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VARIED PATTERNS OF FAMILY RESILIENCE IN CHALLENGING CONTEXTS

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While we know much about patterns of family resilience, most of our research and clinical discussion has focused on microsystemic, intrafamilial protective processes. We have far fewer maps of the bidirectional interactions between families and other systems that contribute to successful family adaptation in challenging contexts. The purpose of this article is to address this gap in knowledge and present a map of family resilience that is both systemic and contextually and culturally responsive. Seven specific patterns of family resilience are reviewed. Combined, they account for the varied adaptational patterns families use to nurture and sustain resilience. The article concludes with reflection on how we can assess family resilience and the application of this map to family therapy.

While there are many excellent descriptions of well-functioning families and the protective processes that facilitate their intrafamilial communication (e.g., Antonovsky & Sourani, 1988; Becvar, 2013; Boss, 2013; Walsh, 2003), there are far fewer maps of the diverse patterns of adaptive coping families use when interacting with other larger systems. Bronfenbrenner (1979; Bronfenbrenner & Morris, 2006) model of human ecology, for example, showed that systems such as families, schools, governments, and cultural groups react to one another in reciprocal processes of change that adapt over time (Rosa & Tudge, 2013). For an individual family, that means that the coping strategies it has available will be influenced by the capacity of other systems to adapt themselves to accommodate the family's needs (Falicov, 2007; McGoldrick, 1998).

Given all the possible ways that families do cope under stress, it is not surprising that families demonstrate varied adaptational patterns in challenging environments (Walsh, 2012a). The challenge, however, is to map the multiple patterns of coping families use and to organize them in a way that shows both their common and distinct elements across different contexts and cultures. Unconventional as it is, I will build on the extensive body of resilience research that has studied interactions between individuals and larger systems (e.g., Bonanno & Mancini, 2012; Luthar, 2006; Masten, 2001; Rutter, 1987) to develop a map of family resilience. My assumption is that patterns that are observable at the level of individuals interacting with the multiple systems that surround them are similar to those of families when they interact with larger systems to nurture and sustain their resilience as a system. Studies of community resilience could also have been used to build this map, though to date, there is little consensus regarding a comprehensive map that can unify our understanding of resilience and systemic interactions. Models of community resilience that are emerging have tended to be contextually specific or relevant to a particular type of stressor such as a natural disaster, war, or aging (Hall & Zautra, 2010; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008).

This synchronicity between individual patterns of resilience and those of families is not, however, perfect. Studies of individual resilience lack attention to the reciprocal, mutually dependent systemic processes associated with positive development under stress. As individuals change, so too do the systems that surround them and vice versa. A map of family resilience should, therefore,

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emphasize not just the adaptation of families to their environments, but also the capacity of their environments to change and respond better to the needs of families.

Family resilience can be defined as a multilevel process of interaction between families and other systems in complex or challenging environments that facilitates a family's capacity to cope with adversity over time. This broad socioecological understanding of resilience (Ungar, 2011) is adding layers of complexity to Walsh (2006, 2013) ground-breaking work on the intrafamilial patterns of behavior (the sharing of beliefs, the organization of tasks, and communication and problem-solving patterns) that contribute to positive coping of families under stress. A growing body of research has shown that in contexts of adversity, a family's well-being depends on both how well the family as a system accesses the resources it needs to sustain itself and grow and how well other systems change to meet the needs of families (Hawley & DeHann, 1996; Landau, Mittal, & Wieling, 2008; Madsen, 2009; McCubbin & McCubbin, 2013; Ungar, 2010; Ungar, Ghazinour, & Richter, 2013). For example, a family may protect itself from the negative influence of racism or violence by encouraging healthy communication among its members, by reinforcing behaviors that keep individuals safe (Hernandez-Wolfe, 2013; Hollingsworth, 2013), or by interacting with other systems like networks of social support (Behrman, 2013) and formal government agencies such as child protection services (Madsen & Gillespie, 2014). These interactions between systems have the most positive impact on a family's ability to withstand stress (its resilience) when broader systems are willing and able to adapt themselves to a family's needs and make resources available in culturally appropriate ways (Kirmayer, Dandenau, Marshall, Phillips, & Williamson, 2011).

This article provides a map of these systemic interactions that influence family resilience. It explains the functional equivalence of varied adaptational patterns families use to cope in contexts where the resources they need are more or less available.

VARIED ADAPTATIONAL PATTERNS AND RESILIENCE

Definitions of family resilience as a systemic process share a detailed assessment of the following: (1) the family's level of risk exposure (there must be adversity if good coping strategies are to be labeled as resilience); (2) the quality of the family's microsystemic processes such as their communication patterns and collective attribution style; (3) the quality of the family's mesosystemic (e.g., with other systems like schools and workplaces), exosystemic (e.g., social policies and broader institutions like the courts), and macrosystemic (e.g., systems of cultural values and beliefs) interactions; and (4) the capacity of the physical and social ecology surrounding the family to respond to a family's needs in ways that are culturally relevant to their experience of well-being. How a family shows resilience will therefore always depend on the opportunities available in its environment and whether these provide socially desirable or socially undesirable possibilities for adaptation.

For example, in their detailed review of the impact of caring for an elderly adult family member with health and behavioral issues on both the family as a whole and the family's individual members, Windle and Bennet (2012) showed that families are typically exposed to financial strains and emotional isolation. Families that showed resilience, however, had members who had a positive attitude toward their role as caregivers and family rituals that maintained the family's sense of predictable calm (microsystemic processes). These successful families also engaged as a cohesive system with a network of informal and formal supports that included friends and service providers (mesosystemic processes). They were also likely to experience social validation for their efforts to keep a family member at home (a macrosystemic process) and live in communities where social policies were in place that required government agencies to provide caregivers with direct support (an exosystemic process).

Controversially, even patterns of coping that appear to be less socially desirable may still temporarily enhance a family's resilience when the environment that surrounds that family provides no other reasonable alternative to successful coping. An Aboriginal parent, for example, who suffered abuse during her forced placement at a residential school, may cope with the lingering untreated trauma of that abuse by encouraging her child to leave school early if she perceives formal education to be a threat to the child's well-being (Baskin, 2012). In these contexts, we must exercise caution before pathologizing the parent–child dyad and its meso-systemic interactions, even though they appear to outsiders to be dysfunctional. The mother–son alliance against the

school should be seen as part of a collective narrative of family preservation that is psychologically protective in a particular sociohistorical context (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2012). Put simply, research shows that families are likely to adapt as best they can to stressors in different contexts and cultures in a multitude of different ways over time depending on the resources available to them (Schoon, 2006; Ungar, Liebenberg, Landry, & Ikeda, 2012; Weine, Levin, Hakizimana, & Kahnweih, 2012).

Are there, then, common patterns to resilience shown by families? How does a family's social and physical ecology influence which pattern is chosen? Any map of family resilience must account for at least two different aspects of a family's process of adaptation. First, it needs to represent the different ways families respond to crises and how they optimize their well-being as a system. In other words, over time, what do resilient families look like? Second, a good map should also show the multiple systems that influence a family's pattern of coping. All resilient families do not look the same because the complex systems with which they interact demand of them different patterns of accommodation and change.

A MAP OF FAMILY RESILIENCE

Figure 1 illustrates seven patterns of family resilience where there is evidence of interactions between systems at multiple levels. The seven patterns that appear repeatedly in the resilience literature are posttraumatic growth, minimal impact resilience, unaffected coping, recovery, avoidant behavior, hidden resilience, and maladaptive coping (all are described in more depth below). The design of the map, with its tracking of highs and lows in adaptation over time and its multifinality, is very similar to maps that have been developed to account for individual resilience (Masten & Wright, 2010) and the resilience of community systems (Murray & Zautra, 2012). Unique, however, is the inclusion of suboptimal patterns of resilience such as avoidant behaviors, hidden (culturally distinct) resilience, and maladaptive coping. These patterns of resilience can only be understood as adaptive when one is sensitive to the following: (1) the access family systems have to resources from other systems that influence the patterns of coping that are possible; (2) the social discourses that define what is and what is not a pattern of resilience across cultures and contexts; and (3) the timing of these patterns of resilience, meaning they are susceptible to changes in the durability of the stressors a family experiences, the family's development phase, and the sociohistorical period in which the family lives.

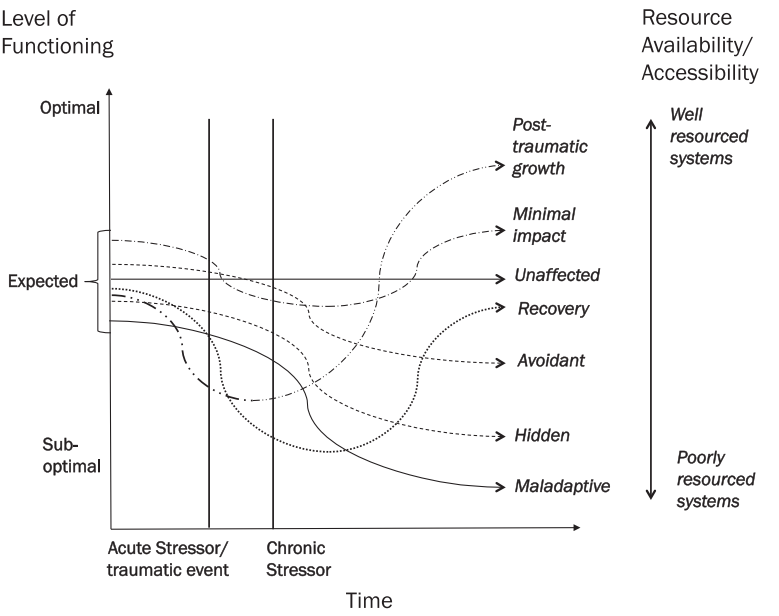

Figure 1. Patterns of family resilience in challenging contexts.

Figure 1 should not, however, be taken as a definitive map of all possible patterns of family resilience. Instead, Figure 1 shows that as the availability of resources (e.g., social justice, networks of social support, commonly held culture-based values that promote positive adaptation) changes so too does a family's pattern of resilience. The seven patterns that are displayed are portrayed as fixed pathways for the purpose of illustration only. Research shows that as a family system changes its interactions with other systems, a family's pattern of coping will change too, jumping from one pattern of resilience to another to take advantage of resources as they become available.

Pattern 1: Posttraumatic Growth

Like all seven patterns of family resilience, the most abundant support for the experience of posttraumatic growth comes from studies of individuals interacting with the systems that surround them. Posttraumatic growth was first identified as a desirable pattern of adaptation through which individuals learn from their experience of adversity and exceed expectations in regard to future functioning (Tedeschi & Calhoun, 2004). This growth is highly sensitive to a variety of systemic factors. There must, for example, be sufficient resources in an individual's environment to provide her or him with opportunities to live well after exposure to trauma.

Posttraumatic growth is, therefore, controversial when it results in individuals using cognitive strategies to minimize the negative impact of their lived experience or overlook the potential consequences of that experience on others who continue to be exposed to preventable adverse events like racism or war (Bonanno & Mancini, 2012). Likewise, contextualized studies of posttraumatic growth, such as those from Israel (Hobfoll et al., 2007), have shown that attempting to draw benefits cognitively from prolonged exposure to community violence and terrorism can be counterproductive to individual well-being unless cognitions accompany action (systemic change in one's community or life circumstances).

Despite these cautions, there is evidence that families, too, can achieve posttraumatic growth as a system. One example is research on family functioning following the 2011 Slave Lake wildfires in Northern Alberta, Canada (Botey & Kulig, 2013). That research showed that many families recovered reasonably well after the near total destruction of their community. Many families also committed themselves to achieving important life goals, set new priorities, established new routines, changed attitudes toward life for the better, changed within family patterns of communication, changed the quality of their family–community interactions, and developed new values and perceptions of what they needed to experience well-being. These changes occurred in a context of significant psychological and physical challenge. In many instances, families were forced to adapt to the added stress of living in motel units and homeschooling their children for many months. While the study's participants reported that some families were struggling to remain cohesive, none of those who were interviewed described their own family in such negative terms. Tragic events were reported as stressful, but also as opportunities to build their capacity as a family system.

The same pattern may occur in very different contexts. For example, families who are caregivers to children with challenging behaviors related to intellectual and developmental problems report experiencing themselves as more capable than they had thought themselves to be before the birth of the child (Davies & Honeyman, 2013). American military spouses whose husbands or wives were deployed overseas reported increased appreciation for the work their partners do and improved communication patterns between all family members despite the family's increased exposure to stressors that accompanies long-term deployment (Anderson, Amanor-Boadu, Stith, & Foster, 2013). Likewise, being investigated for child abuse may result in a family being referred for interventions that they would not otherwise have been able to access. Though it occurs as the result of a crisis, involvement with service providers may help a family grow their interpersonal and extrafamilial resources (Melo & Alarcão, 2013).

Minimal Impact Resilience

Another pattern of resilience first identified in studies of individuals, with evidence in the research on families as well, is the concept of minimal impact resilience. Minimal impact resilience is typically observed when individuals or systems are exposed to potentially traumatizing events (PTE) that are acute but still produce "little or no lasting impact on functioning and a relatively stable trajectory of continuous healthy adjustment from before to after the PTE" (Bonanno &

Diminich, 2013, p. 380). Impact is assessed to be relatively low when there is no measurable dysfunction and benchmarks of positive coping like a child remaining engaged at school and attachments between children and caregivers are achieved. Where there is minor disruption in functioning, the concept of minimal impact resilience suggests that a large percentage of a population will tend to recover quickly and without intervention when exo- and macrosystems are sufficiently well resourced to meet the needs of individual and family microsystems.

Families can therefore often show patterns of minimal impact resilience. For example, a study of 61 family members who were supporting a relative with a severe traumatic brain or spinal cord injury reported mostly positive affect and low caregiver burden when they had access to the resources they required to look after themselves while they provided care to their family member (Simpson & Jones, 2012). Positive attitudes toward the stress of caregiver burden seemed to be influenced by the individual's interaction with extended family and other social supports. The more caregivers were validated by their extended families for their contributions to the well-being of their family member with a disability, the less the caregiver experienced individual stress.

This pattern of adaptation is fairly common in the literature, with research showing that families function reasonably well after potentially traumatizing events when there is extrafamilial capacity to respond to the needs of the family as a whole. In a very different context, and with a very different population than discussed in the examples above, it has been shown that a surprisingly large number of youth with experience as child soldiers in Sierra Leone showed little impact from their time as soldiers, or improved their functioning and lessened symptoms quickly, if they reengaged with their family and community systems immediately after being demobilized (e.g., they moved back in with family members; they found a meaningful role in their community). Formal interventions from professional helpers to deal with the trauma associated with a child's exposure to war were seldom necessary when former child soldiers received both instrumental support and social acceptance from within their family or other significant members of their social networks (Betancourt, McBain, Newnham, & Brennan, 2013).

Unaffected

An "unaffected" pattern is similar to that of minimal impact, though tends to be an artifact of research design and measurement. Individuals or families are assumed to be unaffected by stressors if they do not develop symptoms associated with mental disorder or dysfunction following exposure to acute and chronic stressors like a parent's depression (Erdem & Slesnick, 2010). Researchers use measures of problem behaviors or psychopathology and report a finding of resilience if study participants appear to function "normally". Typically, these studies do not measure positive aspects of healthy functioning, such as family cohesion, optimism, or a person's meaningful involvement in her community.

Studies of family resilience have been known to show this same measurement bias, assessing families on their level of dysfunction under stress and labeling families that show no signs of disorder as resilient. For example, Coleman, Ganong, and Russell (2013) show through their review of studies of stepfamilies and remarriage a bias in the literature toward problem-oriented case discussions. A "deficit-comparison approach" to the study of stepfamilies focuses on measuring to what degree stepfamilies exhibit problems related to the structural, interpersonal, and social risks they face (see, for example, Coleman, Ganong, & Fine, 2000 for a review). When no such problem behaviors are present, and the family appears to be functioning like families that have not experienced a marriage breakdown, there is an assumption the family is coping well.

Recovery

More typical of studies of resilience are patterns of recovery where there is a perturbation in the individual–environment or family–environment interaction. An individual or family system becomes burdened enough to cause it to experience a significant decrease in functioning following a crisis. Once again, turning to studies of individuals where the bulk of this research has taken place, we observe that under stress, problems coping may be quite normal and expected if there is a lack of support from larger systems (e.g., the loss of a job or death of a spouse is not addressed by extended family or social welfare systems). Without systemic responses to individual problems, the burden on an individual will likely be sufficient to overwhelm the capacity of her or his resources

to buffer the impact of the stress (Hobfoll, 2011). Depending on both a system's strengths and the challenges posed by the surrounding environment, the period of decline may be short or long. Recovery, or bouncing back, occurs when systems reestablish a pattern of functioning that is almost as good as before the crisis, or an alternate pattern of coping that is useful for handling future crises (Betancourt, 2012). It has been suggested, however, that systems (whether individuals or families) rarely, if ever, return to the same baseline, but are changed by their exposure to adversity resulting in a new baseline that may be either higher or lower than the original (Masten & Wright, 2010). Furthermore, the systems that respond to individuals and families may also transform to better meet the needs of those in crisis.

The most common studies of individual resilience that include a family systems perspective in their design are those that record patterns of recovery. For example, among young people who identify as lesbian, gay, bisexual, or transsexual, and who have attempted suicide in the past year, a family's ability to accommodate the needs of their child is most likely to predict the child's recovery (Mustanksi & Liu, 2013). Likewise, African American boys show fewer of the internalizing behaviors that are associated with later delinquency when they experience a positive family environment that has the capacity for structure and attachments that meet children's psychological needs (Brown, Barbarin, & Scott, 2013). These patterns of individual recovery from stress provide good evidence that families as systems facilitate the well-being of individual family members and the individual's return to normative levels of functioning (those behaviors defined as normal by the young person's family, community, or culture).

This research, however, does not typically focus on the family as a whole, but instead looks at an individual's resilience as a consequence of more resilient family interactional patterns. For example, a 21-year cohort study by Fergusson and Horwood (2003) of children raised in contexts of adversity (parental addictions and poverty) showed that individual child coping was more likely to occur when there was a strong attachment to a parent. In examples like this, the family is treated as an independent variable whose influence is on the individual but not the reverse.

Other research, however, shows that family systems as a whole follow this same pattern of recovery when the systems around them facilitate positive development and a return to normal (culturally relevant) functioning. Stepfamilies can function as well as families where there has been no divorce (Coleman et al., 2013), children exposed to domestic violence tend to recover and function as well as their peers when interventions with the child and the child's family make the child safe (Jenny & Alaggia, 2012), and Aboriginal children who have experienced systemic marginalization and family neglect can overcome traumatic histories through engagement in cultural practices and the building of a network of supportive relationships in their community (Baskin, 2012; Ledogar & Fleming, 2008).

Avoidant

The next three patterns in Figure 1 have sometimes been confused with vulnerability when they are studied in isolation from the capacity of larger systems to meet the needs of individuals and families. Avoidant strategies, for example, may be protective in contexts where exposure to a toxic environment is unavoidable. To illustrate, while a child's emotional withdrawal from a caregiver can be a symptom of a disordered family communication pattern in a less threatening environment, it has been shown to be a protective process among children exposed to chronic abuse at home and other forms of violence (Obradović, Bush, Stamperdahl, Adler, & Boyce, 2010).

Family systems also show avoidant adaptive patterns that are experienced as protective. Though seldom referred to as avoidant behavior, there is evidence that when family members collude to do whatever they can to not engage in difficult conversations about past traumas, the result can be a more resilient family system that experiences less conflict and greater cohesion. For example, in a study of second and third generation children of survivors of the Holocaust, Giladi and Bell (2012) found that the more children showed a differentiated self in their relationships with their parents and grandparents (avoiding conversations about their parents' experiences during the Holocaust), the less likely the children were to experience secondary trauma. In this case, the children used the avoidance of closeness as an effective adaptive strategy that maintained both their individual sense of well-being and the functioning of the family as a cohesive system. When effective, children's avoidant strategies also resulted in a changed family system. Parents and

grandparents responded appropriately to cues that certain conversations were unwelcomed. This pattern of differentiation did not necessarily result in dysfunctional family interaction. Many of these same study participants reported satisfactory communication patterns among family members even while they avoided closeness with older generations that had the potential to expose them to historical trauma.

Hidden Resilience

Hidden resilience is any pattern of coping that is culturally or contextually embedded and therefore often overlooked or judged harshly by outsiders (Ungar, 2004). For example, borrowing examples of hidden resilience from studies of individuals, we know that contextual factors can have an impact on girls' aggression. Externalizing behavior may be an intelligible, albeit unsustainable, reaction to marginalization and misogyny (Hine & Welford, 2012). Likewise, binge-drinking among adolescent boys may function as a rite of passage when socially acceptable alternatives are not facilitated by larger systems like the boys' schools or religious organizations (Ziervogel, Ahmed, Fisher, & Robertson, 1997); refusal to engage with service providers (resistance to treatment) may be protective when the interventions that are provided by service delivery systems fail to meet the needs of marginalized individuals (Ungar, 2004).

Family resilience also shows a similar pattern of hidden, or atypical social behaviors. For example, after discharge from residential treatment, a number of children and the family systems which reject them both do better and show greater resilience if the children do not return to their families of origin (Jones, 2012). Families with a child diagnosed with severe conduct disorder and whose child is placed in residential care for treatment may resist reunification after treatment as a way of protecting the family's improved functioning and ensuring that service providers continue to support the child (Frensch & Cameron, 2002). In such cases, a family's nonnormative coping strategy (abandoning their child to a system of care) may be protective when the child's return home would place a significant emotional burden on other family members and put the family as a system at risk.

Similarly, atypical patterns of coping like the parentification of a child, resistance to acculturation among immigrants, intergenerational responses to racism that encourage children to exclude themselves from the practices of the dominant culture, and child labor that is sanctioned by a family are all contextually specific adaptations that families and their children make to cope successfully in toxic social ecologies (Kuperminc, Wilkins, Jurkovic, & Perilla, 2013; Liborio & Ungar, 2010; Van Parys, Bonnewyn, Hooghe, De Mol, & Rober, 2014).

Maladaptive Coping

Maladaptive coping appears among individuals as a lack of self-regulation, delinquency, and even violence that can, under special circumstances, bring with it a type of resilience (Gilgun & Abrams, 2005). In a context where larger systems block access to prosocial means for adaptation, a less attractive but potentially functional alternative for survival can be internalizing or externalizing behaviors that bring with them access to much needed resources. For example, gang involvement may solve problems of safety, provide economic security, and resist racial marginalization in contexts where there is a real threat to individuals or individuals have significant challenges (e.g., a learning disorder) that prevent them from achieving success at school or finding work (Thornberry, Krohn, Lizotte, Smith, & Tobin, 2006). In cases like this, the gang functions much like an extended family system, or a network of social support. Likewise, and with full acknowledgement of how controversial this can be, a teenage girl may be more resilient if she becomes pregnant as a rite of passage to adulthood and uses her role as a parent to find a powerful identity within her family system (and sustain her sense of life purpose and well-being) in a context where she perceives no other opportunities for success (Flanagan, 1998).

Just as maladaptive behavior among individuals can, in rare circumstances, make an individual better able to cope temporarily with adversity, maladaptive patterns of coping among family systems can be an unconventional pattern of resilience when other socially desirable patterns are inaccessible. For example, at what point does a family's maladaptive involvement in criminal activity make sense if other socially acceptable alternatives for financial security or social status are not available (Farrington, Jolliffe, Loeber, Stouthamer-Loeber, & Kalb, 2001)? When is a young

person's running away a pathway to resilience and a maladaptive (but successful) response to a parent's severe depression and neglect (Erdem & Slesnick, 2010)? In each of these examples, the family system shows a set of values and patterns of enmeshment or disengagement that compensates for the problems they face getting larger systems to meet their needs. When larger systems change their social policies or provide new services to families, it is quite likely families will leave behind maladaptive coping strategies and choose other patterns of resilience. In this case, the locus for change is not the family, but the broader systems that must adapt to facilitate a family's access to contextually and culturally relevant supports.

The difference between hidden and maladaptive resilience is a matter of discursive power. Whether a pattern of coping will be seen as an indication of contextually specific hidden resilience (and accepted socially by a marginalized population) or seen as maladaptive but necessary depends on the discursive power of an individual or family to convince others that they are doing the best they can with the resources they have available.

THREE CONSIDERATIONS

There are at least three important considerations when analyzing which of the seven adaptive patterns an individual or family uses to develop and maintain resilience: environmental load, discursive power, and timing.

Environmental Load

A family's capacity to follow one or more of the patterns of resilience described in Figure 1 depends on its level of exposure to stressors in its environment; its environmental load (Hobfoll, 2011; Ungar et al., 2013). The environmental load may appear as normative horizontal stressors that are expected to occur throughout the course of the family's lifecycle (e.g., the death of a parent) or nonnormative stressors that are acute or chronic episodes of atypical exposure to stress (e.g., a car accident and subsequent disability of a child) (Carter & McGoldrick, 1989). Likewise, the burden posed to a family may be chronic, acute, severe, or benign.

Systemically speaking, we do not yet understand why one pattern of family resilience is more likely to occur than another, though we know that cultural groups develop contextually specific strategies to cope with different environmental loads (see, for example, Hernandez-Wolfe, 2013). Depending on the level of risk exposure, different coping strategies may be preferred (or required) by different systems. The extent to which a family experiences social justice will, therefore, influence which coping strategies it can reasonably use. This is illustrated well in Turner and Simmons' (2006) study of refugee families in Toronto. Patterns of resistance to oppressive conditions helped families to secure the resources they needed to work and keep their families healthy and safe. A coping strategy like resistance would, of course, be less typical of families whose needs are better met by larger systems. In other words, change the environment around a family to ensure it is treated more equitably and the need for certain patterns of interaction within and between systems may also change.

For this reason, and in contexts where there is substantial exposure to adversity, it matters as much, and oftentimes more, the way families are treated by their communities than the quality of their own microsystemic processes (Ungar, 2011). For example, racially and economically marginalized immigrant families that must live at a great distance from their places of work put their children at risk when the children are left unmonitored or must take on the role of caregiver to younger siblings (Yoshikawa & Kalil, 2010). If housing was made more affordable closer to the service industry jobs that employ many immigrants in large cities, it is reasonable to assume that the cumulative negative impact of normative and nonnormative stressors would be minimized and communication patterns between family members improved.

Another illustration of this same need to consider social–ecological factors in a family's ability to recover from stress is described by Weine et al. (2005) who collaborated with local healthcare providers in postwar Kosovo to develop an integrated model for family-based care of adults with severe mental illness. Rather than intervening exclusively at the level of family systems, their focus was on changes at the mesosystemic (institutional) level first. Professionals modified the way they resourced families, helping caregivers become more competent in their care of loved ones. Families responded by adapting their patterns of communication and the patient management strategies

they used in their own homes. These more proximal adaptations were, however, simply a consequence of systemic changes in how formal and informal care systems communicated. In other words, the primary locus of change was at the institutional level which, in turn, was a catalyst for change (recovery) at the level of the family system.

Discursive Power

The second consideration when understanding patterns of family resilience is how much power the family has to influence the social discourse that defines their coping strategies as patterns that maintain well-being rather than symptoms of disorder. For example, to what extent can a family's closeness (a pattern that may look like enmeshment during therapy) act as a protective process when the family's community is extremely dangerous? Studies of resilience across cultures and contexts show that any observable interactional pattern that is defined as evidence of resilience always reflects the social construction of what is assumed to be normal and healthy functioning for a particular context and culture (Ungar, 2012; Walsh, 2012b).

Even something as simple as the way we conduct research on families can mistakenly construct a family's structure as problematic and overlook protective processes associated with resilience. Georgas (2006), a cross-cultural psychologist, has argued that door-to-door surveys of families create a bias toward the nuclear family as the most functional family structure. When researchers encounter a sole parent at home, they are unlikely to ask if there is a tightly knit kin network that lives nearby. Often, these kin share responsibility for child rearing, a condition common in many countries. If the assumption is that being a sole parent family is a risk factor because there is a lack of adult supports inside the home, researchers are likely to overlook contextually specific factors associated with resilience. When this occurs, our social discourse privileges one type of family, or one set of coping strategies, as better than another.

The meanings attached to stressors (Are they serious or benign?) and the family's attributions of causality (Were they preventable, and by whom?) when crises occur are also reflections of a family's discursive power. Families share unequally in the social discourses that define their experiences as either to their benefit or to their disadvantage, just as their attributions of causality reflect social norms, national values, gendered expectations of roles, and other influences on the discursive power and privilege of families (Madsen, 2009; Platt & Laszloffy, 2013).

Timing

Adaptive strategies associated with resilience reflect three dimensions of time. First, adaptive strategies may be different when they are responding to either an acute or chronic stressor. A stressor that is unexpected (e.g., sudden infant death), or gradually building to a crisis (industrial layoffs leading to a family having to relocate for work), will be more or less under the control of a family and require different coping strategies. Second, adaptive strategies respond to the developmental phase of the family. A strategy to promote resilience like encouraging family cohesion may work well when a family's children are preadolescent but impede social development if children cannot engage with their community on their own as they prepare to leave home (Arnett, 2004). Third, patterns of resilience reflect the sociohistorical period during which a family lives (Schoon, 2006). Children who leave school before graduating and move out on their own may not be disadvantaged when an economy is booming, and there is a need for unskilled labor. Those same children, though, may experience long-term economic fragility and dependence on caregivers into their adult years if school-leaving occurs during an economic recession (Blustein, 1997).

ASSESSMENT AND INTERVENTION

Family therapists need to understand the meso-, exo-, and macrosystemic processes that influence which pattern of resilience is most viable given a family's environmental load (risk exposure and access to protective resources), discursive power (the power to influence access to resources and the social construction of what resilience looks likes), and timing (when different coping strategies are useful). Contextual and cultural sensitivity will also be needed to understand the way a family copes with adversity. Atypical patterns of coping may represent intelligible responses to socially unjust conditions that are barriers to families doing well (Ungar, 2015a).

There are excellent examples of how a family's resilience can be facilitated by interventions that account for specific contexts and cultures and the barriers and opportunities for adaptation found therein. For example, Ungar (2015b) provides the case example of a family therapist working on family reunification between a 16-year-old boy, Bryan, and his parents. The boy had left home and was residing in a shelter for homeless youth but refusing to return home because of his father's abusive behavior. By focusing on the potential resilience of the family system and the broader systems involved with the boy and his family, the therapist was able to negotiate a long-term placement in a transitional housing program for the boy without the boy having to sever all ties with his family. In this case, the parental subsystem denied responsibility for stopping the violence. Fortunately, the shelter was able to accommodate the boy's needs for educational support and training, housing, and family therapy. Even more important, the boy did not have to give up contact with his family to be in the shelter. He maintained a safe (albeit emotionally difficult) relationship with his mother while living outside the home. His initial pattern of maladaptive coping turned into a pattern of recovery as he resumed normal functioning (e.g., attending school) through the atypical use of a social service. Family therapy continued to strengthen the mother–son relationship and develop safety plans for the boy to have occasional visits home. Similar examples can be found in work by Madsen and Gillespie (2014) and Fraenkel (2006) where family therapists have worked closely with larger systems to help homeless families and families with histories of violence find new, more socially desirable ways to cope in contexts of adversity.

Beyond the work of family therapists in settings where families are seen one at a time, other approaches to building family resilience also reflect the adaptive capacity of larger systems to meet the needs of families in crisis. For example, a Parent Management Training Program for incarcerated parents in Oregon prisons showed positive changes among 161 incarcerated men and 198 incarcerated women (Eddy, Martinez, & Burraston, 2013). Ninety hours of instruction over 12 weeks prior to release improved significantly participants' adjustment to their role as parents, parent–caregiver relationships, and parenting practices. As this example demonstrates, a family's resilience is something that can be improved no matter how challenging the context.

CONCLUDING REMARKS

The study of family resilience has contributed a systemic understanding of the protective processes that influence positive development in contexts of adversity. Furthermore, multiple patterns of coping have been associated with family resilience. Applying the principle of varied adaptational patterns, it can be shown that there are many different coping strategies that families use to adapt successfully to complex intra- and extrafamilial stressors. While many of these patterns of resilience are socially desirable, coconstructed as evidence of successful adaptation, several patterns of family resilience may appear problematic. A map of family resilience should emphasize both contextual constraints on how families cope and the varied adaptational patterns they use. It should also reflect a socially just interpretation of resilience sensitive to contextual and cultural factors that shape the patterns of resilience families have available to them.

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