It seems appropriate to recall that early efforts to understand the ways in which families function typically made use of a deficit model, typically focusing on structure rather than on process. Such structural dimensions as family type (e.g., divorced, single parent) or father absence were thus the primary topics of concern. It is also important to note that this use of a deficit model was consistent with a national concern about family problems that goes as far back as the early days of this country, with forecasts of impending doom a common occurrence from then until now. However, beginning in the 1970s, many scholars began to acknowledge the limitations of a negativistic, structural approach to the study of families. Awareness of the fact that no one structure necessarily predicted success or failure grew, and studies of the characteristics of families who functioned well began to appear along with recognition that a variety of family forms could be supportive of healthy development. Beginning with a consideration of family strengths, more recently the focus has shifted to explorations of family resilience.

At the same time, as studies of family dynamics have continued to grow and evolve, there has been ever greater awareness of both the diversity and the complexity of families. Certainly such complexity is evident as we seek to understand family resilience. From efforts to define the concept, to methodological issues related to its study, to practice considerations relative to the facilitation of resilience in a variety of contexts, social scientists and mental health professionals are faced with enormous challenges. Indeed, the more we explore the more we may recognize that if our goal is to conduct research and/or interact with families in a manner that enables them not only to survive but also to thrive in response to life’s vicissitudes, whether expected or unanticipated, the more a variety of perspectives will be essential to the fulfillment of this task.

In an attempt to respond appropriately to the various dimensions of this challenge, this volume purposely includes a variety of perspectives, some of which overlap to a degree, some of which take opposite points of view, but all of which help to shed light on many of the crucial concepts and processes that are subsumed by the term family resilience. Although some aspects of family resilience may not be addressed, as broad a sweep of relevant topics as is possible within one book also are examined. Finally, a variety of professional orientations are included as well, with chapters authored by a remarkable array of scholars representing the fields of counseling, education, human
development and family studies, marriage and family therapy, nursing, psychology, social work, and medicine.

Content

Part I of the book, Resilience in General, includes discussions related to the evolution of a family resilience focus (Chap. 1), a consideration of methodological issues when attempting to study family resilience (Chap. 2), and ramifications and approaches related to the inclusion of family resilience in clinical practice (Chap. 3, 4, and 5).

Resilience and Families, which is the focus of Part II, provides explorations of family resilience relative to stepfamilies (Chap. 5), military marriages (Chap. 6), parenting (Chap. 7), at-risk youth (Chap. 9), and high-risk situations (Chap. 10).

In Part III, Resilience and Ethnicity, resilience is investigated in the contexts of ethnic family systems in general (Chap. 11), Latinos families (Chap. 12), Native American families (Chap. 13), Black families (Chap. 14), and Korean families (Chap. 15).

Part IV, Resilience, Loss, and Grief, offers the reader discussions related to family resilience in the wake of loss (Chap. 16), as tolerance for ambiguity (Chap. 17), in response to perinatal loss (Chap. 18), relative to parental death (Chap. 19), and in the process of aging (Chap. 20).

Resilience and Ability, the subject addressed in Part V, includes considerations of family resilience relative to children with severe disabilities (Chap. 21), in response to chronic illness (Chap. 22), in the context of children with autism spectrum disorder (Chap. 23), relative to mental health challenges (Chap. 24), and as strengthened through spiritual and religious resources (Chap. 25).

Finally, in Part VI, Resilience, Trauma, and Abuse, the topics addressed include family and community resilience relative to the experience of mass trauma (Chap. 26), resilience in African American adult children of alcoholics (Chap. 27), fostering resilience in daughters of battered women (Chap. 28), family resilience and sexuality (Chap. 29), and resilience in older women religiously sexually abused in early life (Chap. 30).

Format

Authors were requested to include in their chapters the following elements: an introduction as well as the background of their topic; a discussion of the significance of the topic; a literature review related to the topic; a delineation of current issues relative to the topic; a consideration of clinical implications; a review of research implications; a case example if appropriate; and a conclusion. Thus, the reader will find that each chapter provides an in-depth exploration of the given topic. Indeed, another goal of this volume was to create a rich resource that would be meaningful to a diverse audience.

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