DEFINING RESILIENCE AS A CONCEPT SINCE ITS FIRST USE IN PSYCHOLOGY

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Abstract

Resilience is an excellent describer of the positive psychology, a trend which emphasizes the person's resources, the elements that support survival, overcoming obstacles or traumatic events în a constructive manner, giving sense to the events to pass so that we go on with our lives stronger and wiser. The element that is most specific to other psychology approaches consists in the attention given to the way people succeed in staying healthy by using their own resources (an approach also known as sanogenesis); thus, viewing the psychological life from a pathological point of view and making the symptom search a priority are approaches that are being replaced by identifying and promoting resources, those internal psychological elements that support us during hard times and which we are all exposed to one way or another. Therefore, we consider that resilience is a subject that deserves to be studied and well   understood under all its aspects in order to obtain a positive and also very well based approach of the efficient psychological and emotional functioning.

Cuvinte cheie: rezilienţă, conceptualizarea rezilienţei, salutogeneză
Keywords: resilience, resilience as a concept, sanogenesis

1. DELIMITING THE CONCEPT OF RESILIENCE
1.1. Manners of defining resilience over time

The term of resilience was originally used in physics and defines the property of a material to return to its initial shape or position after it has been exposed to

external factors. Since its recent first use as a psychological concept, resilience has been defined from several points of view, most common of them all being that of a dynamic process which makes people capable of positive adaptation despite significantly adverse experiences or traumas (definition initially proposed by Cicchetti, 2000). We will take into account that in time the process of defining this concept has varied from personality trait to the idea of a continuous development process which reflects positive adaptation in front of adverse circumstances.

Resilience has been differently defined according to the purpose of the studies which had it as a variable; it is important, in order to clarify the multiple facets of resilience, to sum up the common aspects which have been identified in most of the studies. Resilience has been alternatively defined according to its finality, the stressful events it responds to or the criteria it can be identified with.

Until the moment of development and affirmation of the positive psychology which occurred recently, keeping a stable trajectory of healthy functioning after being exposed to a trauma was viewed from extreme positions – as a sign of total negation or and exceptional emotional stability (Jones şi Jetten, 2011).

Several authors, including Bowman (1997, quoted by Kallay, 2011) were seeing resilient people as experiencing symptom-less pathology.

As for the concept's evolution, resilience has often been attached to a general meaning – namely, children for example were described as being resilient or not (Seery, 2010). Identifying resilience as a phenomena was often based on descriptive indicators such as: the presence or lack of psychopathology, graduating from high school versus failing classes, juvenile delinquency or lack of contact with the law forces; the disadvantage of this view was blocking the subtle effects that the protective factors may play in the daily adaptation. In addition these indicators also belong to long-term functionality – approaching these resources might put us in the position of waiting even several years to be able to tell if one is resilient or not (Seery, 2010).

Resilience has been defined as a relatively positive result obtained despite trans-passing experiences which were relate to the risk of developing a type of psychology. This definition was mention by Hjemdal, Aune, Reinfjell and Stiles, in 2007, next to identifying the disadvantage of giving some credit to prediction, emphasizing the final result. Previous studies made on resilience were centered on identifying characteristics associated to positive results and not the processes that lay beyond that result. Based on these arguments, the authors propose an alternative and assert that resilience consists of a cumulus of protective factors, processes and mechanisms that contribute to a positive result despite the experiences and stressful elements associated to the risk of developing psychopathology.

Other definitions of resilience are based on a psychological profile of individuals indentified aş having this characterstic (Werner şi Smith, 1989 apud

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Murray, 2003): they consider to be resilient those people who, despite strong vulnerability and risk, have developed in a positive, functional manner.

We will also discuss the definition given by (2005, apud. Linghtsey, 2006) according to which resilience consists of a child's capacity of facing stress and pressure, daily demands, overcoming disappointment, traumas and aversions, developing realistic goals, solving problems, having comfortable relationships with others and treating oneself and others with respect and dignity.

Jones and Jetten, in 2011 propose other approaches: grouping phenomena which help the person return to a functional status following violent events or different types of loss; an individual's characteristic to competently function after experiencing averse events; the ability to reflect and positively adapt despite being exposed to negative events; a product of attenuation which does not eliminate the risk and averse living conditions but allows the person to face them efficiently. We notice that resilience is approached as a resource or a product. From this point of view, Leipold and Greve (apud. Jones şi Jetten, 2011) prefer the choice of considering resilience as a result, thus allowing to examine several factors (such as being part of a specific group) allowing people to be resilient while facing challenges.

Smith (Lightsey, 2006) offer a measurable approach of resilience by defining it on a cognitive level – as being conscious of one's strong qualities, faith in solving a problematic situation no matter the discomfort that it might generate.

In 2004, Charney (apud. Ungarl şi Liebenber, 2011), propose several psycho-biologic models of resilience relating it to extreme stress. The integrative model he developed correlates the neuro-chemical response to neuronal mechanisms which mediate rewards, fear conditioning and the extinction of social behavior. Ungarl (2011) rises a social-ecological approach to resilience, describing it as both the individual's capacity to navigate through psychological, social, cultural and physical resources which support well-being and the individual's and collective ability to negotiate them in order to be integrated and experienced in order to make sense of life events.

The resilience, defined from a social point of view brings to discussion a voluntary aspect: it does not only consist of the ability to face and adapt averse conditions (consisting of reactive resilience) but it also includes searching and creating options (the proactive resilience) on multiple levels of the social field. Therefore, stronger and stronger abilities and formed (a positive results) in order to face threat (Obrist et al., 2010).

Resilience also consists of a dynamical, multidimensional process (Luthar and Cicchetti, 2000). Therefore, it might intervene in the case of a person under many aspects, in different moments, as reaction to different and distinctive situations. We take into account the fact that, although a person responds resiliently

to a certain circumstance, new points of vulnerability or strength might appear as a respond to change; therefore, new resilient responses will be requested. Resilience may be approached as a relative state and not a stable one (Luthar and Cicchetti, 2000).

In order to develop the idea of resilience as a process, we will proceed into mentioning the stages it takes action into, according to (Ionescu, quoted by Munteanu, 2011):
- confronting aversity witch overburdens and pushes the individual to a low functioning level, to affecting the functioning prior to the event;
- returning to the previous level of functioning, prior to the aversion's impact
- integrating the experience of confronting aversity and developing the person's ability to adapt and giving sense to living.
This active involvment, în order to influence a situation, includes the cognitive component (percepting different options of the actions which will be taken – knowing, deciding, doing) and the component of attitudes and values. The latter help the person believe în one's own posibilities regarding having an impact on the environment. From this point of view (Luthar, 2003, Luthar şi Cicchetti, 2000), resilience is an adaptive potential. This potential might be encouraged, no matter the age or development stage of the person. According to Luthar (2000, quoted by R. Henley, 2010), resilience does not interfere only when the person must respond to averse events or the ones that produce a stressful event, a shock or trauma – thus, resilience is seen as an adaptive profile or trajectory.

As a mechanism, resilience implies the internalization of those factors who allow protection and influence the development of attitudes and values and sustain taking decisions and actions (Henley, 2010). The resilience's processes come from the inside of a person and can be observed through the way he manifests competences of the answers given facing the environment's threat.
Related to the context in which we are studying resilience, Burack (2007) has noticed that those children who prove to be successful in front of the society's expectations might often be avoided by their acquaintances, with the cost of their own well-being. Therefore, being resilient from a certain point of view might relate to problems on other fields, which tears out its global character. The implications involve that resilience must be evaluated according to the context, the specific state of development and area.

1.2. Psychological concepts which are related to resilience

We will discuss as follows a series of concepts which we consider to be related to resilience. Whether at some point there has been a time in research when

they were equivalent to resilience or some sort of interdependent connection to resilience. This kind of analysis serves to differentiate resilience from other psychological constructs which are alike as an action (each of them brings contributes to supporting the psychological health.

1.2.1. Recovery – resilience, as opposed to recovery, is the most common response to a potential trauma; Jones and Jetten (2011) differentiate these two concepts. Thus, resilience represents a different trajectory from what is associated to trauma or recovery. Resilience and recovery have two different trajectories as following a traumatic event (such as death of a close person or threat to one's life). Recovery is defined, from a psychological point of view, as a moderate to strong improvement of symptoms which interfere with normal functioning and which progressively lower after several months, until returning to the stages prior to the trauma. On the other hand, resilience is characterized by low to medium interruptions and a stable trajectory of healthy functioning, even if the person experiences some periods of difficulty to focus, sleep or variations of the well being, succeeding into continuing to function efficiently or almost at normal rangers.

1.2.2. Coping: is a term often used nowadays and describes the way people learn to deal with stress in the most efficient way possible. Being a concept of interest in the present, while stress seems to be the main enemy of our health, coping has benefited from more versions of being defined and used as a concept.

Many times, it can be considered to be an equal to resilience, but it is different as the adaptive result to the crises or source of stress, while coping describes a series of psychological or physical responses which diminish the effect of stressful life events (Davey, Dawn and Walters, 2003).

Coping mechanisms are defined as behavior and cognition sharing the purpose of helping the person to face threat and inherent negative emotion.

Roth and Cohen (apud Solomon, 2007) differentiate closeness and avoidance mechanisms. Avoiding mechanisms involve investing energy in order to avoid situations (both internal and external) associated to stressful stimuli.

Coping strategies can be divided into two groups. The first group consists of cognitive operations used for preventing intrusive and threatening thoughts of the conscious, and the second one consists in behavioral efforts directed to avoiding direct confrontation to the threatening situation (including involving in other activities or substance abuse). This strategies lead to a repressive coping style, respectively the tendency to avoid thoughts, emotion and threatening experiences as a predisposition to the personality's level. This mechanism was defined as a combination between defense and anxiety. There are specialists who support the idea that avoiding stimuli connected to a trauma blocks its processing. As a

consequence, the possibility to make sense of a trauma, restructuring it and assimilating it to the personal history, are blocked. The risk consists in the fact that the traumatic event stays blocked in the memory just as it was initially experienced, stopping the processes of recovery and adapting. Also, avoiding has been associated to developing post-traumatic stress.

There are studies that focus on the role of avoiding in lowering or maintaining under control the anxiety. On the other hand, facing the fact that coping styles include the avoidance option, becomes more and more difficult to connect them to resilience: this involves motivation and effort which belong to a person to overcome difficulty, which is opposed to avoidance.

Involvment-based coping includes actively seeking solutions and managing one's own emotions. Young people with a resilient ego appeal to coping byy involving have bigger chances to respond to stresors by modifying or managing the components of their own emotions and maininging equilibrum and adapting systems under stressful circumstances.

1.2.3. Emoltional intelligence

Under the circumstances of overcoming a major event (including a mental illness episode) we may identify recovery, when people discover their own sthrenght and ability to reach purpose and succeed in making sense and allows them to develop more than symptoms and disability; this fact is implicit to resilience and specific emotional inteligence behavior (Karen-leigh and Warelow, 2005).

Emotional inteligence is described as an ability to identify, express and understand emotion, incorporating, expressing and understanding emotions, correlating them to thoughts, normalising both negative and pozitive emotions; IE consists of the ability to use emotions in a beneficial way to one's person, in order to generate the needed results (Karen-leigh and Warelow, 2005).

1.2.4.Personality: nowadays we benefit from an entire series of ways to approach personality, but we will mostly refer to the CAPS model, or more precisley the Cognitive-Affective Personality System. The model has been developed by Mischel and Shonda (apud Freitas and Downey, 1998) in response to descoveries according to which, although individuals differ from each other from the view of personality treats, there is a cross-situational consistency of these dimensions. According to Mischel şi Shonda, the stability and coherene of personality are found in formulas such as "if... then..." which guide behavior and rise the predictibility level of variable patterns of cross-situational variables.

Therefore, the CAPS model supports the idea that predicting resilience as a result is based on psychological mediation units which interract both with environment characteristics and mediating units (which reflect primary interaction

between experience and predisposition), thus forming a processual structure stable enough to promote adaptive functioning in the context of facing challenge.

Relating to the CAPS model brings along a series of implications for the research of resilience (Freitas şi Downey, 1998).

In the first place, a particular competence of the individual (for instance, his verbal fluency), cannot serve for a protective or risk function without considering the relationship to the environment's characteristics. Thus, verbal fluence, useful when something needs to be demonstrated can also bring benefits when it is used for teasing, which might lead to physical altercations (hypothesis brought up in discussion by Egeland et al., 1993 and Rutter, 1987 apud Freitas and Downey, 1998).

If we consider the interractions between the young people's competencies, their expectations and purposes it is very likely to be able to develop a coherent psychological profile of those who understad how they can negociate decisions which interfere in particular contexts of development. Also, we might understand the fenomenologic experience of the young people as coping processes – for example, the way purposes and motivations of the youngsters give sens and lead behavior.

There are authors (Garmezy and Devine – 1984, Rutter – 1985, 1986 and Werner – 1984 apud Davey et. All, 2003) who have been trying to demonstrate the similarity between personality and resilience, but they are different as concepts; the common point of view derives most probably from the fact that thos young adults sharing positive personality traits are not facing the situation of appealing to special coping strategies in order to face stressors; they already maintain interpersonal resourses which come in handy (Davey et. All, 2003). Also, personality traits which assigure resilience include the ability to attract social suport, along with optimism and adaptive coping styles. If a person is very sensitive, has an agreable behavior, is sociable and conscious, thus attracting people around them, than that person might have a good capacity of facing a stressful environment. Thus, researchers have come to the conclusion that resilience and personality are proximal (Davey, Dawn, Walters, 2003).

Personality has been longly studied under the basis of the BIG FIVE factor model: extraversion, neuroticism (or emotional instability), desirability, openess and consciousness. In the case when a study includes teenagers as subjects, we may add perseverence and optimism, locus of control and resistence to stress. In the case of children, personality is conceptualized on a level of temperamental traits (Davey et. al, 2003).

Salutogenetic personality traits have been identified – facilitating optimal adaptation in several functioning domains (Antonovsky, 1979, 1987, apud. Hart, Wilson, Hittner, 2006). Therefore, Antonovsky claims a positive health model asserting that a person with a sense of high coherence perceives life as having

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sense. These people have a strong sense of purpose and for them life experiences have a high degree of comprehention. Other traits which describe a person with developed sense of coherence include the beliefe in adequate coping resources and personal faith in the efficiency of own coping abilities (known as self-efficacy - Hart et. all, 2006).

Ulterior studies have confirmed Antonovsky's suggestion according to which people having a strong sense of coherence also benefit from high well-being (Ebert, Tucker, & Roth, 2002; Pallant & Lae, 2002; Soderhamn & Holmgren, 2004 apud. Hart et. All, 2006). On the other hand, it has been demonstrated that people with high sense of coherence could be protected against disease and progress, recover more quickly after ilness but empirically validated models which report to resilience are still underdeveloped (Hart et. al, 2006).

We conclude by mentioning that personality and resilience are not the same, but there are several personality traits associated to resilience, such as optimism, active and adaptive coping styles and the ability to obtain social support.

The well-being concept

The well-being concept is another mark of the approach switch in psychology – from focusing on the notion of disease versus health to notions of wellbeing, positive state as opposed to the negative state (Burns and Windsor, 2011). Once this approach has developed, the idea that wellbeing could only be defined through be absence of the lack of phisical or mental illnes has been attacked.

Burns şi Windsor (2011) bring to discussion the distinction between subjective well-being and psychological well-being.

Subjective well-being refers to the level of self-appreciation, evaluation of satisfaction. The optimal well-being is typically defined both in terms of the presence of positive emotions and absence of negative emotions, and the positive affect in relation to the terms of experiencing positive emotions, including happyness and feeling energetic. Psychological well-being includes constructs which typically represent cognitive and adaptive systems of self-reference or beliefs about the self-concept, control, purpose in life. Resilience is connected to a network of attitudes and behavior favorbale to the self, also associated to coping adaptive strategies – resilient people seem to be characerised by an internal locus of control, pro-social behavior, positive self-image and higher optimism. These characteristics are correlated to better physical and psychological development and empowering adaptive behavior in relation to negative events. Self-control is another component of psychological well-being which reflects strong beliefe in the person's capacity to influence the environment and to reach the desired results. This component correlates to better psychological and physical health and even lower rated of mortality (Burns et. al, 2011).

1.2.5. Andurance: is a term used in psychiatry and psychology, and is identified by accepting death and low fear towards it, given the open approach to life that the person has (Montreuil, Doron, 2009). Andurance is defined by three descriptors (Kobasa, Pucetti apud Montreuil, 2009):

- Control: andurant people have the feeling of control over their own lives, they feel they can chose behavior directions to approach in stressful situations. They are conscious of the fact that they can control or influence events;

- Involvment: to activities and relationships to others, they admit their own values, purposes and priorities, which they give sense to.

- Change: is seen as challenge, and not threat. People prove flexibility on the cognitive level, are perseverent and know how to seek for help.

2. CONCLUSION:

We consider that the study of resilience is essential for the development of positive psychology, an approach which brings to our attention the resources of each person. The value for our intervention as clinical psychologists is much higher and more efficient if we seek to identify and develop resources that already belong to the person instead of searching for symptoms.

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Rezumat:
Conceptul de rezilienţă atrage atenţia, în primul rând, prin utilitatea pe care o poartă. Pe măsură ce delimitarea şi definirea rezilienţei se vor clarifica, vom fi capabili, ca specialişti ai sănătăţii mentale, să identificăm şi să folosim în iniţiative de prevenţie acele resurse psihice care au menţinut persoanele reziliente la un nivel optim de funcţionare.

Rezilienţa defineşte prin excelenţă curentul psihologiei pozitive - curent care pune accentul pe resursele persoanei, pe acele elemente care susţin supravieţuirea, depăşirea eventimentelor (sau interacţiunilor) traumatice sau extrem de stresante într-un mod constructiv, într-un mod care dă sens evenimentelor pe care le parcurgem astfel încât să ne continuăm viaţa mai puternici şi mai înţelepţi. Elementul prin care psihologia pozitivă se delimitează de alte curente psihologice constă în atenţia acordată modului în care oamenii reuşesc să rămână sănătoşi folosind propriile resurse (abordare cunoscută ca salutogeneză); astfel, patologizarea vieţii psihice şi identificarea prioritară a simptomului sunt înlocuite de identificarea şi promovarea resurselor, a acelor elemente psihice interne care ne susţin şi ne însoţesc în momentele dificile la care, într-o măsură sau alta, suntem cu toţii expuşi.