

Family Resilience

A Dynamic Systemic Framework

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Introduction

The concept of *resilience*—the capacity to withstand and rebound from disruptive life challenges—has come to the forefront in the social sciences and in healthcare and mental health fields. A growing body of research has expanded our understanding of human resilience as involving the dynamic interplay of multilevel systemic processes fostering positive adaptation in the context of significant adversity (Masten & Cicchetti, 2016). Beyond coping, these strengths and resources enable recovery and positive growth from serious life challenges.

A relational view of resilience assumes the centrality of supportive relationships in positive adaptation to adversity. Early theory and research focused on personal traits and abilities of resilient children and adults who overcame adverse conditions. Yet, the positive influence of a significant dyadic bond with a caregiver or mentor stood out across many studies (Walsh, 1996). Relational processes support individuals' resilience by encouraging their potential to overcome stressful challenges and by supporting their best efforts to make the most of their lives.

A family systems orientation expands our understanding of resilience to the broad relational network, attending to the ongoing mutuality of influences and identifying potential resources for resilience throughout the immediate and extended family. A resilience-oriented family approach (Walsh, 2016b) seeks to identify and involve members who are, or could become, invested in the positive development and well-being of at-risk youth or vulnerable adults. Even in troubled families, positive contributions might be made by parents, step-parents, siblings, and other caregivers (Ungar, 2004). Grandparents and godparents, aunts and uncles, cousins, nephews and nieces, and informal kin can play a vital role. Beyond the

influence of family members for individual resilience, a systemic perspective focuses on risk and resilience in the family as a functional unit.

The Concept of Family Resilience

The concept of *family resilience* refers to the capacity of the family, as a functional system, to withstand and rebound from adversity (Walsh, 1996, 2002, 2003, 2016a, 2016b). A basic premise in family systems theory is that serious crises and persistent life challenges have an impact on the whole family, and in turn, key family processes mediate adaptation (or maladaptation) for individual members, their relationships, and the family unit.

The concept of family resilience extended family developmental theory and research on family stress, coping, and adaptation by McCubbin and colleagues (Hawley & DeHaan, 1996; McCubbin & McCubbin, 2013; McCubbin & Patterson, 1983; Patterson, 2002). In the clinical field, a family resilience conceptual framework was developed by Walsh, building on a body of family systems research on transactional processes in well-functioning families (Walsh, 1996, 2003, 2016a, 2016b).

A resilience-oriented lens is distinct because of its focus on family capacities in dealing with situations of adversity. Major stressors or a pile-up of stresses over time can derail family functioning, with ripple effects throughout the relational network. The family's approach and response are crucial for the resilience of all members, from young children to vulnerable adults (Walsh, 2016a, b). For instance, in eldercare, mobilizing a family caregiving team can reduce strains on the primary caregiver as it strengthens family efforts to support the well-being of the elder member (Walsh, 2012a). Key transactional processes enable the family to rally in highly stressful times: to take proactive steps, to buffer disruptions, to reduce the risk of dysfunction, and to support positive adaptation and resourcefulness in meeting challenges.

Resilience entails more than coping, managing stressful conditions, shouldering a burden, or surviving an ordeal. It involves the potential for personal and relational transformation and positive growth that can be forged out of adversity. Many studies have found that couples and families, through suffering and struggle, often emerge stronger, more loving, and more resourceful through collaboration and mutual support. (e.g., see the study by McCubbin, Balling, Possin, Friedrich, & Byrne, 2002, on family resilience with childhood cancer.) While some families are more vulnerable or face more hardships than others, a family resilience perspective is grounded in a conviction that all families have the potential to build resilience in dealing with their challenges. Even those who have experienced severe trauma or very troubled relationships can experience repair and growth over the life course and across the generations (Walsh, 2007, 2016b).

Ecosystemic and Developmental Perspectives

A family resilience framework integrates ecosystemic and developmental dimensions of experience. Effective functioning is contingent on the type, severity, and chronicity of adverse

challenges faced and the resources, constraints, and aims of the family in its social context and life passage. Similar to Falicov's (2012) multidimensional approach with immigrant families, each family is considered within a complex ecological niche, sharing borders and common ground with other families, as well as differing positions with the intersection of such variables as gender, economic status, life stage, ethnicity, and location in the dominant society. Each family's experience of adversity will have common and unique features. A holistic assessment includes the varied contexts and aims to understand the constraints and possibilities in each family's position.

Ecosystemic View

From a *biopsychosocial systems orientation*, risk and resilience are contingent upon multiple, recursive influences. Human functioning and dysfunction involve an interaction of individual, family, community, and larger system variables; their interplay affects vulnerability and resilience in dealing with stressful life experiences and chronic conditions. Genetic and neurobiological influences may be enhanced or countered by family processes (Spotts, 2012) and by wider sociocultural resources and constraints. Family distress may result from unsuccessful attempts to deal with an overwhelming crisis, such as traumatic loss of a loved one, or with cumulative stresses, or the wider impact of a major disaster (Walsh, 2007).

From an ecosystems perspective, the family, peer group, community resources, school, work setting, and other social systems can be seen as nested contexts for resilience. Cultural and spiritual resources also support family resilience (McCubbin & McCubbin, 2013; Walsh, 2009), especially for those facing discrimination and socioeconomic barriers (Boyd-Franklin & Karger, 2012; Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011). Powerful social influences are not simply external forces or factors that impact families. Understood in dynamic terms, risks are countered and resources are mobilized through active agency in family transactional processes, as members navigate and negotiate their relationship within their social environment (Ungar, 2010).

Developmental View

A developmental perspective is essential in understanding and fostering resilience. The impact of adversity varies over time, with unfolding conditions and in relation to individual and family life cycle passage.

Emerging Challenges and Resilient Pathways Over Time

Most major stressors are not simply a short-term single event, but rather a complex set of changing conditions with a past history and a future course (Rutter, 1987). For instance, risk and resilience with divorce involve family processes over time: from an escalation of predivorce tensions to separation, legal divorce and custody agreements, reorganization of households, and realignment of parent-child relationships (Greene, Anderson, Forgatch,

DeGarmo, & Hetherington, 2012; Walsh, 2016a). Most children and their families undergo subsequent disruptive transitions, with financial strains, residential changes, parental remarriage/repartnering, and stepfamily formation. Longitudinal studies find that children's resilience depends largely on supportive family processes over time: how both parents and their extended families buffer stress as they navigate these challenges and establish cooperative parenting networks across households.

The psychosocial demands of an adverse situation, such as serious illness, may vary with the evolving course of different conditions (Rolland, 2018). For instance, a medical crisis may be followed by: a full recovery, with normal life resumed; a plateau of persisting disability (e.g., with a stroke); a roller coaster course of remissions and recurrences (e.g., with cancer); or a deteriorating course (e.g., with Alzheimer's disease). Given this complexity, varied strategies may be more or less useful over time depending on their fit with emerging challenges.

In assessing family resilience, it is important to explore how families approach their adverse situation, their immediate response, and long-term coping strategies. Initial efforts that are functional in the short term may rigidify, becoming dysfunctional over time. For instance, with a father's heart attack, a family must rapidly mobilize resources and pull together to meet the crisis, but it may become maladaptive if family members continue to hover over the father long after his recovery. Families need to shift gears to attend to other priorities and other needs. Likewise, a recurrence will require flexible readjustments. Family resilience thus involves varied adaptational pathways extending over time.

Cumulative Stressors

Some families do well with a short-term crisis but buckle under the cumulative strain of multiple, persistent challenges, as with chronic illness, conditions of poverty, unemployment, or ongoing, complex trauma in war and conflict zones. A pile-up of internal and external stressors can overwhelm family functioning, heightening vulnerability and risk for subsequent problems (Patterson, 2002). For instance, the closing of a factory and job loss for wage earners can bring a cascade of problems such as loss of essential family income which triggers prolonged unemployment, which heightens risks for housing insecurity, relational conflict, and family breakup. In one community-based program, workshops were designed for displaced workers and their families to reduce stresses and strengthen worker and family resilience (Walsh, 2016b). The large group sessions focused on overcoming challenges with job transition stresses: sharing effective strategies; reducing relational strains; realigning functional family roles; mobilizing extended kin, social, and financial resources; and increasing family support for displaced workers' reemployment efforts.

Multigenerational Family Life Cycle

Human functioning is assessed in the context of the family system as it moves forward over the life course and across the generations (McGoldrick, Garcia-Preto, & Carter, 2015). No

family life course of sequential stages should be regarded as the standard, since family cultures, structures, and gender relations are becoming increasingly diverse, complex, and fluid over an extended life trajectory (Walsh, 2012b). Amid global social, economic, political, and climate disruptions, families are also navigating unprecedented challenges and facing many uncertainties about their future. Abundant research finds that children and families can thrive in varied family structures that are stable, nurturing, and protective (Biblarz & Savci, 2010; Lansford, Ceballo, Abby, & Stewart, 2001). Yet, adults and their children are increasingly likely to experience varied households and family configurations over time, requiring resilience to meet adaptational challenges.

Across the family life cycle, a family resilience lens focuses on adaptation with critical events and major transitions. This includes unexpected complications with predictable, normative transitions, such as the birth of a child with disabilities, and with highly disruptive events, such as the untimely death of a child-rearing parent. The timing of symptoms in a family member is often concurrent with highly stressful family events or transitions (Walsh, 2016b). A resilience-oriented genogram (diagram of family relationships) and a family time line (noting major events and stressors) are useful to organize relationship information, track system patterns, and guide intervention (McGoldrick et al., 2008). Connections are explored, for example, when a son's school dropout follows his father's job loss. Frequently, child emotional or behavior problems coincide with anxiety-provoking disruptions, such as parental separation, incarceration, or military deployment, which also involve family boundary shifts and role redefinition. The impact for children is likely to vary with salient issues at different developmental phases.

Losses for a family are multifaceted (Walsh, 2013, in press), involving not only particular persons and relationships, but also crucial role functioning (e.g., breadwinner, caregiver); financial security, homes, and communities following a major disaster; and future hopes and dreams. Family processes facilitate immediate and long-term adaptation to loss, through shared acknowledgment, meaning-making, and shared grief processes, facilitated by open communication and helpful rituals, family reorganization and relational realignment, and reinvestment in relationships and life pursuits, while sustaining continuing bonds with lost loved ones.

The convergence of developmental and multigenerational strains increases risk for complications when facing adversity (McGoldrick et al., 2015; Walsh, 2016b). Distress is heightened when current stressors reactivate painful memories and emotions from past family experiences, especially those involving trauma and loss (Walsh & McGoldrick, 2013). Family members may lose perspective, conflating immediate and past situations, becoming overwhelmed or cutting off from painful feelings and connections. Experiences of past adversity influence expectations: Catastrophic fears can heighten risk of dysfunction, whereas multigenerational models and stories of resilience can inspire positive adaptation. Families, especially immigrant and transnational families, are more resilient when they are able to balance intergenerational continuity and change and maintain links between their past, present, and future (Falicov, 2007, 2012).

Mapping Key Processes in Family Resilience

The very definition of the family has been expanding with recent social and economic transformations worldwide, growing diversity, and complexity in family life. 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 instruments and typologies tend to be static and acontextual, offering a snapshot of interaction patterns but often not considering a family's stressors, resources, and challenges in social and developmental contexts.

When families face adversity, their problem-saturated life situation and the deficit focus in the mental health field can skew attention, making it difficult to identify and build on their strengths and resources. Diagnostic categories that reduce the richness of family life or typologies that propose a "one-size-fits-all" model of "the resilient family" do not fit the many, varied ways that families face their challenges and can pathologize those who differ from a norm. A family resilience framework, by definition, focuses on strengths under stress when dealing with a crisis or prolonged adversity. Yet, 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, structural and relational resources, and life challenges. Processes for optimal functioning and the well-being of members may vary over time as challenges emerge and families evolve.

Resilience-oriented maps can be useful to guide family assessment and intervention/prevention approaches. Informed by an extensive review of three decades of research on resilience and family functioning, the Walsh Family Resilience Framework identified nine key transactional processes that facilitate family resilience (Walsh, 2003; see Box 14.1; for greater detail, see Walsh, 2016b). These core processes—shared beliefs and practices—were organized into three domains (dimensions) of family functioning (shared belief systems, organizational resources, and communication processes) to serve as a useful map to guide inquiry in research and practice with families facing varied situations of adversity.

These core transactional processes are mutually interactive and synergistic, both within and across domains. For example, shared meaning-making facilitates communication clarity, emotional sharing, and problem-solving, and reciprocally, effective communication processes facilitate shared meaning-making. A counterbalance of process components is also needed, as in fluid shifts between stability and change in organizational flexibility, as required in a crisis or disruptive transition or in meeting new challenges over time.

Thus, rather than a typology of traits of a "resilient family," *dynamic processes* involve strengths and resources that family members can mobilize within their family system and in transaction with their social environment. Core processes may be expressed in varied ways, related to cultural norms and family preferences, and they may be more (or less) relevant and useful in different situations of adversity and evolving challenges over time. Families forge varying pathways in resilience depending on their resources, challenges, values, and aims.

BOX 14.1. Key Processes: Family Resilience Framework

Belief systems

1. Making meaning of adversity
 - Relational view of resilience
 - Normalize, contextualize distress
 - Sense of coherence: meaningful, comprehensible, manageable challenge
 - Facilitative appraisal: Explanatory attributions; future expectations
2. Positive outlook
 - Hope, optimistic bias; confidence in overcoming challenges
 - Encouragement; affirm strengths, focus on potential
 - Active initiative and perseverance (can-do spirit)
 - Master the possible; accept what can't be changed; tolerate uncertainty
3. Transcendence and spirituality
 - Larger values, purpose
 - Spirituality: Faith, contemplative practices, community; connection with nature
 - Inspiration: Envision possibilities, aspirations; creative expression; social action
 - Transformation: learning, change, and positive growth from adversity

Organizational processes

4. Flexibility
 - Rebound, adaptive change to meet new challenges
 - Reorganize, restabilize: continuity, dependability, predictability
 - Strong authoritative leadership: Nurture, guide, protect
 - Varied family forms: cooperative parenting/caregiving teams
 - Couple/co-parent relationship: Mutual respect; equal partners
5. Connectedness
 - Mutual support, teamwork, and commitment
 - Respect individual needs, differences
 - Seek reconnection and repair grievances
6. Mobilize social and economic resources
 - Recruit extended kin, social, and community supports; models and mentors
 - Build financial security; navigate stressful work/family challenges
 - Transactions with larger systems: Access institutional, structural supports

Communication/Problem-solving Processes

7. Clarity
 - Clear, consistent messages, information
 - Clarify ambiguous situation; truth seeking
8. Open emotional sharing
 - Painful feelings: (sadness, suffering, anger, fear, disappointment, remorse)
 - Positive interactions: (love, appreciation, gratitude, humor, fun, respite)

BOX 14.1. Continued

9. Collaborative problem-solving

- Creative brainstorming; resourcefulness
- Share decision making; negotiation & conflict repair
- Focus on goals; concrete steps; build on success; learn from setbacks
- Proactive stance: preparedness, planning, prevention

From Walsh (2016b).

Broad Range of Practice Applications

A family resilience orientation is finding useful application with a wide range of crisis situations, disruptive transitions, and multistress conditions in clinical and community-based services (Walsh, 2002, 2016b). Interventions utilize principles and techniques common among strength-based family systems practice approaches, but they attend more centrally to the impact of significant stressors and aim to increase family capacities for positive adaptation. A family-centered systems assessment may lead to individual, family, and/or group work with youth, parents, and significant extended family members. Putting an ecological view into practice, interventions may involve collaboration with school, workplace, social service, justice, or healthcare systems. Resilience-oriented family interventions can be adapted to many formats.

- Family consultations, brief intervention, or more intensive family therapy may combine individual and conjoint sessions, including members most affected by stressors and those who can contribute to resilience.
- Psychoeducational multifamily groups provide social support and practical information, offering concrete guidelines for stress reduction, crisis management, problem-solving, and optimal functioning as families navigate through stressful periods and face future challenges.
- Brief, cost-effective “check-ups” can be timed around stressful transitions, milestones, or emerging challenges in long-term adaptation.

To illustrate the wide range of applications of a family resilience framework, Box 14.2 outlines training, clinical services, and community-based partnerships designed and implemented by the Chicago Center for Family Health (CCFH) over 25 years (see Walsh, 2002, 2016b, for program descriptions).

The benefits of multilevel interventions were seen in one community-based partnership to develop and implement a resilience-oriented family component for a gang prevention program sponsored by the Los Angeles mayor’s office (Walsh, 2016a, 2016b). The multilevel approach (including individual, peer group, family, and community interventions) aimed to support the positive development of 1,000 youth (aged 10–14) identified at high-risk of gang involvement in neighborhoods with high gang activity. CCFH provided family intervention training for 150 counselors, broadening focus from youth risk factors and problem behaviors

BOX 14.2. CCFH Resilience-Oriented, Community-Based Program Applications

Chicago Center for Family Health (1991–2015)

Family resilience-oriented training, services, partnerships

- Recover from crisis, trauma, and loss
 - Family adaptation to complicated, traumatic loss (Walsh)
 - Mass trauma events; Major disasters (Walsh)
 - Relational trauma (Barrett, Center for Contextual Change)
 - Refugee families (Rolland, Walsh, Weine)
 - War and conflict-related recovery (Rolland, Weine, Walsh)
 - Navigate disruptive family transitions
- Divorce, single-parent, stepfamily adaptation (Jacob, Lebow, Graham)
 - Foster care (Engstrom)
 - Job loss, transition, and re-employment strains (Walsh, Brand)
- Overcome challenges of chronic multistress conditions
 - Serious illness, disabilities, end-of-life challenges (Rolland, Walsh, R. Sholtes, Zuckerman)
 - Poverty; ongoing complex trauma (Faculty)
 - LGBT issues, stigma (Koff)
- Overcome obstacles to success: at-risk youth
 - Child and adolescent developmental challenges (Lerner, Schwartz, Gutmann, Martin)
 - Family–school partnership program (Fuerst & Team)
 - Gang reduction/youth development (Rolland, Walsh & Team)

From Walsh (2016b).

to identify and build strengths and resources in the relational network toward positive aims. A case example follows.

Eleven-year-old Miguel's family was initially seen only as a negative influence: the (nonresidential) father and older brother were active gang members, and his mother was not at home after school to keep Miguel off the streets and invested in school. An interview with Miguel's mother revealed her loving concern for Miguel, her limited resources, and her dismay that her job and long commute constrained her ability to monitor his activities or support his studies. The intervention team learned that the maternal uncle—the boy's godfather—a former gang member, who had been incarcerated, had turned his life around productively. Invited to a family session, he readily agreed to take a mentoring role with Miguel and to bolster the mother's parenting efforts to strengthen family functioning and reduce obstacles toward a positive future vision for Miguel.

In this multilevel intervention, multiple protective/ preventive and promotive influences related to resilience were overlapping and synergistic. An outcome study found that

youth involved in the program over one year scored significantly lower on problems and risk factors than at their entry and compared to a matched control group. In program evaluation (Cahill et al., 2015), separate interviews with youths and their parents found that they experienced prevention services as a whole-family intervention, with positive family impacts such as improved relationships, greater connection across generations, and improved family functioning, communication, and problem-solving.

Resilience-oriented services like this foster family empowerment as they bring forth shared hope, develop new and renewed competencies, and strengthen family bonds. Interventions to strengthen family resilience also have preventive value, building capacities in meeting future challenges. Further, studies have found that in focusing on client resilience, helping professionals working with trauma experienced *vicarious resilience* in their work, countering burnout and yielding greater personal, relational, and spiritual well-being in their own lives (Hernandez, 2002; Hernandez, Gangsei, & Engstrom, 2007).

Advances and Challenges in Family Resilience Research

Over the past decade there has been growing interest internationally in family resilience research. Most studies are based on qualitative or mixed methods and grounded in the previously described conceptual frameworks. Most studies, to date, examine family processes in dealing with a particular type of adversity within the family, such as serious illness (Kazak, 2006), developmental disabilities (Greeff & Nolting, 2013), the death of a child or parent (Greeff & Joubert, 2007; Greeff, Vansteenwegen, & Herbiest, 2011), divorce (Greene et al., 2012), stepfamilies (Coleman, Ganong, & Russell, 2013), foster care (Lietz, Julien-Chinn, Geiger, & Hayes Piel, 2016), and family reunification (e.g., Lietz, 2013). Increasing attention is being directed to family resilience in conditions of extreme poverty, community disasters (Knowles, Sasser, & Garrison, 2010), and war and terrorism (MacDermid, 2010; Saltzman et al., 2016) and with refugees, forced migration, and populations in war-torn regions (Rolland & Weine, 2000; Weine et al., 2005). Only a few studies to date have tracked the evolving challenges and adaptational pathways over time in family resilience (e.g., Greeff & Joubert, 2007; Lietz, et al., 2016). More mixed-methods research and longitudinal studies incorporating a developmental perspective are needed to advance our knowledge of family-focused mental health prevention and intervention.

No Single Model: Subjectivity and Context Matter

The very flexibility of the construct of resilience complicates research efforts (Card & Barnett, 2015). Unlike a static, singular model, typology, or set of traits, human resilience involves dynamic, multilevel, recursive processes over time, which are contingent on the impact and demands of adverse situations and on each family's composition, future aims, and available resources. The diversity and complexity of kinship bonds within and across households require clear yet flexible definitions of "the family" under study.

There is widespread interest in use of a simple questionnaire for a quantitative measure of both individual and family resilience. Yet conceptual and methodological challenges in questionnaire use are vexing, given the contextually contingent nature of the construct of resilience. Further, instruments designed to measure individual resilience have shown

unstable psychometric properties across studies and cultures, particularly in factor structures (Windle, Bennett, & Noyes, 2011). The Walsh Family Resilience Questionnaire (Walsh, 2016b) has been translated and validated by researchers in Italy (Rocchi et al., 2017) and elsewhere, with ongoing use in studies of chronic illness, extreme poverty, and other adverse situations. Across cultures, questionnaire adaptation is encouraged to translate and frame questions to fit varied socioeconomic contexts, linguistic differences, target populations, and types of adversity under study. Mindful that different mappings are to be expected, questionnaire use might be thought of as mapping a particular family profile, while being cautious neither to “profile” families in a stereotypic way nor to label families as either resilient or not.

Questionnaires can be useful to rate within-family changes over time, as in immediate- and long-term disaster recovery or changes over the course of a recurrent illness. They can also be used for pre- and postassessment in practice effectiveness research. Similar to scaling questions in systemic practice, questionnaire responses are most useful when explored more fully in interviews. For instance, in several studies, families, whether religious or not, have noted the value of spiritual resources for resilience (e.g., Greeff & Joubert, 2007), which might vary from congregational involvement to prayer or meditation, humanist values, connection with nature, and helping others in need.

In designing research, more attention is needed to clarify important family characteristics, social and developmental contexts, and the adverse situation under study. Specific variables include (a) the family unit (e.g., couple; family structure; household or relational network), (b) respondent’s position (e.g., mother, spouse, nonresidential parent, child/adolescent), (c) socioeconomic location, and (d) type and severity of adversity faced and whether it is an acute event (recent or past), recurrent crisis, or ongoing multi-stress condition. Some processes, such as good communication, tend to promote resilience across contexts, while others may be situation-specific. Different strengths might be more or less helpful to deal with the death of a child, a divorce, a parent’s recurrent cancer, a major disaster, or ongoing complex trauma in war zones or prolonged refugee situations.

Studies to date tend to be scattered across diverse literatures and remain largely fragmented in focus, identifying a few significant variables, in particular situations and social contexts. More interdisciplinary, mixed-methods approaches are recommended to yield a fuller understanding of family resilience (Criss, Henry, Harrist, & Larzelere, 2015). Flexibility is needed to adapt study methods and interventions to fit the diverse experiences of families in their social and developmental contexts.

Advancing Multilevel Resilience Research and Practice Application

There is a growing impetus to develop multilevel systems research and practice applications linking individual, family, and community risk and resilience. Community approaches are commonly linked with the individual level but leave out the family impact of adversity, the crucial importance of family stability and well-being, and the mediating role families play in positive adaptation for their individual members and their communities.

Masten and Monn (2015) strongly encourage efforts to integrate youth and family resilience approaches. Distelberg, Martin, Borieux, and Oloo (2015) designed a multidimensional tool to assess family resilience in socioeconomic mobility programs for families in poverty. In studies of resilience in indigenous First Nations groups in Canada, who have suffered historical and ongoing trauma, Kirmayer et al. (2011) documented the crucial importance of intertwined

family, community, and cultural/spiritual resources, urging their attention in mental health services. Saul and Simon (2016) provide international training to foster family and community resilience in situations of collective trauma. Weine's targeted ethnographic studies with populations in war-torn regions and refugee resettlement (Weine, 2011; Weine et al., 2005) offer a superb model of multilevel systemic research yielding valuable recommendations.

The key processes (facilitative beliefs, organizational resources, and communication processes) summarized in the previously described family resilience framework are consistent with research on individual resilience and can be applied at larger system levels, as in emergency response services in disaster relief (Walsh, 2007, 2016b). Figure 14.1 depicts the dynamic, recursive processes in resilience operating both within and across system levels in the context of stress and over time.

A dynamic process framework for human systems accounts for the complex nature of family life in social and developmental contexts without trying to resolve it using mechanistic concepts and data analysis. Although it is not feasible to directly assess or control all variables, it is advisable to focus on those most relevant to the type of adversity, target population, social and temporal contexts, and study aims. Advancing our understanding of human resilience requires more than robust and measurable indices. A systemic conceptual lens keeps awareness of the many interdependent influences across and within levels. As in family resilience, collaborative team efforts are encouraged, linking research and practice (including practice-informed research) for a more integrative, wholistic approach addressing the dynamic multilevel processes in human resilience.

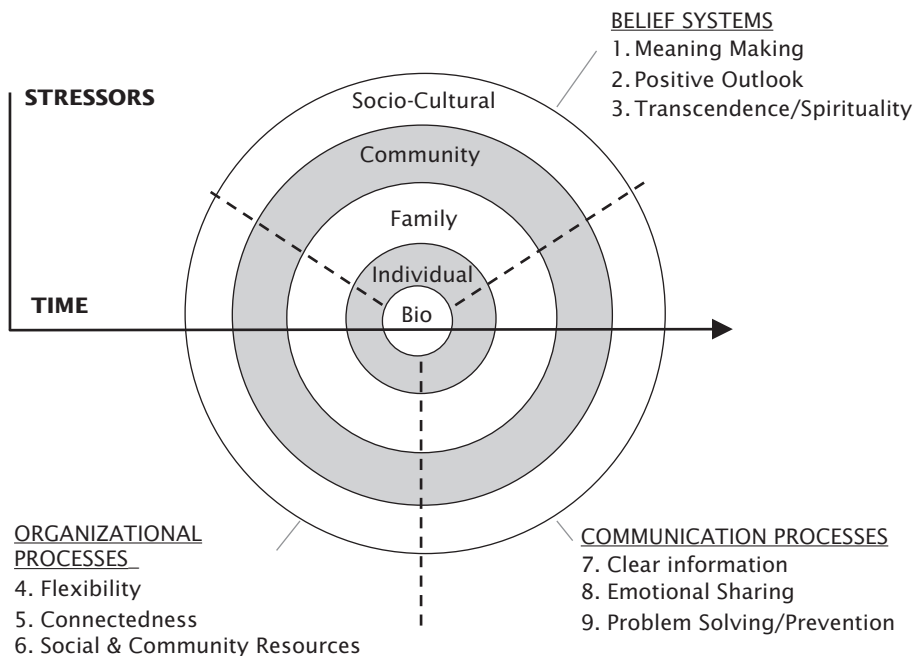


FIGURE 14.1 Dynamic systemic perspective: Multilevel recursive processes in resilience. From Walsh (2016b).

Caution is advised that assessment of family resilience not be misapplied to judge families as “not resilient” if they are unable to rise above serious life challenges. Family processes can strengthen a family’s capacities, yet may not be sufficient to overcome devastating biological, social, or environmental conditions. Moreover, the notion of resilience should not be 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 flourish and those who falter simply weren’t resilient. It is not enough to bolster the resilience of vulnerable families so that they can “beat the odds”; a multilevel approach requires larger systems supports to change their odds. Attention is also required to address larger societal and global forces that heighten family and community vulnerability, such as the devastating impact of climate change, which in turn fuels mass migration, war, and conflict. Advances in research on human resilience—in individuals, families, and communities—can be transformative for social policy, intervention, and prevention programs with vulnerable and at-risk populations, services that have been largely problem-focused (Waldegrave et al., 2016). Such research can reorient funding and service priorities from how families fail to how families, when challenged, succeed.

Conclusion

In sum, a research-informed family resilience framework can guide research and practice by (a) assessing family functioning on key system variables as they fit each family’s values, structure, resources, and challenges and then (b) targeting interventions to strengthen family functioning in overcoming the adverse challenges faced. This collaborative approach strengthens relational, community, cultural, and spiritual resources, grounded in a deep conviction in the human potential for recovery and positive growth forged from adversity.

Key Messages

1. The concept of family resilience refers to the capacity of the family as a functional system in overcoming significant life challenges.
2. Highly stressful and/or traumatic events, persistent stressors, and social contexts impact the whole family; in turn, family processes facilitate the adaptation of all members, their relationships, and the family unit.
3. The broad application of a family resilience framework in clinical and community-based intervention and prevention is discussed and illustrated.

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