
UNIT 9 RESILIENCE*

Structure

- 9.1 Learning Objectives
- 9.2 Introduction
- 9.3 Resilience: Background and Early Research
 - 9.3.1 Methodological Considerations
 - 9.3.2 Four Waves of Resilience Research
- 9.4 Evolution of the Concept of Resilience
- 9.5 Key Concepts in Resilience Research
- 9.6 Theoretical Models of Resilience
- 9.7 Debates and Discussions in Resilience Research
- 9.8 Application of Resilience
- 9.9 Let us Sum Up
- 9.10 Key Words
- 9.11 Answers to Self Assessment Questions
- 9.12 Unit End Questions
- 9.13 References
- 9.14 Suggested Readings

9.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the meaning of resilience;*
- *Know about the early research in the field of resilience;*
- *Describe the methodological considerations and the focus of research in resilience;*
- *Explain the key terms in resilience;*
- *Discuss debates and discussions in the field of resilience; and*
- *Describe application of resilience in different areas.*

9.2 INTRODUCTION

Think of people around you who, according to you have led a ‘difficult’ life. That is, they have faced adverse situations which have threatened their existence, development, or well-being. Such adversities may include natural calamities, unemployment, financial loss, violence, or physical illness. Usually, individuals are not expected to successfully recover from these extreme challenges.

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However, some of us are more likely than others to not only overcome but also thrive in the aftermath of such events.

Besides the examples of adversities cited above, individuals commonly face challenges stemming from novel situations such as the move from school to college or getting promoted at work. These events are not necessarily adverse, however, the transition from a familiar situation to a new one does require some level of resilience for healthy adaptation. If we observe people around, we will notice that some of us handle changes better than others. For instance, students who move to a hostel in a new city for higher education are perhaps moving away from the security and comfort of their homes for the first time. In such situations, some students are able to adapt to their new surroundings better and quicker, as compared to others.

Resilience researchers have defined this phenomenon as the ability to display adaptation despite significant challenges.

Illustrative biography

Srinivasa Ramanujan, the great Indian mathematician faced some initial struggles as a child. After experiencing illness, death of siblings and being moved between his grandparents' and parents' house, he discovered his mathematical abilities at a young age. However, he continued to struggle with ill-health, finances and college education. Despite being hailed as a mathematical genius, he had to leave college without a degree due to his poor interest in non-mathematics subjects. Throughout all these challenges, he continued to pursue his work in mathematics. Finally, he obtained his formal degree from the University of Cambridge. In his brief life while being faced with several challenges, he was able to make significant contributions to the field of mathematics.

9.3 RESILIENCE: BACKGROUND AND EARLY RESEARCH

For many decades, research in psychology was based on a deficit-based approach, that is, it focused on investigating what is wrong with individuals and found ways to fix it. This is akin to the approach of disciplines such as medical science, psychiatry and clinical psychology where professionals detect symptoms and then attempt to alleviate them through medication and/or therapy. Therefore, over time, abundant evidence was gathered on what is wrong and how to fix it. But there was less focus on what is right with individuals, and how to enhance it. Issues like suffering, vulnerability, and symptoms received more attention as compared to other topics such as resilience. This may be attributed to specific events of that period such as the World Wars, which led researchers to prioritize the study of psychological symptoms and disorders over other areas of work. Moreover, psychodynamic approach popularized by pioneers including Sigmund Freud and Alfred Adler had a powerful influence on research and practice in that era. Subsequently, explorations in that period majorly addressed suffering and vulnerability as compared to positive adaptation. This deficit-based approach led to ample studies on children growing up in disadvantaged situations such as poverty and natural calamity who display maladaptive outcomes in adulthood. On the other hand, research on children from disadvantaged backgrounds who

have shown positive outcomes in adulthood, was comparatively less common. This approach also known as the psychopathological approach, continued to dominate psychology research for many decades.

In 1998, when Professor Martin Seligman became the President of the American Psychological Association, he drew attention to the fact that while it is important to study suffering, understanding how people thrive is also imperative (Refer to Unit 1 where you have already studied about the rise of positive psychology). The increasing popularity of the positive psychology movement led by Professor Seligman, encouraged researchers to shift their attention from *why people fail* to *why people succeed*. The idea was to employ a balanced approach that targets alleviation of symptoms along with enhancing strengths.

In longitudinal studies beginning from 1950's, pioneers such as Michael Rutter, Emmy Werner and Ruth Smith focused on studying maladaptive outcomes in children from disadvantaged backgrounds involving parental mental illness, prenatal complications and poverty. To their surprise, they discovered that some children within this cohort, did not display the maladaptive outcomes as expected of them. In fact, their functioning and overall adaptation were almost similar to those who did not face such hardships in early life. These reports indicated that there must be certain factors that protect individuals from the impact of adversities. Following such findings, researchers became interested in discovering what is right with these children, and how this information can be used to help other children growing up with such adversities.

As investigations in the area progressed, researchers were able to identify a list of risk factors and protective processes important in understanding resilience. Early research was largely limited to early life adversities and mostly specific groups like children and adolescents. But over the last few decades, resilience research has expanded to include different age groups, environmental factors, and various adversities including natural calamities, socioeconomic disadvantage, childhood abuse, mental illness, community violence and academic challenges.

Illustrative biography

Sir Charles Spencer Chaplin, actor and filmmaker known for the art of comedy had a very troubled childhood. He elaborates on this in his autobiography, highlighting several tragic incidents that he experienced while growing up including his mother's mental illness, father's absence, and poverty. Usually, children coming from such disadvantaged backgrounds are not expected to display successful outcomes in adulthood. However, Charlie Chaplin, as he came to be known, grew up to establish a prosperous career in films. Even several decades after his death, he continues to be popular for his work which had the ability to entertain audiences worldwide.

9.3.1 Methodological Considerations

Resilience research follows both quantitative as well as qualitative approach. Some of the most popularly used resilience measures are Connor–Davidson Resilience scale (Connor & Davidson, 2003), The Resilience Scale by Wagnild & Young (1993), and The Brief Resilience Scale by Smith et al. (2008). However, for an in-depth information about the personal process of adaptation, qualitative approaches are more useful. Interview, focus group discussions, arts-based

techniques etc. can be used for understanding individual differences and unique adaptation strategies in the resilience experience. Some arts-based techniques explored in resilience research include dramatization, drawing, painting, and photography. Since a major part of the resilience experience is subjective in nature, it is important to employ methods that investigate personal contexts. Exploration of cultural and contextual factors is vital in the understanding of resilience.

A mixed method approach also offer a comprehensive understanding about the whole resilience experience. Further, resilience research benefits from an interdisciplinary approach as it has implications for various disciplines such as social work, education etc.

Research on Resilience in India

The multicultural aspect of the Indian society makes it a fascinating but complex area for resilience research. Specific features of the collectivistic culture such as familial and societal attachments may function as protective factors. But in certain scenarios, high expectation to conform to sociocultural and traditional norms could function as risk factors.

In India, resilience has been explored after large-scale adversities such as cyclones and earthquakes. It has also been studied among varied populations such as students, individuals diagnosed with mental illness, and adults with a history of childhood adversity. Resilience researchers in India have explored protective factors (Herbert, Manjula, & Philip, 2013) and developed resilience measures and interventions (Singh, Junnarkar & Kaur, 2016).

- Reflect and list out certain culture-specific determinants in adaptation in the context of India.
- How various religions of India and spiritual approach/practices in India help develop resilience among individuals?

9.3.2 Four Waves of Resilience Research

Investigators have suggested that resilience research may be understood to have emerged in four waves. This is elaborated by Wright, Masten and Narayan (2013). They presented the four waves in resilience research. The focus of investigation in each of these waves is depicted in Figure 9.1 below.

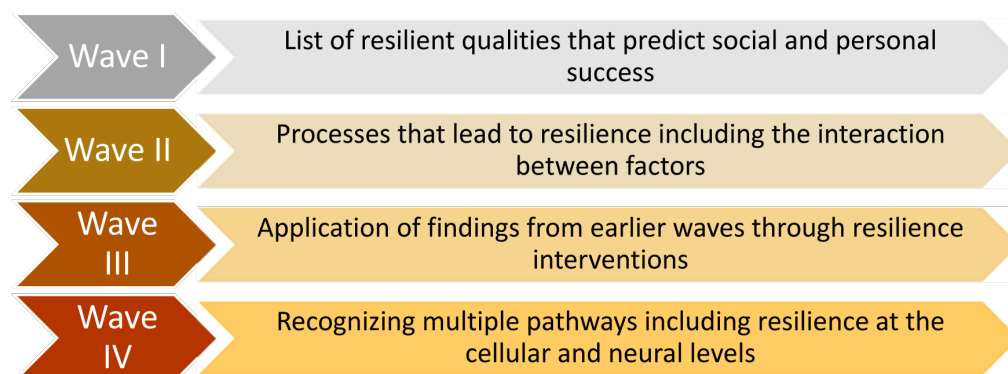


Fig. 9.1: The Four Waves of Research in Resilience

The first wave of resilience research identified a list of factors that contributed to competence considered as a marker of resilience. These included factors specific to the individual such as internal locus of control and self-efficacy. The second

wave focused on the interaction between the person and the environment in the process of reintegration after disruption. Waves I and II helped to establish descriptions of the phenomenon of resilience, provide clarity to related concepts and explore methodologies. Initially, the primary focus of researchers was on the individual and later it also emphasized on the system.

In the third wave, researchers attempted to understand how resilience may be developed from this interaction. Wave III researchers started exploring the ways in which findings from Waves I and II may be implemented to enhance and promote resilience through resilience interventions. Finally, the fourth wave was directed at understanding resilience at multiple levels involving cellular and neural factors. This also led to a multidisciplinary approach to resilience research involving neuroscience, sociology, social work and related areas.

Self Assessment Questions 1

1. Which wave of resilience focused on finding out resilient qualities?
2. Name any one scale on resilience.
3. Which approach dominated the earlier psychological research?

9.4 EVOLUTION OF THE CONCEPT OF RESILIENCE

Resilience, Invincibility and Invulnerability

In the initial years of resilience research mostly focused on children, those who functioned well despite adversity were sometimes described as invulnerable and invincible. Later, researchers suggested that such descriptions may not be accurate as it is realistically impossible for human beings not to be impacted by events occurring in their life. Transitions do have some bearing on emotions and cognitions and consequently on behaviour. However, terms like invulnerable and invincible give the impression that resilient individuals are unaffected by stressors. This is a flawed assumption and thus the terms invincibility and invulnerability are no longer used synonymously with resilience.

Resilience and Coping

Another term that is sometimes used synonymously with resilience, is coping. Although on the surface it might appear that coping and resilience mean the same, it is not so. The essential difference between coping and resilience as reported in psychology literature is that the idea of coping is largely associated with one's response to negative events such as death of a loved one, conflicts in relationships, financial, professional, or academic setbacks. However, the phenomenon of resilience is not restricted to unfavourable events only. As discussed above, resilience is required to handle all kinds of transitions whether desirable such as getting one's dream job; or undesirable such as being terminated from one's dream job. While resilience is helpful to cope with unfavourable transitional events, it is also important in events that are favourable but challenging; such being selected as the college representative for an inter-college competition.

The similarity between resilience and coping is that both are involved in adapting to stressful circumstances. However, coping may involve both adaptive and maladaptive processes including dysfunctional outcomes. For instance, a person diagnosed with hypertension may display maladaptive coping through denial of the diagnosis and non-adherence to treatment. From the patient's perspective both maladaptive and adaptive responses are ways of coping. However, while the former leads to management of symptoms, the latter is an impediment to recovery and well-being. In comparison, resilient individuals engage with the situation actively instead of maladaptive coping by avoidance or denial. Therefore, it may be appropriate to posit that resilience develops from exposure to risk and developing strengths to address it; rather than running away from it. In other words, resilience is a form of healthy coping often resulting in learning and growth. Thus, the broad umbrella term coping does not necessarily indicate positive adaptation in the way as resilience does. Therefore, resilience is more than coping.

Resilience and Other Overlapping Concepts

A number of related variables such as post-traumatic growth, positive adaptation, personal growth, and benefit finding are often studied in the aftermath of adversity. However, any positive change following trauma and adversity is not akin to resilience. Resilience is the phenomenon that contributes to these processes and outcomes. It helps to achieve positive outcomes in situations where growth is unexpected. This is the reason investigations have reported associations between resilience and these variables.

Resilience as Bouncing Back and Bouncing Forward

In the initial years of resilience research, resilience was often described as bouncing back from adversity. This phrase indicates that resilient individuals come back to their original or improved levels of functioning after facing disruption caused by the adversity. This flexibility is similar to that of a spring. Even after being stretched or distorted, the property of a spring allows it to continue to function as before, when placed back into a device.

In later years, the concept of bouncing forward instead of bouncing back, was recommended by researchers (e.g., Walsh, 2002). The replacement of *bouncing back* by *bouncing forward* emphasizes that the move is in a positive direction. That is, the resilient individuals move ahead from a position of disadvantage to a position of advantage.

Resilience as a Trait, Process, Skill and an Outcome

Resilience as a trait: Findings show that in the initial years, resilience was studied as a trait. It was perceived as an attribute that can lead to positive adaptation outcomes such as well-being or post-traumatic growth. Research studying resilience as a trait sought to link its contribution to other variables. Resilience as a trait was found to contribute to positive adaptation outcomes such as personal growth.

Resilience as a process: As research progressed, investigators claimed that resilience is also a process as it involves a journey of towards a positive adaptation outcome. For instance, the process of resilience involves negotiations

with several protective factors. These may include both internal strengths such as self-efficacy and autonomy; and external protective factors such as close friendships and supportive communities.

Resilience as a skill: In recent times, researchers have suggested that resilience is, at least partially, a skill. Like other broad skills such as effective communication or specific skills such as art or music, resilience can be learned and cultivated further. For example, just as regular practice can help a singer to refine their musical abilities, engaging with challenging situations can help individuals discover and hone their protective mechanisms. Resilience, as a skill can be developed through interventions such as therapy.

Resilience as an outcome: Several research investigations have pursued the topic of resilience as an outcome in the aftermath of adversities. Resilient outcomes such as post-traumatic growth, benefit finding, and well-being are indicators of positive adaptation. Researchers studying resilience as an outcome have sought to explore both internal and external protective factors that contribute to resilient outcomes. In the early years of resilience research, most researchers sought to use psychosocial competence as the indicator of resilience. For instance, the ability to fulfil age-appropriate developmental tasks in a given cultural context was selected as a resilient outcome. Additionally, healthy peer relationships and successful academic outcomes were characterized as resilient outcomes among children and adolescents.

9.5 KEY CONCEPTS IN RESILIENCE RESEARCH

Decades of resilience research have led to the identification of certain keywords. Wright, Masten, and Narayan (2013) have elaborated upon the most relevant terms in this area. A description of some of these keywords are presented below with suitable examples.

- **Resilience**

Resilience is described as positive adaptation in response to adversity. Positive adaptation outcomes such as recovery, well-being and post-traumatic growth may be observed among individuals with high levels of resilience.

Example: Survivors of natural calamities such as an earthquake are likely to face serious setbacks in several life domains following the event. Social and occupational functioning as well as mental health may be impacted due to severe adversities. Individuals' journey from these disruptions to a life of functioning and growth is indicative of their resilience.

- **Adversity**

Adversities refer to any experiences that disrupt the regular course of development of a system or an individual. Adverse events disturb the individual's homeostasis eventually impacting functioning.

Example: Adversities can include events that cause large-scale destruction such as war, political conflict, and natural calamity. It can also refer to individual-

specific circumstances such as loss of employment, financial crisis or symptoms of chronic illness. Presence of significant adversity is regarded as one of the essential criteria for the identification of resilience.

- **Risk**

A risk indicates high possibility of an unfavourable outcome. In a given situation, risk factors are those features which can predict this negative outcome.

Example: The chances of an infant developing malnutrition is higher if born into circumstances such as poverty. Additional risk factors within the same situation include premature birth, congenital disorders, and parental negligence. Likewise, a weak immune system is a risk factor during a viral outbreak. Research has shown that for individuals recovering from mental illness, lack of support from family and community is a major risk factor.

- **Cumulative risk**

Any risk factor may be a deterrent to healthy adaptation. However, the presence of several risk factors leads to increased likelihood of unfavorable outcomes. Likewise, repeated occurrences of the same risk factor are likely to amplify its impact.

Example: Children growing up in poverty are likely to be subjected to several environmental stressors. The lack of access to facilities such as safe shelter, healthcare, and schooling are crucial risk factors that hinder healthy development. The presence of any one of these risk factors is damaging; however, the presence of all these factors suggests cumulative risk.

Likewise, physical and emotional abuse by family members on one occasion is a risk factor. However, repeated occurrences of such abuse, intensifies its impact. These examples represent cumulative risk, which is far more impactful than that of isolated events.

- **Proximal risk**

Proximal risk includes all risk factors which are experienced directly by the individual. This may be understood in the light of Urie Bronfenbrenner's Ecological Systems theory. According to this framework, the microsystem refers to the immediate environment. Proximal risk factors are usually present in the microsystem.

Example: Family conflict is a proximal risk as the outcome of this adversity directly impacts the person living in the same household. Similarly, poor doctor-patient communication is a proximal risk as it directly impacts the doctor-patient relationship as well as treatment.

- **Distal risk**

Risk factors present within the environment but not within the immediate surroundings are known as distal risks. These factors impact the person indirectly through other factors. With reference to Urie Bronfenbrenner's Ecological Systems theory, distal risk factors may be present in extended circles such as the macrosystem.

Example: Conflicts within the extended family or community do not impact the individual as directly as conflicts within the immediate family. However, the former situations do have the potential to threaten the individual's development or adaptation in an indirect manner.

- **Protective factor**

While risks are detrimental to development and adaptation, protective factors buffer the impact of adversities. Early resilience researchers identified that the presence of protective factors indicate that the individual will display resilient outcomes when faced with adverse circumstances. Protective factors may be internal or external. Internal protective factors refer to strengths within the individual including self-esteem, self-efficacy, or internal locus of control. External protective factors include resources such as supportive relationships within the family and community.

Example of internal protective factors: Personality traits such as conscientiousness may be a protective factor in academic resilience. In relationship conflicts, skills pertaining to problem-solving, communication, and negotiation play a protective role in helping the individual navigate through the situation.

Example of external protective factors: In India, helpline numbers such as 100 for police and 101 for fire brigade are external protective factors. Retirement pensions for senior citizens and scholarships for students may be regarded as resources that help them to adapt to both regular and unanticipated stressors. Besides family and friends, community and peer groups, hospitals and non-government organizations are important sources of external support.

- **Cumulative protection**

Research indicates that the presence of several protective factors is more useful in building resilience as compared to a few protective factors.

Example: A student who has achieved poor academic grades will benefit if she has access to supportive parents, classmates, and teachers. The combined contribution of these protective factors is likely to make a stronger impact than the presence of only one protective factor. Individuals will experience higher levels of resilience if they have both internal and external resources to tackle challenges, as compared to those who lack support from family, colleagues and friends.

Self Assessment Questions 2

1. Resilience is synonymous to invincibility. **True or False.**
2. What is resilience?
3. What is distal risk?
4. Explain cumulative protection.

Activity 1

Protective Factors in Resilience: Individual, Family, and Community

- A summary of internal and external protective factors commonly reported by research studies on resilience is presented below.

- Think of a personal situation that had seemed very challenging to you initially. But you were able to adapt to the change brought about by this event. Write down the internal strengths and external protective factors that helped you to overcome this adversity, in the blank rows in the box below or tick mark the ones you can relate to.

Internal Protective Factors	External Protective Factors	
	Family	Community
Self-esteem	Stable home environment	Access to basic facilities such as clean air, water
Self-efficacy	Secure attachment with primary caregivers	Affordable education, compassionate teachers recreational activities
Internal locus of control	Positive sibling relationships	Safe community
Problem solving skills	Supportive connections with family members	Employment opportunities
Ability to build and maintain relationships	Socioeconomic advantages	Access to health care, legal and welfare services
Hope	Parental resilience	Supportive policies in the area of education, law and health

9.6 THEORETICAL MODELS OF RESILIENCE

Resilience has been explained with the help of several theoretical models. Unlike psychopathological models, these frameworks expect the individual to succeed and even thrive despite the presence of adversity. The following resilience models focus on internal strengths and the protective resources in their environment.

Grotberg's Paradigm of Resilience (1999) was constructed with the aim of enhancing strengths to deal with adversities that typically tend to result in depression among the youth. This model uses three components namely *I have*, *I am*, and *I can* to present five blocks of resilience. *I have* includes trusting relationships that provide support. *I am* refers to the building blocks of autonomy and identity which contribute towards building internal protective factors such as responsibility and self-esteem. *I can* refers to the building blocks of initiative and industry which contribute towards building skills such as interpersonal and problem solving skills. Figure 9.2 below displays the three components of resilience, building blocks and their description as presented by Grotberg (1999). Grotberg (1999) recommends that these building blocks can assist in facing, overcoming, being strengthened, or transformed by adversity.

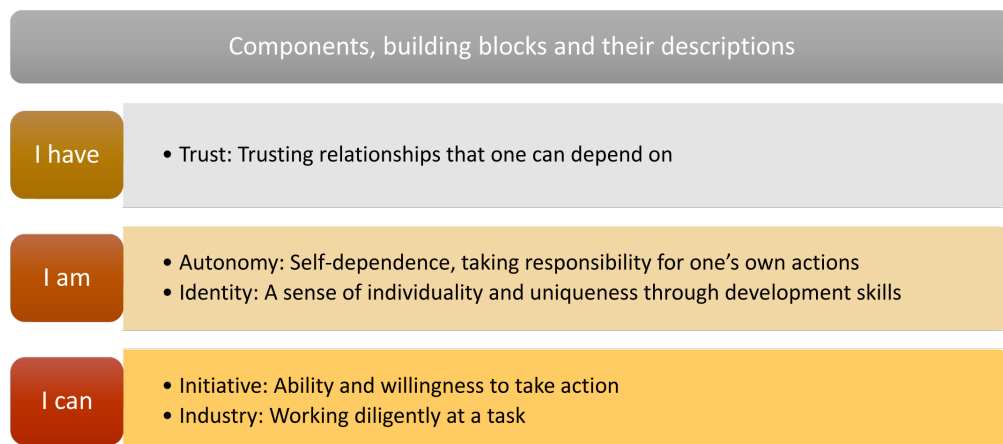


Fig. 9.2: Grotberg's (1999) Paradigm of Resilience

Other resilience models such as those proposed by Kumpfer (1999) and Richardson (2002) illustrate individuals' journeys from being faced with disruptions to displaying resilient reintegration. In 2020, Ungar and Theron presented a dynamic multisystemic model of resilience. This model acknowledges the role of biopsychosocial ecological systems in resilience. It proposes that addressing cultural and contextual processes ranging from rituals to community activities is important in resilience research.

These models have been widely used by researchers in designing their research, interpretation of data and application of findings.

9.7 DEBATES AND DISCUSSIONS IN RESILIENCE RESEARCH

Findings from Wave I, II, and III of resilience have led to several pertinent questions. The debates that followed helped to clarify the concepts further. Some crucial discussions in this regard are presented below.

9.7.1 Criteria for defining resilience

Researchers have unanimously agreed that resilience must involve two conditions:

- Presence of a significant adversity
- Display of positive adaptation despite the adversity

Unless the individual reports significant stressors in the situation, the phenomenon of resilience is not applicable. If an individual displays positive adaptation under any other circumstances, they are usually described as competent or well-adjusted; but not as resilient. The term resilience is used only when the event has been severe enough to cause significant threat to adaptation or development.

9.7.2 Resilient individuals also experience trauma and vulnerability

Resilient individuals are not unaffected by trauma. This is the reason terms like invincibility and invulnerability are no longer used to describe resilient

individuals as we have learned earlier in this Unit. Resilient individuals experience emotions such as anger, fear, and helplessness but over time, they are able to discover their protective factors and use them successfully in adapting to the event.

The unpredictability of life in general and uncertainties in day-to-day experiences expose us to vulnerable circumstances. Thus, distress and discomfort are expected responses. Resilient individuals are not invincible or unaffected by vulnerability. The journey from this state of trauma and vulnerability to positive adaptation is representative of resilience.

9.7.3 Resilience is domain-specific

Researchers have pointed out that resilience is domain specific. Thus, it is possible to display positive adaptation in one area of life while experiencing vulnerability in another domain. Some individuals who display excellence in their professional or academic lives, experience anxiety in trying to maintain their success. Such domain specificity is observed in case of other psychological concepts, such as locus of control wherein an individual may be internally controlled in the social domain and externally controlled in the domain of health.

Despite the domain specificity of resilience, there is indication that success or failure in one domain can impact adaptation in another domain. In certain conditions, protective factors that have led to success in one domain can be used to improve circumstances in another domain. For instance, if family support has helped students to achieve resilient outcomes in academics, it may also be utilized to achieve resilient outcomes in the social domain.

9.7.4 The dangers of apparent resilience

The assumption that resilience in one domain is evidence for resilience in another domain is faulty and could have serious mental health implications. In the 1990's research by Suniya Luthar, a pioneer in this field, found that some resilient inner-city adolescents displayed high social competence under conditions of high stress. When probed further, the researchers discovered that they were not doing as well in the mental health domain. In fact, these adolescents were significantly more depressed than highly competent adolescents from low-stress backgrounds. Luthar termed this as 'apparent resilience' indicating that there is a tendency for some individuals to internalize symptoms. This gives the impression that they are highly resilient when in reality, they may be experiencing serious mental health concerns. Researchers have reported that if internalized symptoms are ignored, they are likely to lead to greater distress over a period of time. Therefore, researchers and practitioners must be cautious in making conclusions on overall resilience based on adaptation in one domain. Resilience can be displayed in one or several domains, however, the idea of absolute resilience is problematic.

9.7.5 Resilience varies over time

In consideration of the Developmental task theory which suggests that adaptation is an evolving process, it is gathered that resilience is variable in different circumstances and through different periods in life. As we journey

through life, we are faced with a range of situations comprising of a variety of risk and protective factors. These constantly changing situations can either have a beneficial or detrimental impact on resilience. Also, sociodemographic factors such as age play a role in the process. For example, infants are protected from several environmental calamities by their caregivers. They step in immediately to fulfil any demands created by tragedies such as death of a family member. Moreover, the inability to grasp the anticipated consequences of these events protect infants from emotional pain. But for older children and adolescents, the understanding of the severity of the situation increases their distress. At the same time, the ability to communicate with others and seek support helps older children to independently take actions towards positive adaptation. This shows that, with age, our exposure to adversities increases but cognitive and emotional maturity also places us in a better position to display resilience.

If certain life events restrict our access to protective factors, a highly resilient individual can become less resilient. Losing employment can limit positive experiences in the domain of mental health, finance and even relationships. Protective factors associated with employment such as self confidence and financial stability may be lost following unemployment. This is likely to have a detrimental impact on resilience. In certain societies, strong stigma surrounding mental illness may lead to prejudice and discrimination even from family members. In such cases, decrease in external support can transform a person from a highly resilient person to a vulnerable one.

9.7.6 Resilience as ‘ordinary magic’

Resilience is described as an experience that is ordinary but magical. Ann Masten, a pioneer in this field has often referred to the ordinariness of resilience in her work. She posits that resilience is an ordinary rather than an extraordinary phenomenon. This indicates that it is possible for all to experience it. Despite the ordinariness of the phenomenon, the outcome is perceived as magical. This is because resilience makes it possible for individuals to succeed in circumstances where they are usually expected to fail. Masten’s (2001) observation on the ordinariness of resilience provides hope to at-risk populations. It is now believed that with the help of protective factors, individuals can discover resilience and display positive adaptation amidst challenges.

9.7.7 Multisystemic resilience

Researchers from various disciplines, besides psychology have acknowledged the interaction of multiple systems in resilience. Urie Bronfenbrenner’s Ecological Systems theory is often cited in this context. For a complete understanding of resilience, it is crucial to refer to the complex interactions between multiple systems. Even in cases where individual factors are generally implicated, such as poor performance in school, researchers and practitioners must probe into multisystemic factors to determine the nature of intervention. Academic resilience can be more effectively addressed if multiple systems such as family and school are involved instead of simply working on improving the child’s academic efforts. This is true for other adversities ranging from domestic violence, physical illness to mental illness. Survivors, in such cases not only need to find and enhance internal protective factors in their lives but also need to be provided with a safe and inclusive atmosphere where they feel reassured.

In case of some challenges, individuals are able to survive with the help of internal protective factors alone, however, the journey is less overwhelming if there is support from the environment as well. For instance, individuals with an illness may put great efforts into their recovery by displaying adherence to prescribed medication and treatment protocols but the rehabilitation process is boosted when the patient receives structural and emotional support from medical professionals, family, workplace and friends. The onus of resilient adaptation should not be placed on the individual if the socioecological environment is not supportive.

This multisystemic conceptualization of resilience is important from the point of interventions. In his book on multisystemic resilience, Michael Ungar cites evidences from investigations that integrate contexts including cultural practices into interventions.

In view of the above discussion, it is clear that the concept of resilience is not easy to define. Resilience researchers therefore must consider a number of factors in operationally defining the concept for their investigations.

Self Assessment Questions 3

1. What is domain-specific resilience?
2. Who termed resilience as 'ordinary magic'?
3. What are the criteria for defining resilience?

9.8 APPLICATION OF RESILIENCE

Applications of findings from resilience research have helped to improve several favourable outcomes such as mental health and well-being. With progress in understanding and identifying resilience, researchers developed interest in enhancing it. Wave III researchers started applying the findings obtained to promote resilient adaptation among vulnerable populations. While most of the initial interventions were directed at children and adolescents, the initiatives now include a variety of samples worldwide including indigenous populations.

Some interventions were directed at reducing risk factors while the others attempted to enhance protective factors. At times, detachment from a hostile environment protects the individual from future harm. This was displayed in previous studies on familial abuse where individuals were able to achieve positive outcomes by distancing themselves from their abusive family. In some cases, however, it is not possible to disconnect from the risk factors entirely as in situations of bereavement. Developing resilience in experiences such as death of a loved one usually involve a combination of internal and external protective factors that buffer the impact of the event. Interventions should enhance resources as well as the skills required to access them.

Interventions may be applied to different adversities and across populations, covering a variety of sociodemographic and socioecological contexts. Besides, ecological data from multisystemic resilience investigations have valuable implications in policies pertaining to education, clinical and therapeutic settings, community and mental health.

Finally, the study of resilience testifies that human beings have the capacity for surviving against all odds. One can not only overcome challenges but even thrive despite uncertainties and vulnerabilities. It is therefore crucial to identify the protective factors that can contribute to the process in different cultures and contexts. Thus resilience is a universal phenomenon and awareness and promotion initiatives can contribute towards building personal and systemic resilience across contexts.

9.9 LET US SUM UP

Resilience is crucial in the process of adapting to various transitions and challenges of life. Researchers have presented several concepts which are important in understanding resilience. These include risk factors, protective factors, cumulative risk, cumulative protection among other key terms related to resilience. An overview of the four waves of resilience research illustrates that resilience has been variously presented as a trait, process, skill and an outcome. While much of the initial research focused on the individual and their immediate environment, research has expanded to include multiple systems in resilience. Larger contexts such as society and culture and their interaction with other factors are particularly important in a comprehensive understanding of resilience. Research on resilience aims to enhance resilience in everyday lives as well as in the aftermath of adversities ranging from natural calamity to relationship conflicts. In conclusion, resilience is a universal phenomenon and awareness and promotion initiatives can contribute towards building personal and systemic resilience across contexts.

9.10 KEY WORDS

Resilience	:	Displaying positive adaptation despite significant adversity
Adversity	:	Events that interrupt the regular course of development of a system or an individual. These challenges disrupt homeostasis, eventually impacting functioning.
Risk factors	:	Those features in a given situation that predict high possibility of unfavourable outcomes.
Protective factors	:	Factors that help individuals to display resilient outcomes when faced with adverse circumstances
Cumulative risk	:	Presence of several risk factors leads to increased likelihood of unfavorable outcomes. Likewise, repeated occurrences of the same risk factor are likely to amplify its impact.
Cumulative protection	:	Presence of several protective factors is more useful in building resilience as compared to a few protective factors.
Apparent resilience	:	The tendency of some individuals to internalize mental health symptoms while displaying

competence in other domains. This gives the impression that the person is resilient when actually they may not be.

- Multisystemic resilience** : The idea that multiple systems are involved in the process of resilience. This approach allows researchers to look beyond individual factors into biopsychosocial ecological contexts.
- Resilience interventions** : Initiatives that seek to enhance resilience by addressing risk and protective factors
- Ordinary magic** : A way of referring to resilience indicating that while the outcome is magical or unexpected, the phenomenon is universal.

9.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. First wave
2. Connor–Davidson Resilience scale (Connor & Davidson, 2003)
3. psychopathological approach

Answers to Self Assessment Questions 2

1. False
2. Resilience is described as positive adaptation in response to adversity.
3. Cumulative protection refers to combined contribution of several protective factors in building resilience
4. Risk factors present within the environment but not within the immediate surroundings are known as distal risks.

Answers to Self Assessment Questions 3

1. Domain specific resilience refers to that, it is possible to display positive adaptation in one area of life while experiencing vulnerability in another domain.
2. Ann Masten
3. Presence of a significant adversity; and display of positive adaptation despite the adversity.

9.12 UNIT END QUESTIONS

1. Describe risk and protective factors in resilience.
2. Why is resilience described as ‘domain-specific’? Illustrate with the help of an example.

3. Do you agree that resilience is ‘ordinary magic’? Provide examples in support of your answer.
4. Cite an example of apparent resilience that you might have observed in your life or in people around you.
5. Why do researchers recommend the use of mixed methods in studying resilience?
6. If you are asked to develop a resilience intervention on college students in India, which risk and protective factors will you focus on?
7. Provide a description of some of the multiple systems and protective factors that can contribute to resilience among individuals diagnosed with a chronic physical illness.

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