

Using the engineering metaphor, family stress is likened to a force pressing, pushing, or pulling on the family structure. Although this force can originate either inside or outside the family system, it is the pressure inside the family system that indicates the level of stress. Like an engineer inspecting a bridge for stress from the increased weight it must bear, or a physician checking an individual’s health for an increase in blood pressure, a family therapist or researcher assessing family stress searches for (1) lowered performance in the family’s usual routines and tasks and (2) the occurrence of physical or emotional symptoms in individual family members. If just one pillar of a bridge is weak, the whole bridge is strained. The same is true for families. When the level of stress increases on the family’s structure, the lowered performance in family roles and increased psychosomatic symptoms signal danger.

To repeat, family stress does not have to result in trouble. A high-tension bridge, for example, is intact and functional despite the tension. Some high-tension families also remain solid and functional. Like the bridge, such families have flexibility and “sway” so they are able to avoid collapse. In highly stressed but functional families, we see flexibility in family rules, roles, and

problem-solving skills. They are able to change often to adapt to the situation at hand. There is continuing assessment and negotiation between pressures and supports. Such flexible family systems can withstand high pressure because in addition to having supports and strength, they also have the ability to sway under pressure. This bridge metaphor should be kept in mind to better understand family stress management.

In addition to being flexible and resilient, many families may simply enjoy more stress than others. They may become bored without a constant string of stressful events to excite them or thrive on the challenge of facing and solving difficult problems. Such families may seek out new stressful activities. They may like to move frequently, travel often, seek out competition, and participate in a variety of challenging activities and do so without negative effects. We think of families of Olympians who encourage and enjoy the high competition of risky sports, like snowboarding. They thrive on competition. We see a competitive spirit in the arts as well, but added stress comes when life-threatening risk is involved, such as with astronauts or adventurers who dare to explore new frontiers. This characteristic of proactively seeking stress indicates the importance of assessing the family's perception or appraisal of a stressor event or situation. We must value rather than pathologize such people because society often benefits from their daring risk taking and desire for change.



Source: Gordon Smuder.

Overall, stress in couples and families is normal and, occasionally, as the cartoon with the trapeze artist shows, even fun and desirable. Stress is also inevitable because people (and therefore families) develop, mature, and change over time. With any change comes disturbance—what we call stress. Family routines change, patterns of interaction change, and people enter and exit the family system (Boss, 1980a; also see Table 5.1). Some are born, some die, some marry, some divorce, and some simply leave or return home. Others may uproot to faraway places or transition to another gender. In the larger social context, change also happens. The Great Depression, World War II, the civil rights movement, the women’s movement, the searing polarization caused by the Vietnam War, the Gulf War/Operation Desert Storm, War on Terrorism campaign, domestic terrorism, school shootings, the financial crash of 2008 with unemployment lasting for years, the housing crash, 9/11, Hurricane Katrina, murders, and the increasing division between rich and poor—all create changes in families. Stress results—some positive, some negative, or both—but in any case, the steady state of the family is disturbed and requires coping and managing to remain resilient.

Defining Family

In this book we continue to define family as a continuing system of interacting persons bound together by processes of shared roles, rules, and rituals, even more than shared biology. While Ernest Burgess (1926), one of the original family social psychologists, defined family as “a unity of interacting personalities” (p. 5), we add that these personalities must have a history and future together. In our definition of families, we place as much (and sometimes more) emphasis on the sharing of family rituals and celebrations (weddings, birthdays, graduations, holidays, funerals, etc.) as on the sharing of genetics. Why? Because we recognize that, in our mobile society, biology is not the single determinant of who is family. Children of divorce and remarriage; foster children; adopted children; lesbian, gay, bisexual, and transgender (LGBT) family members; and family caregivers may be most aware of their need for what Boss calls a “psychological family” (Boss, 2006, 2011)—a family of choice comprised of people you care about and want to be with for the rituals and events of joy as well as sadness. In addition, children of divorce and remarriage may be comforted by not having to choose between mom or dad’s families with what divorce researcher Ahrons calls the binuclear family (Ahrons, 1994; Ahrons & Rodgers, 1994). As you can see, our definition of family emphasizes process and function more than structure (Boss, in press). Researchers find that “what matters in families is what family members do and how they relate, rather than how they are composed” (Arnold, Lucier-Greer, Mancini, Ford, & Wickrama, 2015, p. 16). In military families, for example, adolescents “thrive in a variety of family forms” (Arnold et al., 2015, p. 18) if there are healthy family processes. It appears that family process trumps family structure.

Clearly, our definition of the family runs counter to the definition of family that was popular in the 1950s. (For review, see Coontz, 1992, 1997, 2006.)

Back then, the normal American family was the isolated nuclear unit with a father and mother, married, living with their offspring under one roof, with father earning the living and mother at home caring for children and in charge of meal preparation and housekeeping. That form of family is now in decline, so some are reluctant to continue calling it the keystone of American society. On the contrary, it is a diversity of family structures that allows the adaptability and flexibility necessary for the *survival* of families across cultures.

An Example of Diversity in Family Structure: Grandparents Parenting Grandchildren

However families define themselves, most are flexible enough to find solutions to their problems. Yet, sometimes, narrow definitions of family prevent such coping. For example, in 1973, Inez Moore, a 62-year-old grandmother in East Cleveland, was actually arrested for violating the city's housing ordinance because she took into her home her divorced son and his little boy, plus her other grandson from her widowed son. Although this absorption of two nuclear families by a grandmother helped to relieve the stress caused by death in one family and divorce in the other, it did not fit the city's narrow definition of family.

Today, the U.S. Census recognizes that many grandparents are parenting their grandchildren. In 2013, about 2.7 million grandparents were responsible for one or more grandchildren (U.S. Census Bureau, 2015). New York offers Grandparent Family Apartments (a housing project provided by Presbyterian Senior Services, West Side Federation for Senior and Supportive Housing, and New York City Housing Authority), designed specifically for grandparents raising their grandchildren. To use the program, the grandparents must be at least 62 years old and have legal custody of their grandchildren (PSS/WSF Grandparent, 2016). Although this is a very unique housing program, it does reflect society's changing views of what defines a family.

Social work researchers Jan Backhouse and Anne Graham (2013) found that grandparents in Australia who are fully parenting their grandchildren experience high levels of stress as they grieve over losses: (1) the loss or incapacitation of their adult child, causing feelings of sadness, frustration, fear, and disappointment and (2) the loss of their dreams of being traditional grandparents with traditional grandparent-grandchild relationships. Thus, instead of playing the role of confidant or friend, they are providers and disciplinarians. Their dreams of indulging and spoiling their grandchildren and then handing them back to their parents are lost. One grandparent explained that handing them back is not an option, nor is taking a break (Backhouse & Graham, 2013). Instead, these grandparents are trying to help their grandchildren cope with the loss of a parent or parents, and some of these grandparents are coping with guilt regarding their failure to raise well-functioning adult children. Many grandparents taking care of their grandchildren reported the loss of their dreams for the future such as retirement plans, as well as the loss of friends and previous social activities. Such social isolation did not characterize those grandparents living in the Grandparent Family Apartments in New York. On the contrary, grandparents there felt as though they were part of a community.

One stated during an interview with CBS News (2011, April 4) that “we take care of one another” and “stick together” like a big family.

In 2012, Deanne Stein, a reporter from News 9 in Oklahoma, interviewed a grandmother on Grandparents’ Day. The grandmother raises six grandchildren (3 to 10 years old) and was playing in the park with them while being interviewed; she pushed a granddaughter in a swing and caught a grandson as he slid down a pole. She said that hers was not a grandmother role. It was challenging because every minute was for her grandchildren, and they did not seem to rest so she used a lot of energy keeping up with them. She said, “They don’t go home; they are at home.” She embraces her role with no regrets (“Many Oklahoma Grandparents,” 2012).

Defining the family only structurally, and as a nuclear structure, does not fit the reality of many American families who must find their own way to manage stress and solve their problems. We cannot support the idea that only one kind of family is normal and only one way of managing stress is right. We thus present here a less monolithic view of the family and a more inclusive family stress theory to account for the rich diversity in American families. Families today are defining themselves in multiple ways, so instead of one normative structure, we focus on family function; that is, what families actually do in their daily lives in relation to themselves and in relation to their surroundings. Are the children being fed and taken care of, socialized, educated? Is a safe place for growth and development provided? Are there close yet appropriate generational relationships with caring and support for one another? You may know of other functions. Researchers and clinicians now see that families can perform these essential functions in more than one way, thus explaining why we define families by their function and process (what they do) more than by their structure.

What Were Our Own Families Like?

As the three of us began this third edition of *Family Stress Management*, we became aware that for each of us, family has meant more than an isolated nuclear family. We each have a very different story about what family was for us:

Pauline Boss grew up in an immigrant family in the midst of the Great Depression. She writes,

I grew up in a Swiss American extended family living on a farm in southern Wisconsin. Everyone in our rural Wisconsin neighborhood was poor, so there was no stigma. In the evening, my parents sang or played games with us; kids played ball and helped with chores during the summer—and went skiing on skis my father made in the winter. Our one-room country school served as the community-gathering place for holidays and special occasions. In addition to my parents and siblings, our family included my grandmother who did not speak English, uncles, hired hands, and even the country schoolteacher if there was a blizzard. We all lived in a big white farmhouse—with no electricity until in 1938 the Rural Electrification Act finally reached us. Yet my childhood was happy. When we moved to town, I loved school, did well, and my parents borrowed money to send me to

university. In the fall of 1955, just before the Salk vaccine came out, tragedy struck our family: My little brother, Eddie, died of bulbar polio, spending his last days in an iron lung. I shall never forget this loss. More will be said about this family crisis in Chapter 2.

When my remaining two siblings and I married and left home, we continued to live within a 5-mile radius of the family home. Crossover between households was frequent. Children played with cousins, sisters cared for each other's babies, and grandparents helped out and welcomed grandchildren after school. Meals were often shared, and modest amounts of money were exchanged as gifts or rarely, given as a loan. In other words, my family's boundaries stretched into a modified extended family system so that although not all members lived under one roof, all were inside the family symbolically and by self-definition. Today, weddings, graduations, and holidays are still celebrated together even though family members are now scattered across the United States.

Chalandra Bryant, born 2 years before President Lyndon B. Johnson signed the Civil Rights Act of 1968, grew up in a tight-knit African American family—mom, dad, one sister. She writes,

While my father was stationed in Vietnam, my mother and I lived with my maternal grandmother in Florida. My mother's brothers (my uncles) filled in for my father while he was gone. They played games with me, took me on trips, met my teachers, and picked me up from school. I don't want to say that they babysat, because they did so much more. They were an extension of my father. The time that I spent with them during my early years of life helped us forge a very strong bond, and that bond has lasted through my adult years. After my father returned home from the Vietnam War, the three of us moved to Biloxi, Mississippi. My father was stationed at a military base there. When Hurricane Camille hit, we lost everything . . . everything. We sought shelter with an older African American couple who had befriended my parents. The husband, Mr. Dan, cut a hole in the ceiling of his home so that we could sit up in the rafters as the floodwaters rose. Mr. Dan and his wife felt like family, but I knew we weren't related.

My uncles helped us move back to Florida after Camille. My parents bought a mobile home, and we started over. My sister was born shortly thereafter. She and I spent a lot of time at my grandmother's house while my parents were at work. My grandmother's house was always filled with family. Every Easter egg hunt, backyard barbecue, fish fry, and Thanksgiving celebration was centered around her home until her death. Losing her was devastating; she was the family storyteller, the keeper of our history. My uncles still take care of her house. They still grow vegetables in her backyard and share them with the neighbors. It is just much quieter now.

Jay Mancini was raised by a father who was a Bronze Star recipient in World War II and a mother who spent her career supporting college faculty and their students. His extended family was comprised of Italian-Americans and family members of Scot-Irish descent. He writes,

I was born in 1949 to an Italian father and a Scot-Irish mother (she was a Robinson). I am an only child. My father lived until I was 12, and my mother until I was 55. For the first 7 to 8 years of my life we lived in Marcus Hook, Pennsylvania, a modest town along the Delaware River (and about 12 or so miles from Philadelphia), where my father owned a barber shop (his father was a barber who arrived in the United States around 1911, from the village of Veroli, Italy). For a time, my mother ran a candy shop next to the barber shop. So the shop was on Market Street on the first floor, and we lived in the apartment above it. Several years ago, the apartment/shop was condemned and razed.

Among the other Italian families in the neighborhood, in addition to the Mancinis, were the Iacones and the Montellas. My father, Giulio (later called Jay), was one of seven children, so there were many cousins. My mother, Vetra, was one of two living children, so there were fewer relatives by blood and two first cousins. My mother was born in Elliott Island, Maryland, not far from Cambridge. I was very close to my mother's mother, Lillian ("Maw," one of those curious words we call our grandmothers), and my mother's grandfather, Geary ("Pop" Gray). During my early years, parts of every Sunday were spent with my father's parents (Vincenzo, called "Jimmy the barber," and Concetta, at their row home), siblings, and the cousins, and those times were memorable because of the Sunday and holiday feasts and the attraction of hearing Italian spoken. I was also close to my father's younger brother, Joseph (who was called Ben).

Along the way, I had several other "relatives," defined by closeness and interaction rather than by birth. I grew up in an environment where we took people in on occasion and treated them as kin and also were taken in by others on occasion and treated as their kin. Until I went to New York to college in 1967, my geographic world was about a 20-mile radius from where I was born. I recall an upbringing where we did things for others.

These are our stories. What is yours? Families today are diverse, so we now use the term *family* to mean an extended system even if members do not all live under one roof. Parents, grandparents, sisters and brothers, aunts and uncles, nieces and nephews, and cousins, as well as persons not biologically related—friends, in-laws, steprelatives, godparents, foster parents, foster children, and even unrelated persons who live and grow up within a family (e.g., nannies) or who join in later life (e.g., caregivers)—all may be considered family.

While generations of family members may be spread throughout the United States and beyond, living in single-family homes, condos, dormitories, apartments, or in the military, they continue to keep in touch via telephone, e-mail, and social media, or visits by airplane, train, or automobile. Despite distance, happy events can be shared immediately via Twitter, Facebook, or telephone, and if there is a crisis, such messages often result in regrouping for support, in person or psychologically. These are common means of family stress management, and they overcome the challenges of geographic separations. Surprisingly, however, recent data show that the typical American lives 18 miles from his or

her mother (Bui & Miller, 2015). What these data suggest is that the modified extended family is alive and well today in the United States.

General Systems Theory: The Family as System

Hans Selye (1978, 1980), a Canadian physician, was the first and most prolific researcher to study stress from a systems perspective. He focused however on the system *within* the human body. In groundbreaking research, he found stress to be “the common denominator of all adaptive reactions in the body” (1978, p. 64). In this book, however, we focus on a larger system—the family system.

Families are living organisms. This means that they are systems with interdependent parts. They have a structure with boundaries to maintain and functions to be performed, thus ensuring the system’s growth and survival.

Systems theory states that the system is greater than the sum of its parts. In families, this means that the collection of family members is not only a specific number of people but also an aggregate of particular relationships and shared memories, successes, failures, and aspirations. Each family has a special unity of its own. The unique systemic strength that mobilizes a family is often observed when one of its members is in trouble. That family becomes more than the sum of its individual parts, taking on an extra power, like strands of steel bound together in one huge cable that holds up a suspension bridge. Joining forces and pulling in the same direction helps many families through adversity.

Sometimes sharing the same vision can be destructive rather than constructive. This is illustrated in the 2006 movie *Bug*, where Agnes, a lonely waitress, has escaped her abusive exhusband but now faces the stress of losing her young son, who has gone missing. Agnes’s coworker tries to be helpful by introducing Agnes to Peter. They become a couple—of sorts. Peter tells Agnes that while he was in the Army, he was subjected to horrific scientific experiments that left him infected with bugs. He informs her that she, too, is probably infected and fills the room with fly catchers and bug zappers. He constantly slaps his body as if swatting bugs that only he sees. He uses sharp objects to extract them from his body. Unfortunately, Agnes also begins to see bugs that no one else—except Peter—sees. Given that she was already in a fragile state when they met, she has joined in his delusion. Both die when they set the room on fire in an effort to destroy the bugs (Anderson, Burns, Huckaby, & Friedkin, 2006).

While this is just a movie, it illustrates that systemic views can become pathological—and deadly. Family therapists see this more often in families where there is incest, eating disorders, addictions, violence, and abuse. For the most part, however, families’ systems as a whole are not that delusional. Someone in the system is likely to have a different perception or vision—and then revolt. Practitioners and researchers must therefore use a systemic view of the family to see the full picture. This means that we assess families as a whole, as well as assessing their members, individually.

In family stress theory, a systems view helps us understand why one person has a particular response when he or she is alone but another when the kids come home from school, or dad comes home from work, or a noncustodial

parent arrives for a visit. In other words, the stress level of the whole is qualitatively different from the sum of its parts—the stress levels of individual family members. Alone, each person in the family may act cheerful and in control; together, they may create an atmosphere of tension tinged with anger, anxiety, or sadness. That is why holiday gatherings often end up more stressful than we expect. The whole is more (in this case, more tense) than the sum of its parts.

Family therapists, social workers, psychologists, nurses, and other medical professionals witness this powerful systemic quality when a seriously ill child becomes a parent's total focus. There is a ripple effect for the sibling or mate who now feels left out. A family member who feels neglected begins to distance himself or herself and perhaps act out to gain attention. A sibling may run away, or a mate may indulge in self-destructive behavior with alcohol or drugs or have an affair. Often, professionals and researchers examine only the person who is acting out, when in fact the stress is present in the whole family system.

All too often, the family's stress is vented in the behavior of one person, who becomes the scapegoat for a troubled and anxious family. To scapegoat one family member as the source of trouble is one way families protect themselves from having to recognize impending loss and change. Indeed, human systems tend to resist change, but stability is not always functional. A family may appear to be stable, but if even one member is depressed or anxious, the system needs to change. We thus face the dilemma of individual versus familial perceptions and meanings.

Symbolic Interaction as a Basis for Studying Perceptions and Meanings

The perceptions and meanings of a stressor event are central constructs in our contextual approach for working with family stress. The conceptual perspective is *symbolic interaction*, a school of thought in social psychology.¹ It focuses on interaction within a family and on symbols of interaction, such as language or rituals (Bowen, Martin, & Mancini, 2013; LaRossa & Reitzes, 1993). The idea is that a distressed family constructs a symbolic reality based on shared meanings and role expectations inside the family. Those shared meanings, however, are influenced by the world outside the family: the community, society, and culture.

This larger context provides the “shoulds” and “oughts,” which are technically the norms and mores for communities and individual families. From the symbolic interaction perspective, a family's rules reflect the rules of its larger community context. But when a family belongs to a larger group that defines the family differently than they do, the family experiences even more stress because they cannot solve their own problems, as the Tolstoy quote at the beginning of this chapter suggested, “in their own way.” While “believing is seeing” makes the point that meaning-making shapes all that is to come in the stress process, we also make the point that while perception matters, it is not *all* that matters (Boss, 1992). Realities come to families in the form of diagnoses, medical documentation of illness, disability, or abuse; arrests for drunken driving; death certificates; school grades; employment and income—or lack thereof—and so on. These are realities, not perceptions, that families often face.

In addition to the CMFS, the work by researchers Patterson and Garwick (1994) in the area of chronic illness and disability remains useful for practitioners today. These researchers conceptualized a family's meaning of a stressor on three levels: situational, identity, and worldview. While Boss focused on perceptions and meanings already in the 1970s, and Patterson and Garwick did in the 1990s, there is now increased acceptance of subjective data (perceptions, meanings, and appraisals), as well as increased value in the qualitative data gleaned from family stories and narratives. We are optimistic about this shift to meaning-making because often, especially when a stressor cannot be fixed (e.g., terminal illness, missing persons, death in the family, a lost job), the only window for change and management of stress lies in the family members' perceptions of that event—and the meaning they attribute to it.

The internal context of perception is difficult to measure empirically, but scholars have made progress in describing how people across cultures uniquely perceive and manage their troubles (Boss, Kaplan, & Gordon, 1995; McCubbin, McCubbin, Thompson, & Thompson, 1998; Robins, 2010; Zimmerman, Ramirez, Washienko, Walter, & Dyer, 1998). For this challenge, positivist methodologies and postmodernist inquiries are needed. See Chapters 4 and 5 for lists of quantitative and qualitative research articles.

Is There a Family Perception?

One of the arguments in family research, and thus in family stress research, is whether families have a distinctive quality apart from the individuals who comprise the family. Is there such a thing as a “family perception” or a “family response”? Is the family only a collection of individual perceptions or appraisals?

Researchers and clinicians report observing the phenomenon of a family perception (Garwick, Detzner, & Boss, 1994) or “family paradigms” (Reiss, 1981). Evidence indicates that families do indeed have unique systemic characteristics, and this unity produces a “family perception.” Family perception, as a variable, means that family members think collectively, that is, they see stressors in the same way and cope with stressors in the same way.

For the purposes of family stress management, a *family perception* is defined as the group's unified view of a particular stressor event or situation. One cannot get such a collective view without the family meeting together. Their collective voices and views must be analyzed as one. Garwick (1991) did this by analyzing family conversations as a whole, discovering that there was indeed a family-level perception of the situation. David Reiss (1981) was the first researcher to identify family paradigms (views of the world). Since then, the idea has persisted, especially with family therapists, nurses, and other family-centered practitioners who use family paradigms as a means of understanding how clients/families value and view their goals and resources for coping (Hidecker, Jones, Imig, & Villarruel, 2009; Paré, 1995). Today, the need for evidence-based therapy is benefiting from Reiss's early family paradigm approach (Stevens, 2013).

Knowing the collective paradigmatic view, however, does not preclude paying attention to each family member's individual perceptions. Both are needed. When, for example, a loved one dies from a catastrophic disaster or terminal

illness, suicide, or murder or in war, family members' views often diverge. Each has his or her own private interpretation of what happened. The goal, however, is that eventually, there will be some convergence of perceptions about what occurred and what it means, even if that meaning is that the loss will never make sense. That, too, is a meaning (Boss, 2006).

Sometimes, however, a collective family meaning is never reached, and such families often splinter after tragedy. In the book (and film) *Ordinary People*, written by Judith Guest (1976), Conrad's mother is unable to accept the fact that one of her sons drowned and the other has tried to commit suicide because he blames himself for his brother's death. The mother finally leaves because she cannot perceive the situation in a way that will move the family from crisis to coping and then change. She cannot grieve because she wants the family to stay as it has been; she makes her dead son's room into a shrine. His death was real, however, and has to be recognized and grieved. With the help of a wise therapist, the father and son move from crisis to change and even growth. But the mother, who refuses therapy, remains frozen in grief.

Problematic Perceptions

We also see entire families that remain rigid with troubling views, such as when a family denies the needs of a hearing-impaired family member, saying "He can hear when he wants to," or when a family makes the excuse, "Dad isn't an alcoholic; he just drinks to relax from his high-stress job." Or when a wife denies that her aging husband is experiencing symptoms of Alzheimer's and chastises him by saying, "You only remember what you want to remember." We also see such denial in families where there is an implicit agreement to ignore sexual abuse. No one speaks the truth about what is occurring. In such family systems, there is an implicit agreement, systemically, about what is considered real or normal, what is perceived as right or wrong, and the rules for what can and cannot be talked about. Sometimes, some family members change their perceptions of what is happening and the denial (or delusion) explodes into reality. This is when healing can begin.

Systems therapy can help formerly intolerant families change and become more inclusive. In other cases, if the family as a whole remains intolerant, the person who begins to see more options may have to leave. Some LGBT youth, for example, leave home (Cochran, Stewart, Ginzler, & Cauce, 2002). One study indicated that the top five reasons LGBT youth are either homeless or at risk of becoming homeless are that they (1) ran away because their family members rejected their gender identity or sexual orientation; (2) were forced out of their homes by their parents because of their gender identity or sexual orientation; (3) endured emotional, physical, or sexual abuse in their homes; (4) aged out of foster care; or (5) endured financial or emotional neglect in their homes (Durso & Gates, 2012).

What this means to family researchers and practitioners is that the focus on the family system should not come at the expense of bullying and extricating individuals from that system. Both individual and family data are needed if we are to understand family stress. While we strive overall for families as a whole without abuse, incest, battering, or violence, we must also strive for individuals

without depression, anxiety, suicidal ideation, addictions, or psychosomatic illnesses. Both levels—the family as a whole and family members individually—are critical to a meaningful family stress theory.

Sometimes, signs of everyday stress appear in an individual first and serve as an early warning that something is amiss with the couple or larger family system. A wise student wrote the following:

I know that I ride the stress-induced adrenaline rush only so long. I have been paying attention to my stress levels for a year now. I know that I start sleeping more, eating more, and just lounging around my house instead of running errands and getting things done. I am more prone to migraines, and I get muscle aches. When I notice myself experiencing these things, I take an hour or so to journal and I talk with my partner. I think that part of couples and families managing stress is for them to find out what their individual warning signs are and then deal with them.

Such personal self-reflection helps people to manage individual stress so that it does not spill over into systemic stress.

Other issues in family stress management that belong in an overview are two areas where cultural differences in beliefs and values can add to family stress. They concern racial and ethnic diversity and gender diversity. We begin with the former.

Diversity and Multiculturalism in Family Stress Management

The United States is a diverse society composed of people who have come from someplace else, voluntarily or involuntarily. The “melting pot” has not occurred in many areas of the country (Garreau, 1982). Consequently, American society is a collection of diverse family units creating a mosaic more than total assimilation. When family therapists, educators, and researchers work with distressed families, diversity and pride of heritage emerge. In the sections that follow, we explain biculturalism, minority stress, and acculturative stress.

Families may hold on to their cultural values and traditions while also finding themselves immersed (by choice or lack thereof) in the culture of the larger population or even in the various cultural contexts in which they live (Romero & Roberts, 2003). This brings us to the notion of biculturalism, which, although defined in multiple ways (Benet-Martinez & Haritatos, 2005; Berry, 1997; Schwartz & Zamboanga, 2008) is most typically defined as comfort and proficiency with (1) the culture of the region in which one resides and (2) one’s heritage culture. This does not simply apply to immigrants who moved from other countries. It pertains to the offspring of those immigrants. Even though those offspring may have lived in the receiving region their entire lives, they could still be rooted in their heritage culture, especially if their parents or other family members have steadfastly instilled in them their heritage culture (Portes & Rumbaut, 2006). Biculturalism also applies to people residing in ethnic enclaves,

because in such environments the preservation of heritage culture might be encouraged and supported. Other groups to whom biculturalism applies are people belonging to or self-identifying with discernable minority groups, such as ethnic or racial minorities (Schwartz & Unger, 2010). Some believe that simply being a minority can be stressful.

Minority Stress

The term *minority stress* is used to describe psychological stress developed as a result of being subjected to minority status (Brooks, 1981; Meyer, 1995). More specifically, it refers to the juxtaposition of minority and mainstream values and the subsequent struggle that occurs between the social environment and individuals in the minority group (Meyer, 2003; Mirowsky & Ross, 1989; Pearlin, 1989). Not only must members of minority groups contend with negative social attitudes, but they are also stigmatized; as a result, they are subjected to chronic stress. Minority stress can be explained by theories such as *symbolic interaction* and *social comparison*, which view the social environment as the avenue through which individuals attain meaning and understanding of their world and their experiences (Stryker & Stratham, 1985).

Social psychological theories can also be used to explain the impact of stigma and negative social attitudes on individuals. Stigmatized individuals develop adaptive and maladaptive responses to cope with the stigma, and these responses may include the development of poor mental health. The angst between individuals and the manner in which they experience their society has been described as the essence of all social stress (Lazarus & Folkman, 1984). This, too, lends credence to the concept of minority stress. High levels of minority stress have been linked to acculturation (Saldana, 1994). One just needs to pay attention to the daily news to see evidence of it still today.

Acculturative and Bicultural Stress

Acculturative stress is stress resulting from the process of adapting to a new culture (Berry, 2005, 2006). It was through research on acculturative stress that the idea of bicultural stress emerged (Berry, 1980, 1997, 2003). In light of the melting pot notion perpetuated in the early 1900s in the United States, it was assumed that a person assimilating (or melting) into a new culture should/would give up his or her heritage/native culture (Keefe & Padilla, 1987). It was also assumed that assimilation would be hindered if an individual attempted to hold on to his or her specific culture, and that, in turn, would result in increased cultural stress and mental health problems for immigrants; essentially, good mental health was associated with assimilation (Keefe & Padilla, 1987; Pena, 2003; Stonequist, 1961).

The Stress of Discrimination and Racism

These are salient issues because discrimination has been, and remains to be, a pervasive component of life for a number of racial and ethnic minorities in

the United States and other parts of the world (Alamilla, Kim, & Lam, 2010; Brody et al., 2006; Major, Quinton, & McCoy, 2002; Murry, Brown, Brody, Cutrona, & Simons, 2001; U.S. Surgeon General, 2001). Experiences of discrimination and racism contribute to poor mental and physical health (Brondolo et al., 2008; Hilmert et al., 2014; Lukachko, Hatzenbuehler, & Keyes, 2014; Moradi & Risco, 2006). Thus, experiences of discrimination are a form of stress (Bryant et al., 2010; Peters & Massey, 1983).

Families of color, targeted ethnicities, or same-sex or transgendered couples are often pressured by a hostile external context and by internalized perceptions of less worth. Prejudice, intolerance, and bigotry are external stressors that exacerbate stress, creating needless vulnerability. The additional and chronic stressor of living in a hostile, stigmatized, and biased environment influences both individual and family perceptions of everything they experience. Regardless of class, this extra layer of stress is experienced by many today, as recounted here by real persons:

Person A: A Middle-Class Professional Black Male

Each day discrimination presents itself to me in the form of ongoing “double marginalization,” first as a member of the Black race, then as a Black male. When not confronted by direct violence, I feel as though I’m walking along that line painted down the center of a highway—dealing with two sides of discrimination experienced by Black men. One side simply ignores my presence, because to acknowledge me is to admit I exist. These behaviors involve interacting with me but only after long delays—long delays in getting service in public establishments or businesses and getting cut off as I’m walking or even having people cut in front of me as I stand in line. On the surface these behaviors simply seem rude—until you see patterns. Then it seems purposeful . . . intentional. Historically, rude behavior toward Black men always had a level of social acceptance and even political correctness.

On the other side of that line painted down the center of the highway, I go from being invisible to overly visible. Call it the “What is that Black man doing here?” effect. This behavior involves overtly monitoring me when I enter a public establishment, to the extent that whoever is with me will notice as I/we are followed in stores. This extends to not getting a taxi. I watched a taxi cab drive past me two blocks, pull over, and pick up a White woman. Profiling lives.

What did I do? Kept hailing a cab until I got one, because persistence and insistence are my weapons of choice.

Sadly, and to the detriment of my health, my discrimination radar is always on.

Person B: A Middle-Class Black Female

When I was in grade school, perhaps fifth or sixth grade, I became close friends with a girl named Annie. Annie and I just clicked, and we frequently ate lunch together and often worked on in-class assignments as a team so that we could be with one another. One Friday, I suggested to Annie that we hang out over the weekend some time. Annie said, “I would like to, but you can’t

come over to my house. A long time ago, two Black guys broke the windows out of my parents' front porch. They hate Blacks. My parents wouldn't allow you to come over to my house." My young mind knew that that was wrong, but my solution to the problem was that Annie could just come over to my house. So, that evening, I approached my mother. "Mom, can Annie come over this weekend? I can't go to her house, so can she come to ours?" My mother asked, "Why can't you go to Annie's house?" I recounted the story Annie had shared with me. My mother admonished me for being friends with her, saying, "Her parents won't welcome you into their home to play with their daughter because you're Black. We're certainly not going to pretend that's okay. The answer is no. You don't keep friends that make who you are an issue. We've taught you better than that." I continued to be friends with Annie, but eventually, we grew apart. Our friendship was limited to inside the school walls. She could never attend a birthday or slumber party at my home; I could never be welcomed in her home.

That Same Middle-Class Black Female Further Noted

While in college, I worked a part-time job at a local shipping store. After approximately 2 years on the job, I was working a shift on a Saturday afternoon with a coworker. He noted that he had something to do right after work, so I offered to complete the closing process for him. He hesitated in his response and said, "No. I should do it. The owner asked me not to have you finish closing." I looked at him oddly and wondered what could explain this. I had been trusted to complete the closing process on plenty of previous occasions. I could sense from his nonverbal actions that something was amiss. He confided that the owner felt some concern about my race and asked him to always finish out the closing process. I was shocked and started to cry. I was confused. I had a stellar track record on the job for 2 years and thought I was a trusted employee. In the end, I allowed him to complete the closing process, as the owner had requested. After speaking with my parents who validated my concerns about the issues, I decided to quit the job and walk away from the situation. On the next business day, I approached the owner about the matter and informed her that I was resigning from my job. She tried to explain her decision, but I was not receptive to her reasoning. It simply did not make sense. The next day, my coworker who had confided in me also quit.

In terms of responding to discrimination, I normally weigh the situation at hand and decide whether to try to work the matter out with the person, stay silent about the matter and just keep that person at a distance in my interactions, or to cut my losses and walk away from the situation.

Person C: A Black Female Student

One of my first memories of discrimination was in the eighth grade. There was a Caucasian girl in my class who I thought was my friend. We were having a conversation one day about some topic involving school work. I think I made

a better grade on a test or something along those lines. She then made the statement, “You will never be as good as me. No Black person will ever be as good as me.” I didn’t understand because we were from the same neighborhood. I was so shocked and hurt that I said nothing to her. Those words have stuck with me since then. For years, I cowered in my classes because I was often the only Black person. I believed that all of my Caucasian classmates thought the same way as that girl, and I would never be smart enough. I continued to try to prove her and all of “them” wrong, but a large part of me still believed her. It wasn’t until I entered college at [a historically Black college and university], surrounded by other Black achievers like myself, that I started to rebuild that confidence. It took a long time. Fast forward to 2012, immediately following the reelection of President Obama. I was at a park enjoying the day and reading for one of my classes. A big SUV comes down the road and someone in it yells the N-word. I knew they were talking to me because I was the only [person] there. I will never forget that moment either but for a different reason. I never thought for one second that racism was dead or that it couldn’t happen to me anymore, but that moment let me know that no matter who I am or what I accomplish, some people are still going to see just another N-word.

These accounts are striking and provide vivid portrayals of the dynamics within the Contextual Model of Family Stress. As family experts, we strive to reduce such family stress, but we must begin with ourselves—our own biases and prejudices. As you read the narratives, did they surprise you? Or have you lived it and know it all too well in similar or other situations? In either case, we need to acknowledge and develop a better understanding of the stress of discrimination and racism before we can be of use to all families. Only after we see stressors through the eyes of families unlike our own, can we effectively assess and support without bias.

Gender and Family Stress

Studies about gender and family stress have historically found that women experience higher stress in marriage and family life than men. To learn if this is still true today, we briefly review research findings over time. Note how the changing social and historical context influences stress for women and men.

Trends in the 1970s

In the 1970s, sociologists Jesse Bernard (1971, 1972) and Gove and Tudor (1973) found women’s social roles to be more stress producing than those occupied by men. Researchers studying acute stressors found that although men and women did not differ greatly in number of undesirable life events experienced, women were significantly more affected emotionally (Kessler, 1979). This greater female vulnerability may also have been caused by post World War II strains in the social roles of men and women. Gove and Tudor (1973) argued that after working outside the home during the war (e.g., Rosie

the Riveter, a U.S. cultural icon that represented roles women assumed in factories and shipyards during World War II), women's position in U.S. society became less meaningful—and actually more stressful because they were now expected to return to the home. Based on evidence that more men than women were admitted to mental hospitals *before* World War II, and more women than men admitted *after* the war, it was proposed there was a *social construction of gender roles* that was influencing gender differences in stress outcomes (Gove & Tudor, 1973; Kessler, 1979).

Trends in the 1980s

In the 1980s, researchers continued to find that women's stress was primarily due to sex role socialization and the division of labor with women's roles restricted to the home. Sociologists Radloff and Rae (1981) found that women's socialization experiences produced susceptibility to depression through the learning of a "helpless" style of coping with stress. Other researchers found that women reported significantly higher rates of psychological distress than men (Al-Issa, 1982; Kessler & McLeod, 1984; Wethington, McLeod, & Kessler, 1987). According to Wethington and colleagues (1987, p. 144) this was because "the stresses in women's roles are more intense and persistent," and that "women are exposed more than men to acute life stresses which are centrally associated with their nurturant roles, and that this role-related difference is one important source of the mental health advantage of men" (Kessler & McLeod, 1984, p. 629). Women were "more affected emotionally than men not only by their own stressful experiences but also by the stressful experiences of the people they care about" (Wethington et al., 1987, pp. 144–145). This research pointed out the stressful bind for women in that "women's roles *obligate* them to respond to the needs of others" (Wethington et al., 1987, p. 145).

Sociologists also found married women to experience higher levels of stress than previously married women or women who have never married (Cleary & Mechanic, 1983; Fox, 1980; Gove, 1973). Sociologists Kessler and McRae (1982) and Pearlin (1975) attempted to understand what causes a social role to produce more or less psychological distress, but this was challenging because measures of chronic social role stressors and resources tended to be perceptual and thus subjective. Also, when outcomes and stressors were measured simultaneously, typical in cross-sectional studies, it was impossible to establish which came first—the stressor of a homebound role or its outcome of depression (Kessler, 1983; Seligman, 1975/1992). It was the classic chicken and egg question.

Indeed, the stressor may not have been the role per se, but rather, the conditions of feeling unappreciated, bored, fatigued, and isolated. Having little control over what one perceives as an important role was found to decrease longevity in women and men ("The Importance of Doing What's Important to You," 2001). These conditions, most severe for single mothers and those with young children, were considered the culprit. Women were also more likely than men to experience stress from receiving inadequate compensation for their work, lack of security, inadequate fringe benefits, and few opportunities for advancement (Pearlin & Lieberman, 1979).

Trends in the 1990s

For the 1990s, we purposely limit our review to the work of family psychologist, John Gottman, who conducted the first experimental research with couples. He induced disagreement within the couple and then measured their psychological stress reactions. Gottman and colleagues found that females in stressed relationships were more likely to seek out connection with their partner, whereas males were more likely to stonewall, enacting a flight response (Gottman, 1999; Gottman, Carrere, Swanson, & Coan, 2000; Jacobson & Gottman, 1998). This innovative research involved couples who were deliberately stressed in a laboratory setting by asking them to problem solve or setting them up to argue (See Babcock, Jacobson, Gottman, & Yerington, 2000; Jacobson & Gottman, 1998; Jacobson, Gottman, Waltz, Rushe, Babcock, & Holtzworth-Munroe, 1994).

Current Trends

Today, gender roles in families are more flexible, especially in families where women earn much of the income. We have “stay-at-home fathers” and “breadwinning mothers,” though fewer of the former and many of the latter. Women may still be feeling more stress than men due to a perceived flexibility that is not real inside the family. Or the problem may be outside the family, in the larger community that has no affordable child care or transportation for both mothers and fathers.

Increasingly in the United States, women are the family breadwinners (Rampell, 2013). More than 4 in 10 American households include a mother who is the sole earner or the primary breadwinner in the family. As is true of most issues regarding families and family dynamics, there are multiple reasons for the increasing numbers of women becoming family wage earners. These include changes in women’s roles within and outside of the family, changes in job opportunities for both women and for men, whether there are children in the family as well as their ages, and how educated women and men are.

A number of questions spring from these demographic changes and include how men’s roles are changing. For example, do we expect more men to be stay-at-home fathers? Some philosophical and pragmatic elements are operating here. In the former case, when fathers are less in the economic-providing role, this requires a shift from traditional thinking about who is responsible for fulfilling the role toward family economic stability or success.

While patterns of who plays the role of breadwinner are changing, questions remain about the extent to which cultural and societal values are changing. In some families, if the family is to function, it is necessary for a wife or mother to be employed outside the home. This need for women to be breadwinners, fully or partially—precedes societal and even couple attitudes and values about shifting gender roles. When people still believe breadwinning is primarily a “man’s job,” there may be increased marital conflict—and sometimes violence against the woman earner. With such couples, there is need for a safety plan, anger management training, individual therapy, and if all goes well, couple therapy and learning resolution skills for areas of disagreement about changing roles.

Indeed, this situation is an example of how external and internal factors intersect to create high family stress and crises.

In 2013, Sheryl Sandberg, chief executive officer for Facebook, documented in her book *Lean In* a major family stress issue today that concerns gender. Summarizing her documentation, nearly 50% of mothers earn either all or most of the family's income, with another 23% earning at least a quarter of the family's income (Glynn, 2012). In addition, one in five families (20%) is headed by a single mother (Boushey, 2009) with rates much higher in Hispanic families (27%) and African American families (51%) (Mather, 2010). Although the number of stay-at-home fathers has risen slightly, it is worrisome that "family" may become the sole responsibility of women. Too much stress is placed on one person.

To exacerbate the issues of women's stress, findings still suggest that gender differences exist in stress levels—and they begin early. Depressive symptoms are more likely to develop in adolescent girls than adolescent boys, due in part to girls' greater sensitivity to stressful life events, especially the interpersonal (Oldehinkel & Bouma, 2011). In addition, females are still found to have higher incidence rates of major depressive disorder and slightly longer depressive episodes than males (Essau, Lewinsohn, Seeley, & Sasagawa, 2010).

More research is needed on this disparity in stress levels but focusing on the work-life balance, according to Sandberg (2013), is too narrow. The anxiety for women who are sole or primary breadwinners is not about having it all; it is, instead, according to Bravo (2012), their worry "about losing it all—their jobs, their children's health, their families' financial stability because of the regular conflicts that arise between being a good employee and a responsible parent" (Sandberg, 2013, p. 23). Focusing only on work-life balance makes the issue binary and misses the nuances of a middle ground. Based on a comprehensive review, gender researchers Meers and Strober (2009) found hopeful news: "The data plainly reveal that sharing financial and child-care responsibilities lead to less guilty moms, more involved dads, and thriving children" (Sandberg, 2013, p. 24). In addition, women's studies' researchers Barnett and colleagues (Barnett, 2004; Barnett & Hyde, 2001; Barnett & Rivers, 1996) surprisingly found that "women who participate in multiple roles actually have lower levels of anxiety and higher levels of mental well-being" (Sandberg, 2013, p. 24). Although this may be a class issue, employed women have "greater financial security, more stable marriages, better health, and, in general, increased life satisfaction" (Sandberg, 2013, p. 24; cited in Barnett, 2004; Bennetts, 2007; Buehler & O'Brian, 2011; Coley, Lohman, Votruba-Drzal, Pittman, & Chase-Landsdale, 2007; Cooke, 2006).

Clearly, families and the individuals in them can all flourish when mothers are employed outside the home, but there are still societal barriers for women working outside the home. The major obstacle is the lack of affordable quality day care for their children—which every other developed country already has in place. Another barrier is the lack of affordable quality day care for the frail elderly who live with families where both adults have outside jobs. If a working mother has to give up her paid employment to be the sole caregiver of a sick or frail family member, she not only loses her job and her coworkers, but the family loses her income. Given such systemic complexities, the larger society must

become aware that if families are to survive and remain resilient, then we simply cannot expect women and girls to do it all. Just as we need to become more accepting of diversity with racial minorities, we also need to become more accepting of different choices regarding how to be a family. In the end, the goal is twofold: the functioning of the family system as a whole and the functioning of the individual within that family.

Summary

We began this chapter by defining both stress and family. Understanding each term requires understanding systems theory and symbolic interaction. A family is a living system of interdependent parts, with structure, boundaries, and functions. Members of a family often (but not always) have similar expectations, perceptions, and meanings. This shared understanding helps create the family's symbolic reality. With a stressor, the steady state of the family is disturbed, but it does not mean that this disturbance or change will automatically result in negative outcomes. Stress is inherently neither good nor bad. It depends upon the family. A family can experience tension, yet remain intact and functional. Some families are simply able to endure—or dare we say, “enjoy”—more stress than others. Such families see difficult situations not as insurmountable but as challenges.

Points to Remember

1. Family stress is inevitable, but not all stress is bad. Stress happens not just to individuals but also to families as a whole. The family as a whole can be threatened by an event that creates a situation that is beyond its control at the moment. The effects ripple through the system.
2. By definition, the family is a continuing system of interacting personalities bound together by shared rules and rituals even more than by biology. There is no such thing as one kind of normal family.
3. Systems theory holds that the system is greater than the sum of its parts. If even one member of a system is in trouble, then the whole system needs to change. Many families, however, maintain their equilibrium by having a family scapegoat—one person whom all members agree is the cause of the stress. We must not be pulled into the family's delusion that if this one person would go away or straighten up, there would be peace.
4. Perception affects the level of stress the family experiences. A family system has a character of its own, and this unity produces the family perception variable.
5. Symbolic interaction focuses on the interaction within a family as indicated by symbols of interaction (e.g., language, rituals, rules, and roles). A family constructs a symbolic reality on the basis of members' shared meanings (or lack thereof) about the stressful situation they are experiencing.
6. Perception is an important variable in family stress theory. It determines how an event is viewed by a family (as a unit) and by individual members in that family. It gives us a window through which to support or challenge the family.

Remember, although perception matters, it is not all that matters. This means that although perception is central, it is not the only important variable to consider in assessing family stress.

7. The same event is not viewed in the same way by all persons in one family, by all families in one community, or by all communities in one society. Perceptions among families differ, and perceptions among family members differ. Differences do not have to create crisis but can bring richness to family life.
8. Because families are diverse, we cannot say that there is ONE way for family therapists, educators, health care professionals, and researchers to help distressed families.
9. Selye (1978) was the first to show that the stress of life often leads to illness. He viewed stress within the human body, a biological system, as a state induced by change. Selye's ideas remain useful for understanding stress within a family system. The family's degree of stress results from events or situations that have potential to cause change. Stress is change and by itself is neither good nor bad. It depends on how the organism (in this case, the family) perceives it and reacts to it.
10. The focus on meaning and perceptions is now recognized as central to the understanding of family stress management and resilience.

Note

1. Wesley Burr, a family sociologist who takes this perspective, has written more technically about symbolic interaction, which is also known as interactionism, role theory, self theory, and social behaviorism: "Whatever label is used, it is the brand of social psychology that emerged from the writings of William James, C. H. Cooley, and George Herbert Mead. Technical readers will recognize that there are slight variations in emphasis in some of the different traditions in this theoretical orientation. For example, the dramaturgical approach used by Goffman (1959) differs from the more formal approach used by Biddle and Thomas (1966), and the more quantified methodology used by some is different from the more qualitative approach suggested by the older University of Chicago approach, typified by the work of Strauss and Blumer. These subtle differences can be ignored for the purposes of a text that focuses on the application of the basic ideas of this school of thought rather than the discovery and justification of new ideas" (Burr, Leigh, Day, & Constantine, 1979, p. 102).

Discussion Questions

1. Identify a stressful event that occurred in your family. How did you perceive the event? What meaning did the event hold for you? Think of someone in your family (or even a friend) who perceived the event very differently. Explain how that person perceived the event. Why do you think the two of you perceived the event so differently?
2. Think about your personal life. What is your primary or biggest stressor? How does that stressor affect you? Do your feelings or behaviors change when you experience that stressor? If so, how do your family members and friends react to those feelings and behaviors? Has your stressor indirectly affected them?

3. What stressors seem to cut across all socioeconomic levels; that is, what stressors seem to be present regardless of one's socioeconomic level?
4. What stressors do children today experience compared to children 50 years ago?

Additional Readings

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