Crisis and challenge are inherent in the human condition. The concept of family resilience extends our understanding of family functioning to situations of adversity. Family resilience involves the potential for recovery, repair, and growth in families facing serious life challenges. Although some families are shattered by crisis events, disruptive transitions, or persistent hardship, what is remarkable is that many others emerge strengthened and more resourceful, able to love fully and raise their children well. This chapter presents an overview of a family resilience framework and outlines key processes, distilled from research on resilience and effective family functioning. Practice applications are briefly described to suggest the broad utility of this conceptual framework for intervention and prevention efforts to strengthen distressed and vulnerable families.

A SYSTEMIC VIEW OF RESILIENCE

Resilience—the ability to withstand and rebound from disruptive life challenges—has become an important concept in mental health theory, research, and practice over recent decades. It involves dynamic processes fostering positive adaptation within the context of significant adversity (Bonanno, 2004; Luthar, 2006; Masten, 2001). Beyond coping and adaptation, these strengths and resources enable recovery and positive growth.
The Interaction of Biopsychosocial Influences in Resilience

Most research to date has focused on individual resilience. Early studies found that the same adversity may result in different outcomes, which challenged the prevailing deterministic assumption that early traumatic experiences are inevitably damaging. Studies found, for instance, that most individuals who had experienced family abuse in childhood did not become abusive parents (Kaufman & Ziegler, 1987). As Rutter (1987) noted, no combination of risk factors, regardless of severity, gave rise to disorder in more than half the children exposed. Although many struggled in life, other individuals overcame similar, high-risk conditions and were able to lead loving and productive lives.

To account for these differences, early studies focused on intrapersonal traits for resilience, or hardiness, reflecting the dominant cultural ethos of the “rugged individual” (see Walsh, 1996). Initially, resilience was viewed as innate, as in the character armor of “the invulnerable child,” who was impervious to stress, like a “steel doll” that would not break if mishandled (Anthony & Cohler, 1987). As studies were extended to a wide range of adverse conditions—impoverished circumstances, chronic illness, catastrophic life events, trauma, and loss—researchers recognized the interaction between nature and nurture in the emergence of resilience. It became clear that resilience involves the dynamic interplay of multiple risk and protective processes over time, with individual, interpersonal, socioeconomic, and cultural influences (e.g., Garmezy, 1991; Rutter, 1987). Psychobiological and genetic vulnerability or the negative impact of stressful life conditions could be counteracted by positive influences.

In a remarkable longitudinal study of resilience, Werner (Werner & Smith, 2001) followed the lives of nearly 700 multiethnic children of plantation workers living in poverty on the Hawaiian island of Kauai. One-third were classified “at risk” due to early life exposure to at least four additional risk factors, such as serious health problems and familial alcoholism, violence, divorce, or mental illness. By age 18, about two-thirds of the at-risk children had done as poorly as predicted, with early pregnancy, mental health problems, or trouble in school or with the law. However, one-third of those at high risk had developed into competent, caring, and confident young adults, with the capacity “to work well, play well, and love well,” as rated on a variety of measures. In later follow-up studies through midlife, almost all were still living successful lives. Many had outperformed Kauai children from less harsh backgrounds; more were stably married and employed, and fewer suffered trauma effects of a hurricane that destroyed much of the island. Of note, several who had functioned poorly in adolescence turned their lives around in adulthood, most often crediting supportive relationships. These findings have important clinical implications, revealing that despite troubled childhood or teen years, there is potential to turn one’s life around, developing resilience across adulthood.
Supportive Relationships Nurture Resilience

Notably, the positive influence of significant relationships stood out across many studies (Walsh, 1996). Individuals’ resilience was nurtured in important bonds, particularly with role models and mentors, such as coaches and teachers, who were invested in their well-being, believed in their potential, supported their efforts, and encouraged them to make the most of their lives.

However, most early investigators studied individuals who thrived despite parental dysfunction and maltreatment, and held a narrow, pessimistic view of the family. The focus on parental deficits blinded many to potential family-wide resources, even when a parent’s functioning was seriously impaired. Clinicians encouraged so-called “survivors” to cut off from their “dysfunctional families” and seek positive relationships elsewhere to counter the negative impact. Thus, families were seen to contribute to risk, but not to resilience.

A family systems orientation broadens attention to the entire relational network, identifying potential resources for resilience in the immediate and extended family. Positive contributions might be made by siblings, parents, and other caregivers; spouses or partners, grandparents and godparents, aunts and uncles; and other informal kin (Minuchin, Colapinto, & Minuchin, 2005; Ungar, 2004). Even in troubled families, islands of strength and resilience can be found.

THE CONCEPT OF FAMILY RESILIENCE

Resilience in the Family as a Functional Unit

Beyond seeing individual family members as potential resources for individual resilience, the concept of family resilience focuses on risk and resilience in the family as a functional unit (Walsh, 1996, 2003, 2006). A basic premise in this systemic view is that serious crises and persistent adversity have an impact on the whole family, and in turn, key family processes mediate the adaptation of all members and their relationships. Major stressors or a pile-up of stresses can derail the functioning of a family system, with ripple effects for all members and their relationships. The family response is crucial: Key processes in resilience (described below) enable the family system to rally in troubled times to buffer stress, reduce the risk of dysfunction, and support optimal adaptation.

The concept of family resilience extends theory and research on family stress, coping, and adaptation (Hawley & DeHaan, 1996; Mackay, 2003; McCubbin & Patterson, 1983; Patterson, 2002; Simon, Murphy, & Smith, 2005). It entails more than managing stressful conditions, shouldering a burden, or surviving an ordeal. It involves the potential for personal and relational transformation and growth that can be forged out of adversity. By tapping into key processes for resilience, families that are struggling can emerge stronger and more resourceful in meeting future challenges. Members may develop new insights and abilities. A crisis can be a wake-up call, heightening
attention to important matters. It can become an opportunity for reappraisal of life priorities and pursuits, stimulating greater investment in meaningful relationships. Studies of strong families have found that when family members weathered a crisis together, their relationships were enriched and more loving than they otherwise might have been (Stinnett & DeFrain, 1985).

This family resilience perspective fundamentally alters the deficit-based lens from viewing struggling families as damaged and beyond repair to seeing them as challenged by life’s adversities, with potential for fostering healing and growth in family members.

**Ecological and Developmental Contexts of Family Resilience**

A family resilience framework combines ecological and developmental perspectives to view family functioning in relation to its broader sociocultural context and evolution over the multigenerational life cycle.

**Ecological Perspective**

From a biopsychosocial systems orientation, risk and resilience are viewed in light of multiple, recursive influences. Human functioning and dysfunction are seen as resulting from an interaction of individual—and family—vulnerability or resilience in dealing with stressful life experiences and social contexts. Genetic and neurobiological predispositions (Feder, Nestler, & Charney, 2009) may be enhanced or countered by family processes and by sociocultural resources or disadvantages. Family distress may result from unsuccessful attempts to cope with an overwhelming crisis situation or a pile-up of stressors, such as traumatic loss in the family or the wider impact of a large-scale disaster (Walsh, 2007). The family, peer group, community resources, school or work settings, and other social systems can be seen as nested contexts for nurturing and reinforcing resilience.

The vital contribution of cultural and spiritual resources for resilience has been shown in many studies, especially for those facing discrimination and socioeconomic barriers, such as African Americans, Latinos, Native Americans, and Muslims (McCubbin & McCubbin, 2005; McCubbin, McCubbin, McCubbin, & Futrell, 1998; McCubbin, Thompson, Thompson, & Fromer, 1998; see Boyd-Franklin & Karger, Chapter 12; Falicov, Chapter 13; and Walsh, Chapter 15, this volume). Extensive research on resilience in Canadian Native populations (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011) underscores the importance of a social–ecological systemic approach, incorporating indigenous cultural, historical, and spiritual values in mental health promotion, policy, and clinical practice. For instance, family and social transmission of stories and metaphors supports adaptation through relational, ecocentric, and cosmocentric concepts of self, personhood, and collective identity, and through agency in political activism, empowerment, and reconciliation. These sources of resilience, understood in dynamic terms,
emerge from interactions between individuals and their families, their communities, and larger systems.

Falicov’s (1995, 2007; see Chapter 13, this volume) multidimensional framework for considering cultural influences locates each family within a complex ecological niche, sharing borders and common ground with other families, as well as differing positions related to variables such as gender, economic status, life stage, and position vis-à-vis the dominant culture. Each family’s experience 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. A family resilience framework likewise seeks to identify common elements in an adverse situation and effective family responses, while also considering each family’s unique perspectives, challenges, and resources.

**Developmental Perspective**

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

**Emerging Challenges and Responses 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). Such is the experience of divorce, from an escalation of predivorce tensions to separation and reorganization of households and parent–child relationships. Most families undergo subsequent transitions, with relocation, remarriage, and stepfamily integration (see Greene, Anderson, Forgatch, DeGarmo, & Hetherington, Chapter 5; Pasley & Garneau, Chapter 7, this volume).

Given this complexity, no single coping response is invariably most successful; varied strategies may prove useful in meeting new challenges that emerge. In assessing the impact of stress events, it is crucial to explore how family members approached their situation: from proactive stance to immediate response and long-term strategies. Some approaches may be functional in the short term but rigidify and become dysfunctional over time or as conditions change. For instance, with a father’s stroke, a family must mobilize resources and pull together to meet the crisis, but later they need to shift gears to adapt to chronic disability and attend to other members’ needs (Walsh, 2011a; see Rolland, Chapter 19, this volume). Family resilience thus involves varied adaptational pathways extending over time, from a threatening event on the horizon through disruptive transitions, and subsequent shockwaves in the immediate aftermath and beyond.

**Cumulative Stressors.** Some families may do well with a short-term crisis but buckle under the cumulative strains of multiple, persistent challenges, such as chronic illness, conditions of poverty, or complex, ongoing trauma
situations. A pile-up of internal and external stressors can overwhelm the family, heightening vulnerability and risk for subsequent problems (Patterson, 2002). Escalating conflict and the husband's heavy drinking brought one couple to therapy. It was essential to situate these problems in the context of the family's barrage of strains and losses over the past 2 years—including the husband's job loss and related loss of health benefits, and a stroke suffered by the maternal grandmother, who had been relied upon for help in raising their three children, one with developmental disabilities. The family was reeling from one crisis to the next, with pressures mounting and no respite. Therapy facilitated the couple's mutual support, role reorganization, and team efforts involving extended family members to master ongoing challenges.

**Family Life-Cycle Perspective.** Functioning and symptoms of distress are assessed in the context of the family system as it moves forward over the life course and across the generations (McGoldrick, Carter, & Garcia-Preto, 2011; see McGoldrick & Shibusawa, Chapter 16, this volume). A family resilience framework focuses on family adaptation around critical events, including complications with predictable, normative transitions, such as the birth of the first child (see Cowan & Cowan, Chapter 18, this volume), and unexpected disruptive events, such as divorce or the untimely death of a young parent (Gorell Barnes, 1999; Greeff & Human, 2004; Greeff & Van der Merwe, 2004; Walsh, 2009a). How a family prepares for an anticipated loss, buffers stress, manages disruption, effectively reorganizes, and reinvests in life pursuits will influence the immediate and long-term adaptation for all members and their relationships (Walsh & McGoldrick, 2004).

Distress is heightened when current stressors reactivate painful memories and emotions from past experiences, as in posttraumatic stress reactions. The convergence of developmental and multigenerational strains increases the risk for complications (McGoldrick et al., 2011). Family members may lose perspective, conflating immediate situations with past events, and become overwhelmed or cut off from painful feelings and connections. Experiences of past adversity, such as war-related and refugee trauma, influence future expectations: Catastrophic fears heighten risk of dysfunction, whereas stories of resilience can inspire positive adaptation (Hauser, 1999; Hernandez, 2002; Weingarten, 2004).

**Advantages of a Family Resilience Framework**

Assessment of family functioning is fraught with dilemmas. Clinicians and researchers bring their own assumptive maps into every family evaluation and intervention, embedded in cultural norms, professional orientations, and personal experience (see Walsh, Chapter 2, this volume). Moreover, with the social and economic transformations of recent decades and a growing multiplicity of family arrangements, no single model of family functioning is essential for children and families to thrive (see Walsh, Chapter 1, this volume).
Systems-oriented family process research over recent decades has provided some empirical grounding for assessment of effective couple and family functioning (see Lebow & Stroud, Chapter 21, this volume). However, family assessment typologies tend to be static and acontextual, offering a snapshot of interaction patterns but often not considering how they are related to a family’s stressors, resources, and challenges over time and in the larger social environment. In clinical practice, families most often come in crisis periods, when distress and differences from norms are too readily assumed to be signs of family pathology.

A family resilience framework offers several advantages. First, by definition, it focuses on strengths forged under stress, in response to crisis, and under prolonged adversity. Second, it is assumed that no single model of healthy functioning fits all families or their situations. Functioning is assessed in context: relative to each family’s values, structural and relational resources, and life challenges. Third, processes for optimal functioning and the well-being of members vary over time as challenges emerge and families evolve. Although most families might not measure up to ideal models, a family resilience perspective is grounded in a deep conviction in the potential of all families to gain resilience and positive growth out of adversity. Even those who have experienced severe trauma or very troubled relationships have the potential for healing and transformation across the life course and the generations (Tedeschi & Calhoun, 2004; Tedeschi & Kilmer, 2005).

KEY PROCESSES IN FAMILY RESILIENCE

The family resilience framework presented in Table 17.1 was developed as a conceptual map for practitioners to identify and target key family processes that can reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to surmount prolonged adversity. This framework is informed by over three decades of clinical and social science research seeking to understand crucial variables contributing to resilience and effective family functioning (Walsh, 2003, 2006). I have distilled and organized findings from the large research literature to identify key processes for resilience in three domains of family functioning: family belief systems, organizational patterns, and communication processes. These key processes are described briefly here (see Walsh [2006, 2007] for elaboration and application in clinical and community-based practice).

It is important to stress that this is not a typology of traits of a “resilient family.” Rather these are dynamic processes involving strengths and resources that families can access and gain to increase family resilience. Practitioners can target key processes in intervention and prevention efforts. Various processes may be more relevant and useful in different situations of adversity, and family members may chart varying pathways in resilience depending on their values, resources, challenges, and aims.
### TABLE 17.1. Key Processes in Family Resilience

#### Belief systems

1. **Make Meaning of Adversity**
   - Relational view of resilience
   - Normalize, contextualize distress
   - Sense of coherence: View crisis as meaningful, comprehensible, manageable challenge
   - Facilitative appraisal: Causal/explanatory attributions; future expectations

2. **Positive Outlook**
   - Hope, optimistic bias; confidence in overcoming odds
   - Courage/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; life dreams; creative expression; social action
   - Transformation: Learning, change, and growth from adversity

#### Organizational patterns

4. **Flexibility**
   - Open to change: Rebound, reorganize, adapt to new conditions
   - Stability to counter disruption: Continuity, dependability, predictability
   - Strong authoritative leadership: nurture, guide, protect
   - Varied family forms: Cooperative parenting/caregiving teams
   - Couple/coparent relationship: Mutual respect; equal partners

5. **Connectedness**
   - Mutual support, collaboration, and commitment
   - Respect individual needs, differences
   - Seek reconnection, repair cutoffs, grievances

6. **Social and Economic Resources**
   - Mobilize kin, social, and community networks; models and mentors
   - Build financial security; balance work/family strains
   - Larger systems: Institutional, structural supports

#### Communication/problem solving

7. **Clear, Consistent Messages**
   - Clarify ambiguous information; truth seeking

8. **Open Emotional Expression**
   - Share painful feelings; empathic response; tolerate differences
   - Pleasurable interactions, humor; respite

9. **Collaborative Problem Solving**
   - Creative brainstorming; resourcefulness
   - Share decision making; repair conflicts; negotiation; fairness
   - Focus on goals, take concrete steps: build on success; learn from failure
   - Proactive stance: Preparedness, planning, prevention
**Family Belief Systems**

Family belief systems powerfully influence how members view adversity, their suffering, and their options (Wright & Bell, 2009). Shared constructions of reality, influenced by multigenerational, cultural, and spiritual beliefs, emerge through family and social transactions. In turn, they organize family approaches to crisis situations and prolonged challenges, and they can be fundamentally altered by such experiences (Reiss, 1981). Adversity generates a crisis of meaning and potential disruption of integration. Family resilience is fostered by shared facilitative beliefs that increase effective functioning and options for problem solving, recovery, and growth. They help members make meaning of adverse situations; facilitate a hopeful, positive outlook; and offer transcendent or spiritual values and connections.

**Making Meaning of Adversity**

Well-functioning families approach a crisis or prolonged adversity as a shared challenge. In Gottman’s research on couple relationships, successful couples approached problems as a team and partners emphasized the strength they drew from each other. They viewed hardships as trials to be overcome together and believed that their struggles made their relationship stronger; shared efforts and pride in prevailing brought them closer (see Driver, Tabares, & Gottman, Chapter 3, this volume). Professionals can foster this relational view of resilience.

By normalizing and contextualizing distress, family members can view their difficulties as understandable in light of their adverse situation. The tendency toward blame, shame, and pathologizing is reduced when problems are viewed as human dilemmas and complicated feelings are seen as common among those in similar predicaments—and in extreme or unjust situations, as normal responses to abnormal or inhumane conditions. Family resilience is also fostered by an evolutionary sense of time and becoming—a continual process of growth, challenge, and change over the life course and the generations (Beavers & Hampson, 2003). This family life-cycle perspective helps members see disruptive transitions as milestones or turning points in their life passage and links them with past and future generations.

In grappling with adversity, couples and families do best when helped to gain a shared sense of coherence (Antonovsky, 1993; Antonovsky & Sourani, 1988; Hansson & Cederblad, 2004) by recasting a crisis as a challenge that is comprehensible, manageable, and meaningful to tackle. It involves efforts to clarify the nature and source of problems and future expectations. Family members’ subjective appraisal of their situation and their options influences their coping response and adaptation. They attempt to make sense of how things have happened through causal or explanatory attributions, and they look to their future with hopes and fears. Past negative experiences can load future expectations with catastrophic fears. To facilitate family members’
reconstruction of meaning (Nadeau, 2001), practitioners can support their efforts to clarify understanding of their situation, to realistically appraise their challenges and options, and to plan active coping strategies.

Positive Outlook

Considerable research documents the strong neurophysiological effects of a positive outlook in coping with stress, recovering from crisis, and overcoming barriers to success. *Hope* is essential to the spirit: It fuels energy and efforts to rise above adversity. Hope is based on faith: No matter how bleak the present, a better future can be envisioned. In problem-saturated conditions, it is essential to rekindle hope from despair in order for family members to see possibilities, tap into potential resources, and strive to surmount obstacles. Hope for a better life for their children keeps many struggling parents from being defeated by their own life disappointments.

Epidemiologists have found that “positive illusions” sustain hope for those dealing with adversity, such as a life-threatening illness (Taylor, 1989). Unlike denial, there is awareness of a grim reality, such as a poor prognosis, and a choice to believe it is possible to overcome the odds against them. This positive stance supports efforts that can reduce risk and maximize the chances of success. Although studies have found that a positive outlook, in itself, does not necessarily lengthen life, it does enhance the quality of life and important relationships.

Well-functioning families tend to hold a more optimistic view toward life (Beavers & Hampson, 2003). Seligman’s (1990) research on *learned optimism* has particular relevance for fostering resilience. His earlier studies on “learned helplessness” showed that with repeated experiences of futility and failure, individuals stop trying and become passive and pessimistic, generalizing the belief that bad things always happen to them, and that nothing they can do will matter. Seligman then demonstrated that optimism can be learned, and helplessness and pessimism unlearned, through experiences of successful mastery, building confidence that one’s efforts can make a difference. He cautioned, however, that a positive mind-set is not sufficient for success if life conditions are relentlessly harsh, with few opportunities to rise above them. As Aponte (1994) stressed, many families who feel trapped in impoverished, blighted communities lose hope. This despair robs them of meaning, purpose, and a sense of future possibility. To be revitalized, a positive outlook must be reinforced by successful experiences and a nurturing social context.

The courage and determination shown by ordinary families in facing everyday hardships often go unnoticed. As a struggling single mother, working two jobs to support her children, avowed, “It’s tough, but we all pitch in and we just don’t give up.” By affirming family strengths and potential in the midst of difficulties, clinicians can help multistressed families to counter a sense of helplessness, failure, and blame, while reinforcing pride, confidence, and a
“can do” spirit. Offering encouragement bolsters courage to seize opportunities and persist in efforts. Interventions can help families build confidence and new competencies through experiences of successful mastery, learning that their efforts can make a difference. Initiative and perseverance—hallmarks of resilience—are fueled by this shared confidence through difficulties. One father, unemployed for over a year after his company downsized, reported, “We weren’t sure how we would get through this, but we all pull together and keep believing we’ll find a way.” Families show confidence that they will do their best and support members’ active participation in overcoming their challenges.

Mastering the art of the possible is a vital key to resilience (Higgins, 1994). For families, this involves taking stock of their situation—their challenges, resources, and aims—and then focusing energies on making the best of their options. This requires acceptance of that which is beyond their control and cannot be changed. Instead of being immobilized, or trapped in a powerless victim position, focus is directed toward ongoing and future possibilities. When events cannot be changed, they can be recast in a new light that fosters greater comprehension and healing. When future prospects are grim, such as a terminal illness, family members may not be able to control the outcome, but they can become meaningfully engaged, participate in caregiving, ease suffering, and make the most of their time together. Family members often report that by being more fully present with loved ones, this painful time became the most precious in their relationship (Walsh, 2006). In the aftermath of loss, survivors are helped to find ways to transform the living presence of a loved one into spiritual presence, through cherished memories, stories, and deeds that carry on the best aspects and aspirations of the deceased and their relationship.

Transcendence and Spirituality

Transcendent beliefs and practices provide meaning and purpose beyond a family’s immediate plight. Most families seek strength, comfort, and guidance in troubled times through connections with their cultural and spiritual traditions, especially those facing barriers of poverty and discrimination (Walsh, 2009e; see Boyd-Franklin & Karger, Chapter 12; Falicov, Chapter 13; Walsh, Chapter 15, this volume). As a large body of research documents, spiritual resources, through deep faith, practices such as prayer and meditation, and congregational involvement, have all been found to be wellsprings for resilience (Walsh, 2009d). Rituals and ceremonies facilitate passage through significant transitions and linkage with a larger community and common heritage (see Imber-Black, Chapter 20, this volume). Many find spiritual nourishment outside formal religion, through secular humanism; deep connection with nature; creative expression in music and the arts; and social activism.

The paradox of resilience is that the worst of times can also bring out the best in the human spirit. A crisis can yield learning, transformation, and
growth in unforeseen directions as documented in research on “posttraumatic growth” (Tedeschi & Calhoun, 2004; Tedeschi, Park, & Calhoun, 1996). It can awaken family members to the importance of loved ones or nudge them to heal old wounds and reorder priorities for more meaningful relationships and life pursuits. Many emerge from shattering crises with a heightened moral compass and sense of purpose in their lives, gaining compassion for the plight of others and sparking commitment to social, political, or environmental action. Professionals can support family efforts to envision a better future through their efforts and, where hopes and dreams have been shattered, to imagine new possibilities, seizing opportunities for invention, transformation, and positive growth.

Family Organizational Patterns

Contemporary families, with diverse structures and resources, must organize their households and relational networks in varied ways to meet life challenges. Resilience is strengthened by flexible structure, connectedness, and social and economic resources.

Adaptability: Flexibility and Stability

Flexibility, a core process in resilience, involves openness to adaptive change (Olson & Gorall, 2003). The ability to rebound is often thought of as “bouncing back,” like a spring, to a preexisting shape or norm. However, after most serious crises and transitions, families cannot simply return to “normal” life as they knew it. A more apt metaphor might be “bouncing forward” (Walsh, 2002b): adapting to meet new challenges and constructing a “new normal.” Families often need help in navigating uncharted terrain, recalibrating relationships, and reorganizing patterns of interaction to fit new conditions.

At the same time, families need to buffer and counterbalance disruptive changes to restore stability. Children and other vulnerable family members especially need assurance of continuity, dependability, and predictability through turmoil, and with separations and loss. Daily routines and meaningful rituals are important in such times, from regular bedtimes and shared mealtimes to regular events, such as Sunday brunch at Dad’s house, and celebration of birthdays and milestones (see Imber-Black, Chapter 20, this volume).

Authoritative leadership, firm yet flexible, is generally most effective for family functioning and the well-being of children (Steinberg, Lamborn, Darling, Mounts, & Dornbush, 1994). Through stressful times, it is especially vital to provide nurturance, protection, and guidance. Strong parental leadership and dependability facilitate children’s postdivorce adaptation as new single-parent household structures, visitation schedules, rules, and routines are set in place. Families with complex structures or dispersed living situations
may need help in forging collaborative coparenting and caregiving teamwork across households or at a distance.

**Connectedness**

Connectedness is essential for relational resilience. A crisis or prolonged adversity can shatter family cohesion, leaving members unable to rely on each other. Resilience is strengthened by mutual support, collaboration, and commitment to weather troubled times together. As Gottman's research revealed, successful couples talk about their relationship in terms of mutual support and collaboration, regardless of their level of independence (see Driver et al., Chapter 3, this volume). At the same time, spouses and family members need to respect each other's individual differences, separateness, and boundaries. They may have varied reactions, coping styles, and time needed to process an adverse event, depending on variables such as the meaning and impact of the experience for each or the age of a child.

When family members are separated, for instance with foster care, parental absence, or communitywide disruption, it is important to sustain vital connections through photos, keepsakes, phone calls, and Internet contact. Adaptation and resilience of immigrant families are fostered by maintaining connection with kin and community, and with cultural and spiritual roots (Falicov, 2007; Chapter 13, this volume). In stepfamilies, parents can be encouraged to forge workable parenting coalitions within and across household boundaries and to knit together biological and steprelations, including extended families.

Intense pressures in troubled times can spark misunderstandings, conflicts, and cutoffs. Yet a crisis, such as a life-threatening situation, can also be seized as an opportunity for reconnection, reconciliation, and repair of wounded and estranged relationships. For instance, in later life, with the nearing of death and loss, aging parents and their adult children often develop new perspectives and impetus for resolving old grievances and achieving greater mutual understanding (Walsh, 2011a).

**Social and Economic Resources**

Kin and social networks, community groups, and faith congregations can be vital lifelines in times of trouble, offering practical and emotional support. The significance of role models and mentors for youth resilience is well documented. The importance of relational bonds for well-being and resilience, not only with loved ones and close friends but also with companion animals, is increasingly finding application in a wide range of programs for treatment and rehabilitation, and in care of older adults (Walsh, 2009b, 2009c).

The resilience and strengths of most families suffering economic hardship is remarkable (Orthner, Jones-Sanpei, & Williamson, 2004). However,
financial security is vital for family well-being. Persistent unemployment or the loss of a breadwinner can be devastating. A serious or chronic illness can drain a family’s economic resources. Serious financial strain is the most significant factor when children in single-parent families fare poorly (see Anderson, Chapter 6, this volume).

Most importantly, the concept of family resilience should not be misapplied to blame families that are unable to rise above harsh conditions by labeling them as not resilient. Just as individuals need supportive relationships for resilience, families need supportive institutional policies, structures, and programs in workplace, health care, and other larger systems. It is not enough to help vulnerable families “overcome the odds” against them; social policy must also “change the odds” to enable them to thrive (Seccombe, 2002).

**Communication Processes**

Communication processes facilitate resilience by bringing informational clarity to crisis situations, encouraging open emotional sharing, and fostering collaborative problem solving and preparedness. It must be kept in mind that cultural norms vary widely in sharing “bad news” and in emotional expression.

**Clear Information**

Clear and congruent messages facilitate effective family functioning (Epstein, Ryan, Bishop, Miller, & Keitner, 2003). In crisis and multistress conditions, communication easily breaks down. Ambiguity can block understanding, closeness, and mastery (Boss, 1999). Shared acknowledgment of the truth of a painful experience, such as relational abuse or torture, fosters healing, whereas denial, secrecy, and cover-up block authentic relating and can impede recovery (Walsh & McGoldrick, 2004). Well-intentioned families often avoid painful or threatening issues, wishing to protect each other from worry. They may say nothing about a precarious situation, such as a serious illness or a probability of divorce, until they are certain of the outcome. However, anxieties about the unspeakable can generate catastrophic fears and are often expressed in somatic or behavioral problems, especially in children. Parents or caregivers can help by keeping children and others informed as a situation develops and by openness to discussing questions or concerns. They may need guidance on age-appropriate ways to share information and can expect that, as children mature, they may revisit issues to gain greater comprehension or to bring up emerging concerns (Walsh, 2006).

In widespread disasters, ambiguous or mixed messages fuel anxiety and block understanding of what is happening, how it came about, and what can be expected. For instance, when the Louisiana Gulf oil spill occurred in 2010, multigenerational fishing families were devastated and left in limbo. Contradictory government and industry messages persisted over the following year
about whether fish were safe to eat, and whether the fishing industry would survive or be destroyed for decades. When families can *clarify and share crucial information* about their situation and future expectations, it facilitates meaning making, informed decision making, and future planning.

**Emotional Expression and Pleasurable Interactions**

Open communication, supported by a climate of mutual trust, empathy, and tolerance for differences, enables family members to share a wide range of feelings that can be aroused by crisis events and chronic stress. Family members may be out of sync over time; one may continue to grieve a loss when others feel ready to move on. A parent or caregiver may suppress emotional reactions in order to keep functioning at work or for the family; children may stifle their own feelings and needs so as not to burden parents. For relational resilience, therapists can provide a safe haven for family members to share and process difficult feelings and facilitate empathic support. When emotions are intense, conflict can erupt and spiral out of control. Masculine stereotypes often constrain men from showing fear, vulnerability, or sadness, increasing risks of substance abuse, destructive behaviors, and relational conflict or estrangement. Combined individual and relational treatment approaches may be indicated.

Finding humor and laughter amid difficulties bolsters resilience (Wuerffel, DeFrain, & Stinnett, 1990). When family life is saturated with problems, suffering, or struggle, it is all the more crucial to create time and space for respite and to share pleasurable experiences for positive connection, fun, and joy to revitalize spirits and energies. It is especially important to celebrate birthdays and positive milestones, which often fall by the wayside under prolonged stressful conditions.

**Collaborative Problem Solving and Preparedness**

Creative brainstorming expands resourcefulness for surmounting adversity. Shared decision making and conflict management involve negotiation of differences with fairness and reciprocity over time. When overwhelmed by multistress conditions, it is important to set clear priorities and attainable goals, and to take concrete steps toward them. Practitioners can facilitate efforts to build on small successes and use failures as learning experiences.

A *proactive stance* is essential to meet future challenges. Struggling families need to shift from a crisis-reactive mode to prepare for anticipated challenges and avert crises. Encouraging members to consider a possible “Plan B” can enable them to rebound in the face of unforeseen challenges. When dreams have been shattered, families can be encouraged to survey the altered landscape and seek opportunities for meaningful growth in new directions.
Synergistic Influences of Key Processes in Resilience

These keys to resilience are mutually interactive and synergistic. For example, a relational view of resilience (belief system) supports—and is reinforced by—connectedness (organizational patterns) and collaborative problem solving (communication processes). A counterbalance of processes is also important, as when fluid shifts between stability and flexibility are required for both continuity and change.

Challenges for Research and Social Policy

Family research and social policy must be rebalanced from a focus on how families fail to how families, when challenged, can succeed if the field is to move beyond the rhetoric of promoting family strengths to support key processes in intervention and prevention efforts (Leadbeater, Dodgen, & Solarz, 2005). Mixed methods, combining quantitative and qualitative studies, are required to advance understanding of key variables in family resilience (Black & Lobo, 2008; Luthar & Brown, 2007).

The very flexibility of the construct of resilience complicates research efforts (Barton, 2005; Luthar, 2006). Unlike a static, singular family model or set of traits, resilience involves processes over time that may vary depending on adverse conditions and available resources. Different strengths might be called to the fore to deal with context-specific challenges, as with the death of a child or a parent’s recurrent cancer, or the ongoing complex trauma of families in war zones or refugee camps. The family resilience framework presented here is being applied by researchers in many regions of the world (e.g., Yang & Choi, 2002), most often serving as a broad conceptual map for qualitative inquiry in interviews and questionnaires, each adapting particular questions and emphases to fit their research populations and the type of adversity under study. Continuing and future work is needed to clarify the most useful components of family functioning with varying adverse conditions and populations. A network of investigators and community mental health professionals interested in family resilience is currently being developed.

CLINICAL VALUE OF A FAMILY RESILIENCE ORIENTATION

Over recent decades, the field of family therapy has refocused attention from family deficits to family strengths (see Walsh, Chapter 2, this volume). The therapeutic relationship has become more collaborative and empowering of client potential, with recognition that successful interventions depend more on mobilizing family resources than on therapist techniques. Assessment and intervention are redirected from how problems were caused to how they can be solved, identifying and amplifying existing and potential competencies.
This positive, future-oriented stance refocuses from how families have failed to how families can succeed.

A family resilience approach to practice draws on principles and techniques common among strengths-based models. It is distinct in attending more centrally to links between presenting symptoms and significant family stressors, and sociocultural and developmental contexts. It addresses symptoms of distress associated with highly stressful events and conditions, identifying and fortifying key processes for resilience (Walsh, 2003). This approach also gives greater attention to developmental processes over time, as families shift interactional patterns to meet emerging challenges and changing priorities. Principles guiding this approach are outlined in Table 17.2.

**Resilience-Oriented Assessment**

Families most often seek help in times of crisis or as chronic pressures mount, but they may not connect presenting problems with relevant stressors. A basic premise guiding this approach is that significant stresses reverberate throughout the family system and, in turn, key family processes mediate the adaptation of all members and their relationships.

In resilience oriented assessment, current distress is assessed in sociocultural and developmental contexts. A family system genogram and time line (McGoldrick, Gerson, & Petry, 2008) are valuable clinical and research tools to schematize relationship information, track system patterns, and guide

<table>
<thead>
<tr>
<th>TABLE 17.2: Family Resilience: Principles for Clinical and Community-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relational view of human resilience (vs. “rugged individual”)</td>
</tr>
<tr>
<td>• Shift from deficit view of families</td>
</tr>
<tr>
<td>• Grounded in developmental systemic theory</td>
</tr>
<tr>
<td>• Crisis events, major stressors impact family system; family response influences</td>
</tr>
<tr>
<td>• Contextual view of crisis, distress, and adaptation</td>
</tr>
<tr>
<td>• Temporal influences</td>
</tr>
<tr>
<td>• Variations in family developments, multigenerational patterns</td>
</tr>
<tr>
<td>• Varied pathways in resilience—No single model fits all families and situation</td>
</tr>
<tr>
<td>• Interventions have prevention value: In strengthening resilience, families become more resourceful; proactive in meeting future challenges</td>
</tr>
</tbody>
</table>
intervention planning. Because family structures and important bonds are so varied, it is important to map all significant relationships within and beyond the immediate household. This includes nonresidential parents, extended kin, and social networks. Many have knit together their own nurturing bonds for resilience with intimate partners and close friends whom they consider “family,” such as the chosen families of many lesbian, gay, bisexual, and transgender persons (Oswald, 2002). Clinicians attend to resources that have been lost and identify those torn by conflicts or estrangements that might be repaired.

Whereas clinical assessments tend to focus predominantly on problematic family patterns, a resilience-oriented approach prioritizes a search for positive influences—past, present, and potential. We ask about those members who might contribute strengths and resources in a team effort to overcome challenges. We identify potential role models and mentors in the kin network and are especially interested in hearing about resourceful ways family members have dealt with past adversity, such as stories about grandparents’ “can-do spirit” through migration or economic hard times that might inspire efforts in mastering current challenges.

We explore how the timing of symptoms might be connected with highly stressful family transitions. Frequently, child symptoms coincide with anxiety-provoking transitions, such as parental separation with incarceration, transnational migration, or military service, which also involve family boundary shifts and role redefinition (MacDermid, 2010; MacDermid, Sampler, Schwartz, Nishida, & Nyarong, 2008).

**Collaborative Intervention Process**

In this practice approach, couples and family members work together, as a team, to find new possibilities in their problem-saturated situation and overcome impasses to change. The family resilience framework can serve as a valuable conceptual map to guide intervention and prevention efforts. In targeting and strengthening key processes as problems are addressed, risk and vulnerability are reduced. As families become more resourceful, they are better able to meet future challenges. Thus, building resilience is also a preventive measure.

Rather than rescuing so-called “survivors” from “dysfunctional families,” this practice approach engages troubled families, with respect and compassion for their struggles; affirms their reparative potential; and seeks to bring out their best qualities. Family members are regarded as essential members of the healing team for recovery and resilience. Efforts aim both to reduce vulnerability and to enhance family functioning, with the potential to benefit all family members as they strengthen relational bonds and the family unit.

This collaborative approach readily engages “resistant” families, who are often reluctant to come for mental health services out of expectations (and prior experience) that they will be judged as disturbed or deficient and blamed for their problems. Instead, family members are viewed as intending
to do their best for one another and struggling with an overwhelming set of challenges. Therapeutic efforts mobilize family and community resources, mastering challenges through collaborative efforts (see Table 17.3 for practice guidelines).

This approach is also valuable in therapeutic efforts toward the healing of relational wounds and reconciliation of estranged relationships (Walsh, 2006). A young adult might be helped to see an alcoholic, depressed parent in a new light by learning more about the trauma she experienced in her life, thereby gaining compassion for her struggles and appreciation of her courage, alongside her limitations. Without negating a client’s own experience of neglect, one’s view of a parent can be expanded and humanized. Not all individuals may be successful in overcoming life’s adversities, but although they may have faltered, all are seen to have dignity and worth.

**Broad Range of Practice Applications**

A family resilience orientation can be applied usefully with a wide range of crisis situations, disruptive transitions, and multistress conditions in clinical and community services. A systemic assessment may be family-centered but include individual and/or group work with youth, single parents, or caregivers. Putting an ecological view into practice, interventions may involve coordination and collaboration with community agencies, religious communities, the workplace, schools, health care providers, and other larger systems.
Over the past 20 years, this family resilience orientation has guided the development of professional training, consultation, and services by the Chicago Center for Family Health (codirected by John Rolland and myself). Programs have been designed in partnership with community-based organizations to address a range of challenges (Rolland & Walsh, 2006; Walsh, 2002a, 2006, 2007, 2011b):

- Serious illness, disability challenges (e.g., “Resilient Partners” groups with multiple sclerosis; positive adaptation with diabetes; pediatric conditions)
- End-of-life challenges and complicated family bereavement
- Complex trauma, traumatic loss in war-torn regions and major disasters (Hurricane Katrina)
- Refugee trauma: multifamily groups (Bosnian and Kosovar)
- Divorce and stepfamily reorganization
- Family stresses with job loss and prolonged transition
- Family–school partnerships for success of at-risk youth
- Challenges for lesbian, gay, bisexual, and transgender persons, couples, families

Resilience-based family interventions can be adapted to a variety of formats, including family consultations or family counseling/therapy. Psychoeducational multifamily groups, workshops, and community forums offer social support and practical information, providing guidelines for crisis management, problem solving, and stress reduction as families navigate stressful periods and face future challenges. Family and community forums have been effective in widespread disaster situations (Landau & Saul, 2004; Walsh, 2007). Therapists or group facilitators may help families clarify specific stresses and develop effective coping strategies, and share pride and celebration in small successes. Brief, cost-effective psychoeducational “modules” timed for critical transitions or phases of a life challenge encourage families to digest manageable portions of a long-term recovery process. The following program descriptions are offered to illustrate this approach.

**Facilitating Family Resilience with Job Loss and Prolonged Unemployment**

One CCFH program was directed to the adaptation of displaced workers and their families when jobs were lost due to factory closings or company downsizing. Our faculty designed and implemented family resilience workshops and counseling services in partnership with a community-based agency specializing in job retraining and placement services. Job and income loss, as well as anxiety and uncertainty about prolonged unemployment and reemployment success, often fueled depression, substance abuse, and marital/family
conflict. Cumulative stresses over many months, in turn, reduced the ability of spouses and family members to support worker efforts. In one case, when a large clothing manufacturing plant relocated, over 1,800 workers lost their jobs. Most were ethnic minority breadwinners for their families, many were single parents, and most had limited education and skills for employment in the changing job market.

Family resilience-oriented workshops addressed the personal and familial impact of losses and transitional stresses, attending to family strains, reorganizing role functions, and rallying family members to support the best efforts of the displaced worker. Group sessions focused on keys to resilience, such as identifying constraining beliefs (e.g., “No one will hire me, with all my deficiencies”) to identify and affirm strengths, such as pride in doing a job well and personal qualities of dependability and loyalty in work and family life. For men whose sense of worth was diminished when losing the traditional male role as financial provider, it was important to broaden their contribution and value to their family. Fathers experienced new competencies and benefits through greater sharing of household and childrearing responsibilities and couple bonds were strengthened. Single parents, depressed and depleted, were encouraged to involve their children’s aunts, uncles, and godparents, as well as grandparents, and to offer mutual services, such as exchanging childcare time, for respite from burdens. Members brainstormed ways to build in “family fun time” and to show daily appreciation of loved ones despite stresses. The family groups offered encouragement to take initiative and persevere in job search efforts, and celebrated small successes as they strengthened family bonds.

Fostering Family and Community Resilience in Response to Mass Trauma

The value of a community-based family resilience approach with refugees from war-torn regions was demonstrated in projects developed by the Chicago Center for Family Health in collaboration with the Center on Genocide, Psychiatry, and Witnessing at the University of Illinois (Walsh, 2006; Weine et al., 2005). In 1998–1999, multifamily groups were designed for Bosnian and Kosovar refugees who had suffered atrocities and traumatic loss of loved ones, homes, and communities in the Serbian “ethnic cleansing” campaign. Our family resilience approach was sought out because many refugees were suffering posttraumatic stress symptoms but would not use mental health services, feeling shamed and stigmatized by psychiatric diagnostic categories and the narrow focus on individual symptoms of disorder. This program, called CAFES for Bosnians and TAFES for Kosovars (Coffee/Tea And Family Education & Support), utilized a 9-week, multifamily group format. Families readily participated, because it tapped into the strong family-centered cultural values and was located in an accessible neighborhood storefront, where they felt comfortable. Offering a safe and compassionate setting to share stories of
suffering and struggle, it also drew out and affirmed family strengths, such as their courage, endurance, and faith; strong kinship networks; deep concern for loved ones; and determination to rise above their tragedies to forge a new life. Paraprofessional facilitators from their community were trained to co-lead groups to foster collaboration and develop local resources. Families experienced this approach as respectful and empowering.

These projects led to the development of the Kosovar Family Professional Educational Collaborative (KFPEC) in Kosovo between local mental health professionals and an American team of family therapy consultants supported by the American Family Therapy Academy. The aim of this multiyear project was to enhance the capacities of mental health professionals and paraprofessionals to address the overwhelming service needs in their war-torn region by providing family-resilience-based services to foster recovery in the wake of widespread trauma and loss (Rolland & Weine, 2000). Recognizing that the psychosocial needs of refugees, other trauma survivors, and vulnerable persons in societies in transition far exceed the individual and psychopathological focus of conventional trauma mental health approaches, their approach built on family and cultural strengths. The consultants, sharing a broad multisystemic, resilience-oriented approach, encouraged Kosovar professionals to adapt the framework and develop their own practice methods to best fit local context and service needs.

The approach emphasized the importance of meeting with families to hear their stories, bearing witness to atrocities suffered, and eliciting each family’s strengths and resources (Becker, Sargent, & Rolland, 2000). In one family, the mother had listened to the gunshots as her husband, two sons, and two grandsons were murdered in the yard of their farmhouse. She and her surviving family members talked with team members in their home about what has kept them strong:

The surviving son in the family responded, “We are all believers. One of the strengths in our family is from Allah . . . Having something to believe has helped very much.”

INTERVIEWER: What do you do to keep faith strong?

SON: I see my mother as the ‘spring of strength’ . . . to see someone who has lost five family members—it gives us strength just to see her. We must think about the future and what we can accomplish. This is what keeps us strong. What will happen to him (pointing to his 5-year-old nephew) if I am not here? If he sees me strong, he will be strong. If I am weak, he will become weaker than me.

INTERVIEWER: What do you hope your nephew will learn about the family as he grows up?

SON: The moment when he will be independent and helping others and the family—for him, it will be like seeing his father and grandfather and uncles alive again. (p. 29)
In this family, the positive influence of belief systems was striking, in particular, the power of religious faith and the inspiration of strong models and mentors. In other families, team members noted that resilience was strengthened by their connectedness/cohesiveness and adaptive role flexibility:

Everyone belongs to the family and to the family’s homeland, alive or dead, here or abroad. Everyone matters and everyone is counted and counted upon. When cooking or planting everyone moves together fluidly, in a complementary pattern, each person picking up what the previous person left off… A hidden treasure in the family is their adaptability to who fills in each of the absented roles. Although the grief about loss is immeasurable, their resilience is remarkable. (Becker et al., 2000, p. 29)

Family resilience-oriented intervention approaches are increasingly being developed for situations of mass trauma, war-related trauma, and natural disasters (Boss, 2006; Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003; Boyd-Franklin, 2010; Cohen, Slonim, Finzi, & Leichtentritt, 2002; Girwitz, Forgatch, & Wieling, 2008; Hernandez, 2002; Knowles, Sasser, & Garrison, 2010; Landau, 2007; Landau & Saul, 2004; Rowe & Liddle, 2008; MacDermid, 2010; MacDermid et al., 2008; Walsh, 2007). In contrast to individual symptom-focused treatment programs, such multisystemic approaches build healing networks that facilitate individual, family, and community resilience. Programs create a safe haven for family and community members to support each other in sharing both deep pain and positive strivings. They help families and communities expand their vision of what is possible through collaboration, not only to survive trauma and loss, but also to regain their spirit to thrive.

Navigating New Challenges in a Changing World

A family resilience framework is especially timely in helping families with unprecedented challenges as the world around them changes at an accelerated pace (see Walsh, Chapter 1, this volume). Family cultures and structures are becoming increasingly diverse and fluid. Over an extended family life cycle, adults and their children are moving in and out of increasingly complex family configurations, with each transition posing new adaptational challenges. Amid social, economic, and political upheavals worldwide, families are dealing with many losses, disruptions, and uncertainties.

Yet, as Lifton (1993) contends, humans are surprisingly resilient. He compares our predicament and response to that of the Greek god Proteus: Just as he was able to change shape in response to crisis, we create new psychological, social, and family configurations, exploring new options and transforming our lives many times over the life course and the generations. Most families show remarkable resilience in creatively reweaving their family life. Yet stressful transitions and attempts to navigate uncharted territory can contribute
to individual and relational distress. A resilience-oriented practice approach assesses individual, couple, and family distress in relation to this larger societal and global context. Families may need help to grieve their actual and symbolic losses as they “bounce forward” to adapt. Therapists can help families find coherence in the midst of complexity, and maintain continuities in the midst of upheaval as they journey into the future. Resilience does not mean bouncing back unscathed, but struggling well, effectively working through and learning from adversity, and integrating the experience into life’s journey.

CONCLUSION

A family resilience orientation involves a crucial shift in emphasis from family deficits to family challenges, with conviction in the potential inherent in family systems for recovery and positive growth out of adversity. By targeting interventions to strengthen key processes for resilience, families become more resourceful in dealing with crises, navigating disruptive transitions, weathering persistent stresses, and meeting future challenges.

Although some families are more vulnerable or face more hardships than others, all are seen to have potential for gaining resilience in meeting their challenges, forging varied pathways. Beyond coping, adaptation, or competence in managing difficulties, resilience processes enable transformation and positive growth, which can emerge out of experiences of adversity. This research-informed conceptual framework can usefully be integrated with many strengths-based practice approaches and applied with a wide range of adverse conditions, with attunement to family and cultural diversity. Resilience-oriented services foster family empowerment as they bring forth shared hope, develop new and renewed competencies, and strengthen family bonds.

REFERENCES


