

The communicative process of resilience for marginalized family members

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Elizabeth Dorrance Hall

Utah State University, USA

Abstract

This study aims to understand how people living at the edge of their familial group as marginalized members (i.e., “black sheep”) enact resilience. Inductive analysis of interviews with 30 marginalized family members uncovered five resilience strategies marginalized family members engage in to come to terms with their position in the family, repair family relationships, and/or create a new sense of normalcy: (a) seeking support from communication networks, (b) creating and negotiating boundaries, (c) (re)building while recognizing negative experiences, (d) downplaying the lived experience of marginalization, and (e) living authentically despite disapproval. This research extends the resilience framework by exploring situated resilience strategies engaged in by marginalized family members. Practical implications for marginalized family members, their families, and family counselors are discussed along with avenues for future research examining the marginalization of diverse employees.

Keywords

Black sheep, coping, family communication, marginalization, resilience, social support

Humans experience an innate need to belong that requires frequent positive interactions with close others who care about them in ongoing relationships (Baumeister & Leary, 1995). Psychological and physical consequences occur when the need for belonging is not met (e.g., depression, anxiety, loneliness, jealousy, and guilt; DeWall, Baumeister, &

Corresponding author:

Elizabeth Dorrance Hall, Family Communication and Relationships Lab, Department of Languages, Philosophy, and Communication Studies, Utah State University, 0720 Old Main Hill, Logan, UT 84322, USA.

Email: elizabeth.dorrance@gmail.com

Masicampo, 2009), rather than the positive affect that comes from forming and maintaining close relationships. For many, families offer a key sense of belonging. Excluded family members are often referred to as “black sheep” (Fitness, 2005). Black sheep, or marginalized family members, feel fundamentally different from other members and are often excluded or disapproved of by several members of their family. They belong, yet not in the same way as the others in the family. Communication is the vehicle with which marginalization of people is enacted, perpetuated, and received. This study utilizes a communicative lens to understand how marginalized family members remain resilient in the face of rejection and disapproval from a group considered by many people the core of their support network (Degenne & Lebeaux, 2005).

Resilience provides a theoretical framework for understanding strategies that marginalized family members use to cope with chronic or acute stress (Afifi, Merrill, & Davis, 2015) and come to terms with their position in the family, repair family relationships, or create a new sense of normal (e.g., a “family” comprised of in-law relationships, colleagues, or friends; Buzzanell, 2010). Resilience has been conceptualized as the human ability to withstand and bounce back from tragedies, disasters, or other difficult life experiences (Richardson, 2002; Walsh, 2003). From a communicative standpoint, resilience is the interactive “process of meaning making through everyday messages and stories that enable reintegration from life’s disruptions” (Lucas & Buzzanell, 2012, p. 190).

Family is an intriguing context in which to study resilience since family members’ lives are inextricably linked (Giele & Elder, 1998; White & Klein, 2008). As described by Lucas and Buzzanell (2012), “family members develop shared constructions of reality whereby they craft coherent narratives about the meanings of adversity” (p. 192). Family members who perceive they are marginalized experience chronic stress associated with their position in the family requiring them to enact resilience, yet traditional family coping strategies may not be available to them for this very reason. This study extends resilience and marginalization scholarship by exploring how marginalized family members engage in the process of resilience and identifying new resilience strategies specific to this context.

Marginalization from social groups

Little is known about family member marginalization, yet organizational scholars and psychologists have been studying marginalization in social groups for decades. According to Hogg (2005), members on the margins (i.e., on the in-/out-group boundary) feel affectively rejected and are more disliked than members of either the in- or out-group. These members have little to no influence over the group and tend to be viewed as deviant. Marginal members feel uncertain about their group membership which often causes a desire to leave the group “physically and psychologically” (Hogg, 2005, p. 254). Organizational scholars have identified a “black sheep effect” in which likeable in-group members are regarded more positively than similar out-group members and disliked in-group members are regarded more negatively than similar out-group members (Marques & Paez, 1994, p. 38). In other words, it is socially worse to be part of the in-group and be disliked than to be in the out-group. Although the black sheep effect has

not been examined in the context of families (Beck, Miller, & Frahm, 2011), the distinction may be especially salient in families as the in-group is not typically chosen by its members (i.e., a person is born/adopted into the in-group) and rejection from the in-group could indicate a loss of identity.

Social psychologists have also explored the negative effects of marginalization from groups. Social exclusion and rejection incur bleak consequences for both behavior and health (DeWall et al., 2009). For example, rejected people display aggressiveness (Buckley, Winkel, & Leary, 2004), reduced intellectual functioning (Baumeister, Twenge, & Nuss, 2002), emotional numbness, and detachment (DeWall et al., 2009). Family member marginalization provides an example of repeated rejection and/or social exclusion.

Fitness (2005) provides one of the only studies that has explored family member marginalization. Fitness surveyed 70 Australian university students and found that the marginalization of family members is common (i.e., 80% of participants reported at least one black sheep in their family). Her study identified sources of feeling marginalized such as differences in interests, not fitting in with family, engaging in crime, or marrying an undesirable partner. The process of marginalization including how marginalized members cope with their status has yet to be explored.

Organizational and social psychology research paints a picture of the emotional pain and difficulties likely encountered by marginalized family members. As such, marginalized family members would benefit from engaging in resilience in the face of stressors small and large. The marginalization of family members tends to be a process which unfolds over time (Dorrance Hall, 2015) indicating that there may be events that marginalized family members can pinpoint as especially stressful, or “turning points” (Baxter, Braithwaite, & Nicholson, 1999) in their marginalization (e.g., coming out as lesbian, gay, bisexual, transgender, or queer (LGBTQ)). Members who perceive they are marginalized also need to be resilient to a chronically stressful life position; their ongoing status as the black sheep. For example, some may be experiencing ambiguous loss associated with their place in the family (Boss, 2007). A family member may feel ambiguous about their role if they are a son or daughter, sister or brother, yet treated differently than the others. Marginalized members may be physically present but psychologically absent at family events. These contradictions and chronic uncertainties can cause distress. Marginalized members likely need more support than other family members, yet their position as the marginalized member makes seeking support and coping with others in “traditional” ways more difficult.

Evidence from related frameworks: Social support, coping, and stigma management

Family members experiencing the emotional pain related to marginalization likely engage in multiple communicative processes to enact resilience including seeking social support, engaging in active coping, and utilizing stigma management strategies. Research on each of these frameworks builds a foundation for understanding how family members who perceive they are marginalized engage in resilience.

Social support

Social support is an integral way individuals cope with life stressors and maintain happy, healthy lives (Garmezy, 1985; Ong, Bergeman, & Boker, 2009), yet marginalized family members are not always able to turn to family to gain the support they need. Social support, defined as “verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid,” can decrease emotional distress and enhance coping (MacGeorge, Feng, & Burlison, 2011, p. 317). Marginalized family members likely seek social support from family or friends to feel connected with others and cope with their feelings of marginalization.

Active coping

Previous literature has identified three types of general coping, one of which includes seeking social support. *Active-behavioral coping strategies* encompass attempts at coping that directly deal with the problem at hand (e.g., seeking social support, confronting a situation, discussing the problem with others, or seeking information; Billings & Moos, 1981). *Active-cognitive coping strategies* include attempts to reframe the situation or accept things as they are (i.e., primarily cognitive work; Billings & Moos, 1981). *Avoidance strategies* include attempts to hide information or avoid confrontation of the problem. According to Maguire (2012), this three-part approach to understanding coping is problematic because “it is often difficult to determine whether a particular behavior is approach- or avoidance-oriented . . . and leaves out other forms of coping” (p. 59).

Stigma management

A third communicative process marginalized people may engage in is stigma management. Stigma parallels marginalization in many ways, for instance, stigmatization is a process that casts certain people as out-group members serving to build group solidarity (Falk, 2001). Stigmas can be physical, social, or moral (Ashforth & Kreiner, 1999), and marginalized family members may have stigmatized identities in any of these areas. Fitness (2005) found that black sheep family members were marginalized for looking different, having different interests or talents, or troublemaking (e.g., crime, drugs). Stigma, like marginalization, is a chronic stressor that endures over time and requires management (Meisenbach, 2010). Meisenbach’s discursive stigma management typology connects stigma communication to resilience and identifies how individuals manage stigmatized identities in interactions. The typology organizes six categories of stigma management based on whether the individual accepts or denies the existence and applicability of their stigmatized identity: accepting, avoiding, evading responsibility, reducing offensiveness, denying, and ignoring/displaying (see Meisenbach, 2010).

Resilience

Resilience incorporates elements of social support, coping, and stigma management, yet is distinct. Resilience can be viewed in two ways: (1) as a set of adaptive behaviors

fostered in individuals (e.g., a positive psychology view of resilience; see Sheldon & King, 2001) or (2) as a process accounting for context specific factors at individual, group, and societal levels (Kolar, 2011). Research and theorizing about resilience from each point of view are reviewed below.

Resilience as individually focused

Interdisciplinary scholars have amassed a great deal of research on resilience as a desirable outcome or personality trait (Bonanno, 2004; Carver, 1998; Ong et al., 2009) and have found that resilience is quite common among people (Beck & Socha, 2015; Bonanno, 2004; Ong et al., 2009). This study assumes that despite sometimes extreme stress experienced by people who are disapproved of or excluded by family, most people who are marginalized find ways to cope with their family situation.

Resilience scholars have identified social relationships with others as an important protective factor and a part of individual resilience (along with personality; Ong et al., 2009). Luthar (2006) wrote that “resilience rests, fundamentally, on relationships” (p.780), yet research has not fully explored how relationships with others are part of resilience. Ong et al. (2009) found support for the idea that people who are more socially connected are more resilient in a study concerning life challenges with cardiovascular functioning. This study aims to understand resilience “pathways” marked by communication with others by refocusing the microscope to examine *how* people enact resilience.

Resilience as a communicative process

Buzzanell (2010) describes resilience as a set of family-level processes “fundamentally grounded in messages, d/Discourse, and narrative,” rather than the individual (p. 2). Labeling resilience as a process as opposed to a skill or behavior implies a dynamic and ever-evolving nature (Poole, 2007). This investigation further explores resilience as a communicative process people engage in with others to actively cope with serious life stressors.

Buzzanell (2010) forwarded five communicative processes through which resilience is achieved: crafting normalcy, affirming identity anchors, utilizing communication networks, reframing, and downplaying negative feelings while focusing on positive emotions. These processes could be used by marginalized family members to reframe their situation or relationships. Buzzanell (2010) defined crafted normalcy as “embedded in material realities and generated by talk-in-interaction” (p. 4). This means that families can “talk normalcy into being” (p. 4). For example, marginalized family members might express preference for celebrating holidays with friends instead of their family of origin. Affirming identity anchors (i.e., identity discourses people rely on to define who they are in relation to others) included significant identity work (e.g., maintaining face) on the part of the entire family (Buzzanell, 2010). Marginalized members and their families might affirm existing valued identities such as “son” or “sister” in the face of changing social identities such as sexual orientation. Maintaining and using communication networks focused on “building and utilizing social capital”

(Buzzanell, 2010, p. 6) and might include marginalized family members relying on network members outside of their family for roles family usually fill. Reframing or creating alternative logics (e.g., organizing logics that may be contradictory or non-sensical) with others (Buzzanell, 2010) provide a different way of looking at and understanding the process of marginalization for those who are marginalized. Buzzanell's (2010) last process allows people facing difficulty in life to validate negative feelings while refocusing on the positive. Marginalized family members may recognize the hurt they have experienced so that they can focus on improving their family situation or surround themselves with nonfamily of origin people who care about them (i.e., voluntary or fictive kin; see Braithwaite et al., 2010).

Because major stressors in families are complex and unfold over time, Walsh (2003) argued different coping strategies may be more effective at different stages of the process and in different contexts. Buzzanell (2010) offered her five processes as examples of how people engage in resilience inviting scholars to uncover other context specific processes. This study draws from Buzzanell's work yet is distinct as it focuses specifically on the resilience enacted by family members struggling with marginalization rather than a variety of issues families and organizations face (e.g., job loss and hurricanes). To explore what resilience processes look like in the family member marginalization context, the following research question is proposed:

Research Question: What, if any, resilience strategies do family members who perceive they are marginalized engage in to actively cope with their marginalization?

Method

Participants and procedures

The participants for this study were 30 marginalized family members who self-identified as different, excluded, not accepted, or not as well liked as other members in their family. Participants were sought four ways: (1) a large Midwestern university research recruitment service viewed by faculty, staff, and community members; (2) flyers posted at libraries and family resource centers; (3) an e-mail announcement service operated by the National Communication Association; and (4) e-mails sent to graduate directors of various programs. Participants had to be 25- to 35-years-old so that their experiences with their family of origin were fresh and salient, have at least one sibling, and identify with "chronic" feelings of family marginalization from multiple family members. Chronic feelings of marginalization meant that the participants must have felt "different, not included, or not approved of . . . by multiple family members from [the participant's] family of origin (the family they grew up with) for at least one year at any point during the past ten years." This requirement ensured that the participants had experienced a series of events associated with their feelings of marginalization.

Participants ranged in age from 25 to 34 ($M = 28.6$, $SD = 2.61$) and were 73.3% female ($n = 22$). Most participants were White (76.6%, $n = 23$), followed by Asian/Pacific Islander (10%, $n = 3$), Hispanic (10%, $n = 3$), and African American (3.3%,

$n = 1$). Participants were living in seven different states across the U.S. Nearly half of the participants indicated “single” marital status (46.7%, $n = 14$) while 40% were married ($n = 12$), 6.7% engaged ($n = 2$), 3.3% cohabitating ($n = 1$), and 3.3% divorced ($n = 1$). The majority of participants were heterosexual (70%, $n = 20$), 16.7% identified as LGBTQ ($n = 5$), and four (13.3%) did not disclose their sexual orientation. Over half of the participants were currently in graduate school (53.3%) and of those 16 participants, half were the first in their family to attend graduate school ($n = 8$).

Participants reported having 2.3 siblings on average ($SD = 1.62$, ranging from 1 to 7 siblings). The majority were firstborn (56.7%, $n = 17$) followed by second (30%, $n = 9$), fourth (10%, $n = 3$), and fifth born (3.3%, $n = 1$). All participants reported biological relatedness to at least some members of their family of origin. In addition, 6.7% ($n = 2$) reported relatedness through marriage (stepfamily) or “other” relatedness (6.7%, $n = 2$). Most participants lived in a different state than their geographically closest family member (56.7%, $n = 17$), while 33% ($n = 10$) lived in different cities but the same state, 6.7% ($n = 2$) lived with an immediate family member, and 3.3% ($n = 1$) lived in different country.

All participants reported sometimes feeling like the black sheep of the family and half reported having felt this way for more than 10 years (50%, $n = 15$). Others reported having felt like the black sheep for 6 months to 1 year¹ (3.3%, $n = 1$), 1 to 5 years (26.7%, $n = 8$), and 5 to 10 years (20%, $n = 6$). Almost all participants reported currently feeling like a black sheep (93.3%, $n = 28$) and that their parents made them feel that way (96.6%, $n = 29$). Other family members who made participants feel marginalized included siblings (80%, $n = 24$), aunts and uncles (50%, $n = 15$), cousins (36.7%, $n = 11$), and grandparents (33.3%, $n = 10$).

Face-to-face (76.7%, $n = 23$) and video chat (23.3%, $n = 7$) interviews ranged in length from 25 to 104 minutes ($M = 51.63$, $SD = 17.52$) and followed a semi-structured protocol. The protocol was pilot tested with two additional marginalized family members. Participants were asked to focus on their family of origin (i.e., family members they are related to by birth, adoption, or that they lived with for an extended period of time) while they answered questions such as: “People sometimes use the term ‘black sheep’ to describe people who are marginalized from their family. What does being marginalized mean to you,” “how do you know you are different, excluded or disapproved of by your family” and “do you think anything you did or said contributed to your current place in the family?” All interviews were digitally recorded and transcribed for analysis resulting in 760 pages of double-spaced text. Names were replaced with pseudo-names.

Participants reported a variety of interwoven accounts for being marginalized. Primary reasons included not following expected gender roles (e.g., women seeking higher education/careers, “I wouldn’t stay home with my kids,” being an outspoken/accomplished woman, men having long hair or not showing an interest in sports, “not masculine enough”), leaving the family religion or changing religions, having different beliefs or values than the rest of the family (e.g., oftentimes more liberal), acting as the caretaker of the family (e.g., feeling too much responsibility), and supporting Fitness’ (2005) earlier findings, loving or marrying what was considered by family to be an undesirable partner including identifying as LGBTQ. Several participants also mentioned parental mental health issues as reasons for their marginalization.

Data analysis

Inductive data analysis captured experiences from personal frames of reference, allowing for insight and rich description of the resilience strategies used by marginalized family members. Coding consisted of defining and understanding what was happening in the data and unfolded over multiple phases. First, the author conducted line by line coding using action verbs to explain what was happening in each line/paragraph to capture social processes rather than preexisting categories (e.g., “creating new family,” “distancing self,” “seeking comfort from others;” Charmaz, 2014). Next, focused coding included iteratively comparing data with other pieces of data, codes with codes, and data with codes to explain what was happening in the data. Focused codes included “social networks inside/outside family,” “(re)negotiate/create boundaries,” and “new normal” among others. Focused codes were refined until the labels reported in the results section were selected. Exemplars were chosen by selecting compelling examples that provide evidence of each theme. The exemplars were corrected for grammar to improve readability without changing the participants’ meaning.

Trustworthiness of the analysis was established through *peer debriefing*, that is, communication scholars at a resilience conference discussed the findings to uncover biases and assumptions of the analyses as well as explore hypotheses about the data (Lincoln & Guba, 1985) and *triangulation* with another data set of over 300 marginalized family members (not reported here, see Dorrance Hall, 2015). In addition, an *audit trail* of detailed analysis notes was kept to link the data to the findings.

Findings and interpretation

The communicative strategies marginalized family members engaged in to enact resilience were captured by five themes. Marginalized family members in this study engaged in (a) seeking support from communication networks, (b) creating and negotiating boundaries, (c) “rebuilding” while recognizing negative experiences, (d) downplaying the lived experience of marginalization, and (e) “living authentically” despite disapproval. Table 1 contains definitions and subthemes of each resilience strategy.

Seeking support from communication networks

Marginalized family members sought support from communication networks in two primary ways: by (a) choosing to invest in family relationships that are genuine, including, and loving and (b) seeking support from “adopted or fictive kin.” This resilience strategy was most prevalent in the data.

Investing in family relationships that are “genuine, including, and loving”. Although siblings were sometimes described as being a source of feeling marginalized, participants also highlighted how understanding siblings and extended family members were instrumental sources of network support especially when parents were not. Indeed, siblings can operate much like friends in providing emotional support (Wellman & Wortley, 1990). Emma illustrated the notion that siblings serve a unique role in family support systems.

Table 1. Active resilience strategies enacted by marginalized family members.

Resilience strategy	Definition	Subthemes
Seeking support from communication networks	Leaning on specific social network members (family or otherwise) for emotional support	Investing in genuine family relationships; seeking support from fictive kin
Creating and negotiating boundaries	Drawing boundaries around themselves as a form of protection.	Creating physical distance; restricting access to information
“Rebuilding” while recognizing negative experiences	Working to reframe marginalization as positive, while recognizing it is painful	
Downplaying the lived experience of marginalization	Denying or minimizing hurt in order to change their personal meaning of marginalization	Insisting marginalization does not both them; reducing the influence of family
“Living authentically” despite disapproval	Being true to whom they are even if it means being rejected by family	

“He’s so genuine and including and loving, just supportive and a really good listener.” Kelly described her brother as “very accepting, very open, very encouraging” which stood in stark contrast to the way the rest of her family reacted to her coming out. This acceptance was instrumental in making her feel less marginalized and at peace with her identity.

Siblings are in a unique place to provide support, understanding, and facilitate resilience based on their shared history with parents. Janice felt her brother gave knowledgeable advice because he had similar experiences with their parents. She explained that her brother “feels the same way . . . he’s like you just have to move on with your life and you have to understand that they’re not gonna change and you just have to focus on your [new] family.” Janice and her brother provide a clear example of siblings engaging in talk that facilitates resilience for both of them. Sibling relationships are also unique in that siblings can be both allies and competitors (Daly et al., 1997). Caughlin (2003) labeled this type of family communication “forming coalitions.” Allies were siblings who engaged in resilience practices with them, stood up for them, or shared the values or beliefs that were at the root of their feelings of marginalization. Siblings sometimes communicated directly about parents while at other times, simply knowing that a sibling had also experienced marginalization from their parents was comforting. Amber spoke about her sister as an ally, “Anytime the parents were being unfair and we were on a team together, that was great.” For many, siblings provided the support and understanding they craved but were denied from other family members.

Other participants focused on extended family members (e.g., cousins, aunts), parent-in-law, and their own children. Megan connected with an uncle who shared her stigmatized identity. “I have an uncle who is gay and he has left the church as well. He’s actually the only family member period, extended or immediate that I’ve come out to . . . he was so supportive.” Ashley chose to invest in her in-law relationships. “My in-laws are wonderful and they help fill a little bit of a void . . . they make me feel like I’m

part of a family again.” Ashley’s in-laws helped her move past her traumatic experiences with her own family by filling a gap they had left in her life. Randy justified breaking ties in his toxic relationship with his parents by emphasizing the need to prioritize his children. “I told [my parents] that you know, having my own child now I needed to, you know, focus on my own child.” Collectively, these participants chose to invest time and energy in family relationships that were healthy for them rather than in relationships with the people who marginalized them.

Seeking support from adopted or fictive kin. Many participants discussed depending on members of their social network that were not family members for support. Some described these people as their new family labeling them voluntary or “fictive” kin (Braithwaite et al., 2010). Megan explained that she had “developed an alternate network of support.” Hope also created a family for herself. “I have an adopted family now and I have since I was 25. I have holidays with them and we sort of share the things that families are supposed to do.” Kevin described a similar experience. “I don’t feel like I’m part of my family. I don’t really feel like I’m one of them anymore. I feel more comfortable around my friends here than with my own family.”

Participants often described communication with these network members as “genuine” in juxtaposition with the surface level communication they had with their family of origin. Genuine communication occurred when participants felt like someone actually cared and wanted to listen. Megan spoke about how her “fictive kin” are different from her family of origin. “They’re invested and involved and they care and they’re not afraid to go deep and they’re not afraid to talk about the difficult things . . . it’s like their acceptance of me isn’t conditional.”

Several participants spoke about friends who had known them since they were children as important sources of support because they were aware of their family situation. Although not as involved as siblings in terms of “shared history,” Ashley explained that it helped that her best friend knew of the family’s past. Hope turned to her “adopted family” when she felt marginalized because they were “friends that are also marginalized” and were able to “relate their family situations” to what she was going through. Participants created new networks of friends that fulfilled family functions and helped them move forward despite marginalization.

Creating and negotiating boundaries

Participants created and negotiated boundaries with their families as a protective strategy. Limited exposure protected marginalized family members from future marginalizing experiences and allowed them space to start fresh or move on. Whether physically moving away or regulating access to information about their lives, participants set boundaries to practice resilience.

Creating physical distance from family. Physically moving away from family served to restrict access and provided a fresh start for several participants. New experiences such as moving can be beneficial to resilience as they serve as “turning-points” or opportunities to “neutralize some risk factors” (Rutter, 1999, p. 119). Rafael explained his

desire to move to New York City, the opposite coast from his family. "I want to really create my own environment where I feel like I don't have to work to get somebody's acceptance." Rafael idealized finally having the freedom to be himself when he would only see family a few times a year.

Nayani explained how moving away facilitated resilience for her in an unexpected way. "[Moving] was a very distinct point at which I was now definitely on my own . . . I was not aware of the everyday happenings [at home]." When she was physically distant she could disengage with her immigrant parents' unhealthy dependence on her. She served as a language broker growing up (i.e., a bilingual child who "linguistically and culturally mediate[s]" for a family member and a third party; Kam, 2011, p. 455), a role that continued remotely for some time after she moved across the country. Moving away helped her make sense of her role as an adult daughter and move past some difficulties with family.

Others created a more extreme boundary and cut off communication completely with a family member. Brad spoke about ending his toxic relationship with his mother over the phone. "This was after she had said I wish you hadn't been born . . . I tried to have a relationship with her but it just kept on getting worse and eventually I had enough and I just cut things off." Margret also cut off relations with her mother. She explained "a few months ago I actually kind of, for a lack of a better word, disowned my mother. So I don't really have a whole lot of contact with my family." A burgeoning body of literature exists on family estrangement (Carr, Holman, Abetz, Koenig Kellas, & Vagnoni, 2015; Scharp, Thomas, & Paxman, 2015), some specifically addressing the risk of family estrangement after "coming out" disclosures (LaSala, 2000). No longer speaking with family allowed participants to move on and establish new patterns of communication with healthier relationships.

Restricting access to information. A second way participants created and negotiated boundaries was to restrict family members' access to information. Privacy is essential for family functioning and is in tension with disclosure (see communication privacy management, Petronio, 2002). Boundaries are drawn around information to protect those who own and share the information. Communication was restricted between family members in this study due to unwillingness to talk, avoidance of certain topics, or increased physical distance. Megan explained how she restricted communication to avoid substantive topics with family: "I don't really call my family and talk very often. When I do I keep things very surface level, how's school, oh school's great. How's everything going at home, oh it's good." Kevin restricted the information he shared with his family so that he could spend time with his fictive kin instead. For example, he held a second wedding reception for coworkers and friends that he did not tell his family about. Although marginalized family members used this strategy to protect themselves, topic avoidance has been associated with negative outcomes such as relational dissatisfaction and uncertainty in interpersonal relationships (see Caughlin & Golish, 2003; Knobloch & Carpenter-Theune, 2004). Topic avoidance might make perceptions of stigma worse, thereby increasing feelings of relational dissatisfaction in families with marginalized members. In marginalized families, the avoidance of talk about religion might actually make family members feel more marginalized when leaving the church. Alternatively,

since marginalized members' family relationships are likely already strained, topic avoidance could be an effective strategy for self-protection. Participants in this study spoke about topic avoidance in both ways. Some participants who regularly avoided certain topics were dissatisfied with this aspect of their relationships and wished they could share more while others, like Jennifer below, felt that keeping communication at a "surface level" was better for the health of their relationships.

Another way that participants restricted communication was when they chose to avoid talk because they were aware that the consequence was conflict. Mark explained that he avoids certain topics because, "there are things that I know that will spark arguments." Jennifer described what happens when she tries to bring up how she feels about the way she has been treated by her family. "People get upset. Words are said, and it is worse than you know, before we even got on the phone. It should be left alone." The experience of these participants illustrates the "chilling effect" (Rolloff & Cloven, 1990) or withholding information due to the fear of negative consequences or reactions by others, typically others with power. In this study, repeated reinforcement based on conflict following communication about certain topics caused a chilling effect where participants restricted their own attempts at communicating to enact resilience.

"(Re)building" while recognizing negative experiences

Participants spoke explicitly about reframing their situation by focusing on (re)building their lives (e.g., seeking advanced education or independence), while acknowledging that being a marginalized family member was a painful and undesirable experience. Family therapy research recognized the importance of accepting "the reality of the bad experiences . . . in a way that builds on the positive while not denying the negative" (Rutter, 1999, p. 135). This theme closely aligns Buzzanell's (2010) "backgrounding" negative feelings resilience process which involves acknowledging the "right to feel anger or loss in certain ways" while also recognizing that "these feelings are counter-productive" (p. 9).

Some participants had reframed their marginalization as having a positive impact on their lives. They talked about being proud to be different, how being marginalized has made them stronger and who they are today, and how they are "owning it." Rafael claimed the fear of his family disowning him for being gay drove him to achieve. "What motivated me really was that I was gay. And that I knew that if I came out like, I might have ended up in the streets . . . the best choice for me was to get an education."

Janice was also in the process of reframing her marginalization. She spoke about it as something that is not all negative, "I don't think that's a bad thing. I have come a long way . . . I'm kind of rebuilding my self-esteem in a way and feeling stronger." Jennifer said, "You can either let it hold you back or help you move forward. It gives me the push to want better, in all aspects of life." These experiences reflect the idea that reframing a situation can help a person feel a greater sense of control over their circumstances or cast a negative life experience as a positive.

Recent research has identified that people sometimes focus on positive aspects of stigma (King et al., 2007). Many participants in this study identified as stigmatized by their family and others. King et al. delineated positive aspects of being stigmatized

including “becoming a more understanding or accepting person” and becoming “a stronger person.” Although King et al.’s work focused on people with mental health stigma, participants in this sample also identified positive aspects of being stigmatized which allowed them to “(re)build” while recognizing the negative aspects of their position.

Downplaying the lived experience of marginalization

Marginalized family members downplayed the effects of marginalization on their lives while making sense of their marginalization. By downplaying the lived experience, participants were working to change the meaning of marginalization through their talk. This process is unique from (re)building while recognizing negative experiences because while many were future focused and working toward moving on by taking control of their lives, they downplayed the experience rather than addressing the hurt directly as participants did in the previous strategy.

Stigma management research has identified denial as a strategy of managing stigma (Meisenbach, 2010). Although marginalized family members in this study did not outright deny they were marginalized (by definition they would not have been included in the study), they did make sense of their marginalization by denying (a) the impact of marginalization on their lives and (b) that their family relationships hold great power to influence them.

Insisting the marginalization does not bother them. When asked how being marginalized affected their everyday life, some participants downplayed any affect. Anthony claimed, “Now it doesn’t cause I’m a little older.” Amber felt similarly, “Not a lot usually. I mean sometimes there can be hurt feelings or things misinterpreted but in general I just do my thing.” Participants invoked getting older, moving out, and graduate school as markers of maturity and a change in the way they felt about their marginalization as opposed to how they used to feel.

Reducing the influence of family relationships. Hope explained how her choice of downplaying the influence of her family relationships has resulted in her family no longer impacting her everyday life.

Basically I don’t have a family now. I only see them once a year and that’s mostly so they don’t bother me for the rest of the year. I don’t talk to them . . . My mother wants more of a relationship but I don’t.

Kevin described how his mother still tried to guilt trip him, despite the fact that he decided to no longer play games. “I think she thinks that she has a pull over me still . . . but I try not to let it get to me at all and really I don’t care. I have my own life now.” These participants exercised agency by focusing on the power they held over whether they let their family members under their skin. Lucas and Buzzanell (2012) referenced an aspect of this resilience process, that people develop “identities aligned with well-being and agency rather than victimhood and lack of control” (p. 191). Rather

than play the victim, participants chose to control the situation by downplaying the importance of their family's opinions of them.

Living authentically despite disapproval

Many participants spoke about living authentically (i.e., being true to themselves) despite their family's disapproval. Participants who engaged in this strategy seemed fueled by anger and frustration. They channeled their anger into what they considered productive action, fighting against their marginalization.

Many participants were adamant that they would not change because they valued being true to whom they were over their family's acceptance. These participants made sense of their marginalization by being proud of their stigmatized identities. Many communicated their intent to be themselves in emotionally charged ways such as challenging family values and expectations. Megan said, "I know exactly what I would need to do to be completely accepted by my family . . . if I wanted that, I could do that but I realize that that would never be enough." Margret, an engineer, explained, "I could have chosen to lie about who I was, do the girlie things, go into a girlie field . . . I would probably be a lot more included. I would be miserable." Participants recognized they were introducing a threat when they disclosed their beliefs, sexual identity, or religion, yet to them, it was worth the consequences to live authentically.

Some participants engaged in a more aggressive taking-action approach. Participants tried to reason with family to convince them their disapproval was misplaced or worked toward changing their family's perceptions of them. Others attended events despite their disapproval to prove they were still part of the family. Kelly pushed against her marginalization by trying to break the cycle of restricted communication with her parents. After 4 years of fairly silent rejection and disapproval, Kelly decided to talk to her parents about their disapproval.

We just had this terrible conversation. Part of it was a yelling match and I was telling them how they need to just get over it. That I gave them four years, they should at least show some growth or progress, a little bit in accepting me for who I am.

A constant feeling of disapproval angered Kelly and motivated her to face her parents' bigotry head on.

Discussion

This study set out to discover how marginalized family members enacted resilience despite the emotional pain and stress associated with their marginalized status. Five resilience strategies emerged from the data: (a) seeking support from communication networks, (b) creating and negotiating boundaries, (c) rebuilding while recognizing negative experiences, (d) downplaying the lived experience of marginalization, and (e) living authentically despite known consequences. At least two strategies closely aligned with Buzzanell's (2010) resilience processes: utilizing communication networks (i.e., seeking support from communication networks) and legitimizing negative feelings

while foregrounding positive action (i.e., rebuilding while recognizing negative experiences). The other three strategies offer insight on the situated process of resilience for marginalized family members. Based on definitions of resilience set forth by previous theorizing, the five coping strategies identified here are indeed part of a process of resilience that marginalized family members engage in with others. This study extended resilience and marginalization research by exploring how marginalized family members engage in resilience strategies.

Defining resilience

Resilience in the context of marginalized group members emphasizes allowing marginalized members to legitimize the negative family experiences they have had and adapt, move forward, or otherwise actively cope with their marginalization in ways that are productive and future focused. Because families are dynamic, returning to what they were before is not possible. Some resilience scholars have recognized the need to define resilience as a process of “bouncing forward” (Walsh, 2002). Buzzanell (2015) expanded past definitions to include reintegration *or transformation* after change. This definition includes social support as an important tool for engaging in resilience. It casts resilience as distinct from pure support, coping, or stigma management strategies identified in past research (Meisenbach, 2010) due to the active nature of resilience, who takes part in the process of resilience, their motivations for doing so, and their stake in the challenges faced. Synthesizing, developing, and understanding these strategies advance the resilience literature and could help marginalized family members persevere and thrive despite their stressful position in the family.

Extending research on coping. The resilience strategies outlined in this article align most with the two active strategies of coping. What makes the resilience strategies different from coping strategies is their focus on not only recovery or bouncing back but also growth (Maguire, 2012). The resilience strategies detailed above are active because they capture people taking control of their marginalization and enacting agency rather than passively allowing marginalization to happen. For example, a marginalized person may know that the holidays are going to be a tough time for them. They may take an active role in protecting themselves before going home by talking through strategies for staying positive with friends. After returning from the holidays, they may reach out to friends for support rather than passively feeling bad about what happened. What sets this apart is the active role people take in engaging in the process of resilience.

Based on the findings presented here, the communal coping process through which relational partners take co-ownership and cope interdependently with problems (Afifi, Hutchinson, & Krouse, 2006) is likely challenging and difficult for marginalized family members due to their status as marginalized. Participants in this study referenced times when they coped with specific family members who also felt marginalized. Most prior research on stress, coping, and support within family and social networks has focused on traditional nuclear family environments. Marginalization in families complicates the communal coping and social support processes. The findings from this study extend this area of literature by examining what resilience and coping look like in a different type of

family environment. Future research should compare whether and how marginalized people who have been able to find quality relationships outside of their family of origin enact resilience with those who have not.

Stigma management strategies. While distinct in some ways, stigma management strategies share common features with resilience processes. Although stigma was not invoked in all cases of family member marginalization in this study, stigma clearly is a part of the process of marginalization. Stigmatized identities such as gay, atheist, obese, ill, and others were expressed by participants. Resilience strategies are distinct from stigma management strategies because not all stigma management strategies are active (i.e., focused on moving forward) or adaptive. Strategies that may be less facilitative of resilience include passively ignoring stigma-related comments, avoiding, and evading responsibility for the stigma (see Meisenbach, 2010). Despite this, some stigma management strategies overlap the strategies detailed here (e.g., denial and minimizing), while others represent possible resilience strategies (e.g., acceptance strategies like disclosing information and using humor) to be explored in greater detail in future research.

Situated process of resilience

Theoretically, this work links together family dynamics and deepens the understanding of the process of marginalization by taking into account marginalized family members' experiences within a framework of resilience. Participants engaged in one or more of five resilience strategies to actively cope with and/or move past their marginalization. For participants in this study, resilience was not just about acknowledging and moving on from the past but also about moving forward through these processes. Lucas and Buzzanell (2012) explained that resilience processes are "proactive rather than reactive strategies" (p. 191). Reactive strategies focus on fixing problems such as perceived deficits while proactive strategies focus on "growth through connections with others" (p. 191). The five resilience strategies identified here represent different ways marginalized individuals went about engaging in an active process of resilience.

Seeking support from communication networks was a pervasive strategy used by marginalized family members in this study that was closely related to Buzzanell's (2010) maintaining and using communication networks. Including the building of new networks extends Buzzanell's process to include the experience of marginalized family members. Because marginalization of one family member may inhibit resilience processes from occurring within the family of origin, marginalized members turned to others outside the family to engage in the process of resilience.

This study provided evidence that resilience strategies can be undergone in combination and may follow a linear *or* messy order. Participants' talk evidenced the use of more than one resilience strategy outlined here. For instance, Janice sought support from her social network when she engaged in sense making with her brother which allowed her to legitimize her negative feelings about being marginalized while rebuilding her life. Rebuilding may be a resilience strategy that is reached by engaging in other strategies first. Future research should explore whether resilience strategies are additive or occur in a given order.

Resilience strategies differ depending on the context and the person(s) engaging in them. The strategies are fluid and temporary, though they may be sustained over time if they are adapted according to the person or group (Buzzanell, 2015). Some people are likely better equipped to engage in the process of resilience, not because they are born with certain traits or abilities but based on their life experience thus far. People who have successfully coped with life disruptions have past experiences with resilience to draw upon. They may recognize the need to lean on their social network and rebuild while acknowledging negative experiences they have endured. Taking a lifespan approach, Vangelisti (2015) argued that the way people “enact hope and resilience are probably affected by their age, the length of their relationship, and their stage in the life cycle” (p. xiii).

In addition to characteristics like age, relationship length, and life stage, life transitions (e.g., getting married, having children) likely impact the availability and use of resilience strategies. The use of specific resilience strategies might also shift over time. For example, weddings and the birth of children can be a time when families come together to celebrate or they can be a time when family marginalization is magnified. Certain resilience strategies are likely more useful depending on the life stage as well as the context surrounding the marginalization. Future research should examine how life transitions and age impact what communicative resilience strategies are available or most useful to people (Bonanno, 2004).

Practical implications

The communicative view of resilience extends how resilience has been utilized in family therapy research and practice. Positive psychology and family therapy scholars view resilience as an individual’s ability to resist psychological risk and overcome stress and hardship (Rutter, 1999). With a consistent focus on the individual, family therapists explore how protective and risk factors at individual, group, and societal levels affect the individual (Carr, 2012). Rutter explained that family level factors influence individuals in different ways, contributing to their abilities to be resilient in the face of risk. He acknowledged peer groups and other macro-level influences on resilience but brought the focus back to the importance of “cognitive processing of experiences” (p. 134), an individual-level meaning-making phenomenon. This study acknowledged the need for resilience but recast cognitive processing as something that happens in interaction with others. As such, it challenged and extended implications for family therapy in practice raised in past research.

In addition, family counselors could facilitate the five resilience strategies identified here. For instance, counselors could encourage family members to utilize their social networks for engaging in resilience such as reframing their situation, focusing on positive outcomes of marginalization, and challenging assumptions about their marginalization (and stigma). Rutter (1999) framed peer groups as social institutions that can influence the individual rather than necessary tools for which resilience can be cultivated. The process of resilience presented here may be applicable to other group members experiencing marginalization in interpersonal, intercultural, health, and organizing contexts. Examining how these strategies translate to marginalized

employees and volunteer groups may be especially salient for scholars seeking to understand how resilience can aid in retention of diverse employees and volunteers.

Limitations

Qualitative research is intended to provide rich understanding of participant experiences that are not directly generalizable to other populations or contexts. This study examined the experience of family member marginalization with 30 people who were primarily White, female, highly educated, living in the Midwest, biologically related to their family of origin, and affiliated with a university (i.e., graduate students or employees). Although the understanding gained about this subset of people is a strength this study, future research is needed to identify whether the findings capture the experiences of marginalized people from other samples. Second, future research should explore whether gender plays a role in the strategies enacted by marginalized family members. Third, participants self-selected to take part in the study which called for people who felt marginalized by their families. Participants were screened to make sure they met eligibility criteria but no other family members were contacted to cross-check their status as the marginalized member. Participants noted a wide variety of reasons for feeling marginalized, some of which are objectively less extreme than others (e.g., having long hair vs. marrying an unapproved partner). Despite these concerns, this study was focused on the perceptions of those who felt marginalized by family, so these are not so much limitations as suggestions for future research to find alternative ways of identifying participants and speaking with multiple family members to explore whether perceptions of marginalization are shared across family members. Along those lines, measuring the severity of participants' marginalization was outside the scope of this investigation but future research should examine how marginalization severity relates to the enactment of different resilience strategies.

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1. Participants were screened via telephone during recruitment and at the start of the demographics survey to ensure eligibility (i.e., they were asked if they had felt like a black sheep for at least 1 year). Despite this, Jules indicated she had felt like a black sheep for 6 months–1 year on the survey. Jules' interview indicates she may have misunderstood this question as she described feeling marginalized for at least 2 years during the interview. As such, her data were retained in the study.

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