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Development of family resilience models†

Review

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Abstract: Family resilience is not the sum of the individual psychological resilience of each of the family members, but the family itself as a unit of resilience research. The representative models of family stress tolerance theory mainly include McCubbin's series of family stress tolerance models and Walsh's family stress tolerance framework, which are widely used in the practice of family therapy. In the future, empirical studies on family resilience should be strengthened, measurement tools with high reliability and validity should be established, and the combination of family resilience theory and community-based practice should be promoted.

Keywords: *concept • family resilience • model • theoretical study*

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1. Introduction

The presence of a patient in the family will cause stress to all family members, as well as unfavorable changes in various aspects connected with the psychological condition of the family members. The researchers found that, when it comes to promoting the family function of patients and contributing to the rehabilitation of patients, family-centered care interventions that address the common needs of both the patient and the family are empirically ascertained to be the most suitable option.[1] The primary focus of scholars studying the psychological ramifications of the fact of an ailing family member on other family members has been to discover how these others can accommodate the attendant stress. Family resilience to stress the force perspective is the advantage perspective, which reflects the ability and process of family to cope with pressure and complete family adjustment in adversity.[2] To find out the influencing factors of family, resilience is to carry out targeted "family-centered."[3] At present, most of the reviews on the family resilience of patients remain in the stage of conceptual and theoretical development. Under the background of increasing studies on family resilience and complicated influencing factors, there is still lacking a summary of the several factors affecting family

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resilience. Therefore, this paper is based on existing research on ecosystem theory. Under the guidance of ecological systems theory, the influencing factors of family resilience are systematically expounded to lay a foundation for clinical practice and provide a reference for follow-up nursing research.

2. The concept of family resilience

McCubbin and his wife believed that stressful situations will gradually weaken the ability of the family to maintain its integrity as a whole. Family resilience refers to the ability of individuals and family units to demonstrate positive behavioral models and functions under stressful or adverse situations and is the resilience to ensure and restore the happiness of family members,[4] characteristics, dimensions, and properties help families in crises to prevent and avoid disintegration and fragmentation.[5]

According to Professor Walsh, family resilience is the ability of a family to withstand destructive life challenges and recover (rebound) from them, becoming, in the process, stronger and more adaptable. It is a coping and adaptive process of the family as a unit, and a positive process of patience, self-adjustment, and growth to cope with crisis and adjustment. She argued that a systems perspective helps us understand how family processes regulate stress and enable families and their members to overcome crises and survive long-term adversity. How a family responds to and deals with destructive experiences, buffers against stress, and effectively organizes and moves forward will affect the immediate and long-term adaptation of each family member as well as the overall survival and welfare of the family.[6]

Hawley and DeHaan[1] argued that family resilience is the path through which families adapt and succeed in the face of current and past stresses. Resilient families respond positively to stressful situations in unique ways, based on specific situations, level of development, interaction, and cooperation of risk and protective factors, and the shared outlook of the family. Hawley et al. believe that the concept of resilience generally includes the following: (1) the existence of difficulties, given that there is neither requirement nor opportunity to put up resilience in the absence of adversity; (2) ability to bounce back from difficulties and maintain or exceed the previous level of function; and (3) health origin orientation replaces pathologic orientation.[7]

3. The connotation of family resilience

Different scholars have different understandings and definitions of the connotation of family resilience. McCubbin proposed that factors affecting family resilience include: (1) family integration; (2) family norms; (3) family support and confidence building; (4) family entertainment orientation, family control, and family organization; and (5) family optimism and family management ability in daily life. According to Walsh, family resilience includes family belief system, family organization model, and family communication process. Cohen et al. found that family resilience consists of 5 important aspects: (1) interpersonal relationships within the family, (2) the ability of families to share painful feelings, (3) tolerance between family members, (4) connectedness among family members, and (5) family values. Mathew et al. proposed that family resilience is manifested in mutual support among family members, positive family communication, strict family norms, family organization, family unity, family knowledge and education, social support network, and other aspects.[1]

This demonstrates that family resilience emerges as an outcome of perception imbalance, spirituality, religious belief, or a common belief system; the family's strong will to overcome adversity plays a dominant role in determining the extent of the resilience and thus the likelihood of such resilience being able to empower the family to regain or even surpass its former level of function. Family resilience is characterized by collective confidence, connection, positive outlook on life, intelligence (including the perception of available support and ability to identify and use support), open communication model, and collaborative problem-solving. These 6 attributes are interrelated and embedded in the family operation model.[8]

Although the various scholars who have contributed to the research on this topic have not reached an agreement on the definition of family resilience, it is not difficult to see the importance of family internal factors such as family interaction, family beliefs, and family norms, and external factors such as social support, for family resilience.

4. Introduction to family resilience model (FRM)

At present, there are two theoretical models of family resilience: The first is the Family Adjustment and Adaptation Response (FAAR) model, which was developed by McCubbin et al. based on the "ABC-X Model" and the "double ABC-X Model." It involves understanding the adjustment process of families from the perspective of family advantages, focusing on how families seek dynamic balance between demands and resources, and emphasizing the active use of internal family (family members' and relatives' support) and

external family resources (community or social support, etc.) to find solutions to problems.[9] The second is the FRM, which was proposed by Walsh in combination with the viewpoints of ecology and development.[10] He believes that the construction of family resilience is a process of interaction between individuals, families, and the external environment. The 3 key factors are family belief system, family organization model, and family communication process. Comprehensive family art concepts and theory, scholars have found that special emphasis on family art force influence on the family environment and the complexity of the system, its core is to find the family system internal and mutual crisscross family and other systems (such as community, family, friends, neighbors, community service projects, and environment) between the behavior, patterns and relationships, and how these behaviors, patterns, and relationships cushion the impact of major life events and facilitate family recovery from crisis.[11]

Ecosystem theory emphasizes that people live in a constantly changing behavior system in which microsystem, mesosystem, exosystem, and macrosystem interact with each other based on the temporal system.[12] According to this theory, individuals are usually directly or indirectly affected by the above series of interconnected social systems.[13] From the perspective of ecological development, placing the whole family in the social-ecological environment can help families better identify potential resources.[14] In the study of factors affecting the family resilience of patients, a systematic subdivision into various factors can also be methodically identified: microsystem mainly refers to the level of individual family members; medium system refers to the family environment in which individuals live; the external system is the social environment of the family; macrosystems refer to different ethnic, national, and cultural backgrounds.

5. Applying practical principles of family resilience theory

Professor Walsh proposed that the family resilience approach should follow the following principles.

5.1. Focus on collaboration and cooperation

The principle of collaboration and cooperation includes 3 levels: First, family anti-stress–oriented services encourage family members and community members to help and support each other and strengthen interpersonal relationships while solving current problems. McCubbin et al. found that having social support is one of the factors of family resilience, and families can be more tolerant with the support of social network,[15] while isolated families lacking social support tend to be dysfunctional under pressure.[16] Second, family members and professional helpers should also cooperate with each other. This breaks the early family therapy motivations and directs each other game in practice mode, professional skills, and morbid family "against" to realize the treatment effect, reduce the morbid family unequal relationship, motivations, and director of mutual respect and cooperation, jointly participate in problem definition, cognitive development, goal setting, and so on.[17] Third, professional helpers are encouraged to seek cooperation to obtain more resources and overcome the problems of fragmentation and slow response in social services.[18]

5.2. Community-based multi-system intervention

The family resilience framework is based on family system theory, in which family function is closely related to the broader socio-cultural background and family life cycle, while risk and resilience are also influenced by individuals, families, and the larger social system and culture. Families, peer groups, community resources, school or work environments, and other social systems are considered nested contexts for nurturing and maintaining resilience (NES-TED Contexts).[19] In these systems, the community is the basic unit on which families depend for survival and a source of resources to help families cope with stress, especially in the context of traumatic events, public disasters, etc. Walsh and Boss adopted community-level therapeutic interventions immediately after 9/11, Hurricane Katrina, and other major events.[20] Therapists can build bridges between families that have experienced a common traumatic event by helping the family to establish connections with other families that have suffered similar tragedies, providing community forums/seminars where families can openly express their grief, and guiding the family to draw on the wisdom of others who have shared their experiences.[21] For families experiencing major changes such as death of children, unemployment, and divorce, Landau and other scholars advocate the method of "Linking Human Systems." Coalition construction, support, collective story-telling, and developing a vision for the future will help families and communities to restore their demand–capability balance, enabling families in distress to benefit from "Shared Connection."[22]

5.3. Provide services flexibly

The family-based approach reflects how family therapists view and interact with families.[23] In practice, it is impossible for every family receiving help to get out of a difficult situation through a few family therapy meetings,

but at the same time, the process of assistance is not endless. Therefore, therapists must respect the diversity of families and their cultures, and flexibly deal with specific intervention methods and contents, so as to better help families cope with challenges.[24]

5.4. Emphasize prevention and early intervention

Family intervention with an anti-stress orientation can be used as a vaccination measure to enhance family immunity and endurance in coping with adversity. As a result, Professor Walsh advocates that strengthening families' resilience before a crisis could help to reduce their risk and vulnerability and increase their ability to cope with stress. In fact, there is also growing evidence that preventive services that continuously provide information, resources, and opportunities are more effective than emergency interventions after a crisis has occurred.[17] Of course, it is often difficult to take preventive measures in advance of a crisis, but we can also take preventive measures at each stage of the crisis. Prior to a crisis (primary prevention), therapists can provide support strategies for exposed individuals and families to feel empowered. In the early stages of a crisis (secondary prevention), therapists can help clients adapt and cope with the current situation. In the case of a continuing crisis (tertiary prevention measures), it is necessary to prevent the recurrence or further deterioration of the problem.

6. Conclusions

With the increasing aging of the population, it is increasingly important to improve the ability of family units to resist pressure. This study builds on existing ecosystem theory studies, which systematically elucidate the factors that influence household resilience, to provide a reference for clinical practice and follow-up nursing research.

Authors' contributions

Dr. Min Yang and Mr. Shuang Yang jointly selected the topic and developed the research framework. Dr. Min Yang was responsible for most of the literature review and thesis writing. Mr. Shuang Yang participated in the writing of a part of the paper and revised the first draft of the paper. D. Dela Rosa Ronnell, Ph.D., reviewed the paper form and made valuable suggestions for the confirmation of the final version.

Ethical approval

Ethical issues are not involved in this article.

Conflicts of interest

All contributing authors declare no conflicts of interest.

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