
CHAPTER 1

Foundations of a Family Resilience Approach

In the depths of winter, I found there was, within me,
an invincible summer. . . . No matter how hard the
world pushes against me, within me there's something
stronger—something better, pushing right back.

—ALBERT CAMUS (in Thody, 1970, p. 169)

We live in turbulent times, on the edge of uncertainty. As the world around us has changed so dramatically in recent years, we yearn for strong and enduring family bonds, yet we are unsure how to shape and sustain them to weather the storms of life. Although some families are shattered by crisis events or multi-stress conditions, what is remarkable is that others emerge strengthened and more resourceful. With widespread concern about family breakdown, we need more than ever to understand the dynamic processes that strengthen family resilience in overcoming adversity. We need useful conceptual tools as much as techniques in order to support and strengthen couples and families in distress and those at risk. This chapter lays the foundations for a family resilience framework for clinical and community-based practice, prevention efforts, research, and social policy.

UNDERSTANDING RESILIENCE

The concept of resilience has come to the forefront in developmental psychology and mental health theory, research, and practice, countering the

predominant focus on dysfunction and disorder. Resilience can be defined as the ability to withstand and rebound from serious life challenges. Resilience involves dynamic processes that foster positive adaptation in the context of significant adversity (Bonanno, 2004; Luthar, 2006). Beyond coping or adjusting, these strengths and resources enable recovery and positive growth.

Resilience entails more than merely surviving, getting through, or escaping a harrowing ordeal. Survivors are not necessarily resilient; some survive physically but remain impaired psychologically and interpersonally by posttraumatic stress symptoms, crippling depression or anxiety, and an inability to love well or thrive. Others become trapped in reactive positions as victims, nursing old wounds or blocked from growth. In contrast, resilience processes enable people to heal from painful experiences, take charge of their lives, and go on to live and love well.

In order to understand and promote resilience, it is important to distinguish it from common expectations to “just bounce back” and myths of “invulnerability” and “self-sufficiency.” As research documents, resilience is forged through suffering and struggle and is relationally based through our interdependence with others.

Human Vulnerability, Suffering, and Resilience

The North American ethos of the *rugged individual* (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985) and “macho” images of masculinity in many cultures confuse strength with invulnerability. Early scholars of resilience referred to the “invulnerable child,” viewing survivors of destructive childhood environments as impervious to stress because of their own inner fortitude or character armor (Anthony, 1987). Hardy children were likened to “steel dolls” that wouldn’t shatter under pressure or maltreatment. The danger in the myth of invulnerability and the image of “super-kids” lies in equating human vulnerability with weakness. As Felsman and Vaillant (1987) note, “The term ‘invulnerability’ is antithetical to the human condition. . . . In bearing witness to the resilient behavior of high-risk children everywhere, a truer effort would be to understand, in form and by degree, the shared human qualities at work” (p. 304).

Common Misconception: “Just Bounce Back!”

The term *resilience*, originating in the physical sciences, referred to the capacity of an object, when stretched, to return to its original form, like a

spring or an elastic band. As the concept of human resilience became popularized, this led to widespread overuse and misuse of the term. Media news stories abound describing resilient individuals. Sports announcers proclaim that a team was resilient by bouncing back from a season of defeat to win the season trophy. “Resilience” is also a brand of face cream purporting to restore aging skin to its original elasticity. However, it is unrealistic to expect people to bounce right back when faced with serious life challenges. More often, suffering and struggle are experienced in forging resilience.

Similarly, the capacity to rebound should not be misconstrued as simply “breezing through” a crisis, unscathed by painful experience. With only two alternatives posed—either to shake off adversity or to “wallow” in it—our dominant culture breeds intolerance for suffering; we avert our gaze from disability, avoid contact with the bereaved, or dispense chirpy advice to “cheer up” and get over it. Well-intentioned friends and loved ones urge us to “bounce back” from defeat and to get rapid closure from devastating losses. Many encourage the bereaved to rush into new lives and relationships on the rebound. Likewise, rapid-fire media shifts in focus contribute to the common wish to put major tragedies quickly behind us—from community disasters to lengthy wars and their atrocities, or legacies of political, ethnic, and racial injustice—without looking back to draw lessons, come to terms with them, and heal as a human community.

The tendency to cut off from painful and conflict-laden experiences is rooted in our intergenerational and cultural heritage, often influencing us out of our awareness. In my mid-20s, I was in a student clinical practicum at Yale when my mother suffered a debilitating illness. I shuttled back and forth, from coast to coast, to spend a few days at a time with my parents and still not miss a beat in my demanding schedule. When my mother died, the day after her funeral I flew right back, hit the ground running, and kept up the pace throughout the year. Everyone praised me for being so strong. But we must be careful not to equate competent functioning with resilience. It was only much later that I faced the full impact of the loss of my mother and the significance of our bond. A holistic view of resilience involves the whole person, including emotional and relational well-being.

Unlike the image of the Energizer Bunny, resilience involves “struggling well”: experiencing both suffering and courage, effectively working through difficulties both internally and interpersonally (Higgins, 1994). In forging resilience, we strive to integrate the fullness of the experience of serious crises and stressful life challenges into the fabric of our individual and collective identity, influencing how we go on to live our lives.

From Rugged Individual to a Relational View

Reflecting heroic myths of the rugged individual—from the Greek hero Odysseus to Hollywood’s cowboy images—most European and American interest in resilience has focused on the strengths of exceptional individuals who have mastered adversity. Most research has sought to identify the personality traits, coping strategies, and neurobiological endowment that enable a child, adolescent, or adult to overcome harrowing life experiences. Commonly, resilience is seen as inborn, as if resilient persons grew themselves up: they either had the “right stuff” all along—inherent hardiness, like the steel doll—or gained strengths in pulling themselves up by their bootstraps. This view fosters the expectation that we must be self-reliant and fiercely independent in tackling difficult life challenges—and a demeaning view of those who don’t succeed on their own as deficient, weak, and shameful. In our understanding of resilience, we must be cautious not to blame those who are unable to overcome adversity by themselves, especially when they are struggling with overwhelming conditions beyond their control.

In contrast to the highly individualized concept of human autonomy centered on the “self” in Western societies, most cultures worldwide view the person as embedded within the family and larger community. This sociocentric view of human experience recognizes our essential interdependence for mutual support in troubled times and the power of collaborative efforts in overcoming life’s adversities. We are relational beings, standing on the shoulders of those who came before us, reaching out to give and receive help, and inspiring those to come. It is through our connectedness with others that we grow and thrive throughout life.

Resilience Forged through Adversity

Individuals—and families—vary in the strengths, vulnerabilities, and resources they bring to an adverse situation. Those with more assets are more likely to fare well in troubled times. Yet, my research and practice experience convince me that we all have the potential to gain resilience. (And indeed, some who have never faced serious life challenges may crumble when unexpected crises arise.) As research has found, resilience can be strengthened *through* the experience of adversity, as we discover and build latent strengths within ourselves and as we reach out to others to give and receive support.

In my own life, I grew up thinking that I was resilient *despite* my family’s deficiencies and that my own innate hardiness enabled me to overcome the hardships we suffered in my childhood. I later came to realize that I

grew stronger *because* of those challenging experiences and that my family's unrecognized resilience made all the difference (see Chapter 14).

Crisis: Threat and Challenge

The Chinese symbol for the word *crisis* is a composite of two characters: “threat” and “challenge” (not “opportunity,” a common mistaken translation). Although we would not wish for misfortune, the paradox of resilience is that our worst times can also bring out our best as we rise to meet the challenges. In Higgins’s (1994) study, resilient adults reported that because they were sorely tested and endured suffering, they emerged with strengths they might not have developed otherwise. They experienced things more deeply and intensely, and placed a heightened value on life. Often this became a wellspring for social activism, a commitment to helping others; in turn, they experienced further growth through these efforts (also see Lietz, 2011). Such experiences have led many to dedicate themselves to careers in health care and mental health fields.

Studies of strong families (Stinnett & DeFrain, 1985) found that at times of crisis, 75% experienced positive occurrences in the midst of hurt or despair, and believed that something good came out of the ordeal. Many families reported that through weathering crises together, their relationships became enriched and more loving than they might otherwise have been. A crisis can be a “wake-up call,” heightening our attention to what really matters in our lives. A painful tragedy may thrust survivors in unforeseen, growthful directions. As the Navaho believe, the end of a path is the beginning of another. Resilience is about that journey.

A SYSTEMIC VIEW OF RESILIENCE

A growing body of research over recent decades has enriched and expanded our understanding of resilience (Masten, 2014). In the last half of the 20th century, the prevailing assumptions in the developmental psychology and mental health fields, rooted in psychoanalytic theory and clinical case experience, held that the impact of early or severe trauma can’t be undone. It was widely accepted that adverse experiences inevitably damage people and ruin lives, and that children from troubled or “broken” families are themselves irreparably “broken.” However, countering those deterministic assumptions, an array of studies found that no combination of risk factors, regardless of severity, gave rise to significant and long-lasting disorder in most children exposed to them (Rutter, 1987). For instance, clinicians

commonly note that parents who abuse their children were themselves abused. However, wider community studies found that over half of individuals who had experienced family abuse in childhood did *not* become abusive parents (Kaufman & Zigler, 1987). What enabled them to overcome similar high-risk conditions and be able to love their children well?

Influences in Individual Risk and Resilience

Most research to date has focused on individual resilience. With concern for early intervention and prevention, experts redirected attention to understand not only vulnerability to risk and disorder, but even more importantly, the protective factors that fortify children's resilience. Early studies focused on children of mentally ill or deficient parents who overcame early experiences of abuse or neglect to lead productive lives (Masten, 2014). Wolin and Wolin (1993) described a cluster of qualities in resilient adults who had grown up in dysfunctional, and often abusive, alcoholic families.

Increasingly, research broadened to the wider social context, examining risk and resilience under devastating social conditions, particularly poverty (Garmezy, 1991) and community violence (Garbarino, 1997). Felsman and Vaillant (1987) followed the lives of 75 high-risk, inner-city men from poverty-stricken, socially disadvantaged families, whose lives were often complicated by substance abuse, mental illness, crime, and violence. Many of them, although indelibly marked by past experience, led courageous lives of mastery and competence. They took an active initiative in shaping their lives, despite occasional setbacks and multiple factors working against them. As the study concluded, their resilience demonstrated that "the events that go wrong in our lives do not forever damn us" (p. 298). In cross-cultural studies in settings ranging from Brazilian favelas and South African migrant camps to U.S. inner cities, Robert Coles (Dugan & Coles, 1989) also found that, contrary to dire predictions of his mental health colleagues, many children did rise above severe hardship without later "time bomb" effects.

Most early resilience research, focused on individual traits and disposition, found assets such as an easygoing temperament and higher intelligence to be helpful, yet not essential, for resilience. Such qualities tend to elicit more positive responses from others and to facilitate coping and problem-solving skills. More importantly, high self-esteem and self-efficacy, with a sense of hope and personal control, make successful coping more likely, whereas a sense of helplessness increases the probability that one adversity will lead to another (Rutter, 1987).

Research on stress and coping (Lazarus & Folkman, 1984) examined the influence of stressful life events in a range of mental and physical disorders to identify character and cognitive styles that mediate physiological processes and enable highly stressed individuals to cope adaptively and remain healthy. Studies of *hardiness* (Maddi, 2002) identified three general characteristics: (1) the belief that they can control or influence events in their experience; (2) an ability to feel deeply involved in or committed to the activities in their lives; and (3) anticipation of change as an exciting challenge to further development.

Antonovsky's (1998) research, now widely replicated, found that a *sense of coherence*—beliefs that one's life challenges were comprehensible, meaningful to tackle, and manageable—enabled mastery and enhanced the quality of life (see Chapter 3). Studies by Werner (Werner & Smith, 2001) found that the core component in effective coping by resilient youth was a feeling of confidence that they could surmount the odds. Even with chaotic households, by their high school years they had developed a sense of coherence, a belief that obstacles could be overcome and that they were in control of their fate. They were significantly more likely than nonresilient youth to have an inner locus of control—an optimistic belief in their ability to shape events. They developed both competence and hope of a better life through their own efforts and relationships.

Murphy (1987) also described the “optimistic bias” of resilient children, noting that many latch on to “any excuse for hope and faith in recovery” (pp. 103–104), actively mobilizing all thoughts and resources that could contribute to their success. In epidemiological research, Taylor (1989) found that people who hold “positive illusions”—selectively positive biases about overcoming such situations as life-threatening illness—tend to do better than others. Such beliefs enable them to retain hope in the face of a grim prognosis. Seligman's (1990) research on “learned optimism” also informs our understanding of resilience. His early studies on “learned helplessness” found that individuals could be conditioned to become passive and give up trying to solve problems when their actions were not predictably linked to rewards. Seligman then showed that optimism can be learned through experiences of mastery, as individuals come to believe that their efforts can yield success (see Chapter 3).

Dynamic Interplay of Multiple Risk and Protective Factors: Biopsychosocial Influences

As studies were extended to a wide range of adverse conditions—impoverished circumstances, chronic illness, catastrophic life events, trauma,

and loss—researchers recognized the mutual interaction between nature and nurture in the emergence of resilience (Sameroff, 2010). Increasingly, it became clear that resilience involves the dynamic interplay of multiple risk and protective processes over time, involving individual, interpersonal, socioeconomic, and cultural influences (e.g., Cicchetti, 2010; Garnezy, 1991; Rutter, 1987). More recent resilience research in neurobiology (Cozolino, 2014; Feder, Nestler, & Charney, 2009; Siegel, 2012; Southwick & Charney, 2012) and epigenetics (Kim-Cohen & Turkewitz, 2012; Spotts, 2012) confirms that individual vulnerability or the negative impact of stressful conditions can be counteracted by positive interpersonal and environmental influences, producing neurological, physiological, and even genetic changes.

Relationships Nurture Resilience

Notably, the positive influence of supportive bonds has stood out across studies of individual resilience (Walsh, 1996, 2003). Worldwide, studies of children facing adversity have found the most significant positive influence to be a close, caring relationship with an important adult who believed in them and with whom they could identify, who acted as an advocate for them, and from whom they could gather strength to overcome their hardships (Coles, 1967). Their resilience is greater when they have at least one involved parent, caregiver, or another supportive adult in their extended family or social world (Ungar, 2004). As Werner emphasized, self-esteem and self-efficacy are promoted, above all else, through supportive relationships (Werner & Smith, 2001). All of the resilient children in her seminal longitudinal study (described later) had “at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence” (p. 512). They knew that there was someone to whom they could turn, who nurtured and reinforced their efforts, sense of competence, and self-worth. Encouraged by their connections with a mentor, many also developed a special interest or skill (e.g., carpentry, art, or creative writing), which enhanced their competence, confidence, and mastery.

A few early studies focused on positive contributions to children’s resilience in family organization and emotional climate (Hauser, 1999; Rutter, 1987; Werner & Smith, 2001), stressing the importance of secure attachments, warmth, affection, emotional support, and authoritative parenting with clear-cut, reasonable structure and limits (see Chapter 4). Moreover, studies noted the strong influence of shared belief systems and important information transmitted through family transactions (see Chapters 3 and

5). Parental understanding and communication about crisis events and disruptive transitions mediate children's adaptation by influencing the meaning they make of the experience (Kagan, 1984). If parents are unable to provide this foundation, relationships with other family members, such as older siblings, grandparents, and extended kin, can serve this function.

The importance of social support through troubled times has been amply documented. Friends, neighbors, teachers, coaches, clergy, and other mentors provide encouragement for individual resilience (Rutter, 1987). Resilient children in troubled families often actively recruit and form special attachments with influential adults in their social environment. They learn to choose relationships wisely and tend to select spouses from healthy families.

Taken together, the research on individual resilience has revealed the importance of a relational perspective. Yet most theory, research, and practice has approached the relational context of resilience narrowly, focused on the influence of a significant person in a dyadic relationship. Family studies and intervention programs have tended to focus on parent-child attachment bonds and parenting practices (e.g., Gewirtz, Forgatch, & Wieling, 2008).

For a fuller understanding of resilience, a complex interactional model is required. Systems theory expands our view of individual adaptation as embedded in broader transactional processes in family and social contexts, attending to the multiplicity and mutuality of influences over time. Resilience is woven in a web of relationships and experiences over the life course and across the generations. Both ecological and developmental perspectives are necessary to understand resilience in social and temporal context (see Chapter 9).

Ecological Perspective

With an ecological perspective, we attend to the many spheres of influence in risk and resilience. The immediate and extended family, peer groups, community networks, school and work settings, and larger social systems can be seen as nested contexts for positive development (Bronfenbrenner, 1979). We also consider powerful cultural and spiritual influences (Falicov, 2012; Walsh, 2009d) as well as political, economic, social, and racial climates in which individuals and their families perish or thrive (Rutter, 1987). This multilevel perspective is being advanced in more recent attention to social resilience (Cacioppo, Reis, & Zautra, 2011) and community resilience (Kirmayer et al., 2009; Landau, 2007; Saul, 2013). From a dynamic systems perspective, these are not simply external forces or factors

that impact individuals and families. A multilevel systemic view considers the active, ongoing interplay in family transactional processes as members navigate and negotiate their relationship with their social environment (Ungar, 2010).

Certain risks and protective factors tend to co-occur, creating mutually reinforcing “vicious cycles” of risk, such as conditions of poverty in unsafe neighborhoods with inadequate schools, housing instability, and lack of access to jobs and health care, or “virtuous cycles,” in safe neighborhoods with better schools, secure homes, and economic, health care, and social resources.

Caution is needed that the notion of resilience is not misused in public policy to withhold social supports or to maintain inequities, rationalizing that success or failure is determined by individual or family strengths or deficits—that is, the presumption that those who are resilient will overcome their hardships and that those who falter simply weren’t resilient. It is not enough to bolster the resilience of vulnerable children and families so that they can “beat the odds”; a multilevel approach includes larger systems interventions to improve the odds against them (Seccombe, 2002).

Developmental Perspective

A developmental perspective is also essential to our understanding of resilience (see Chapter 9). Rather than a set of fixed traits, coping and adaptation involve multilevel processes and influences that vary over time (Masten, 2014). Most forms of stress are not simply a short-term, single stimulus, but a complex set of changing conditions with a past history and a future course (Rutter, 1987). Given this complexity, no single coping response is invariably most successful. An adaptive approach that serves well at one point in time may later not be useful in meeting other challenges. It is important to have a variety of coping strategies and the ability to choose among viable options to meet emerging challenges.

Research has increasingly explored coping and adaptation in navigating the unfolding challenges with chronic illness and disability, developmental transitions and role strain, death of a loved one, separation and divorce, stepfamily formation, prolonged unemployment and economic insecurity, maltreatment and neglect, war and genocide, and community disasters (e.g., Lietz, 2013). Stressful life events are more likely to affect functioning adversely when they are untimely and unexpected, when a condition is severe or persistent, or when multiple stressors generate cumulative effects.

A life cycle perspective on individual and family development is needed

to understand the dynamic nature of resilience over time (see Chapter 9). The role of early life experience in determining adult capacity to overcome adversity may be less important than previously assumed. Longitudinal studies following individuals throughout adulthood find that resilience cannot be assessed once and for all based on a snapshot of early childhood or one particular time (Vaillant, 2002). People are developing organisms whose life course pathways are flexible and multidimensional (Falicov, 1988).

Werner's longitudinal studies of resilient youth (Werner & Smith, 2001) provide rich evidence for a complex interactional view of resilience, involving multiple internal and external protective influences in lives over time. In a remarkable study of resilience over three decades, they followed nearly 700 multiethnic/multiracial children of plantation workers living in poverty and hardship on the Hawaiian island of Kauai. One-third were classified as "at risk" because of early exposure to at least four additional risk factors, from serious health problems to familial alcoholism, violence, divorce, or mental illness. By age 18, about two-thirds of the at-risk children had done as poorly as predicted, with early pregnancy, mental health service needs, or trouble in school or with the law. However, one-third of those at high risk had developed into competent, caring, and confident young adults, with the capacity "to work well, play well, and love well," as rated on a variety of measures. In later follow-up through midlife, almost all were still living successful lives. Many had outperformed Kauai children from less harsh backgrounds; more were stably married and fewer were divorced or unemployed. Notably, countering assumptions that past trauma experience leaves people more vulnerable to future catastrophic events, fewer suffered trauma effects from devastating Hurricane Iniki, which destroyed much of the island.

They concluded that earlier researchers had focused too narrowly on maternal influence and the damage done by one parent in the nuclear household, missing the importance of siblings and others in the extended family network. Most children got off to a good start through early bonding with at least one caregiver, often a grandmother, older sister, aunt, or other relative who provided care. Yet even a bad start did not determine a bad outcome. The role of a wide variety of supportive relationships was crucial at every age.

Significantly, many overcame early neglect, abandonment, or developmental delays and began to blossom when they benefited from later nurturing care, through adoption or in special mentoring relationships, as with teachers. Throughout their school years, the resilient youth actively recruited support networks in their extended families and communities. Of

note, more girls than boys overcame their adversities at all ages. Gender-based socialization may play a role, with girls raised to be more easygoing and to more readily seek out supportive relationships, and with boys taught to be tough and self-reliant. Moreover, often *because* of troubled family lives, competencies were built by assuming early responsibilities for household tasks and care of younger siblings.

Werner and Smith found that nothing is “cast in stone” because of early life experiences. A few individuals identified as resilient at 18 had developed significant problems by age 30. However, the most noteworthy finding was that resilience could be developed *at any point* over the life course. Unexpected events and new relationships often disrupted a negative chain and catalyzed new growth. Of the two-thirds of at-risk children who were troubled and not resilient as adolescents, fully *one-half* had righted themselves by age 30. Delinquent acts had not led to lives of crime, and many had stable marriages and good jobs. In these cases, most reported that some adult had taken an interest in them when they drifted into trouble. They also credited a major turning point: a good marriage, satisfying work, military service, or involvement in a religious group. Such findings support these core convictions in a resilience-oriented approach to practice: (1) people with troubled pasts have the potential to turn their lives around throughout adulthood; and (2) important new relationships and involvements can make the difference.

Werner and Smith’s conclusions are echoed by many studies of at-risk children (Luthar, 2006; Masten, 2014), pointing to the beneficial effects of a web of supportive connections. Over the years, positive interactions have a mutually reinforcing effect in positive life trajectories or upward spirals. With multiple pathways in resilience, a downward spiral can be turned around at any time in the life course.

FAMILY RESILIENCE

Family resilience is defined as the ability of the family, as a functional system, to withstand and rebound from adversity (Walsh, 2003). Crucial family processes mediate stressful conditions and can enable families and their members to surmount crises and weather prolonged hardship. Traumatic events and a pileup of stresses can derail these processes. Even members not directly touched by a crisis are affected by the family response, with reverberations throughout the network of relationships (Bowen, 2004). How a family confronts and manages disruptive life challenges, buffers stress, effectively reorganizes, and moves forward with life will influence

immediate and long-term adaptation for every family member *and* for the viability of the family unit.

Family resilience involves pathways a family follows as it adapts in the face of stress, initially and over time (Hawley & DeHaan, 1996). Resilient families respond positively to adverse conditions in varied ways, depending on the context, developmental phase, the interaction of risk and protective factors, and the family's shared outlook. McCubbin and McCubbin (1993) first proposed a model of family resilience in which positive adaptation or maladjustment to illness was seen as a function of (1) vulnerability to increased stresses, (2) current family problem-solving capacities, (3) the meaning that the family ascribes to the stress, and (4) the presence of supportive resources. Maladjustment can lead to an intolerable increase in stressors and push a family into a crisis challenging its ability to function.

From Family Damage to Family Challenge

In the mental health field, clinical training, practice, and research have been overwhelmingly deficit-focused. Attention to the family has tended to seek the cause or maintenance of problems in individual functioning. Psychoanalytic and attachment theories, focused predominantly on the role of maternal/caregiver bonds in early childhood, fostered a deterministic and reductionistic view of family influence. Early family systems formulations expanded the lens to the broad network of relationships over time, yet initially tended to focus on dysfunctional family transactional processes. Popular movements for so-called "adult children of dysfunctional families" spared almost no family from accusations of failure and blame and encouraged "survivors" to cut their ties. A narrow focus on individual resilience has led clinicians to attempt to salvage individual survivors without exploring their families' potential, and to write off many troubled families as hopeless. With the clinical field so steeped in pathology and intense scrutiny of family deficits and blindness to family strengths, I noted, only half-jokingly, that a "normal" family might be defined as one that has not yet been clinically assessed.

Systems-oriented family therapists have increasingly rebalanced theory and practice from a deficit-based to a strengths-based perspective (Goldenberg & Goldenberg, 2013; Walsh, 2014b). A family resilience framework builds on these developments and is useful with all strengths-based practice models. What distinguishes a family resilience approach is the focus on *strengths in dealing with adversity*. It shifts our view from seeing distressed families as damaged to understanding how they are challenged.

Strengths in Families Challenged by Adversity

A family resilience approach seeks to understand how all families, in their diversity, can survive and regenerate even under overwhelming stress. It affirms the family potential for self-repair and growth out of crisis and challenge.

My interest in family resilience was sparked in my early research experience in the 1970s with families of psychiatrically hospitalized and “normal” (i.e., nonclinical) young adults (Walsh & Anderson, 1988). The vitality and variations I observed in families in the normal control group—ordinary families living in the community—countered the image of normal families as dull and monotone. Most impressive, a number of parents had experienced serious childhood adversity and yet had grown up able to form and sustain healthy families and to raise their children well to adulthood. Along with other emerging research, these cases cast doubt on traditional clinical assumptions that those who have suffered childhood trauma are wounded for life. Particularly striking were the strengths shown by one family, Marcy and Tom and their five children, whose individual and family resilience was interwoven across the generations.

Marcy, one of three children in her family of origin, recounted her father’s serious drinking problem, repeated job losses, and family abandonment when she was 7. Despite financial hardship and the social stigma of a “broken home,” she emerged quite healthy. She attributed her resilience to the strong family unit her mother forged, her strong sibling bonds, and the rock-solid support of her mother’s extended family through troubled times.

From her childhood experience, Marcy described her deep determination to build a strong marriage and family life. When asked what had attracted her to Tom, she immediately replied, “First, I knew I wanted a husband who didn’t drink. Second, I wanted my children to have a father who would always be there for them.” She consciously sought out and married into a strong family. Tom, one of six children from a solid, stable family, was a devoted husband. He was drawn to her “can-do” spirit and admired her family’s ability to weather hardship. Together, they raised their children well, keeping valued connections with both extended families, which, in different ways, offered strong parenting models and supportive kin networks.

My research also revealed that resilience could be brought forth even in the clinical cases categorized as “seriously disturbed.” A crisis, such as an emotional breakdown of a family member, can jolt the family into awareness of needed changes. In the following case, the son’s psychiatric

crisis was triggered by reverberations from his father's past trauma at the same age.

While on a summer trip in Europe, 18-year-old Martin had an acute psychotic episode and was brought home and hospitalized. After a very constrained family interview, his mother asked to meet with me individually. She related the father's past Holocaust experience as a Jewish refugee from Poland. At the age of 18, he had watched as Nazis shot his brother in the head and took his parents away to their deaths. He survived his own concentration camp experience, came to the United States, and became a physician. On their first date, seeing the camp numbers on his arm, she asked him about his experience. He was so visibly shaken that she never asked again. His past was never mentioned as their children were growing up, even though the tattooed numbers were a visible reminder. An implicit family rule, serving to protect him, rendered the unbearable memories and emotions unspeakable. When Martin turned 18, his father's surprising birthday gift was a trip to Europe. Martin went off, but wrote home revealing that he was unable to enjoy himself, aware that terrible things had happened to his father there. The parents didn't reply. Martin attempted to go to Auschwitz, but broke down en route, becoming incoherent and delusional.

This crisis became a turning point. The family taught me that resilience can emerge even in families rigidly governed by long-standing patterns that have become dysfunctional. What had been unspeakable and had gone underground surfaced when Martin reached the age his father had been at the time of his traumatic experience. In following family sessions, the father shared his story, as his wife and children embraced him and comforted him. Family members were commended for their long-standing concern for the father and their wish to spare him pain. He affirmed that he was no longer vulnerable as in earlier years, and their silence was no longer needed. The "gift" was framed as an opportunity to open up communication and to reintegrate old cutoffs. My follow-up with the family a year later found that the parents had made a trip to Poland, to the father's family's town, which was immensely healing for him and deepened the couple's bond. Martin was doing well in college, and, notably, was majoring in communications.

My research experience fundamentally altered the direction of my clinical work, shifting my attention from family deficits toward understanding and facilitating the family processes that generate healing and growth over the life course and across the generations. As therapists, we can help to mobilize new pathways for resilience at whatever point we encounter a family.

Advantages of a Family Resilience Framework

Systems-oriented family process research over recent decades has provided empirical grounding for assessment of effective couple and family functioning (Lebow & Stroud, 2012). However, family scales and typologies tend to be static and acontextual, providing a snapshot of interaction patterns but often not relating them to a family's stressors, resources, and challenges over time and in their social environment. Families most often seek help in crisis periods, when distress and differences from norms are too readily assumed to be signs of family pathology.

A family resilience framework offers several advantages. First, by definition, it focuses on strengths forged under stress, in response to crisis, and under prolonged adversity. Second, it is assumed that no single model of healthy functioning fits all families or their situations. Functioning is assessed in context—relative to each family's values, its structural, situational, and relational resources and constraints, and the challenges it faces. Third, processes for optimal functioning and the well-being of members vary over time as challenges emerge and families evolve over their life course and across the generations.

Although most families might not measure up to ideal models, a family resilience perspective is grounded in a deep conviction in the potential of all families to gain resilience and positive growth out of adversity. Even those who have experienced severe trauma or very troubled relationships can forge healing and transformation across the life course and the generations.

Key Processes in Family Resilience

The family resilience framework shown in Figure 1.1 was developed as a conceptual map to guide practitioners to identify and target key family processes that can reduce stress and vulnerability in high-risk situations; foster healing and growth out of crisis; and empower families to surmount prolonged adversity. This framework is informed by over three decades of clinical and social science research seeking to understand crucial variables contributing to resilience and effective family functioning (Walsh, 2003, 2012a). Based on a survey of the research literature and on my own research and practice experience, I identified nine key processes in family resilience and organized them conceptually in three domains of family functioning: family belief systems, organizational processes, and communication problem-solving processes. The nine key processes are mutually interactive and synergistic, within and across domains.

It is important to stress that this is not a typology or fixed set of traits of a “resilient family.” Rather, these are dynamic processes involving

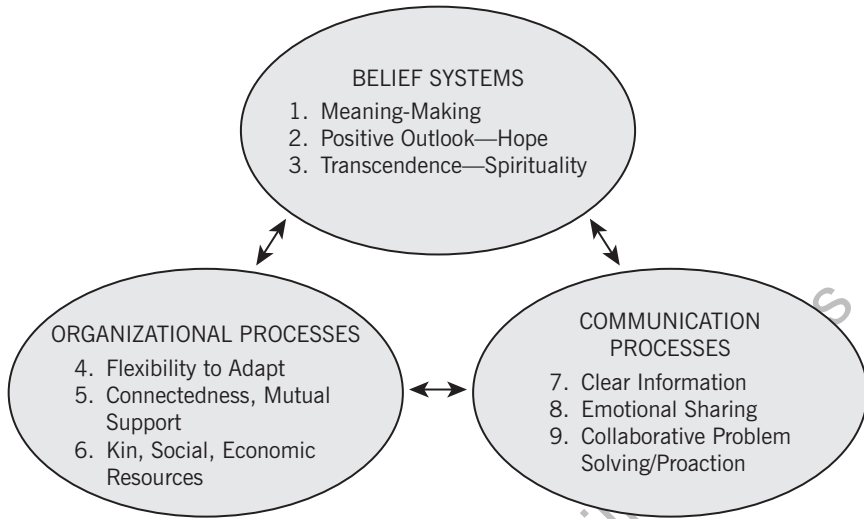


FIGURE 1.1. Key processes in family resilience.

strengths and resources that families can access and gain to increase family resilience. Practitioners can assess and target key processes in intervention and prevention efforts. Various processes may be more (or less) relevant and useful in different adverse situations and in varying social and cultural contexts. Family members may chart varying pathways in resilience depending on their values, resources, challenges, and aims.

This volume attempts to strike a balance that allows us to identify and strengthen core processes, and components, in effective family functioning (see Chapters 3–5), while also being attuned to each family’s sociocultural and developmental contexts and the particular strengths needed to meet varied challenges (see Chapters 9–14).

A FAMILY RESILIENCE ORIENTATION FOR PRACTICE

The family resilience meta-framework presented in this volume can serve as a valuable guide in orienting human services for families facing adversity. A family resilience orientation can be applied usefully with a wide range of crisis situations, disruptive transitions, and multi-stress conditions in clinical and community services. A systemic assessment may be family-centered but include individual and/or group work with youth, parents, or

caregivers. Putting a multilevel systemic perspective into practice, interventions may involve coordination and collaboration with health care providers, community agencies, faith congregations, workplace settings, schools, juvenile justice, and other larger systems (see Chapter 8). A systemic view of resilience is essential in all efforts to help individuals, couples, and families to cope and adapt through crisis and prolonged adversity. The family has been a neglected resource in efforts to foster resilience in children and adults—and their communities. A family resilience practice approach fosters a compassionate understanding of family life challenges, searches for unrecognized resources in the broad kinship network—lifelines for resilience—and strengthens the family as a functional unit.

In the field of family therapy, we have realized that successful interventions depend as much on tapping the resources of the family as on the techniques of the therapist. This family resilience framework provides a research-informed, conceptual map and practice principles to guide efforts to strengthen family capacities to deal with serious life challenges. This resilience-based approach is founded on a set of convictions about family potential that shapes all intervention, even with highly vulnerable families whose lives are problem-saturated. Collaboration among family members is encouraged, enabling them to build new and renewed competence, mutual support, and shared confidence that they can prevail under duress. This approach fosters an empowering family climate: Members gain ability to overcome crises and challenges by working together, and they experience success as largely due to their shared efforts and resources. Experiences of shared success enhance a family's pride and sense of efficacy, enabling more effective coping with subsequent life adaptations.

This positive and pragmatic practice framework guides interventions to strengthen family functioning as presenting problems are addressed. This approach goes beyond problem solving to problem prevention; it not only repairs families but also prepares them to meet future challenges. A particular solution to a presenting problem may not be relevant to future problem situations, but in building key transactional processes for resilience, families become more resourceful in dealing with unforeseen problems and averting crises. Thus, in strengthening family resilience, every intervention is also a preventive measure.

The growing body of resilience studies and systems-based research on healthy family processes can inform our efforts to identify strengths and vulnerabilities and target interventions to strengthen key processes for family resilience. In Part II of this volume, Chapters 3 to 5 provide an overview of these core elements, organized in three domains: belief systems, organizational processes, and communication/problem-solving processes. These

processes may be expressed in different ways and to varying degrees by families as they fit their values, structures, resources, and life challenges.

To summarize, several basic principles grounded in systems theory serve as the foundations for a family resilience framework:

- Resilience is complex, multidimensional, multilevel, and dynamic in nature. It is best understood and fostered contextually, as a mutual interaction of individual, family, sociocultural, and institutional influences over the life course and across the generations.
- Crisis events and persistent stresses affect the entire family and all its members, posing risks not only for individual dysfunction but also for relational conflict and family breakdown.
- Family processes mediate the impact of adverse situations for all members, their relationships, and the viability of the family unit.
- Maladaptive responses heighten vulnerability and risk of individual dysfunction, relationship distress, and family breakdown.
- Dynamic family processes foster resilience by buffering stress, building strengths, and mobilizing resources to facilitate positive adaptation.
- All individuals and families have the potential to strengthen their resilience; we can maximize that potential by encouraging their best efforts, strengthening key processes, and drawing on resources.