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Resilience: its nature and significance

**Resilience: its nature and significance**  
**(A theoretical overview)**

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Resilience: its nature and significance

## **Resilience: its nature and significance**

### **(A theoretical overview)**

#### Abstract

The Positive Psychology movement has turned the focus on the strengths that people bring to deal with trauma and crisis. The concept of resilience has assumed increasing significance in this regard and looks at how people withstand the effects of adversity and return to a state of normalcy. The understanding of resilience has been approached from several disciplinary perspectives resulting in a plethora of definitions and explanations. It has been regarded as a personality attribute by some and a contextual disposition by others. This theoretical overview adopts a historical approach and seeks to consolidate and synthesise key points in the understanding of resilience. It examines the multi-faceted nature of resilience and other related concepts as detailed in the extant literature. Characteristics of resilient people and its importance in coping have also been discussed. The bio-psychosocial nature of resilience is explored in this paper with reference to the ecosystems perspective. The concluding section briefly outlines implications for intervention.

**Keywords:** Resilience, coping, ecosystems perspective, strengths perspective, crisis, trauma

Stress and coping with adversity are much researched domains in the literature on wellbeing and the psychological construct of human resilience has been the focus of multidisciplinary study in this context that has attracted the attention of psychologists, sociologists, nurses, mental health professionals and social workers. While the term has been used in the context of individuals, families, organisations and communities, it has mostly been explored in relation to childhood and adolescence. The term resilience was introduced into the English language in the early 17th Century from the Latin verb *resilire*, meaning to rebound or recoil (Concise Oxford English Dictionary, 2013). Understanding resilience is important as a means of developing interventions to prevent and/or treat common mental disorders whose risk factors have high individual and cultural variability in impact, notably anxiety, depression, and stress reactions (Connor & Zhang, 2006). In spite of the long standing interest in understanding the nuances of the concept of resilience, many professionals who are mandated to recognise, understand and promote resilience in people do not fully seem to grasp its nature and significance. Social workers experienced difficulty in conceptualizing resilience, often providing cursory, general or non-expert explanations (McMurray, Connolly, Preston-Shoot & Wigley, 2008).

This review adopts a historical stance and explores the various definitions, explanations and theoretical perspectives relating to the understanding of resilience. It examines concepts that are similar and related and the attributes that characterise resilient people. The biological bases of resilience and the ecosystemic perspective have been elaborated upon and we conclude by briefly outlining implications for intervention.

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## ***Defining resilience***

Resilience refers to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity (Wald, Taylor, Asmundson, Jang, & Stapleton., 2006). These adversities are encountered through a range of stressful events such as bereavement, loss, accidents, physical assault, natural disasters, disease processes that are life-changing or terminal and other such traumatic events, and resilience either surfaces or develops as an outcome of these adversities. Adversity “typically encompasses negative life circumstances that are known to be statistically associated with adjustment difficulties” (Luthar and Cicchetti, 2000, p. 858). Some researchers (e.g. Bonanno, 2004) view resilience as a personal trait manifested in people following circumstantial adversity. From this viewpoint, Wagnild and Young (1993) define resilience as “a personality characteristic that moderates the negative effects of stress and promotes adaptation”. Ego resilience (Block & Block, 1980; Block & Kremen, 1996) is a fairly stable personality trait that reflects an individual’s ability to adapt to environmental change that may include identifying opportunities, adapting to constraints, and bouncing back from misfortune and refers to the tendency to respond flexibly rather than rigidly to changing situational demands, particularly in stressful situations. Others however consider resilience to be “a dynamic process of positive adaptation in the context of significant adversity” (Luthar & Cicchetti, 2000; p 858). The former view point considers resilience as a trait that is fixed and stable, that refers to the ability of negotiating, managing, and adapting to stress or trauma. However, this notion does not acknowledge the fact that adaptation is an active and interactive process between the individual and one’s larger ecosystem. It may hence be more

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appropriate to consider resilience to be not fixed but something that is dynamic and changing. This conceptualisation has found mention in other definitions e.g. Connor & Davidson (2003, p 76) who hold it to be a “multi-dimensional characteristic that varies with context, time, age, gender and cultural origin, as well as within an individual subject to different life circumstances.” Resilience develops over time, and is dependent on interactions among various factors surrounding the individual (Dyer & McGuinness, 1996). Environmental and contextual factors play an important role in shaping personal resilience (Roberts & Masten, 2004). Resilience is considered to be significant in dealing with environmental stressors and defined as “protective factors and processes or mechanisms that contribute to a good outcome, despite experiences with stressors shown to carry significant risk for developing psychopathology” (Hjemdal, Friborg, Stiles, Martinussen & Rosenvinge, 2006, p96). It is hence considered to be “the capacity of individuals to cope successfully with significant change, adversity or risk” (Lee & Cranford, 2008, p. 213). From a behavioural perspective resilience is determined by “protective factors which modify, ameliorate or alter a person’s response to some environmental hazard that predisposes to a maladaptive outcome” (Rutter, 1987, p. 316). The definitions reviewed in this section thus suggest that resilience can be considered to be an attribute or personal characteristic, a process that is developmental and influenced by environmental factors and as an outcome or product. Resilience research has pursued several strands of investigation. Research that has focused on personality traits or personal orientations, has identified attributes such as optimism (Tusaie & Patterson, 2006), autonomy (Goodley, 2005), meaning (Charney, 2004) and purpose in life (Nygren, Alex, Jonsen, Gustafson, Norberg & Lundman, 2005) as being

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associated with resilience. Those seeking explanations in environmental or contextual factors stress the importance of aspects such as social support (Palesh, Shaffer, Larson, Edsall, Chen & Koopman, 2006). Others have looked at resilience as an integrated constellation of traits (Asendorpf & van Aken, 1999), such as self-determination and a sense of coherence (King, Hicks, Krull, & Del Gaiso, 2006) besides hardiness (Maddi, 2005). Yet another stream of research from the behavioural viewpoint has considered issues such as patterns of activity (Black & Ford-Gilboe, 2004) and coping styles (Johnsen, Eid, Laberg & Thayer, 2002). The term “resilience” should be used when referring to the process or phenomenon of competence despite adversity, while “resiliency” refers to a specific personality trait (Luthar, Cicchetti & Becker, 2000).

### ***Characteristics of resilient people***

Rutter (1985) considers resilient people as having a greater sense of self-efficacy and strong self-esteem who display an action-oriented approach to problem solving besides being capable of engaging the support of others. They are also more capable of adapting to change, capable of forming close and secure attachments and use past success to confront current challenges. Resilient individuals use positive emotions to recover from negative emotional experiences (Tugade & Fredrickson, 2004) and are characterised by their personal competence and determination, presence of supportive relationships and their reliance on faith and prayer (Werner, 1992). Other characteristics noted in the literature are optimism and faith (Connor & Davidson, 2003), positive interpersonal relationships, a willingness to extend oneself to others, strong internal resources, having an

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optimistic or positive affect, keeping things in perspective, setting goals and taking steps to achieve those goals, high self-esteem, high self-efficacy, determination, a sense of purpose of life, creativity, humour, and a sense of curiosity (Boardman, Blalock & Button, 2008; Bonanno, Galea, Bucciarelli & Vlahov, 2007; Hegney, Buikstra, Baker, Rogers-Clark, Pearce, Ross, et al. 2007; Kinsel, 2005; Richardson, Nigier, Jensen & Kumpfer, 1990). Resilient youth have good self-regulatory skills and self-esteem and receive more active parental monitoring (Buckner, Mezzacappa & Beardslee, 2003). These characteristics seen in resilient people are both personality traits as well as ways of responding to adversity that have been learned and developed over time.

A look at the definitions presented earlier suggests some common themes relating to resilience namely, encounter with adversity, its protective function, the individual's response to stress or adversity resulting in coping and adaptation. The dynamic process oriented perspective of resilience implies that the extent to which resilience can serve a protective function is context specific and may vary at different points in one's life and that when circumstances change, so does resilience (Rutter, 1981). Resilience is an active dynamic interaction with adversity which waxes and wanes according to the immediate balance of resources, protective factors and risks (Tusaie & Dyer, 2004). Rutter (2006) considers resilience as the opposite end of the continuum of vulnerability, with protective and risk factors operating concurrently. Rutter (2007) has stressed the dynamic nature of the development of resilience, involving interactions between genetics and environment, and mediated by coping style and mental operation. This interactional perspective is also important to facilitate an understanding of resilience vis-à-vis the perception of stress. According

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to the meta-model of stress, emotions, and performance (Fletcher, Hanton & Mellalieu, 2006), stressors originate from the environment and at an individual level are mediated by subjective perception and their appraisal which then result in positive or negative behavioural responses, affective states and outcomes. Personal attributes such as self-efficacy (Schaubroeck & Merritt, 1997) and self-esteem (Ganster & Schaubroeck, 1995) moderate the individual's appraisal of the stressor and the consequent emotional state besides the choice of coping strategy to be deployed. Emotional Intelligence is a key variable in the appraisal of stress as persons with higher EI cope better with the emotional demands of stressful encounters because they are able to "accurately perceive and appraise their emotions, know how and when to express their feelings, and can effectively regulate their mood states" (Salovey, Bedell, Detweiler & Mayer (1999) ,p. 161). Rebounding, self-efficacy, determination and social support have been considered to be some of the defining attributes of resilience (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O'Flaherty, 2013).

*Rebounding* is a hallmark of resilience and is the ability to bounce back. Resilient people have the "capacity to be bent without breaking and the capacity, once bent, to spring back" (Vaillant, 1993, p. 248). This then is the ability of individuals to encounter an adverse event but perhaps grow from it and quickly return to a state of normality following the stressor. This implies a certain degree of suppleness, plasticity and tenacity on the part of the individual to return to a near former state of being and is thus seen as a self-righting ability.

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*Self-efficacy* is defined as the belief of a person in his or her ability to organize and execute certain behaviours that are necessary in order to produce given attainments (Bandura, 1997). The belief in one's competence to cope with a broad range of stressful situations or challenging demands is referred to as generalised self-efficacy (Schwarzer, 1994) while specific self-efficacy is the belief in one's ability to handle specific tasks (Caprara, Barbaranelli, Borgogni & Steca, 2003). Self-efficacy implies competence and confidence and is a key variable that relates to environmental mastery and hence resilience. This is how skills, abilities and talents enhance self-efficacy and promote resilience.

*Determination* refers to firmness of purpose and is the resoluteness to achieve particular goals. This is an important attribute of resilience as it strengthens one's belief that obstacles can be surmounted and hurdles overcome.

*Social support* is the support available to an individual through social ties with other individuals, groups, and the larger community (Lin, Simeone, Ensel, & Kuo, 1979) and is positively associated with resilience (Pietrzak, Goldstein, Malley, Rivers, Morgan & Southwick, 2010; Wilks & Spivey, 2010). According to the stress-buffering hypothesis, high levels of perceived support protect an individual from the potential negative effect of stressors leading it to be appraised as less stressful (Cohen & Wills, 1985). According to this hypothesis, psychosocial stress will have deleterious effects on those with little or no social supports. Positive social support can enhance resilience to stress by moderating its impact, help protect against developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders, such as posttraumatic stress disorder (PTSD), and reduce medical

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morbidity and mortality (Southwick, Vythilingam & Charney, 2005). Ongoing relationships with positive adults who are not necessarily parents or relatives are essential for creating and enhancing resilience (Wolin and Wolin, 1993). An amiable, benign attitude encourages attachment to others who may support the development of resilience and the ability to draw people into one's life during times of adversity supports the process of resilience (Dyer & McGuinness, 1996).

An essential requirement of resilience is the presence of risk and protective factors helping to promote positive outcomes or reduce negative outcomes (Fergus & Zimmerman, 2005). Risk and protective factors may be biological, psychological, social, spiritual, environmental, or any combination of these (Ashford, Le-Croy & Lortie, 2000). Risk factors are circumstances that increase the probability of poor outcomes while protective factors alter responses to adverse events so that potential negative outcomes can be avoided (Zolloski & Bullock, 2012). Resilience is multidimensional in nature and high-risk individuals may manifest competence in some domains and contexts, and exhibit problems in others (Luthar, Cicchetti & Becker, 2000). Rutter (1985) defines protective factors as “influences that modify, ameliorate, or alter a person’s response to some environmental hazard that predisposes to a maladaptive outcome” (p. 600). Risk factors increase maladaptation while protective factors insulate one from the adverse consequences of stress. Risk and protective factors can be either internal or external. These internal and external factors can either predispose to “protect” individuals leading to resilience or put them “at risk” or maladaptation (Masten, 1994). Examples of internal protective factors include genetic and constitutional factors, personality traits, acquisition of advanced motor or self-help skills while external factors can include family (e.g. good

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relationship between parents), community (e.g. safe neighbourhood, self-help groups) and larger social and environmental systems (e.g. social policy, economic stability). Both risk and protective factors can be proximal or distal. Proximal factors are experienced directly by the person, whereas distal factors exert an indirect influence and are mediated through more proximal processes. For example, a proximal risk is having peers who are substance users or indulge in offending behaviours, whereas a distal risk is living in a deprived neighbourhood, where one is more prone to negative peer influences of involvement in crime and substance use. Both risk and protective factors can exert a cumulative or add-on effect on the individual. Cumulative risk accrues when one is exposed to multiple risk factors or to the same risk factor several times or the accumulating effects of ongoing adversity. The benefits of cumulative protection on the other hand are due to the presence of several protective factors at the same time for instance good social support along with self-efficacy and an optimism to overcome adversity. Often different risk variables link together to form risk chains just as protective factors can form protective chains (Smokowski, 1998). Poverty, for example, commonly coincides with parental unemployment, single-parent households, high parental stress, lower educational attainment, and a complex array of other risk factors" (Smokowski, p. 338).

Hope is seen to be an important protective factor in the context of dealing with stress (Horton & Wallander, 2001) and enhancing resilience. Individuals who are high on hope are able to envision alternative routes in the face of goal blockage, try new pathways for overcoming obstacles, and display high levels of agency (will or motivation) in pursuing desirable goals (Snyder, Lehman, Kluck & Monsson, 2006).

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Some other protective factors identified in the resilience literature are optimism (Lamond, Depp, Allison, Langer, Reichstadt, Moore, Golshan, Ganiats, & Jeste, 2008); extraversion (Campbell-Sills, Cohan, & Stein, 2006), self-esteem (Baek, Lee, Joo, Lee, & Choi, 2010), self-efficacy (Li & Yang, 2009), life satisfaction (White, Driver & Warren, 2010), positive affect (Burns & Anstey, 2010), and spirituality (Peres, Moreira-Almeida, Nasello & Koenig, 2007).

Risk factors on the other hand heighten vulnerability or susceptibility and undermine resilience. The nature of the trauma; the perception that one's life is at risk; strong initial emotional reaction (fright/fear and helplessness); witnessing someone being killed or seriously injured; and the demographic grouping of the survivor, including low socio-economic status, being divorced, widowed, unemployed, being elderly, a Adolescent or a child and having lower education are some factors that increase susceptibility (Ahmed, 2007). Studies indicate that people with depressive symptoms (Johnson, et al., 2010), those with severe anxiety-related impairments (Norman, Cissell, Means-Christensen & Stein, 2006) and those experiencing high stress levels (Bruwer, Emsley, Kidd, Lochner & Seedat, 2008) have lower resilience.

Another characteristic of interest that relates to our understanding of resilience is that the same factor that can promote resilience can also be a source of risk. For example the family can be a protective factor that fosters individual resilience by providing emotional support and taking care of the needs of its members while on the other hand, families can also be a source of risk, for instance when the domestic environment is vitiated by violence and abuse.

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Results from a meta-analysis of various factors influencing resilience that included 31071 respondents from 33 studies indicate that the largest effect on resilience was found to stem from the protective factors, a medium effect from risk factors, and the smallest effect from demographic factors (Lee, Nam, Kim, Kim, Lee & Lee, 2013). Age and gender had a small but significant effect on resilience while large effect sizes were obtained for all protective factors (life satisfaction, optimism, positive affect, self-efficacy, self-esteem and social support). The average effect size was the largest for self-efficacy followed by positive affect and self-esteem. Protective factors were more strongly related to resilience than the risk factors.

### ***Related concepts***

*Hardiness* is a dispositional characteristic that includes a sense of control over one's life, a commitment to ascribing meaning to one's existence, and viewing change as a challenge (Kobasa, 1979). Hardy people believe they have control over events they experience, are committed, and perceive changing environments as challenging and an opportunity for growth (Kobasa, 1979). They appraise stressful situations as less threatening, as they believe they can control the situation and even learn from it (Kobasa, 1979). By acting on these control perceptions, hardy people have more mastery over stressful situations. The literature indicates that hardy people perform better and stay healthier when faced with stress (e.g., Bartone, Eid, Johnsen, Laberg & Snook, 2009; Dolan & Adler, 2006; Hystad, Eid, Laberg, Johnsen & Bartone, 2009).

*Recovery* is often used synonymously with resilience and while there is an undercurrent of commonality between the two, there is indeed a subtle difference.

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Fletcher & Sarkar (2013) distinguish between the two and state that while recovery is characterized by a temporary period of psychopathology followed by gradual restoration to healthy levels of functioning, resilience refers to the ability of individuals to maintain normal levels of functioning. The latter understanding of resilience thus views it as an individual's capacity to maintain a state of normalcy following the experience of trauma.

*Thriving* refers to positive outcomes experienced as a result of stressful encounters for instance when people report that they “grew” through their coping experience. Thriving occurs when the person not only returns to a pre-stress level of functioning but also attains an even higher level of functioning with the acquisition of new skills, knowledge, confidence, or improved social relationships (Carver, 1998). It is the acquisition of greater self-confidence and skills or the effective mobilization of resources moving beyond homeostasis (O’Leary & Ickovics, 1995) following a stressful experience.

*Posttraumatic growth* occurs when people experience a trauma severe enough that it takes a central place in their lives; changes their worldviews, assumptions, and schemas; and shifts their self-identities, the consequent distress they experience may provoke cognitive processing that results in personal growth (Tedeschi & Calhoun, 1995). It is hence indicative of a stage beyond thriving and implies severe post-traumatic stress which challenges the survivors’ core beliefs, and then prompts intrusive and deliberate cognitive processing (Lindstrom, Cann, Calhoun & Tedeschi, 2013).

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## ***Resilience and Coping***

Coping is defined as a stabilizing process that aids individuals in stressful situations and facilitates psychological adaptation (Zeidner & Endler, 1996). Resilience and coping are related constructs, but coping refers to the set of cognitive and behavioural strategies used by an individual to manage the demands of stressful situations (Folkman & Moskowitz, 2004). Resilience on the other hand is a dynamic concept that implies positive adaptation and even growth in the face of stress and trauma (Bonanno, 2004; Luthar & Cicchetti, 2000). It is a multidimensional construct, which includes constitutional variables such as temperament and personality, in addition to specific skills (e.g. active problem-solving) that enables individuals to cope better with traumatic life events (Campbell-Sills et al., 2006). Coping depends not on the objective events themselves but rather on their interpretation and processing (Brickman, Coates & Janoff-Bulman, 1978).

Folkman and Lazarus (1980) have distinguished between problem and emotion-focused coping strategies. Emotion-focused coping serves to regulate the burdensome emotions, whereas problem-centred coping aims to change the relevant conflict or problem. Research suggests that emotion-focused coping is less effective and more likely to be associated with psychological distress than is problem-focused coping (Billings & Moos, 1984; Sigmon, Stanton & Snyder, 1995). The active, problem-solving approach exemplified by task-oriented coping has been shown to promote effective recovery from many types of stressful situations (Penley et al., 2002; Zeidner & Saklofske, 1996). Task-oriented coping is positively related to resilience, while emotion-oriented coping is associated with low resilience (Campbell-Sills et al., 2006).

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Zeidner and Endler (1996) classify coping strategies as active-cognitive, active-behavioural, or avoidant. Active-cognitive coping strategies are internal processes such as positive reassessment, finding inner strength, and acceptance. Active-behavioural coping strategies are external behaviours such as seeking professional help or problem solving. Avoidant coping strategies include ignoring the problem, use of drugs, or keeping worries to oneself. Active and avoidance coping are positively associated with negative life events and individuals who have more personal and environmental resources are more likely to rely on active coping and less likely to use avoidance coping (Holahan & Moos, 1987).

Personality traits or characteristics may influence a person's perception of or reaction to stressful situations (Vollrath, 2001). Dispositional coping considers individuals to have relatively stable preferences for specific coping styles as determined by personality type while contextual coping considers coping to be a mutable process determined by situational factors (Moos & Holahan, 2003). People may be resilient to some external hazards but not all or other adverse situations (Rutter, 2007). Social and intellectual competence, planning, and resourcefulness are key characteristics of resilient individuals (Wang, Haertel, & Walberg, 1997) and important determinants of problem solving and coping.

In order to better understand the relationship between resilience and coping, Rutter (2007) advocates a life span perspective since overcoming stress or adversity may depend upon individual experiences following exposure to distress. In this context understanding mental processes becomes important as the mediating mechanisms

that enable resilience may lie in personal agency or coping strategies used to ameliorate stress.

### ***Resilience: the biological bases***

It is well known that stress influences neuro-biological reactions in the body. The role of biological factors in resilience is suggested by evidence on neural and neuroendocrine system function in relation to stress reactivity (Gunnar & Vazquez, 2006). Genetic influences have also been suggested to play a significant role in underpinning one's response to stress. The precise roles of biological and genetic factors that contribute to a resilient response to stress are dynamic and complex. A complete description of the genetic and biological variables that have been associated with resilience is well beyond the scope of this paper, however it would be amiss to not point out that there is a significant body of empirical evidence which implicates their role in the manifestation of resilience.

Corticotropin-releasing hormone (CRH) is released by the hypothalamus of the brain in response to stress, leading to activation of the HPA axis and the release of cortisol. Early life stress has been linked to chronically high levels of CRH in human and animal studies (Heim & Nemeroff, 2001). Haglund, Nestadt, Cooper, Southwick & Charney (2007) refer to various psychobiological factors that have been implicated in the manifestation of resilience, some of which are outlined here. Human serotonin transporter gene (5-HTTLPR) is associated with increased serotonin availability, decreased risk of depression and stronger emotion regulation skills. It is also evidenced that higher baseline levels of Neuropeptide Y (NPY) are associated with better performance during prolonged stress and that increased level of Brain-derived

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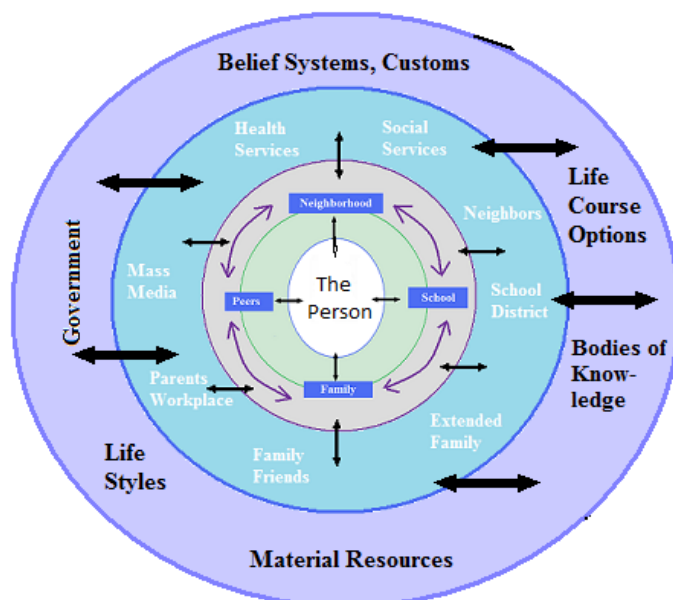
neurotrophic factor (BDNF) in one area is associated with increased risk for stress-related pathology, whereas in other areas it confers resilience-promoting properties. A comprehensive examination of the processes involved in the manifestation of resilience thus needs to involve an examination of environmental–contextual, psychological, and biological processes and the interplay amongst them, to enable an accurate understanding of its role in stress perception and coping.

### ***Resilience: the ecosystems perspective***

A system is defined as a comparatively bounded structure consisting of interacting, interrelated, or interdependent elements forming a whole, which can be described in terms of a coherent structure or function (Susser & Susser, 1996). The ecosystemic perspective is "a way of thinking and organizing knowledge that emphasizes the interrelatedness and interdependency" between individuals and social systems (e.g., families, groups, organizations, communities, societies) (Queralt, 1996, p. 17). It is hence a way of seeing the person and the environment in their interconnected and multi-layered reality, with the underlying philosophical position being that the person is connected to others, as well as to social institutions, cultural forces, and the physical space that make up one's environment (Meyer, 1988). Bronfenbrenner's (1979) ecological systems theory details the circles of influence or systems that surround individuals. These are the *microsystem* (family, school, friends, work colleagues), the *mesosystem*, which is the place where interactions between various parts of the microsystem interact and influence each other and eventually the individual (e.g. the relationship between home and school), the *exosystem* (town, community dynamics, culture, community resources), and the *macrosystem* (the larger political environment, the economy, environmental conditions). Similarly,

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Germain and Gitterman's (1980) 'life model' acknowledges the importance of continuous transactions among individual, collective, environmental, and cultural processes in human development and functioning (Germain & Gitterman, 1980). Fundamental to these systemic approaches is the concept of system stability or 'homeostasis', which is the balance, equilibrium or state of harmony that the system tries to maintain among the tensions between its various components. The interconnectedness, interdependence and linkages within the system imply that change in any part of the system has consequences for others. The overall system in spite of its dynamism and state of flux strives to maintain its equilibrium which is distorted when a stressor acts on the individual and tends to upset system stability by for instance affecting the nature of an individual's interaction with certain parts of the system. Substance misuse and its consequent behaviours for example may drastically alter interactional patterns with colleagues and superiors at the work spot, creating problems and generating stress.



Ecosystems perspective: Bronfenbrenner (1971)  
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Hollings (1973) introduced the concept of ecological resilience as “a measure of the persistence of systems and of their ability to absorb change and disturbance and still maintain the same relationships between populations or state variables” (p. 14).

Walker, Holling, Carpenter & Kinzig (2004) refer to this as the system’s capacity to absorb disturbance and reorganize while undergoing change so as to still retain essentially the same function, structure, identity, and feedbacks. Thus systemic resilience refers to the ability of a dynamic system to regain its stability and restore the equilibrium or homeostasis that is lost or distorted owing to the influence of a stressor.

The ecosystems perspective has extended the concept beyond its manifestation in individuals and influenced the development of concepts such as family, organisational and community resilience. This idea is reflected in Grotberg’s 1995 definition of resilience as a 'universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity' when families under the influence of trauma or stress (such as poverty) are able to hold their own together. McCubbin and McCubbin (1988) define family resilience as “characteristics, dimensions, and properties of families which help families be resistant to disruption in the face of change and adaptive in the face of crisis situations.” (p. 247). Organisational resilience indicates the ability of organisations to thrive under adverse circumstances (such as political persecution). It looks at how well an organisation can adapt to challenges that it faces and ‘weather the storm’. It considers not only individuals who work within it but also the processes and culture (organisational ethos) prevalent in the work place. Community resilience is manifest when communities come together and recoup and return to near levels of normalcy

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(as in the aftermath of natural disasters). It is the capability to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution, and growth in the face of turbulent change (CARRI, 2013).

The ecosystemic perspective of resilience has practice implications in that it enables a holistic perspective of the individual against the dynamics of the various systems that constitute his overall environment. It helps facilitate an understanding of the interactional components between the person and his environment and to identify if dysfunction arises within the person or some aspect of the environment or in deficient transactional patterns between them.

### ***Implications for intervention***

Interventions to promote resilience require an individualised assessment of risk and protective factors, with the notion of reducing the former and enhancing the latter. This could include identifying skill and resource deficits in people and their environment and envisaging measures to overcome these aspects.

Intervention should not wait until a crisis is reached and damage is apparent (Velleman & Templeton, 2007). Yates & Masten (2004) identify three broad types of approaches to intervention which promote resilience. Risk-focussed methods aim to reduce or prevent risks (e.g. drug misuse awareness). Asset-focused approaches seek to enable adaptive functioning to counteract adversity when risk cannot be avoided and has to be encountered (e.g. through skill development programs). Process-focused approaches aim to protect, activate or restore systems to support positive development (e.g. by strengthening positive and supportive relationships).

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The Positive Psychology movement has helped to shift the focus from a pathology oriented deficit approach to one that looks at service user strengths. While traditional therapeutic models tend to focus on the problems clients bring to therapy, viewing families as resilient offers an alternative paradigm with important ramifications for clinical practice. Instead of seeing clients as a bundle of deficits, a resiliency perspective “affirms the family’s capacity for self-repair” (Walsh, 1996, p. 268). The strengths perspective builds on the idea that client groups are untapped resources of energy and momentum in their own lives (Cowger, 1994; DeJong & Miller, 1995; Saleebey, 1996). An alternative to viewing clients as “pathology units,” the strengths perspective directs all persons working with clients to guard against allowing negative labels to dictate or constrain the course of treatment that a given client or client group might receive. This approach to intervention thus seeks to amplify strengths of the service user, affirming their potential for change and not operating from a deficits model or a paradigm of weakness. Resilience-minded therapists attempt to see past problems by adopting a long-range, strengths-based set of lenses (Hawley, 2000). Waters and Lawrence (1993) suggest that therapy should focus on competence in service users. They offer an approach that looks for healthy intentions in problem development, seeks to create a vision for healthy functioning, supports the courage of clients to take action in pursuit of therapeutic goals, and attempts to collaborate with clients in a therapeutic partnership that will sustain their growth.

Safeguarding young people by managing their exposure to risk as well as providing them with opportunities to exercise agency can promote a sense of mastery and

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enable the development of more situation appropriate coping abilities (Newman, 2004). Developing and maintaining positive relationships with supportive adults at home, school and within social networks are other initiatives that could foster the development of resilience in young people.



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