

Individual and Family Resilience: Definitions, Research, and Frameworks Relevant for All Counselors

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Abstract

The author provides a brief review of the clinical and research literature on individual and family resilience. The review includes resilience-focused frameworks that may have relevance to counselors working in varied contexts who provide strength-based counseling. School, family, and mental health counselors are encouraged to consider the potential utility of infusing the construct of resilience in future research and helping intervention and treatment efforts.

Introduction

Considerable research has been devoted to the study of resilience in order to better understand individuals and systems that display adaptation in spite of earlier risks. Researchers have long been intrigued by what contributes to positive adaptation and associated outcomes in the face of adversity (Luthar & Zigler, 1991; Rutter, 1987, 1990, 1999; Garmezy, 1999; McCubbin & McCubbin, 1988; Walsh, 2003; Werner & Smith, 1982). The concept of resilience, as originally conceptualized by developmental psychologists and psychiatrists, grew out of concern for identifying and ameliorating risk factors that could negatively affect children's development and well-being. These early explorations of risk factors were primarily viewed from a deficit framework. That is, researchers explored outcomes from a psychopathology perspective in search of risk factors that would predict specific negative outcomes related to adverse events and environments.

However, this early deficit framework soon gave way to a strength framework, when researchers discovered that some children did well and grew into healthy, adjusted adults despite living in poor environments during childhood (Werner, 1993; Wolin & Wolin, 1993). Thus resilience is germane and applicable to adults as well. More recently, some researchers and theoreticians (Luthar & Brown, 2007; Walsh, 2007) have suggested that resilience is evidenced *because of* the challenging environment, not *in spite of* it. Psychologists, counselors, and other human helpers have now recognized that even in the worst conditions and environments, positive outcomes can be experienced. Indeed, some scholars have reported that resilience is more the rule than the exception (Waller, 2001).

This article describes the construct of resilience and reviews various conceptual frameworks that emphasize strengths rather than deficits among persons who experience varying degrees of adversity, trauma, and stress. Such a review is important for several reasons. First, it summarizes the theoretical and empirical foundation for exploring adversity from a strength-based, wellness perspective. This approach shows how a different trajectory may be experienced after childhood adversity. Second, this review considers both individual and environmental factors. As Fraser, Richman, & Galinsky (1999) stated, "individual attributes that produce resilience under one set of environmental conditions may not produce resilience under another set of environmental conditions" (p. 10). Third, the frameworks described in this review will help researchers and practitioners reconceptualize negative outcomes associated with childhood adversity. Finally, a strength-based framework may reveal or elucidate different aftereffects previously overlooked or unexamined, thereby guiding research efforts and ultimately creating and facilitating wellness-focused interventions and

treatments when needed (Myers & Sweeney, 2008).

Guiding Principle of Resilience

Psychologists' and counselors' view of human suffering is often grounded in existential theory and philosophy. Resilience, closely aligned with posttraumatic growth, is guided by the existential principle that individuals and families can find meaning in the midst of struggle and hardship (Frankl, 1963).

The construct of resilience and the resilience literature have supplemented and guided many studies focused on trauma, adverse events, natural disasters, traumatic childhoods, and problematic adulthoods. For example, in Walsh's (1998) definition of individual resilience, the individual exhibits resilience because of adversity, not in spite of adversity. Thus, one can hypothesize from a resilience-based framework that one may experience resilience in adulthood because of maltreatment, not in spite of maltreatment. Moreover, while an examination of individual-related outcomes is critical, familial experiences (e.g., context, culture, family values and beliefs, spirituality, and birth order) play a significant role in the individual's trajectory. In short, it is impossible to separate the implications of the family system or context from the outcomes experienced at the individual level, which may be related to childhood adversity. Therefore, both individual and family resilience will be reviewed.

Individual Resilience

While many researchers disagree on the exact definition of resilience (Luthar, 1991; Rutter, 1990; Wolin & Wolin, 1993), most researchers agree that one must have, at minimum, experienced hardship to experience resilience. Many definitions also include the idea of "bouncing back" and returning to pre-crisis functioning (Wolin & Wolin, 1993). Important to counselors and a counseling framework, and implicit in a resilience perspective or framework, is the emphasis on resources, wellness, and positive outcomes.

Individual resilience is demonstrated by "individuals who adapt to extraordinary circumstances achieving positive and unexpected outcomes in the face of adversity" (Fraser et al., 1999, p. 136). Wolin and Wolin's (1993) definition of resilience is the ability to negotiate significant challenges to development and consistently bounce back in order to complete the developmental tasks that facilitate movement into and during adulthood.

The study of individual resilience has been explored with emphases on different factors. For example, some researchers have placed particular emphasis on the risk and protective factors that may lead to or interrupt resilience in the individual (Garmezy, 1991; Luthar, Cicchetti, & Becker, 2000; Rutter, 1990). Others have focused on the internal or biological factors and/or external or environmental factors related to resilience (Luthar & Zigler, 1991). Still others have used an integration of a damage and challenge model to clarify how resilience is realized by some but not by others (Wolin & Wolin, 1993). With regard to counseling populations and research participants, resilience has long been considered in both children and adults.

Werner and Smith (1982) were early investigators who clarified the construct of resilience and considered the possibility of resilience in adulthood in relation to children's exposure to high-risk scenarios. In their research, Werner and Smith identified four factors that differentiate between at-risk children who successfully adapt and those who do not: (a) active problem solving, (b) an ability to perceive difficult or painful things in a constructive way, (c) an ability to foster positive interaction with others, and (d) an ability to take in and make meaning of events through the use of faith. The resilience-associated outcomes evidenced in adulthood are personal satisfaction; success with work, family, and social life characteristics; no history with the legal system; and the presence of supportive adults.

Resilience is very similar to posttraumatic growth (Hooper, 2007), which describes positive life changes following a stressful experience (Cordova, Cunningham, Carlson, & Andrykowski, 2001). Tedeschi, Park, and Calhoun (1998) point to research carried out with children during the Great Depression. Elder (1974), the principal investigator of the study, reported these children, some of whom adopted a "parentified-like" role, experienced both positive and negative effects as a result of a confluence of individual, family, and societal fac-

tors. Elder argued that the outcomes in his study were directly related to the participants' family socioeconomic status. That is, children from middle-class families in that study tended to demonstrate resilience at greater rates than children from poor families. Among specific resilient characteristics hypothesized to be related to familial hardship in this study are responsible and achievement-oriented. Importantly, these characteristics were carried into adulthood. Many of these children reported, as adults, that "they were stronger now because of their early childhood experiences."

Other theorists have argued that a study of resilience must consider both environmental and biological factors. For example, Mandlco and Peery (2000) proposed a model that explores internal and external factors that may contribute to or prevent resilience at the individual level and implicitly at the family level. Internal (i.e., genetic) factors can be described as biological and psychological in nature; they are intrinsic and generated within an individual. In regard to internal factors, resilient children tend to be healthy, experiencing few medical illnesses and having regular sleeping and eating habits. Conversely, external (i.e., environmental) factors are generated outside of an individual and often reflect the quality of relationships with either family members or persons outside the family. Factors within the family include but are not limited to parents, parenting style, siblings, and culture. Factors outside the family that may play a role in resilience include relationships and resources in and with the community, adults, peers, school, and church. This framework has guided research and interventions with children and adults (Hawley, 2000; Mandlco & Peery, 2000).

Resilience is often delineated in terms of risk and protective factors for the child and, later, the adult. Risk factors are defined as factors that usually increase the likelihood that the individual will encounter challenges in childhood and/or across the lifespan (Hawley, 2000). For example, Hawley identified parental divorce, poverty, and physical and mental illness as common risk factors. In contrast, protective factors help individuals avoid or buffer the negative effects of adversity. Examples cited in the literature include temperament, hardiness, social support, and the presence of an adult who takes an interest in or mentors a child (Garmezy, 1985; Luthar, 1991). The importance of having a significant meaningful relationship with an adult when a trauma or stress has been experienced in childhood cannot be overstated.

Walsh (1998) and Wolin and Wolin (1993) argue that a child's responses to stress, adversity, or trauma are greatly mediated by the child's having one caring parent or at least one caring adult in his or her life. To this end, in Werner and Smith's (1982) seminal study, all the adults who had experienced trauma or stress in childhood and individual resilience in adulthood identified at least one significant adult who cared for and accepted them regardless of their temperament, intelligence, or self-esteem. Hawley (2000) contends that resilience is most likely to be found when risk factors are or have been minimized and when protective factors are or have been present. Rutter (1990) asserts that risk and protective factors are ever-changing and that, at different times, risk factors can be protective factors, and protective factors can be risk factors. Nascent research has also focused on self-righting tendencies that enable children to experience normal development under adverse or traumatic events (Gold, 2001; Hooper, Marotta, & DePuy, 2009; Mandlco & Peery, 2000).

Clinical research conducted from this aforementioned perspective has focused heavily on factors that contribute to symptom development and its contribution to childhood and adult disorders (Garmezy, 1991; Luthar, Cicchetti, & Becker, 2000; Notter, MacTavish, Shamah, 2008; Rutter, 1990; Werner & Smith, 1982). These investigations have greatly contributed to uncovering protective and risk factors that may contribute to resilience and psychopathology. Further, these studies have concentrated on how some children have successfully overcome the odds in spite of adverse conditions such as child abuse, neglect, substance abuse, ineffective parenting, emotionally ill parents, and dysfunctional families.

Wolin and Wolin's (1993) challenge model delineates the characteristics often seen in adults after trauma or stress has been present in the family of origin. This model is grounded in the premise that positive outcomes after childhood trauma are feasible and should be investigated by researchers and clinicians. Hardship, as Wolin and Wolin see it, is the component that engenders strength and positive outcomes.

In their argument for their challenge model, Wolin and Wolin first described the disadvantages of the hitherto

prevailing approach, which Wolin and Wolin termed the damage model. Unlike the challenge model, the damage model focuses on disease, maladjustment, psychopathology, and dysfunction. Thus, clinical work and research with adults that use this damage model emphasize the negative symptoms that result from the exposure to harmful events and environments experienced early in life. The damage model suggests that children are vulnerable and helpless in the context of dysfunctional or suboptimal families given their age-appropriate dependence on the parental and family system, whereby the problem (i.e., parents) is often the solution. Thus, this problematic system may and likely will contribute to the problems of the individual over his or her life-span. Furthermore, the individual is highly likely to repeat the same damaging behaviors that were enacted upon him or her. Wolin and Wolin (1993) asserted that this focus on the transmission of psychopathology does little to elucidate cases of exception—that is, individuals' strengths and resiliencies. Consequently, when researchers operate from the damage model, they accept as a given that problems and sickness will result from the accumulative effects of family dysfunction.

Wolin and Wolin argued that the damage model is one-sided, fails to help clients live well in the present, and fails to promote or put forward research or clinical work about the potential for resilience irrespective of childhood history. In contrast, the challenge model considers both the damage and the challenge:

The troubled family is seen as a danger to the child as it is in the damage model and also as an opportunity. Adults are vulnerable to their parents' toxic influence, and they are also challenged to rebound from harm by experimenting, branching out, and acting on their own behalf. As a result of the interplay between damage and challenge, the survivor is left with pathologies that do not disappear completely and resiliencies that limit their damage and promote their growth and well being. (Wolin & Wolin, 1993, p. 16)

Unlike the damage model, the challenge model does not assume the transmission of dysfunctional patterns across generations. Rather, the model deliberately elucidates resiliencies and strengths within the individual who has experienced dysfunction in his or her family of origin. Importantly, Wolin and Wolin acknowledge that their described model does not suggest or deny the veracity of negative outcomes associated with adversity, stress, and trauma. What they do assert, however, is that many different aftereffects may be experienced in adulthood among those who have been involved in traumatic events and environments.

Because resilience fosters competency and coping in the face of adversity, resilience may play a role in buffering the effects of adversity among other stressors (e.g., hurricanes, maltreatment, terrorist attacks) (Burnham & Hooper, 2008; Chase, 1999; Hooper, Marotta, & Lanthier, 2008; Jurkovic, 1998).

Family Resilience

Barnard (1994) argued that the importance of family characteristics in fostering individual resilience cannot be overstated and that the absence of parent-child role reversals (i.e., the presence of appropriate parent and child roles) is just one of many family-related characteristics that may lead to individual resilience. Therefore, the family is usually viewed as and assumed to be a protective factor. However, the family in which child maltreatment takes place may or may not serve as a protective factor. Some people who experience trauma may have a self-righting capacity and thus may experience resilience in the face of a possibly ineffective family and parenting system (Gold, 2001; Hooper, 2008). Moreover, the family system may be a risk factor for a member during childhood and a protective factor later in adulthood for the same individual.

Whether studying individual or family resilience, one must understand and recognize the importance of context. Fraser et al. (1999) stated that "resilience emerges from a heterogeneity of the individual and environmental influences that conspire to produce exceptional performance in the face of significant threats" (p. 138). Individual resilience has been studied for a long time; however, the research and clinical literature has just recently begun to explore family resilience (Walsh, 1996, 1998). Moreover, resilience in general is often considered at the individual level in the context of a dysfunctional unit or family; thus, in the past, family resilience was often overlooked.

Family resilience, or a systemic view of resilience, is defined for the purposes of this review as interaction processes that over time strengthen both the family and individual hardiness. Characteristics often associated with families who report resilience are not often associated with families where adversity or trauma is evinced (McCubbin & Patterson, 1982; Patterson, 2002). For example, family warmth, family affection, family emotional support, and structure and limits are all elements that may or may not be absent from the family system where child maltreatment takes place. However, Walsh (1998) contended that “if parents are unable to provide this climate, relationships with other family members, such as older siblings, grandparents, and extended kin can serve this function” (p. 265). As previously discussed, research has shown that resilient children from troubled families often actively seek out others and form important secure attachments with other adult figures that influence their healthy development (Walsh, 1996).

Family resilience can add to the study and treatment of parentification (a type of maltreatment) because, in the context of family resilience, parentification may in fact be an appropriate temporary solution for the family in reaction to conflict and stress that ultimately engenders both family and individual resilience (Gold, 2001; Hooper, 2007; Jurkovic, 1997; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967; Walsh, 1996, 1998). Important to this review—and for those counselors considering resilience in their clinical and research efforts—is the idea that even troubled, ineffective, or dysfunctional families can be a source of resilience (Gold, 2001). As Walsh (1996) states, “Emphasis on family resilience affords researchers and practitioners the ability to identify and encourage behaviors that enable families to cope more effectively and emerge hardier from crises, trauma, or persistent stresses experienced in the family” (p. 263).

Family resilience also enables researchers to understand the moderating influence of family processes in dealing with trauma, crises, or adverse events. It encourages researchers to view families as having universal qualities, at the same time acknowledging idiosyncratic and different strengths and weaknesses, as well as different trajectories and solutions to similar problems. Thus, the construct of family resilience poses this question: How can each family, when faced with adversity or crises, cope in a way that is healthy and functional for that specific family, given its culture and lifecycle stage and accounting for political and community factors?

Conclusion

If counselors infuse and promote a resilience framework into their helping orientation strategies, counselors will likely consider and uncover the possibility for a wide-range of both functional and dysfunctional behaviors and environments (Masten & Coatsworth, 1998) among the individuals and families with whom they work. Numerous pathways may foster resilience and positive outcomes among individuals and families who experience adversity and trauma; however, if resilience is left unexplored, counselors and other providers may miss out on uncovering these varied pathways (Hooper, 2008; Notter et al., 2008).

Similarly, researchers may consider exploring alternate pathways and conceptual links between individual and family resilience and other factors, such as community resilience (Walsh, 2007) and posttraumatic growth. Posttraumatic growth is both similar to and different from resilience and may add to and extend our understanding of resilience. While resilience considers how individuals and families may return to their prior level of functioning before the adversity, trauma, or stress, posttraumatic growth considers how individuals and families thrive after trauma or adversity and in many cases are “better for it.” Initial investigations into posttraumatic growth have been spearheaded by Tedeschi and Calhoun (1995). Additional empirical studies on posttraumatic growth may complement what we know and don’t know about fostering resilience among individuals and families. A new line of inquiry related to the expansion of the posttraumatic growth model to the family system (Berger & Weiss, in press) could yield important transportable findings related to family growth for researchers and counselors alike. According to Luthar and Brown (2007) resilience-focused “researchers’ central mission is to illuminate processes that significantly mitigate the ill effects of various adverse life conditions...” (p. 931). Luthar and Brown exhorted the importance of translating resiliency-focused science to practice cannot be overstated.

Resilience appears to be an important construct and framework for counselors to consider when working with children and adults alike. Myers and Sweeney (2008) stated, “professional counselors seek to encourage well-

ness, a positive state of well-being, through developmental, preventive, and wellness enhancing interventions” (p. 482). A resilience framework is congruent with a counseling framework and lends support to the notion that individuals who experience adverse events or trauma (e.g., child maltreatment) are not necessarily fated to psychopathology, poor relationships, and difficulties in adult functioning. Because “opportunities for resilience can occur at various points throughout [the] life course” (Notter et al., 2008, p. 622), resilience ought to be considered and, when appropriate, fostered during individual and family counseling with both children and adults.

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