
Operationalizing Family Resilience as Process: Proposed Methodological Strategies

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Introduction

The notion that some families are able to function well, and even thrive, in the face of considerable stress has been the subject of considerable theoretical discussion as well as empirical study (Baldwin, Baldwin, & Cole, 1990; McCubbin, 1995; Walsh, 2006). Although the construct of family resilience holds much promise, there has not been universal agreement on how to conceptualize or assess this intriguing area of study. Previously, we explored conceptual and definitional issues relating to the notion of family resilience, paying particular attention to the idea that family resilience represents adaptive paths that a family exhibits both in the present and over time (Hawley & DeHaan, 1996). Such a process-focused approach necessitates a methodological framework to match these conceptual ideas. In this chapter we examine research design and analysis strategies, focusing on quantitative methods for measuring pathways of family resilience. We then examine the efficacy of our proposed method, with a sample test case of parents coping with the normative stressor of the birth of their first child. We believe that this proposed method, identifying differing trajectories of resilience, may play an important role in discovering factors instrumental in shaping adaptive pathways for families and may assist clinicians in both their research and practice. Our method is argued to align more closely with how family resilience is used clinically, that is, as a process, rather than as a trait.

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Literature Review

Family Resilience as Process

Cowan, Cowan, and Schulz (1996), in a discussion of risk research in developmental psychopathology, asserted that “psychopathology is not a static category but an ever-evolving set of processes that lead to pathways in and out of adaptation” (p. 9). They suggested that much of the research in this area has been causal in nature, seeking to determine the roots of resilience in single sample and control group studies that have relied on concurrent or retrospective designs. Similarly, Walsh (1996, 2003) indicated that resilience requires a developmental perspective concerned with how families deal with stress over time. She has contended that the pathway for each family is unique, negating the possibility of discovering a “blueprint for any singular model of ‘the resilient family’” (1996, p. 269). She later argued (2007) that practitioners must maintain this focus on the pathways of recovery and family resilience, as the search for a “quick fix” may inhibit long-term recovery (p. 217). Family resilience also has been argued to “emerge” from previous stressors with an equal or even higher level of functioning (Patterson, 2002), also implying a long-term process.

The idea that families follow pathways in response to stress is not novel. The roller coaster model, first proposed by Koos (1946) and later refined by Hill (1949, 1958), provided an early theoretical framework for tracing family response to a crisis. Precipitated by a stressor event, this model suggested several stages that families often encounter: (a) a period of disorganization, which may be marked by increased conflicts, a search for effective ways of coping, and a general atmosphere of confusion, anger, and resentment; (b) a period of recovery during which family members discover new means of adjusting to the crisis; and (c) a period of reorganization wherein a family reconstructs itself at, above, or below its precrisis level of functioning. It is also possible that a family system will not recover from its period of disorganization, leading it to disintegrate. While the length of time needed to progress through this process may vary depending on what Koos and Hill have referred to as the angle of recovery, this model posited that most families pass through a similar series of events in the aftermath of a crisis. Burr and Klein (1994) tested this model, asking family members who had experienced a significant stressor to map retrospectively their perceptions of family functioning following a stressor relative to their perceptions of normal family functioning prior to the onset of the stressor. They discovered a variety of patterns that could be grouped into five basic categories: roller coaster, increased functioning, decreased functioning, mixed changes, and no change.

The roller coaster model offered a good start in identifying pathways of resilience. Based on our definition, resilient families are those who return to or surpass their precrisis levels of functioning in the reorganizational phase of the model. This model suggested that families progress through a series of stages. We concur with this notion, but also recognize that not all families will progress through the same stages or follow a given trajectory. Some, for example, may show an upward trend following the stressor, or as described by Walsh (2003), a process of “bouncing forward” (p. 410). Others, however, may vacillate between disorganization and recovery for a considerable length of time before reorganizing. An important research goal is to determine whether there are common paths that families may traverse following the onset of a stressor and to identify antecedents that help predict more adaptive paths.

Drawing from literatures such as those focused on family strengths (Silliman, 1994), and family stress (McCubbin & McCubbin, 1988, 1993), as well as research focusing on children within the framework of developmental psychopathology (Masten, 2001; Rutter, 1990), we proposed a definition of resilience that is offered again here:

Family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families positively respond to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook (Hawley & DeHaan, 1996, p. 293).

This definition focuses on several key elements. First, resilience should be considered not as a static construct or label applied to some families and not others, but rather as unique paths that families may follow in response to specific stressors. Second, it is important to consider resilience both in the present and the long term, as many factors that are initially protective or helpful to families may place a family at risk at a later time. Third, this definition implies that what resilience will actually look like and how it will be assessed will differ according to the particular stressor. For example, positive adaptation to loss of income and job-related stress during a farming crisis might include maintaining supportive parenting skills with children (Simons, Whitbeck, & Wu, 1994), while parental functioning was found to be less important than a high level of differentiation of self by mothers among children in low income urban environments (Skowron, 2005). Finally, this definition acknowledges the importance of risk and protective factors that are unique to each family. Individual and contextual factors will play a major role in how stressors are responded to and how pathways are developed.

Few studies have attempted to examine the process-oriented function of family resilience. One study of family resilience in response to child separation and reunification due to maltreatment (Lietz & Strength, 2011) used a narrative and qualitative approach in order to uncover processes of resilience over time. Other examples include short-term longitudinal studies examining factors leading to couple resilience in the face of economic pressure (Conger, Rueter, & Elder, 1999) and the effect of various protective factors as predictors of paternal engagement over time (Fagan, Palkovitz, Roy, & Farrie, 2009).

Family Resilience as a Trait

Much of family resilience research has concentrated on identifying a set of risk or protective factors related to family resilience. This process has borrowed from research on individual childhood responses to stress. Much research on child resilience has sought to identify traits associated with higher child adjustment. For example, Neighbors, Forehand, and McVicar (1993) found that mothers of adolescents with high cognitive competence (labeled resilient by those authors) reported significantly better relationships with their children than mothers of adolescents in the low cognitive competence group (labeled nonresilient). Adolescents with positive views about parental divorce and higher levels of family hardiness and communication were considered resilient (Shin, Choi, Kim, & Kim, 2010). Wyman et al. (1992) identified children as resilient if they were reported to have more stable family environments, more nurturant relationships with their parents, and more age appropriate and consistent family discipline. Among older adults, "trait resilience" weakened relationships between positive and negative emotions during times of stress (Ong, Bergeman, Bisconti, & Wallace, 2006, p. 38).

Studies that have operationalized *family resiliency* as a trait are also plentiful. Examples include a study of Hawaiian families with preschool children (McCubbin, Thompson, Thompson, Elver, & McCubbin, 1994), which identified family problem-solving communication and family hardiness to be associated with higher levels of family functioning. McCubbin (1995) also examined African American military personnel and their spouses to determine factors in their adjustment to overseas assignments. The family's fit into the military lifestyle, whether or not the spouse was employed, and the spouse's assessment of family time together emerged as important factors associated with adaptation. In another study, families with internationally adopted children were identified as more resilient if they exhibited higher levels of communication and problem-solving, maintaining a positive outlook, and spirituality (Buchanan, 2009). Similar traits (positive worldview, mobilizing resources, and family cohesion) were associated with higher levels of family resilience in families of children with autism (Bayat, 2007). Among single parent families, Greeff and Ritman (2005) identified factors such as perseverance, emotional expression, and self-confidence as individual characteristics of resilience.

Current Issues: Family Resilience as a Process

Although the previously mentioned studies have yielded results of much practical and theoretical import, they have been cross-sectional in nature, and have defined resilience as an outcome or a set of static traits whose presence or absence will define family functioning. These studies often attempt to measure family resilience at a given point in time through standardized instruments that assess characteristics associated with resilience or to create instruments that measure resilience as a static trait. This approach is at odds with both clinical and theoretical considerations that view family resilience as a process that changes over time and can follow multiple pathways.

Based on our desire to examine resilience as a process, the goal was not to develop a resilience scale assessing responses to every kind of stressor applicable to all families. Rather, our aim was to develop a method of examining family responses to a variety of situations, with the operationalization of resilience depending on the context and the examined stressor. The focus on long-term adaptation calls for a longitudinal design, which assesses families before, during, and after the occurrence of a particular stressor. The goal is also to identify common trajectories exhibited by families facing stressful situations, as well as uncover paths that are associated with adaptive outcomes in the long term. Families that are able to regain or surpass precrisis levels of functioning at some point after the stressor may be considered resilient; however, this process-oriented approach allows the paths followed towards healthy postcrisis to vary considerably.

Methodological Issues

Family as the Unit of Analysis

A continuing concern in family research involves choosing the proper unit of analysis. One can choose to assess families as units, as opposed to collections of perceptions from individual family members. There are several ways to gather data from more than one family member and transform individual reports into a construct serving as a proxy for family functioning. These range from fairly straightforward difference scores, additive scores, and ratios to slightly more complicated dispersion-based scores and dyadic-level correlations to the social relations model and other covariance-based techniques requiring knowledge of structural equations modeling techniques (for reviews, see Schumm, Barnes, Bollman, & Jurich, 1986; Thomas & Marcos, 1990; Thompson & Walker, 1982; Tiggle, Peters, Kelley, & Vincent, 1982; White & Brinkerhoff, 1981).

Perhaps the biggest problem with these strategies (and the most relevant to our suggested approach) is that they still assess perceptions of individual family members rather than directly assessing the family itself. We can ask family members, for example, to report on their perceptions of others, on their perceptions of dyadic relationships, on their perceptions of triadic relations, or on their perceptions of the family as a whole. Similarly, we can ask them to report on their perceptions of other family members' perceptions of the same things. However, we are still obtaining the reports of individuals; we are still gathering data at the individual level and extrapolating it to the family level. While such data obviously can be helpful, useful, and appropriate for a number of research questions, it is our belief that they are limited in their usefulness for the operationalization of family resilience. As Simon, Murphy, and Smith (2005) argue, not only individual contributions of family members play a role, but "qualities or characteristics of the family unit as a whole can influence resilience" (p. 429). This suggests that the family as the unit of analysis must be considered. That is to say, if family resilience is conceptualized as a family level variable, its operationalization must match this theoretical definition.

Research Design

Almost all of the above cited studies reported on data collected at a single point in time. In a review of research from developmental psychopathology, Cowan et al. (1996) stated: “[a] central ingredient of contemporary risk research is its emphasis on moving pictures rather than static snapshots” (p. 7). They went on to suggest that the study of resilience needs to focus on the paths that individuals follow in response to stressors, which are best captured in longitudinal designs. Patterson (2002) also maintains that longitudinal research designs are needed to understand how unique family factors interact over time.

The model presented in this chapter is one according to which resilience is viewed as a process that is visible only over time. This view is also found in the individual risk resilience literature. As Cowan et al. (1996) noted, “the active ingredients of a risk do not lie in the variable itself, but in the set of processes that flow from the variable, linking risk conditions with specific dysfunctional outcomes” (p. 9). They also stressed that resilience forms only in response to stress and that resilient individuals are not those who are able to avoid the negative outcomes of experiences of risk, but instead are those who are able to demonstrate positive adaptation in the face of hardship.

It is surprising, then, to find that the research methods typically utilized to investigate risk and resilience fail to incorporate this dimension. As Cowan et al. (1996) and Walsh (2006) have noted in their reviews, this literature tends to be very static, focusing on examining risk and protective factors and their relationship to outcome variables. Our definition, however, makes it essential to consider the family over time, to identify for each individual family a family trajectory on a specified variable over at least three time points: prior to the crisis point, at the time of the crisis, and some time (or times) after the crisis. It thus becomes possible to categorize families according to how they function on this variable: for example, high prior to the crisis, low during the crisis, but high following the crisis is descriptive of a resilient family; or, alternatively, high prior to the crisis, low during the crisis, and low after the crisis describes a nonresilient family. To reiterate, what is needed is a technique that can be applied to individual families to determine their trajectory across the specified time points.

With this as a goal, the statistical methods typically used to assess change over time are problematic. Traditional multiple regression designs and path or structural models utilizing autoregressive cross-lag designs (Falk & Miller, 1991) allow for the removal of earlier time points from later measures of the same variables, but do not allow for the examination of individual family trajectories. Instead, these models investigate change between individuals and families, not change within specific individuals or families. Inherent in this design is the belief that the variable being studied over time is essentially trait-like, that “the relative rank order of individuals remains the same over time unless altered by the effects of other variables in the model” (p. 278).

Path or structural models incorporating state variable developmental designs are an improvement in some respects. This design is not concerned with stability of rank order between families or individuals. It does not expect that the variable of interest will remain stable and does not partial out data from any prior time points. While it allows linkages between predictor and outcome variables at a variety of time points, however, it is still a technique that is applied at the group level and does not allow for the identification of the individual family trajectory that is essential for this perspective.

Repeated measures ANOVA and MANOVA designs allow for the examination of changes in mean levels of variables over time. In addition, the relation of such change to one or more predictor variables also can be examined. This can be done only at the aggregate level; however, examination of trajectory on a family-by-family basis is still not a possibility.

A recently emerging technique can move this design forward. The use of latent growth curves allows for the creation of a latent, or unmeasured, variable—much like a factor—that represents the

average amount of change, or growth, from one time point to another within the data set. Formulas are available allowing for the computation of scores for individual respondents or families that represent the degree of deviation from the group as a whole (cf., McArdle & Epstein, 1987, for a more detailed presentation). A variation of this technique, the construction of manifest, individual growth curves, allows for the more direct evaluation of individual level change. As noted by Karney and Bradbury (1995), this technique involves fitting, for each individual or family, a regression line to the available data points. The slope of this line then represents the best indicator of change for that individual or family over time and can be reentered into a data set, with the predictors of outcomes of change examined.

Growth curve models represent a potential improvement (particularly, manifest individual growth curves) in that they allow for the examination of change at the individual or family level. They are limited, however, in that they represent this change with a single variable, that is, with the slope of the particular line fit to the data in use. The slope lets us identify, for example, those families whose trend over time is upward as opposed to those whose trend over time is downwards, but this is not a fine enough differentiation to be useful.

Consider the following four ways to receive a positive slope based on measurement at four time points (i.e., precrisis, crisis, postcrisis 1, postcrisis 2):

1. Scores at all subsequent time points are higher than those at the first time point
2. The time 2 score is lower than the time 1 score, with the time 3 and time 4 scores higher than time 1
3. The time 2 score is lower than the time 1 score, with the time 3 and time 4 scores higher than time 2
4. The time 2 score is lower than the time 1 score, the time 3 score is higher than the time 1 score, but the time 4 score is equal to the time 1 score

All of these will lead to a positive slope. While the absolute value of the slope will differ, interpretation of the magnitude of the slope leads one to make quantitative distinctions between these families, that is, all are improving over time, but some are improving at a greater rate than others. In fact, however, the differences between these families are qualitative ones: The patterns of scores that produce these slopes represent real differences in how families proceed through the crisis. Nevertheless, the level of detail needed to see this is masked by the growth curve procedure and its reliance on the slope as the best measure of change.

One possible solution to the dilemmas presented by these methods is the use of configural frequency analysis (CFA; von Eye, 1990). The CFA is a statistical procedure that analyzes subjects according to their configurations among a group of variables (i.e., high on the first, low on the second, mid-range on the third vs. low on the first, mid-range on the second, and high on the third). The group of variables used can be distinct, although conceptually related (i.e., adaptable, cohesive, conflictual), or they may be the same variable, measured at different time points. To use the procedure the researcher begins by dividing each variable into discrete categories. Each family or individual is then identified by its categorical position on that variable. An observational assessment of family adaptability might be obtained at two time points, for example. Using some a priori reasoning (i.e., conceptual definitions, prior research), the researcher defines categories of adaptability at each point, perhaps defining them as low and high. Using a numerical system of “0” for low and “1” for high, the following configurations are possible: 1, 1; 0, 0; 1, 0; 0, 1.

Using the CFA program, the number of families representing each of these configurations would be examined. Statistically, configurations that occur more often than would be expected by chance are identified (and termed “types”), as are configurations that occur less often than would be expected by chance (and termed “antitypes”). Identifying these groups is important for two reasons. First, their identification allows for the detection of categories representing trajectories or relationships that are statistically significant. Second, after so identifying these configurations, they can be used as typological variables for future analyses.

Certainly there are limits to CFA. First, the necessity to categorize data undoubtedly will be bothersome to some researchers. In this case, however, the categorization clearly represents a close conceptual tie to continuous data and, furthermore, is based on process, on change over time. These points would appear to make up for the limitations that typically may be inherent in categorical data. Second, it may be difficult to determine when to collect the last wave of data in order to ensure that most families had adequate time to recover from the stressor. It is also important not to err by collecting data at too many points, which would result in the creation of too many identifiable configurations.

Third, and perhaps most important, the use of CFA necessitates large samples; this is, however, more of a conceptual problem than a calculational one. Without a large enough sample, one may find either that the statistically significant types account for only a small portion of the total number of subjects, that the majority of the sample is distributed among statistically insignificant configurations, or both. In a recent study of temperament, looking at configurations among four variables and utilizing over 3,000 children, the researchers found four significant types and one significant antitype. Together, however, the significant configurations accounted for only 40% of the sample (Halverson, personal communication, July 1996).

Limited Test Case

Overview

To illustrate the CFA procedure and its potential use in studying family resilience, a test case is presented. Finding data appropriate for such an example was difficult. To fit, these data had to be family level and longitudinal. More specifically, data had to be collected prior to, during, and after a family crisis event. It was also important to find a data set large enough to allow multiple trajectories to be observed. Needless to say, few if any preexisting data sets fit this description. It was especially difficult to find preexisting data that was of ample size. As a result, a compromise data set was used, taken from a transition to parenthood study. In this data set, there was a crisis, albeit a normative one: the couple's transition into first time parenthood. Family-level data were not available for this data set, however, so data from individual husbands and wives were used. Data have been collapsed across gender and are presented for individuals.

Subjects

Subjects were drawn from a longitudinal study of the transition to parenthood and were assessed at three time points: second or third trimester of pregnancy, 6 months postpartum, and 12 months postpartum. These couples were recruited during their pregnancies primarily through obstetricians' offices, birthing classes, birthing centers, and through advertisements posted in baby and maternity shops. The child had to be the couple's first, there could be no children from a prior relationship, and they had to be involved in a committed relationship, either married or living together. Forty-six couples participated in the first wave of data collection; they attended a data collection session on a university campus where each member of the couple completed an extensive questionnaire packet and were videotaped together in a discussion of an area of marital disagreement. Complete data at all three time points were available from 37 husbands and 39 wives. Mean ages of these husbands and wives at time 1 were 31.1 (range=19–44) and 29.4 (range=19–40), respectively, with an average length of marriage of 3 years (range=0–11 for husbands, 0–12 for wives). Educational levels were high, with most spouses having at least some college experience. The vast majority (34 husbands and 32 wives) were Caucasian.

Measures

Marital adjustment was assessed with the Dyadic Adjustment Scale (DAS; Spanier, 1976). The DAS is composed of 32 items that factor into an overall measure of relationship adjustment, which was used in this study. In addition, spouses also responded to a 20-item questionnaire that assessed amount of conflict between them (sample items include, “we almost never seem to agree”; “my spouse listens when I need someone to talk to”).

Spouses responded to two questions regarding division of family tasks and of work outside the home. General satisfaction with the current division in each area was assessed with a 5-point scale (very satisfied to very dissatisfied).

Depression and anxiety were measured using the relevant subscales from the Symptom Checklist 90 (SCL-90; Derogatis, 1977). The SCL-90 is a widely used instrument that assesses problems with emotional well-being in nonclinical populations.

Expectations regarding the new child’s effect on the parents’ adult development, on general marital relations, and on marital conflict and cooperation were assessed using a series of scales developed by Belsky (1985). Finally, spouses indicated how risky they perceived this pregnancy to be, using a 4-point scale (no risk at all to high risk).

Configural Frequency Analysis

Based on both theory and available research (Crane, Allgood, Larson, & Griffin, 1990; Spanier, 1989), the DAS total scores were split into thirds in the following manner: scores ranging up to 97 were classified as low and scored a 1; scores from 98 to 116 were classified as mid-level and scored a 2; and scores 117 and over were classified as high and scored a 3. Using this categorization of the DAS and three waves of data made for 27 unique configurations. These configurations are listed in Table 2.1 based on the model presented in Hawley and DeHaan (1996), and they can be divided into six groups: resilient, stable (indicating a score of 333 or 222); resilient, growth (with a score of 223 or 233, and so forth); resilient, recovery (e.g., 323); nonresilient, stable (a score of 111); nonresilient, declining (such as 221 or 211); and nonresilient, temporary recovery (such as 121). The 73 individuals utilized for these analyses fit into these categories with the following distribution:

Resilient, stable: 32

Resilient, growth: 1

Resilient, recovery: 1

Table 2.1 Configurations for calculating resilient and nonresilient families based on three time points

Resilient, stable	Resilient, growth	Resilient, recovery
222	112, 123	212
333	113, 132	313
232	122, 223	213
	133, 233	323
Nonresilient, stable	Nonresilient, declining	Nonresilient, temporary recovery
111	211, 321	121
	311, 312	131
	221, 322	231
	331, 332	

Nonresilient, stable: 4

Nonresilient, declining: 33

Nonresilient, temporary recovery: 2

These data were then subjected to a configural frequencies analysis, which revealed the presence of three significant types: pattern 111, which is defined as nonresilient, stable; pattern 211, which is nonresilient, declining; and pattern 333, which is resilient, stable. Note that only 31% of the individuals fit into a significant type, severely limiting any follow-up analyses, and reemphasizing the need for large samples. Were the sample larger individuals or families in these three categories could be analyzed using ANOVA, MANOVA, multiple group comparisons, or other appropriate statistics to determine existing differences between them. With the limited sample size that we have, however, this is not possible. Purely as an illustrative device, we split the sample into two groups, resilient and nonresilient. (We were unable to conduct ANOVA analyses, as only four individuals fit into the nonresilient, stable category.) We then conducted two series of *t* tests based on this group membership. In the first, data used were from the first time point of the study (i.e., the pregnancy, or precrisis, time point). Using these data allows for the examination of factors that predict which trajectory the individual will take, resilient or nonresilient. In the second, data used were from the third time point of the study (i.e., the 1-year postcrisis time point). Using these data allows for the examination of the consequences of the trajectory taken.

Looking at the precrisis data, and as would be expected from our definition of resilience, there were no significant differences between these two groups on initial DAS scores ($t = -1.5$, $p < 0.14$). The nonresilient group did score significantly higher on the marital conflict measure (2.9 vs. 1.3; $t = 2.22$, $p < 0.03$) and was significantly less satisfied with the current division of work within the family (3.3 vs. 3.9; $t = -2.5$, $p < 0.01$). Interestingly, the resilient group tended to view the pregnancy as being of slightly higher risk than did the nonresilient group (1.9 vs. 1.5; $t = -2.23$, $p < 0.03$). No significant differences, however, were found on depression, anxiety, division of work outside the family, or expectations regarding the new child's effect.

Looking at the postcrisis data, resilient individuals reported significantly less marital conflict (1.18 vs. 5.53, $t = 4.94$, $p < 0.000$) and significantly more marital satisfaction (111.11 vs. 91.95, $t = -5.95$, $p < 0.000$). They also reported less depression at this time point, although this trend was only significant at the 0.10 level (0.57 vs. 0.97, $t = 1.68$). Resilient individuals reported more satisfaction with the division of work within the family (3.5 vs. 3.1, $t = -2.12$, $p < 0.04$) as well as the division of work outside the family (3.5 vs. 2.9, $t = -2.26$, $p < 0.03$). Finally, the resilient group reported more positive effects of the child in the areas of general marital relations (4.5 vs. 3.6, $t = -4.24$, $p < 0.000$) and marital conflict and cooperation (4.5 vs. 3.7, $t = -3.55$, $p < 0.001$).

Discussion

Our goal was to develop a quantitative method of assessing family resilience that could be used to examine a variety of stressors and to propose a new strategy for examining family resilience. As the limitations of our data set show, the decision to use this strategy must be made before data are collected. It is doubtful that the use of secondary data sets will be possible for this approach, as few existing data sets (a) are longitudinal, (b) include data points that are both pre- and postcrisis, and (c) have family level data.

There are several advantages to our proposed perspective. First and foremost, this method allows for an examination of the processes connected with family resilience. Instead of affixing a label to some families and not to others, it is possible to examine the multiple paths families may take, as well as the adaptiveness of these paths. Families may look like they are coping adequately at one point in

time, when in actuality their coping patterns are destructive in the long run. Conversely, another family may seem to be flailing at a particular point in time while an assessment of their functioning over time reveals a generally upward trend toward recovery. Findings like these are easily overlooked in cross-sectional research.

This methodology also allows a diverse set of both stressors and family situations to be studied sensitively. It acknowledges the unique responses of different ethnic and geographical groups to a given stressor, and that different paths may be highly adaptive in a particular context but less so in others. The development of a single resilience scale would not be as sensitive, in that all groups would be compared using the same criteria. Finally, this method allows for many different types of measurement (observation, interview, and so forth) to be used as both dependent and independent variables. These different lenses can further illuminate our understanding of familial trajectories taken in response to stress.

Clinical Implications

Recognizing what contributes to resilience in families has important ramifications for the clinicians who work with them. In recent years, there has been a movement toward strengths-based approaches in family therapy. An approach that recognizes resilience as a key ingredient is consistent with such models but goes a step further in suggesting that the strengths contribute to a family's resilience over time (Hawley, 2000; Walsh, 2006). Moreover, resilient families may not always exhibit characteristics associated with strong families. By definition, resilient families have faced potentially overwhelming stressors and have managed to survive and sometimes thrive. If a one-time assessment is made in a clinical context it may appear that such a family is troubled, and they, in fact, may be. But this does not take into consideration the progress this family has made over time nor does it factor in the possibility that the moment at which the family was assessed may have been a low point in their roller coaster journey toward healthier functioning. Whether a family is overcoming difficult odds in progressing toward a better level of functioning can only be seen through multiple assessments occurring over time. Clinical research that helps us ascertain factors associated with families who show resilient trends can aid therapists in knowing how best to intervene with clients who enter therapy. The research model presented in this chapter may provide a useful way to identify the most resilient families and can shed light on what contributes to their ability to be resilient.

Hawley (2000) has suggested that this type of research may be especially helpful in constructing preventive interventions.¹ Although therapy is often considered a reactive intervention implemented after previous attempts to resolve difficulties have failed, clinicians are increasingly recognizing the value of prevention. Since the method advocated here calls for measurement of family functioning prior to a stressor event, researchers can help clinicians identify what sort of precrisis resources a resilient family tends to have. Once these are identified, therapists and family life educators can work with families at the level of primary or secondary prevention to develop skills that help build resistance to the effects of stressors experienced by a family. An essential question, however, concerns which characteristics of families should be assessed over time to determine a family's path of resilience. The research model presented in this chapter offers a means of analyzing data collected over time but does not seek to identify the nature of that data. Walsh (2006) has identified a framework that may help fill that gap. She suggested three broad categories that should be investigated to assess a family's resilience: belief systems (i.e., what sense does a family make of adversity), organizational

¹ For more on this topic, please see Chap. 3.

patterns (i.e., connectedness, flexibility, and resources), and communication processes (i.e., clarity, emotional expressiveness, and problem-solving). Researchers employing the model presented here may find these qualities a good starting place to begin their assessment. As process research is less concerned with the final outcomes of therapy and more with what factors contribute to change, this approach has added clinical benefit.

Limitations of Case Example

There are several limitations with our research illustration that should be noted, particularly in the suitability of the chosen data set. Due to the small sample size, it was not possible to examine the unique features of each of the trajectories, the primary goal of our preferred methodology. Larger data sets are essential in order to have the necessary statistical power to examine each of the trajectories. It is also important for this type of research to include family-level scales of assessment, which can include observational and conjoint interview data. For this particular data set, it also would have been beneficial for the data collection to have spanned a longer period of time, as 12 months postpartum may not have been long enough for families to adjust to the transition to parenthood. Finally, using more than three data points would help establish clearer trajectories. However, additional data points add considerably to the complexity of this method. Four data points, for example, yield 81 potential patterns instead of the 27 patterns examined in this study.

Despite its advantages, there remain some challenges with this approach. It was difficult in some instances to categorize some of the possible configurations. For example, although individuals who were assessed as “111” met a definition of resilience in that they were functioning at the same level as before the crisis, we elected to classify them as nonresilient because their level of functioning was so consistently low.

The ranges in the categories were also considerable. Those with a score of “112” were put in the same group (resilient, growth) as those with a score of “233,” even though their level of marital satisfaction obviously was quite different. This was done because of our emphasis on growth in functioning as an integral part of resilience. It will be important to test that assumption empirically at a later date. It is also of interest to test whether our six categories do in fact represent differing trajectories.

Research Implications

There are several areas of future research that would advance our understanding of resilient families. Longitudinal designs are necessary in order to examine how the processes related to family resilience develop in different contexts and with different stressors. An inductive strategy also will be helpful. Indeed, as we learn what helps families cope with specific transitions and stressors, it then may become possible to reach a more general understanding of family resilience.

It is also important to further distinguish between individual and family resilience, as well as to explore how the two are interconnected. Much of the theoretical work on family resilience has adapted research on individual resilience and applied it to families. Some of this work (Hawley & DeHaan, 1996; Walsh, 1996, 1998) has sought to identify singular characteristics of resilience in families. However, the question as to whether there are elements in resilience that are unique to family units (apart from individuals) is largely unexplored empirically. In particular, research strategies that focus on the family as a unit are needed. Self-report data that explore the connection between individual and family variables and resistance to stress over time yield important insights about individual perceptions of the role of family in resilience. But, observational data and conjoint interviews (to name two such

approaches) can provide important insights about interaction patterns and family schemas that a family utilizes as it seeks to master the crises it faces. It will be important to determine the degree to which factors associated with resilience in families mirrors or contradicts factors associated with resilience in individuals.

Finally, research on family resilience must be sensitive to the context of a given family. It is probable that differences exist in the risk factors facing different ethnic, racial, and geographical groups, as well as how these groups express resilience.

Conclusion

Although discovering the nature of family resilience remains a challenging prospect, its potential payoff is considerable. Learning more about the *process* by which families in unique environments cope and thrive in the face of stress undoubtedly will help in designing interventions that truly can be effective. In order to uncover process, it is necessary to conduct longitudinal research sensitive to both the context of a family and the unique stressor under consideration. If this methodology were used, the resulting focus on process would align more closely with how family resilience has been conceptualized from its inception, as well as its current use in clinical practice. Identifying differing trajectories commonly used by families in the face of crises will aid in identifying factors helpful in shaping those trajectories.

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