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Resilience: Strong at the Broken Places

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“The world breaks everyone and afterward, some are strong at the broken places”
Ernest Hemingway, (1923)

In the course of a fully lived life, most of us will experience personal loss, unsettling stressful events and even tragedy. Great loss and misfortune may be the unavoidable consequences of feeling attached and connected to others and to the physical world in which we live. What is not universal is the way in which we define and respond to such transformative events. There exist as many responses to adversity and trauma as there are people; no two people will respond in the same manner. Commonalities do exist, however. A significant number of people exposed to traumatic events will develop post-traumatic stress disorder (PTSD), or some of its symptoms. More than 13 million people, an estimated 5 percent of Americans, have PTSD, at any given time (Sidran Institute, 2010, para. 2). In the past three decades, researchers have begun turning their attention to the typology and evaluation of characteristics consistent with the significant numbers of people who do not develop PTSD, or symptoms of post traumatic stress. This paper is an examination of the nature and study of personal resilience, its definitions, development and capacity to initiate growth and change. Of interest is the critical developmental period in early childhood, and caregiver behaviors that promote and lay a foundation for resilient coping with trauma and adversity.

In the course of this discussion of resilience, a variety of terms will be used to represent the troubling circumstances which provide the backdrop from which resilient functioning may be recognized. Terms such as trauma, adversity, great difficulty, significant stressors, and stressful circumstances are, in most cases used interchangeably. A study of resilience touches many disciplines and for the purposes of this paper the terminology remains descriptive and not limited to a particular diagnosis or phenomenon.

Pathogenesis—the Origins of Disease

It could be argued that the field of psychology owes its origins to the study of the deficit-based views of human development—the more troubling, but intriguing aspects of nonnormative human experience, such as psychopathology and maladaptive behavior. Psychotherapy itself, developed out of a historical and cultural framework in which early practitioners realized the curative potential of guiding patients through focusing primarily on difficult and emotionally troubling experiences (Kaplan, Turner,
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Norman, and Stillson, 1996, p. 158). Historically, less attention has been paid to individual, societal and institutional strengths, positivity and adaptive behaviors.

Psychological wellness has been defined in terms of what it is not -- its lack of psychopathology or psychological pain (Stalikas and Fitzpatrick, 2008). In their early writing on the topic of coping, things people do to avoid being harmed, Perlin and Schooler (1978), posited that mainstream psychology disregarded the study of coping, because such research would find only personal defenses used by individuals in situations only faced by those individuals (Perlin and Schooler, 1978). It was Perlin and Schooler’s view that coping was therefore deemed an idiosyncratic phenomenon and not worthy of study. In recent years, a paradigm shift has emerged toward a study of a strengths-based, positive psychology (O’Leary, 1998). The study of resilience has gained its footing.

Salutogenesis-the Origins of Health

In 1978, Aaron Antonovsky, an Israeli-American medical sociologist, first used the term salutogenesis to describe the origins of health and well-being (as cited in VanBreden, 2001). Salutogenesis offers an alternative framework for understanding resilience, disease and health, from the more familiar pathogenic framework. The salutogenic model is interested in the relationship between health, wellness and stress. While the literature is replete with descriptive terminology, the concept of salutogenesis is worthy of mention as it puts forth a parallel and equivalent structure with which to understand resilience.

Defining Resilience

While there are many definitions of resilience, each rests on the premise that certain individuals respond and adapt to significant stressors in ways that encourage a more efficient return to a state of well-being. Resilience has been associated with the presence of psychologically protective factors (Kaplan, Turner, Norman, and Stillson, 1996). The American Psychological Association defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress” (American Psychological Association, 2010, p. 2). Kaplan, Turner, Norman, and Stillson, define it as “the capacity to maintain competent functioning in the face of major life stressors” (Kaplan, Turner, Norman, and Stillson, 1996, p. 158). George Valliant (1993) suggested that resilience is the “self-righting tendencies” of the person, “both the capacity to be bent without breaking and the capacity, once bent, to spring back” (as cited in Goldstein, 1997, p. 30). The International Resilience Project sets forth the following definition, “Resilience is the human capacity to face, overcome, and even be strengthened by experiences of adversity” (Grotberg, 1997, para. 2). The International Resilience Project’s definition highlights the potential for adversity to result in positive transformation. This concept will be explored later in this paper. The conceptualization of resilience in each of these definitions is that it is a dynamic and flexible response to adversity.
It is important to note that individuals prone to respond with resilience in the face of difficulties are neither unaffected by their circumstances, nor are they immune to the myriad emotions that often follow upsetting life situations. Resilience is not consistent with a “shake it off,” “ignore it and it will go away,” and “take it on the chin” kind of response. Psychologists tell us that this type of outwardly tough reaction actually renders the individual vulnerable to stress overtime (VanBreda, 2001). People who respond in flexible, resilient ways to their difficulties can be thought to more quickly return to earlier levels of functioning and a regain a balance of positive emotions and realistic self-appraisal (Johnson, Gooding, Wood and Tarrier, 2010). When facing adverse experiences, whether due to trauma, disadvantage, or stress, individuals who are resilient, manage to reorient to life in a positive and productive manner.

**Broaden-and-Build: The Role of Positive Emotions in Resilience**

Theorists interested in the topic of resilience have noted that not only are people with the quality of resilience able to bounce back from highly stressful circumstances (Kaplan, 1996), they are also prone to high positive emotionality (Lazarus, 1984). Unlike the more familiar fight-or-flight response, which narrows behavioral options and condenses to two, the range of responses to a frightening situation, the broaden-and-build theory of positive emotions, suggests that positive emotions broaden and expand cognition and behavioral options (Fredrickson, 1998; 2001).

Positive emotions widen the scope of an individual’s field of possible cognitive and behavioral responses to a variety of situations - especially over time and with practice (Stalikas, and Fitzpatrick, 2008). Dr. Barbara Fredrickson, the creator of the broaden-and-build theory, suggests that love, joy, gratitude, interest and hope are “deeply heartfelt” and “change our mindsets and biochemistries in synchrony” (Fredrickson, n.d.). Overtime the relationship between positive emotions and broadminded coping strategies strengthens, creating an upward spiral that promotes resilience (Fredrickson and Joiner, 2002).

**Studying Resilience**

The two main types of approaches used in studying resilience are retrospective studies and concurrent studies (Grothberg, 1997). As previously stated, most of our knowledge of resilience comes out of a psychopathology or social pathology framework (Grothberg, 1997). Lifespan/development-based research, which is concerned with development of resilience over time in individuals and families in which no known pathology exists, is growing in popularity and frequency (Grothberg, 1997).

Researchers point to challenges in studying resilience. As is true with many areas of social science, there exist multiple challenges to employing scientific methodology (Masten and Gewirtz, 2006). First, an important component in revealing the trait of resilience to trauma is the unplanned nature of the adverse, traumatic or life-
threatening event such as death of a parent, or other troubling loss from which the subject has risen above or managed to effectively recover (Masten and Gewirtz, 2006).

Another challenge in identifying facets of individual, or dispositional resilience, is subjects’ individual differences in genetic makeup and temperament (Grotberg, 1997). Beyond individual genetic and temperamental differences, there exists a constellation of external, environmental intervening variables, from phenomenological, societal and institutional systems that may combine to provide a safety net. This network bolsters and encourages an individual’s resilient response (Grotberg, 1997). A further challenge in studying resilience is that most definitions and measures refer to subjective descriptions and assessments of level of functioning (VanBreda, 2001).

In spite of the complicating factor in dispositional research, it is essential to identify and categorize protective factors well beyond the individual level. Resilience researchers also look to familial, societal, institutional domains. Provision of positive environmental supports to people in need creates an environment in which the seeds of internal resilience may be able to take root.

It is possible to study resilience and the impact of trauma, because adverse situations are not always unexpected. This is proven by the thousands of people who put themselves directly in harm’s way every day, such as soldiers, firefighters, and rescue workers. Psychological effects of military deployment and combat have been studied in people who knowingly and willingly put themselves in potentially life threatening situation, such as soldiers and their families (Rosen, Westhuis, and Teitelbaum, 1991, as reported in VanBreden, 2001). It is possible to employ pre- and post-, and longitudinal questionnaires to these populations to establish qualities thought to be protective and preventative of development of PTSD. However, according to the Institute of Medicine’s PTSD Report, research using military populations may not be applicable or generalizable to civilian populations, and vice versa (Institute of Medicine, 2007).

In spite of the limitations in generalizability of population-specific studies, resilience theory is indebted to the many studies of the effects of war and deployment on military personnel and their families. Additionally, many important studies have focused on the countless individuals who successfully navigated difficult beginnings growing up in undesirable circumstances, such as poverty, violence, and addiction. Data from studies of child subjects who have successfully risen above their circumstances, and longitudinal studies of at risk children have, in effect, resulted in social programs, parent education and supports to encourage development of such protective factors as “a high sense of coherence, high mastery, and an inner locus of control” (Cederblad, Dahlin, Hagnell, and Hansson, 1995, in Van Breda, p. 9). Individuals and communities who have experienced victimization through war and violence, or experienced sudden loss or narrow escapes with death on small and/or grand scales, give us insight into the very nature of recovery, resilience, strength and opportunity.
Protective Factors

A challenge inherent in analyzing and summarizing factors and phenomena associated with resilience is the wide variety of categorization methods and nomenclature employed by researchers. Literature reviews may be broad and far-reaching, sometimes incorporating distinct themes, but they do offer useful structures for consolidating and understanding this extensive topic.

In 1997, Polk (as cited in Van Breda, 2001) reviewed the resilience literature and identified four categories of individual protective factors. These relate to an adult’s patterns of disposition, relationships, personal philosophy and approach to managing difficult situations (VanBreda, 2001). The degree and quality of each pattern impact the nature and presence of resilient protective factors.

Dispositional Patterns. Dispositional patterns relate to an individual’s intrapersonal ego-related, physical psychosocial conditions that promote resilience (Polk, 1997). Included is an individual’s sense of autonomy, self-reliance, feelings of self-worth and physical health and appearance. Each plays a role in promoting and maintaining resilience (Van Breda, 2001).

Relational Patterns. “The relational pattern concerns an individual’s roles in society and his/her relationships with others” (Polk, 1997, as cited in VanBreda, 2001, p. 18). The kind and quality of familial, social and other interpersonal relationships has an influence on development of positive emotions and resilience. For instance, children who develop secure attachments to caregivers tend to generalize the feelings of trust and security felt with those initial caregivers to other relationships and future interactions (Papalia, Olds and Feldman, 2009). An individual’s sense of security and trust play a role in overall resilience (VanBreda, 2001).

Philosophical Patterns. Philosophical patterns describe how an individual views and understands the world and his or her life (VanBreda, 2001). A person who tends to find significance and meaning in life experiences may view their circumstances from a philosophical vantage point that promotes positive adaptation to difficulties. Personal philosophies in which value is placed on self-development and a deriving purpose and meaning from events have been found to be ingredients in resilience (VanBreda, 2001).

Situational Patterns. Situational patterns indicate the manner in which an individual approaches unpleasant situations. This pattern of response to adversity has been found to be indicative of the ease of their eventual return to normal functioning (VanBreda, 2001). Included in this category of protective patterns is the individual’s ability to solve problems and the manner in which they are able to appraise and access a variety of response options in a given situation.

Protective Factors in Early Childhood

Early childhood is a critical time in the development of resilience and its precursor, the propensity for positive emotionality (Masten and Gewirtz, 2006). Researchers have looked to these earliest years for clues to comprehending the roots of
resilience. Some children who encounter adversity appear to develop resilience naturally and others may require interventions (Masten and Gewirtz, 2006).

In her review of the literature between 1945 and 2001, Adrian DuPlessis VanBreda addressed several themes in research on resilient qualities in children. She noted repeated mention of salutogenesis, a sense of coherence, thriving, hardiness, learned resourcefulness, self-efficacy, and locus of control, potency, stamina and personal causation (VanBreda, 2001, p. 4).

**Barnard’s Individual Phenomena.** Barnard (1994, p. 139-140, as cited in VanBreda, 2002) suggests that within the literature, nine *individual phenomena* repeatedly correlate with resiliency:

1. Being perceived as more cuddly and affectionate in infancy and beyond.
2. Having no sibling born within 20-24 months of one’s own birth.
3. A higher level of intelligence.
4. Capacity and skills for developing intimate relationships.
5. Achievement orientation in and outside of school.
6. The capacity to construct productive meanings for events in their world that enhances their understanding of these events.
7. Being able to selectively disengage from the home and engage with those outside, and then to reengage.
8. Being internally oriented and having an internal locus of control.
9. The absence of serious illness during adolescence.

**Good Beginnings**

Resilience appears to owe its origins to both nature and nurture. Nature may give a child an advantage in developing the factors identified by VanBreda (2002), or in Bernard’s nine protective factors (1994) above, but nurture ensures the potential is able to take root.

**Prenatal Environment.** Resilience may begin to take shape even before a child is born. While children are not necessarily born resilient, the emotional and physical well-being of the mother contributes to a positive in vitro environment for the developing fetus. A mother who is able to access adequate prenatal care, enjoy a sense of well-being, along with proper nutrition, avoiding smoking and drug use, increases the likelihood of
her having an easy-to-care for child (Perry, 2002). A child with an easy temperament is better able to abide physical and environmental discomfort and distraction, change and disorder and therefore has an increased chance of securing a successful attachment to caregivers (Papalia, Olds and Feldman, 2009).

**Cognitive Ability.** A child who has strong cognitive agility may have an increased capacity to develop resilience (Perry, 2002). If a child is able to learn from his or her own experience and secure lessons quickly, he or she may be able to envision and recognize a future time when their current reality could change for the better (Perry, 2002).

**Quality of Caregiver Attention.** Erik Erikson’s theory of psychosocial development suggests that the foundation for healthy development is laid from birth to age one. He names it the most fundamentally important stage of life (Papilia, Olds and Feldman, 2009). According to Erikson, the quality of caregiving and nurturance at this time of life influences how children perceive the world in the most basic manner—they learn whether or not the world and the people in it should be trusted. From this dynamic building block of **trust vs. mistrust** comes the capacity to enjoy a sense of safety and security in the world. Children who do not secure a sense of trust in the world will be more likely to adopt a fearful stance—one in which life is unpredictable, unsafe and inconsistent. Such a stance does not prevent the development of resilience in the face of adversity, but it becomes much more challenging.

Children learn how to manage and understand stress from their early models. A caregiver who manages his or her own stress and attunes to his or her children in a generally calm manner will promote and model a sense of well-being in them over time (Perry, 2002). The same is true for caregivers who are highly stressed and isolated. Their children will also learn how to react to stress (Perry, 2002). The quality of the caregiver’s own response to stress shapes and transforms temperament in children.

**Bonding and Attachment.** Many theories of resilience refer to an extended system of support as necessary for a child to recover from traumatic stress (Perry, 2002). However necessary, the mere existence of a support system does not indicate that child is capable of engaging with it in a meaningful way. The ability of the child to engage, connect and attach to others, and to be comforted and supported by them in a time of stress, is another strength that is formed in early childhood (Papilia, Olds and Feldman, 2009).

The central premise in **attachment theory**, developed by psychologist, John Bowlby, with contributions from Mary Ainsworth, is that an attachment figure is a secure base from which a child can explore the world and thus attain an eventual sense of autonomy (Bretherton, 1992). Research has revealed that the sensitivity of the caregiver is significantly correlated with the development of a securely attached child (Bretherton, 1992). Children who have insecure or avoidant-type attachments, are more vulnerable to developing maladaptive coping behaviors (Perry, 2002). In the face of
traumatic stress these children will be more likely to become aggressive, to regress, become depressed or suffer other less functional types of behaviors (Perry, 2002).

**Developing Mastery.** Throughout a young child’s development, he or she navigates numerous significant physical, cognitive, emotional and social challenges. A child builds mastery and confidence as he or she successfully negotiates the normative developmental and life challenges they face (Perry, 2002). It is through a gradual and repeated exposure to the opportunity and possibility inherent in each challenge, that a child may develop confidence, hope, an internal locus of control and resilience.

Across disciplines, resilience research points to the necessity of a nurturing, loving parental bond and robust opportunities for physical, cognitive and social development (Masten, Gewirtz, 2006). Along with adequate nutrition and care for their growing physical bodies, children respond to age-appropriate challenges from which they can gain a sense of mastery. Caregivers model and reflect meaning found in the very fabric of stressful and adverse situations. The early chemistry of resilience is created in childhood and lays the groundwork for productive responses to trauma and adversity.

**Finding Meaning in Trauma**

**Sense of Coherence (SOC).** A central theme in Antonovsky’s *salutogenetic* theory is an individual’s internalized world view in which he or she believes themself to have a clear understanding of the problem. A problematic situation is viewed as a challenge upon which the individual has the capacity to act. Antonovsky named this internal paradigm, in which a person comprehends, manages and derives meaning from adverse situations, a *sense of coherence* (Antonovsky, 1979). Antonovsky originally defined SOC as:

> The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected. (Antonovsky, 1979, p. 123).

When exposed to trauma, undue stress, unfortunate and unwanted circumstances of any variety, individuals with a low SOC, will be more likely to experience a sense of lost control, chaos, disorder, randomness, and unpredictability (VanBreden, 2002, p. 33). Though dynamically engaged with and challenged by their circumstances, those with a higher SOC would perceive the situation as ultimately making sense. It could be confusing, disturbing and manageable. It could be dumbfounding, troublesome and understandable. Because people who have a heightened sense of coherence tend to infuse situations with meaning, their crises will have value to them. When value is woven into adversity, it becomes worthy of investing energy and commitment.
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Opportunity Where We Least Want it

Resilience is not a recipe for avoiding or stepping over trauma. Indeed, within the traumatic experience lies opportunity (Fosha, 2002). Trauma brings us face to face with what we fear most — and yet we survive. When the worst has happened, we can no longer hide behind false assurances of safety and security. Trauma opens our eyes to harsh realities that some among us never encounter. It is as though we walk a new path upon a new earth. Our defenses and self-definition are loosened as the foundations upon which we have built our understanding of the world seem to crumble (Lindemann, 1944, as cited in Fosha, 2002). Trauma becomes a part of us, even as it transforms us. The seeds of new growth lay in the aftermath of trauma—in what remains. Fortunately, trauma is not the only blueprint for a new resilient foundation, but it would compound the tragedy to ignore its transformative potential.

Trauma engages deep inner resources which might not otherwise be activated. In the aftermath of the terrorist attack on September 11, 2001, Diana Fosha, Ph.D., a clinical psychologist specializing in the transformative power of affect, wrote about the miracles that are sometimes revealed in the course of working with trauma, misfortune and evil. She wrote, “Sometimes trauma awakens extraordinary capacities that otherwise would lie dormant, unknown and untapped” (Fosha, 2002, para. 2).

Trauma provides an opportunity for resilient qualities to be revealed. Resilience is not the only outcome, however. Many find their situation so disorienting and unbearable that they may consciously or unconsciously manage it by dissociating and becoming numb. Granted, even those recognized for their resilience will find refuge in dissociative episodes. Dissociation, numbing, flashbacks, intrusive imagery, and other symptoms of post traumatic stress are troublesome when they interfere with one’s functioning and become a pattern. When people habituate to such approaches, they may find peace only in the distance created between themselves and the thoughts and memories associated with the events. For complex psychological reasons, some remain “deadened” to the pain and fear and make grand attempts to avoid situations that threaten to approach. Fosha, (2002) wrote “The enemy of healing is not only trauma; the even more subversive enemy of healing is detachment, trivialization, stagnation, and the loss of feeling and meaning.”

Conclusion

New energy for resilience research appears in the midst of a renaissance of research into leveraging positivity, potential and strengths. Interest has spread through fields as far-reaching and diverse as child development, brain science, psychopathology, behaviorism and psychotherapy. It is as if an attractive new 4th dimension came into view in subjects entirely familiar and well-studied. This new perspective is breathing life and returning the focus of research to such lofty goals as promoting well-being and easing the pain and disruption of psychological and behavioral disturbance.

Carl Rogers once said, “The curious paradox that once we accept ourselves just as we are, then we can change” (Rogers, 1961, p. 17). It is interesting that the energy to re-
revisit issues of trauma, pain, stress, dysfunction in this new positive light comes after so many years of confronting the uncomfortable, painful side of the human psyche -- head on. Perhaps it is because the field of psychology has accepted our human capacity for dysfunction, disease and pain that we may now look to the “bright side” without getting a saccharine aftertaste. If we had not accepted our “darkside,” topics such as positive psychology, resilience and wellness would be tainted as a dishonest betrayal of our pain; we would be “sweeping something under the rug.” By respecting and integrating our capacity for mental illness and pain, we allow ourselves to more fully accept our capacity for wellness, positivity and resilience.
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