

Psychological resilience

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For other uses, see *[Resilience \(disambiguation\)](#)*.

Psychological resilience is the ability to successfully cope with a crisis and to return to pre-crisis status quickly.^[1] Resilience exists when the person uses "mental processes and behaviors in promoting personal assets and protecting self from the potential negative effects of stressors".^[2] In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences. Psychological resilience is an evolutionary advantage that most people have and use to manage normal stressors.



Contents

Background[\[edit\]](#)

Resilience is generally thought of as a "positive adaptation" after a stressful or adverse situation.^[3] When a person is "bombarded by daily stress, it disrupts their internal and external sense of balance, presenting challenges as well as opportunities". Resilience is the integrated adaptation of physical, mental and spiritual aspects in a set of "good or bad" circumstances, a coherent sense of self that is able to maintain normative developmental tasks that occur at various stages of life.^[4] The Children's Institute of the [University of Rochester](#) explains that "resilience research is focused on studying those who engage in life with hope and humor despite devastating losses".^[5] It is important to note that resilience is not only about overcoming a deeply stressful situation, but also coming out of the said situation with "competent functioning". Resiliency allows a person to rebound from adversity as a strengthened and more resourceful person.

History[\[edit\]](#)

The first research on resilience was published in 1973. The study used [epidemiology](#), which is the study of disease prevalence, to uncover the risks and the protective factors that now help define resilience.^[6] A year later, the same group of researchers created tools to look at systems that support development of resilience.^[7]

[Emmy Werner](#) was one of the early scientists to use the term *resilience* in the 1970s. She studied a cohort of children from [Kauai](#), Hawaii. Kauai was quite poor and many of the children in the study grew up with alcoholic or mentally ill parents. Many of the parents were also out of work.^[8] Werner noted that of the children who grew up in these detrimental situations, two-thirds exhibited destructive behaviors in their later teen years, such as chronic unemployment, substance abuse, and out-of-[wedlock](#) births (in case of teenage girls). However, one-third of these youngsters did not exhibit destructive behaviours. Werner called the latter group 'resilient'.^[9] Thus, resilient children and their families were those who, by definition, demonstrated traits that allowed them to be more successful than non-resilient children and families.

Resilience also emerged as a major theoretical and research topic from the studies of children with mothers diagnosed with schizophrenia in the 1980s.^[10] In a 1989 study,^[11] the results showed that children with a [schizophrenic](#) parent may not obtain an appropriate level of comforting caregiving—compared to children with healthy parents—and that such situations often had a detrimental impact on children's development. On the other hand, some children of ill parents thrived well and were competent in academic achievement, and therefore led researchers to make efforts to understand such responses to adversity.

Since the onset of the research on resilience, researchers have been devoted to discovering the protective factors that explain people's adaptation to adverse conditions, such as

maltreatment,^[12] catastrophic life events,^[13] or urban poverty.^[14] The focus of empirical work then has been shifted to understand the underlying protective processes. Researchers endeavor to uncover how some factors (e.g. connection to family) may contribute to positive outcomes.^[14]

Process^[edit]

In all these instances, resilience is best understood as a process. It is often mistakenly assumed to be a trait of the individual, an idea more typically referred to as "resiliency".^[15] Most research now shows that resilience is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors.^[16] It is essential to understand the process or this cycle of resiliency. When people are faced with an adverse condition, there are three ways in which they may approach the situation.

1. Erupt with anger
2. Implode with overwhelming negative emotions, go numb, and become unable to react
3. Simply become upset about the disruptive change

Only the third approach promotes well-being. It is employed by resilient people, who become upset about the disruptive state and thus change their current pattern to cope with the issue. The first and second approaches lead people to adopt the victim role by [blaming others](#) and rejecting any coping methods even after the crisis is over. These people prefer to instinctively react, rather than respond to the situation. Those who respond to the adverse conditions by adapting themselves tend to cope, spring back, and halt the crisis. Negative emotions involve fear, anger, anxiety, distress, helplessness, and hopelessness which decrease a person's ability to solve the problems they face and weaken a person's resiliency. Constant fears and worries weaken people's immune system and increase their vulnerability to illnesses.^[17]

These processes include individual coping strategies, or may be helped by a protective environment like good [families](#), schools, communities, and social policies that make resilience more likely to occur.^[18] In this sense "resilience" occurs when there are cumulative "protective factors". These factors are likely to play a more important role, the greater the individual's exposure to cumulative risk factors.

Biological models^[edit]

Three notable bases for resilience—self-confidence, self-esteem and [self-concept](#)—all have roots in three different nervous systems—respectively, the [somatic nervous system](#), the [autonomic nervous system](#) and the [central nervous system](#).^[19]

An emerging field in the study of resilience is the neurobiological basis of resilience to stress.^[20] For example, neuropeptide Y (NPY) and 5-Dehydroepiandrosterone (5-DHEA) are thought to limit the stress response by reducing sympathetic nervous system activation and protecting the brain from the potentially harmful effects of chronically elevated cortisol levels respectively.^[21] In addition, the relationship between social support and stress resilience is thought to be mediated by the oxytocin system's impact on the [hypothalamic-pituitary-adrenal axis](#).^[22] "Resilience, conceptualized as a positive bio-psychological adaptation, has proven to be a useful theoretical context for understanding variables for predicting long-term health and well-being".^[23]

There is some limited research that, like trauma, resilience is [epigenetic](#)—that is, it may be inherited—but the science behind this finding is preliminary.^[24]

Related factors^[edit]

Studies show that there are several factors which develop and sustain a person's resilience:^[25]

1. The ability to make realistic plans and being capable of taking the steps necessary to follow through with them

2. Confidence in one's strengths and abilities
3. Communication and problem-solving skills
4. The ability to manage strong impulses and feelings

Resilience is negatively correlated with personality traits of neuroticism and negative emotionality, which represents tendencies to see and react to the world as threatening, problematic, and distressing, and to view oneself as vulnerable. Positive correlations stand with personality traits of openness and positive emotionality, that represents tendencies to engage and confront the world with confidence in success and a fair value to [self-directedness](#).^[26]

Positive emotions^[edit]

There is significant research found in scientific literature on the relationship between [positive emotions](#) and resilience. Studies show that maintaining positive emotions whilst facing adversity promote flexibility in thinking and problem solving. Positive emotions serve an important function in their ability to help an individual recover from stressful experiences and encounters. That being said, maintaining a positive emotionality aids in counteracting the physiological effects of negative emotions. It also facilitates adaptive coping, builds enduring social resources, and increases personal well-being.^[27]

Formation of conscious perception and monitoring one's own socioemotional factors is considered as a stability aspect of positive emotions.^[citation needed] This is not to say that positive emotions are merely a by-product of resilience, but rather that feeling positive emotions during stressful experiences may have adaptive benefits in the coping process of the individual.^[28] Empirical evidence for this prediction arises from research on resilient individuals who have a propensity for coping strategies that concretely elicit positive emotions, such as benefit-finding and cognitive reappraisal, humor, optimism, and goal-directed problem-focused coping. Individuals who tend to approach problems with these methods of coping may strengthen their resistance to stress by allocating more access to these positive emotional resources.^[29] Social support from caring adults encouraged resilience among participants by providing them with access to conventional activities.^[30]

Positive emotions not only have physical outcomes but also physiological ones. Some physiological outcomes caused by humor include improvements in immune system functioning and increases in levels of salivary [immunoglobulin A](#), a vital system antibody, which serves as the body's first line of defense in respiratory illnesses.^{[31][32]} Moreover, other health outcomes include faster injury recovery rate and lower readmission rates to hospitals for the elderly, and reductions in a patient's stay in the hospital, among many other benefits. A study was done on positive emotions in trait-resilient individuals and the cardiovascular recovery rate following negative emotions felt by those individuals. The results of the study showed that trait-resilient individuals experiencing positive emotions had an acceleration in the speed in rebounding from cardiovascular activation initially generated by negative emotional arousal, i.e. heart rate and the like.^[28]

Grit^[edit]

Main article: [Grit \(personality trait\)](#)

Grit refers to the perseverance and passion for long-term goals.^[33] This is characterized as working persistently towards challenges, maintained effort and interest over years despite negative feedback, adversity, plateaus in progress, or failure.^[33] High grit people view accomplishments as a marathon rather than an immediate goal. High grit individuals display a sustained and focused application of self in problematic situations than less gritty individuals.^[33]

Grit affects the effort a person contributes by acting on the importance pathway. When people value a goal as more valuable, meaningful, or relevant to their self-concept they are willing to expend more effort on it when necessary. The influence of individual differences in grit results in different levels of effort-related cardiac activity when gritty and less gritty individuals performed the same task. Grit is associated with differences in potential motivation, one pathway in motivational intensity theory. Grit may also influence an individual's perception of task difficulty.^[34]

Grit was highly correlated with the [Big Five conscientiousness](#) trait.^[33] Although grit and conscientiousness highly overlap in their achievement aspects, they differ in their emphasis. Grit emphasizes long-term stamina, whereas conscientiousness focuses on short-term intensity.^[33]

Grit varies with level of education and age. More educated adults tend to be higher in grit than less educated individuals of the same age.^[33] Post college graduates report higher grit levels than most other education level groups.^[33] Grit increases with age when education level is controlled for.^[33]

In life achievements, grit may be as important as talent. College students at an elite university who scored high in grit also earned higher GPAs than their classmates, despite having lower SAT scores.^[33] In a study at the West Point military academy it was found that grit was a more reliable predictor of first summer retention than self-control or a summary measure of cadet quality.^[33] Gritty competitors at the Scripps National Spelling Bee outranked other competitors who scored lower in grit, at least partially due to accumulated practice.^[33]

Grit may also serve as a protective factor against [suicide](#). A study at [Stanford University](#) found that grit was predictive of psychological health and well-being in medical residents.^[35] Gritty individuals possess self-control and regular commitment to goals that allows them to resist impulses, such as to engage in [self-harm](#). Individuals high in grit also focus on future goals, which may stop them from attempting suicide. It is believed that because grit encourages individuals to create and sustain life goals, these goals provide meaning and purpose in life. Grit alone does not seem to be sufficient, however. Only individuals with high gratitude and grit have decreased suicidal ideation over long periods of time. Gratitude and grit work together to enhance meaning in life, offering protection against death and suicidal thoughts or plans.^[36]

Other factors [\[edit\]](#)

A study was conducted among high achieving professionals who seek challenging situations that require resilience. Research has examined 13 high achievers from various professions, all of whom had experienced challenges in the workplace and negative life events over the course of their careers but who had also been recognized for their great achievements in their respective fields. Participants were interviewed about everyday life in the workplace as well as their experiences with resilience and thriving. The study found six main predictors of resilience: positive and proactive personality, experience and learning, sense of control, flexibility and adaptability, balance and perspective, and perceived social support. High achievers were also found to engage in many activities unrelated to their work such as engaging in hobbies, exercising, and organizing meetups with friends and loved ones.^[37]

Several factors are found to modify the negative effects of adverse life situations. Many studies show that the primary factor for the development of resilience is social support.^{[38][39][40]} While many competing definitions of social support exist, most can be thought of as the degree of access to, and use of, strong ties to other individuals who are similar to one's self.^[41] Social support requires not only that you have relationships with others, but that these relationships involve the presence of solidarity and [trust](#), intimate communication, and mutual obligation^[42] both within and outside the [family](#).^[39] Additional factors are also associated with resilience, like the capacity to make realistic plans, having [self-confidence](#) and a positive [self image](#),^[43] developing [communications skills](#), and the capacity to manage strong feelings and [impulses](#).^[44]

Temperamental and constitutional disposition is considered as a major factor in resilience. It is one of the necessary precursors of resilience along with warmth in family cohesion and accessibility of prosocial support systems.^[45] There are three kinds of temperamental systems that play part in resilience, they are the appetitive system, defensive system and attentional system.^[46]

Another protective factor is related to moderating the negative effects of environmental hazards or a stressful situation in order to direct vulnerable individuals to optimistic paths, such as external social support. More specifically a 1995 study distinguished three contexts for protective factors:^[47]

1. personal attributes, including outgoing, bright, and positive [self-concepts](#);

2. the family, such as having close bonds with at least one family member or an emotionally stable parent; and
3. the community, such as receiving support or counsel from peers.

Furthermore, a study of the elderly in Zurich, Switzerland, illuminated the role humor plays as a coping mechanism to maintain a state of happiness in the face of age-related adversity.^[48]

Besides the above distinction on resilience, research has also been devoted to discovering the individual differences in resilience. [Self-esteem](#), ego-control, and ego-resiliency are related to behavioral adaptation.^[49] For example, maltreated children who feel good about themselves may process risk situations differently by attributing different reasons to the environments they experience and, thereby, avoid producing negative [internalized self-perceptions](#). Ego-control is "the threshold or operating characteristics of an individual with regard to the expression or containment"^[50] of their impulses, feelings, and desires. Ego-resilience refers to "dynamic capacity, to modify his or her model level of ego-control, in either direction, as a function of the demand characteristics of the environmental context"^[51]

Maltreated children who experienced some risk factors (e.g., single parenting, limited maternal education, or family unemployment), showed lower ego-resilience and intelligence than nonmaltreated children. Furthermore, maltreated children are more likely than nonmaltreated children to demonstrate disruptive-aggressive, withdraw, and internalized behavior problems. Finally, ego-resiliency, and positive self-esteem were predictors of competent adaptation in the maltreated children.^[49]

Demographic information (e.g., gender) and resources (e.g., social support) are also used to predict resilience. Examining people's adaptation after disaster showed women were associated with less likelihood of resilience than men. Also, individuals who were less involved in affinity groups and organisations showed less resilience.^[52]

Certain aspects of religions and spirituality may, hypothetically, promote or hinder certain psychological virtues that increase resilience. Research has not established connection between spirituality and resilience. According to the 4th edition of *Psychology of Religion* by Hood, et al., the "study of positive psychology is a relatively new development...there has not yet been much direct empirical research looking specifically at the association of religion and ordinary strengths and virtues".^[53] In a review of the literature on the relationship between religiosity/spirituality and PTSD, amongst the significant findings, about half of the studies showed a positive relationship and half showed a negative relationship between measures of religiosity/spirituality and resilience.^[54] The United States Army has received criticism for promoting spirituality in its new [Comprehensive Soldier Fitness] program as a way to prevent PTSD, due to the lack of conclusive supporting data.

In military studies it has been found that resilience is also dependent on group support: unit cohesion and morale is the best predictor of combat resiliency within a unit or organization. Resilience is highly correlated to peer support and group cohesion. Units with high cohesion tend to experience a lower rate of psychological breakdowns than units with low cohesion and morale. High cohesion and morale enhance adaptive stress reactions.^[55]

Building^[edit]

In [cognitive behavioral therapy](#), building resilience is a matter of mindfully changing basic behaviors and thought patterns.^[56] The first step is to change the nature of self-talk. Self-talk is the internal monologue people have that reinforce beliefs about the person's self-efficacy and self-value. To build resilience, the person needs to eliminate negative self-talk, such as "I can't do this" and "I can't handle this", and to replace it with positive self-talk, such as "I can do this" and "I can handle this". This small change in thought patterns helps to reduce psychological stress when a person is faced with a difficult challenge. The second step a person can take to build resilience is to be prepared for challenges, crises, and emergencies. In business, preparedness is created by creating emergency response plans, business continuity plans, and contingency plans. For personal preparedness, the individual can create a financial cushion to

help with economic crises, he/she can develop social networks to help him/her through trying personal crises, and he/she can develop emergency response plans for his/her household.

Resilience is also enhanced by developing effective coping skills for stress.^[57] Coping skills help the individual to reduce stress levels, so they remain functional. Coping skills include using meditation, exercise, socialization, and self-care practices to maintain a healthy level of stress, but there are many other lists associated with psychological resilience.

The [American Psychological Association](#) suggests "10 Ways to Build Resilience",^[25] which are:

1. to maintain good [relationships](#) with close family members, friends and others;
2. to avoid seeing [crises](#) or [stressful](#) events as unbearable problems;
3. to accept circumstances that cannot be changed;
4. to develop realistic [goals](#) and move towards them;
5. to take decisive actions in adverse situations;
6. to look for opportunities of self-discovery after a struggle with loss;
7. to develop self-confidence;
8. to keep a long-term perspective and consider the stressful event in a broader context;
9. to maintain a hopeful outlook, expecting good things and [visualizing](#) what is wished;
10. to take care of one's [mind](#) and [body](#), [exercising](#) regularly, paying attention to one's own needs and feelings.

The Besht model of natural resilience building in an ideal family with positive access and support from family and friends, through parenting illustrates four key markers. They are:

1. Realistic upbringing
2. Effective risk communications
3. Positivity and restructuring of demanding situations
4. Building self efficacy and hardiness

In this model, [self-efficacy](#) is the belief in one's ability to organize and execute the courses of action required to achieve necessary and desired goals and [hardiness](#) is a composite of interrelated attitudes of commitment, control, and challenge.

A number of self-help approaches to resilience-building have been developed, drawing mainly on the theory and practice of [cognitive behavioral therapy](#) (CBT) and [rational emotive behavior therapy](#) (REBT).^[58] For example, a group cognitive-behavioral intervention, called the Penn Resiliency Program (PRP), has been shown to foster various aspects of resilience. A meta-analysis of 17 PRP studies showed that the intervention significantly reduces depressive symptoms over time.^[59]

The idea of 'resilience building' is debatably at odds with the concept of resilience as a process,^[60] since it is used to imply that it is a developable characteristic of oneself.^[61] Those who view resilience as a description of doing well despite adversity, view efforts of 'resilience building' as method to encourage resilience. [Bibliotherapy](#), positive tracking of events, and enhancing psychosocial protective factors with positive psychological resources are other methods for resilience building.^[62] In this way, increasing an individual's resources to cope with or otherwise address the negative aspects of risk or adversity is promoted, or builds, resilience.^[63]

Contrasting research finds that strategies to regulate and control emotions, in order to enhance resilience, allows for better outcomes in the event of mental illness.^[64] While initial studies of resilience originated with developmental scientists studying children in high-risk environments, a study on 230 adults diagnosed with depression and anxiety that emphasized emotional regulation, showed that it contributed to resilience in patients. These strategies focused on planning, positively reappraising events, and reducing rumination helped in maintaining a healthy continuity.^[64]^[clarification needed] Patients with improved resilience were found to yield better treatment outcomes than patients with non-resilience focused treatment plans,^[64] providing potential information for supporting evidence based psychotherapeutic interventions that may better handle mental disorders by focusing on the aspect of psychological resilience.

Other development programs[edit]

See also: [Compensatory education](#)

The [Head Start program](#) was shown to promote resilience.^[65] So was the [Big Brothers Big Sisters](#) Programme, the [Abecedarian Early Intervention Project](#),^{[66][67]} and social programs for youth with emotional or behavioral difficulties.^[68]

[Tuesday's Children](#),^[69] a family service organization that made a long-term commitment to the individuals that have lost loved ones to 9/11 and terrorism around the world, works to build psychological resilience through programs such as Mentoring and Project COMMON BOND, an 8-day peace-building and leadership initiative for teens, ages 15–20, from around the world who have been directly impacted by terrorism.^[70]

Military organizations test personnel for the ability to function under stressful circumstances by deliberately subjecting them to stress during training. Those students who do not exhibit the necessary resilience can be screened out of the training. Those who remain can be given stress inoculation training. The process is repeated as personnel apply for increasingly demanding positions, such as [special forces](#).^[71]

Children[edit]

Resilience in children refers to individuals who are doing better than expected, given a history that includes risk or adverse experience. Once again, it is not a trait or something that some children simply possess. There is no such thing as an 'invulnerable child' that can overcome any obstacle or adversity that he or she encounters in life—and in fact, the trait is quite common.^[61] Resilience is the product of a number of developmental processes over time, that has allowed children experience small exposures to adversity or some sort of age appropriate challenges to develop mastery and continue to develop competently.^[72] This gives children a sense of personal pride and self-worth.^[73]

Research on 'protective factors', which are characteristics of children or situations that particularly help children in the context of risk has helped developmental scientists to understand what matters most for resilient children. Two of these that have emerged repeatedly in studies of resilient children are good cognitive functioning (like cognitive self-regulation and IQ) and positive relationships (especially with competent adults, like parents).^[74] Children who have protective factors in their lives tend to do better in some risky contexts when compared to children without protective factors in the same contexts. However, this is not a justification to expose any child to risk. Children do better when not exposed to high levels of risk or adversity.

Building in the classroom[edit]

Resilient children within classroom environments have been described as working and playing well and holding high expectations, have often been characterized using constructs such as [locus of control](#), [self-esteem](#), [self-efficacy](#), and [autonomy](#).^[75] All of these things work together to prevent the debilitating behaviors that are associated with [learned helplessness](#).

Role of the community[edit]

Communities play a huge role in fostering resilience. The clearest sign of a cohesive and supportive community is the presence of social organizations that provide healthy human development.^[76] Services are unlikely to be used unless there is good communication concerning them. Children who are repeatedly [relocated](#) do not benefit from these resources, as their opportunities for resilience-building, meaningful community participation are removed with every relocation.^[77]

Role of the family[edit]

Fostering resilience in children requires family environments that are caring and stable, hold high expectations for children's behavior and encourage participation in the life of the family.^[78] Most resilient children have a strong relationship with at least one adult, not always a parent, and this relationship helps to diminish risk associated with family discord. The definition of parental resilience, as the capacity of parents to deliver a competent and quality level of parenting to

children, despite the presence of risk factors, has proven to be a very important role in children's resilience. Understanding the characteristics of quality parenting is critical to the idea of parental resilience.^[23] Even if divorce produces stress, the availability of social support from family and community can reduce this stress and yield positive outcomes.^[79] Any family that emphasizes the value of assigned chores, caring for brothers or sisters, and the contribution of part-time work in supporting the family helps to foster resilience.^[9] Resilience research has traditionally focused on the well being of children, with limited academic attention paid to factors that may contribute to the resilience of parents.^[23]

Families in poverty[\[edit\]](#)

Numerous studies have shown that some practices that poor parents utilize help promote resilience within families. These include frequent displays of warmth, affection, emotional support; reasonable expectations for children combined with straightforward, not overly harsh discipline; family routines and celebrations; and the maintenance of common values regarding money and leisure.^[80] According to sociologist Christopher B. Doob, "Poor children growing up in resilient families have received significant support for doing well as they enter the social world—starting in daycare programs and then in schooling."^[81]

Bullying[\[edit\]](#)

Main article: [Bullying and emotional intelligence § Resilience](#)

Beyond preventing [bullying](#), it is also important to consider how interventions based on emotional intelligence (EI) are important in the case that bullying does occur. Increasing EI may be an important step in trying to foster resilience among victims. When a person faces stress and adversity, especially of a repetitive nature, their ability to adapt is an important factor in whether they have a more positive or negative outcome.^[82]

A 2013 study examined adolescents who illustrated resilience to bullying and found some interesting gendered differences, with higher behavioral resilience found among girls and higher emotional resilience found among boys. Despite these differences, they still implicated internal resources and negative emotionality in either encouraging or being negatively associated with resilience to bullying respectively and urged for the targeting of psychosocial skills as a form of intervention.^[83] [Emotional intelligence](#) has been illustrated to promote resilience to stress^[84] and as mentioned previously, the ability to manage stress and other negative emotions can be preventative of a victim going on to perpetuate aggression.^[85] One factor that is important in resilience is the regulation of one's own emotions.^[82] Schneider et al. (2013) found that emotional perception was significant in facilitating lower negative emotionality during stress and Emotional Understanding facilitated resilience and has a positive correlation with positive affect.^[84]

Studies in specific populations and causal situations[\[edit\]](#)

Affected populations[\[edit\]](#)

Among transgender youth[\[edit\]](#)

Transgender youth experience a wide range of abuse and lack of understanding from the people in their environment and are better off with a high resilience to deal with their lives. A study was done looking at 55 transgender youths studying their sense of personal mastery, perceived social support, emotion-oriented coping and self-esteem. It was seen that around 50% of the variation in the resilience aspects accounted for the problematic issues of the teens. This means that transgender youths with lower resilience were more prone to mental health issues, including depression and trauma symptoms. Emotion-oriented coping was a strong aspect of resilience in determining how depressed the individuals were.^[86]

Among pregnant adolescents and depressive symptoms[\[edit\]](#)

Pregnancies among adolescents are considered as a complication, as they favour education interruption, poor present and future health, higher rates of poverty, problems for present and future children, among other negative outcomes.^[87]

Investigators from the Ecuadorian Catholic University ([Universidad Católica de Santiago de Guayaquil](#)) (Guayaquil) and the Spanish [University of Zaragoza](#) (Zaragoza), performed a comparative study at the Enrique C. Sotomayor Obstetric and Gynecology Hospital (Guayaquil) assessing resilience differences between pregnant [adolescents](#) and adults.^[88]

A 56.6% of gravids presented total CESD-10 scores 10 or more indicating depressed mood. Despite this, total CESD-10 scores and depressed mood rate did not differ among studied groups. Adolescents did, however, display lower resilience reflected by lower total resilience scores and a higher rate of scores below the calculated median ($P < 0.05$). Logistic regression analysis could not establish any risk factor for depressed mood among studied subjects; however, having an adolescent partner and a preterm delivery related to a higher risk for lower resilience.

Causal situations[\[edit\]](#)

Divorce[\[edit\]](#)

Oftentimes divorce is viewed as detrimental to one's emotional health, but studies have shown that cultivating resilience may be beneficial to all parties involved. The level of resilience a child will experience after their parents have split is dependent on both internal and external variables. Some of these variables include their psychological and physical state and the level of support they receive from their schools, friends, and family friends.^[3] The ability to deal with these situations also stems from the child's age, gender, and temperament. Children will experience divorce differently and thus their ability to cope with divorce will differ too. About 20–25% of children will "demonstrate severe emotional and behavioral problems" when going through a divorce.^[3] This percentage is notably higher than the 10% of children exhibiting similar problems in married families.^[89] Despite having divorces parents of approximately 75–80% of these children will "develop into well-adjusted adults with no lasting psychological or behavioral problems". This comes to show that most children have the tools necessary to allow them to exhibit the resilience needed to overcome their parents' divorce.

The effects of the divorce extend past the separation of both parents. The remaining conflict between parents, financial problems, and the re-partnering or remarriage of parents can cause lasting stress.^[3] Studies conducted by Booth and Amato (2001) have shown that there is no correlation between post-divorce conflict and the child's ability to adjust to their life circumstance.^[89] On the other hand, Hetherington (1999) completed research on this same topic and did find adverse effects in children.^[89] In regards to the financial standing of a family, divorce does have the potential to reduce the children's style of living. Child support is often given to help cover basic needs such as schooling. If the parents' finances are already scarce then their children may not be able to participate in extracurricular activities such as sports and music lessons, which can be detrimental to their social lives.

Repartnering or remarrying can bring in additional levels of conflict and anger into their home environment. One of the reasons that re-partnering causes additional stress is because of the lack of clarity in roles and relationships; the child may not know how to react and behave with this new "parent" figure in their life. In most cases, bringing in a new partner/spouse will be the most stressful when done shortly after the divorce. In the past, divorce had been viewed as a "single event", but now research shows that divorce encompasses multiple changes and challenges.^[89] It is not only internal factors that allow for resiliency, but the external factors in the environment are critical for responding to the situation and adapting. Certain programs such as the 14-week Children's Support Group and the Children of Divorce Intervention Program may help a child cope with the changes that occur from a divorce.^[90]

Natural disasters[\[edit\]](#)

Resilience after a natural disaster can be gauged in a number of different ways. It can be gauged on an individual level, a community level, and on a physical level. The first level, the individual level, can be defined as each independent person in the community. The second level, the community level, can be defined as all those inhabiting the locality affected. Lastly, the physical level can be defined as the infrastructure of the locality affected.^[91]

UNESCAP funded research on how communities show resiliency in the wake of natural disasters.^[92] They found that, physically, communities were more resilient if they banded together and made resiliency an effort of the whole community.^[92] Social support is key in resilient behavior, and especially the ability to pool resources.^[92] In pooling social, natural, and economic resources, they found that communities were more resilient and able to overcome disasters much faster than communities with an individualistic mindset.^[92]

The World Economic Forum met in 2014 to discuss resiliency after natural disasters. They conclude that countries that are more economically sound, and have more individuals with the ability to diversify their livelihoods, will show higher levels of resiliency.^[93] This has not been studied in depth yet, but the ideas brought about through this forum appear to be fairly consistent with already existing research.^[93]

Death of a family member[\[edit\]](#)

Little research has been done on the topic of family resilience in the wake of the death of a family member.^[94] Traditionally, clinical attention to bereavement has focused on the individual mourning process rather than on those of the family unit as a whole. Resiliency is distinguished from recovery as the "ability to maintain a stable equilibrium"^[95] which is conducive to balance, harmony, and recovery. Families must learn to manage familial distortions caused by the death of the family member, which can be done by reorganizing relationships and changing patterns of functioning to adapt to their new situation.^[96] Exhibiting resilience in the wake of trauma can successfully traverse the bereavement process without long-term negative consequences.^[97]

One of the healthiest behaviors displayed by resilient families in the wake of a death is honest and open communication. This facilitates an understanding of the crisis. Sharing the experience of the death can promote immediate and long-term adaptation to the recent loss of a loved one. Empathy is a crucial component in resilience because it allows mourners to understand other positions, tolerate conflict, and be ready to grapple with differences that may arise. Another crucial component to resilience is the maintenance of a routine that helps to bind the family together through regular contact and order. The continuation of education and a connection with peers and teachers at school is an important support for children struggling with the death of a family member.^[98]

Criticism[\[edit\]](#)

Brad Evans and Julian Reid criticize resilience discourse and its rising popularity in their book, *Resilient Life*.^[99] The authors assert that policies of resilience can put the onus of disaster response on individuals rather than publicly coordinated efforts. Tied to the emergence of [neoliberalism](#), [climate change](#) theory, third-world development, and other discourses, Evans and Reid argue that promoting resilience draws attention away from governmental responsibility and towards self-responsibility and healthy psychological affects such as "posttraumatic growth".

Another criticism regarding resilience is its definition. Like other psychological phenomena, by defining specific psychological and affective states in certain ways, controversy over meaning will always ensue. How the term resilience is defined affects research focuses; different or insufficient definitions of resilience will lead to inconsistent research about the same concepts. Research on resilience has become more heterogeneous in its outcomes and measures, convincing some researchers to abandon the term altogether due to it being attributed to all outcomes of research where results were more positive than expected.^[100]

There is also controversy about the indicators of good psychological and social development when resilience is studied across different cultures and contexts.^{[101][102][103]} The American Psychological Association's Task Force on Resilience and Strength in Black Children and Adolescents,^[104] for example, notes that there may be special skills that these young people and families have that help them cope, including the ability to resist racial prejudice. Researchers of indigenous health have shown the impact of culture, history, community values, and geographical settings on resilience in indigenous communities.^[105] People who cope may also show "hidden resilience"^[106] when they don't conform with society's expectations for how someone is supposed to behave (in some contexts, aggression may be required to cope, or less

emotional engagement may be protective in situations of abuse).^[107] Recently there has also been evidence that resilience can indicate a capacity to resist a sharp decline in other harm even though a person temporarily appears to get worse.^{[108][109]}

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