Family resilience: defining the concept from a humanist perspective

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Summary. Resilience has long been a topic of study in various fields, and in recent decades many researchers and clinicians have focused on the literature dealing with family resilience, specifically the resilience of parents with children who have suffered a trauma. Since there are many different definitions of family resilience which have evolved over time and vary between fields, it is imperative for researchers working in this field to develop their own definition or, at the very least, to clearly specify the definition being used. This article presents a definition of resilience inspired by empiricism and based on a humanist perspective. First, the origins and definitions of the concept will be presented, followed by an examination of family resilience within the framework of an empirical study. Finally, a definition of family resilience will emerge from this study and its pertinence to the development of knowledge in this field will be outlined.

Introduction

When evaluating recent evidence-based practice and studies conducted with families confronted with adversity, it is apparent that some exhibit a capacity to "bounce back" and to evolve despite facing difficult

situations (Gauvin-Lepage & Lefebvre, 2010; Lefebvre & Levert, 2005; Lefebvre, Levert, & Gauvin-Lepage, 2010). For several authors, this is the definition of resilience (Earvolino-Ramirez, 2007; Luthar, Cicchetti, & Becker, 2000; Tusaie & Dyer, 2004). Thus, some researchers seek to understand, analyze and explain the experiences of individuals and families who deal with traumas over the course of their lives. Despite the growing interest in resilience, there is no consensus on a definition (Ahern, 2006; Gillespie, 2007; Greene, Galambos, & Lee, 2003), which limits the development of a coherent body of knowledge and the application and use of this concept in practice.

Origins and definitions

The concept of resilience was first associated with physics and engineering, but it has since held the interest of thinkers and researchers from many other fields, including ecology, economics, computer science, and social science. The definition has also been expanded to include now family and community. Thus, the concept of resilience has been modified according to the various contexts or fields of interest with which it is associated.

From an etymological perspective, the term resilience is composed of the prefix re, meaning "again, back" and salire, meaning "jump" (Anaut, 2008; Poilpot, 2003). In physics, resilience refers to the capacity of a material to resist a shock (Murry, 2004), whereas in ecology, it refers to a species' or an ecosystem's capacity to return to normal functioning or development following a trauma (Holling, 1973). In economics, resilience is the capacity for an economy to get back on track following a crash or crisis (Richemond, 2003), and in computer science, it is the quality of a system which ensures that it continues to function properly in spite of defects of one or several components (Collin, 2013). In psychology, individual resilience refers to the ability to succeed, live, and continue to grow despite adversity (Cyrulnik, 2002, 2003, 2006; Tisseron, 2007).

Some authors, particularly in 'soft' and social sciences, view resilience primarily as an innate character trait (Beardslee & Podorefsky, 1988; Block & Block, 1980; Garmezy, 1993; Rabkin, Remien, Katoff, & Williams, 1993), whereas for others, it is a process that constantly evolves over the course of a lifetime (Fine, 1991; Luthar et al., 2000; Richardson, 2002), and for others still, it is seen as a result (Masten, 2001). This last view has led researchers to develop many measurement scales based on "resilience indicators", such as self-efficacy, self-control, and self-esteem

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(Biscoe & Harris, 1998; Block & Kremen, 1996; Connor & Davidson, 2003; Sinclair & Wallston, 2004; Wagnild & Young, 1993).

The development of knowledge in the field of individual resilience preceded that of research in family resilience. Even if few authors have specifically focused on this issue, for some family resilience is a family's capacity to adapt to stressors and "bounce back" following a trauma (Delage, 2008; Hawley & DeHaan, 1996; Patterson, 2002; Rolland & Walsh, 2006; Walsh, 1996, 2002), to respond positively to an adverse situation (Simon, Murphy, & Smith, 2005), or to exhibit strength by changing the family dynamic to solve the problems encountered (Lee et al., 2004). Most of these definitions were inspired by research on individual resilience, but when it is studied in a family context, it is much more complex. Finally, Pelchat, Lefebvre and Damiani (2002) state that support is essential for a family's evolution when faced with a challenging situation in order to reveal and implement resilient behaviors and attitudes (Girgis & Sanson-Fisher, 1998; Girgis, Sanson-Fisher, & Schofield, 1999; Kim & Alvi, 1999) and maintain a satisfying life project despite circumstances. According to Michael Ungar (2010), family resilience necessarily includes interactions with the environment in which the family evolves. In other words, it is important to consider the family's environment when talking about resilience. Moreover, again according to Ungar (2010), family resilience is influenced by what is revealed before, during, and after the trauma, hence the reference to a process.

Recently, Genest (2012) studied the process of resilience, which she defined as complex and multidimensional, in order to develop a theoretical model of resilience in families grieving the loss of an adolescent who committed suicide. Genest defines family resilience as a process during which a family confronted with a traumatic situation, despite the psychological and physical suffering endured, overcame it. Without a doubt, the most important contribution of her research is its pragmatic aspect and the suggested intervention methods for health care professionals according to the different types of resilience observed in the families interviewed during this process.

For their part, Michallet and his collaborators (in press) developed a definition of resilience in the context of physical rehabilitation. This definition stems from a long process of reflection carried out by the Groupe interdisciplinaire de recherche sur le résilience of the Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR). According to this research group, resilience, which can be applied at an individual or family level, is defined as such: "Resilience refers to specific characteristics an individual (or a group of individuals) presents; a process;

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and a result. Resilience is a process of learning, empowerment and self-determination during which individuals reinterpret a situation of adversity and positively reorient the meaning of their lives in order to continue their development, all while strengthening personal or environmental protection factors with the situation acting as the new organizing factor of this development." (In press)

The innovating aspect of this view of resilience is that it suggests an interrelation between the three definitions presented in the literature, whereas they had previously been viewed as separate from one another. Indeed, in studies on resilience, it is often conceptualized as a process, an innate character trait, or a result. However, according to the last definition, this interrelation demonstrates how these different conceptions can influence each other and impact individuals and their families. Moreover, this definition suggests the presence of personal or environmental protection factors. However, the term protection can imply something invincible used to protect, but when individuals are confronted with an adverse situation, these factors do not necessarily appear automatically. Michallet and collaborators (in press) define, in concrete terms, the way these factors can be uncovered and implemented. They state that resilience develops when individuals or their families are faced with an adverse situation. Furthermore, they recognize that in some situations, strengths inherent to the family or the individual can be insufficient or not positively used, but they could be applied in another situation. Finally, these researchers recognize that individuals and their families need support to reveal inherent protection factors in order to pursue the evolution of their life project. In this context, the quality of the support provided by health care professionals during physical rehabilitation is of the utmost importance for individuals and their families to deal with and appropriate their new reality.

The use of an empirical study to define family resilience: a summary

Gauvin-Lepage (2013) examined resilience in families dealing with their adolescent's moderate or severe traumatic brain injury (TBI). His study has as a premise the idea that family life with an adolescent presents its share of challenges. Adolescents' emotional ups and downs can make relationships tense and difficult within the family unit, and even outside of it. By virtue of its unexpected character, the occurrence of TBI in an adolescent can undermine the family dynamics even further. Additionally, the myriad of impacts caused by a TBI forces the family to alter its plans

for the future by committing themselves to rebuilding them together. Resilience to trauma does not manifest itself in the same way for all families. Some manage to effect positive changes, while others are unable to do so, or experience more difficulties. In light of this, it appears relevant to develop family-centered care approaches fostering the recognition of elements that can support the family's resilience process through hardships and, ultimately, help reconstruct its plans for the future.

Using the humanist model of nursing care (Cara, 2012; Cara & Girard, 2013; Girard & Cara, 2011) as a disciplinary perspective, this qualitative and inductive study (LoBiondo-Wood, Haber, Cameron, & Singh, 2009), supported by a collaborative research approach (Desgagné, 1997), led to the co-construction of the building blocks for an intervention program to support family resilience, in collaboration with the families of an adolescent suffering from moderate or severe TBI and rehabilitation professionals. The complex intervention design and validation model (Van Meijel, Gamel, Van Swieten-Duijfjes, & Grypdonck, 2004) inspired a three-stage data collection process. The first stage consisted of identifying the building blocks of the intervention program in the eyes of families (n=6) and rehabilitation professionals (n=5). The prioritization and validation of these building blocks, respectively the second and third stages, were conducted with the same families (n=6 for stage 2 and n=4 for stage 3) and rehabilitation professionals (n=5 for stages 2 and 3).

The data analysis process (Miles & Huberman, 2003) identified five encompassing themes, which are the building blocks of an intervention program to support family resilience following moderate to severe TBI in adolescents. They are: 1) family characteristics and their influence; 2) positive family strategies; 3) family and social support; 4) management of occupational aspects; 5) contribution of the community and health care professionals. The results of this co-construction process established a strong matrix that is flexible enough to adapt to the various contexts in which families and rehabilitation professionals live and work. This study also offers promising avenues for practitioners, administrators and researchers in nursing and other fields with respect to the implementation of concrete strategies to support the resilience process of families facing particularly difficult times in their lives.

Using a disciplinary perspective

In that study, the humanist model of nursing care was used as a disciplinary perspective (Cara, 2012; Cara & Girard, 2013; Girard & Cara, 2011) during the research process, which allowed this author to view the

family resilience process from a very human perspective. More specifically, this model, as explained by Girard and Cara (2011), is based on the humanism of philosopher Martin Buber (1970) and on the works of several thinkers (Benner & Wrubel, 1989; Boykin & Schoenhofer, 2001; Cara, 2004, 2008, 2010; Girard, Linton, & Besner, 2005; Roach, 2002; Watson, 1988, 1999, 2005, 2006, 2012). This model is also founded on the transformation paradigm, which is characterized by a willingness to recognize the multiple meanings of the human experience. The aim is excellent nursing practice, achieved by relying both on a humanist relationship (the Caring model) and on a collaborative best practice centered on the person and their health (Cara, 2012; Cara & Girard, 2013; Girard & Cara, 2011).

This model relies on the four main concepts guiding nursing practice: the person, the environment, health, and care services. More specifically, this perspective views the person as an individual, a family, a community, or a population. In this context, the person, in the broader sense of the word, is a unique being with the potential to evolve and act according to the meaning attributed to the events they must deal with. The biological, psychological, developmental, sociocultural, and spiritual dimensions are interconnected and indivisible (Faculty of Nursing, 2012). As for the environment, it includes the material, social, cultural, spiritual, ecological, and sociopolitical aspects surrounding the person. The person is constantly interacting with their environment and the existing dynamic will be a determining influence on their health. In this sense, health is subjective since it corresponds to the person's understanding of it. The person strives for personal well-being, wellness, and harmony (Girard & Cara, 2011). To achieve this goal, nurses view the person as a partner in their care, by acknowledging and valuing their knowledge as well as the meaning they give to their experience. Care is characterized by human, relational, and transformative support promoting an approach that seeks to give, or restore, power to the person so they can influence the situation in order to achieve this state of well-being, wellness, and harmony (Girard & Cara, 2011).

Providing care means entering into a relationship and developing ties with the family. The impact of Caring has led many researchers in nursing to discuss the concept of "being with" and to help nurses recognize that they have privileged access to others, their bodies, their thoughts, and their emotions (Held, 2006; Lavoie, De Koninck, & Blondeau, 2006; O'Reilly, 2007; O'Reilly & Cara, 2010; Watson, 2005). This understanding of nursing, as indicated by its title, also relies on the concept of Caring. Caring is viewed as both an art and a science (Cara & O'Reilly, 2008) that integrates nursing's five patterns of knowing: empirical, ethical, aesthetic,

personal, and emancipatory knowing (Chinn & Kramer, 2008). The caring relationship, founded on humanism, is co-created between the nurse and the person in order to promote their health (Girard & Cara, 2011). This relationship is essentially actualized through different attitudes, in particular listening, openness, availability, commitment, and collaboration (Duquette & Cara, 2000). Nurses must be attentive and good listeners, and also be interested in getting to know and learning from the person. Finally, the concept of Competency is also a component of the humanist model of nursing care (Girard & Cara, 2011). It is based on the theories, the body of knowledge, and the experiences that aim to ensure the safety and the quality of health care services. Tardif (2006) defines competence as "a complex knowledge of how to proceed founded on the efficient mobilization and combination of a variety of internal and external resources within a family of situations" (p. 22). It draws on the different types of knowledge a person has, specifically knowledge, know-how, and self-management skills, in a context of learning. This notion suggests that the different areas of knowledge can be implemented through, for example, reflective practice (Cara & O'Reilly, 2008; Schön, 1987).

The choice of the humanist model of nursing care (Cara, 2012; Cara & Girard, 2013; Girard & Cara, 2011) as a disciplinary perspective for this study is not a coincidence. Indeed, developing the concept of family resilience in practice implies that health care professionals must demonstrate caring toward the families. This facilitates support and the development of ties (Saillant, 2000), and promotes their well-being when they are faced with transitions, hardships, stressful events, and challenges. As stated by Cyrulnik (2002) in one of his many works, it is through the relationship with their environment that individuals will be able to set in motion, or develop, their resilience. This relationship needs to be reinforced by health care professionals working with these individuals and their families, in particular by offering quality support. Indeed, Saillant (2000) adds that "(…) support generates ties between life, things and people, and connects rather than organizes (…)" (p. 159), through relationships and links.

Recent studies show several benefits to using an approach similar to the humanist model of nursing care (Cara, 2012; Cara & Girard, 2013; Girard & Cara, 2011) in clinical practice. It would appear that when health care professionals apply this model, individuals feel they are being treated as a "person" and consequently their anxiety and stress are diminished. Moreover, this approach can lead to self-actualization, which would allow individuals to participate more actively in the care process (Cara, 2011). For nurses, the benefits are important: the model allows them to transform

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a practice that "lacks meaning" into a "meaningful" one, wherein their well-being will also be considered and they can thrive professionally (Cara, 2011).

This disciplinary perspective is perfectly suited to the context of the proposed study since the adolescents with moderate or severe TBI and their families can be taken into account. In other words, it offers a more global view of the family, which is essential not only for the nurses working with them but also for all the health care professionals involved in their care. Thus, this perspective is consistent with the care approach centered on the patients and their families recently adopted in several professional health care fields. Moreover, by acknowledging that health care professionals have an important role to play in the support of families dealing with the moderate or severe TBI of their adolescent, this model sheds light on the strengths of every family without excluding factors inherent to it, the context, or the environment.

Defining family resilience from a humanist perspective

As a result of this research process, the author was able to define family resilience as: "a complex human process that is deployed when a family is confronted with a trauma. Consequently, the family will undertake a fluctuating process of transformation, according to the meaning it ascribes to the situation. The interrelation of elements inherent to the family and its environment will influence this process, positively or negatively, to achieve a positive reconstruction of the life project." (Gauvin-Lepage, 2013, p. 143)

The contribution of this definition

This definition confirms certain elements inherent to the concept of resilience that have already been documented in the literature, in addition to shedding new light on others. First, this definition of family resilience does not overlook the suffering, grief, and pain that family members can experience when faced with an adverse situation. In this context, every family deals with a situation in unique ways. Moreover, the families are the only ones who can express, in their own words, the meaning attributed to this experience. They will use a variety of words and phrases that are a part of their language and culture, itself made up of a set of values, beliefs, and convictions.

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Family resilience is not a linear, a unidirectional, or an exponential process; the family confronted with a trauma does not become "resilient" from one day to the next. Resilience is a process that develops over time and during which a family can appear to "bounce back" or progress, but it can also regress, and at times feel like it is failing, and at others, succeeding. It is also during this process that the interrelation between factors inherent to the family and its environment will influence, either positively or negatively, the rebuilding of its life project. Consequently, family resilience is a dynamic process, since the family, in a vulnerable state, will focus its energies not only on adapting to new limitations but also on learning from them. During the process of family resilience, the family must adapt to the situation by using different strategies and realize its potential for growth through the ordeal, and finally accept the transformation of their life project.

The families who participated in this study (Gauvin-Lepage, 2013) shared the intensity of their grief when they learned of their adolescent's moderate or severe TBI diagnosis. This grief can persist or change, according to the evolution of their adolescent, the circumstances surrounding the situation, and the multidimensional impacts of the trauma on family life. For example, a positive evolution of the adolescent's wellness and well-being as well as an optimal recovery is encouraging for the family, whereas a slow recovery accompanied by little progress can be very discouraging. The rehabilitation professionals interviewed for this study were also witnesses to the evolution of this process in families. Thus, resilience constitutes a legitimate human response in the context of a complex health situation, where the TBI prognosis is uncertain for a long time and the rehabilitation is arduous (DePalma, 2001; Khan, Baguley, & Cameron, 2003; Taylor et al., 2002).

Similarly, the parents and adolescents who participated in this study conveyed feelings of doubt and uncertainty, reflecting the complexity of their progression. The rehabilitation professionals who took part in this study, thanks to their diverse clinical backgrounds, were also able to report this aspect. Therefore, it seems that time is an important factor throughout this experience. Indeed, as health care professionals working with the families, it is necessary to understand and respect how they cope at these times. Yet, the increasingly popular view of the concept of resilience can sometimes prevent families from living their emotions as they occur. According to this view, families labeled as "resilient" should no longer show any signs of weakness or distress. However, families may not show signs of resilience the moment they receive the diagnosis, and even if resilience can be a constant process, it can also be a variable one.

This raises the question of the influence of multiple interacting factors that can either facilitate or hinder the process of resilience in families dealing with the moderate or severe TBI of their adolescent. Indeed, the participating families were very adept at identifying the elements that were helpful or harmful to developing resilience. By taking these into account and combining them with the factors presented by rehabilitation professionals, the five components of an intervention program to support family resilience emerged from the study (Gauvin-Lepage, 2013).

Conclusion

Since there are more ways than one to view family resilience, it is imperative for researchers in similar fields of study to clearly define this concept in order to develop a better understanding of the meaning ascribed to it as well as its application in research. Taking this into consideration, the goal of this paper was to define the concept of family resilience inspired by empiricism and based on a humanist perspective. The definition of family resilience, as presented in this study, emphasizes that the evolution of every family is unique. This is why it was important to focus on the profoundly human nature of this progression. Thus, to reach a better understanding of families' experiences, it is important to identify the words that describe their development and to treat them with sensitivity, with the aim of eventually applying the acquired knowledge during interventions. Finally, it appeared that family resilience advocates an approach that takes into account the families and their environment, which takes into consideration the influence of the environment, the individual and the context, which cannot be considered separately from the family.

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