



Handbook for Working with Children and Youth: Pathways to Resilience across Cultures and Contexts

Culture and Ethnic Identity in Family Resilience: *Dynamic Processes in Trauma and Transformation of Indigenous People*

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Culture and Ethnic Identity in Family Resilience: *Dynamic Processes in Trauma and Transformation of Indigenous People*

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The convergence of two generations of behavioral scientists, a psychologist and a family scientist, both of indigenous ancestry and immersed in the cultural context of their ancestors, inspired this chapter to give meaning to and advance understanding of family resilience and resilient behavior in response to trauma. In setting aside the strategy to present sweeping stereotypic generalizations about family resilience across cultures, the authors draw from ethnic identity and cultural studies in psychology, family science, feminist studies, and anthropology to explicate the dynamics of resilience in indigenous families and one of Polynesian origin. Native Hawaiian families, the indigenous people of the Hawaiian Islands in the Pacific Ocean, are viewed as a unique social context from which scientists can extract and reveal the influential role of culture and ethnicity involved in adaptation and growth, the central outcomes of the resilience process. In so doing, the authors broaden the spotlight on the central research and clinical issues in understanding and promoting resilience from a cross-cultural perspective.

Interest in resiliency in children and families has flourished in the past three decades. It is a topic of prime interest to social and behavioral scientists because of the apparent role that resilience plays in understanding both individual and family developmental transitions as well as recovery from trauma or under conditions that favor personal and family deterioration or dysfunction. Predictably, knowledge about successful adaptation in the face of traumatic if not catastrophic conditions also strengthens the conceptual base needed to guide and frame both treatment- and prevention-oriented interventions for children and families at risk or those rendered dysfunctional in the face of such adversity.

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Fortunately, both psychologists and family scientists have embraced the challenge of designing and conducting research that enhances the development of theories attempting to uncover the reasons why some families from different cultural and ethnic backgrounds are more resilient than others. Some families are better able to negotiate their way through both transitions and situational traumas and better able to cope, adjust, adapt, and even thrive on life's hardships, whereas other families faced with similar if not identical traumatic events give up, are easily exhausted, or deteriorate or give up altogether in the face of these difficult moments in the family's life course.

When we consider that most families do not self-destruct or even deteriorate to the point of requiring therapy or treatment and that most do recover from adversity, it seems reasonable that theories and research would be advanced to explain and predict the behaviors of these resilient families, as well as the motivators, if not the cause, of these constructive behaviors. Yet both fields, psychology and family science, are dominated by theories about failure and dysfunction and the treatment of such conditions. If we are to make a serious commitment to prevention, family preservation,

and the promotion of family well-being, it seems reasonable that this agenda be driven best by research and theories that have validity in explaining why families predisposed to, vulnerable to, or assaulted by life's hardships and traumas emerge resilient, succeed, and even thrive in the process. Across cultures, the interventions, programs, and policies aimed at enhancing the well-being of families should be guided by theories and research focused on the family competencies and abilities that promote resilience.

The push for resilience research on children and families of different ethnic backgrounds and cultures has been a recent but compelling agenda. This situation is propelled by the rapid

and continuous growth in the United States in the number of persons and households of different and multi-ethnic backgrounds. Data from the 2000 U.S. census, which introduced a new system of reporting race, providing a list of races and asking respondents to check all that apply, and the National Health Interview, which uses a similar system, provide ample evidence of the changing ethnic profile of the total population with increasing numbers of Asians and those of Hispanic origins. The confluence of immigrations and an increase in interethnic marriages throughout the world, including countries such as the United Arab Emirates and Kuwait in the Middle East, the Philippines, and Vietnam, to name a few, affirm the gradual but distinct emerging profile of ethnic diversity.

Resilience in Families: An Evolving Conceptual Framework

Over the past three decades, attempts to explain the variability in family behavior in response to stress have clustered around three bodies of theory building and related research. The research by Reuben Hill (1949) advanced the ABCX thesis that family resistance to the impact of stressors and avoidance of a family crisis could be explained by understanding the stressor (A), the resources available to and used by families (B), the family's definition of the stressor (C), and the outcome of family crisis (X). The research and theory building by McCubbin and Patterson (1983), nearly four decades later, focused on explaining the variability in family systems in responding to and recovering from a family crisis. To emphasize the recovery phase of family behavior, the double ABCX model of adaptation of families emerged with an emphasis on "postcrisis" factors (the ABCX model was viewed as focused on "precrisis"), such as the pile up or accumulation of life events and changes (AA); the family's rebuilding of protective resources that were depleted and the use of family recovery resources, inclusive of family coping (BB); the family's appraisal of the situation focused on balancing of demands and resources (CC); and family adaptation (XX), reflecting the outcome of family change and recovery from a crisis situation.

This model evolved into the FAAR framework, or family adjustment and adaptation response, representing the integration of the Hill ABCX and the McCubbin and Patterson double ABCX into a full model with an added focus on the family processes (McCubbin & Patterson, 1983a, 1983b). This emphasis on the dynamic processes of both adjustment and adaptation inspired family scholars to examine the role of family typologies (core family patterns of functioning) as core family competencies in shaping outcomes, adjustment, and adaptation. The typologies of *regenerative family systems* (with core strengths in hardiness and coherence), *versatile family systems* (with core strength in bonding and flexibility), *rhythmic family systems* (with core strengths in

family time and routines and the valuing of both), and *traditionalistic family systems* (with core strengths in traditions and celebrations) emerged in the literature as both core *protective factors and recovery factors across the family life cycle* (McCubbin, Thompson, Pirner, & McCubbin, 1988).

The resiliency model of family adjustment and adaptation (McCubbin & McCubbin, 1993; McCubbin, McCubbin, Thompson, & Thompson, 1995), referred to in this chapter as the resiliency model, was a natural evolution of earlier theory building and research with a dedicated commitment to explaining the variability in family behavior in the course of recovery when faced with traumatic life events and catastrophes. This deliberate and planful shift in our commitment and emphasis on postcrisis and family recovery flows from the refinement in theory and research rendering clarity in distinction between protective factors and resilience (McCubbin, 2003). Beauvias and Oetting (1999) made a distinction between the two concepts by first defining protective factors as capabilities and processes that increase the chances of family prosocial behaviors and norms in the face of stressors and strains. Thus, to determine the effects of protective factors is to focus on the degree to which they foster prosocial behaviors and reduce the risks, thus avoiding a family crisis. Prosocial behavior can be considered protective when it reduces negative behaviors or symptoms such as depression or anxiety. Prosocial behavior can also be considered positive when it promotes adjustments, stability, and harmony in functioning as well as the growth of family members.

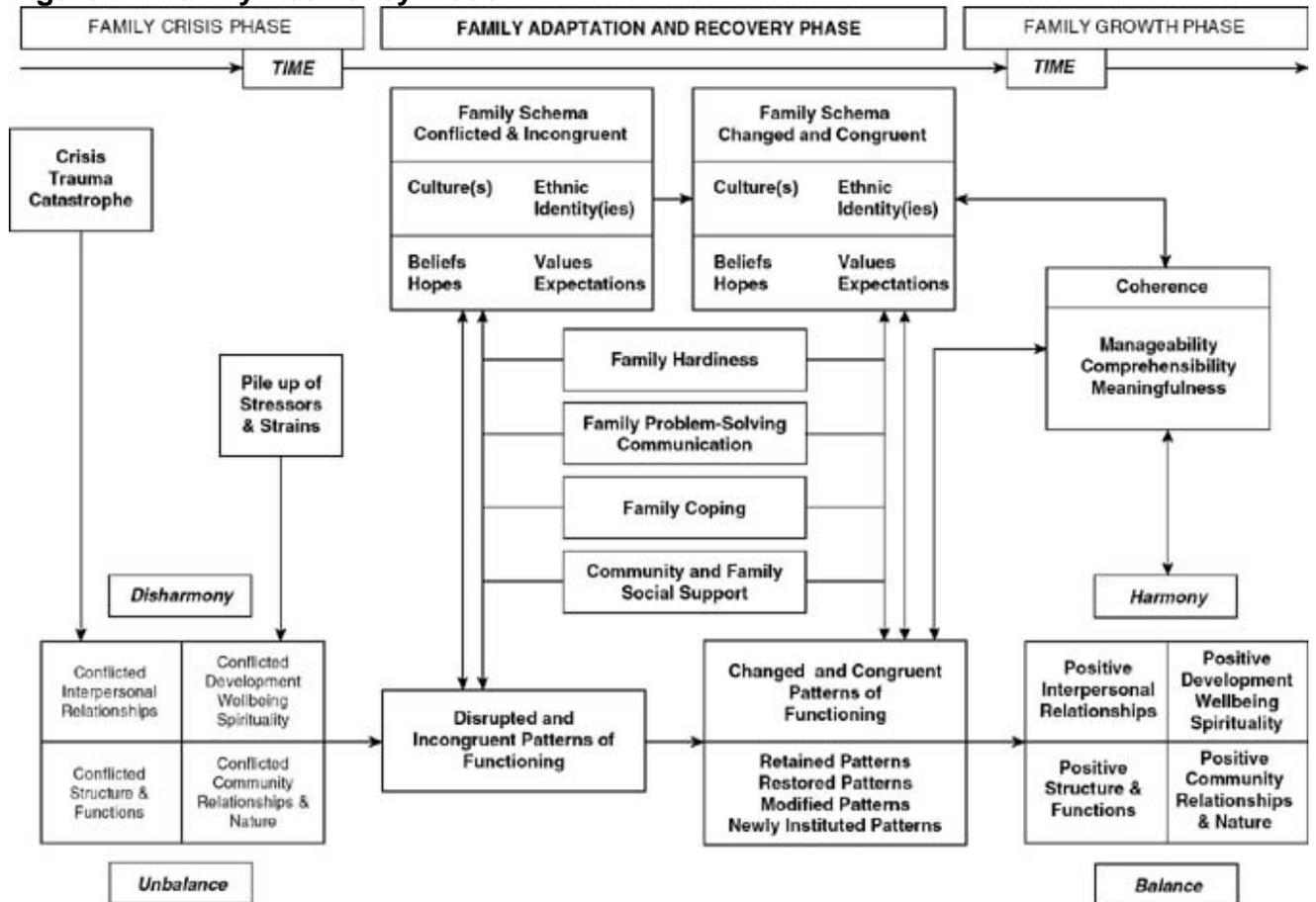
The resilience model with its emphasis on growth in the face of trauma and crises is depicted in [Figure 2.1](#).

By definition, the resiliency model, as well as its predecessors, is a contextualized and developmental framework; the family and family members are seen as an integral and interacting part of the larger social ecology of nature, community, society, nation, and the world, over time. In general, because the family is a system, each domain of family life has an effect on each of the other domains. From a process perspective, in crisis situations, particularly when faced with major traumas or catastrophes, the family's numerous and substantial hardships call for substantive changes in the family system, including roles, goals, value, rules, priorities, boundaries, and overall patterns of functioning. These changes are necessary to achieve balance and harmony across the domains of family functioning.

In addition, families may take advantage of a crisis situation and choose to remain unbalanced and in the state of disharmony to bring about more substantial changes in the family's patterns of functioning. New patterns of family functioning may be introduced to reestablish harmony and balance. For example, in the face of the trauma of a spouse losing a job held for 18 years, a career position the spouse expected to retire from, accompanied by a deterioration in family income and harmony, a family may struggle with the decision to have the other parent return to the work or require one or both parents to take on multiple lower-paying jobs just to survive. These changes alone will force changes in other patterns of family functioning in an effort to bring about harmony and balance. The newly unemployed spouse or significant other will be asked to take on more domestic responsibilities along with added child care responsibilities, both of which may have been the point of prior conflicts, tensions, and resentments. It is also true that an older child in the same family may be called on to take on more responsibilities at home or as a wage earner, thus pulling the child away from school,

individual developmental tasks, and other social growth-producing situations and relationships.

Figure 2.1 Family Resiliency Model



The family system's rules, roles, and responsibilities will in all likelihood change, which may also create additional pressures adding to the imbalance and disharmony. In situations involving this challenge to the family's internal harmonizer and thermostat—that is, the family's established patterns of functioning—the family will, in all likelihood, experience a condition of maladjustment and resulting condition of family crisis in addition to the crisis created by the initial transition of job loss.

Family crises have been conceptualized as a continuous condition of disruptiveness, disorganization, or incapacitation in the family social system (Burr, 1973) accompanied by family trial-and-error efforts to restore harmony and balance. Consistent with Reuben Hill's (1949) original definition of family crisis, within the resiliency model, a family in crisis does not necessarily carry the stigmatizing pejorative value judgment that the family unit has failed, is dysfunctional, or in need of professional treatment for such a malady. It is important to reiterate that family crises are not necessarily brought about by the family's being victimized or traumatized by events beyond its control. Families may enter into an *active process of inducing or exacerbating a crisis* to bring about transformation and changes in the family's established patterns of functioning, which some members may view as more desirable or needed. Accompanied by family efforts to change its established patterns of functioning as part of restoring balance and harmony, the system enters into the adaptation or growth phase of the resiliency model.

With the presentation of core concepts of the resiliency model, and the availability of more comprehensive and complete description of the resiliency model in other publications (McCubbin, McCubbin, & Thompson, 2002), we will focus the remainder of the chapter on the key elements of the resiliency model that reveal the application of the framework to the study of families of different ethnicities, cultures, and social contexts.

Family Adaptation and Transformation

The resiliency model with its adaptation and transformation phase emerged from studies of war-induced family crises (McCubbin, Boss, Wilson, & Lester, 1980; McCubbin & Dahl, 1976), the study of families faced with chronic stressors and illnesses (Kosciulek, McCubbin, & McCubbin, 1993; McCubbin & McCubbin, 1987, 1989), the study of family transitions and changes over the life cycle (McCubbin & Lavee, 1986; McCubbin et al., 1988; Olson et al., 1983), the study of Native Hawaiian, Filipino, Asian American and African American families faced with both normative and nonnormative stressors and crises (McCubbin & McCubbin, 1988; Thompson, McCubbin, Thompson, & Elver, 1995), the study of African American families faced with relocations into foreign countries with the added risk of war (McCubbin, 1995), and the study of African American families involved in treatment programs for their sons determined to be youth offenders requiring residential treatment (McCubbin, Fleming, et al., 1995). The dynamic nature of family resilience and transformation, depicted in [Figure 2.1](#) may be characterized in the following narrative.

Families in crisis situations are characterized, in part, by an imbalance and disharmony, a condition precipitated by a traumatic situation and fostered by the inadequacy of or the problematic nature of the family's patterns of functioning. "Families in crisis" is defined as the system's fundamental inability to *achieve balance and harmony* along four interrelated dimensions of family life: (a) interpersonal communication and emotional relationships; (b) individual member and family development, well-being, and spirituality; (c) family structure and function; and (d) community relationships and nature (McCubbin, McCubbin, & Thompson, 1996). The crisis situation pushes the family to initiate change and transformation in the family's patterns of functioning. The family's ability to bounce back and transform itself— that is, to achieve balance and harmony across its four dimensions of family life—depends on the effectiveness of the family's cluster of six core competencies:

1. The family system's competencies and ability to manage the accumulation and reduction of co-occurring or residual historic stressors and strains (e.g., initial stressor, normative transitions, situation demands, consequences of family efforts to cope, family and social ambiguity due to the lack of experience and guidelines, or conflict with existing guidelines; conflict with new patterns of functioning that don't fit; conflicts with family norms, rules, values, and beliefs; and conflict in patterns of functioning)
2. The family system's competencies in mobilizing its member strengths and capabilities (e.g., intelligence, knowledge, personality, health, sense of mastery, self-esteem, sense of coherence, ethnic identity, and cultural practices) and its collective strengths and capabilities (e.g., organization, hardiness, communication, problem solving, traditions, celebrations, bonding, flexibility, routines, and support) to (a) rebuild those strengths that may have been diminished or that may have deteriorated in the face of trauma and its impact; (b) activate and focus its protective and recovery resources to create and implement

new patterns of functioning, to change, and to stabilize old patterns; render legitimacy to the new and changed patterns; and resolve conflicts with the old patterns; and (c) maintain emotional stability during the process

3. The family system's competencies to mobilize the community strengths and resources (e.g., emotional support, esteem support, network support, altruism, honest feedback) and to cultivate, change, and improve on community resources and strengths (e.g., family and individual programs, policies, rules, guidelines, regulations, mission, and resources)—to bear on and be tailored to meet the needs of the challenged family and to aid the family in its efforts to achieve harmony with the community

4. The family system's competencies in modifying, creating, and cultivating changes in the family's schema needed to guide behaviors as well as legitimize changes in the family's patterns of functioning and, in so doing, minimize conflict, maximize congruency between the family's schema and instituted behaviors, and promote a sense of manageability, comprehensibility, and meaningfulness

5. The family system's competencies in positive problem solving and coping focused on achieving balance and harmony among the core dimensions of family life while promoting emotional stability and changes in the family's patterns of functioning and schema

6. The family's system's competencies in creating shared meaning (e.g., purpose, legitimacy, direction), as well as behavior, that will be congruent with the family's schema (e.g., ethnic identity, culture, beliefs, values, rules, priorities, expectations, relationship with nature, and convictions).

Culture and Resilience

In the case of ethnic minority families, the identification of resilience factors, inclusive of ethnic identity and culture, emerge as central themes of resilience research. These efforts are accompanied by a line of inquiry focused on how ethnic identity and culture, independently or in combination with other moderating or mediating factors, will have the greatest impact and value in promoting recovery.

The influence of culture on family life has been documented in the family literature. A comprehensive review by Tseng and Hsu (1991) reveals that, over time, culture has influenced family functioning in a great variety of ways: marriage forms, choice of mates, postmarital residence, the family kinship system and descent groups, household and family structure, the primary axis of family obligations, family-community dynamics, and alternative family formations (Berkner, 1972; Ishisaka, 1992; Li, 1968; Miller, 1969; Mokuau, 1992; Pelzel, 1970; Tseng & Hsu, 1986). Historically, the family has been the conduit for cultural transmission, providing a natural atmosphere for traditions, beliefs, and values to be passed from generation to generation, and it has evolved throughout the ages to keep culture and ethnic heritage alive. In turn, the family's traditions, an important element in the process of family resilience, have given families a sense of stability and support from which they draw comfort, guidance, and a means of coping with the problems of daily life.

The establishment of culture in the resilience process—that is, the recovery from trauma—has been grounded in the literature, albeit on a limited basis. To demonstrate the importance of culture to family resilience, a brief synopsis of studies of the trauma of “end-of-life decisions” would be appropriate. The end of life with its accompanying decisions, considered a traumatic family crisis, offers the family scientist and clinician

a vivid set of examples of the subtle but potentially profound influence of culture on family and individual resilience. For a full and expanded discussion of end-of-life decisions, the work of Gwen Yeo and Nancy Hikoyeda (2000), from which the following synopsis is drawn, deserves full review and analysis.

African Americans draw heavily from a religious doctrine that heaven is not of this earth and a transcendent soul rises to heaven on death (Mouton, 2000). This core religious belief, Lincoln and Miyama (1991) argue, emerges as a direct relationship between slavery and the notion of a “divine rescue.” This deference to and dependence on a power greater than humans to relieve African Americans from the conditions of suffering is accompanied by “a belief in God's power to conquer all and a resilient hope that a miracle will happen” (Mouton, 2000, p. 74). Interestingly, studies of preference for life-sustaining care reveal that African Americans, compared with Caucasians, Hispanics and Asians, were more likely to choose life-sustaining treatment even in the face of futility or low expected quality of life.

Furthermore, African Americans appear less likely than any other ethnic group to trust health care providers, communicate treatment preference, and participate in organ donation. Levy (1985) documented how medicine proceeded with incomprehensible and seeming unethical practices in the treatment of African Americans, all justified on the notion that African Americans were inferior to Caucasians.

Hispanic families, faced with the same challenges of defining the role of religious beliefs, trust of health care providers, and choice of life-sustaining care, responded with notable differences that have implications for identifying factors in resilience and predicting family behavior. The Hispanic population is increasing significantly with about 22 million reported in 1990 and 31 million in the year 2000. The number of Hispanic elderly was expected to increase by nearly 4% each year from 1990 to the year of 2050 (U.S. Bureau of Census, 1993).

Keeping in mind that the category of Hispanics encompasses several racial subgroups—including Mexican Americans, Puerto Ricans, Cubans, Central Americans, and South Americans—we need to exercise caution in our generalizations about this group even though the members share commonalities such as language, religion, and tradition of family relations. Cuellar (1990) emphasized the importance of four cultural themes that promote resilience among Hispanics: *jerarquismo* (respect for hierarchy), *personalismo* (trust building over time based on the display of mutual respect), *espiritismo* (belief in good and evil spirits that cannot affect health and well-being), and *presentismo* (emphasis on the present and not the past or future).

A qualitative study in a rural town in northern New Mexico (Rael & Korte, 1988) revealed the common practice of holding a vigil over an older family member with a terminal illness. They believe that dead family members continue to watch over the living family members and thus are prayed to for continued support and strength. In general, the rituals support the cultural perspective that death is a natural part of the cycle of life and life is only a temporary gift from God. Talamantes, Lawler, and Espino (1995) found that older Puerto Rican, Cuban, and Mexican American women caring for a terminally ill family member depend on their faith in God to cope with the hardships of pending loss and the death of a loved one. A saying such as *Dios es Grande*, God is great, is offered as testament to the value attached to their faith in coping with illness and death. *Fe*, or spirituality, was also found to be an important coping resource among older

Hispanic women. The vast majority of the respondents to a survey found that *Fe* would help in healing and coping with life's problems, such as caregiving responsibilities. Mexican Americans, in a qualitative study, were concerned about God's wanting a "whole body back." They believed that the soul remained in or near the body for up to 9 days and would feel an incision or insult to the body; thus, they were more likely to limit the practice of organ donations or autopsies.

Asian/Pacific Islanders constitute a census category in the United States and thus are often treated as a unified group. In fact, more than 30 countries of origin are clustered together to form this "homogenized" grouping of races. They span over half the globe and represent literally hundreds of language and ethnic subgroups, many vastly different from one another in cultural ideology, ethnic identity, and traditions, particularly about death and death decisions. Furthermore, even within culturally defined beliefs, which have a history spanning thousands of years, there may be marked differences in those beliefs across Asian groups. For example, although Buddhist traditions are viewed as having a deep history of practice and basic doctrines are similar, there are definite differences in rituals and practices, particularly those beliefs related to reincarnation and the role of ancestral spirits. Koenig (1997) points out that Chinese and Southeast Asian Buddhists believe in the important influence of ancestral spirits, whereas Japanese American Buddhists tend to honor their ancestors but do not attribute supernatural powers to them.

"Little data are available on decision-making about death in the Native Hawaiian culture, especially outside the state of Hawaii" (Yeo & Hikoyeda, 2000, p. 119). According to Braun and Nichols (1996) current Native Hawaiian beliefs are influenced by Native Hawaiian traditions as well as Christianity. As reported, some Hawaiians, particularly elders believed that talking about death will bring on death, but many Native Hawaiians make their wishes known to their *ohana* (family) and loved ones. In a study, Braun (1998) gathered end-of-life attitudes from five ethnic populations, including Native Hawaiians. It is striking that the vast majority, three fourths of the Hawaiians invited to participate in the study, refused. The few who did participate, being primarily Christians, revealed great respect for the traditional Hawaiian values of family, mutual cooperation and support, and collaborative decision making. They felt they had little control over medical decision making that affected them, which resulted in a low level of trust in physicians. Of all the ethnic groups, the Native Hawaiians were the most inclined to endorse preparation for death by making decisions about organ donations—that is, not to be organ donors: They did not believe in organ donation, for it was more appropriate to return the body to God, its maker, as it is.

Native American Indians and Alaskan Natives, two other indigenous groups, make up a small but ever-increasing component of the U.S. population. There are more than 300 federally recognized tribes, 100 state historical tribes, several dozen tribes with no formal recognition, and about 200 Alaskan Native villages (U.S. Bureau of Census, 1993). As Mason and Tribble (1982) report, more than 150 languages are spoken by these diverse groups.

Recognizing that beliefs and cultural customs vary within and among Native American tribes, there is one commonality in views regarding death and dying. Native American Indians and the Alaskan Natives view death as a natural and accepted part of life; life and death are seen as a unity in a cyclical process with nature (Lewis, 1990). Lombardi and Lombardi (1982), drawing attention to the harmonious relationship between the

Native American Indians and the laws of nature, report that “Native Americans thus comprehend the harmony of the endless cycle creation and re-creation: Their interred bodies return nourishment to the earth; the earth makes the plants grow; the plants feed the animals; the animals feed humanity” (p. 36).

The heterogeneity of traditional beliefs, values, and rituals can be discovered in ethnographic reports on the Lakota Sioux of South Dakota (Brokenleg & Middleton, 1993), the Tanacross Athabaskans of Alaska (Simeone, 1991), the Comanche of Oklahoma (Wallace & Hoebel, 1952), and Canadian Indians (Kaufert & O'Neil, 1991). One of the most interesting accounts reveals the beliefs of the Navajo people of Arizona, New Mexico, and Utah. The Navajo have been characterized as fearful of death and the dead, reluctant to touch the body of the dead for fear the spirit of the deceased might contaminate them. They believe that ghosts of the dead might return to their homes and harass the living to avenge past wrongs. The names of the dead are not spoken, and afterlife is an uninviting ambiguous world (French & Schwartz, 1976; Kluckhohn & Leighton, 1946).

In the contemporary context, particularly the health care system and its emphasis on patient autonomy (i.e., patient has control over body and mind) and self-determination (i.e., the right to decide), there exists an inherent conflict with Native American values and beliefs (McCabe, 1994). The goal of recent legislation was to increase patient participation in end-of-life decision making, thus expecting agencies and professionals to fully inform the patients of the good and bad. Carrese and Rhodes's (1995) report on their qualitative study of 34 Navajo informants revealed that the traditional Navajo believe that thought and language shape reality and influence events. Thus, positive language helps to maintain or to restore health, and negative language may be harmful to the patients. The disclosure of risk, providing of negative medical information, such as the disclosure of risk in informed consent, is by definition, a contradiction to traditional Navajo ways.

Cooperation and consensus within the family system is central to the total process of end-of-life decision making in Native American and Alaskan families. End-of-life decisions are not made by the patient without consulting the family. McCabe (1994) highlighted the importance of beneficence (i.e., doing what is good for another) as central to the Navajo way of life of giving help or aid for the good of the culture without expecting anything in return. There is no hierarchical or vertical line of decision making; instead there is a horizontal line—all concerned individuals are involved.

The degree to which indigenous families are able to recover from a trauma-induced crisis, such as the loss of a loved one, depends to some degree on the cultural beliefs and values embedded in the family system and the degree to which they, in turn, shape the family's collective behavior. There is little doubt, however, that even with the diversity of beliefs and practices across ethnic groupings, particularly among indigenous peoples, cultural beliefs and practices play an important role, although with varying impact, on the family's resilience over time.

Ethnic Identity and Resilience

The concept of ethnic identity, the second key factor in explaining the variability in family resilience, deserves more in-depth consideration by both qualitative- and quantitative-oriented behavioral scientists than it has in the past. The central thesis of ethnic identity in family resilience stems from the core argument that different social categories such

as race and ethnicity shape an individual's or a family's identity as well as its social location in society. Thus, a family system that is racially coded Hawaiian in our society will usually face situations and have experiences that are significantly different from those of a family that is racially coded Asian or Caucasian. Similarly, a family that is racially coded Asian and that has ample financial and educational resources at its disposal will usually face situations and have experiences that are significantly different from a family that is racially coded as Hawaiian. The central point is that a family's identity is likely to be largely determined by its social location in a given society. In addition, identity is the formulation of a person's social, cultural, and historical matrix. Finally, a family's experience will influence, but not entirely determine, the formation of its cultural identity. Mohanty (1993) argued, "Identities are ways of making sense of our experiences." They are "theoretical constructions that enable us to read the world in specific ways" (p. 56). Moya (2000) advanced a realistic (versus postmodernism or essentialist) perspective and renders clarity to the central role of identity. She argues that an individual's understanding of himself or herself and the world will be mediated, more or less accurately, through his or her cultural identity (Moya, 2000, p. 86). She goes on to present the thesis that one's cultural identity is not fixed or absolute and is constantly being evaluated depending on the social contexts (social location consisting of race, class, gender, and sexuality) in which one lives over time:

According to the realistic theory of identity, identities are not self-evident, unchanging, and uncontested, nor are they absolutely fragmented, contradictory, and unstable. Rather identities are subject to multiple determinations and to a continual process of verification that takes place over the course of an individual's life through her interaction with the society she lives in. It is through this process of verification that identities can be (and often are) contested and that they can (and often do) change, (p. 84)

Ethnic identity is acknowledged as a critical component of one's sense of identity (Roberts, Phinney, Masse, & Chen, 1999). Ethnic identity focuses on attitudes and beliefs about belonging to an ethnic group, a process that evolves over time and through stages (Phinney, 1990; Tajfel & Turner, 1986). Phinney (1990,1992) proposed three stages of ethnic identity development: (a) identity diffusion/foreclosure, characterized by lack of exploration of one's identity; (b) moratorium, which consists of exploration of one's identity; and (c) identity achievement, where one has explored in depth and made commitment to one's ethnic identity. The importance of ethnic identity for persons belonging to minority groups is established in Phinney and Alipuria's (1990) study of ethnic identity among Asian American, African American, Mexican American or Hispanic, and white American college students. African Americans scored the highest on ethnic identity search, followed by Mexican Americans, Asian Americans, and whites, respectively. Ethnic identity has greater importance for minority students than for the majority students, as predicted. Ethnic importance was significantly related to ethnic identity search overall and for the three minority groups separately; however, it was less important for whites. Ethnic importance was also significantly related to ethnic identity commitment. The study also demonstrated the possible relationship between self-esteem and ethnic identity development. This finding of a positive relationship with ethnic identity and self-esteem has been affirmed across investigations for African American and Latino adolescents. Caucasian ethnic identification was also positively related to self-esteem. It is important to note, however, when the American identity measure was given to African Americans and Latinos, there was no relationship with self-esteem (Phinney, Cantu, & Kurtz, 1997).

An investigation of 243 Native Hawaiian adolescents confirmed that ethnic identity predicted psychological well-being (self-acceptance and personal growth). The study confirmed that ethnic identity could serve as a protective factor in reducing symptoms of psychological distress and promoting well-being (McCubbin, 2003). Surprisingly, in explaining the variability in ethnic identification, the author discovered a positive correlation between the accumulation of Native Hawaiian stressors (i.e., racial discrimination) and increased ethnic identity. The pressures on Hawaiian youth, including discrimination, comparative racial backgrounds of peers, and the strong emphasis on Hawaiian language, dance, and traditions, appear to foster and deepen an adolescent's sense of Hawaiian identity. As the author concluded, the stressors raise the consciousness of youth in regard to historical discrimination, a process that may increase their sense of belonging to this social/ethnic group (McCubbin, 2003). In this investigation, ethnic identity was positively related to higher levels of self-acceptance and personal growth and to lower levels of depression and anxiety, again affirming its protective value.

Family Schema and Resilience

Family schema is introduced as a central dimension of family life with a function to represent the family's shared worldview inclusive of the family culture and ethnic identity. The concept of family schema has been traced to the general literature on the psychology of schemata. A family schema may be defined as a generalized structure of shared values, beliefs, goals, expectations, and priorities shaped and adopted by the family unit over time, thus formulating a generalized informational structure against and through which information and experiences are compared, sifted, analyzed, and processed. A family schema develops over time and evolves into an encapsulation of experiences that serves as a framework used to guide family behavior and patterns of functioning (Martin & Halverson, 1981; Segal, 1988). The dynamic interaction between the family schema and the family's patterns of functioning involves the family's evaluation of information leading to the acceptance or rejection of information as being irrelevant, conflictual, or congruent with the family's schema of values, beliefs, goals, expectations, and priorities. In addition, the family, guided by this analysis as a vital step in problem solving, decides on whether to introduce, change, or maintain the family's pattern of functioning. Over time, with the introduction and processing of experiences, the family unit creates a family schema that becomes self-imposed, stable, and to some degree, rigid. Not only is a family's schema highly resistant to change, but it plays a major and highly influential role in shaping and evaluating family meanings, its definition of the situation, the coping strategies employed, and the degree to which newly instituted patterns of functioning need to be cultivated to facilitate family adaptation (McCubbin & McCubbin, 1988; McCubbin & McCubbin, 1987, 1993).

Once a family schema is shaped and quietly adopted by the family system, family patterns will then be guided, if not governed, by that schema or successive schema. Once a schema is shaped, adopted, and used to interpret phenomena and to guide family behavior, there is no such thing as family functioning in the absence of a schema. The development of family schemas may be viewed as a seemingly undetectable integration of the schemata of its individual members, adopted, and employed to shape family behavior, which would be upheld and maintained as long as it is successful for the family unity and its members. The family's schema is not likely to be doubted or questioned until the family faces a crisis or a series of crisis-producing situations that place the schema or parts of the schema in question. Alternative schemas or

modification in or prioritization of elements within the family's schema (e.g., values, beliefs, goals, expectations) are then introduced and tested by the family to determine their acceptability and congruency with the family's adopted behaviors. This process of testing, rejecting, substituting, and modifying a family schema may be referred to as schema transformation.

Family schemas gain their importance in family functioning by virtue of their role in guiding and legitimizing family behaviors and patterns of functioning and in the development of family meanings along with promotion of a sense of meaningfulness and comprehensibility. This aspect of family appraisal involves the creation of shared understandings and the facilitation of family resilience in the face of trauma and catastrophes. The family's meanings—shaped by the family's schema of values, beliefs, culture, ethnic identity and expectations—are often reflected in brief or meaningful phrases such as “God's will” or “God will make things *pono* (Hawaiian for making things right)” used to encourage understanding and acceptance of adversity that cannot be explained.

The crisis situation pushes the family to initiate change in and transformation of the family's schema. The family's ability to bounce back and transform itself—that is, to achieve balance and harmony—calls for changes in the family schema that will facilitate the achievement of congruency between the family's schema and the family's new patterns of functioning. Family scientists (McCubbin, McCubbin, et al., 1995) have introduced a typology of family strategies and processes involved in the family's efforts to modify its worldview and influence and legitimize the family's adopted patterns of functioning and meaning to foster family coherence (see [Figure 2.1](#)) and make family life and functioning more comprehensible, manageable, and meaningful. The typologies associated with the promotion of change and congruency with family patterns of functioning all focused on building family coherence include the following:

- **Spiritualization:** The process of framing the family crisis situation and changes in the family's patterns of functioning as part of the recovery process through an emphasis on spiritual beliefs and practices
- **Temporalization:** The process of framing the family crisis situation and change in the family's new and modified patterns of functioning as part of the recovery process through emphasizing the long- and short-term value and benefits derived from the situation
- **Naturalization:** The process of framing the family crisis situation and change as part of the family's “natural” recovery process in which the natural order of things and predictable elements of life is emphasized
- **Prioritization:** The process of framing the family crisis situation and change in the family's patterns of functioning as part of the recovery process involving a reexamination and reprioritization of values, beliefs, and expectations, which may vary from family member to family member
- **Collectivization:** The process of framing the family crisis situation and changes in the family's pattern of functioning as part of the recovery process through an emphasis on what is beneficial to the collective, the whole family, the family's relationship to the community, and the total of relationships, with an added emphasis on the “we” as more important than the “I”
- **Culturation and multiculturalization:** The process of framing the family crisis situation and changes in the family's patterns of functioning as part of the recovery process through the clarification, affirmation/reaffirmation, integration, and

adaptation of the family's ethnic/multi-ethnic and cultural/multicultural history and practices

- **Acculturation:** The process of framing the family crisis situation and changes in the family's pattern's functioning as part of the recovery process grounded in the selective and strategic assimilation, modification, and adaptation of the values, beliefs, and practices of the majority group of people.

The Hawaiian Family: Vulnerability and Resilience

Scholars are reminded of the at-risk status of indigenous peoples. For example, Hawaiians are overrepresented in mortality rates of 26.4 (per 1,000) for infectious disease (versus 13 for all races), 29.0 for diabetes (versus 9.8 for all races), 46.1 for strokes (versus 35.1 for all races), 183.9 for cancer (versus 132 for all races), and 273.0 for heart attacks (versus 198 for all races) (McCubbin & McCubbin, 1997). These alarming statistics set the stage for a more comprehensive look at the survival and resilience of these indigenous people.

In an investigation of the functioning and well-being of Native Hawaiian families of preschool age children, McCubbin, McCubbin, and Thompson (1996) confirmed the importance of ethnic identity for individual family members and also as part of family schema in shaping the family's identity, as a resilience factor. Embedded in a measure of family ethnic schema (i.e., Hawaiian values, beliefs, expectation), ethnic identity emerged as a critical recovery factor in shaping the outcome of family resilience and adaptation (i.e., family well-being and functioning).

Using a path model to identify the direct and indirect influence of the resilience factor of family schema (shared ethnic identity—Native Hawaiian), the investigators (McCubbin et al., 1996) confirmed that family schema (including shared ethnic identity) was a significant and director predictor of other resilience factors of family's sense of coherence (i.e., family comprehensibility, manageability, and meaningfulness) and family problem-solving communication (i.e., high-affirming communication and low-incendiary communication). In turn, family sense of coherence (i.e., comprehensibility, manageability, and meaningfulness) had a direct and positive relationship with the resilience factors of family problem-solving communication (i.e., high-affirming communication and low-incendiary communication), the latter of which had a direct positive relationship with family adaptation (i.e., family well-being and functioning).

These findings (McCubbin et al., 1996) bring the constructs of culture and ethnic identity to center stage—as integral and vital competencies in the study of individuals and families of different ethnic and cultural backgrounds. These observations also place importance on the relatively unknown, suppressed, or ignored variable of family schema as a critical resilience factor in family life and underscore its direct and indirect bearing on the family's resilience and course of family functioning following a traumatic event. In addition, although not documented in this investigation, the findings suggest that a resilience factor may well be the family's capability and competency in modifying and transforming its schema in the process of family behavioral changes and adaptation. This proposition and principle has been advanced by Tedeschi and Calhoun (1995) as fundamental to the process of growth in the aftermath of trauma.

Family scholars engaged in the study of families under stress and family resilience share assumptions about family functioning in the face of stressors. The central commonality is that families engage in a roller-coaster course of adaptation. The

course of family response and behavior over time follows a predictable pattern, beginning with the family in a stable state punctuated by the impact of a traumatic event or cluster of events that sends the family spiraling downward, reflecting family disorganization, disorientation, and dysfunction, followed by the processes of family recovery and resilience. The trajectory downward (crisis) and upward and bouncing back (resilience) depends on the family's vulnerability due to the pile up of stressors and strains and the strengths and adaptability of the family's recovery factors (i.e., individual, family, community recovery factors or competencies), the most salient of which are family hardiness, community and family social support, family coping, and family problem-solving communication. The concept of a "roller-coaster" course of adaptation is legitimized by the observation that families engage in a trial-and-error process to find the optimum "fit." In this search for fit, the family may adopt structures and behavioral changes that may not be accepted or congruent with the family's schema, thus spiraling the family downward again after a short recovery, moving the family back into a crisis state, starting the trajectory upward once again. This up-and-down cycle may repeat itself over time.

Family resilience, the process of bouncing back and adaptation following a family crisis, involves the process of restructuring and making changes in rule, boundaries, and patterns of functioning. To effect posttraumatic growth, Tedeschi and Calhoun (1995) argue that schema change will accompany the behavioral and pattern modification. Essentially, the established schema before the crisis will in all likelihood be disrupted and disorganized, producing the family's attempt to create a more useful and congruent schema (i.e., affirming and complementary to family behaviors and pattern change) that will promote the family's sense of coherence (i.e., comprehensibility, meaningfulness, and manageability). Thus, family growth, we argue, is possible because of change in schemas. Tedeschi and Calhoun (1995, p. 81) carry this point further in concluding that "growth is change in schemas" (see [Figure 2.1](#)).

The Native Hawaiian family, the *Ohana* (family) of the Kanaka Maoli or true people, for example, views resilience as a relational process. According to Marsella, Oliveira, Plummer, and Crabbe (1995) the Native Hawaiian family would best be viewed in an ecological context in which the family member (*Kamaaina*), the family unit (*Ohana*), nature (*Aina*), and the spiritual forces of the world (*uhane, akua, aumakua*) are viewed as interconnected and interdependent. The family is not only an integral part of the social fabric of society but also of the consciousness or mind of the Native Hawaiian. All these elements internal and external to the family unit are united and inseparable from the larger society, nature, and spiritual forces in the world.

Within this relational and family ecological perspective (McCubbin et al., 1996), the concept of *Lokahi* or harmony takes on a relational meaning involving the land, spiritual energy, and individuals and the family unity. A family knows, Marsella et al. (1995) argue, when *Lokahi* is achieved because the family unit experiences a general state of well-being characterized by the presence of energy (*Mana*), which is interdependent with the family unit, the individual members, the spirit, the social ecology, and nature—all as one in unity.

In the Native Hawaiian context, this ideal state may be referred to as *Pono* or *Ma 'e, Ma 'e*. This is the state that the family strives to achieve through seeking a balance and harmony closely related to the unity of the individual, family, nature, and the spiritual worlds. When this state is achieved, there is arguably optimum health, well-being, and

functioning. McCubbin, Fleming, et al. (1995) point to the importance of culturally based resilience factors, including the placement of the “group or family” above self, investment in others through acts of altruism, commitment to conservation in the preservation of the land (*Aina*), and reverence and respect for the gods, rituals, and prayer.

Cross's (1995) sensitive portrayal of the common elements of the Hawaiians with those of the Native American families faced with trauma and oppression also underscores the importance of a relational point of view in describing the resilience in indigenous families. Only through an understanding of the holistic and complex relationship that come into play in achieving harmony do we come to appreciate that the goal of families is to thrive, not just survive. Of importance to the study of trauma and indigenous families, Cross (1995) calls our attention to the vital roles that these families play in teaching future generations about resilience and how to build these competencies for use in their futures. Families cultivate a learning environment and thus a set of learning experiences that facilitate what Cross called the sixth sense about where indigenous individuals and families are welcome and where they are not. Parents and siblings teach children to recognize the “subtle clues that spell danger.” Family members interpret oppressive events from the media for young children and in so doing transmit information that cushions the assaults of the mainstream media. As adults, we learn to cope with and manage the dynamics of racial differences and pass on our strategies to our children.

In the context of family life, resilience is enhanced through the family process of self-talk and story-telling, acts through which knowledge is transmitted about managing life events and managing change. In this way, family members, young and old alike, learn proven strategies for using resources and adapting to change. In story-telling, families pass on stories of their lives, their skills, and in so doing, “we parent for resilience” (Cross, 1995). As McCubbin, McCubbin, et al. (1995) concluded, “When the family system focuses on achieving harmony, resilience is advanced by contributing to the balance among these forces” (p. 43).

Challenges and Opportunities

Culture, by definition, is the sum total of knowledge passed on from generation to generation within a given society. Culture provides “meaning systems” in that it generally structures cognitive reality for an entire society (D'Andrade, 1984). Of importance to family resilience—the process of bouncing back from dramatic change, trauma, or catastrophe—D'Andrade (1984) affirms that culture, particularly its cultural meaning systems, has several key functions, the first of which is to enable the family within society to represent the world symbolically to its members and to persons outside of the family. In addition, culture has a constructive function of creating cultural entities that provide explanations of the world by way of rituals, scripted patterns of behavior, and rules to follow. Cultural meaning systems have both a directive function to guide persons in their behavior and an evocative function of creating rules for how to feel, by defining what a situation means. With these functions in mind, it is unequivocal that culture plays a key, although complex, role in the family's process of recovery and resilience.

Ethnic identity, gains the same prominence both for individual members and the family system, for it gives social and psychological meaning and serves as a basis for

belonging to a larger group beyond the family. In the context of family resilience, ethnic identity serves to shape the “group's” sense of who they are as a collective unit in a larger society. Predictably, identity, and ethnic identity in particular give the individual and family unit a basis on which to explain behavior and interpret the social meanings of experiences. Ethnic identity plays a key role in the resilience process, for it has a significant part in shaping an individual's self-esteem and self-efficacy; it shapes the family's sense of viability and function as well as worth and confidence, all of which are essential foundations for resilience.

Even with a long history of knowledge about the anthropologist's view of ethnicity, culture, and behavior, as well as the psychologist's understanding of identity, we are novices approaching a crossroads in research and theory building to explain how culture and ethnic identity—under what circumstances and for what groups—come to promote resilience and family resilience in particular. This chapter offers but a glimpse of the elements or recovery factors that shape the resilience process. We have only scratched the surface of the dynamic processes involved and how they work together to accomplish the family's recoverability and adaptation following trauma.

One of the critical issues common to both resilience factors, culture and ethnic identity, is the reality of the proliferation of multicultural families with multicultural identities. Furthermore, culture and identities are constituted in different historical contexts. For example, the Native American living in the 1940s with the experience of World War II might experience his or her ethnic identity very differently from the Native American in the 21st century. The social cultural meanings attached to each person's ethnicity are so different as to render meaningless the project of describing one Native American in terms of the other. Consequently, in the current era of interracial marriages, cultural and ethnic identity categories may be neither stable nor internally homogeneous, thus presenting unique challenges to the theorist, research scholar, and clinicians who are called on to understand this complexity, predict behavior, prevent crises, and facilitate recovery and resilience. The decade ahead presents numerous challenges for all who have a commitment to serving families in need and promoting their growth in an era of rapid social and technological change.

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- Hawaiians
- ethnic identity
- resilience
- schemas
- family functioning
- families
- resiliency

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