

Resilience as a Pathway to Increased Well-being

by

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Abstract

This thesis will examine current working definitions of resilience and will explore how and why resilience is important for client well-being as a means to help counsellors understand ways they can work alongside their clients to develop a client's innate resilience. Historically, mental health research and treatment has been heavily weighted towards focusing on the study and reduction or abatement of illness and dysfunction, assuming that the absence of symptoms or "illness" equated with wellness and well-being (Fava & Tomba, 2009). Counsellors have a unique opportunity to help clients develop their own innate resilience as a means not simply to overcome problems, stressors, traumas and adversities, but also to enhance their overall well-being and quality of life. This thesis argues that the postmodern approach to resilience can be a means of increasing quality of life and well-being and can have greater impact on client's quality of life in later years than treatment that focuses solely on reduction of symptoms or negative life events (Richardson, G., 2002).

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Chapter One: An Introduction to Resilience

Human Resilience

Resilience is undoubtedly an important factor in allowing people to adapt and thrive under stressful, adverse or traumatic conditions. While resilience is a commonly recognized concept in society and often people would understand what is generally meant by the word “resilience”, there is still no singular definition that is agreed upon within the realm of psychology, and there is still much that is unknown about the factors that influence resilience, and its mechanism of action within human beings (Fletcher & Sarkar, 2013; Herrman, Stewart, Diaz-Granados, Berger, Jackson & Yuen, 2011).

It is certainly clear that people vary in their responses to stressors, but how do people vary and why? What factors make it possible for some people to respond to stressors in an adaptive way, while others respond in a maladaptive manner? In the realm of counselling, it becomes crucial to grow our understanding of why people respond as they do, and to develop ways in which counsellors can help their clients to overcome adversity and stressors in a way that is beneficial to the overall well-being of the client (Bonanno, 2004).

Why is Resilience Important to Counselling?

Because resilience is such a crucial part of how we can recover, maintain or establish well-being as we adapt and respond to stressors and adversity, any ways in which counsellors can help a client develop greater understanding of and skill related to resilience would be beneficial for the client (Herrman et al, 2011). Having an understanding of the various ways in which people can respond to stressors, along with information about which responses tend to lead to the most adaptive outcomes can help counsellors provide their clients with psycho-education and counselling techniques that can help a client to draw on current strengths and

resilience and to develop new pathways for resilience which can help the client thrive in the context of their own unique life circumstances (Prati & Pietrantonio, 2009).

Statement of Intent

This thesis will explore resilience from a counselling perspective, with an aim to explore how resilience can contribute to increased well-being. Firstly, this thesis will aim to shed some light on our current understanding of resilience by exploring the history of resilience research and the various definitions of resilience, paying particular attention to the pros and cons of these definitions.

Secondly this thesis will review past and current literature to summarize what the research has shown us about resilience. What makes some people more resilient than others and what factors contribute to resilience? Are these factors internal or external and which aspects of resilience can be learned? How does perception influence resilience? A focus will be given to the role resilience plays in the establishment and maintenance of human well-being.

Lastly, this thesis will discuss how these findings can be applied to work with clients and why this information is relevant for therapists in the therapy room (Herrman et al, 2011), focusing particularly on way in which therapists can help their clients develop resilience through the therapeutic process. I will examine what therapy modalities and skills are best for helping clients to learn and develop resilience and will explore how people can draw on and enhance their own innate resilience to influence their responses to stressors, traumas and life events.

Chapter 1 will provide an introduction to resilience through Richardson's *Metatheory of Resilience and Resiliency* (2002). Chapter two will examine the history of resilience research generally, so that we can place Richardson's theory with this a historical context; this allows us to compare and contrast his views with those of other researchers in the field. Chapter 3 will

review a broad range of current literature to examine several of the key factors that are thought to play a part in resilience. Chapter 4 will use Richardson's theory as a lens for working with clients to develop resilience, and chapter 5 will possible ways of working with resilience in the future.

Theoretical Framework and Working Definition

This thesis will use Richardson's 2002 paper *The Metatheory of Resilience and Resiliency*, as a launching point for inquiry into resilience. In his paper, Richardson proposes a working theory of resilience which he describes as "the motivational force within everyone that drives [us] to pursue wisdom, self-actualization, and altruism and to be in harmony with a spiritual source of strength" (p. 309). This thesis will use Richardson's theory as a lens through which we can begin to understand why and how resilience is important for human well-being (and not simply just survival), as well as how therapists can work alongside their clients to both draw on and enrich a client's own innate resilience (Prati & Pietrantonio, 2009).

Richardson's Metatheory of Resilience and Resiliency

Richardson summarises his theory with the following:

The Metatheory of Resilience and Resiliency embodies numerous theories in many academic disciplines. Resiliency and resilience integrates and encompasses most of the theories of life. The resiliency process is a life-enriching model that suggests that stressors and change provide growth and increased resilient qualities or protective factors and spiritual sources...Resilience theory that crosses the academic and professional boundaries suggests that for reintegration and growth to occur, there is a requirement of energy. Resilience or energy comes from within the human spirit or collective unconscious of the individual and also from external social, ecological sources of strength (Richardson, 2002, p.319).

This Metatheory of Resilience and Resiliency opens up research to a new level of multi-disciplinary exchange and inquiry by integrating findings across domains such as physics, philosophy, psychology, biology, neurology and beyond. Richardson's resilience theory is presented as having emerged out of several distinct "waves" of research which examined resilience over the last half-century. While chapter two will discuss this metatheory more in-depth, a brief synopsis is provided here for context.

The first wave of resiliency inquiry emerged somewhat accidentally, when researchers began to take note of certain characteristics of individuals who lived in environments with high-risk and yet, despite the odds, managed to survive or even thrive (Richardson, 2002). The second wave of resiliency inquiry followed in the footsteps of the first wave, and aimed to discover the process which allows people to acquire the qualities that had been identified as resilient in the first wave; in the second wave, the examination of the process of coping with adversity started to take center stage (Richardson, 2002). "The third wave of resiliency inquiry resulted in the concept of resilience. [For Richardson] It became clear that, in the process of reintegrating from disruption in life, some form of motivational energy was required" (Richardson, 2002, p.309) in essence Richardson is proposing that resilience occurs when we access a source of energy which motivates us to pursue self-knowledge, altruism and harmony.

Further Resilience Definitions

Resilience is certainly viewed as a critical component of our ability to positively adapt to challenging and traumatic life circumstances; it is studied across many disciplines including psychology, psychiatry, sociology, and more recently biology (genetics, endocrinology, and neuroscience) however, there is currently no consensus on a singular operational definition for

resilience, making defining, researching, and applying the findings of research in the therapy room difficult tasks (Fletcher & Sarkar, 2013). This realization is highlighted by Windle (2011):

The complexities of defining what appears to be the relatively simple concept of resilience are widely recognized, especially within the behavioural sciences. This creates considerable challenges when developing an operational definition of resilience; definitional variation leads to inconsistencies relating to the nature of potential risk and protective processes, and in the estimates of prevalence. A review of resilience research reporting prevalence data noted that the proportions found to be resilient varied from 25 to 84%. This has strong implications for improving knowledge about the factors that contribute to the development, maintenance or reduction of resilience and how resilience might be promoted to improve health and well-being” (p.7).

Windle also notes that “some of the conceptual difficulties around [defining] resilience are determined by the criteria researchers use to assess how the outcome is a ‘good’ one (Windle, 2011, p.7).

While this thesis will reference resilience as “the motivational force within everyone that drives [us] to pursue wisdom, self-actualization, and altruism and to be in harmony with a spiritual source of strength” (Richardson, 2002, p.309), it is helpful to situate this definition within a broader landscape so that we can examine why and how Richardson’s view can be helpful in putting our understandings of resilience to use with clients.

At the 2013 International Society for Traumatic Stress Studies meeting, Dr. Steven Southwick (chair) and multidisciplinary panelists (Drs. George Bonanno, Ann Masten, Catherine Panter-Brick, and Rachel Yehuda) discussed current questions in the field of resilience research

including current definitions of resilience. Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014 had the following to say:

Although each of the panelists had a slightly different definition of resilience, most of the proposed definitions included a concept of healthy, adaptive, or integrated positive functioning over the passage of time in the aftermath of adversity. The panelists agreed that resilience is a complex construct and it may be defined differently in the context of individuals, families, organizations, societies, and cultures. With regard to the determinants of resilience, there was a consensus that the empirical study of this construct needs to be approached from a multiple level of analysis perspective that includes genetic, epigenetic, developmental, demographic, cultural, economic, and social variables. The empirical study of determinants of resilience will inform efforts made at fostering resilience, with the recognition that resilience may be enhanced on numerous levels (e.g., individual, family, community, culture). (Southwick, et al., 2014, p.1).

Similarly, in their review of psychological resilience literature, Fletcher and Sarkar (2013) found most definitions of resilience are based on the core concepts of adversity and positive adaptation. For a thorough list of definitions and models of resilience, note that Fletcher & Sarkar (2013, p. 29-30) have compiled a comprehensive list.

While many definitions of resilience include both exposure to adverse risk factors and positive adaptation, some current definitions of resilience, including Richardson's 2002 definition, forgo any reference to adversity altogether. Fletcher & Sarkar (2013) note that a "fundamental issue in the area of resilience research are the (negative) value-laden connotations associated with the term 'adversity'(p. 6)". Similarly, Native American educator Iris Heavy Runner draws attention to the positive postmodern theories of resilience noting that they are

particularly appealing since they appear to eliminate connotations that might label people as “damaged goods” when resilience is characterized as a response to adversity” (Fleming & Ledogar, 2008, p.17). Werner and Smith (1992) describe resilience as an intrinsic “self-righting mechanism (p.202), while Lifton (1994) describes resilience as the capacity of all human beings to evolve, grow, and transform, regardless of risk.

This third wave proposed by Richardson is echoed in the educational field’s Health Realization Model proposed by Mills & Shuford (2003) for whom a healthy, resilient outlook is “hard wired in us as human beings” (p. 7). This model proposes that the task of good educators is help youth “to regain their natural well-being, self-motivation and healthy thinking.” (Fleming & Ledogar, 2008, p.16). As therapists it could benefit our clients greatly to work in this same way, by helping our clients to regain their innate well-being, internal motivation and psychological health.

Subsequent research has started to look at resilience as a multi-faceted construct that is influenced by internal, external and contextual factors. Social worker Michael Ungar (2005) argues that if health is viewed only as an individual phenomenon, that this view actually obscures from view the social and cultural contexts of people’s lives; “resilience needs to be understood as something paradigmatically different than intrinsic quality or conventional behaviour among those who face risk. The dominant discourse of health as an individual phenomenon renders invisible the social context of people’s lives” (Ungar, 2005, p.89)

Interestingly, some research on resilience has included varying perspectives, to reflect a wider understanding of what resilience means to service users, service providers and stakeholders (Windle, 2011).

In consultation workshops [stakeholders were asked] to consider how they would define resilience. Their responses reflected experiences from their own lives, which they felt might enhance or be detrimental to resilience. Considering that the stakeholder group was not familiar with the academic research on resilience, their ‘reality driven’ perspectives generally reflect those posed by science and dictionaries. The stakeholders felt that the term ‘bouncing back’ was meaningful and gave an implicit understanding of the concept and what it represents. (Windle, G. 2011, p.5)

“From their review of the literature, Vanderbilt-Adriance & Shaw (2008) conclude that the lack of consistency in positive outcomes over the life course and across domains suggest that ‘global resilience’ is rare and recommend researchers are more specific about relating the concept of resilience to the relevant domain outcome” (Windle, 2011, p.14). This last point raises one of many important questions for us to consider; is it accurate to measure resilience in relation to outcome, or is resilience a process that is independent of the circumstances we must live with? Chapter 3 will examine these questions in further detail.

Chapter Two: History

A History of Resilience Research

Historically, resilience research emerged from focusing on observing individuals, and in particular, young children who were exposed to risk factors and grew up in difficult environments (Richardson, 2002). Research in the area of resilience was primarily focused on understanding and reducing or avoiding negative situational outcomes and negative symptoms; at that time, researchers were looking for the absence of psychopathology instead of observing traits that would indicate well-being (Richardson, 2002). Up until the mid twentieth century, the majority of resilience inquiry was spurred on by the desire to identify factors which predisposed people to risk (Fletcher & Sarkar, 2013). At that time, resilience was most commonly viewed as trait-related, and research was focused on discovering the individual and support system traits that tended to predict personal and social success, despite presence of risks, adversities, stressors or traumas (Richardson, 2002). Richardson referred to this phase of research as the first wave of resilience inquiry, which focused primarily on identifying individual traits, “qualities, assets, or protective factors that help people to grow through adversity” (Richardson, 2002, p. 308).

Starting in the mid twentieth century, there was an increased focus on resilience in the realm of human psychology that began to emerge; through longitudinal studies, case studies, literature reviews, and data analysis, people began both conducting research and examining resilience studies with a focus on the process through which people gained these resilient traits.

During this time, a paradigm shift caused resilience to be seen as a dynamic process of coping with adversity, stressors or change (Richardson, 2002). It was observed that people would experience a “disruption” such as adversity, trauma or challenge, and that the process by which they would navigate their interaction with the disrupting event would vary (people could

experience the same stressor but respond in different ways). Researchers began to understand that process through which people responded to varying stressors created the distinction between someone who was “resilient” and someone who was not (Richardson, 2002; Tedeschi & Calhoun, 2004). During this time, researchers also began to further distinguish varying types of resilient responses. When a stressor challenges our normal biopsychosocial homeostasis, meaning “any point in time when a person has adapted to her/his situation in life” (Richardson, 2002, p.310), clients will often try to cling to their known homeostatic state (Richardson, 2002). However, when we do experience a critical level of disruption, our “intact world paradigm” is changed because life presents us with a new piece of the puzzle we were previously unaware of (Richardson, 2002). This paradigm shift presents us with the potential for growth; “with the passing of time and adaptation, the question, What am I going to do? consciously or subconsciously emerges, which begins the reintegration process. From this perspective, we can begin to see variation in how people respond to life stressors; for example, a person can reintegrate resiliently, attempt to return to biopsychosocial homeostasis, reintegrate with loss, or dysfunctionally reintegrate” (Richardson, 2002, p.312). So why and how is it that some people reintegrate resiliently while others return to their comfort zone or reintegrate with loss?

Richardson (2002) observed that it was clear that “in the process of reintegrating from disruptions in life, some form of motivational energy was required” and this observation brings us to the third wave of resilience inquiry, which strives to identify the “motivational forces within individuals and groups and the creation of experiences that foster the activation and utilization of the forces” (Richardson, 2002, p.309). This third wave of resilience research has shifted towards a postmodern multi-disciplinary view of resilience; this movement “most notably transcends the barriers that have caused academic disciplines to work in isolation” Richardson,

2002, p.309) and asks the question “what and where is the energy source or motivation to reintegrate resiliently?” (Richardson, 2002, p.309). Post-Newtonian thinking birthed quantum physics which has created theories for resilience that challenge our human tendencies to keep domains such as science, spirituality and philosophy as separate, un-connected entities of life (Richardson, 2002). Richardson’s theory uses physics to integrate science with spirituality, which in and of itself is an uncomfortable idea for some (Richardson, 2002). Undoubtedly this third wave discussion invites a vast array of opinion, debate, skepticism and even outrage, as his theory challenges a long-standing divide between these seemingly unrelated realms.

Einstein’s observations that matter and energy are equivalent to and interchangeable with each other and that there are no absolute particles but that all matter is fluid and plastic (Pelletier, 1992) suggest that at the subatomic level, human anatomy such as bone, blood and tissue and human traits such as thoughts and feelings, are not only equivalent, but are also interchangeable with each other at the subatomic level (Richardson, 2002).

“The more that physicists seem to learn, the more they allude to a driving force that controls the universe” (Richardson, 2002, p.314). It is through this quantum theory that Richardson (2002) draws his definition of resilience as a source of energy that propels humans forward. This discussion inevitably brings us face-to-face with fundamental topics such as God, religion, and the meaning of life. This thesis won’t explore the philosophical aspect of resilience further, however, it is important that consideration is given to these crucial discussions which challenge us to think critically, to engage in difficult conversation, and to contrast our personal beliefs with opposing views. In doing this, we can explore opposing viewpoints through educated dialogue and examine the importance of resilience from a meta-perspective (Richardson, 2002).

An introduction to resilience, pathology and well-being

While both chapters 3 and 4 will go into further detail on many of the topics presented here, this section of chapter 2 will introduce a brief overview of additional concepts relating to resilience.

Much of the past dialogue on the topic of resilience has been informed from a pathological perspective; westernized treatment has focused largely on removing or diminishing a patient's negative (or perceived negative) symptoms (Richardson, 2002; Ungar, 2005). Inherent in this view is the belief that the disappearance of "negative symptoms" should equate with the presence of resilience and well-being (Fava & Tomba, 2009; Ryff & Singer, 1998). However, we are now coming to understand that the etiology of health is likely as (or more) important than studying the etiology of disease (Ungar, 2005) and there is now support to show that resilience and well-being are not simply equivalent to the absence of adversity and illness (Fava & Tomba, 2009; Ryff & Singer, 1998).

These findings highlight several key questions. What function(s) does resilience serve? Does resilience only help people to overcome obstacles and challenges or can resilience also enable us to thrive (Richardson, 2002)? If we follow the definition of resilience that Heavy Runner & Marshall propose (2003), which views resilience as our innate inability to know ourselves, then human resilience would not simply disappear in the absence of adversity; rather, it would be something that we can access within ourselves at any time. Similarly, Richardson's definition of resilience as "the motivational force within everyone that drives [us] to pursue wisdom, self-actualization, and altruism and to be in harmony with a spiritual source of strength" (p. 309) also uses no reference to negative symptomology, instead focusing on how resilience moves us towards deeper self-knowledge and harmony.

From a wellness-based approach, it is critical for counsellors to be versed in how to support and foster client well-being so that counsellors aren't simply working towards an absence of illness (Ungar, 2005). A crucial factor in the exploration of resilience is examining the etiology of health, and in the case of counselling, this would be discovering the client's desired state of well-being. The counselling process needs to empower clients with the skills necessary for clients to move towards their desired life, and not just help them to move away from what the clients do not want (Burton, et al., 2015). For example, in strengths-based counselling, the therapeutic process enables clients to draw on current sources of strength and resilience as they develop further skills and abilities over time. Research has found that a strengths-based approach used in the treatment of depression, where the therapeutic processes focuses on enhancing a patient's inherent strengths, seems to be more effective than treatment designed to address weaknesses (Burton, et al., 2015).

Furthermore, there are many factors that have been found to contribute to resilience such as genetic, social, environmental, and contextual elements. While it is known that many of these factors can and do influence each other, it is also known that possessing resilience in one area of life does not necessarily mean that resilience will transfer to other domains in that same person's life. Is it possible to transfer resilience between domains, and if so, how can this be facilitated? It is known that resilience can be learned and strengthened over time, and that we can reinterpret events in ways that help us become more resilient (Yeager & Dweck, 2012). It is also known that strengths in one domain, can sometimes be utilised to influence and strengthen other domains of a person's life (Scheel et al., 2013).

Research on resilience has led to the examination of other similar but likely distinct processes such as post traumatic growth and, psychological or "subjective" well-being. All of

these processes highlight a “movement towards a post-materialistic phase in which [people] are concerned with self-fulfilment” instead of mere survival (Diener, 2000, p.34). Thus, it may be that resilience could be one of many possible pathways toward well-being.

While there is much that is not yet understood about resilience, it does seem to be an innate part of all living systems; in humans it can be observed at both micro (personal/individual) and macro (familial/social/cultural/environmental) levels (Burton, M., et al., 2015). Resilience seems to play a role not only in overcoming obstacles and adversities, but also in maintaining necessary functioning, achieving a state of well-being and even thriving (Fava & Tomba, 2009).

Resilience is more common than we think

One of the great surprises emerging from research on resilience is its ordinariness. “Resilience does not come from rare and special qualities” (Heavy Runer, et al., 2003, p.2) and is proving to be more common than we think. It seems that resilience is at least a semi-conscious process which plays an integral part in learning, adapting, overcoming adversity and trauma and achieving well-being (Bonanno, 2004). Resilience also plays a part in developing future protective factors and skills (Bonanno, 2004; Keck & Sakdapolrak, 2013). It has been found that people can experience a kind of “immunological protection” through resilience, where the resilience developed through disruption can actually become a protective factor and decrease the likelihood of future unhealthy responses to stressors (Keck & Sakdapolrak, 2013).

Resilience seems to require us to actively engage with life experience and events. It would be odd to think of resilience as something that simply happens to us passively, instead resilience seems to imply that we actively engage with internal and/or surrounding (social/cultural) resources to influence (Bonanno & Diminich, 2013).

Chapter Three: Literature Review

Learning to be Resilient

Is it possible to learn to be more resilient? While some characteristics of resilience may be genetic or environmental, research has shown that, at the very least, certain aspects of resilience can be developed by learning new skills to face adversity and increase well-being (Scheel, et al., 2013; Yeager Dweck, 2013). Chapter 3 will outline some of the current research on factors which are shown to affect resilience and will examine how resilience can be learned through various techniques that can help clients to build new skills to manage challenge and thrive.

Resilience, physics and spirituality

If resilience is something we are interested in helping clients cultivate, then we must also ask “what and where is the energy source or motivation to reintegrate resiliently?” (Richardson, 2002, p.309). Richardson’s metatheory of resilience opens a dialogue that attempts to unify various academic disciplines of study, such as philosophy, quantum physics, spirituality, eastern medicine, and psychoneuroimmunology (Richardson, 2002). I am excited by the conversation he has started, which forces us to more deeply examine and understand the human condition, the motivating forces that move us towards self-actualization, and the role that spirituality and science play in understanding human resilience (Richardson, 2002).

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Resilience as a multi-dimensional construct

It has been noted that resilience is not an “across the board phenomenon”, meaning that simply because someone shows resilience in one domain, does not mean they are also resilient in a separate, unrelated domain (Luthar et al., 1993). An example which illustrates this would be that of an academically successful student who may quietly suffer emotional disturbance and social isolation. “This young person may be educationally resilient but not emotionally or socially resilient.” (Fleming & Ledogar, 2008, p.12) meaning that resilient expression is domain specific and that it varies across domains. Not only does resilient response vary across domains, researchers have also “found that resilience factors vary in different risk contexts” (Fleming & Ledogar, 2008, p.7), meaning that resilience not only varies by domain, but also varies depending on the context taking place within a specific domain; these findings support the notion that resilience is indeed a process (Fleming & Ledogar, 2008, 2008).

Further findings have also been noted in adolescent research which have “demonstrated that young people functioning well under high stress often show higher levels of emotional distress compared with their low-stress peers, and so resilience may not be the absence of distress and measuring such outcomes may be misleading.” (Windle, 2011, p.8). These findings support the need to continue examining how we measure and define resilience, as well as how varying factors interact with each other to support resilience in people (Fletcher & Sarkar, 2013).

As counsellors, it becomes crucial for us to grow our understanding of the various factors that influence our clients’ capacity for resilience so that we can support them to increase their own innate resilience in various domains of life (Fava & Tomba, 2009; Rutter, 1999; Padesky Mooney, 2012).

Subjective Experience, Personal Interpretation and Context

Resilience is influenced by both subjective and objective experience and it is “important to consider the meaning of the adversity to the individual, as it may amplify or attenuate subjective distress” (Windle, 2011, p.8) which suggests that in future research, both subjective and objective outcome measures should be incorporated. This concept is crucial to our understanding of resilience and wellbeing. It suggests that how people interpret experience plays a significant role in whether the event is experienced as distressing or not (Windle, 2011). Another significant factor to note is the context in which people are operating. A significant example which illustrates this would be the experience of many Aboriginal communities in Canada; “in order to characterize the resilience process in a particular context, it is necessary to identify and measure the risk involved and, in this regard, perceived discrimination and historical trauma are part of the context in many Aboriginal communities.” (Fleming & Ledogar, 2008, p.7). To better understand resilience, we must be mindful to take into account the contexts in

which our clients live and the ways in which client perceptions affect their ability to live with resilience.

Social and Cultural norms

“Sadly, all too often it is only those youth who cope in ways that please adults who are awarded the label “resilient” (Ungar, 2005 p.91).

Beginning in the mid 1950’s much of the emerging literature on resilience examined adaptation in the face of adversity by looking for the absence of psychopathology as an indicator of resilience (Richardson, 2002; Ungar, 2005). Social worker Michael Ungar (2005) notes that the majority of this research has focused on outcomes that are western-based, such that emphasis is given to identifying factors typically ideated in “mainstream populations” and their definitions of healthy functioning (such as staying in school, forming secure attachments in monogamous relationships, non-delinquent forms of adaptation, etc.). Furthermore, Ungar notes that inherent in this western-based view, is a lack of “sensitivity to community and cultural factors that contextualize how resilience is defined by different populations and manifested in everyday practices (Ungar, 2005, 90)”. A lack of cross-cultural validation of findings, and rigorous inquiry into culturally specific outcomes associated with resilience in non-western cultures and contexts means we do not yet understand what resilience is to non-western and marginalized populations (Ungar, 2005). As counsellors, it’s critical for us to be aware of the ways in which our perceptions can alter our views of resilience, and the ways in which we might impose our own individual, social, cultural, beliefs about resilience on to our clients. If we are not mindful of this, then our own biases can inadvertently impact the resilience of our clients (Padesky & Mooney, 2012).

Social and Cultural Strengths and Resilience

Social and cultural qualities can offer further forms of resilience for people. For example, if we grow up in a social network where we can form healthy connections with family, friends, and those in our communities, then we are much more likely to have the support of others when we are in times of difficulty (Rutter, 1999; Fava & Tomba, 2009).

Cultures each have their own innate qualities which can offer resilience to individuals within the culture. For example, in Native American culture, high value is placed on aspects such as spirituality, child-rearing practices and extended family, reverence for age, wisdom and tradition, respect for nature, generosity and sharing, cooperation and group harmony, autonomy and respect for others, composure and patience, relativity of time, and non-verbal communication. There is some evidence that connection with ancestral culture and traditions has been correlated with an increase in resilience and a decrease in suicide risk and attempts (Fleming & Ledogar, 2008).

Michael Unger (2005) shares the view that culture is crucial to our understanding of resilience; he believes “resilience needs to be understood as something paradigmatically different than intrinsic quality or conventional behaviour among those who face significant risk. The dominant discourse of health as an individual phenomenon renders invisible the social context of people’s lives” (Unger, 2005, p.90). Understanding how resilience emerges from within cultures and social groups can help us gain a better understanding of how cultural resilience can be a key factor in increasing individual resilience (Fleming & Ledogar, 2008).

Differing slightly from cultural resilience is social resilience, defined as “the ability of groups or communities to cope with external stresses and disturbances as a result of social, political, and environmental change” (Adger, 2010, p.349).

Keck & Sakdapolrak (2013) propose social resilience as “being comprised of three dimensions: 1. Coping capacities –the ability of social actors to cope with and overcome all kinds of adversities; 2. Adaptive capacities – their ability to learn from past experiences and adjust themselves to future challenges in their everyday lives; 3. Transformative capacities – their ability to craft sets of institutions that foster individual welfare and sustainable societal robustness towards future crises” (Keck & Sakdapolrak, 2013, p.5). From this viewpoint, social resilience becomes both a logistical and political issue, since the quality and resilience of the social systems put in place affect the resilience of the individuals within the community, especially with regards to livelihoods of poor and marginalized populations. Both social and cultural resilience challenge us to “understand resilience in a more ecologically fluid, historically sensitive and culturally anchored way” (Unger, 2005).

Situational Outcomes

“In his more recent reviews of the literature, Rutter defined resilience as relative resistance to psychosocial risk experiences (Rutter, 1999; 2000). This approach focuses on a range of outcomes, not just positive ones; it does not necessarily expect that protection lies in positive experience and does not assume that the answer lies in what the individual does about the negative experience at the time (Rutter, 2000).” (Fleming & Ledogar, 2008, p.9).

Rutter’s (1999) observation is an important one; we cannot assume that positive experience or positive outcome equates with resilience and protection from risk, nor can we assume that the definitive answer to resilience lies in what someone does in response to the negative experience in the moment. It is possible that someone may possess and express resilience even without the presence of a positive outcome, and it is also possible that what one person does in response to a negative experience is not related to resilience.

Within a problem-oriented view of resilience is the expectation that resilient expression creates certain “positive outcomes”, characterizing those who either fail to change their life circumstances or who don’t change their circumstances in a way that matches a westernized view as lacking resilience, or worse, as failures (Ungar, 2005). This mode of viewing resilience focuses only on the outcome and negates the process going on behind the scenes and can lead to the creation of inaccurate standards that are applied to all individuals without taking into account subjective experiences, contextual histories and unique skills and abilities (Ungar, 2005). Counsellors can also fall prey to the assumption that diminishing negative experiences, events and symptoms must be the client’s goal of treatment (Rutter, 1999; Padesky & Mooney, 2012) While this may be the view a counsellor holds, it certainly doesn’t mean that the client shares the same goals for counselling.

A problem-oriented perspective of resilience, with its inherent metric of overcoming adversity, can lead to both devaluing and overlooking resilient expression which doesn’t match cultural ideations or norms of what resilience typically “looks like” (Rutter, 1999; Ungar, 2005). Sometimes resilient expression is missed, for example when someone uses withdrawing or goofing off as a way to cope; while these characteristics may not be viewed by many as resilient, they would likely be tolerated in society. Other times resilient expression may take the form of defiance, aggression, or violence; resilience expressing as these kinds of behaviours would often be considered inappropriate, often because there can be risk of harm to others (Rutter, 1999; Ungar, 2005). Hunter “conceptualizes resilience as a continuum with two poles: less optimum resilience and optimum resilience. Less optimum resilience includes “survival tactics of violence, high risk behaviors, and social and emotional withdrawal” (Hunter, 2012, p. 246). Hunter notes that adolescents who display this kind of resilience are often maladjusted as adults

however, people are also capable of learning to shift their resilient expression toward optimal resilience (Fleming & Ledogar, 2008, p.9).

In his work, Michael Ungar has found that “the youth [he] works with struggle against a psychopathologising discourse that makes invisible aspects of their coping that might in fact be significant to them. Sadly, all too often it is only those youth who cope in ways that please adults who are awarded the label ‘resilient’ ” (Ungar, 2005, p.91).

In my own work with clients, I have had the opportunity to work with several individuals who grew up in very difficult circumstances and who have had histories of violence and aggression. While I cannot extrapolate their experiences to all other clients with similar backgrounds, these clients have consistently shared with me that this behaviour was, in one form or another, a way for them to be resilient, and to cope with the situation at hand. As counsellors, we can help clients learn ways to re-direct their own innate capacity for resilience, so that they can draw on their innate strengths and learn to express resilience in ways that don't cause harm to others or have long-term negative consequences (Fava & Tomba, 2009).

Fostering Innate Resilience, Health and Well-Being

“Terms like resilience, strengths, empowerment and health, are a counterpoint to notions of disease and disorder that have made us look at people as glasses half empty rather than half full. Resilience reminds us that children survive and thrive in a myriad of ways, and that understanding the etiology of health is as, or more, important than studying the etiology of disease.” (Ungar, 2005, p.91)

Ryff et al. (1998) note that, historically, mental health research is heavily focused on “psychological dysfunction and that health is equated with the absence of illness rather than the presence of wellness” (p.1904). In their work with aging adults, Ryff, Singer, Dienberg Love,

(1998) “defined resilience as the capacity to maintain or recover high well-being in the face of life adversity. Looking for the presence of wellness following adversity comprises a more demanding and rigorous conception of resilience than the avoidance of illness or negative behavioral outcomes, the usual gold standards” (p.1904). Michael Ungar (2005) notes the same important point, highlighting that it is not simply enough to know what causes illness, disease and disorder; we must also understand what causes wellness. Wellness is not simply the absence of disease, but the presence of factors, traits and skills that foster health and well-being (Fava & Tomba, 2009).

Current research spanning many disciplines notes the interconnectedness of the mind, body, emotion and spirit, and has examined numerous links between resilience and well-being (Richardson, 2002). Current research also supports the hypothesis that resilience is a key factor in growing from life experiences, thriving and cultivating a positive outlook on life (Prati & Pietrantonio, 2009). Of particular interest in this thesis, is the notion held by a number of researchers and Aboriginal educators “that resilience is an innate quality that needs only to be properly awakened (Fleming & Ledogar, 2008, p. 8)”. Werner and Smith (1992) describe resilience as an internal “self-righting mechanism” (Richardson, 2002, p.131), and Lifton describes resilience “as the human capacity of all individuals to transform and change – no matter their risks” (Richardson, 2002, p.313). In their 2003 paper, Heavy Runner and Marshall described resilience in the following way:

[Resilience is] the natural, human capacity to navigate life well. It is something every human being has - wisdom, common sense. It means coming to know how you think, who you are spiritually, where you come from, and where you are going. The key is learning how to utilize innate resilience, which is the birthright of every human being. It

involves understanding our inner spirit and finding a sense of direction.” (Heavy Runner & Marshall, 2003, p.14).

Furthermore, these researchers noted that “in our work we point people to their natural health, which is always spiritually based. Tapping [in to] resilience is an inside-out process. (Heavy Runner & Marshall, 2003, p.2). Heavy Runner and Sebastian Morris elaborate with the following:

Spirituality is one of four essential parts of our world view philosophy. The others are the mental, emotional and physical aspects of life. All four dimensions must be kept in balance. A child is born with a natural capacity or resilience evidenced in all four dimensions. This resilience is our innate capacity for well-being. Enroute to unlocking community resilience, our goal is for children to recognize when they are out of balance, understand what caused the imbalance and learn how to regain balance (Heavy Runner & Sebastian Morris, 1997, p.3).

When resilience is viewed as “our innate capacity for well-being” we can then see resilience as something that is not only available to us in times of distress or trauma, but also in our everyday lives. According to this Native American view, resilience is a key component of our well-being; it is what makes it possible for us to notice when we lose our balance, so that we can adjust and respond to life accordingly.

From a clinical perspective, there are certain advantages to applying the Ryff et al. (1998) understanding of resilience. The Ryff et al. biopsychosocial perspective of resilience provides a conceptualization of health, not simply as the absence of disease, but as the presence of well-being (Fava & Sonino, 2008). where resilience is a longitudinal and dynamic process, related to the idea of flourishing (Ryff & Singer, 1998). Concepts such as having a meaningful and

purposeful life and having meaningful ties to others directly and indirectly affect the physiological foundations of human health. This concept brings physical health into the domain of resilience, underscoring an emphasis on both the mind and body in understanding adaptive functioning (Ryff et al., 1998). In the future, a focus on tracking psychological well-being throughout the life could “allow us to identify possible strengths and vulnerabilities in psychological functioning over the life course, with considerable clinical implications” (Fava & Tomba, 2009, p.1904).

Resilience and Post Traumatic Growth

The term “posttraumatic growth” refers to positive psychological change that comes about as a result of experiencing highly challenging life circumstances (Calhoun & Tedeschi, 2004). While the concept of growing from adversity has been around for a long time, it had not been the focus of study until the 1980’s and 1990’s. “Posttraumatic growth describes the experience of individuals whose development, at least in some area(s), has surpassed what was present before the challenge, hardship or crisis occurred. The individual had not only survived, but has experienced changes that are viewed as psychologically important, and that go beyond the previous status quo. Posttraumatic growth is not simply a return to baseline - it is an experience of improvement, that for some persons is deeply profound” (Calhoun & Tedeschi, 2004, p.4).

The concept of posttraumatic growth is an important one; it lends support to the possibility that we can experience adversity in such a way that our subjective perception of the experience and our ability to respond to the experience can lead various outcomes, one of which is personal and/or spiritual growth. The concept of posttraumatic growth offers new ways of viewing our lives and the world and can give us a greater appreciation for life. While there is

much work to be done to understand how this complex process occurs, at least several of the factors which contribute to resilience also seem to play a part in posttraumatic growth, such as individual characteristics and the ability to manage cognitive processing and distressing emotion (Calhoun & Tedeschi, 2004).

Furthermore, Davis and Nolen-Hoeksema further note that:

Trauma survivors often do not see themselves as embarking on searches for meaning or attempts to construct benefits from their experiences. They are either attempting to survive or trying to determine if survival is worthwhile. We have noticed that posttraumatic growth tends to surprise people, and has not usually been a conscious goal. Therefore we emphasise in our work that posttraumatic growth is a consequence of attempts to re-establish some useful, basic cognitive guides for living, rather than searching for meaning or an attempt to manage the terror of mortality (Davis & Nolen-Hoeksema, 2001, p.729).

This finding is of interest to counsellors in the sense that it seems to indicate that posttraumatic growth is a by-product of how we respond to traumatic events, not a goal or outcome to be strived for (Bonanno, 2004). In working with our clients, it may prove more beneficial for us support clients to develop ways for them to cope with and process their experience rather than have them focus on the aim of growing from trauma.

Another note-worthy finding from the developing literature on posttraumatic growth was shared by Calhoun & Tedeschi:

Reports of growth experiences in the aftermath of traumatic events far outnumber reports of psychiatric disorders. This is despite the fact that we are concerned with truly traumatic circumstances rather than everyday stressors. The widespread assumption that

traumas often result in disorder should not be replaced with the expectation that growth is an inevitable result. Instead, we are finding that continuing personal distress and growth often coexist (Calhoun & Tedeschi, 2004, p.2).

This finding lends support to the possibility that resilience and or growth are the norm and not the exception, when we are faced with adversity, and also highlights the simultaneous coexistence of growth and personal distress. As counsellors, educating our clients that growth and distress can coexist can help to normalize and validate what they may be experiencing.

Family Resilience

Resilience within a family unit is another crucial aspect of an individual's resilience (Walsh, F. 2002). When viewed from a family resilience perspective, we alter the lens through which we view the family:

[Shifting a] deficit-based lens from viewing troubled families as damaged and beyond repair to seeing them as challenged by life's adversities. Rather than rescuing so called "survivors" from dysfunctional families, this approach engages distressed families with respect and compassion for their struggles, affirms their reparative potential, and seeks to bring out their best (Walsh, F. 2002). Efforts to foster family resilience aim both to avoid or reduce pathology and dysfunction and to enhance functioning and well-being. Such efforts have the potential to benefit all family members as they fortify relational bonds" (Luthar & Doernberger, 1993, p.2).

Focusing on the unique strengths of a family unit in distress can not only increase the resilience of the family as a whole, but can also increase the resilience of the individuals within the family unit (Walsh, F. 2002).

In looking at family resilience, it is important that we not simply impose a westernised notion of a “normal” family on to all families; rather we need to be mindful to take into consideration the reality of various family structures, cultures and norms (Ungar, 2005). “The concept of the “normal” family has undergone redefinition with the social and economic transformations of recent decades” (Coontz & Parson, 1997, p.4). While shifting gender roles and a varying family structures and arrangements have broadened the spectrum of what families can look like (Coontz & Parson, 1997), the myth that a traditional family form (consisting of an intact nuclear family, with heterosexual parents) is troublesome:

[The myth of a traditional family form as] essential for healthy child development continues to stigmatize other family forms and make them appear abnormal. In fact, family diversity is common throughout history and across cultures (Coontz & Parson, 1997), and a growing body of research reveals that well-functioning families and healthy children are found in a variety of formal and informal kinship arrangements (Walsh, F., 2002). What matters most are family processes, involving the quality of caring, committed relationships.” (Coontz & Parson, 1997, p.4).

As counsellors, we can offer services using a resilience-oriented approach to foster family empowerment; this process can allow family members to discover shared hope, develop and renew strengths, and foster support and collaboration between family members. From a resilience-oriented perspective, solving a presenting problem is no longer the goal; instead, by “strengthening family resilience, we build family resources to meet new challenges more effectively. In this way, every intervention is also a preventive measure” (Walsh, F., 2002, p.11).

Chapter 4: Developing resilience with clients

Therapy Modalities for working with Resilience

All therapy modalities can, in some form or another, whether directly or indirectly, increase client resilience. However, it is important that as counsellors, we help clients develop resilience skills that are most suited to their unique needs based on the clients current skill set, their contextual experiences, and their personal goals and wishes. For example, a client who experiences borderline personality traits may experience erratic mood swings and attachment fluctuations and would benefit from building emotional and interpersonal resilience through the use of DBT (Lee & Mason, 2018). In contrast, a client who experiences a fear of heights would likely gain more benefit in developing resilience in their ability to manage their fears through gradual exposure and skills which help reduce panic and anxiety (Bonanno, 2004).

While there is still much debate about the exact mechanisms by which resilience is developed, there are certain skills that are strongly correlated with a person's ability to withstand adverse conditions, overcome trauma, and thrive in their lives (Burton et al., 2015). This chapter is dedicated to discussing some of the main factors that have been shown to play a role in developing resilience, and the way in which counsellors can support their clients in developing resilience through the therapeutic process (Burton et al., 2015).

Resilience as a multi-dimensional construct

Like a constellation, resilience is a construct made of many individual factors that are all connected through their dynamic interaction with each other. In some ways, this multi-dimensional construct can be compared to Assemblage Theory (Deleuze & Guattari, 1988). This theory provides a framework for understanding the complex nature of the connection between unique, individual entities through concepts such as fluidity, exchangeability and functionality

(Deleuze & Guattari, 1988). This theory asserts that the relationships between component parts are fluid rather than fixed, and that individual entities can be displaced, replaced and reorganized (Deleuze & Guattari, 1988). This concept of assemblage can be translated to individuals, with all the components of an individual's life coming together to form a multi-dimensional construct; by working with clients to explore their own unique constellation, they can more deeply examine the connections at play, and they can also begin to reorganize and expand their constellation in a way that can benefit the client and increase their well-being. We as counsellors can help them to identify within their constellation factors which may be limiting or negatively impacting a client's ability to adapt, overcome, and thrive. We can also help clients to further connect and draw on sources of resilience within themselves, their family, social networks, community, and culture (Padesky & Mooney, 2012).

Resilience and Developmental Stages

While not addressed directly in any research paper I reviewed, I believe it is worth noting that resilience seems to be learned, accessed, and expressed differently across developmental life stages. For example, a skilled counsellor working with a 5 year-old child will ideally focus on helping the child develop resilience in ways that a 5-year old child can understand; this may happen through art, play therapy, role playing, games and other age-appropriate skill-building techniques (Werner & Smith, 1992). A therapist would work with a teenager in a different way than a 5 year old, by helping the teen to recognize and build on their own innate resilience, develop ways to connect with external sources of resilience, and building ways to shift their mindset so that they are able to adapt to their life circumstances and experiences in a healthy way (Werner & Smith, 1992). It also seems important to include resilience building skills in later life, though curiously, I find this demographic is almost entirely missing from the resilience literature.

In my own life and in work with clients, I have often observed that the life skills people have gained over the years can have significant impact on how they respond to the reality of aging and their perception of life. It seems to me that one crucial quality of resilience is flexibility – and that as we age, we can become more flexible so that we can bend and sway with life. If we don't learn how to be flexible, then when life challenges us, we are less able to adapt in the moment, and we are often more disappointed in the circumstances life has bestowed upon us.

Subjective Experience, Personal Interpretation and Context

What is it that makes it possible for people to overcome adversity, trauma and hardship? And why do some people have a resilience that allows them to overcome these obstacles, while others do not? While there is not yet a definitive answer to these questions, this area of research has gained some understanding of particular factors which seem to play at least some part in resilience (Fleming & Ledogar, 2008).

Furthermore, research on subjective well-being is fueling a dialogue that examines the importance of our personal perception of our well-being on our overall wellness (Diener, 2000). Previous research has focused on *who* is happy, but a recent focus is shifting towards understanding *when* and *why* people are happy (Diener, 2000). While happiness is not the same thing as resilience, the concept of subjective experience is important because it highlights the reality that our perception impacts how we experience life events (Diener, 2000). A crucial secondary component of subjective experience is the ability humans have to shift their interpretation or perception of life experiences. Reframing is one integral way in which counsellors can support their clients to shift perception of subjective experiences as a means to help their clients develop greater resilience (Padesky & Mooney, 2012). As you will see in the

following section, further research has examined how reframing mindset and perception affect behaviour and resilience (Diener, 2000).

Reframing

One of the factors that has been found to play a part in how we internalize experiences in life and also how we respond to those experiences is our perception of the events we experience (Diener, 2000). It has been found that how we interpret an event or experience is a major factor in determining whether we feel threatened by the event or not, and whether the experience leads someone to experience trauma or not (Yeager & Dweck, 2012).

In a study done by Yeager and Dweck (2012), research found that a student's mindset had a significant impact on resilience in the face of academic and social challenge. In their work, they found that students who were taught the concept that academic and social intelligence is not fixed, but rather, that we can learn and evolve over time, and were also taught how the brain works, showed greater resilience and academic achievements than those students in control groups (Yeager & Dweck, 2012). These researchers also found that simply teaching study skills to a control group did not improve academic performance in math; however the second group of students (who were also taught study skills) additionally received teachings that intelligence can be learned and increased over time (Yeager & Dweck, 2012). In this second group, the students' math performances improved, leading the researchers to discover that the skills alone are not enough, rather, they also needed the resilience to put the skills to use (Yeager & Dweck, 2012).

Interestingly, though maybe not surprising, the same study found that teens with fixed views of personality (who hold a belief such as "bullies are people who can't really change") "reported a significantly greater desire for revenge following a peer conflict and a reduced desire to forgive the peer" (Yeager & Dweck, 2012, p.307). One of the important implications of this

finding is that a fixed mindset decreases resilience and also affects our behaviour (Yeager & Dweck, 2012). Importantly, this study also found that students who were taught to reframe by shifting their perspective to one that people can learn and their intelligence and personality wasn't fixed, still showed increased resilience one month after the study, whereas the control groups did not (Yeager & Dweck, 2012). Thus it appears that how we interpret things can have a critical effect on how we experience and live out our lives (Yeager & Dweck, 2012).

Transferring resilience between domains

Research has shown that resilience does not necessarily transfer between domains. Luthar et al (1993) found that “resilient youth (high stress, high social competence) were significantly more depressed than children who were highly competent but from low stress backgrounds” (Luthar et al., 1993, p.2) and that often resilience in the emotional domain was impaired. While none of the research I found directly addressed how to transfer resilience between domains, it is possible that therapies such as strengths-based therapy or solution-focused brief therapy could help people with strengths in one domain begin to apply their strengths in new ways to both increase and diversify resilience. A strengths-based approach would allow clients to grow awareness of their own unique strengths and abilities; by delving in to how clients learned and developed those strengths, new possibilities could emerge for the client to apply those strengths to new situations in which the client feels less resilience (Fava & Tomba, 2009). In a paper by Padesky and Mooney (2012), they outline a four-step model to build resilience. Part of their model proposes a shift in client perspective, where a client's behavioural experiments are designed such that the “goal” is to build and sustain resilience, rather than to achieve a specific outcome or resolution (Padesky & Mooney, 2012). This approach allows clients to focus on the process through which they are engaging with life events, leading clients to find new and

innovative ways of meeting challenges, overcoming adversities, and building their resourcefulness. A solution-focused approach, for example, would allow the client, who was feeling unable to overcome certain obstacles, to increase their resilience by shifting their perspective to see new solutions that were not previously available (Padesky & Mooney, 2012).

Social and Cultural Norms, Cultural Strengths and Resilience

Cultures vary in their customs, language, and beliefs. While some cultures might tend to express resilience through visible or overt actions, other cultures might tend to express resilience in more reserved, less obvious ways (Ungar, 2005; Heavy Runner & Sebastian Morris, 1997). As counsellors, we must be mindful of our own personal, social and cultural biases. In the context of working with clients to develop resilience, it becomes particularly important that we provide space for clients to define their own expression of resilience. Clients need to be able to draw on their own cultural identity, heritage, beliefs, values and ideas to form their own individual understanding of what resilience is for them; this becomes particularly true in a place such as Vancouver, with a multi-cultural population made up of those who have arrived to Canada recently, those whose families immigrated here several generations ago, to the First Nations which have an extensive history here on this land. Some clients may find sources of resilience in their cultural heritage, while others may experience their cultural heritage as oppressive, disempowering or even dangerous. For example, someone who comes from a culture in which arranged marriage is considered a norm could feel empowered by that aspect of their culture or they could feel trapped and oppressed by the very same thing. Empowering clients to build their own personal model of resilience makes it possible for them to define what is important to them, allowing them to draw on cultural and social sources of strength, without limiting them to the customs, beliefs and norms of their cultural heritage (Heavy Runner & Sebastian Morris, 1997).

In their paper from 2008, Fleming and Ledogar explore the resilience that exists within First Nations communities. In their work, they summarize the research of Chandler and Lalonde who, in 1998, examined cultural continuity of various First Nations bands; the term “cultural continuity” describes First Nations communities that have acted to preserve and rehabilitate their cultural heritage as a protective factor against suicide. “For bands with a composite score of 0, meaning they had none of the components of cultural continuity, the youth suicide rate was 137.5/100,000. For bands with the composite score of 6, meaning they had all 6 components of cultural continuity present, the youth suicide rate was 0.0/100,000.” (Fleming & Ledogar, 2008, p.11). While the effects of colonialism, oppression and cultural genocide have been devastating, this research is a powerful example of the potency, strength and crucial importance that culture can play in individual resilience and well-being (Chandler & Lalonde, 1998).

Situational Outcomes

Often the North American cultural definition of resilience can become equated with outcome. In our counselling work with clients, it is important to find ways of working that allow clients to build their resilience independent of outcome. In reality, we often do not have control over what happens in our life, but we do have the ability to control how we respond to life events. If, as counsellors, we reinforce with our clients that they are only resilient if they can manage to change the outcome of things, then we are also communicating to them that on some level, they have failed if the undesired outcome could not be changed or avoided. In this scenario we may impact their interpretation of their subjective experience; further down the road, this may cause clients to second guess their ability to see themselves as capable of being resilient in the face of adversity, and could infect their self-narrative with untrue statements about themselves.

Furthermore, in his work with youth, Michael Ungar (2005) argues that when we focus on outcome, and on seeing resilience only in ways that are deemed socially acceptable, we overlook sources of resilience (Ungar, 2005). Those who have learned to express resilience in less optimal ways may be labelled as difficult or dangerous, causing their strengths to remain unseen, discredited, criticized or punished (Ungar, 2005). Counsellors have a unique opportunity to work alongside clients by supporting them as they reclaim their strengths, discover new ways of viewing themselves and the world, while also learning new ways to express their resilience in ways that may be more optimal for the client.

Fostering Innate Resilience, Health and Well-Being

In certain circles of academic research, innate resilience is something that is viewed as a natural part of who we are (Heavy Runner & Marshall, 2003). Heavy Runner and Marshall (2003) described resilience in the following way:

[Resilience is] the natural, human capacity to navigate life well. It is something every human being has - wisdom, and common sense. It means coming to know how you think, who you are spiritually, where you come from, and where you are going. The key is learning how to utilize innate resilience, which is the birthright of every human being. It involves understanding our inner spirit and finding a sense of direction (Heavy Runner & Marshall, 2003, p. 14).

One of the important aspects of this definition, which is also seen in Richardson's Metatheory, is the notion that resilience is connected with a sense of direction (Richardson, 2002). As counselors, when we view resilience from this vantage point, it allows us to examine the values that people have, so that we can begin to understand what is truly important to them. It seems to me that in order to truly connect with our own innate resilience, we must also be

connected to the things that matter to us, to the efforts and tasks that we honestly feel are worthy of our time and energy, so that even when we are faced with adversity, we are clear on what in life is meaningful to us, and why we would want to persevere and grow in the face of challenges and setbacks.

While some definitions of resilience focus on overcoming adversity, other definitions, such as Richardson's (2002), forgo any mention of adversity at all (Fletcher & Sarkar, 2013). The benefit of defining resilience in this way is that resilience becomes something that can not only help us in times of challenge or trauma, but that can also help us to achieve greater levels of well-being and to thrive. A problem-oriented view of resilience will inherently see it as a tool used only for dealing with pathology and obstacles. However, researchers have noted that "looking for the presence of wellness following adversity comprises a more demanding and rigorous conception of resilience that the avoidance of illness or negative behavioural outcomes, the usual gold standards" (Fava & Tomba, 2009, p.1904). Ryff et al. (1998) offer a conceptualization of resilience that is very much in line with Richardson's theory and which also has two significant advantages from a clinical perspective. "First, health is not viewed simply as the absence of disease, but as the presence of wellness in a biopsychosocial perspective. Further, resilience is conceptualized as a longitudinal and dynamic process, which is related to the concept of flourishing." (Fava & Tomba, 2009, p.1904). I believe that in our work as counsellors, this distinction is important. If we focus solely on our client's problems, and on how to solve or overcome them, we are only helping our clients to define success in their lives in reference to problems, to something the client perceives as negative, where they are primarily focused on moving away from or avoiding what they don't want. However, if we follow the thinking of Ryff et al (1998), then the clinical approach that we can take with our clients is very

different; instead of being motivated by what they don't want, we can help clients be motivated to take action from (and towards) what they value, so that they can move towards the things that are important to them.

Additionally, there has been particular interest over the last number of years on the means by which the experience of overcoming adversity could actually serve to strengthen people's resistance to later difficulties in life. In animal studies, it has been shown that an experience of stressors in early life has effects on the neuroendocrine system that could be associated with a reduced vulnerability to later stresses (Hennessey et al., 1979; Hunt 1979). Furthermore, in both human and animal studies, there is evidence showing the experience of stress leading subjects to display adaptation through psychological change. It is very likely that the beliefs we hold about our ability to effectively deal with stressors is influenced by how we have coped with challenge in the past (Rutter, M., 1999).

Family Resilience

So much of what we learn in our formative years comes from family. From the lens that we see the world through, to the ways in which we approach hardship and adversity, family plays a large part in shaping our response to challenge. The collective family unit also has the potential to be a large source of strength and resilience for individual family members (Lee, et al., 2009). As counsellors, we can offer resilience-oriented services that foster family empowerment as they bring forth shared hope, develop new and renewed competencies, and build mutual support.

Rutter (1999) discusses the implications of resilience findings in family therapy. He notes that it is important to consider each child's role and position within the family unit, to gain a better understanding of the sources of resilience that exist within the family. Rutter (1999) also points out that each individual's actions can and do shape how other people respond back to

them; this view allows the experience of interpersonal interactions to be seen partly as a response to how the individual is behaving. Often this vantage point can allow the therapist and family to find ways to discuss how an individual's behaviour may illicit particular negative responses from others; this discovery can then lead to the development of skills which can reduce the negative responses that someone may experience due to their behaviour patterns (Yeager & Dweck, 2012).

There are many ways that a counsellor can support their clients to develop resilience, however, it is important that counsellors remember to work with their clients in a way that supports the client's desires for change, and that empowers the client to create their own definition of resilience (Ungar, 2005). While the current research on resilience does give us some foundational insight in to what we know about resilience, and its mechanism(s) of action, there is still much that remains yet to be discovered (Fletcher & Sarkar, 2013) and future research on the topic of resilience will be addressed in chapter 5.

Chapter 5: Summary and Reflections

Overview and Implications for Counsellors

The purpose of this literature review was to examine the current literature on resilience, to grow a deeper understanding of what makes people resilient and why, and to explore how we, as counsellors, can help clients develop greater resilience. This review used Richardson's metatheory as a lens through which we can view resilience and examines several key factors which are thought to affect people's resilience. My hope is that this literature review provides counsellors with a greater understanding of the current research on resilience so that they are better equipped to help their clients create their own individual understanding of resilience, to help them connect with external sources of resilience, to develop their own innate resilience and to reclaim any expressions of resilience which may have been compromised during the course of their life.

The history of western medicine and psychiatry has been based on the treatment of pathology (Fava & Tomba, 2009; Ryff & Singer, 1998). If we took a problem-oriented approach to resilience, the aim would only be to get rid of symptoms and disease that someone was experiencing, however the absence of disease does not necessarily equate with the presence of health (Fava & Tomba, 2009). From Richardson's postmodern perspective, resilience becomes a motivational force that drives people towards health and self-actualization (Richardson, 2002); this definition means that we are no longer confined to a problem oriented view of resilience (Fava & Tomba, 2009). Instead, resilience can serve not only to help us meet adversity, but can also to help us to thrive as we grow in self-knowledge and self-acceptance (Richardson, 2002). Richardson's metatheory of resilience is one that can help us as counsellors work with clients to move them towards their vision of health and improved well-being (Fava & Tomba, 2009).

As counsellors, it is imperative for us to take responsibility for our own beliefs, judgements, and ideals such that we don't impose them on our clients (Padesky & Mooney, 2012). In the arena of resilience, especially as it pertains to populations who have experienced severe risk or trauma, it may be tempting for counsellors to compare the hardships of certain groups against each other, causing us to see one group or one individual as more resilient than another (Ungar, 2005). In reality, we know that people's subjective experience of an event (their interpretation and meaning making of the event) plays an important part in determining whether an experience is perceived as something threatening or adverse, and we must keep this in mind in our work with clients (Fava & Tomba, 2009).

In his work on resilience, Michael Ungar (2005) argues "resilience only exists when one (or one's family and community) has beaten the odds and survived and thrived after exposure to adversity that threatened healthy outcomes. Without exposure to significant amounts of risk, there is no resilience" (Ungar, M., 2005 p.91). While I agree with Ungar's assessment that overcoming the odds would very likely imply someone had resilience, this statement seems to imply that there is a whole body of people who could never be resilient, particularly if they either failed to "beat the odds" in life, or if they were never exposed to "adversity that threatened healthy outcomes" (2005). This last point in particular, causes me to examine the effect that bias can have on clients; what may be a huge adversity for one client, may be no big deal to someone else, and if we are not aware of the biases we hold, we may inadvertently be communicating to our client that their experience "wasn't really a big deal" because other people would have "gotten over that" by now. Whether done consciously or unconsciously, imposing our personal views on others can devalue our client's beliefs and ideals, and can communicate to them that the

hardships they have experienced does not meet the “standard” to have them be considered resilient as an individual.

Furthermore, in our work with clients, Richardson’s metatheory can help us to open a dialogue with our clients that not only explores the difficulties and adversities that clients face, but also explores what health and thriving would look like for our clients (Fava & Tomba, 2009). I personally have found in my work with clients that, while people may come to counselling knowing what they don’t want (or what they would like to move away from), they are not always clear on what they do want (or what they would like to move towards). Over time, as clients become clearer on the life they would like to create for themselves, we can encourage them to use both their innate resilience and to connect with other sources of external resilience to create a tangible pathway for them to achieve their ideals.

Implications for Further Research

Resilience is undoubtedly a complex and multi-faceted concept with many factors coming in to play; this is illustrated by the difficulty researchers have had both in the seemingly simple task of defining resilience and also in understanding the mechanism(s) by which varying factors impact our resilience (Fletcher & Sarkar, 2013). In particular, there seems to be a lack of research focusing on how resilience varies across cultures, as well how resilience varies across developmental and life stages. While the field of resilience research still has many questions yet to be answered, it is never the less important for us, as counsellors, to become familiar with current research and to understand the ways in which our client’s resilience could be impaired, as well as ways in which we can work alongside clients to help them develop new sources of resilience and reconnect with sources of strength that already exist (Padesky & Mooney, 2012).

The limitations of this thesis

This thesis aimed to synthesize a broad range of literature on resilience, covering a span of research over several decades (Fletcher & Sarkar, 2013). The range of research on the topic of resilience is broad, and large bodies of research that currently exist do not seem to have been directly replicated or furthered by other academics in the field (Fletcher & Sarkar, 2013). This reality caused me to experience some challenge in reviewing the literature in a way that was relevant to the field of counselling generally, and also to making it relevant for counsellors. My hope is that this thesis will be a resource for counsellors to grow their understanding of resilience as a pathway toward well-being, and that the information shared would challenge them to examine potential biases and limitations they may have held in their concept of resilience.

Lastly, while I have done my best to be objective in my assessment of the research at hand, there is always a potential for my personal bias to come across in my creation of this thesis. I acknowledge that, while unintentional, this thesis will undoubtedly reflect some of my own personal opinions on the topic at hand.

Personal Reflections

While writing this thesis, my original intent was to understand what ignites people to be resilient. Growing up, I was often struck by those who approached challenge with curiosity, fervour and defiance; to me, these people were inspiring and I admired them. It seemed to me, even at a young age, that just being around these people made me more courageous and resilient. Also, as a counsellor, I am naturally curious to understand more about how people learn – about themselves, about how to change their habits, about how to grow new life skills. It seems to me that learning is a fundamental aspect of resilience, because in order to be flexible and adaptable, we need to learn.

My other interest in examining resilience came from pondering about the difference between those who have overcome challenge and adversity and experience high levels of well-being in their lives versus those who have overcome similar hardships, but who lack a sense of inner wellness. I wanted to know if resilience was at play here, and if resilience was something that could contribute to our daily well-being.

In my research for this thesis, I came to really appreciate Richardson's work on resilience (Richardson, 2002). His inclusive and progressive metatheory of resilience opens up a dialogue that unifies various academic disciplines of study, such as philosophy, quantum physics, spirituality, eastern medicine, and psychoneuroimmunology (Richardson, 2002). When I initially set out to write this thesis, I was not sure what I would find in the literature; I was surprised, not only to read such a progressive work as Richardson's, but also to find out how deeply his metatheory resonated with me (Richardson, 2002). I am excited by the conversation he has started, which forces us to unite various disciplines in an effort to more deeply understand the human condition, the motivating forces that move us towards self-actualization and the role that spirituality and science play in understanding human resilience.

I very much look forward to integrating Richardson's metatheory in to my work as a counsellor, and I am eager to see how doing so can benefit my clients in their journey towards resilience and well-being.

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