Facilitating Family Resilience: Relational Resources for Positive Youth Development in Conditions of Adversity

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What is Resilience?

Resilience has become an increasingly valuable and timely concept in these challenging times. Resilience can be defined as the ability to withstand and rebound from stressful life challenges, strengthened and more resourceful. Not simply general strengths, or coping, resilience involves dynamic processes that foster positive adaptation in the context of significant adversity (Luthar, Cicchetti, & Becker, 2000).

The concept of resilience brings many varied images to mind. A Japanese colleague envisions a willow tree that bends in the storm, but does not break. A Korean colleague finds similarities to her culture's concept of *han*: suffering that is so deep, but not without hope (Yang & Choi, 2001). Such images capture the deeply rooted strengths in the human spirit that enable us to endure and overcome serious life challenges.

In Euro-American culture, there is a common misconception of resilience simply as: "Just bounce back!" In our popular media, "resilience" is in the daily news. A reporter hails the resilience of a football team for rebounding from a season of defeat to capture victory and glory. For women, there is an expensive face cream named *Resilience* for its purported ability to make aging skin spring back to youthful elasticity and glow. Vulnerability, however, is part of the human condition, and with serious crises or persistent stresses we often can't simply bounce back or return to the old normal. Life may never be the same and we must construct a "new normal" on our journey forward. Thus, resilience involves struggling well, effectively working through and learning from adversity, and attempting to integrate the experience into our individual and shared lives as we move ahead.

Resilience has become an important concept in mental health theory and research over recent decades, as studies challenged the prevailing deterministic assumption that traumatic experiences and prolonged adversity, especially in childhood, are inevitably damaging. Many children who experienced multiple risk factors for dysfunction, such as parental mental illness, traumatic loss, or conditions of poverty, defied expectations and did remarkably well in life. Although many individuals were shattered by adversity, others overcame similar high-risk conditions, able to lead loving and productive lives and to raise their children well. Studies have found, for instance, that most abused children did not become abusive parents (Kaufman & Ziegler, 1987).

Individual Resilience in Multisystemic Perspective

To account for these differences, early studies focused on personal traits for resilience, or hardiness, assuming that innate strengths, or character

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armor, made some children invulnerable to the damage of parental pathology. The work of Sir Michael Rutter (1987) led to recognition of the interaction between nature and nurture in the emergence of resilience. As research was extended to a wide range of adverse conditions – impoverished circumstances, chronic medical illness, and catastrophic life events, trauma, and loss – it became clear that resilience involves an interplay of multiple risk and protective processes over time, involving individual, family, and larger sociocultural influences. Individual vulnerability or the impact of stressful conditions could be outweighed by positive mediating influences.

In a remarkable longitudinal study of resilience, Werner (Werner & Smith, 2001) followed the lives of nearly 700 multicultural children of plantation workers living in poverty on the Hawaiian island of Kauai. By age 18, about two-thirds of the at-risk children had done poorly as predicted, with early pregnancy, need for mental health services, or trouble in school or with the law. However, one-third of those at-risk had developed into competent, caring, and confident young adults, with the capacity "to work well, play well, love well, and expect well," commonly used indicators of resilience, as rated on a variety of measures. In later follow-ups through middle adulthood, almost all were still living successful lives. Of note, several who had been poorly functioning in adolescence turned their lives around in adulthood, most often crediting supportive relationships or religious involvement. These findings have important clinical implications, revealing the potential, despite troubled childhood or teen years, for later developing resilience across the life course.

Resilience is Nurtured in Relationships

Notably, the crucial influence of significant relationships stands out across many studies (Walsh, 1996). Individual resilience was encouraged by bonds with kin, intimate partners, and mentors, such as coaches and teachers, who supported their efforts, believed in their potential, and encouraged them to make the most of their lives. Vital kin and community connections enable children and adolescents at-risk to thrive (Ungar, 2004).In the field of mental health, however, the prevailing focus on parental dysfunction has blinded many to the family resources that might be tapped, even where a parent's functioning is seriously impaired. A family resilience approach to practice seeks out and builds "relational lifelines" for resilience in the broad kinship network.

A resilience-oriented systems approach to practice searches out relational resources in the kinship network, positive bonds that might contribute to a child's resilience – older brothers, sisters; aunts, uncles; grandparents, godparents, and informal kin, as well as community resources. Even in troubled families, there are islands of strength and resilience. Mental health practitioners identify and recruit members who can play an active role in the life of a troubled or at-risk child. From many qualitative studies, a number of relational components can be identified that build and sustain resilience. Most important are models of resilience (individuals who survived well despite adversity) and mentors who are invested in the youth's positive development. Practitioners can encourage the following relational processes:
- Convey conviction in a child's worth and potential
- Draw out and affirm strengths, abilities
- Inspire hopes and dreams
- Encourage a child's best efforts
- Stand by a child through difficulties
- See mistakes as opportunities for learning & growth
- Celebrate successes

The construction of a genogram (McGoldrick, Gerson, & Petry, 2008) is valuable in mapping all significant relationships within and beyond the household, including siblings, parents, and other caregivers, grandparents, aunts, uncles, cousins, godparents, and informal family members. Although genograms have traditionally been used mainly to note dysfunction and problematic patterns, conflicts, and cut offs, a resilience-oriented approach searches for islands of caring and

competence. We hold the conviction that strengths and potential can be found in all families alongside vulnerabilities and limitations. We inquire about resourceful ways a family as a whole or individual family member dealt with past adversity and about models of resilience in the kin network that might be drawn on to inspire efforts to master current challenges. With recent or ongoing disruptive events, we rally the family to respond in ways that will foster resilience.

Family consultation sessions might be convened, inviting those who might be helpful, to explore how each can play a valuable part. Traditional approaches to clinical practice focus narrowly on an individual, such as the designated caregiver, or a legal guardian in kinship care, too often overloading that family member. In contrast, we approach the family as a team and assess how various members can each contribute to a successful team approach.

Family stories, too, can inspire resilience. Practitioners inquire about other adversities the family has faced, the strategies and resources they found useful, and the positive approaches by members in meeting their challenges. Stories of grandparents' "can do spirit" through economic hard times can be inspiring.

> I never met my own great grandmother Frimid (my namesake), but I was inspired by the many stories about her pluck and determination when she and her family forged a new life in the U.S, fleeing pograms against Jews in Hungary. While her husband found menial work, she ran a catering service, raising geese in the backyard for pate de fois gras. She also became involved in community service, helping other newly arriving immigrants to settle and adapt. The best story was told of her observation of peculiar local weather that reminded her of the season in Hungary when the onion crops had failed. With her husband's blessing (I assumed) she took their entire savings and invested them in the onion market. Sure enough, the crops failed and she made a fortune, with a story in the local news titled "Frimid, the Onion Queen." Such stories were wellsprings for my own resilience in imagining that I could forge a new and productive life beyond the impoverished conditions of my upbringing.

A family systems approach also seeks to build positive mutual influences. For instance, we explore how siblings can support each other, an older brother encouraging a younger one with homework and the younger one, in return, helping out the other with chores, and building a positive bond in so doing. Recognizing that parents, particularly single parents, are often under-resourced, therapists might facilitate shared childcare between a mother and her sister, who is also overburdened, giving each respite from chronic stresses. With the loss of a parent, or transfer to foster care, sibling bonds can be the most valued lifeline for children; it's crucial that they not be separated.

The Concept of Family Resilience

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

The need to strengthen family resilience has never been more urgent, as families today are buffeted by stresses and uncertainties of economic, social, political, and environmental upheaval. When families suffer, their children suffer. When we can strengthen families' capacities for resilience, they are better able to nurture their children's resilience. The family resilience framework presented here aims to strengthen key family processes in dealing with adversity. This practice approach is based on a conviction that all families have the potential for adaptation, repair, and positive growth.

The concept of family resilience extends theory and research on family stress, coping, and adaptation (McCubbin et al. 1998a, b; Patterson, 2002).

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 have been 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. In studies of strong families, many report that through weathering a crisis together their relationships were enriched and became more loving than they might otherwise have been.

Practice Utility of a Family Resilience Framework

Resilience research offers a promising knowledge base for practice. My efforts over the past two decades have focused on the development of a family resilience framework for clinical intervention and prevention. This resilience-oriented approach builds on advances in the field of family therapy that focus on family strengths (Walsh, 2012). The therapeutic relationship is collaborative and empowering of client potential, with recognition that successful interventions depend more on tapping into family resources than on therapist techniques. Our language and discourse are strengths-oriented. Family assessment and intervention are redirected from how problems were caused to how they can be tackled, identifying and amplifying existing and potential competencies. Therapist and clients work together to find new possibilities in a problem-saturated situation and overcome impasses to change. This positive, future-oriented stance refocuses families from how they have failed to how they can succeed.

A family resilience approach shifts the prevalent view of troubled families as *damaged* and beyond repair to seeing them as *challenged* by life's adversities with potential to foster healing and growth in all members. Rather than rescuing so-called "survivors" from "dysfunctional families" this practice approach engages distressed families with respect and compassion for their struggles, affirms their reparative potential, and seeks to bring out their best qualities. Efforts to foster family resilience aim both to avert and reduce dysfunction and to enhance family functioning and individual well-being. Such efforts have the potential to benefit all family members as they strengthen relational bonds and the family unit. As families become more resourceful, risk and vulnerability are reduced and they are better able to meet future challenges. Thus, building family resilience is also a preventive measure for children and their families.

Putting Ecological and Developmental Perspectives into Practice

This family resilience framework combines ecological and developmental perspectives to understand and strengthen family functioning in relation to its broader socio-cultural context and multigenerational life cycle passage.

From a *bio-psycho-social systems orientation*, risk and resilience are viewed in light of multiple, recursive influences involving individuals, families, and larger social systems. Problems can result from an interaction of individual, family, or community vulnerability and stressful life experiences. Symptoms may be primarily biologically based, as in serious illness, or largely influenced by socio-cultural variables, such as barriers of poverty and discrimination that render many families and communities more at-risk. Family distress may result from unsuccessful attempts to cope with an overwhelming situation. Symptoms may be generated by a crisis event, such as traumatic loss in the family or by the wider impact of a large-scale disaster. 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. A multidimensional, holistic assessment includes varied contexts, seeking to identify common elements in a crisis situation and family responses, while also taking into account each family's unique perspectives, resources, and challenges (Falicov, 1995, 2007).

A developmental perspective is also essential to understand and foster family resilience. (1) Families navigate varied pathways in forging resilience with emerging challenges over time. (2) A pile-up of multiple stressors can overwhelm family resources. (3) The impact of a crisis may also vary in relation to its timing in individual and family life cycle passage. (4) Past experiences and stories of adversity and family response can generate catastrophic expectations or can serve as models for resilience in overcoming difficulties.

Varied pathways in resilience. 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). Family resilience involves varied adaptational pathways over time, from the approach to a threatening event on the horizon, through disruptive transitions, subsequent shockwaves in the immediate aftermath, and long-term reorganization. For instance, how a family approaches a parent's illness and death, facilitates emotional sharing and meaning making, effectively reorganizes and then fosters reinvestment in life pursuits will influence the immediate and long-term adaptation to loss for all members and their relationships (Rolland, 1994; Walsh & McGoldrick, 2004). Likewise, the experience of divorce proceeds from an escalation of predivorce tensions through disruption and reorganization of households and parent–child relationships; most will experience transitional upheaval again with remarriage and stepfamily integration (Hetherington & Kelly, 2002). Given such complexity, no single coping response is invariably most successful; different strategies may prove useful in meeting new challenges. Some approaches that are functional in the short term may rigidify and become dysfunctional over time. Practitioners work with families at various steps or transitions along their journey, offering compassion for their suffering and struggle, helping them to integrate their experience, and encouraging their best efforts in meeting their challenges.

Multistress conditions. Some families may do well with a short-term crisis but buckle under the strains of persistent or recurrent challenges, as with a chronic illness, prolonged unemployment, or a blighted and unsafe neighborhood. A pile-up of internal and external stressors can overwhelm the family, heightening vulnerability and risk for substance abuse or other subsequent problems.

Family life cycle perspective. Functioning and distress are assessed in the context of the multi-generational family system as it moves forward across the life cycle (McGoldrick, Carter, & Garcia Preto, 2011). A family resilience practice approach focuses on family adaptation around critical events, particularly unexpected, untimely, and traumatic events, such as the shooting death of a child. Resilience-oriented family therapy pays particular attention to the timing of symptoms in relation to family disruption. For instance, a son's drop in school grades may be precipitated by his father's job loss, increased drinking, and heightened parental conflict. Attention is given to stressful transitions, such as a parent's incarceration and a child's transfer to kinship care (Engstrom, 2012), requiring boundary shifts and redefinition of roles and relationships. It is important to attend to the extended kin network beyond the immediate household. For example, in one family with whom I worked, a teenager's binge drinking was triggered by the death of her grandmother who had been her mainstay through instability in her immediate family. In assessing the impact of stress events, it is essential to explore how the family handled them: their proactive stance, immediate response, and long-term "survival" strategies. Distress is heightened when current stressors reactivate painful memories and emotions from past experience, as in post-traumatic stress of war-related experiences. The convergence of developmental and multigenerational strains increases the risk for complications (McGoldrick et al., 2011).

Broad Range of Practice Applications

The very flexibility of the concept of family resilience complicates research efforts but lends itself to many practice applications (see Table 15.1). A family resilience framework can be applied usefully with a wide range of crisis situations and multistress conditions. Interventions utilize principles

Table 15.1 Practice guidelines to strengthen family resilience

Convey conviction in potential to overcome adversity through shared efforts
Use respectful language, framing to humanize and contextualize distress
View as understandable, (normal response to abnormal or stressful conditions)
Decrease shame, blame, pathologizing
Provide safe haven for sharing pain, fears, challenges
Compassionate witness for suffering and struggle
Build communication, empathy, mutual support of family members
Identify and affirm strengths, courage alongside vulnerabilities, constraints
Draw out potential for mastery, healing, and growth
Tap into kin, community, and spiritual resources to deal with challenges
View crisis also as opportunity for learning, change, and growth
Shift focus from problems to possibilities
Gain mastery, healing, and transformation out of adversity
Reorient future hopes and dreams
Integrate adversity – and resilience – into fabric of individual and relational life passage

and techniques common among many strength-based practice approaches, but attend more centrally to links between symptoms and significant family stressors, identifying and fortifying key processes in coping and adaptation. This approach also affirms the varied pathways that can be forged for resilience over time.

Therapists, as compassionate witnesses and facilitators, invite family members to share their experiences of adversity, often breaking down walls of silence or secrecy around painful or shameful events, to build mutual support and empathy. Respect for family strengths in the midst of suffering or struggle readily engages so-called "resistant" families, who are often reluctant to come for mental health services out of expectations (often based on 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 overwhelming challenges. Therapeutic efforts mobilize family and community resources to master those challenges through collaborative efforts.

Clinical and community services can benefit from use of a family resilience meta-framework. A multisystemic assessment may be family-centered but include individual and/or group work with youth. Putting an ecological view into practice, interventions may involve coordination and collaboration with community agencies, religious communities, or workplace, school, healthcare, and other larger systems, depending on their relevance.

Over the past 20 years, faculty at the Chicago Center for Family Health, (co-directed by John Rolland and myself), have developed training, clinical practice, and community services grounded in this Family Resilience meta-framework. Programs have been designed in partnership with community-based organizations to address a range of challenges (Walsh, 2002, 2006, 2007), including:

- Serious illness, disability, and end-of-life challenges;
- Complicated bereavement;
- Recovery from traumatic loss and major disasters;
- Refugee trauma and migration challenges;
- Adaptation to divorce, single-parenting, and stepfamily reorganization;
- Family stresses and resources with job loss and transition;
- Family-school partnerships for the success of at-risk youth; and
- Challenges for gay, lesbian, and transgender individuals and their families (Herdt & Koff, 2000).

Resilience-based family interventions can be adapted to a variety of formats including periodic family consultations or more intensive family therapy. Psycho-educational multifamily groups emphasize the importance of social support and practical information, offering concrete guidelines for crisis management, problem-solving, and stress reduction as families navigate through stressful periods and face future challenges. Therapists may identify specific stresses the family is dealing with and then help them develop effective coping strategies, measuring success in small increments and maintaining family morale. Brief, cost-effective, psycho-educational "modules" timed for critical

transitions or phases of a life challenge encourage families to digest manageable portions of a long-term adaptation process.

Key Processes in Family Resilience

The Family Resilience Framework was developed as a conceptual map for clinicians to identify and target key processes that can strengthen family capacities to rebound from crises and master persistent life challenges (Walsh, 2003). This framework is informed by social science and clinical research seeking to understand crucial variables contributing to resilience and well-functioning families. I have synthesized findings from numerous studies to identify key processes for resilience within three domains of family functioning: family belief systems, organization patterns, and communication processes (Table 15.2).

Family Belief Systems

Family belief systems powerfully influence members' perceptions and response to adversity. Shared constructions of reality, influenced by cultural and spiritual beliefs, emerge through family and social transactions; in turn, they organize family approaches to crisis situations and they can be fundamentally altered by such experiences. Adversity generates a crisis of meaning and potential disruption of integration. Resilience is fostered by shared beliefs that increase options for effective functioning, problem-solving, healing, and growth. Clinicians can facilitate family efforts to make meaning of their crisis situations, gain a hopeful, positive outlook, and tap transcendent or spiritual experiences.

Making Meaning of Adversity

Families strengthen their bonds and their resilience by viewing a crisis or prolonged adversity as a *shared* challenge. Professionals can foster this *relational view* of strength: in joining together, individuals strengthen their ability to overcome adversity.

Well-functioning families have an evolutionary sense of time and becoming – a continual process of growth, change, and losses across the life cycle and the generations. Clinicians can also help members to see disruptive transitions as milestones on their shared life passage. By *normalizing* and *contextualizing* distress, family members can enlarge their perspective and see their reactions and difficulties as understandable in light of their adverse situation and challenges. Interventions help to reduce blame, shame, and pathologizing by encouraging family members to view their problems as human dilemmas and their feelings and vulnerability as "normal" (i.e., common among families facing similar predicaments).

In grappling with adversity, families do best when helped to gain a *sense of coherence* (Antonovsky & Sourani, 1988), by recasting a crisis as a challenge that is comprehensible, manageable, and meaningful to tackle. It involves efforts to clarify the nature of problems and available resources. Family members attempt to make sense of how things have happened through *causal or explanatory attributions* and they look to their future course with hopes and fears. We can support their efforts to clarify explanations of their problems, to appraise their challenges and options ahead, and to plan active coping strategies.

Positive Outlook

Considerable research documents the strong psychological and physiological effects of a positive outlook in coping with stress, in recovering from crisis, and in overcoming barriers to success. *Hope* is as essential to the spirit as oxygen is to the lungs: It fuels energy and efforts to rise above adversity. Hope is a future-oriented leap of faith: no matter how bleak the present or immediate prospects, a better future can be envisioned. In problem-saturated conditions, it is essential to rekindle hope from despair, tap into potential resources, and encourage active striving and perseverance to surmount obstacles.

Well-functioning families tend to hold a more positive life. Seligman's (1990) concept of *learned optimism* has particular relevance for

Table 15.2 Key processes in family resilience

Belief systems

  1. Make meaning of adversity

    View resilience as relationally-based – vs. "rugged individual"

    Normalize, contextualize adversity and distress

    Sense of coherence: view crisis as challenge: meaningful, comprehensible, manageable

    Causal/explanatory attributions: how could this happen? What can be done?

  2. Positive outlook

    Hope, optimistic bias: confidence in overcoming odds

    En-*courage*-ment: affirm strengths and build on potential

    Seize opportunities: active initiative and perseverance (can-do spirit)

    Master the possible: accept what can't be changed

  3. Transcendence and spirituality

    Larger values, purpose

    Spirituality: faith, healing rituals, congregational support

    Inspiration: envision new possibilities; creative expression; social action

    Transformation: learning, change, and growth from adversity

Structural/organizational patterns

  4. Flexibility

    Adaptive change: rebound, reorganize to fit new challenges

    Stability through disruption: continuity, dependability

    Strong authoritative leadership: nurturance, protection, guidance

    Varied family forms: cooperative parenting/caregiving teams

  5. Connectedness

    Mutual support, collaboration and commitment: team approach

    Respect individual needs, differences, and boundaries

    Seek reconnection, reconciliation of wounded relationships

  6. Social and economic resources

    Mobilize kin, social and community networks: models and mentors

    Build financial security: balance work/family strains

    Institutional supports for families to thrive

Communication/problem solving

  7. Clarity

    Clear, consistent messages (words and actions)

    Clarify ambiguous information: truth seeking/truth speaking

  8. Open emotional expression

    Share range of feelings (joy and pain; hopes and fears)

    Mutual empathy: tolerance for differences

    Pleasurable interactions, respite; humor

  9. Collaborative problem-solving

    Creative brainstorming: resourcefulness

    Shared decision-making: conflict management: negotiation, reciprocity

    Focus on goals: take concrete steps; build on success; learn from failure

    Proactive stance: preparedness: prevent problems; avert crises

fostering resilience. His earlier research 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 found that optimism could be learned, and helplessness and pessimism unlearned, through experiences of successful mastery, building confidence that one's efforts can make a difference. His research led to programs in schools for high-risk youth to build confidence and competence. He cautioned, however, that a positive mindset is not sufficient for success if life conditions are relentlessly harsh, with few opportunities to rise above them. As Aponte (1994) notes, many families who feel trapped in impoverished, blighted communities lose hope, suffering a deprivation of both "bread" and "spirit." This despair robs them of meaning, purpose, and a sense of future possibility. Thus, to rebuild and sustain a positive outlook, we need to foster successful experiences *and* a nurturing community context.

By affirming family strengths and potential in the midst of difficulties, we can help members to counter a sense of helplessness, failure, and blame while reinforcing pride, confidence, and a "can do" spirit. The therapist's encouragement bolsters courage to take initiative and persevere in efforts to master challenges. It helps families build confidence and competence through experiences of successful mastery, learning that their efforts can make a difference.

Initiative and perseverance – hallmarks of resilience – are fueled by unwavering shared confidence through an ordeal: "We'll never give up trying." This conviction bolsters efforts and makes family members active participants in a relentless search for solutions. By showing confidence that they will each do their best, families support members' best efforts and build competencies.

Mastering the art of the possible is a vital key for resilience, since some things cannot be changed. Clinicians can help families take stock of their situation – the challenges, constraints, resources, and aims – and then focus energies on making the best of their options. This requires

coming to accept that which is beyond their control. We can help families who are immobilized, or trapped in a powerless victim position to direct their focus and efforts toward current and future possibilities: playing the hand that is dealt as well as possible. When immediate conditions are overwhelming, family members can be encouraged to take up tasks they can master. Although past events cannot be changed, they can be recast in a new light to foster greater comprehension, healing, and growth.

Transcendence and Spirituality

Transcendent beliefs and practices provide meaning and purpose beyond a family's immediate plight. Most families find strength, comfort, and guidance in adversity through connections with their cultural and religious traditions. Shared rituals and ceremonies facilitate passage through significant transitions and linkages with a larger community and common heritage (Imber-Black, Roberts, & Whiting, 2003).

Suffering, and any injustice or senselessness, are ultimately spiritual issues. As a large body of research documents, spiritual resources, through deep faith practices such as prayer and meditation and congregational affiliation, can be wellsprings for resilience, particularly for families struggling to surmount barriers of poverty and racism (Walsh, 2009). Many find spiritual nourishment outside formal religion, as through deep personal connection with nature, music, and the arts, or in community service or social action.

The paradox of resilience is that the worst of times can also bring out our best. A crisis can yield learning, transformation, and growth in unforeseen directions. It can be a wake-up call or epiphany, awakening family members to the importance of loved ones or jolting them to repair 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. In Chicago, one father who had lost his son to gang violence found a healing pathway by leading a community effort to stop gun violence. It is most important to help families in problem-satu-

rated situations 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 growth.

Family Organizational Patterns

Contemporary families, with diverse structures, must organize in various ways to meet life challenges. Resilience is bolstered by flexible structure, connectedness (cohesion), and social and economic resources.

Flexibility

Flexibility, a core process in resilience, involves adaptive change. For instance, following parental disability, divorce, or separation, families must recalibrate relationships and reorganize patterns of interaction to fit new conditions. At the same time, families need to buffer and counterbalance disruptive changes, regaining stability and continuity. Children and other vulnerable family members especially need assurance of continuity, security, and predictability through turmoil. Daily routines and meaningful rituals can assist at such times.

Firm, yet flexible, authoritative leadership is most effective for family functioning and the well-being of children through stressful times. It is important for parents and other caretakers to provide nurturance, protection, and guidance, especially through periods of uncertainty. For instance, children's adaptation to divorce is facilitated by strong parental leadership and dependability as new single-parent household structures, visitation schedules, rules, and routines are set in place. With complex family structures, such as kinship care and stepfamilies, therapists can help them forge collaborative co-parenting and caregiving teamwork across households.

Connectedness

Connectedness, or cohesion, is essential for effective family functioning (Olson & Gorell, 2003). A crisis can shatter family cohesion, leaving

members unable to rely on one another. Resilience is strengthened by mutual support, collaboration, and commitment to weather troubled times together. At the same time, individual coping differences, separateness, and boundaries need to be respected. When family members are separated, as with incarceration or migration, it is important to sustain vital connections through photos, letters, keepsakes, internet contact, and visits, as well as through cultural and spiritual roots. Family therapists can also facilitate reconnection and repair of wounded and estranged relationships. Intense pressures in troubled times can spark misunderstandings and cutoffs. Yet, a crisis, such as a life-threatening event, can also be seized as an opportunity for reconciliation.

Social and Economic Resources

Extended kin and social networks are vital lifelines in times of trouble, offering practical and emotional support. The significance of role models and mentors for the resilience of at-risk youth is well documented. Involvement in community groups and faith congregations also strengthens resilience. Families who are more isolated can be helped to access these potential resources.

Community-based coordinated efforts, involving local agencies and residents, are essential to meet such challenges as neighborhood crime or disaster recovery. Such multisystemic approaches facilitate both family and community resilience (Hernandez, 2002; Landau & Saul, 2004; Landau, 2007; Walsh, 2007). In one model program, multifamily groups and parent/teacher networks were organized in lower Manhattan neighborhoods directly affected by the 9/11 terrorist attacks, serving as a valuable resource for families to share their experiences, respond to concerns of their children, provide mutual support, and mobilize concerted action in recovery efforts.

Financial security is crucial for resilience. Job loss or a serious illness can drain a family's economic resources. Research clearly shows that financial strain is the most significant risk factor for children in single-parent families (Anderson, 2012). Families may also need help navigating conflicting pressures of job and family responsibilities for two-earner and single-parent households.

Most importantly, the concept of family resilience should not be misused to blame families that are unable to rise above harsh conditions by simply labeling them as not resilient. Just as individuals need supportive relationships to thrive, families require social and institutional policies and practices that enable them to rebound and rebuild after major crises and to thrive in the face of prolonged hardships. It is not enough to help families overcome the odds against them; mental health professionals must also work to change the odds (Seccombe, 2002).

Communication/Problem-Solving Processes

Communication processes facilitate resilience by bringing clarity to crisis situations, encouraging open emotional expression, and fostering collaborative problem-solving. It must be kept in mind that cultural norms vary widely in regard to information sharing and emotional expression (Epstein, Ryan, Bishop, Miller, & Keitner, 2003).

Clarity

Clarity and congruence in words and deeds facilitate effective family functioning and the well-being of members. In times of crisis, communication and coordination can easily break down. Ambiguity fuels anxiety and blocks understanding and mastery. By helping families clarify and share crucial information about their situation and future expectations, mental health practitioners facilitate meaning-making and informed decision-making. Shared acknowledgment of the reality and circumstances of a crisis situation promotes adaptation, whereas secrecy, denial, and cover-up, especially in stigmatized cases such as suicide, can impede recovery (Walsh & McGoldrick, 2004).

Commonly, well-intentioned families avoid painful or threatening topics, wishing to protect children or frail elders from worry, or waiting until they are certain about a precarious situation, such as an unclear medical prognosis or parental separation/divorce. Anxieties about the unspeakable, however, can generate catastrophic fears and are often expressed in a child's somatic or behavioral problems. Parents can be helpful by keeping children informed as the situation develops and by openness to discussing questions or concerns. Parents may need guidance on age-appropriate ways of sharing information and can expect that as children mature, they may revisit issues to gain greater comprehension or bring up emerging concerns.

Emotional Expression

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. Members may be out of sync over time; one may continue to be quite upset as others feel ready to move on. Parents may suppress their own emotions in order to keep functioning for the family; children may stifle their own feelings and needs so as not to burden parents. When emotions are intense or family members feel overwhelmed by a pile-up of stressors, conflict is more likely to spiral out of control. Respite from struggles is essential. Helping family members share small pleasures and moments of humor can refuel energies and lift spirits.

Collaborative Problem-Solving

Creative brainstorming and resourcefulness open new possibilities for overcoming adversity and for healing and growth after tragedy. Therapists can facilitate shared decision-making and conflict management through negotiation, with fairness and reciprocity over time. They can encourage a family's efforts to set clear, attainable goals and take concrete steps toward them. Therapists can help them build on small successes and use failures as learning experiences. When dreams have been shattered, mental health practitioners can encourage family members to survey the altered landscape and seize opportunities for growth in new directions.

To meet future challenges, therapists can help families shift from a crisis-reactive mode to a proactive stance. A resilience-oriented approach to practice focuses on the future, striving for the best while also preparing for the worst, anticipating future clouds on the horizon to prevent problems and avert crises. Encouraging families to devise a "Plan B" can enable them to rebound when unforeseen challenges arise.

Synergistic Influences of Key Processes in Resilience

These key processes in family resilience are mutually interactive and synergistic. For example, a relational view of resilience (belief system) fosters connectedness (organizational patterns) as well as open emotional sharing and collaborative problem solving (communication processes). A core belief that problems can be mastered both facilitates and is reinforced by successful problem-solving strategies. This family resilience framework provides a flexible map for practitioners to identify and target core processes in effective family functioning while also holding a contextual view and recognizing the viability of many varied pathways in resilience.

Conclusion

A family resilience framework offers several advantages. By definition, it focuses on strengths under stress, in response to crisis, and when facing prolonged adversity. With the growing diversity and complexity of contemporary family life, no single model of healthy functioning fits all families or their situations. Therapists help each

family to find its own pathways through adversity, fitting interventions with the family's challenges, cultural orientation, life cycle passage, and personal strengths and resources. Beyond coping or problem-solving, resilience involves positive transformation and growth. Even experiences of severe trauma and very troubled relationships hold potential for healing and new possibilities across the life cycle and the generations.

A family resilience perspective holds a deep conviction in the potential of all families, even the most vulnerable, to gain strengths in mastering their challenges and provide relational resources for children to thrive. It involves a crucial shift in emphasis from family deficits to family challenges, with belief in the possibilities for recovery and growth out of adversity. By targeting interventions to strengthen key processes for resilience, families become more resourceful in dealing with crises, weathering persistent stresses, and meeting future challenges. This conceptual framework can be usefully integrated with many strengths-based practice models and applied with a range of crisis situations with respect for family and cultural diversity. This approach also builds relational resources in social and community networks and addresses the impact of larger social systems and socio-economic and cultural influences. Resilience-oriented services foster family empowerment as they bring forth shared hope, develop new and renewed competencies, and strengthen family bonds.

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