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To cite this article: Ivana Maurović , Linda Liebenberg & Martina Ferić (2020): A Review of Family Resilience: Understanding the Concept and Operationalization Challenges to Inform Research and Practice, *Child Care in Practice*, DOI: [10.1080/13575279.2020.1792838](https://doi.org/10.1080/13575279.2020.1792838)

To link to this article: <https://doi.org/10.1080/13575279.2020.1792838>



Published online: 06 Aug 2020.



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A Review of Family Resilience: Understanding the Concept and Operationalization Challenges to Inform Research and Practice*

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ABSTRACT



Family resilience is a concept that has wide and deep roots, ranging from the development of the concept of individual resilience to the postulates of general systems theory, including family systems theory and related therapeutic models as well as studies on family stress and coping. Integration of these roots into a comprehensive theory remains incomplete. Consequently, numerous ambiguities in the conceptualization and operationalization of the concept of family resilience remain. This has important implications for both research and the application of the concept to practice. This article aims to contribute to the clarification and understanding of this evolving concept by reviewing the foundations upon which the concept of family resilience has emerged and has been developing. Our work connects family resilience to the concepts of individual resilience, as well as, community resilience, presenting key challenges but also possible solutions in operationalizing indicators of risk, protective factors, and good outcomes. This article discusses the influence of context and dominant social discourses in defining both risk exposure and family adaptation, highlighting community engagement as a core resilience resource. The article concludes by presenting the challenges that remain in the field of family resilience research, especially in light of the relevance of this concept to interventions and practice pertaining to child and youth care practice.

KEYWORDS

Family resilience; conceptualization; operationalization challenges; practical implications

Introduction

Resilience, or the capacity for adjustment and achieving good outcomes in the face of adversity is one of the most significant concepts in contemporary social sciences (Liebenberg & Ungar, 2009). It relates to numerous systems, and can occur at various levels, including individual, family, and community (Masten, 2014; Van Breda, 2018). Research during the past fifty years has focused predominantly on the individual, positioning the family and later the community, as the supportive or disruptive environment for

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*This paper is a part of the project Specific characteristic of families at risk: contribution to complex interventions planning, supported by the Croatian Science Foundation, (IP-2014-09-9515).

individual outcomes. Despite previous studies investigating family strengths and adjustment to stress, it was only in the 1990s that researchers in the area of family sciences began using the term *family resilience* (Ahlert & Greeff, 2012; Blair, 2003). A focus on family resilience is intuitive, given that “family” as a social institution has in itself displayed resilience, maintaining its value regardless of variation in its form throughout history and across cultures (DeFrain, 2001). Changes in family both in terms of structure (i.e. the forms of families) and process (the qualities of interactions within families), make families a complex system to study and understand. Consequently, clear and pragmatic definitions of “family” have always been elusive (Coatsworth, 2019). However, for the purposes of this paper, we define family as “at least two or more people who interact in a relationship that they define as familial” (Lietz, 2006, p. 576) This article will review the concept of family resilience, highlighting its importance to child and youth care practice. We begin by briefly presenting the origins of its development and the various approaches to its conceptualization and operationalization that have since emerged. The aim of this review is to advance the clarification and understanding of this emerging and evolving concept in order to support both research and practice.

Development of the family resilience concept

The roots of family resilience are diverse. They include the development of the concept of resilience itself, the study of developmental psychopathology (Hawley, 2013), family stress research, and postulates of general systems theory (Von Bertalanffy, 1968), as well as family systems theory (first comprehensively described by Bowen, 1974; in Brown, 1999) and family therapy (Hawley, 2013). In the following section, we will review the ways in which these various developments informed the development of family resilience theory.

The impact of paradigmatic changes, systems theories and family therapy on family resilience

Before the mid-twentieth century, psychosocial professions were heavily influenced by psychoanalysis and the medical model. Accordingly, the number of studies of risk and developmental psychopathology was on the rise. In the mid-twentieth century, some of Freud’s followers have diverted from his teachings (Anna Freud, Heinz Hartmann, Erik Erikson) and began to accentuate the strengths of the individual (such as the ego function) (Coatsworth & Duncan, 2003). In addition, in the mid-twentieth century, the humanistic psychological approach emerged, and focused on the quality of human experience while emphasizing the importance of positive aspects, self-actualization, strengths and creativity (Froh, 2004). In the mid-50s and 60s, the researchers belonging to different disciplines (mathematics, physics, biology, psychology) began to observe various phenomena as being a result of interactions within and between different systems. Drawing on these observations, Von Bertalanffy (1968) published general system theory with the main postulate that the world is an organized whole, and that different phenomena can be observed as systems. Introduction of the systemic perspective contributed to the development of ecological systems theory (Bronfenbrenner, 1979) and the family system theory (Bowen, 1978). Application of family system theory in the context of family therapy additionally

contributed to the development of the concept of family resilience (Hawley, 2013). Specifically, systemic family therapists redefined the concept of “normal” and healthy families from the ones with no problems towards the ones which are capable for coping and solving problems (Walsh, 1998). This redefinition of normality coincided with the general paradigm shift from deficit orientations to strengths orientations (Sixby, 2005).

The impact of family stress and coping research on family resilience

Family resilience also has its origins in the research of family stress and coping (Patterson, 2002a). It can be traced back to the early 1920s with numerous studies emerging after the Great Depression and World War Two (Nichols, 2013). While studying the effects of an absent father on the family, Hill (1949; as cited in Wilmoth & Smyser, 2009) developed the ABC-X model of family crisis. This model explained how the source of stress (A) interacts with family resources (B) and the meaning of the stressful event (C) to impact family balance, causing a state of crisis (X). By introducing mediating variables into the coping process, Hill’s model weakened the idea that stressors necessarily caused crises. These findings implied that the strengthening of families is possible (Nichols, 2013). During the 50s and 60s, researchers continued to focus on family pathology, and the dysfunctionality of families impacted by stressors. It was in the 1970s that researchers started to analyse family strengths and family capacity to adjust (Van Breda, 2001). During this time, McCubbin and colleagues (McCubbin & McCubbin, 1992; as cited in Van Breda, 2001) developed a new systemic and ecological model, based on previous models of family resilience. The resulting *Resiliency Model of Family Adjustment and Adaptation* is described as a blend of two different, but interconnected family processes: adjustment and adversity. *Adjustment* involves the impact of protective factors on family empowerment. In this way, adjustment strengthens family capabilities and efforts to maintain family integrity and functioning, allowing families to fulfil developmental tasks despite risk factors. *Adaptation* explains the impact of recovery factors on family capabilities to “get back on their feet” and cope in crisis situations.

The impact of resilience research on family resilience

Development around the concept of resilience initially occurred in the disciplines of physics and engineering. From there it spread to other areas such as ecology, economics, information science (Gauvin – Lepage, Lefebvre, & Malo, 2014), medicine, psychiatry and psychology. In the psychosocial area, the concept of resilience was initially linked to the individual. It took four waves of development for it to expand into the exploration of other systems (O’ Dougherty Wright, Masten, & Narayan, 2013). The first wave focused on individual characteristics of “resilient” children. The second on external protective factors that facilitate resilience. The third focused on creating interventions for fostering resilience. In last, the forth wave understanding of resilience is expanding by integrating various resilience process at various levels: from the individual level, which includes epigenetic processes, neurobiological processes, and brain development to family and larger social and physical environment. Within this last wave, a growing number of studies are exploring various influences on resilience including genetic influences (for an overview see Niitsu et al., 2018), genes-environment interaction and its

impact on resilience (see for example, Bradley, Davis, Wingo, Mercer, & Ressler, 2013; Cicchetti & Rogosh, 2012; Kim-Cohen & Gold, 2009; Navrady et al., 2018; Rutter, Moffitt, & Caspi, 2006) as well as influences of different cultures and contexts (Theron, Liebenberg, & Ungar, 2014; Ungar & Liebenberg, 2011).

Contemporary definitions of resilience view it as a process incorporating a systems perspective, applicable across disciplines (Liebenberg & Joubert, 2019; Rutter et al., 2006; Theron et al., 2014; Ungar, 2018; Ungar & Theron, 2019; VanderPlaat, 2016). For example, Masten (2011, p. 494) defines it as a “capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development”. Similarly, Van Breda (2018, p. 4) defines resilience as “multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity”.

The work of authors such as Taylor (2013) is highlighting the interconnection of resources at individual, family and community levels. These studies have contributed to greater thinking across the fields of individual and family resilience, highlighting the importance of understanding family and community resilience in supporting improved outcomes for children and youth. While family resilience, as a concept has been informed from many directions, attempts have been made at assembling a unified theory that integrates all of these various components (Masten & Monn, 2015). However, integration of these roots into a comprehensive theory of family resilience remains incomplete. Consequently, numerous ambiguities in the conceptualization and operationalization of the concept of family resilience remain posing challenges to service providers and researchers alike.

Current conceptualization of family resilience

From its inception, numerous discrepancies and ambiguities have existed around the conceptualization of resilience within the human sciences, resulting in critique of the construct (Luthar, Cicchetti, & Becker, 2000). As with individual resilience, analysis of the literature reveals inconsistency in considering whether family resilience is: (1) an inherent characteristic/protective factor of the family; (2) a process; or (3) an outcome (DeHaan, Hawley, & Deal, 2013; Patterson, 2002a, 2002b).

Initially, resilience researchers defined resilience as a characteristic of the family (Henry, Sheffield Morris, & Harrist, 2015). This perspective was mostly influenced by the strengths-based approach (Hawley, 2013). For example, McCubbin and McCubbin (1988, p. 247) define family resilience as the “characteristics, dimensions and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations”. Buchanan’s research (1998; as cited in DeHaan et al., 2013) provides an example how family resilience as a characteristic has been operationalized. Here, families with higher quality of communication, problem-solving, maintaining of positive outlook and spirituality were defined as resilient.

Walsh (2003) emphasizes the importance of making a distinction between family resilience and family strengths. While family strengths (such as creative use of leisure time) can assist good family functioning, they may not necessarily be able to reduce risk. Recent literature diverts from the understanding of resilience as a family characteristic (DeHaan et al., 2013; Masten, 2014; Walsh, 2013). Patterson (2002b) recommends that

term “resiliency” should be used in order to describe family resilience as a family characteristic and “resilience” in order to describe resilience as a process.

Disagreement remains whether resilience is the process that leads to positive outcomes or if it is itself a positive outcome. Hjemdal, Aune, Reinfjell, Stiles, and Friborg (2007) argue that defining resilience as an outcome leaves little room for prediction in research, because it is focused on the end point. In order to introduce a predictive perspective and encourage research of the dynamics of this phenomenon they propose defining resilience as a process. The definition of resilience as a process also creates the possibility for exploring dynamic interplay of various socioecological resources (Luthar, 2006) as well as the variability of this phenomenon over time (Hawley, 2013). Echoing these arguments, Walsh (2003) has explained family resilience as a dynamic process of perseverance, self-governance and growth which occurs in response to crisis and challenges. It includes key processes which promote family capability to overcome barriers and maintain family functionality. The inclusion of a time perspective is not new to the field. Theoretical framework for resilience as a process was established by so-called roller coaster model (Koss, 1946, Hill, 1949, as cited in DeHaan et al., 2013). This model argued that family responses to stress evolved over time, from a situation of disorder to reordering.

Hawley and DeHaan (1996; in DeHaan, Hawley, & Deal, 2002, p. 293) described family resilience as:

a path the family follows as it adapts and prospers in the face of stress, both in the presence and over time. Resilient families positively respond to these conditions in the unique way, depending on the context, developmental level, the interactive combination of risk and the protective factors, and the family’s shared outlook

According to Ungar (2004) and Van Breda (2018), both process (resilience as a path) and outcome (resilient families) are present in understandings of resilience. These authors recommend that the term “resilience” is best used as a process definition, and that “resilient” be reserved for an outcome definition. Van Breda (2018) explains: person or social system is “resilient” because it evidences good outcomes in the face of adversity, on the other hand, “resilience” of the person or social system is supportive relationships and a hope for the future.

To summarize, dominant understandings of family resilience, regard it is a process, consisting of three elements (adapted from Patterson, 2002a):

- (1) A condition of **risk** which is necessary to initiate resilience process;
- (2) **Protective factors/mechanisms** which facilitate resilience processes; and
- (3) **Good outcome/s** despite/following exposure to risk.

There are continuing challenges in identifying indicators of these elements and their operationalization, which will be described in the next section.

Challenges in conceptualization/operationalization of risk

Windle (2011) notes that the term risk refers to experiences which significantly increase the probability of negative outcomes. In the literature on individual, family, and community resilience, numerous indicators of risk are taken into account, making comparison of

research results challenging if not impossible, amplifying the ambiguities in the field. One of the major points of the debate in the literature concerns the identification of risk indicators when considering resilience processes.

An overview of the literature suggests that a classification of risks may be put forward, based on the following dimensions: (1) the origin of the risk; (2) ability to influence risk; (3) ordinariness of risk experiences (4) temporal dimension of the risk; and (5) risk intensity.

The first dimension, **the origin of risk**, highlights the need to account for the family as a system comprised of sub-systems (parental sub-system, siblings sub-system, each family member as a sub-system, etc.). Consequently, the family is affected by experiences and stressors related to each family member, and the sub-systems in which they function (Olson, 2000; as cited in Oshri et al., 2015), both in the past and the present. Similarly, the family as a system can be directly affected by certain stressors that occur due to processes within the family itself, such as parental divorce (Hill, Stafford, Seaman, Ross, & Daniel, 2007). Or families can be affected by stressors in the immediate or extended environment, such as chronic exposure to negative conditions or a certain crisis event (Masten & Coatsworth, 1998). The question facing researchers and practitioners is what determines which sources of risk count and how they should be considered. Additionally, researchers need to keep risks clearly separated from the researched outcomes, preventing overlap between causal factors and the dependent variable. For example, in the literature on individual resilience, measurement of individual risks (such as an individual's mental health) is not as common, primarily due to the danger of it "muddling" the predicted results with the existing psychological adaptation (Kumpfer, 1999). Similar caution can be implemented in the area of family resilience, meaning that family processes should be either avoided as indicators of risks, or if not possible, clearly distinguished from family protective and family outcome indicators.

The second dimension, **ability to influence risk**, deals with the ability to prevent the appearance of a risk, thus differentiating between the events that the individual/family could not affect (such as breakout of war) and those that, to an extent, could be mitigated (such as substance abuse in instances where professional service supports as well as relational supports are available). Having either perceived or actual control over a stressor (risk) increases the possibility of successful coping (Charney, 2004, Shapiro *et al.*, 1996, Southwick & Charney, 2012; all cited in Gruene, 2017).

The third dimension refers to the **ordinariness of risk experiences**, i.e. the normativity of the risk/stressor. Normative stressors are events that are either endemic to everyday life (daily hassles) or long-term developmental transitions that are components of the typical family life course, like birth, marriage and retirement (McKenry & Price, 2005). Developmental transitions usually would not be considered a significant risk for families, except in cases when the timing of a normative change departs from societal expectations, such as a teenager having a baby (Patterson, 2002a). While daily hassles are usually considered as additional risk factors (Oh & Chang, 2014), some studies indicate that daily hassles have a greater relationship with poor outcomes than major life events (Lu, 1991; Maurović, 2015; Tajalli, Sobhi, & Ganbaripanah, 2010). Non-normative stressors are unexpected life events that are not related to ordinary transitions (Baltes, Reese, & Lipsitt, 1980), such as experiences of war.

These various risks could be further divided regarding **temporal dimension**, or time when the risks appears and time of duration, in chronic and acute (Bonanno & Diminich, 2013). Chronic adversity extends over a considerable period of time, sometimes does not have clear starting point, and may have a pervasive impact on a person's life (Van Breda, 2018), such as poverty; exposure to traumatic events, such as war, or a combination of these (Masten & Coatsworth, 1998). Acute adversity has a defined starting point, a relatively brief duration and a limited impact on the whole of life, within a generally well-functioning life context, and may include an accident or assault (Bonanno & Diminich, 2013).

Long-term and chronic risks are particularly harmful, since their demands increase the number of daily hassles individuals and families are managing. They also and facilitate other risks, creating an accumulation of risks (Rutter, 1999; Werner, 1994). This also increases the **intensity of risk**. Numerous studies have documented the detrimental impact of accumulated risk in the families on the functioning of both individual and the entire family (Larson, Russ, Crall, & Halfon, 2008; Rutter, 1979, 1999; Sameroff, Bartko, Baldwin, Baldwin, & Seifer, 1998; Trentacosta et al., 2008; Werner, 2011).

Different studies on family resilience use different indicators of risk exposure. Oh and Chang's (2014) systematic review of 38 articles highlights this diversity. As the authors provided limited information on definition of risk in reviewed studies, we reviewed those same articles in order to specify which indicators of risk were used. In the majority of studies, risks included health problems of a family member, mostly of a child (for example, autism, cancer, intellectual, physical disability of children, mental health issues). Family factors as a risk conditions were present as well (such as economic hardships, divorce, migration, participation of family member in military, minority status of family, and exposure to natural disasters). In smaller number of studies reviewed, additional risks were taken into account (resulting for example from major life events, including deafness of child; parenting stress; daily hassles). In qualitative studies, participants were usually asked to describe their negative life events or experiences.

Challenges in conceptualization/operationalization of protective factors and good outcomes

Differentiating good outcomes and protective family factors is one of the major challenges in the family resilience literature (Patterson, 2002b). The issues of determining good outcomes and protective factors will be presented together in the sections below.

Defining good outcomes, brings forward two additional issues when considering family resilience: first, culturally and contextually relevant outcomes, and second, the differentiation between outcomes at the level of the family and at the individual level.

When defining a good outcome, it is important to take into account that good outcomes as well as "normality" are social constructs which are contextually and culturally dependent (Walsh, 2013), and determined in large part by those groups in society that hold the power (Foucault, 1997). Therefore, any definition of good outcomes is inevitably value-shaped (Antonovsky & Sourani, 1988). It follows that it is also important to make the space in research and practice for the voices of families facing significant risk to inform our understanding of good outcomes. Second, it is important to emphasize that defining a good outcome at the family level is crucial in understanding family resilience. Specifically, if good outcomes are defined at the individual level, then we are dealing with

the concept of individual resilience. The developmental outcomes of an individual family member (such as competences in particular areas, mental health, subjective wellbeing) are important with regard to the family, as they most certainly affect the entire family (Foster et al., 2008; Haugland, 2003) but functioning of one family member cannot be indicator of family adaptation. Also, the sum of individual outcomes is not equal to the family level outcome as family system is more than a simple sum of its sub-systems (Janković, 2008). For example, a stressful event for the family (such as the death of a family member) may be met with a high level of functioning from individual family members, separately, but not the family level. From a research perspective, many studies continue to focus on how families influence the functioning of an individual rather than examining family level outcomes (Lietz & Strength, 2011). Patterson (2002b) suggests that as a *family* outcome, a minimum of two family members must be involved; that is, the outcome must represent the product of family relationship(s). However, those two members may form a subsystem (such as a parental subsystem) or may represent a whole system (such as a family). Outcomes on the subsystem level might be in opposition to outcomes at the system level. This adds to the challenges of defining and measuring good outcomes at the family level.

Added to this is also the primary challenge mentioned above, that of differentiating the outcomes from the indicators of protective factors.

Authors who have considered the theoretical and empirical bases of family resilience define good outcomes in different ways. The dominant approach is that by McCubbin (McCubbin & McCubbin, 1988). Their work on The Resiliency Model of Family Stress, Adjustment and Adaptation highlights family adaptation as an indicator of good outcomes at the level of the family. Here, adaptation varies on a continuum from non-adaptation (good adaptation) to maladaptation and reflects the family's ability to simultaneously achieve fit at two levels of interaction: member-to-family and family-to-community. This fit means that individual family members are functioning well, and that the family unit has a sense of balance and harmony in carrying out tasks and responsibilities, as well as in relationships with the community (McCubbin, Balling, Possin, Frierdich, & Bryne, 2002). This conceptualization connects outcomes at the individual level with those at the level of the family and brings the context of the community into focus.

This begs the question, however, of how such outcome indicators can be operationalized. McCubbin et al. (2002) have relied on The Family Attachment and Changeability Index 8 (FACI8; McCubbin, Thompson, & McCubbin, 1996) to operationalize the adaptation of the family. This instrument was developed on population of youth and young adults in residential treatment for mental health. It has been used on white, black and Hispanic populations and there have been some efforts to use it cross culturally (Botha, Wouters, & Booyesen, 2017). It measures the extent of connections and flexibility of the family; the processes that form part of the concept of family functioning (Olson & Gorall, 2006). It is questionable, though, whether relying on a measure of family connection and flexibility is a suitable way to operationalize the definition of family adaptation, particularly with regard to member-to-community fit. This problem of operationalizing family adaptation is also noted by Lavee and McCubbin, 1985 (cited in Boss, Boss, & Mulligan, 2003), who note that family adaptation is a descriptive criterion of post-crisis outcomes, rather than a clearly defined construct with an operationalized set of measures.

Other scholars note family functioning as an indicator of good outcomes, relying on the instrument discussed above, or others that are similar to it (e.g. Ahlert & Greeff, 2012; Enns, Reddon, & McDonald, 1999; Greef & Van der Walt, 2010; Greeff & Holtzkamp, 2007; Vandsburger & Biggerstaff, 2004). In this article, we understand family functioning in a broad manner, as a multidimensional concept that refers to how family members interact with one other and work together to achieve common family goals and outcomes (Morris & Blanton, 1998; as cited in Botha & Booysen, 2014). This concept includes the relational processes in families such as cohesion, flexibility, communication, problem-solving, family roles, affective response, behaviour control and similar (Dai & Wang, 2015). Family functioning encompasses the important processes within the family in a comprehensive manner.

Some authors conclude that family functioning ought not be set as an indicator of good outcomes, as this potentiates the loss of information regarding predictive effects of these processes on good outcome. They argue that this implies a loss of information regarding the mechanisms that may be facilitating the resilience process (Coyle, 2005). The authors who use family functioning as an outcome indicator (such as Ahlert & Greeff, 2012; Enns et al., 1999; Greef & Van der Walt, 2010; Jonker & Greeff, 2009; Lietz, 2006) solve this problem by using different indicators of protective factors, such as *family hardiness* (internal strengths and durability of the family unit, characterized by “a sense of control over the outcomes of life events and hardships”; McCubbin et al., 1996, p. 239); *sense of coherence* (the extent to which one sees one’s world as comprehensible, manageable, and meaningful; Antonovsky & Sourani, 1988), *family shared spirituality and religiosity*, *family celebration* (extent to which families shared and celebrated special events; McCubbin et al., 1996), *family time and routine* (activities and routines that families engage in and the importance that the family places on these; McCubbin & McCubbin, 1988) and so forth. The problem with these concepts is primarily that some of their operational definitions are ambiguous. Relatedly, the instruments that measure these concepts have not been fully developed nor tested. Indeed, most tools are poorly normed across cultures and can serve to bias data. Alongside the indicators listed above, social support is frequently used in the literature to measure resources in the community, as are numerous other indicators of protective factors at the individual level (some of them are presented in the Table 1).

Patterson (2002b) provides an additional critique of the notion of family functioning as a measure of good outcomes by putting forward the claim that good family adaptation, i.e. the family’s ability to establish member-to-family and family-to-community fit, is not reflected in family functioning but rather in the family’s ability to fulfil its functions/tasks. Some of these functions, as noted by Patterson (2002b, referencing Ooms, 1996) include (1) membership and family formation; (2) nurturance, education and socialization; (3) economic support; and, (4) protection of vulnerable members. Patterson (2002b) gives examples of fulfilling each of these tasks/functions: commitment to and maintenance of the family unit; adequate food and clothing; family love and mutual support; family care for a child with special needs. It is also important to note that family tasks vary over the family life cycle, such as parenting, caring for aging family members and so forth (Masten, 2018). Understood in this way, family functions as related to family resilience, are parallel to developmental tasks as related to individual

Table 1. Proposed indicators of risk, protective factors and outcomes (adjusted from Antonovsky & Sourani, 1988; Benzie & Mychasiuk, 2009; Khanlou & Wray, 2014; Liebenberg & Joubert, 2019; Masten & Coatsworth, 1998; Masten, 2001; Patterson, 2002b; Walsh, 2003; Openshaw, 2011; Oh & Chang, 2014).

| | Risk | Protective Factors | Good Outcome |
|-------------------------|---|--|--|
| Individual level | Vulnerability of the individual family member (traumatic event/s, illness, chronic exposure to negative social conditions, etc.) | Intelligence Capacity to identify and control emotions Executive functioning Established belief system (religious or other) Self-efficacy & personal agency strategies Problem-solving skills Higher education or higher skill level Easy temperament Female sex Positive views and strong sense of meaning in life Spirituality | Competences in achieving developmental tasks Mental health Subjective wellbeing |
| Family level | Vulnerability of family (traumatic event/s, illness, chronic exposure to negative social conditions, etc.) Family structure, size Low socioeconomic status | Family functioning (cohesion, flexibility, communication, problem-solving, family roles, affective response, behaviour control) Family coherence Family hardiness Transcendence and spirituality Stable and sufficient income Appropriate housing | Fulfilment of family functions (especially those that are threatened by the risk factors) Satisfaction with family life Gains from risk |
| Community level | Community as a source of risk Vulnerability of the community (Social injustice High unemployment, vandalism, abandoned houses, run-down property, racial and ethnic conflicts, criminality, etc.) | Informal support (friends and relatives) Formal support (access to social services, quality educational and health system, etc.) Social justice (equal opportunities) Integration in the community Safe neighbourhood Opportunities for cultural and civic engagement Strong community and cultural identity | Social capital, social cohesion, social networking, collaboration |

resilience; the fulfilment of which suggests the presence of competences in key areas, in turn reflecting good outcomes (Masten & Barnes, 2018).

Even when the concepts of family functioning (as indicator of protective factors) and family functions/tasks (as indicators of good outcomes) are separated at the conceptual level, the issue of distinguishing between them in terms of operationalization remains. For example, how can one assess the fulfilment of the family function of membership and family formation, which can be reflected in the commitment to and maintenance of the family unit, without separating it from the indicator of family functioning, such as family cohesion? Further, can the very survival of the family (non-separation of the family members) be seen as a good outcome in difficult times? If yes, would this still apply in situations of families staying together, but with poor interpersonal relationships? This suggests the importance of more than just considering whether the family remains

whole, and instead taking into account how the family functions. This brings us back to the concept of family functioning; to the problem of similarity between the indicators of good outcomes and the indicators of protective factors.

The literature suggests several solutions to this question. For example, Coyle (2005) conceptualize family developmental outcomes for families with children, as parenting (positive parenting, parent–child involvement and discipline) and family impact on children’s self-esteem. This way, they incorporated the measurement of one of the family functions, the family’s capability for nurturance and socialization of children. A similar example can be found in Oshri et al. (2015) who set four indicators of good outcomes, with three placed at the individual level, and the fourth referring to parenting, thereby including one of family functions. Orthner, Jones-Sanpei, and Williamson (2004) operationalize good outcomes by means of indicators of family functions, which they assess via the respondent’s household’s ability to: (a) “solve personal or family problems that come up during the course of everyday living”; (b) “meet the various needs that household members may have”, and: (c) “get children into activities and educational opportunities that will help them succeed”.

Alongside the family functions, family adaptation can also be conceptualized (and operationalized) by relying on the family wellbeing indicators. For example, Antonovsky and Sourani (1988) define family adaptation in the same manner as McCubbin et al. (1996) but expand on the definition by placing greater importance on not just the member-to-family and family–to-community fit, but the level of satisfaction with this fit. In order to measure these indicators, they constructed the Family Adaptation Scale (FAS, Antonovsky & Sourani, 1988), which assesses internal family fit (individual to family unit), family–community fit, and both levels of fit. Example items in the instrument include “Are you satisfied with how your family fits into the neighborhood?” and “Are you satisfied with the extent to which family members are close to each other?” Other research (for example Svavarsdottir, Rayens, & McCubbin, 2005) has been guided by this conceptualization, and measures family adaptation with the FAS (Antonovsky & Sourani, 1988). One may state that this design provides an indicator of good outcomes in line with the individual resilience literature, as satisfaction with family life is parallel to subjective well-being, an indicator of good outcomes used in numerous research (e.g. Clark, O’Neal, Conley, & Mancini, 2003; Harms, Brady, Wood, & Silard, 2018; Maurović, 2015).

This indicator of good outcome has some advantages, as well as disadvantages. The key disadvantage stems from the possibility of high correlation with the indicators of family functioning (protective factors). There is a high possibility that family members will be more satisfied with their family lives if family functioning is improved. Conversely the advantage of this type of operationalization is that the questions regarding satisfaction are directly posed to the respondents, avoiding the practitioner or researcher’s values and arbitrariness regarding the decision on what a good outcome is (Antonovsky & Sourani, 1988).

Echoing the discussion, are the findings of the aforementioned meta-analysis conducted by Oh and Chang (2014), half of which were qualitative or mixed-method. These approaches provide the opportunity for exploring participants’ own definitions of good outcomes. They concluded that the five most common “good outcomes” involve: (1) acceptance of the situation providing a “turning point” from experiencing negative psychological responses to stressful life events, to being assertive in maintaining

family life; (2) changed life perspective reflected in a shift in family priorities, from self-focused to other-focused; (3) enhanced relationship qualities such as increased bonding, commitment, and compassion; (4) reinforced resilience resources, such as a sense of connectedness, cohesion, communal mastery and collective efficacy; and, (5) improved health-related outcomes, as reflected in increased involvement in health-promoting behaviours and reduced health-deteriorating behaviours. There are clear links between these outcomes and those previously mentioned, that refer to family functioning (cohesion, problem-solving, communication), as well as those that are found at the individual level. However, indicators of family functioning were also found to be among the protective factors in the research studies (Oh & Chang, 2014). Examples of this include the family's internal strength and durability, interpersonal relations, communication patterns, the ability to share painful feelings, the family's values, spirituality, religion, family hardiness, positive redefinition of a stressful situation, family sense of coherence, family coping, flexibility among family members, connectedness, spending time together, supportiveness by spouses, sibling support, family financial resources, family organization, and practical family functioning such as spending on food and clothing before "buying other things".

Discussion

Drawing from our discussion of the literature, we propose one possible conceptualization of indicators of risk, protective factors, and good outcomes of family resilience (Table 1). Given that the process of resilience takes place at the levels of the individual, the family, and the community (Masten, 2018), it becomes clear that understanding family resilience needs to account for the factors that exist at the other two levels. However, when defining and measuring good outcomes (individual/family/community) it is crucial to be aware of the cultural issues that impact on not only the definition and measurement of resilience but also its manifestation in lived experiences. Based on the literature discussed above, we propose the following as a measurement of good outcomes at family level (family adaptation):

- (1) **Family functions** include those functions that can be affected by previously defined risk as well as those that are important with regard to the family life cycle. For example, if the family is facing serious illness of a family member, then the fulfilment of the family function of protection of vulnerable members becomes an important indicator of a good outcome. In a research context, family functions can be measured by designing and using instruments with specific questions about the extent to which a particular function is fulfilled (as in Orthner et al., 2004), or indirectly, through indicators of fulfilment of particular functions (such as quality of parenting if a family has a child/ren, as in Oshri et al., 2015). Of course, those instruments need to be culturally and contextually sensitive, accounting for variation in resilience as different functioning across contexts.
- (2) **Satisfaction with family life** relative to the risk the family is confronting (for example satisfaction with the established balance between the demands of the workplace and family obligations). There are several instruments that can be used in research (Antonovsky & Sourani, 1988; Olson & Gorall, 2006).

- (3) **Gains from confronting risks**, gains from the process of resilience itself, can differ across families and ought to be explored through collaborative discussion in practice, qualitative designs in research exploring gains, or quantitative studies using instruments that include assessment of gains mentioned most often from the resilience process.

Outcomes of individual family members (individual level) are also important, but cannot serve as the only indicator of family adaptation. In this regard, it is possible to use mental health indicators, indicators of competences in developmentally relevant tasks, as well as indicators of subjective wellbeing. At the community level, outcomes such as the presence of social capital and social cohesion, together with effective social networking and collaboration that collectively engages and activates the social mechanisms or levers necessary to establish relevant and accessible individual and family resilience resources, can serve as indicators of community resilience. An overview of the studies included in Oh and Chang's (2014) analysis, shows that comparing past and present situations, allows the family and service providers to have an overview of the process of confronting risks and to collaboratively define what constitutes a good outcome within these experiences. This thinking can also be applied to research, where qualitative studies should allow for families themselves to define outcomes in relation to experiences. This is of great importance, because families living in risk situation are the best experts for addressing cultural and contextual aspects of risk as well as good outcomes. Similarly, quantitative research conducted longitudinally, allows for comparison of results over multiple points in time and, consequently, an understanding of potential changes in families in the wake of confrontation with a risk. However, it is important to note that longitudinal studies of resilience, and particularly family resilience are very rare (e.g. Conger & Conger, 2002; Cosco et al., 2017; Egeland, 1991). These studies are exceedingly important, as they provide the best means of exploring resilience—as a process supporting particular outcomes over a period of time, regardless of whether one expects the family to function the same way as it would after a stressful event (DeHaan et al., 2002) or whether the family is expected to function better than it had (Walsh, 1998).

When it comes to protective factors, it is important to consider resources at both micro and macro levels, as interactions of individuals, families, and larger contexts affect each other (Masten, 2018). Table 1 outlines examples. At the family level, conceptualization of protective factors should include processes of family functioning. Additionally, resilience elements feed into a cycle: contextual (community) risk and resources (protective factors) facilitate the development of individual and family risk and protective factors and vice versa (adapted from Liebenberg & Joubert, 2019). Table 1 also lists some of the risks that should be accounted for. These risks are artificially split into those at the individual level, family level and community level. This artificial categorization is a result of mutual intertwining of the risks and the difficulty of determining which risk belongs at which level. For example, poverty is a risk that can be considered as part of the community level (as a community may be lacking in economic resources), but also as part of the family level or the individual level. While studies of family and individual resilience tend to consider community risks as sources of risk for the family or individual, respectively, it is important to account for the interactive aspects of the relationships among the individual, the family, and the community. Within these relationships any

factors that may be causing risk, can also be caused by another risk (i.e. higher level of risk for the individual in the community brings about a higher level of risk in the community as a whole).

While this broad scope of factors can be explored collaboratively with families in relational service delivery practice (Munford & Sanders, 2016), the situation for research is more challenging. Given that a single research project cannot encompass all possible indicators, the scope of indicators that are chosen will depend on the research question and research context. Of course, this leads to opening up the issues of uniqueness and determination of the concept of resilience, since it can be studied with different variables across research studies. However, these types of variations in measurement can also be useful, if one takes into account the potential for differences in approaches and measurement of any scientific construct to benefit the understanding of said construct (Luthar et al., 2000). In research and practice then, it is vital that the definition of family resilience be acknowledged, and that risks are appropriately accounted for together with protective factors and good outcomes.

Conclusion

The concept of family resilience is relatively new, although its development can be tracked to the second half of the twentieth century. It is evident that the area of resilience research, including family resilience, is still being developed, and continues to be loaded by fundamental concerns. Association and interconnectedness with other areas (such as individual resilience, community resilience, stress research and family coping, strengths-based approaches, family therapy and so forth), strengthens and enriches the concept while simultaneously adds to its ambiguities.

As with individual resilience, contemporary research is affirming that family resilience (1) occurs in contexts of risk, (2) is facilitated by protective factors, and (3) results in good outcomes—(Patterson, 2002a; Van Breda, 2018; Walsh, 2012). Risk, protective factors and good outcomes can occur at many levels, and can include a range of bio-psycho-social factors (from intrapsychic to contextual). Additionally, relationships between those factors/processes on individual, family and community levels are ambiguous: equally independent, interdependent, and complementary of each other (Masten & Coatsworth, 1998). Consequently, family resilience is not easy to understand and research. These overlaps between different levels (individual level, family, community) where factors and different processes (risk/protective) affect and influence each other point out the importance of the overwhelmingly complexity of the resilience process and confirms the importance of the system perspective. Therefore, we agree with researchers who argue that the boundaries of family resilience need to be expanded to include the resilience of other influential environmental systems, namely those of cultures, communities, and governmental systems that are interdependent with family resilience and by implication child and youth resilience (Blankenship, 1998; Bowen, 1998, McKnight, 1997, Masten, 2001; all cited in Taylor, 2013).

On the other hand, alongside the need for a broad scope in considering the process of resilience, it is important to note the relevance of concreteness, that is, a clear definition of the concept and its measurement. This paper discusses the ways in which the process of

family resilience is being studied and offers a set of guidelines on future research and practice considerations.

It is important, however, to find ways of translating existing knowledge into practice. Our discussion of literature makes it clear that the practical level of working with families ought to bear in mind all of the levels, that is, all of the systems in/through which the family functions. Interventions should be undertaken that aim to strengthen these systems. Therefore, in order to be able to expect resilience in families that are facing high risks, both individuals (family members) and communities in which the family is embedded ought to be strengthened. A strengthened family will be able to fulfil its functions and tasks, which will in turn contribute to the strengthening of individual family members as well as the community in which family is living. This transference of resilience from one system to another is greatly dependent on the role of public programmes and policies. These however have to be flexible and to be adjusted to the specific characteristics of families. In other words interventions have to be complex (containing multiple interacting component in order to response to complex needs of families); comprehensive (to include individuals, families, communities), dynamic and flexible in order to respond to the changing needs of communities, families and individuals, both adult as well as children and youth.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the Croatian Science Foundation: [grant number IP-2014-09-9515].

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References

- Ahlert, I. A., & Greeff, A. P. (2012). Resilience factors associated with adaptation in families with deaf and hard of hearing children. *American Annals of the Deaf*, *157*, 391–404. doi:10.1353/aad.2012.1629
- Antonovsky, A., & Sourani, T. (1988). Family sense of coherence and family adaptation. *Journal of Marriage and the Family*, *50*, 79–92. doi:10.2307/352429
- Baltes, P. B., Reese, H. W., & Lipsitt, L. P. (1980). Life-span developmental psychology. *Annual Review of Psychology*, *31*, 65–110. doi:10.1146/annurev.ps.31.020180.000433
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, *14*(1), 103–114. doi:10.1111/j.1365-2206.2008.00586.x
- Blair, R. G. (2003). Understanding and fostering family resilience. *Journal of Family Strengths*, *7*(1), 1–14. Retrieved from <http://digitalcommons.library.tmc.edu/jfs/vol7/iss1/6>
- Bonanno, G. A., & Diminich, E. D. (2013). Annual research review: Positive adjustment to adversity: Trajectories of minimal-impact resilience and emergent resilience. *Journal of Child Psychology and Psychiatry*, *54*, 378–401. doi:10.1111/jcpp.12021
- Boss, P. E., Boss, P., & Mulligan, C. (2003). *Family stress: Classic and contemporary Readings*. Thousand Oaks, CA: Sage.
- Botha, F., & Booyesen, F. (2014). Family functioning and life satisfaction and Happiness in South African Households. *Social Indicators Research*, *119*(1), 163–182. doi:10.1007/s11205-013-0485-6
- Botha, F., Wouters, E., & Booyesen, F. (2017). Happiness, socioeconomic status, and family functioning in South African Households: A Structural Equation Modelling approach. *Applied Research in Quality of Life*, doi:10.1007/s11482-017-9568-x
- Bowen, M. (1978). *Family therapy in Clinical practice*. New York: Jason Aronson.
- Bradley, B., Davis, T. A., Wingo, A. P., Mercer, K. B., & Ressler, K. J. (2013). Family environment and adult resilience: Contributions of positive parenting and the oxytocin receptor gene. *European Journal of Psychotraumatology*, *4*(1), 21659. doi:10.3402/ejpt.v4i0.21659
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy*, *20*(2), 94–103. doi:10.1002/j.1467-8438.1999.tb00363.x
- Cicchetti, D., & Rogosh, F. A. (2012). Gene by environment interaction and resilience: Effects of child Maltreatment and Serotonin, Corticotrophin Releasing Hormone, Dopamine, and

- Oxytocin genes. *Developmental Psychopathology*, 24(2), 411–427. Doi: 10.1017/S0954579412000077
- Clark, M. A., O'Neal, C. W., Conley, K. M., & Mancini, J. A. (2003). Resilient family processes, personal reintegration, and subjective well-being outcomes for military personnel and their family members. *American Journal of Orthopsychiatry*, 88(1), 99–111. doi:10.1037/ort0000278
- Coatsworth, J. D. (2019). Complex interventions for complex families. In A. Žižak, I. Maurović, & I. Borić (Eds.), *Knjiga sažetaka i radova. Završna konferencija projekta FamResPlan* (pp. 39–55). Zagreb: Edukacijsko - rehabilitacijski fakultet Sveučilišta u Zagrebu.
- Coatsworth, J. D., & Duncan, L. (2003). *Fostering resilience: A strengths-based approach to mental health. Publication Series*. Harrisburg, PA: PA CASSP Training and Technical Assistance Institute.
- Conger, R. D., & Conger, K. J. (2002). Resilience in Midwestern families: Selected findings from the first Decade of a Prospective, longitudinal study. *Journal of Marriage and Family*, 64(2), 361–373. doi:10.1111/j.1741-3737.2002.00361.x
- Cosco, T. D., Kaushal, A., Hardy, R., Richards, M., Kuh, D., & Stafford, M. (2017). Operationalizing resilience in longitudinal studies: A systematic review of methodological approaches. *Journal of Epidemiological Community Health*, 71(1), 98–104. doi:10.1136/jech-2015-206980
- Coyle, J. P. (2005). *An exploratory study of the nature of family resilience* (Doctoral dissertation). ProQuest. (AAT 3174146.)
- Dai, L., & Wang, L. (2015). Review of family functioning. *Open Journal of Social Sciences*, 3, 134–141. doi:10.4236/jss.2015.312014
- DeFrain, J. (2001). *Creating a strong family: why are families important?* University of Nebraska Cooperative Extension. NFO1-486. Retrieved from <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1338&context=extensionhist>
- DeHaan, L. G., Hawley, D. R., & Deal, J. E. (2013). Operationalizing family resilience as process: Proposed methodological strategies. In D. S. Bevcar (Ed.), *Handbook of family resilience* (pp. 17–31). New York: Springer.
- DeHaan, L., Hawley, D. R., & Deal, J. E. (2002). Operationalizing family resilience: A methodological strategy. *American Journal of Family Therapy*, 30, 275–291. doi:10.1080/01926180290033439
- Egeland, B. (1991). A longitudinal study of high- risk families: Issues and findings. In R. H. Starr, & D. A. Wolfe (Eds.), *The effects of child abuse and neglect* (pp. 33–57). New York: The Guildford Press.
- Enns, R., Reddon, J., & McDonald, L. (1999). Indications of resilience among family members of people Admitted to a Psychiatric Facility. *Psychiatric Rehabilitation Journal*, 23, 127–136. doi:10.1037/h0095179
- Foster, C. E., Webster, M. C., Weissman, M. M., Pilowsky, D. J., Wickramaratne, P. J., Rush, A. J., ... King, C. A. (2008). Course and Severity of Maternal Depression: Associations with family functioning and child adjustment. *Journal of Youth and Adolescence*, 37(8), 906–916. doi:10.1007/s10964-007-9216-0
- Foucault, M. (1997). *The politics of truth*. New York, NY: Semibtext(e).
- Froh, J. (2004). The history of positive psychology: Truth to be Told. *NYS Psychologist*, 16(3), 18–20.
- Gauvin – Lepage, J., Lefebvre, H., & Malo, D. (2014). Family resilience: Defining concept from a humanistic perspective. *Interdisciplinary Journal of Family Studies*, XiX, 22–36.
- Greef, A. P., & Van der Walt, K. J. (2010). Resilience in families with an Autistic child. *Education and Training in Autism and Developmental Disabilities*, 45(3), 347–355.
- Greeff, A. P., & Holtzkamp, J. (2007). The Prevalence of resilience in Migrant families. *Family & Community Health*, 30, 189–200. doi:10.1097/01.FCH.0000277762.70031.44
- Gruene, T. (2017). *Vulnerability and resilience to stressful and traumatic events: Stressor Controllability, Sex differences and individual differences* (Doctoral Dissertation). Retrieved from <https://repository.library.northeastern.edu>
- Harms, P. D., Brady, L., Wood, D., & Silard, A. (2018). Resilience and well-being. In E. Diener, S. Oishi, & L. Tay (Eds.), *Handbook of well-being* (pp. 1–12). Salt Lake City, UT: DEF Publishers. doi: nobascholar.com

- Haugland, B. S. (2003). Paternal alcohol abuse: Relationship between child adjustment, parental characteristics, and family functioning. *Child Psychiatry & Human Development*, 34(2), 127–146. doi:10.1023/a:1027394024574
- Hawley, D. R. (2013). The Ramifications for Clinical practice of a focus on family resilience. In D. S. Bevcar (Ed.), *Handbook of family resilience* (pp. 31–49). New York: Springer. doi:10.1007/978-1-4614-3917-2_3
- Henry, C., Sheffield Morris, A., & Harrist, A. W. (2015). Family resilience: Moving into the third wave. *Family Relations*, 64(1), 22–43. doi:10.1111/fare.12106
- Hill, M., Stafford, A., Seaman, P., Ross, N., & Daniel, B. (2007). Parenting and resilience. Joseph Rowntree Foundation. University of Glasgow. Retrieved from <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf>
- Hjemdal, O., Aune, T., Reinfjell, T., Stiles, T. C., & Friborg, O. (2007). Resilience as a predictor of depressive symptoms: A correlational study with young adolescents. *Clinical Child Psychology and Psychiatry*, 12(1), 91–104. doi:10.1177/1359104507071062
- Janković, J. (2008). *Obitelj u fokusu*. Zagreb: Etcetera-d.o.o.
- Jonker, L., & Greeff, A. P. (2009). Resilience factors in families living with people with mental illnesses. *Journal of Community Psychology*, 37(7), 859–873. doi:10.1002/jcop.20337
- Khanlou, N., & Wray, R. (2014). A whole community approach toward child and youth resilience promotion: A review of resilience literature. *International Journal of Mental Health and Addiction*, 12(1), 64–79. doi:10.1007/s11469-013-9470-1
- Kim-Cohen, J., & Gold, A. L. (2009). Measured gene–environment interactions and mechanisms promoting resilient development. *Current Directions in Association for Psychological Science*, 18(3), 138–142. doi:10.1111/j.1467-8721.2009.01624.x
- Kumpfer, K. L. (1999). Factors and processes contributing to resilience. The resilience framework. In M. Glantz, & J. Johnson (Eds.), *Resilience and development: Positive life Adaptations* (pp. 179–224). New York: Kluwer Academic/Pienum Publishers.
- Larson, K., Russ, S. A., Crall, J. J., & Halfon, N. (2008). Influence of multiple social risks on children’s health. *Pediatrics*, 121(2), 337–344. doi:10.1542/peds.2007-0447
- Liebenberg, L., & Joubert, N. (2019). A comprehensive review of core resilience elements and indicators: Findings of relevance to children and youth. *International Journal of Child and Adolescent Resilience*, 6(1), 8–18.
- Liebenberg, L., & Ungar, M. (2009). Introduction: The challenges of researching resilience. In L. Liebenberg, & M. Ungar (Eds.), *Researching resilience* (pp. 3–25). Toronto: University of Toronto Press.
- Lietz, C. (2006). Uncovering stories of family resilience: A mixed methods study of resilient families, part 1. *Families in Society*, 87(4), 575–582. doi:10.1606/1044-3894.3573
- Lietz, C. A., & Strength, M. (2011). Stories of successful Reunification: A Narrative study of family resilience in child Welfare. *Families in Society: The Journal of Contemporary Social Services*, 92(2), 203–220. doi:10.1606/1044-3894.4102
- Lu, L. (1991). Daily hassles and mental health: A longitudinal study. *British Journal of Psychology*, 82(4), 441–447. doi:10.1111/j.2044-8295.1991.tb02411.x
- Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 7(3), 543–562. doi:10.1111/1467-8624.00164
- Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti, & D. J. Cohen (Eds.), *Developmental psychopathology: Risk, disorder and adaptation* (2nd ed., pp. 739–795). New York: Wiley.
- Masten, A. S. (2001). Ordinary Magic. Resilience process in development. *American Psychologist*, 56(3), 227–238. doi:10.1037/0003-066X.56.3.227
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23(2), 493–506. doi:10.1017/S0954579411000198
- Masten, A. S. (2014). Global Perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20. doi:10.1111/cdev.12205

- Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and Promise. *Journal of Family Therapy & Review*, 10(1), 12–31. doi:10.1111/jftr.12255
- Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *Children*, 5(7), 98. doi:10.3390/children5070098
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53(2), 205–220. doi:10.1037/0003-066X.53.2.205
- Masten, A. S., & Monn, A. R. (2015). Child and family resilience: A call for integrated science, practice and professional training. *Family Relations*, 64(1), 5–21. doi:10.1111/fare.12103
- Maurović, I. (2015). *Otpornost adolescenata u dječjim domovima (resilience of adolescents in children's homes)* (Doctoral dissertation). Retrieved from https://bib.irb.hr/datoteka/763806.Ivana_Maurovi_Otpornost_adolascenata_u_djejim_domovima.pdf
- McCubbin, H. I., & McCubbin, M. A. (1988). Typologies of resilient families: Emerging roles of social Class and Ethnicity. *Family Relations*, 37(3), 247–254. doi:10.2307/584557
- McCubbin, H. I., Thompson, A. I., & McCubbin, M. A. (1996). *Family assessment: Resiliency, coping and adaptation-inventories for research and practice*. Madison, WI: University of Wisconsin System.
- McCubbin, M., Balling, K., Possin, P., Friedrich, S., & Bryne, B. (2002). Family Resiliency in Childhood cancer. *Family Relations*, 51(2), 103–111. doi:10.1111/j.1741-3729.2002.00103.x
- McKenry, P. C., & Price, S. J. (2005). Families coping with change: A conceptual overview. In P. C. McKenry & S. J. Price (Eds.), *Families & change: Coping with stressful events and transitions* (3rd ed., pp. 1–24). Thousand Oaks, CA: Sage.
- Munford, R., & Sanders, J. (2016). Understanding service engagement: Young people's experience of service use. *Journal of Social Work*, 16(3), 283–302.
- Navrady, L. B., Zeng, Y., Clarke, T. K., Adams, M. J., Howard, D. M., Deary, I. J., & McIntosh, A. M. (2018). Genetic and environmental contributions to psychological resilience and coping. *Welcome Open Research*, 3(12), doi:10.12688/welcomeres.13854.1
- Nichols, W. C. (2013). Roads to understand family resilience: 1920 to the twenty-first century. In D. S. Bevcar (Ed.), *Handbook of family resilience* (pp. 3–16). New York: Springer. doi:10.1007/978-1-4614-3917-2_1
- Niitsu, K., Rice, M. J., Houfek, J. F., Stoltenberg, S. F., Kupzyk, K. A., & Barron, C. R. (2018). A systematic review of genetic influence on psychological resilience. *Biological Research for Nursing*, 21(1), 61–71. doi:10.1177/1099800418800396
- O' Dougherty Wright, M., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves on research of positive adaptation in the context of adversity. In S. Goldstein, & R. B. Brooks (Eds.), *Handbook of resilience in children* (2nd ed., pp. 15–37). New York, NY: Springer US.
- Oh, S., & Chang, S. J. (2014). Concept analysis: Family resilience. *Open Journal of Nursing*, 4(13), 980–990. doi:10.4236/ojn.2014.413105
- Olson, D. H., & Gorall, D. M. (2006). Faces IV & the Circumplex Model. Retrieved from <http://www.facesiv.com/pdf/3.innovations.pdf>
- Openshaw, K. P. (2011). *The relationship between family functioning, family resilience and quality of life among vocational rehabilitation clients* (Doctoral dissertation). Retrieved from <http://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=2084&context=etd>
- Orthner, D. K., Jones-Sanpei, H., & Williamson, S. (2004). The resilience and strengths of Low-income families. *Family Relations*, 53(2), 159–167. doi:10.1111/j.0022-2445.2004.00006.x
- Oshri, A., Lucier-Greer, M., O'Neal, C. W., Arnold, A. L., Mancini, J. A., & Ford, J. L. (2015). Adverse childhood experiences, family functioning, and resilience in military families: A pattern-based approach. *Family Relations*, 64(1), 44–63. doi:10.1111/fare.12108
- Patterson, J. M. (2002a). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, 64, 349–360. doi:10.1111/j.1741-3737.2002.00349.x
- Patterson, J. M. (2002b). Understanding family resilience. *Journal of Clinical Psychology*, 58(3), 233–246. doi:10.1002/jclp.10019

- Rutter, M. (1979). Maternal Deprivation, 1972-1978: New findings, New concepts, New approaches. *Child Development*, 50(2), 283-305. doi:10.2307/1129404
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21(2), 119-144. doi:10.1111/1467-6427.00108
- Rutter, M., Moffitt, T. E., & Caspi, A. (2006). Gene-environment interplay and psychopathology: Multiple varieties but real effects. *Journal of Child Psychology and Psychiatry*, 47(3-4), 226-261. doi:10.1111/j.1469-7610.2005.01557.x
- Sameroff, A. J., Bartko, W. T., Baldwin, A., Baldwin, C., & Seifer, R. (1998). Family and social influences on the development of child competence. In M. Lewis, & C. Feiring (Eds.), *Families, risk, and Competence* (pp. 161-183). Mahwah, NJ: Erlbaum. doi:10.1007/978-1-4615-4163-9_2
- Sixby, M. T. (2005). *Development of the family resilience assessment Scale to identify family resilience constructs* (Doctoral dissertation). Retrieved from: <http://ufdc.ufl.edu/UFE0012882/00001>. Visited 10.1.2016
- Svavarsdottir, E. K., Rayens, M. K., & McCubbin, M. (2005). Predictors of adaptation in Icelandic and American families of young children With chronic Asthma. *Family & Community Health: The Journal of Health Promotion & Maintenance*, 28(4), 338-350. doi:10.1177/1066480705278724
- Tajalli, P., Sobhi, A., & Ganbaripanah, A. (2010). The relationship between daily hassles and social support on mental health of university students. *Procedia Social and Behavioral Sciences*, 5, 99-103. doi:10.1016/j.sbspro.2010.07.058
- Taylor, S. D. (2013). *Family resilience model of behavioural health for low - income ethnic minority families* (Doctoral dissertation). Retrieved from: <http://scholarsrepository.llu.edu/cgi/viewcontent.cgi?article=1154&context=etd>
- Theron, L., Liebenberg, L., & Ungar, M. (2014). *Youth resilience and culture: Commonalities and complexities*. New York: Springer. doi:10.1007/978-94-017-9415-2
- Trentacosta, C. J., Hyde, L. W., Shaw, D. S., Dishion, T. J., Gardner, F., & Wilson, M. (2008). The relations among cumulative risk, parenting, and behavioral problems during early childhood. *Journal of Child Psychology and Psychiatry*, 49(11), 1211-1219. doi:10.1111/j.1469-7610.2008.01941.x
- Ungar, M. (2004). *Nurturing hidden resilience in troubled youth*. Toronto: University of Toronto Press.
- Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in contexts of adversity. *Ecology and Society*, 23(4), 34. doi:10.5751/ES-10385-230434
- Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed Methods: Construction of the child and youth resilience measure. *Journal of Multiple Methods in Research*, 5(2), 126-149. doi:10.1177/1558689811400607
- Ungar, M., & Theron, L. (2019). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *The Lancet*, doi:10.1016/S2215-0366(19)30434-1
- Van Breda, A. D. P. (2001). *Resilience theory: Literature review*. Pretoria, South Africa: South African Military Health Service. Retrieved from http://www.vanbreda.org/adrian/resilience/resilience_theory_review.pdf
- Van Breda, A. D. P. (2018). A critical review of resilience theory and its relevance for social work. *Social Work/Maatskaplike Werk*, 54(1), doi:10.15270/54-1-611
- VanderPlaat, M. (2016). Activating the sociological imagination to explore the boundaries of resilience research and practice. *School Psychology International*, 37(2), 189-203. doi:10.1177/0143034315615938
- Vandsburger, E., & Biggerstaff, M. A. (2004). Evaluation of the stress adjustment and adaptation model among families Reporting economic Pressure. *Journal of Family Social Work*, 8(2), 65-84. doi:10.1300/J039v08n02_04
- Von Bertalanffy, L. (1968). *General system theory. Foundations, development, Applications*. New York: Gworge Brazzler.
- Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford Press.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18. doi:10.1111/j.1545-5300.2003.00001.x

- Walsh, F. (2012). Family resilience: Strengths forged through adversity. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (pp. 399–427). New York: The Guilford Press.
- Walsh, F. (2013). Community – based practice applications of a family resilience framework. In D. S. Becvar (Ed.), *Handbook of family resilience* (pp. 65–82). New York: Springer. doi:10.1007/978-1-4614-3917-2_5
- Werner, E. E. (1994). Overcoming the odds. *Journal of Developmental and Behavioral Pediatrics*, 15(2), 131–136. doi:10.1097/00004703-199404000-00012
- Werner, E. E. (2011). Protective factors and individual resilience. In J. P. Shonkoff, & S. J. Meisels (Eds.), *Handbook of early Childhood Intervention* (pp. 11–132). Cambridge: Cambridge University Press.
- Wilmoth, J. D., & Smyser, S. (2009). The ABC-X model of family stress in the book of Philippines. *Journal of Psychology and Theology*, 37(3), 155–162. doi:10.1177/009164710903700301
- Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, 21(2), 152–169. doi:10.1017/S095925981000042