
Special Section

Family Resilience: A Concept and Its Application

Fam Proc 35:261-281, 1996

The Concept of Family Resilience: Crisis and Challenge

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The concept of resilience, the ability to withstand and rebound from crisis and adversity, has valuable potential for research, intervention, and prevention approaches aiming to strengthen couples and families. Resilience has been viewed as residing within the individual, with the family often dismissed as dysfunctional. This article advances a systemic view of resilience in ecological and developmental contexts and presents the concept of family resilience, attending to interactional processes over time that strengthen both individual and family hardiness. Extending our understanding of normal family functioning, the concept of family resilience offers a useful framework to identify and fortify key processes that enable families to surmount crises and persistent stresses. There are many pathways in relational resilience, varying to fit diverse family forms, psychosocial challenges, resources, and constraints. Shared beliefs and narratives that foster a sense of coherence, collaboration, competence, and confidence are vital in coping and mastery. Interventions to strengthen family resilience have timely relevance for weathering the rapid social changes and uncertainties facing families today.

At a time of widespread concern about the demise of the family, useful conceptual tools are needed as much as techniques to support and strengthen couples and families. This article presents the concept of family resilience as a valuable framework to guide research, intervention, and prevention efforts. While some families are shattered by crisis or persistent stresses, others emerge strengthened and more resourceful. A resiliency-based approach aims to identify and fortify key interactional processes that enable families to withstand and rebound from the disruptive challenges they face. A resiliency lens shifts perspective from viewing families as damaged to seeing them as challenged, and it affirms their reparative potential. This approach is founded on the conviction that both individual and family growth can be forged through collaborative efforts in the face of adversity.

Resilience has become an important concept in child development and mental health theory and research. However, the focus on *individual* resilience, most often in surviving dysfunctional families, has blinded researchers and clinicians to the resilience that can be found in families and fostered in couple and family intervention. This article first surveys what has been learned about individual resilience, noting the crucial influence of relationships and social support. Next, a systemic view of resilience is advanced, shifting focus from individual traits to interactional processes that must be understood in ecological and developmental context.

Building on these perspectives, the concept of family resilience is presented, involving processes that foster *relational resilience* as a functional unit. Extending our understanding of normal family functioning—typically viewed acontextually, here-and-now, and under non-stress conditions—a resiliency-based approach situates each family in relation to its particular challenges, constraints, and resources. Challenges may range from expectable strains of normative life-cycle transitions, such as retirement, divorce, or remarriage, to a sudden job loss or untimely death of a key family member, or to the prolonged strains of migration or inner-city violence. How a family deals with such challenges is crucial for individual and family recovery. Resilience involves many varied and recursive processes over time, from a family's approach to a threatened crisis through disruptions in the immediate aftermath and long-term adaptations. Processes that are highly effective in dealing with one set of challenges might differ for another. Relational resilience involves organizational patterns, communication and problem-solving processes, community resources, and affirming belief systems. Of particular importance is a narrative coherence that assists members in making meaning of their crisis experience and builds collaboration, competence, and confidence in surmounting family challenges. The utility of a resiliency-based framework for family research and intervention is discussed, noting the potential for prevention efforts: providing psychosocial inoculation by strengthening family resilience in high-risk situations. A redirection of inquiry and response is urged—from problems and how families fail, to life challenges and how families can succeed in meeting them. In conclusion, it is suggested that, given the increasing family diversity and strains of social and economic upheaval, approaches based on the concept of family resilience are particularly relevant to our times since they prepare families to meet uncertainty and future challenges with the mutual support, flexibility, and innovation that will be needed for evolutionary hardiness in a rapidly changing world.

THE CONCEPT OF RESILIENCE

Reflecting our culture's myth of the rugged individual, interest in resilience has focused on the strengths found in *individuals* who have mastered adversity. These resiliencies have usually been viewed in terms of personality traits and coping strategies that enable a child or adult to overcome harrowing life experiences. Resilience is commonly thought of as inborn, as if resilient persons grew themselves up: either they had the "right stuff" all along—a biological hardiness—or they acquired it by their own initiative and good fortune. The use of the term "invulnerable child" (Anthony & Cohler, 1987) contributed to the tendency to view those at-risk survivors of destructive family environments as impervious to stress because of their own inner fortitude or character armor.

Although individual resilience has increasingly come to be seen in terms of an interaction between nature and nurture, few have considered the family as a potential *source of resilience*: that is, *as a resource* (Karpel, 1986). This has occurred, first, because the traditional clinical perspective on family influences has been deficit-based and blind to family strengths (Walsh, 1993). Second, most studies of resilience have focused on survivors of mentally ill parents and dysfunctional families, and have not recognized the resiliencies and potential that can be found and encouraged even in troubled families. Instead, most clinicians and researchers have searched for sources of resilience *outside* the family, finding them in positive "surrogate" relationships—as with teachers, mentors, or therapists—that counterbalance presumably noxious family influences.

In distinction to the body of clinical theory and research that has focused on *individual resilience* in survivors of dysfunctional families, this article builds on the concept of resilience, applying it to the family as a system. A focus on *family resilience* seeks to identify and foster key processes that enable families to cope more effectively and emerge hardier from crises or persistent stresses, whether from within or from outside the family. In building family resilience, we strengthen the family as a functional unit and enable the family to foster resilience in all its members.

Research on Individual Resilience

In efforts to foster family resilience, there is a good deal to be learned from studies of individual resilience conducted over the past two decades, primarily in the field of child development. The preponderance of clinical theory and research has been pathology-based, focused on the risk factors that contribute to symptom development and its maintenance in childhood and adult disorders. With concern for early intervention and prevention, a number of mental health experts began to redirect attention toward understanding the protective factors that fortify the resources of children and enable their resilience (Dugan & Coles, 1989; Luthar & Zigler, 1991; Masten, Best, & Garmezy, 1990; Rutter, 1985, 1987; Simeonsson, 1995). Most of these inquiries have sought to understand how some children of mentally ill parents or dysfunctional families are able to overcome early experiences of abuse or neglect to lead productive lives (see Anthony, 1987; Cohler, 1987; Garmezy, 1974, 1987). In the family field, Wolin and Wolin (1993) described a cluster of qualities found in healthy adults who showed individual resilience despite growing up in dysfunctional, and often abusive, alcoholic families.

A few studies broadened attention to include the wider social context, examining individual risk and resilience in the face of devastating social conditions, particularly poverty (Garmezy, 1991) and community violence (Garbarino, 1992). Felsman and Vaillant (1987) followed the lives of 75 high-risk, inner-city males who grew up in poverty-stricken, socially disadvantaged families. Family life was often complicated by substance abuse, mental illness, crime, and violence. Many men, although indelibly marked by their past experience, showed courageous lives of mastery and competence. These men took an active initiative in shaping their lives, despite occasional setbacks and multiple factors against them. As Felsman and Vaillant concluded, their resilience demonstrated that "the events that go wrong in our lives do not forever damn us" (p. 298). In cross-cultural studies from Brazilian shantytowns and South African migrant camps to American inner-cities, Robert Coles (Dugan & Coles, 1989) also found that, contrary to predictions of mental health colleagues, many children did rise above severe hardship without later time-bomb effects.

The similar concept of hardiness grew out of another line of research on stress and coping. Examining the influence of stressful life events in precipitating a range of mental and physical illnesses, a number of investigators sought to identify personality traits that mediate physiological processes and enable some highly stressed individuals to cope adaptively and remain healthy (Antonovsky, 1979; Dohrenwend & Dohrenwend, 1981; Holmes & Masuda, 1974; Lazarus, 1991; Lazarus & Folkman, 1984). Building on earlier theories of competence, Kobasa and her colleagues (Kobasa, 1985; Kobasa, Maddi, & Kahn, 1982) proposed that persons who experience high degrees of stress without becoming ill have a personality structure characterized by hardiness.

Beginning with Grinker and Spiegel's (1945) pioneering study of men under stress in war, attention to the impact of catastrophic events involving trauma (Herman, 1992), and loss (Wortman & Silver, 1989), has also shed light on the variability in response and capacity of individuals to recover and move on with their lives. In *Against All Odds*, Helmreich (1992) offers remarkable accounts of resilience in the lives forged by many survivors of the Nazi Holocaust. Resilience is that human potential to emerge from a shattering experience scarred yet strengthened.

In one of the most ambitious studies of resilience, Werner and Smith (Werner, 1993; Werner & Smith, 1992) followed the lives to adulthood of nearly 700 children born into hardship on the island of Kauai. All were reared in poverty; one-third had also experienced stress and/or were raised in families torn apart by fighting, divorce, alcoholism, or mental illness. And yet, many developed into "fine human beings," with the capacity "to work well, play well, and love well," as rated on a variety of standard measures. Their success was explained as a result of both personal traits and protective factors in the family and social context. Similarly, other research has linked the emergence of resilience in vulnerable children to key influences in these three interrelated domains: the individual, the family, and the larger social context.

Individual Traits: Several studies have found such traits as a happy, easy-going temperament, and a higher intelligence to be helpful, although not essential, in building resilience. Such qualities tend to elicit more positive responses from others and to facilitate coping strategies and problem-solving skills. More significant is a high level of self-esteem characterized by a realistic sense of hope and personal control. Rutter (1985) noted that a sense of self-esteem and self-efficacy makes successful coping more likely, while a sense of helplessness increases the probability that one adversity will lead to another. Similarly, Kobasa and colleagues reported evidence supporting their hypothesis that persons with hardy personalities possess three general characteristics: (a) the belief that they can control or influence events in their experience; (b) an ability to feel deeply involved in or committed to the activities in their lives; and (c) anticipation of change as an exciting challenge to further development (Kobasa, 1985). In his cross-cultural observations, Coles noted the power of moral and spiritual sources of courage as a life-sustaining force of conviction that lifts individuals above hardship (Dugan & Coles, 1989). Werner (1993) similarly noted that the core component contributing to effective coping was a feeling of confidence that the odds could be surmounted.

Murphy (1987) described the "optimistic bias" of resilient children. She observed that many latch "on to any excuse for hope and faith in recovery," actively mobilizing all thoughts and resources that could contribute to their recovery (p. 103-104). Based on extensive epidemiological research, Taylor (1989) found that people who hold "positive illusions," that is, selectively positive biases about such situations as life-threatening illness, tend to do better than those who have a hard grasp of a reality, because such beliefs allow them to retain hope in the face of a grim situation. The healing power of positive emotions through humor and laughter was documented in Norman Cousins' (1989) account of how he survived a deadly collagen disease with large doses of old Marx Brothers films.

Seligman (1990) introduced the concept of "learned optimism" that has a bearing on resilience. His earlier work on "learned helplessness" demonstrated how people could be conditioned to become passive and give up on trying to solve problems, particularly when rewards and punishments were unpredictable regardless of their behavior. Seligman proposed that if helplessness could be learned, then it could be unlearned by experiences of mastery in which people come to believe that their efforts and actions can work.

Seligman has proposed that, through a process of "immunization," early learning that responsiveness matters can prevent learned helplessness throughout life. He relates that Jonas Salk once told him that if he had his lifework to do over again, he would still devote it to the immunization of children—but he would do so psychologically. This notion of inoculation has been expressed often in the resilience literature to describe preventive psychosocial interventions that boost hardiness and resistance to potentially harmful effects of stressful experiences.

Family Resources: Few studies in the resilience literature have looked for family contributions to individual resilience under stress (Hauser, Vierya, Jacobson, & Wertlieb, 1985; Patterson, 1983; Rutter, 1985; Werner, 1993; Wyman, Cowan, Work, & Parker, 1991). Focused on the family emotional climate, investigators have noted the importance of warmth, affection, emotional support, and clear-cut, reasonable structure and limits. They have also found that if parents are unable to provide this climate, relationships with other family members, such as older siblings, grandparents, and extended kin can serve this function.

Social Support: Support for resilience is also provided by friends, neighbors, teachers, coaches, clergy, or mentors (Brooks, 1994; Rutter, 1987; Werner, 1993). Resilient children in troubled families often actively recruit and form a special attachment with an influential adult in their social environment. They learn to choose relationships wisely and tend to select spouses from healthy families. The importance of social networks for support in crisis and adversity has been amply documented (Pearlin & Schooler, 1978); although they may be a source of strain, they can be a wellspring for positive coping resources (Rutter, 1987). The value of group interventions for individuals facing similar challenges has also been shown. Spiegel (1993), for instance, found that women diagnosed with cancer show a better adjustment, and often live longer, when they participate in a support group.

A Systemic View of Resilience

Taken together, the research on resilient individuals has increasingly pointed toward the importance of a systemic view of resilience. First, the significance of strong relationships in cultivating resilience has been a consistent finding across studies. Second, an ecological, developmental view of resilience is necessary to attend to mediating processes in social context and over time. These multiple, recursive influences underscore the need for a systemic assessment in times of crisis:

(a) to identify potential relationship resources within and beyond the immediate household, throughout the kinship network and community; and (b) to attend to the temporal confluence of experiences over the life cycle and across generations.

Relational Context of Individual Resilience

Children's resilience to hardship is greater when they have access to at least one caring parent or another supportive adult in their extended family or in their social world. Even the emergence of genetically influenced individual traits occurs in relational context. As Werner (1993) has emphasized, self-esteem and self-efficacy are promoted, above all else, through supportive relationships. All of the resilient children in the Kauai study had "at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence" (p. 512). They needed to know there was someone to whom they could turn, and, at the same time, to have their own efforts, sense of competence, and self-worth nurtured and reinforced. Werner notes that all studies worldwide of children of misfortune have found the most significant positive influence to be a close, caring relationship with a significant 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.

Moreover, adaptation is also influenced by the meaning of experience, which is socially constructed (Gergen, 1990). Kagan (1984), for instance, found that the effect of an emotionally significant experience, like a father's prolonged absence or a bitter divorce, depends largely on how the child interprets these events. Kagan was one of the few to credit the family with having a positive mediating influence, through transmission of their perceptions and understanding of what happens to them.

Ecological, Developmental Perspective

An ecological perspective is required to take into account childhood and adult spheres of influence in risk and resilience. The family, peer group, school or work settings, and larger social systems can be seen as nested contexts for social competence (Bronfenbrenner, 1979). As Seligman (1990) acknowledges, a positive outlook needs to be encouraged by a nurturing context: life conditions must offer predictable and achievable rewards. Experiences such as random violence, or job loss despite good work performance, can breed cynicism and hopelessness. Rutter (1987) admonishes that to understand and encourage psychosocial resilience and protective mechanisms, we must attend to the interplay between what occurs within families and what occurs in the political, economic, social, and racial climates in which individuals perish or thrive.

A developmental perspective is also essential in understanding resilience. Rather than a set of traits, or fixed attributes, coping and adaptation are increasingly viewed as multidetermined processes extending over time. Most forms of psychosocial stress are not simply a short-term single stimulus but, rather, a complex set of changing conditions with a past history and a future course (Rutter, 1987). Given this complexity over time, no single coping response is invariably most successful; it is more important to have a variety of coping strategies to meet different challenges as they emerge (Pearlin & Schooler, 1978).

As studies have shown, risk factors do not inevitably lead to poor adaptation, nor are lives as ordered or predictable as is commonly assumed (Felsman & Vaillant, 1987). Garmezy (1987) has been a strong proponent of longitudinal-developmental research on high-risk groups to understand three sets of interrelated biological and psychosocial factors in a stress-diathesis formulation of adaptiveness under stress: those related to (1) vulnerability, or predisposition; (2) triggering events, or potentiators of stress; and (3) protective, stress-resistant resilience that assists in maintaining competence under distressing circumstances. Many ongoing, recursive processes involving each individual, family, and larger social environment interact to influence whether vulnerabilities give way to resilience and a successful life course or whether they intensify, resulting in dysfunction and despair. Rarely will there be a fixed consequence of any single event, or particular set of family conditions, no matter how traumatic. At each developmental stage there is a shifting balance between stressful events that heighten vulnerability and protective mechanisms that enhance resilience. The relative influence of the family, peers, and larger social forces also shifts with each stage.

The focus on stability and order rather than on discontinuity and transition across the life course may have led investigators to miss the most interesting questions about lives (Falicov, 1988; Melito, 1985; Neugarten, 1976). Cohler (1991) emphasizes the importance of narrative coherence in making sense of disruptive experiences. Crisis and challenge become a tension and organizing principle for a coherent life story. Whether a natural catastrophe or a personal tragedy, adversity represents an unpleasant, unexpected event that generates a crisis of meaning and potential disruption of personal integration. This tension prompts the construction or reorganization of one's life story. Over time, and particularly in the experience of psychotherapy, stories of adversity and resilience are developed and revised to seek or maintain a sense of coherence and integrity.

RELATIONAL RESILIENCE

The concept of family resilience goes beyond a contextual view of individual resilience to a family-system level of assessment and intervention, focusing on *relational resilience* in the family as a functional unit. A family-systems perspective enables us to understand the mediating influence of family processes in surmounting crisis or prolonged hardship. How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes, and moves forward with life will influence immediate and long-term adaptation for all family members and for the family unit.

From Family Damage to Challenge

The skewed perspective on family pathology that long dominated the clinical field has been rebalanced over the past decade as systems-based researchers and family therapists have shifted focus to a competency-based, strength-oriented paradigm (Walsh, 1993, 1995; Waters & Lawrence, 1993). A family resilience approach builds on these developments, shifting perspective from seeing families as damaged to viewing them as challenged. It also corrects the tendency to think of family health in a mythologized problem-free family. Instead, it seeks to understand how families can survive and regenerate even in the midst of overwhelming stress. A family resilience perspective affirms the family's capacity for self-repair.

The concept of family resilience extends strength-based approaches in ways that have important clinical and research utility. First, it links family process to challenge: assessing family functioning in social context and as it fits varied demands. Second, a family resilience approach incorporates a developmental, rather than cross-sectional, view of family challenge and response over time, considering how relational resilience processes vary with different phases of adaptation and life-cycle passage.

Research on Normal Family Processes

Early theory and research on family functioning in the social sciences and psychiatry sought to define "the normal family" in terms of a universal set of traits or a singular family form, in the model of the intact nuclear family with traditional gender roles (Parsons & Bales, 1955). Observations of typical middle-class, white suburban families in the 1950s became the standard deemed essential for healthy child development, with deviant family patterns assumed to be pathogenic (Lidz, 1963).

Over the past two decades, a growing body of systems-based research has shown that family processes matter more than family form for healthy individual and family functioning. A number of pioneering assessment models have advanced our knowledge of multidimensional processes that distinguish well-functioning from dysfunctional families (Beavers & Hampson, 1990, 1993; Epstein, Bishop, & Levin, 1978; Epstein, Bishop, Ryan, *et al.*, 1993; Moos, 1986; Moos & Moos, 1976; Olson, 1993; Olson, Russell, & Sprenkle, 1989; Skinner, Santa Barbara, & Steinhauer, 1983). Despite some differences in constructs and methodology, there is remarkable consistency in findings across studies that such interactional processes as cohesion, flexibility, open communication, and problem-solving skills are essential in facilitating basic family functioning and the well-being of members (Walsh, 1993).

However, dilemmas in defining and assessing healthy family functioning are posed by heightened awareness that views of normality are socially constructed (Hoffman, 1990), and by growing recognition of family diversity, and the variety and complexity of contemporary life. A fundamental problem concerns the generalizability and relevance of categories and scales constructed and standardized on normative samples representing a narrow band on the wide spectrum of families. Recent studies have expanded the data base to many cohorts, yet diverse families still tend to be evaluated in comparison to one standard (Walsh, 1995).

Families that differ from the norm, particularly at the extreme, tend to be pathologized and presumed dysfunctional although their processes may be typical and even functional in their particular situation (Walsh, 1993). For instance, very high cohesion is too readily typed by researchers and clinicians as enmeshment although it may be culturally normative, workable, or even necessary when a family must pull together to weather a challenge, such as the initial crisis or terminal phase of a serious illness (Rolland, 1987, 1994). Zacks, Green, and Marrow (1988) found that lesbian couples scored in the high extreme on the cohesion scale of the Circumplex Model; however, rather than pathological fusion, this pattern tended to be mutually satisfying and functional in fortifying these relationships in a homo-phobic social environment.

Diverse family arrangements, such as dual-earner, single-parent, and stepfamilies differ in organizational resources and constraints, and confront varying challenges. For instance, a remarried family must find ways to knit together biological and step-relations, and to bridge parenting arrangements across households (Visher & Visher, 1993). A family resilience framework is valuable in assessing family functioning in relation to each family's structure, psychosocial demands, constraints, and resources. Processes needed for effective functioning may vary depending on differing social-cultural contexts and developmental challenges.

Resonant with a family resilience perspective, Falicov (1995) argues for a multidimensional ecological view, recognizing that families combine and overlap features of multiple cultural contexts, based on the unique configuration of many variables in their lives, such as ethnicity, socioeconomic status, religion, family structure, gender roles, sexual

orientation, and life stage. Conflict and change are as much a part of family life as tradition and continuity, as seen in the challenges posed by the process of migration with its profound ecological disruption and inevitable uprooting of meanings.

In accord with Falicov's approach to culture, a resiliency-based stance views each family as having a complex ecological niche, sharing borders and common ground with other families, as well as differing positions and views relative to the dominant culture. A holistic assessment includes all contexts the family inhabits simultaneously, with the aim of understanding the challenges, constraints, and resources in that position. To do justice to these complexities, it is imperative to go beyond any one-norm-fits-all model of family functioning. Yet, given the unique ecological niche of each family, it would be impossible, and perhaps unwise, to construct models of family health to fit each situation. A balance can be struck that allows us to identify common components of basic family functioning while also taking differences into account. The concept of family resilience offers this flexible view that can encompass multiple variables, both similarities and differences, and both continuity and change over time.

A family resilience framework offers this advantage: it views functioning in context and links processes to challenges. Unlike models of basic family functioning that are acontextual, atemporal, and under non-stress conditions, this approach situates each family in relation to its particular resources and challenges. Family processes that are highly effective in dealing with one set of challenges might differ for another. Rather than proposing a blueprint for any singular model of "the resilient family," our search for family resilience with each family seeks to understand key processes that can strengthen that family's ability to withstand the crises or prolonged stresses they face. All families have the potential for resilience. Moreover, there are many pathways in resilience.

Family Stress, Coping, and Adaptation

The concept of family resilience also builds on social science theory and research on stress, coping, and adaptation. The cognitive appraisal model of stress and coping developed by Lazarus and Folkman (1984; Lazarus, 1991), a multi-level, multiprocess model for adaptation, has been widely influential, although the focus has remained on the individual. Stress is treated as a transactional concept describing adaptive behaviors between persons and their environments, involving appraisals of demands and opportunities. Interventions are aimed at reducing levels of stress, and they seek the best adaptation for a particular individual in a particular environment. Thus, adaptive challenges are viewed contextually, similar to the notion of ecological niche. The model's potential for understanding family adaptation has yet to be tapped.

At the family-system level of analysis, Hill's (1949) pioneering ABCX Model of family stress in wartime led to conceptual and research developments on family coping and adaptation (Boss, 1987; Rapaport, 1962). McCubbin and Patterson (1983) developed a family crisis framework, positing concepts of family vulnerability and regenerative power to understand why some families are able to withstand stress and recover from crisis while others are not. The concept of family resilience proposed here concerns both vulnerability and regenerative power, since it involves the ability to minimize the disruptive impact of a stressful situation through efforts both to influence the demands and to develop resources to meet them.

McCubbin and Patterson (1983) emphasized the importance of fit and balance in adaptation to achieve a level of functioning that promotes the development of both the family unit and individual members. Families need to achieve a functional fit between their challenges and resources, between individual and system priorities, and between different dimensions of family life. A fit at one level may precipitate strains elsewhere in the system, as in dual-earner families when efforts to manage job and childrearing demands deplete energy for couple intimacy. Strains can be compounded by maladaptive coping efforts or by independent, concurrent life changes (Walsh, 1983). Family adaptive ability is also complicated by ambiguity in boundaries and roles, as in families with a member missing in wartime, or those dealing with progressive losses, as in Alzheimer's disease (Boss, Caron, Horbal, & Mortimer, 1990). Over time, a pile-up of stressors, multiple losses, and dislocations can overwhelm family coping efforts, and contribute to family violence or breakup. Successful adaptation requires both intrafamilial and environmental resources. With many adaptational routes possible, the varying costs and benefits for the family and its members need to be weighed and balanced.

Family Resilience through Crisis and Challenge

The notion of family resilience began to take form in the context of my early research experience with families of psychiatrically hospitalized and normal young adults (Walsh, 1978). An assessment of family stress events found that the seriously disturbed patients were significantly more likely to have been born around the time of the death of a grandparent. The concurrence of such intense, incompatible life-cycle challenges appeared to complicate both mourning and parenting processes. It was noteworthy that those few families in the normal control group who had also experienced this concurrence of loss and birth events demonstrated healthier modes of dealing with the challenges *as a family unit*.

The vitality and diversity observed in families in the normal control group countered the image of normal families as dull and monotone. Most impressive, a number of parents had suffered serious childhood trauma and yet had grown up able to form and sustain healthy families and raise their children well to adulthood. Along with other emerging research, these

cases cast into doubt traditional clinical assumptions that those who have suffered childhood trauma are wounded for life. Studies have documented, for example, that most survivors of childhood abuse do not go on to abuse their own children (Kaufman & Zigler, 1987).

Case Example 1

Particularly striking were the strengths shown by one normal control family, Marcy and Tom and their five children, whose individual and family resiliencies were interwoven across the generations. Marcy, one of three children in her family of origin, told of her father's serious drinking problem, repeated job losses, and family abandonment when she was seven years old. Despite financial hardship and the social stigma of a "broken home," she emerged quite healthy. She attributed her own resilience to the strong family unit her mother forged, her close sibling bonds, and the support of her extended family. Based on her childhood experience, Marcy had developed deep convictions about marriage and raising a healthy family. When asked what had attracted her to Tom, her reply was crystal clear: "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 the kind of family that she wanted to have. She chose wisely: Tom was the son of a minister, one of six children from a solid, stable family. For his part, he was drawn to her "can do" spirit and admired her family's ability to weather hardship. Together, as they raised their children, they kept close contact and connection with both extended families that, in different ways, offered strong parenting models and supportive kin networks.

Marcy demonstrated many qualities that other researchers have found to be characteristic of resilient individuals, such as her success in overcoming early life trauma, an ability to learn from experience and make conscious choices, and a determined effort to build a strong family life. But most noteworthy was the central role of her postdivorce family system in fostering her resilience. Her family's ability to handle crises and persistent challenges over time enabled her to survive and thrive. Moreover, the strong sibling bonds through the shared ordeal provided a lasting mutual resource. As a strong couple and parental team, Marcy and Tom built a well-functioning family unit, raised all five of their children successfully to adulthood, and continued to value and maintain positive, extended-family connections.

Resilience is forged *through* adversity, not *despite* it. The Chinese symbol for the word crisis is a composite of two pictographs: the symbols for "danger" and "opportunity." Wolin and Wolin (1993) noted this paradox of resilience: some of the worst times can be the best. Studies of strong families by Stinnett and his colleagues (1981, 1985) found that, at times of crisis, 75% of them experienced positive occurrences in the midst of hurt and despair, and believed that something good came out of it. Many families report that, after weathering a crisis together, their relationships with each other became more precious and loving than they might otherwise have been.

The quality of bouncing back, inherent in resilience, is not simply about "breezing through" a crisis, as if unscathed, and at the cost of cutting off from a painful experience. The ethos of the rugged individual—and related images of masculinity—miscast such apparent invulnerability as hardiness, and it encourages people, especially men, to put troubles quickly behind them and push painful feelings away. Instead, resilience involves integrating the fullness of the experience into the fabric of individual and family identity and how family members go on to live their lives.

Family resilience is a more useful concept than family crisis or adjustment, which focus narrowly on immediate response. Resilience involves multiple, recursive processes over time, from a family's approach to a threatened or impending crisis situation through adaptations in the immediate and long-term aftermath. Adaptation to divorce, for example, begins in the predivorce climate and the decision to separate, moving through legal processes, reorganization of households, roles, and relationships into single-parent or binuclear custodial arrangements, and later, for most, into remarriage and stepfamily configurations (Walsh, 1991; Walsh, Jacob, & Simons, 1995). Deterministic views of the inevitable damage of divorce on children (Wallerstein & Blakeslee, 1989) fail to take such process variables into account and overlook the wide variability in adaptation over time (Ahrns & Rogers, 1989; Furstenberg & Cherlin, 1991; Hetherington, 1989). The postdivorce functioning and well-being of family members, especially children, are influenced not simply by the "event" of divorce, but even more by family processes in managing each of the many unfolding challenges and in making meaning of the experience.

Psychosocial demands on the family change over time with subsequent phases in the adaptation process, as in the variable course of a serious illness, in interaction with individual and family life-cycle passages (Rolland, 1994). That course is almost never a smooth trajectory: at each transition, the family must readjust and recalibrate. A chronic illness that requires hanging in for the long haul will pose different challenges than a sudden crisis, when families must mobilize quickly but can then return to regular daily life. Therapeutic response must be attuned to those different and changing demands and mobilize family resources to meet them.

The systemic approach to loss developed by the author in collaboration with Monica McGoldrick (Walsh & McGoldrick, 1991), shifted attention from individual bereavement to family adaptation processes for recovery and resilience. Of all

human experiences, death poses the most profound challenges for families. Even individuals not directly touched by a loss are affected by the family response, with reverberations for every member and all other relationships (Bowen, 1978). Viewing loss as a normative transition in the family life cycle (McGoldrick & Walsh, 1991), we examined the disruptive impact of loss on couple and family functioning, and the complications that pose a risk for immediate or long-term dysfunction. For instance, the death of a child frequently leads to parental divorce, and yet in other cases it actually strengthens the couple's relationship, especially when mutual empathy is encouraged (Paul & Grosser, 1991). In an effort to understand these differences, we identified core family tasks for healthy adaptation to loss, which, if not dealt with, heighten individual and family vulnerability (Walsh & McGoldrick, 1991). Key processes include: (1) shared acknowledgment of the reality of loss; (2) open communication for sharing the experience; (3) reorganization of the family system; and (4) reinvestment in other relationships and life pursuits. When loss is threatened, at impending death and in its aftermath, a systemic approach to intervention strengthens key interactional processes that foster healing, recovery, and resilience, enabling the family and its members to integrate the experience and move on with life.

Catastrophic events that occur suddenly and without warning can be especially traumatic (Figley, 1989). In their wake, some families are devastated, experiencing heightened conflict, substance abuse, and other serious problems, while other families are able to pull together and draw on their resources.

Case Example 2

Mrs. Ramirez requested help at a child guidance clinic for her daughter's school problems. The problems had been noted by school personnel for some time, but had worsened in recent weeks. A critical question, "Why now?" led to inquiry about recent events and their impact on the family. Several weeks earlier, the eldest son, age, 17, had been caught, in the crossfire of gang violence. That bullet had also shattered the family unit. Mr. Ramirez turned to alcohol to drown his pain, isolating himself from the family. The 16-year-old son carried the family rage into the streets, seeking revenge for the senseless killing. Two other children showed no reaction, keeping their upset to themselves so as not to further burden their parents. Mrs. Ramirez, alone in her grief, focused on her daughter's school problems, which took her mind off her unbearable loss. Family resilience was fostered by repairing the family fragmentation and promoting a more cohesive network with their extended family for mutual support and healing. In sharing their loss and comforting one another, the school problems and father's drinking abated. The family members, brought closer, began to deal more effectively with other problems in their lives with greater confidence that they could now weather anything together.

KEYS TO FAMILY RESILIENCE

Research to date on family functioning is valuable in identifying basic elements in resilience, including such processes as cohesion, flexibility, open communication, problem solving, and affirming belief systems (Walsh, in press). It is also crucial to attend to transitional processes in any crisis situation (Cowen & Hetherington, 1991; Falicov, 1988; Landau-Stanton, 1985). David Reiss's (1981; Reiss & Oliveri, 1980) seminal work on family paradigms has particular relevance for understanding family resilience. Shared beliefs shape and reinforce interactional patterns, governing how a family approaches and responds to a new situation. Reiss's work demonstrated how a critical event or disruptive transition can catalyze a major shift in a family belief system, with reverberations for immediate reorganization and long-term adaptation. Moreover, family perceptions of a stressful situation or transition intersect with legacies of previous experience in the multigenerational system to forge the meaning the family makes of a challenge and its patterns of response (Carter & McGoldrick, 1989). Spiritual values and a cultural heritage provide meaning and purpose beyond the family unit (Beavers & Hampson, 1990). How families make sense of a crisis situation and endow it with meaning are most crucial for family resilience (Antonovsky & Sourani, 1988; Rolland, 1994).

The availability of community resources and a family's outreach to use them are also essential for family resilience, providing financial security, practical assistance, social support and a basic sense of connectedness through kin and friendship networks, and religious or other group affiliations. In the gay community, the formation of strong networks, termed "families of choice," has been invaluable in coping with the ongoing AIDS crisis (Weston, 1991). As family challenges become more complex, collective efforts and social system changes may be required to work out organized solutions and resources, such as adequate family-based healthcare or daycare for children and elders. Lacking community response to hardships, family disruption may be inevitable no matter how strong the intrafamilial capacities. Those who blame undersupported, low-income minority families for personal and social problems fail to appreciate the crushing power of racism and impoverished, dangerous, and dehumanizing conditions. In *Bread and Spirit*, Aponte (1995) makes the point that, in poor communities, the family challenge is not only about bread or basic resources, but as much about spirit: building a sense of dignity, purpose, and future in families that have surrendered hope, meaning, and self-worth to a sense of despair. Here, optimism and hope—core elements in resilience—require a social responsiveness to improve actual family conditions and prospects.

Research Directions

A redirection of research focus and funding is needed, from studies of dysfunctional families and what makes families fail, to studies of well-functioning families to identify what can enable them to succeed. Normal family process research to date has focused primarily on interactional process elements in nonstressed families. A better understanding of family strengths in the midst of crisis and prolonged hardship can inform efforts to support and encourage key processes, as in studies of family coping with childhood developmental disabilities by Beavers and colleagues (1986) and Kazak (1989).

We have much to learn from resilient families to inform our interventions with distressed families. In particular, more attention should be directed to families that are successful in navigating the disruptions and reorganizations occasioned by major losses and transitions, especially death, separation, divorce, and remarriage. For example, with a 60% rate of divorce in remarriages, Ganong and Coleman (1995) stress the importance of exploring how some stepfamilies succeed when so many do not.

Both quantitative and qualitative methodologies can contribute to our understanding of family resilience. Most research on family functioning has employed quantitative methods to study organizational and communication patterns as measured through observation, rating scales, and self-report questionnaires. The concept of family resilience has particular relevance to the burgeoning interest in understanding family influences in health and the course of illness (see Anderson, Kiecolt-Glaser, & Glaser, 1994; Campbell, 1986; Steinglass & Horan, 1988). For instance, since stress events have been linked to a range of health problems, it would be of value to examine how family resilience might contribute to enhanced biological functioning, such as physiological immune processes.

Because affirming beliefs, such as a confident, empowering, and hopeful outlook, have been found to be so central in individual resilience, more inquiry should be directed to affirming belief systems in families, particularly in the meaning of a crisis situation and shared beliefs about control and mastery. Qualitative methods, currently coming into greater use in family process research (Gilgun, Daly, & Handel, 1993), hold great potential for exploring family belief systems and narrative processes that influence family coping and adaptation. Ethnographic methods and narrative accounts of stressful experiences and their meanings can be particularly useful for understanding continuity and change in family development over time, and in families facing diverse challenges.

Efforts to investigate and conceptualize normal (typical) and healthy (optimal) family processes are clarifying better questions as we seek to understand family functioning. The definition of family health has most often been based on the capacity to perform the essential tasks of daily living. Since all families have problems, it's what they do with them that distinguishes them. How do ordinary families cope with their life challenges? What are the key processes and mediating variables that facilitate successful family adaptation? Our challenge is twofold: to identify basic systemic processes that foster family resilience while also being mindful of the diversity of family challenges and multiple routes in healthy functioning. A both—and position is needed in clinical theory, research, and practice.

Clinical Directions

A systemic view of resilience is important in all efforts to help individuals, couples, and families to cope and adapt through crisis and adversity. The family has been a neglected resource in interventions aiming to foster resilience in children and adults. A narrow focus on individual resilience has led clinicians to attempt to salvage individual "survivors" without exploring the family potential, and even at the expense of families that are written off as hopeless. Wolin and Wolin (1993) noted that only a handful of resilient adults from dysfunctional families had reconciled with their families, most maintaining their distance and a negative view, often reinforced by psycho-therapies. A clinical stance is called for that fosters a compassionate understanding of parental life challenges, encourages reconciliation, and searches for unrecognized resiliencies in the network of family relationships.

In the field of family therapy, we've come to realize that successful interventions depend as much on the resources of the family as on the skills of the therapist (Karpel, 1986; Minuchin, 1992). What is needed even more than new techniques are strength-oriented conceptual tools that guide intervention. The concept of family resilience offers such a lens, and is distinct in its focus on surmounting crisis and challenge. Symptoms are assessed in the context of past, ongoing, and threatened crisis events, their meanings, and family coping responses. Therapeutic efforts are attuned to each family's particular challenges and family resources are mobilized to meet them.

A resiliency-based stance for family therapy is founded on a set of convictions about family potential that shapes all intervention, even with multiproblem families whose lives are saturated with crisis situations. Collaboration among family members is encouraged, enabling them to build new and renewed competencies, mutual support, and shared confidence that they can prevail under duress. This approach fosters an empowering family climate, reinforcing the possibilities that, in working together, members can overcome seemingly insurmountable obstacles, and will experience success as largely due to their shared efforts, resources, and abilities. Experiences of shared success enhance family pride and efficacy, enabling

more effective coping with subsequent life adaptations. A family resilience approach provides a positive and pragmatic frame that guides interventions to strengthen the family as presenting problems are resolved.

Western notions of mastery must be reconsidered. Not all crises can be mastered: families may not be able to control a harrowing situation or avert tragic consequences. For example, even with the best efforts, optimism, and medical care, a family may not be able to reverse the progressive ravages of a deteriorating disease, nor can anyone conquer death. The challenge to be mastered involves the shared coping efforts in *relational resilience* rather than *recovery*. In pulling together through a crisis, members experience a deepening of their bonds and confidence that they can weather future challenges.

To enable families to manage stress-laden situations, change efforts may best involve the family, support networks, and larger systems to foster community connections that most families have lost. Multifamily psychoeducational and self-help groups are particularly well-suited to promoting family resilience. Such groups gained impetus for their value in helping families cope with persistent strains in caring for a member with a serious mental or physical illness (Anderson, Reiss, & Hogarty, 1986; Gonzalez, Steinglass, & Reiss, 1989; Hatfield & Lefley, 1993). Multifamily groups have broad potential to provide useful information, coping strategies, and social support for families in crisis, from situations such as a breadwinner's job dislocation to couples suffering perinatal bereavement. Resiliencies are gained through contact with other families dealing with similar challenges and through learning from one another. Families respond positively to the depathologized framing of their distress as a family challenge, and to group objectives in terms of strengthening resilience.

A family resilience approach goes beyond problem solving to problem prevention by not only repairing families, but also preparing them to meet future challenges. From a prevention standpoint, it is not enough to resolve a presenting problem if the family doesn't also gain new resiliencies to deal effectively with other problems that are bound to arise. The idea of "psycho-social inoculation" can be readily applied to a family resilience approach. More than a crisis intervention model, which is typically limited to brief, intensive support in the immediate crisis phase, crisis prevention is promoted by helping families to anticipate likely challenges ahead, learn from past experiences, and plan more effective coping strategies. Resilience is also promoted by normalizing and contextualizing strains, and by offering useful guidelines for coping and adaptation based on psychoeducational principles. With prolonged challenges, the standard therapeutic contract of weekly sessions to termination can become more flexible and cost-effective, with intensive work around a crisis, transition, or predictable stress point, such as an anniversary of a traumatic loss. Gains can be sustained through periodic checkups or "booster" sessions during more stable periods, depending on family need or changing circumstances (Rolland, 1994). The future direction to intervention (Penn, 1985) serves to empower families by helping them envision possibilities and actively navigate their course ahead. A particular solution to a presenting problem may not be relevant to future problems, but by promoting resilient *processes* we can prepare families to surmount unforeseen problems and avert crises. In this way, every intervention is also a preventive measure.

RESILIENCE IN A CHANGING WORLD

The concept of family resilience is especially timely as our world grows increasingly complex and unpredictable, and as families face unprecedented challenges. The media are saturated with images of the family as conflicted, abusive, negligent, broken. Although the virtue of "family values" is widely touted, little support is given to sustain the vitality of families. At a time of widespread concern about the demise of the family, it is more important than ever to understand processes that can enable families to weather and rebound from their life challenges, strengthened as a family unit.

The loss of bearings can be experienced as overwhelming and alarming. Yet, as Mary Catherine Bateson (1994) contends, adaptation comes out of encounters with novelty that may seem chaotic. An intense multiplicity of vision, enhancing insight and creativity, is necessary today as families confront tumultuous change. Although we can never be fully prepared for the demands of the moment, Bateson argues that we can be strengthened to meet uncertainty:

The quality of improvisation characterizes more and more lives today, lived in uncertainty, full of the inklings of alternatives. In a rapidly changing and interdependent world, single models are less likely to be viable and plans more likely to go awry. The effort to combine multiple models risks the disasters of conflict and runaway misunderstanding, but the effort to adhere blindly to some traditional model for a life risks disaster not only for the person who follows it but for the entire system in which he or she is embedded, indeed for all other living systems with which that life is linked. [p. 8]

If we knew the future of a particular family, we might be able to prepare that family with all the necessary skills and attitudes. But as family sociologists have concluded, it is doubtful that such stability or certainty ever existed (Skolnick, 1991). Instead, ambiguity is the warp of life, and can not be eliminated. Therapists must help families to find *coherence within complexity*. In Bateson's apt metaphor, "We are called to join in a dance whose steps must be learned along the way. Even in uncertainty we are responsible for our steps" (p. 10).

Amid the swirling confusions and upheavals, we can help families to prevail by carving out a part of their lives that can

be controlled and mastered. In the process of small victories, families build competence and confidence. At the same time, as Bateson urges, we need to encourage families to carry on the process of learning throughout the life cycle, in all they do: "... like a mother balancing her child on her hip as she goes about her work with the other hand and uses it to open the doors of the unknown" (p. 9). The ability to combine multiple roles and face new challenges can be learned. Encouraging such vision and skills is a core element of a resiliency-based approach to family therapy.

Many families are showing remarkable resilience by inventing new models of human connectedness to fit changing family structures and gender roles. In *Brave New Families*, an ethnographic study of working-class families, Stacy (1990) found a creative reworking of family life in a variety of household and kinship arrangements. Stacy was particularly impressed by initiatives to reshape the experience of divorce from a painful, bitter schism, and loss of resources into a viable kin network involving new and former mates, multiple sets of children, stepkin, and friends into households collaborating to survive and flourish. Although commonly labeled "nontraditional families," their flexibility, diversity, and community show the resiliencies found in the varied households and loosely knit clans of the past. Families with a variety of configurations and values can be functional. It is not the family *form*, but rather *family processes* and the quality of relationships that matter most for evolutionary hardiness.

No family is problem-free. Stresses are part of life and the slings and arrows of misfortune strike all families over their life course. The concept of family resilience affirms the reparative potential in all families and offers a valuable framework for research and clinical practice. Just as families face diverse challenges, there are many pathways in family resilience. By understanding key processes, clinicians can mobilize untapped resources, enabling distressed families to cope more effectively and rebound strengthened through their mutual support and collaboration.

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Manuscript received October 19, 1995; Accepted March 25, 1996.