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FAMILY RESILIENCE Surviving and Thriving

By Diane T. Marsh, Ph.D.

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FAMILY RESILIENCE: SURVIVING AND THRIVING

By Diane T. Marsh, Ph.D.

I've become a much stronger person. I'm far more compassionate and considerate toward others. Our family learned exactly what we value, and I think it's brought us even closer to each other.

This woman participated in our study of families who were dealing with serious mental health problems. As her words convey, families often demonstrate remarkable strengths under challenging circumstances. Marshalling their own powers of recuperation and renewal, many families rebound from adversity, weather their crises, and prevail over difficult life events. Along the way, in the midst of their suffering and despair, they learn to take charge of their lives, cherish their family bonds, and live their lives with joy and satisfaction. These families are not merely surviving; they are thriving. This phenomenon is called family resilience.

As Walsh (1998) has pointed out, in these turbulent times, we need more than ever to understand and strengthen the ways in which families can survive and thrive. The Chinese symbol for the word crisis is a composite of two pictographs: the symbols of danger and of opportunity. Too often, we emphasize the danger that accompanies crisis, rather than the opportunity. Likewise, as Walsh asserts, instead of focusing on how families fail, we need to direct our attention to how they succeed. What can we learn, she asks, from families that build and sustain enduring relationships through difficult periods; that cope well with an illness that can't be cured or a problem that can't be solved; that regenerate after life-altering losses; that rise above severe trauma or the barriers of poverty and discrimination; or that succeed against all odds?

In the past, mental health professionals have too often focused on family dysfunction, deficits, and pathology—on what families did wrong (e.g., Kaminer, 1992). In the present, there is increasing emphasis on healthy family functioning—on what

families do right. What distinguishes healthy families is not the absence of problems, but rather their ability to confront and resolve their problems as a unit. Faced with disruptive events, resilient families manage to forge stronger bonds, regain functioning, move forward with their lives, and obtain the vital resources that can help them deal with future challenges (Walsh, 1998). Namely, they take charge of their lives and go on to live fully and love well.

What Have We Learned About Resilience?

Resilience was originally viewed as residing with the individual. Early researchers focused on resilience among at-risk children who were growing up with parents who had a serious mental illness, such as schizophrenia (e.g., Anthony, 1970; Rutter, 1983). They expected the children to manifest increased vulnerability to mental illness themselves. Somewhat to their surprise, however, the researchers discovered that some of these children not only did not manifest any significant problems, but appeared to demonstrate an unusual level of competence, almost as if they had been challenged by their adversity. These “invulnerable” or “resilient” children countered the prevailing emphasis on psychopathology and incompetence, prompting researchers to explore the factors that promote personal resilience (Garmezy, 1983).

The resulting studies of resilience underscored the diversity among children and the many variables that can serve as mediators of family events (e.g., Beardslee & Podorefsky, 1988; Cohler, 1987; Rutter, 1993). Cowen and Work (1988) identified the following correlates of resilient outcomes:

- (a) child characteristics, such as autonomy and independence, good peer relationships, empathy, task orientation, curiosity, and problem solving skills;
- (b) family and interactive attributes, such as warm, competent, caring mothers; open communication and exchange of feelings; encouragement and support; and strong interest in the child; and
- (c) parental agreement on values and moral issues.

From the perspective of intervention, the authors assert that the primary goal is to provide adjustment-enhancing skills and conditions for profoundly stressed children on a long-term basis, because most of these children continue to be exposed to challenging circumstances.

Professionals have continued to explore the potential for resilience under adverse circumstances, with increasing emphasis on adults as well as children. Higgins (1994) studied resilient adults who surmounted significant challenges in the past in order to love well, work well, struggle well, and expect well in the present. Experiencing significant psychological pain, they underwent a process of self-righting and growth that allowed them to “snap back” and continue with their lives. Flach (1988) notes the potential for constructive reintegration following a state of disintegration (“falling apart”). “Resilience depends on our ability to recognize pain, acknowledge its purpose, tolerate it for a reasonable time until things begin to take shape, and resolve our conflict constructively” (p. 29).

The literature concerned with resilience addresses a wide range of issues, including the vulnerability factors, such as significant family conflict, and the protective factors, such as effective family communication, that can impede or promote resilience (Anthony & Cohler, 1987; Rutter, 1987; Werner, 1995). Wolin and Wolin (1993) offer a vocabulary of “resilient survivor” strengths: insight, independence, relationships, initiative, creativity, humor, and morality. Others have focused on qualities that promote resilience, such as hardiness (Murphy & Moriarty, 1976) and learned optimism

(Seligman, 1990). Still others have focused on protective processes that can mediate the impact of persistent family stress.

Walsh (1998) describes three mechanisms through which protective processes may mediate the relationship between stress and competencies:

- (a) the *immunity model*, in which protective factors are thought to serve as reserves that can “immunize” individuals in times of stress;
- (b) the *compensatory model*, which emphasizes the personal attributes and environmental resources that can counteract the negative effects of stress; and
- (c) the *challenge model*, which assumes that stressors can become potential enhancers of competence if the level of stress is not too high.

As she points out, these three mechanisms may operate simultaneously or successively in the adaptive processes of resilient individuals.

Families can also demonstrate resilience. Reflecting the challenge model, Anthony (1970) remarks on the potential for restorative processes within the family, observing that a crisis can be followed by either progressive deterioration and isolation or by creative development and regeneration. One component of family resilience is effective coping. Figley (1989) has identified 11 characteristics of functional family coping:

- clear acceptance of the stressor,
- a family-centered locus of problem,
- solution-oriented problem solving,
- high tolerance,
- clear and direct expressions of commitment and affection,
- open and effective communication utilization,
- high family cohesion,
- flexible family roles,
- efficient resource utilization,
- absence of violence, and
- infrequent substance use.

Family resilience involves more than functional coping, however. Resilient families not only cope effectively; they do so with vitality and satisfaction. Investigating the characteristics of resilient families, McCubbin and McCubbin (1988) formulated a typology based on the dimensions of family coherence and family hardiness. Family coherence is defined as a fundamental coping strategy employed in the management of family problems; it is operationalized as the family's emphasis on acceptance, loyalty, pride, faith, trust, respect, caring, and shared values in the management of tension and strain. Family hardiness is defined as the family's internal strengths and durability; it is characterized by an internal sense of control of life events and hardships, a sense of meaningfulness in life, involvement in activities, and a commitment to learn and explore new and challenging experiences. Families that are high on both dimensions are able to manage the impact of family stressors and to recover from family crises.

It is important to note that resilience occurs not *in spite of* crisis and challenge but *because of* the adversity. In response to disruptive events, resilient families reconstruct themselves in adaptive ways. Weathering their crises together, they acquire new insights, knowledge, and skills; develop greater confidence and humanity; gain healthier priorities and values; and treasure their family bonds, commitments, and relationships. Here are the words of another woman who describes a family that prevailed over difficult life circumstances to create a healthy and nurturing environment.

My husband once asked me how it was possible that I evolved unscathed from my upbringing with a brother who has mental illness. It never occurred to me that as a family we should have fallen apart. It was simple—you love your family, you care for each individual, you respect each other. It always felt solid, it felt right.

Our Study of Personal and Family Resilience

In the past, professionals have tended to focus on the adverse consequences of this family experience, such as family burden (reviewed in Marsh, 1998). Yet my experience with families—including my own—that were dealing with serious mental health problems also affirmed the presence of impressive family strengths. My colleagues and I wanted to learn more about resilience among these families. Our goal was to provide a more balanced picture—one that acknowledge family strengths as well as limitations, courage as well as despair, and resilience as well as burden.

In a national survey, we explored resilience among these families (Marsh et al., 1996). Our participants included mothers, fathers, wives, husbands, sisters, brothers, daughters, sons, and extended family members. Responding to open-ended questions, they were asked to describe any personal or family strengths that had developed as a result of this family crisis. Almost all of these family members affirmed the potential for both personal and family resilience. In the words of one family member, "I can now say that, like that old aluminum foil ad, I am 'oven-tempered for flexible strength.'" Another commented, "We have a strong feeling of family closeness. We never stopped trying and never stopped caring."

Personal Resilience

The following tables present more specific results of our study. Personal resilience was reported by 99.2% of our participants. Family members mentioned an average of 6.4 positive consequences, which are listed in the following table.

PERSONAL RESILIENCE

- Personal contributions (87.0%)
- Improved personal qualities (83.2%)
- Personal growth and development (40.5%)
- Enhanced coping effectiveness (30.5%)

- Personal gratifications (28.2%)
- Healthier perspectives and priorities (22.1%)

Based on results of this survey and our other research findings (Marsh & Dickens, 1997), I will describe each of these resilient responses and share the comments of our participants.

Personal contributions. A large majority mentioned their own contributions to their family, to their relative, to other families, to the mental health system, and to society:

I always tried to be stable, calm, and understanding. I helped my brother maintain his reality contact. I never forget that it could have been me.

Improved personal qualities. Many also noted that their family circumstances had made them better, stronger, and more compassionate people:

I have become much more tolerant of imperfection in myself and others. I have learned to appreciate the strengths of other people who appear to be different or are handicapped in some way.

Personal growth and development. In their struggle to manage persistent stress and intermittent crises, participants also gained new insights and found new direction in their lives:

I'm proud of how we have all grown through this experience. In some ways it has brought out the best in each one of us.

Enhanced coping effectiveness: As they acquired the skills to cope with the current crisis, family members also developed essential resources that would help them deal with future challenges:

I can handle anything that comes my way. Some of the good things include a

sense of pride and integrity, resourcefulness, and responsibility.

Personal gratifications. In addition to their distress, family members reported gratifications, such as a special closeness among family members:

Our family has become closer and more loving. I feel that being a concerned family member has helped me become a better person in many ways. I have learned to have hope and appreciate small gains.

Healthier perspectives and priorities. Reflecting the process of disintegration and reintegration that accompanies crisis, family members often commented on their changed perspectives and priorities and on their greater appreciation of their own life and good mental health.

I've become more cognizant of my blessings. It's made me more compassionate toward those who don't have the abilities I have. I feel a responsibility to become involved with the mental health movement in some way.

Family Resilience

Family resilience was reported by 87.8% of our participants. Family members cited an average number of 2.6 positive consequences, which are listed in the following table:

FAMILY RESILIENCE

- Family bonds and commitments (58.8%)
- Family strengths and resources (35.9%)
- Family growth and development (33.6%)
- Family contributions (27.5%)
- Family gratifications (26.7%)

Family bonds and commitments. Joining forces to cope with their challenges, family members often

find that concerted action has reinforced the bonds that link them through time and space.

My brother has created a bond among us all that we will not allow to be broken. When a family experiences something like this, it makes for very compassionate people, people of substance.

Family strengths and resources. Many beleaguered families do manage to weather their crises, nurture their members, and live their lives with vitality and satisfaction.

We celebrate the high points and come together in times of trouble. There is absolutely nothing each of us wouldn't do for the others. I feel strengthened with them in my corner.

Family growth and development. As families develop the resources to cope with their difficulties, they often change in constructive ways.

Knowing my brother has given me more compassion and understanding, a better understanding of social problems like homelessness. In certain ways, we are all better people for having known my brother.

Family contributions. Families contribute in many important ways to each other, to their family unit, and to the larger society.

My brother has had the security of home and the support of his family. We are proud of his progress. We helped him to find his own way to become a valuable member of society.

Family gratifications. Prevailing over difficult life circumstances, family members may experience a sense of pride in their own accomplishments and those of their family.

We are proud that our family has remained intact and strong. We have all

developed a closer relationship with one another. I can face adversity with courage.

Enhancing Family Resilience: Suggestions for Families

Efforts to enhance family resilience have potential benefits for individual family members, for the family unit, for professionals who work with families, and for society at large. Indeed, strong and effective families form the very fabric of our society. Resilient families maintain a vision of hope for the future, assume ownership of their lives, face life's challenges with confidence, view the world in positive but realistic terms, treat each other with tolerance and respect, cherish their family bonds and commitments, reach out to others to give and receive support, emphasize their gains, and celebrate the good times. The presence of such families enriches all of our lives.

Walsh (1998) has identified several keys to family resilience. These keys include:

- (a) family belief systems (making meaning of adversity, a positive outlook, transcendence and spirituality);
- (b) organization patterns (flexibility, connectedness, social and economic resources); and
- (c) communication processes (clarity, open emotional expression, collaborative problem solving).

In short, resilient families find shared meaning in their adversity, mobilize their resources to counter stress and resolve problems, and communicate in a clear, direct, and supportive manner.

Based on this discussion of family resilience, here are some suggestions for family members:

- Emphasize your family's strengths
- Respond to each other with caring, respect, and tolerance
- Maintain a supportive family environment
- Communicate openly and effectively within the family

- Acquire essential information and skills
- Expand your family's support network
- Face your challenges with confidence
- Approach problems in a collaborative and flexible manner
- Develop realistic expectations for all members of the family
- Encourage and support each member in achieving personal goals
- Don't let the crisis take over your life
- Celebrate your family relationships and triumphs
- Maintain hope, heart, and humor
- Cultivate your personal garden

Enhancing Family Resilience: Suggestions for Professionals

Professionals can also foster family resilience. Services for families should be designed not only to address family problems, but also to maximize family resilience (Beavers & Hampson, 1990; McCubbin, Thompson, Thompson, & Fromer, 1994; Walsh, 1998)). Accordingly, professionals should apply competency-based models to theory, research, and practice concerned with families (Marsh, 1998; Masterpasqua, 1989). Many traditional models of help-giving behavior have emphasized pathology, fostered learned helplessness, increased dependency, and undermined self-esteem (Dunst, Trivette, & Deal, 1994). In contrast, a competence paradigm underscores the positive qualities of families.

Second, professionals can establish partnerships with families that build on the contributions of both parties; promote an atmosphere of mutual respect; respect the needs, desires, concerns, and priorities of families; involve families in decisions that affect them; and develop mutual goals. A collaborative mode offers many benefits, including mutual engagement and satisfaction, as well as shared challenges and resources.

Third, services should be designed to meet the expressed needs of families. Families that are dealing with crises generally need relevant information, essential skills, and support for themselves. But each family has particular needs and goals, so an individualized family service plan is essential. The plan should focus on the unique needs of individual family members, such as siblings, along with those of the family unit.

Finally, professionals need to acknowledge the potential for family resilience, encourage resilient thinking and behavior among family members, and reinforce resilience when it does occur (Beavers & Hampson, 1990; Waters & Lawrence, 1993). Such a stance is likely to strengthen both families and family-professional alliances.

Here are some suggestions for professionals:

- Establish partnerships with families
- Treat families with dignity and respect
- Recognize family diversity
- Acknowledge family strengths and expertise
- Empower families to meet their own needs
- Provide family education
- Assist families to develop essential skills
- Encourage families to strengthen their support network

Conclusion

In these turbulent times, families and professionals alike need more than ever to focus on family strengths, to acknowledge family expertise, and to celebrate family resilience. With Emily Dickinson, we must remember to listen for hope's eternal song, applauding the ability of families to flourish under the most daunting circumstances:

*Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all.*

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Note. Quotes from family members are taken from research reported in Marsh & Dickens, 1997; and Marsh et al., 1996.

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