



Using theory to support a family resilience framework in practice

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Theory, research, and practice in social work are inescapably intertwined. Each can inform and enrich the others. As a clinical scholar, educator, and practitioner over the past three decades, I have endeavoured to integrate the three in the development of a family resilience framework to guide intervention and prevention efforts with families facing serious life challenges. I have also found it essential to bridge theory and research on 'normal' human development in the social sciences with preoccupations in the field of mental health on individual psychopathology and family deficits.

Early in my career I was drawn to the field of family therapy, which was just flowering in the late 1960s. It was refreshing to cast off deterministic theories of early childhood, maternal causality for individual problems. As we have come to realise, views of normality, health, and dysfunction are socially constructed, permeating all research and clinical transactions, assessments, and aims. Moreover, with social and economic transformations of recent decades, theory, research, and practice must be relevant to the growing cultural diversity and multiplicity of family kinship arrangements.

Systems-oriented family process research has provided empirical grounding to assess healthy family functioning (see Walsh, 2003b). Yet, family patterns differing from the norm are too often pathologised, particularly when distressed families seek help. Moreover, family typologies tend to be static and acontextual, offering a snapshot of intra-familial patterns without consideration of family challenges, resources, and socio-cultural influences. I thought the concept of resilience could be more relevant and valuable for practice. By definition, it involves strengths in the context of stress and is flexible in relation to varied life conditions. Over the past decade, I have developed a family resilience framework, building on collaborative, strengths-based practice approaches, that can take us to another level by tapping into a family's resources and potential to master their life challenges.

The concept of resilience

Resilience can be defined as the ability to withstand and rebound from disruptive life challenges, strengthened and more resourceful. Resilience involves dynamic processes that foster positive adaptation in the context of significant adversity (Luthar, Cicchetti, & Becker, 2000). It is a common misconception that resilience

means invulnerability; vulnerability is part of the human condition. Nor is resilience simply the ability to bounce back unscathed. Rather resilience involves struggling well, effectively working through and learning from adversity, and integrating the experience into the fabric of individual and shared life passage.

Resilience has become an important concept in mental health theory and research over the past two decades as studies challenged the prevailing deterministic assumption that traumatic experiences and prolonged adversity, especially in childhood, are inevitably damaging. Pioneering research by Rutter (1987), Werner (1993), and others found that many children who experienced multiple risk factors for serious dysfunction, such as parental mental illness, traumatic loss, or conditions of poverty, defied expectations and did remarkably well in life. Although many lives were shattered by adversity, others overcame similar high-risk conditions, able to lead loving and productive lives and to raise their children well. Studies found, for instance, that most abused children did not become abusive parents (Kaufman & Ziegler, 1987).

Clinicians often work with individuals and families who suffer from trauma who are overwhelmed by daunting challenges, and whose lives have been blocked from growth by multi-stress conditions. What makes the difference for those who rise above adversity?

Individual resilience in multi-systemic perspective

To account for these differences, early studies by child development scholars focused on

personality traits for resilience, or hardiness, reflecting the dominant cultural ethos of the “rugged individual” (Walsh, 1996). Influenced by psychoanalytic theory, resilience was assumed to be due to innate traits, or character armour, that made some children impervious to the damage of parental pathology. ‘The invulnerable child’ was likened to a ‘steel doll’ that would not break under stress (Anthony & Cohler, 1987). Theory limited the view of the family narrowly to the mother-child dyad. The contributing – or counterbalancing – influence of the father or other family members was

generally not assessed. In cases where there was a disturbed parent, scholars and practitioners dismissed the family as hopelessly dysfunctional and sought positive extra-familial resources to counter the negative impact. Thus, families were seen to contribute to risk but not to resilience.

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The work of Sir Michael Rutter (1987) led researchers toward a systemic perspective, recognising the complex interaction between nature and nurture in the emergence of resilience over time. As studies were extended to a wide range of adverse conditions – such as growing up in impoverished circumstances, dealing with chronic medical illness, being severely abused or neglected, or recovering from catastrophic life events, trauma, and loss – resilience came to be viewed in terms of an interplay of multiple risk and protective processes over time, involving individual, family, and larger socio-cultural influences. Individual vulnerability or the impact of stressful conditions could be outweighed by positive mediating environmental influences.

In a remarkable longitudinal study of resilience, Werner (1993; Werner & Smith, 1992) followed the lives of nearly 700 multi-cultural children of plantation workers living in poverty on the Hawaiian island of Kauai. By age 18, about two-thirds of the at-risk children had done poorly as predicted, with early pregnancy, needs for mental health services, or trouble in school or with the law. However, one-third of those at risk had developed into competent, caring, and confident young adults, with the capacity 'to work well, play well, and love well' as rated on a variety of measures. A strong, mentoring relationship, as with a coach or teacher, was a significant variable. In later follow-up studies through middle adulthood, almost all were still living successful lives, with stable relationships and employment. When hurricane Iniki devastated the island, fewer were traumatised compared to the general population, showing that overcoming early life adversity made them hardier, not more vulnerable, in the face of later life challenges.

Of note, several individuals who had been poorly functioning in adolescence turned their lives around in adulthood, most often crediting supportive relationships and religious involvement. Such findings counter deterministic assumptions that negative effects of early life trauma are irreversible. Rather, a developmental perspective is required, recognising the potential, despite a troubled childhood or adolescence, for human resilience to emerge across the life course. There are important implications for practice here. We must be cautious not to frame resilience as a static set of traits – some have it and others do

not – nor to label and dismiss those who are struggling at a particular time as 'not resilient'. This research affirms the potential throughout life, for those who have suffered to gain resilience and to turn their lives around.

Relational 'lifelines' for individual resilience

In my survey of over two decades of resilience research with varied populations and methodologies, the crucial influence of significant relationships stood out across studies. The resilience of individuals was nurtured by

bonds with kin, intimate partners, and mentors such as coaches and teachers, who supported their efforts, believed in their potential, and encouraged them to make the most of their lives.

In the practice field, the prevailing theoretical lens has blinded many to the family resources that can foster

resilience, even where a parent's functioning is seriously impaired. A family resilience perspective recognises parental strengths and potential alongside limitations. Furthermore, grounded in a systemic orientation, it looks beyond the parent-child dyad to consider broader influences in the kin network, from sibling bonds to couple relationships and extended family ties. An example of this wider family empowerment is the use of family decision-making processes in New Zealand child protection legislation, The Children, Young Persons and Their Families Act 1989. The family group conference, the key mechanism of family decision-making and empowerment within the legislation, addresses and resolves care and protection issues by bringing together and utilising the knowledge, resources and support

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of the wider family group. This approach fundamentally alters the deficit-based lens from viewing troubled parents and families as damaged and beyond repair, to seeing them as challenged by life's adversities with potential for fostering healing and growth in all members (Wolin & Wolin, 1993).

In the field of traumatology, researchers are increasingly shifting attention from post-traumatic stress disorder to better understand the resilience and post-traumatic growth experienced by many individuals in the aftermath of trauma events

(Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1996). Van der Kolk and colleagues have advanced a bio-psycho-social understanding of trauma, its treatment, and its prevention, including attention to variables that influence vulnerability, resilience, and the course of post-traumatic reactions (van der Kolk, McFarlane, and Weisaeth, 1996). The effects of trauma depend greatly on whether those wounded can seek comfort, reassurance, and safety with others. Strong connections, with trust that others will be there for them when needed, counteract feelings of insecurity, helplessness, and meaninglessness. Despite the groundbreaking work of Figley on the impact of catastrophic events on the family (Figley & McCubbin, 1983), only recently are approaches being developed to strengthen family and community resilience in response to major trauma (Walsh, 2007).

A family resilience orientation to practice seeks out and builds relational lifelines for resilience of the family unit and all members. It recognises

strengths and potential alongside vulnerabilities. A multi-systemic view expands focus to tap extended kin, community, and spiritual resources.

The concept of family resilience

The concept of family resilience extends beyond seeing individual family members as potential resources for individual resilience. It focuses on risk and resilience in the family as a functional unit (Walsh, 1996; 2003a). A basic premise in this systemic view is that serious crises and

persistent adversity have an impact on the whole family. In turn, key family processes mediate the recovery – or maladaptation – of all members and the family unit. The family response is crucial. Major stresses can derail the functioning of a family system, with ripple effects for all members and their relationships. Key processes in resilience enable the family system to rally in times of crisis, to buffer stress, reduce

the risk of dysfunction, and support optimal adaptation.

Family stress, coping, and adaptation

The concept of family resilience extends theory and research on family stress, coping, and adaptation (McCubbin & Patterson, 1983; McCubbin, H., McCubbin, M., McCubbin, A., & Futrell, 1998; McCubbin, H., McCubbin, M., Thompson & Fromer, 1998). It entails more than managing stressful conditions, maintaining competence, shouldering a burden, or surviving an ordeal. It involves the potential for personal and relational transformation and growth that can be forged out of adversity. Tapping

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into key processes for resilience, families that have been struggling can emerge stronger and more resourceful in meeting future challenges. Members may develop new insights and abilities. A crisis can be a wake-up call, heightening attention to important matters. It can become an opportunity for reappraisal of life priorities and pursuits, stimulating greater investment in meaningful relationships. In studies of strong families, many report that through weathering a crisis together their relationships were enriched and became more loving than they might otherwise have been.

Utility of a family resilience framework for practice

As Werner has affirmed: 1) resilience theory and research offer a promising knowledge base for practice; 2) the findings of resilience research have many potential applications; and 3) the building of bridges between clinicians, researchers, and policy makers is of utmost importance (Werner & Johnson, 1999).

My efforts over more than a decade have focused on the development of a family resilience framework for clinical and community-based intervention and prevention. This resilience-oriented approach builds on developments in the field of family therapy that have refocused attention from family deficits to family strengths (Walsh, 2003a). The therapeutic relationship is collaborative and empowering of client potential, with recognition that successful interventions depend on tapping into family. Our language and discourse are strengths-oriented and empowering. Less centred on therapist techniques, what matters more is the therapist's relationship and engagement with a family, with compassion for their struggle and

conviction in their potential. Assessment and intervention are redirected from how problems were caused to how they can be solved, identifying and amplifying existing and potential competencies. Worker and clients work together to find new possibilities in a problem-saturated situation and overcome impediments to change. This positive, future-oriented stance refocuses from how families have failed to how they can succeed.

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A family resilience framework is distinguished from a more general family strengths perspective by its focus on strengths in the context of adversity (Walsh, 2003a). It links symptoms of distress with stressful events and conditions in the family and wider environment.

Families most often come for help in crisis, but often they do not initially connect presenting problems with relevant stressors. A basic premise guiding this approach is that crises and persistent challenges impact the whole family and, in turn, key family processes mediate the adaptation of all members and relationships.

This family resilience framework can serve as a valuable conceptual map to guide intervention efforts to target and strengthen key processes as presenting problems are addressed. As families become more resourceful, risk and vulnerability are reduced and they are better able to meet future challenges. Thus, building resilience is also a preventive measure.

This conceptual approach shifts the prevalent deficit-based lens from regarding parents and families as *damaged* and beyond repair, to seeing them as *challenged* by life's adversities with potential to foster healing and growth in all members. Rather than rescuing so-called

'survivors' from 'dysfunctional families', this practice approach engages distressed families with respect and compassion for their struggles, affirms their reparative potential, and seeks to bring out their best qualities. Efforts to foster family resilience aim both to avert or reduce dysfunction, and to enhance family functioning and individual wellbeing (Luthar et al, 2000). Such efforts have the potential to benefit all family members as they fortify relational bonds and strengthen the family unit.

Putting ecological and developmental perspectives into practice

This family resilience framework combines ecological and developmental perspectives to understand and strengthen family functioning in relation to its broader socio-cultural context and multi-generational life cycle passage.

Bio-psycho-social systems orientation

From a bio-psycho-social systems orientation, risk and resilience are viewed in light of multiple, recursive influences involving individuals, families, and larger social systems. Problems can result from an interaction of individual, family, or community vulnerability in the impact of stressful life experiences. Symptoms may be primarily biologically based, as in serious illness, or largely influenced by socio-cultural variables, such as barriers of poverty and discrimination that render some families or communities more at risk. Family distress may result from unsuccessful attempts to cope with an overwhelming situation. Symptoms may be generated by a crisis event, such as traumatic loss or suicide in the family, or by the wider impact of a large-scale disaster (Walsh, 2007). The family, peer group, community resources, school or work settings, and other social systems

can be seen as nested contexts for nurturing and reinforcing resilience. A multi-dimensional, holistic assessment includes the varied contexts, seeking to identify common elements in a crisis situation and in family responses while also taking into account each family's unique perspectives, resources, and challenges.

A developmental perspective is also essential to understand and foster family resilience. (1) Families navigate varied pathways in resilience with emerging challenges over time. (2) A pile-

up of multiple stressors can overwhelm family resources. The impact of a crisis may also vary in relation to its timing in individual and family life cycle passage.

Past experiences and stories of adversity and family response can generate catastrophic expectations or can serve as models in overcoming difficulties.

Varied adaptational pathways in resilience

Most major stressors are not simply a short-term single event but rather a complex set of changing conditions with a past history and a future course (Rutter, 1987). Family resilience involves varied adaptational pathways over time, from the approach taken to a threatening event on the horizon, through disruptive transitions, subsequent shockwaves in the immediate aftermath, and long-term reorganisation. For instance, how a family approaches an impending death, facilitates emotional sharing and meaning making, effectively reorganises, and fosters reinvestment in life pursuits will influence the immediate and long-term adaptation to loss for all members and their relationships (Walsh & McGoldrick, 2004). Given the complexity of life situations, no single coping response is invariably most successful; different strategies may prove useful in meeting

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new challenges. Some approaches that are functional in the short-term may rigidify and become dysfunctional over time. Practitioners work with families at various steps or transitions along their journey, helping them to integrate what has happened and to meet immediate and future challenges.

Pile-up of stressors

Some families may do well with a short-term crisis but buckle under the strains of persistent or recurrent challenges, as with prolonged joblessness or a chronic illness. A pile-up of internal and external stressors can overwhelm the family, heightening vulnerability and risk for subsequent problems. Reeling from one crisis to the next, the cumulative pressures can be overwhelming for a family.

Family life cycle perspective

Functioning and symptoms of distress are assessed in the context of the multi-generational family system as it moves forward across the life cycle (Carter & McGoldrick, 1999). A family resilience practice approach focuses on family adaptation around nodal events that are stressful and disruptive. These include complications with predictable, normative transitions, such as parenthood and adolescence, and those with unexpected, untimely events, such as disabilities or death of a child.

Frequently, individual symptoms may coincide with stressful transitions, such as parental remarriage, that require boundary shifts and redefinition of roles and relationships.

Legacies of the past

A multi-generational perspective is also required. Distress is heightened when current stressors

reactivate painful memories and emotions from the past, as in post-traumatic stress reactions, or family histories of abuse, neglect or violence. The convergence of developmental and multi-generational strains increases the risk for complications (Carter & McGoldrick, 1999). Unresolved past losses can resurface with a current or threatened loss (Walsh & McGoldrick, 2004). Family members may lose perspective and conflate immediate situations with past events.

It is important to inquire about family stories of past adversity and how they influence future expectations, from an optimistic outlook to catastrophic fears. Particularly noteworthy are multi-generational anniversary patterns.

In sum, symptoms of distress are assessed in temporal context as well as family and social contexts. A family timeline and a genogram

are essential tools for clinicians to schematise relationship information, track systems patterns, and guide intervention planning (McGoldrick, Gerson, & Petry, 2008). Whereas genograms are most often used to focus on problematic family-of-origin patterns, a resilience-oriented approach also searches for positive influences, past, present, and potential. We inquire about resourceful ways a family or an elder dealt with past adversity, and models of resilience in the kin network that might be drawn on to inspire efforts to master current challenges. Key principles of the practice framework are outlined in tables one and two on page 12.

Practice principles and applications

Family resilience-oriented practice builds on principles and techniques common among strength-based collaborative approaches,

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Table 1

Family resilience: conceptual framework for practice

Resilience-oriented practice: facilitate family's ability to rebound from crises and overcome persistent adversity, strengthened and more resourceful.

Meta-framework for community-based services:

- relational view of human resilience
- shift from deficit view of families: challenged by adversity
 - potential for repair and growth
- grounded in developmental and systemic theory
 - bio-psycho-social-spiritual influences
 - multi-systemic approach: family, community, larger systems
- stressors impact family system, family response influences
 - recovery of all members, relationships, and family unit
- contextual view of crisis, distress, and adaptation
 - family, larger systems, and socio-cultural influences
 - temporal influences
 - timing of symptoms and family crisis events
 - pile-up of stressors, persistent adversity
 - multi-generational family life cycle influences
 - varied adaptational challenges and pathways in resilience.

Table 2

Practice principles to strengthen family resilience

- Convey conviction in potential to overcome adversity
- Humanise and contextualise distress:
 - understandable, common in adverse situation, extreme conditions
 - depathologise; decrease stigma, shame, blame
- Provide safe haven, compassion for sharing stories of suffering and struggle
- Facilitate family communication, mutual support, collaboration
- Identify and build strengths alongside vulnerabilities
- Build 'relational lifelines', networks:
 - tap into kin, community, and spiritual resources
- Seize opportunities to 'master the possible':
 - learning, positive growth, and stronger bonds
 - shift focus from problems to possibilities, creativity
 - steps to attain future hopes and dreams
- Integrate adversity and resilience into individual and relational life passage.

but attends more centrally to links between presenting symptoms and family stressors. Interventions are directed to strengthen relational bonds and tap resources that can reduce vulnerability and support coping, adaptation, and positive growth.

Synthesising findings in research on resilience and well-functioning families, the Walsh family resilience framework was designed to guide practice assessment and intervention by strengthening key processes for resilience (Walsh, 2003a; 2006):

- *family belief systems* support resilience when they help members: (1) make meaning of crisis situations, (2) sustain a hopeful positive outlook, and (3) draw on transcendent or spiritual values and purpose, most often through spiritual faith, practices, and community (Walsh, 2008, in press)

- *in family organisation*, resilience is fostered by: (1) flexible yet stable structure with strong leadership, (2) connectedness, and (3) kin, social, and community resources
- *communication processes* facilitate resilience through: (1) information clarity, (2) open expression of feelings and empathic response, and (3) collaborative problem solving and proactive approach to future challenges.

Offering a collaborative, non-pathologising approach, a family resilience framework has useful application in a range of adverse situations (Walsh, 2002; 2006):

- healing from crisis, trauma, major disasters, and loss
- navigating disruptive transitions (e.g. separation, divorce, migration)
- mastering multi-stress challenges of chronic conditions (e.g. illness, poverty)

- “bouncing forward” to adapt to new life challenges.

Resilience-oriented practice may involve individual, couple, family, and extended kin sessions in a variety of formats including brief family consultations, psycho-educational multi-family groups, or more intensive family therapy. Multi-systemic approaches may also involve community agencies, or workplace, school, healthcare, foster care, justice, and other larger systems. Periodic, cost-effective ‘modules’ can be timed for critical phases of a long-term adaptational process (Walsh, 2006).

Conclusion

The very flexibility of the concept of resilience lends itself to many varied applications with diverse populations. A family resilience framework can be applied usefully with a wide range of crisis situations and persistent life challenges. This approach affirms the varied pathways that can be forged for resilience.

The need to strengthen family resilience has never been more urgent, as families today are buffeted by stresses and the uncertainties of economic, political, social, and environmental upheaval. With increasing family diversity, no single model of family health fits all. Yet, resilience theory and research support clinical convictions that all families – even the most troubled – have the potential for adaptation, repair, and growth. A family resilience orientation provides a positive and pragmatic framework that guides interventions to strengthen family processes for resilience as presenting problems are addressed. Rather than simply providing a set of techniques to treat or

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change families, this strength-based approach enables workers, in collaboration with family members, to draw out the abilities and potential in every family, and to encourage the active process of self-righting and growth. For helping professionals, the therapeutic process is enriched as we bring out

the best in families and practice the art of the possible.

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