THE PHENOMENON OF PSYCHOLOGICAL RESILIENCE: CAUSE AND EFFECT IN RELATION TO SANOGENESIS

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Abstract

The present paper stands as a theoretical review regarding the importance of studying resilience from a sanogenetic point of view, namely the dynamics we may identify between the named concept and positive, healthy outcomes experienced by people who confront chronic stress, adversity or other risk factors along their life span. Clinical psychology has classically viewed the impact of such factors as being related to developing mental disorders, while the study of resilience has allowed both researchers and practitioners to focus on individual resources which allow the person to obtain a healthy psychological development and overcome difficulties without major interfering intrusions upon regular functionality. We propose an analysis of resilience as an involved part of a healthy development and consider that research should focus in the future on obtaining a better predictive view of resilience in rapport to mental health.

Keywords: resilience, mental health, adversity, resilience development

1. INTRODUCTION

At the moment, the concept of resilience is a valuable area of analysis for domains concerning mental health and healthy development of the individual despite of being exposed to external risk factors which would otherwise be expected to trigger psychological impairment or various disorders. Resilience as a term has its origins in the Latin language, namely in the word resiliens which can has the meaning of recovering and reorganizing (according to Harper, 2012, quoted by Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O'Flaherty, 2013). Also, we may notice that the concept of resilience is not specific only to human studies but it is also used in other scientific fields, such as physics, ecology, biology, to name just a few. Overall, the common ground of these domains in to consider resilience as a characteristic of a specific system of maintaining its usual level of functioning even if external factors take action over it, factors which otherwise, in the lack of resilience, have the potential of disrupting the system in cause.

In the mental health domain, the concept of resilience has been used since the 1970’s when psychiatrists and clinical psychologists became concerned of the study of developmental psychopathology. Initially, research has incorporated resilience in the process of identifying the characteristics of children exposed to major difficulties who did not develop psychopathologic symptoms such as behavioral disorders (Chambers & Belicki, 1998; Klohnen, 1996, quoted by Eskin, 2012). In this context the contrast between resilience and vulnerability has been traced.

The approach to defining resilience has been proven to be a difficult one; as Luthar, Cicchetti and Becker (2000) show, understanding the discussed concept is a process marked by contradictions, instability in identifying its characteristics and nature and even ambiguity. It is to be expected, as the same authors notice, that such a controversial concept to have been receiving critiques from several experts. Nonetheless, research is advancing into offering more and more specific descriptions of resilience and accepting its meaningfulness for clinical psychology. From this point of view, it has been asserted that by obtaining a way of measuring degrees of resilience we will increase our ability of better evaluating and predicting the probability that an individual will obtain satisfying results following an assisted intervention and also to find the best elements to include in such an intervention.
Resilience can be found in literature as a stable and enduring psychological trait, being described as a continuum in which people with a resilient ego are characterized by their ability to obtain a dynamic self-regulation — contrasting non-resilient people who tend to overcompensate or to show rigidity instead of adaptation (Waugh, Fredrickson, Taylor, 2008).

Eskin (2012) also brings to discussion a series of resilience definitions which bounce between approaching it as a result or as an adaptation process in front of negative life events and difficult conditions which the person is exposed to up to considering it a condition of successfully adapting, in a flexible manner, to both internal and external stressors. We may also notice that usually resilience is referred to as a source of adaptation but several authors debate regarding the nature of such resources.

Grafton and Gillespie offer, in 2010, an extensive definition of resilience, according to which it can be understood as a motivating force or intrinsic energy which can be found among individuals under different degrees of development, and which can be characterized by the presents of specific traits and characteristics which by engaging in dynamic processes allow the individual to face or overcome the experience of major stress or adversity and continue developing as a result of the endeavor. Although the mentioned definition proves the complexity of the concept of resilience, we will notice that professional literature is rich in approaching it under multiple points of view – each being associated with different implications – including from the practical point of view.

Although the efforts of formulating a practical definition of resilience, with predictive value, are still a serious challenge for researchers, we consider that the analysis of its implications towards sanogenesis is justified and worthy of attention. This is why the present theoretical review is focused on this aspect regarding resilience.

At the moment, we may identify two directions in studying resilience. One is concerned with understanding it as a psychological construct and the other is concerned is known as studying the “assisted resilience” – being preoccupied with formulating resilience-based psychological interventions and support (as developed by Ionescu & Bouteyre, 2013).

2. **RESILIENCE BETWEEN CAUSE AND EFFECT IN SANOGENESIS**

Resilience is most commonly approached from the perspective of the occurrence of a trauma or a major source of stress (including the anticipation of stress or traumatic events or outcomes), which allows us to consider that it is essential to clarify its role in relation to sanogenesis, respectively in maintaining psychological health of the subject.

In the professional literature we may identify two main approaches which are valuable in the process of identifying its role towards sanogenesis – thus, while some authors approach resilience as a process which supports the dynamics between risk and protective factors, another vision found in the professional literature states that resilience is the results of such a dynamic. In other words, the resilient person is considered as a product of the context in which they confronted adversity and not an organism which is autonomously capable of modeling such a context along with its impact on the person.

Authors such as Hjemdal, Aune, Reinfjell & Stiles (2007) bring to discussion such a vision towards resilience, also mentioning the disadvantage which it carriers: to focus, in explaining a phenomenon, strictly on the final result which is associated to it – a view which limits the predictive power of the concept. Therefore we may consider the recommendation of regarding resilience as a process which supports the healthy development, namely, as an important sanogenetic component.

From this point of view, we mention a theoretical approach which we consider to be highly important in understanding the mechanisms of resilience, namely the Everyday Stress Resilience Hypothesis proposed in 2011 by DiCorcia and Tronick; we may describe it as a systemic approach to resilience which defines it as a process of regulating stress factors encountered regularly by the individual.

The mentioned authors view resilience as a regulatory capacity which develops along the experience which is accumulated by the child by exposing himself to stress. The phenomenon is not, on the other hand, resumed to the period of childhood but this is the stage where its starts to gain its first forms – regardless of age, individuals are intermittently exposed to stress – under degrees and periods which vary. This fact is implicit in relation the complexity of situations and relationships which are experimented along the lifespan. The childhood period is essential in the extend in which the individual succeeds in regulating – on a bio-psychological level – the extent in which stress will impact one’s own functioning and the degree of resilience development.

According to the Everyday Stress Resilience Hypothesis, successful regulation is assimilated to the regulatory resilience which is triggered during the early development through effective coping in facing the stress resulted from various interactions. Such daily stressful events support the activation of behavioral and
physiological systems. Stress which has been successfully overcome on a short time span increases both the children and adults capacity of coping with high intensity stressors.

In the case of children, who, specifically to the life stage they are in, lack their own regulatory capacities, such processes will need interactions with adults. Practically the core of regulatory resilience is found in the primary relationship between the child and the adult and is developed in proportion with maternal sensitivity.

Considering this early setup of early resorts of coping with stress we may consider that the extent in which regulatory resilience is installed successfully may determine the healthy development of the growing individual. In other words, resilience may be considered a triggering potential from the point of view of sanogenesis.

An alternative applied in understanding resilience as a sanogenic phenomenon is offered by Singh and McKloroy (2010), who regard it as a cumulus of behaviors which support the person is reaching a positive effect following the confrontation to adversity. In order to complete the understanding of this point of view, we may mention the information brought by Jones and Jetten in 2011, who define resilience as a group of phenomenon which support the person in keeping a functional status as a result of confronting potentially traumatic events, phenomenon which make the person capable of reflecting and adapting to negative events and bouncing from the harmful potential contained by risk factors.

Another characteristic of resilience which may be considered as essential in understanding its position in relation to sanogenesis is its voluntarily, intentional character. From this point of view it is not only regarded as the capacity of coping or adapting to adverse conditions (such mechanism being described by the reactive resilience) but it includes seeking and creating options (proactive resilience) on multiple levels of the social field or environment. Thus better competences are formed in order to face threat (Obrist et al., 2010).

The strong relation between resilience and sanogenesis is also backed by studies, not only on a theoretical level. Bonanno et al. (2002), quoted by Waugh, Fredrickson, & Taylor, 2008), brings to discussion the example of individuals who described themselves as resilient prior to passing through stressful life events such as the loss of their significant pther and who ulterior experienced cognitions specific to grieving but were capable of maintaining everyday functioning.

Also, regarding the relationship between resilience and sanogenesis we may bring to discussion the role of such resources in ameliorating or even excluding the risk of developing psychiatric disorders – even the first studies regarding resilience sighted this aspect. They proposed the observation of children raised by children whose parents were diagnosed with schizophrenia in order to identify those patterns manifested during and after being exposed to chronic stress.

In the context of such research studies, Garmezy, in 1974, demonstrated that a part of these children had highly surprising results translated through adaptive patterns (according to Kallay, 2011). This conclusion was brought to attention in a context in which such healthy, functional children were at the time considered atypical cases. Luthar (2006, quoted by Kallay, 2011) reminds of results of studies conducted in the 70’s according to which children of parents diagnosed which schizophrenia resisted to the overwhelming living conditions by maintaining compassion and empathy towards the troubled parent.

In order to better understand the value of resilience from a sanogenetic point of view, we recommend regarding it as a process instead of a trait, aptitude, in other words, a single characteristic.

Viewing resilience as a process is based on several characteristics related to it which we may identify in professional literature, characteristics which prove its dynamic and practical nature: it plays an amortization role (Masten, 2001), it mediates the interaction between protective and risk factors (Roosa, 2000 quoted by Wexler, DiFluvio, Burke, 2009), it implies the capacity of making sense of events (Massey, Cameron, Ouellette and Fine, 1998 – apud Wexler, DiFluvio, Burke, 2009), along with assuring the reach of several landmarks of psychological development, especially in the case of children (Masten et. Al, 1999 apud. Howell, 2011). Through its process-type character, it protects the person’s homeostasis towards adversity; in this context returning to homeostazis in the the context of being exposed to a disruptive event allows the resilient person to experiment normal levels of negative emotions and emotional distress as a response to major challenges one faces (Waugh, Fredrickson, L., & Taylor, 2008).

3. DISCUSSION

Although the present encounter of conceptualizing resilience is rather a difficult process for research at the moment, due to its great complexity and considering the multitude of approaches and definitions it has been assimilating, there are a few directions to consider as important in understanding the given phenomenon. Thus, there are some characteristics which differentiate it from other resources which support the individual in adapting and which are essential in clarifying its nature as a psychological dimension.
Firstly, resilience is remarkable through its volunteer nature, namely through the fact the resilient people are consciously engaged in regard to overcoming difficulties. Secondly, considering the multitude of dimensions involved on a biologically, psychologically and behaviorally, resilience can be considered more as a process and not as a standing trait or ability. Also, resilience can is remarkable through its dynamic sense which supports its sanogenetic nature, being an important indicator of the healthy response on a mental level but also in report to experiencing wellbeing.

The process of conceptualizing resilience should be followed by operationalizing it, identifying the factors it is composed of so that the understanding it would gain utility on a practical level in protecting the people who are facing risk situations.

4. ACKNOWLEDGMENT

This paper was co-financed from the European Social Fund, through the Sectorial Operational Programmers Human Resources Development 2007-2013, project number POSDRU/187/1.5/S/155559 “Cercetări doctorale multidisciplinare competitive pe plan european (CdocMD)”, coordinator The West University of Timișoara.

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