ABSTRACT
              Many fundamental questions about the functional
meaning of resilience remain to be answered. There are many different
approaches to resilience. Some studies have described functional
characteristics of children who demonstrate resilience, while other
studies have looked to the temperament of the child and
characteristics of the environment to find predictors of later
resilience. In both cases the variables identified as associated with
resilience have not converged to form a parsimonious and powerful
prediction. It is possible that temperament, development, situation,
and the nature of the stressors must be accounted for in an effective
model of resilience. Hill (1958) developed the ABC-X model to
understand stress and coping. In this model the "A" stands for the
provoking event or stressor. The "B" stands for the resources or
strengths that the person or family brings to the stressful
situation. The "C" stands for the meaning attached to the event, and
the "X" stands for crisis and stress. Systematic research on stress
may ultimately enable the prediction of the specific outcomes of
stressful experiences and situations. Using the ABC-X Model does not
answer any of the difficult questions about resilience but it does
provide a framework for organizing the insights that come from
continuing research in the area. (LLL)

Using the ABC-X Model

to Understand Resilience

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Rutter (1990, p.209) has defined resilience.

> All studies of risk factors for psychiatric disorder in
> childhood and adult life have noted the marked individual
> variations in people's responses to stress and adversity;
> some succumb, and some escape damage. The phenomenon of
> maintaining adaptive functioning in spite of serious risk
> hazards has been termed "resilience."

There is something innately appealing about the study of
resilience. Resilience suggests winning against odds. Resilience
suggests successful adaptation. Resilience focuses on wellness
rather than pathology.

But there are also abundant problems in the study of
resilience. When the factors that predict resilience are the same
as those that predict healthy development in general, does it mean
that resilience has nothing interesting to add to the socialization
literature? Does resilience really mean only that a person has
survived conspicuous stressors while others who are well adjusted
have survived equally stressful but less conspicuous stress?
Should the study of resilience be only a minor subset of the stress
and coping literature? When it is found (Luthar, 1991) that
resilient children are more depressed and anxious than their less-
stressed peers, does it mean that they merely internalize their
symptoms while the "non-resilient" externalize their symptoms? Why
is there so little convergence in the factors that predict

resilience?

Many fundamental questions about the functional meaning of resilience remain to be answered. The objective of this paper relates to only a small part of the total task. This paper will explore one way to organize the disparate findings about the predictors of resilience. First, however, a brief summary of some of the findings in resilience is presented.

Predictors of Resilience

Beardslee (1989) reviewed three studies that used analyses of life histories in order to uncover predictors of resilience. Subjects included civil rights workers, survivors of childhood cancer, and adolescent children of parents with affective disorders. Beardslee acknowledges that "the presence of a close, confiding relationship has commonly been found in the early life of resilient individuals" (p. 267). But his focus is the role of self-understanding in resilience. He identifies five dimensions of self-understanding common to the adaptive subjects in the three studies: 1. Adequate cognitive appraisal. 2. Realistic appraisal of the capacity for and consequences of action. 3. Action. 4. Developmental perspective. 5. Understanding as a protective factor. Because of their self-understanding, the subjects experienced a "hope, albeit a troubled hope" that prevented them from being "immobilized by these sudden turnings" (p. 273).

In all three studies, those who coped best emphasized the importance of relationships. The capacity to experience relationships in depth, to have intimate and confiding

relationships, evolved over time and, to some extent at least in these lives, was heavily dependent on having had good relationships in the past (p.273).

This observation sounds much like Maslow's observation (1954, p.162) that "the best technique we know, even though not the only one, for getting to this point of relative independence from love and respect, is to have been given plenty of this very same love and respect in the past."

The question remains whether there is some special character to Beardslee's nurturance that leads to self-knowledge. Is it different from the general nurturance that is recognized (Rollins & Thomas, 1979, Maccoby & Martin, 1983) as the superfactor in childrearing? Or is there some characteristic of the child that enables him or her to draw more benefit from the nurturance? Scarr and McCartney (1983) have highlighted the powerful potential of genotypes to influence development. Perhaps some children have genetic pre-disposition to discover or evoke nurturance.

There is also great variability in the definition of stress. Anthony (1987) has suggested that early, small doses of stress may innoculate a child against later, more substantial stresses.

Radke-Yarrow and Sherman (1990) have suggested that resilient children may be those who best capitalize on family resources in support of their development but that as they reach adolescence "these children will be able to satisfy their parents' needs and their own needs only at increasing costs to the children themselves" (p.118).

Werner and Smith (1982) in their longitudinal study of Hawaiian children and youth identified many factors that predicted resilience. Among the family-environmental factors was a reliable relationship with the primary caregiver in infancy. Resilient children were also more likely to have broad family and social support systems. Werner and Smith stress self-righting tendencies in children. "Maybe cooperation with nature's design, rather than wholesale intervention and control, would be the wisest policy..." (p.159).

Rutter conducted a series of studies on the Isle of Wight and in inner London. He identified six family variables associated with elevated incidence of psychiatric disorder: marital discord, low socioeconomic status, large family size with overcrowding, paternal criminality, maternal psychiatric disorder, and admission of the child into the care of local authority. While a single factor was not found to be predictive of problems, two or more factors were found to have a multiplicative effect.

Rutter also identified protective factors including temperamental, familial and systemic factors. Masten and Garmezy (1985) have grouped protective variables into three broad categories: personality factors, family cohesion/lack of discord, and external support systems. Werner (1984) has summarized the central characteristics of resilient children as an active, evocative approach, perceiving their experiences constructively, ability to gain positive attention, and a strong ability to use faith to maintain a positive vision. She also notes the importance

of required helpfulness, autonomy, a strong social orientation, and a sense of coherence.

Steinberg (1989) has identified factors at the individual, interpersonal and institutional levels that diminish the risk of adolescent substance abuse. At the individual level the factors include academic success, self efficacy, personal responsibility, social and decision-making skills, and intellectual abilities. At the interpersonal level the factors include a close relationship with a supportive adult and membership in a group that discourages substance abuse and encourages other avenues of expression. At the institutional level a sense of bonding to school or other conventional institutions was found to be protective. The troublesome question about these findings is whether providing Steinberg's protective factors can turn the tide of risk for those are at high risk. It is also likely that there are third variable explanations for the protective factors that have been identified.

There are many different approaches to resilience. Some studies seem to have merely described functional characteristics of children who demonstrate resilience. Other studies have looked to the temperament of the child and characteristics of the environment to find predictors of later resilience. In both cases the variables identified as associated with resilience have not converged to form a parsimonious and powerful prediction. Perhaps it is possible that temperament, development, situation, and the nature of the stressors must be accounted for in an effective model of resilience.

Using the ABC-X Model to Understand Resilience

Hill (1958) developed the ABC-X model to understand stress and coping. The Double ABC-X model (McCubbin & Patterson, 1983) was developed to incorporate post-crisis variables to the stress model. The ABC-X model is used as a heuristic in this paper and no fine distinction will be made between the ABC-X and the Double ABC-X models. Each element of the ABC-X model together with their application to resilience will be considered.

A: The provoking event or stressor. In Hill's ABC-X model the "A" stands for the provoking event or stressor. Stressors take many forms. Divorce, war, death, unemployment, disease, discrimination, poverty, failure, conflict, and rejection are stressors that are regularly experienced by people in our society. There are elements of the stressor that can intensify or minimize the risk that the person or family system will not be able to adjust. Obvious elements include the history, intensity and combination of stressors. If intense stressors or stressors in combination come, the effect may be devastating. Current research is not very effective at assessing the impact of stressors (Rowlison, 1988). Some scholars (DeLongis, et al., 1982; Chamberlain, & Zika, 1990) have suggested that daily hassles may have more effect than major life events on generating perceived stress. Future research may provide us with more systematic methods for quantifying stress.

A variety of others factors may be considered as part of the stressor. Was the event predictable or expected? Had the person

or family previously experienced similar events that could prepare them for the event? Does the event disrupt the social and functional continuity for the person or family?

B: Resources or Family Strengths. What are the resources that the person or family brings to the stressful situation? It is clear from the extant resilience literature that a caring, sensitive, and dependable relationship with significant others is a vital personal resource (Werner, 1982, 1984). Other resources include predispositional biogenetic and constitutional factors. Werner (1982) identified birth order, good-nature, illness, social orientation, autonomy, positive parent-child interaction, absence of conflict, smaller family, spacing between children, age of opposite-sex parent as factors in the prediction of resilience. Such factors may prove to be valuable resources in times of stress.

It is possible that the family strengths literature (Otto, 1963, 1975; Curran, 1983; Stinnett & DeFrain, 1985) can make a contribution to an understanding of vital family resources. Lee and Goddard (1989) have suggested that targeted family-strength-building may minimize the dangers for high-risk youth.

C: Meaning attached to the Event. Each family is a social system with a unique construction of reality. Resilience literature has tacitly recognized the importance of such assigned meanings. Note the flavor of two of Werner's (1984, p.69) characteristics of resilient children:

* a tendency to perceive their experiences constructively, even if they caused pain or suffering.

* a strong ability to use faith in order to maintain a
  positive vision of a meaningful life.

Meaning and perception of the event have had very little research
(Boss, 1987). However the importance of productively perceiving
the causes of situations is explicitly recognized in attributional
therapies (Abramson, 1988; Valins & Nisbett, 1987) which attempt to
undermine irrational and unhelpful attributions of cause and
replace them with more helpful ones.

Attribution research offers substantial promise in the
understanding of resilience. Resilient attributions may be the
opposite of learned helplessness (Seligman, 1975) which results
when escape from unpleasant situations appears impossible. Maccoby
(1983) has observed that:

> healthy personality organization involves a somewhat
> unrealistic optimism and an exaggerated view of the self's own
> capacities, whereas depressed people seem to have a more
> accurate view of their own strengths and especially weaknesses
> (as judged by others) than do well-functioning persons.
> (p.231)

It is possible that resilient children have a natural or learned
tendency to make more objective, even optimistic, attributions
(Murphy,1987).

X: Crisis and Stress. Systematic research on stress may
ultimately enable us to predict the specific outcomes of stressful
experiences and situations. It may teach us how to intervene to
prevent the harmful effects of stress on children and families.

Using the ABC-X Model does not answer any of the difficult questions about resilience but it does provide a framework for organizing the insights that come from continuing research in the area. Ultimately we hope to know more about what resources and meanings will help a person with specific characteristics survive a stressful event productively.

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