

Resilience: A Brief Introduction

Here we provide you with a brief overview of perspectives on resilience. This is by no means intended to be an exhaustive list or a comprehensive account. The interested reader is referred to the relevant journal articles for a more comprehensive account.

Key references

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Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Annual Review of Psychology*, *63*, 227-257.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal Of Orthopsychiatry*, *57*, 316-331.

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Developmental Perspective

The construct of resilience has a long and storied history dating back to the 1960s and 1970s when eminent researchers, such as Norm Garmezy, Michael Rutter, and Emmy Werner were studying children who grew up in adverse life circumstances. The types of adversity that they studied were kids who grew up in poverty and war and experienced homelessness, divorce, maltreatment, and family displacement. During their research, they observed that despite growing up in adverse life circumstances, there were children who exhibited positive outcomes.

These positive outcomes or adaptation in the face of adversity brought about what constituted resilience. Since then, numerous definitions have been discussed in the context of resilience. Masten (2015) defines resilience as the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development. More broadly, across researchers and perspectives, resilience is considered a dynamic process reflecting positive adjustment despite significant risk or adversity. Inherent within this definition are two critical conditions, namely, (1) exposure to a significant adversity and (2) manifestation of positive adaptation despite this adversity. In the context of adversity, resilience may take many forms including stable, healthy levels of psychological, behavioral, and physical functioning before and after the adversity, or declines as a result of the adversity, followed by gradual improvement near-previous levels over time, which is indicative of recovery. Consistent across these definitions is the notion that resilience is an outcome and a process, not a personality trait.

Various outcomes have been studied when examining the nature of resilience to adversity. In the developmental literature, the outcomes have focused on (1) age-salient developmental tasks and (2) symptoms of psychopathology (e.g., psychological distress). These evaluations are made about how a person's life is going in relation to established norms or expectations grounded in developmental, historical, cultural, and/or situational contexts. Below are examples of age-salient developmental tasks from Masten (2015).

Infancy

Learning to sit and crawl
Forming attachment bonds with primary caregivers

Toddler and preschool period

Learning to walk and run
Learning to speak the language of the family
Obeying simple commands

Early school years

Learning to read and write the language of the community
Getting along with other children
Respecting and obeying elders

Adolescence

Forming close friendships
Adjusting to physical maturation
Successful transitioning to secondary schooling

Early adulthood

Achieving a cohesive sense of self
Forming a close romantic relationship
Establishing a career, family

The degree to which individuals manifest resilience differs across people and the outcomes that are examined. This is often times referred to as the multidimensional nature of resilience. Adjustment can vary significantly across domains of adjustment. In a study of inner city adolescents faced with high life stress, Luthar and colleagues (1993) demonstrated that the likelihood or number of individuals deemed resilient differ based on the type and number of outcomes. For example, 74% were manifestly resilient based on superior scores on at least one of our indices of academic performance and peer ratings. When eliminating from this group those youth who had significant difficulties in any of the other three domains, the proportion resilient went down to 29%. Of these youth who excelled in at least one school-based domain with no problems in the other three, only 18% could be labeled as resilient. In sum, when adolescents were deemed resilient based on excellence in one domain, but removed from this label if they showed significant difficulties in any of the other important domains, the documented rates of resilience drastically differed.

Adulthood and Old Age Perspective

The past decade has seen an influx of research in the adulthood and old age literature that has utilized a resilience perspective to study individual variations in response to a wide range of adversities. This research has primarily focused on examining whether individuals are resilient to discrete events, such as spousal loss, divorce, unemployment, or the onset of chronic illness. Resilience in this literature has typically had a more stringent definition with resilience being characterized by individuals exhibiting a trajectory of stable, healthy levels of psychological functioning (e.g., mental health or well-being) before and after an adversity. Different from the developmental literature, individuals who exhibit a recovery trajectory are not considered to be resilient. A resilient trajectory and other commonly observed trajectories are shown in the figure below taken from Masten and Narayan (2012). Trajectories that have been observed include resilience, recovery, growth and grief. Resilience is broadly defined as exhibiting stable, healthy levels of psychological functioning before and after the adversity; a recovery trajectory is characterized by individuals showing declines as a function of the adversity, followed by gradual improvements to near-previous levels; Growth refers to improvements in psychological functioning that is enduring; Grief/chronic low refers to individuals exhibiting sustained declines in psychological functioning following the adversity.

This figure is taken from Masten and Narayan (2012) and exhibits the different pathways that individuals may follow in the time since an acute trauma or disaster.

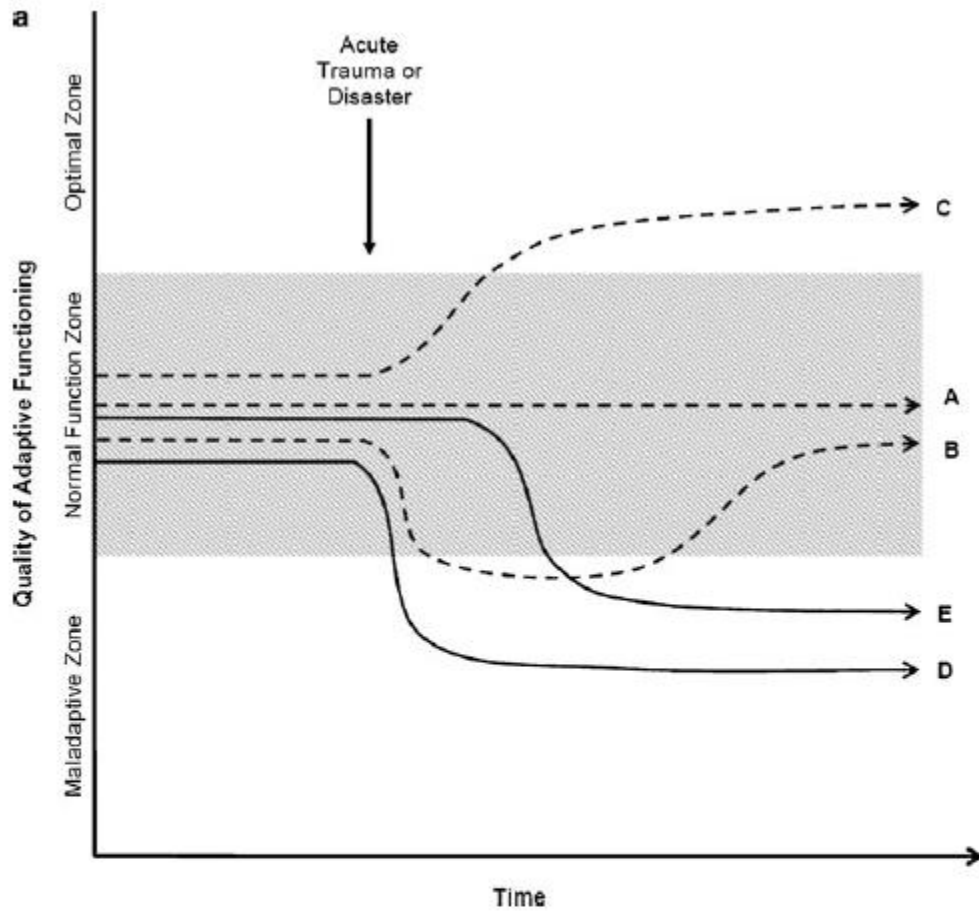


Figure 1

(a) Illustrative pathways of adaptive function before and after an acute-onset traumatic experience, such as a disaster or terrorism attack. Dashed paths illustrate forms of resilience, and solid lines indicate maladaptive pathways. Path A illustrates stress resistance. Path B illustrates disturbance with recovery. Path C illustrates posttraumatic growth. Path D illustrates breakdown without recovery (yet), and path E illustrates delayed breakdown without recovery (yet). (b) Illustrative pathways of adaptive function before and after exposure to prolonged and severe adversity. Dashed paths illustrate forms of resilience, and the solid line indicates a maladaptive pathway. Paths F and G illustrate decline in the context of chronic adversity and recovery after good conditions are established or restored. Path H illustrates decline with no sign of recovery (yet), despite more favorable conditions.

Another perspective on resilience has been championed by Alex Zautra and colleagues (2008). He discusses that resilience is best defined as an outcome of successful adaptation to adversity. Characteristics of the person and situation may identify resilient processes, but only if they lead to healthier outcomes following stressful circumstances. Two fundamental questions need to be asked when inquiring about resilience. First is recovery, or how well do people bounce back and recover fully from challenge? People who are resilient display a greater capacity to quickly regain equilibrium physiologically, psychologically, and in social relations following major life stressors. Second and equally important, is sustainability, or the capacity to continue forward in the face of adversity. To address this aspect of resilience researchers, ask, how well people sustain health and psychological well-being in a dynamic and challenging environment.

A large majority of studies that have examined resilience to major life stressors in adulthood and old age have solely included a single outcome. This is in contrast to the developmental literature where multiple pertinent outcomes are typically examined. Recently, research has emerged that has argued that multiple outcomes should and need to be considered when examining resilience because there is cross-domain variability, with resilience in specific domains co-existing with declines in others. This multidimensional approach has been emphasized by Infurna and Luthar (in press) who examined the multidimensional nature of resilience to spousal loss and found that the proportion of individuals who displayed resilient trajectories greatly differed across the outcomes examined. More specifically, the proportion of individuals that were resilient drastically differed across outcomes, with 66%, 26%, 19%, 37%, and 28% for the outcomes life satisfaction, negative affect, positive affect, general health, and physical functioning, respectively. When considered collectively across all five outcomes, only 8% of the 421 participants were resilient in each measure, whereas 20% were *not* resilient across all five outcomes. These findings support arguments on the inherent speciousness of any definitive declarations of resilience, instead, it's going to depend on the outcomes examined and the adversity examined.