

What is emotional resilience?



Edith Grotberg defined resilience as the, Human capacity to deal with, overcome, learn from or even be transformed by the inevitable challenges of life. Emotional resilience has been widely recognised as one of the most important factors in the development of the personality. It has been defined in a number of ways and continues to develop. Emotional resilience looks at one's ability to adapt to stressful situations or crises. The question implies that those with less resilience are more likely not to be able to adapt and cope with adversity. Therefore this could mean that people who are less resilient are more likely to suffer from many problems including mental illnesses. Less resilient people have a harder time with stress and life changes. It is found that those who deal with minor stresses more easily can also manage major crises easily. It can be interpreted that emotional resilience can be linked to some factors that are not in the individual's control, such as age, gender and exposure to trauma. However resilience can be developed with little effort. If an individual knows what to do then this can lead them in being more resilient even if you are more sensitive to life's adversities.

This paper draws upon the development of resilience and what could be the consequences for someone whose process is disturbed. Ungar argues, " That the definition of resilience could lead to problems because it does not take in account for cultural and contextual differences in how people in other systems show resilience." Ungar carried out research in eleven countries and they showed that cultural and contextual factors give a great deal of influence on the factors that affect resilience among a population of youth at risk.

Emotional Resilience

David Viscott (1997) argues that “ when individuals are seen to have an emotional breakdown as a result of stress, what is really happening is their emotional resilience has reached a breaking point. Therefore managing emotional resilience and protecting this process from disruptions and disturbances is an important part of helping individuals lead a consistent and happy mental life.”

Garmezy (1973) created the first research findings on resilience. He looks at who gets ill, who does not and why to find out the risks and the protective factors that now define resilience.

However without some form of resilience individuals may not have a general sense of fulfilment and cannot develop the individual’s potential. There could be signs of physical and emotional distress. There could even be spiritual distress, mental health problems and suicide. (Roy et al 2006); development or attachment problems, relationship problems and not corresponding the World Health Definition Of Health and Mental Health.

“ Health is a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity.” “ Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” (WHO, 2011)

Emmy Werner (1982) looked at the term resilience in the 1970's. She researched a group of children from Kauai, Hawaii. Kauai was fairly poor and many of the children in the study grew up with alcoholic or mentally disturbed parents. Many parents were unemployed. Werner stated that of the children who grew up in these bad situations, two thirds showed destructive behaviour in their late teen years, such as long term unemployment, substance abuse and out of wedlock births. However one third of these did not show destructive behaviours. Werner called the second group resilient. It was found that resilient children and their families had traits that made them different from non resilient children and families.

Masten's (1989) research showed that children with schizophrenic parent may not obtain comforting caregiving compared to children with healthy parents and such situations had an impact on children's development. Some children of ill parents thrived well and were competent in academic achievement and therefore this caused researchers to understand these responses to adversity.

Brom et al, (2008), Hand (2008) and others state there is a potential for resilience to build and alter during adulthood. However Garmezy & Streitman (1974) believe children are at risk of psychological harm, are more likely to develop emotional resilience when younger. They also argue " there is no guarantee that resilience will prove to be a positive influence." Garmezy & Streitman argue resilience is mainly a learned form. On the other hand Bernard (1991) argues children are born with innate degree of resilience and this shows itself in later life however it can be changed a lot by experience and therapy. Garmezy & Streitman named the process " adaptive

distancing” as a main part in the development of emotional resilience in adults and children. They argued this process permits the individual to become less concerned with other’s wellbeing and more “ dependent on their sense of self confidence, self satisfaction and self esteem, which shows as an inner locus of control. Garmezy and Streitman believe, “ the child becomes more strong minded to go through this empowerment.” This means the individual is able to become dependent on their emotional responses. If an individual’s process is disturbed they are much more likely to be dependent on others and have a less sense of independence, decreased confidence and decreased self esteem.

On the other hand, Hand (2008) argued that learned behaviour during childhood can make it much more difficult for adults to make the change required to become more emotionally resilient. It can be certain to say that emotional resilience can be because of biological and behavioural traits. However resilience can be different for each individual.

Emotional resilience has been thought of as a flexible state in which the individual unconsciously and sometimes consciously has to make certain minor or even major adjustments to his or her approach to a given situation. Disturbance of the development of emotional resilience can happen when changing cultural and social factors come into play and the individual finds that their established approach has suddenly become less effective. Individuals who have an existing resilience are forced to reassess all aspects of their approach and they may even have to start the whole process from the beginning.

According to Hand although major disruptions along these lines are a rare occurrence, “ when it happens, the results can be majorly disturbing and in majority of cases lead to some degree of mental health problem. There is an argument over whether emotional resilience results in problems being cured or dismissed. If disturbance does result in the resilience disappearing, it may well be also possible to argue that the problem had not been resolved in the first place. Hand says this disturbance can often be more distressing than the first initial absence of this resilience and can lead to a loss of self confidence. It can also lead to a belief that developing resilience in the long term is impossible. This loss can lead the individual into loss of emotional resilience and perhaps a transformation of their resilience into something different in a less accepted and less effective form.” This has led to the way of negative emotional resilience which also leads to isolation, loss of confidence and even aggression. Luthor et al (1993) go on to suggest that key pointers of negative resilience include a preference for isolation and a negative reaction to society. They have argued the individual becomes resilient to factors that are perceived to be a threat to a stable life, regardless of whether this perception is healthy or accurate. In these situations the individual benefit from therapy to reassess their resilience and reconstruct it into a far more helpful and beneficial form.

In contrast, Fredrickson et al (2001) have noticed that there is a link between emotional resilience and education. Individuals who have gained higher qualifications develop a greater degree of emotional resilience from those with limited educational experiences. This could mean that emotional resilience develops because of the ability to intellectually deal with and

reconfigure psychological factors as well as the way in which they lead to the development of resilience. Hand (2008) argued this is clearly not the case. Fredrickson argues “ education allows an individual to understand how cultural and social factors affect his or her viewpoint. This is based on the understanding it is only possible to recognise these factors through analysis with individuals who are able to freely associate and discuss their understanding of these processes; individuals who are lacking in education are able to understand these processes. However are less able to put it into the correct intellectual language. This could mean that there is no evidence to support that a higher level of education leads to a stronger form of emotional resilience.

Ungar argues that this standard definition of resilience could be problematic because it does not adequately account for cultural and contextual differences in how people in other systems express resilience. Through collaborative mixed methods research in eleven countries, Ungar et al at the Resilience Research Centre have shown that cultural and contextual factors exert a great deal of influence on the factors that affect resilience among a population of youth at risk.

Tucker et al (2007) argue that emotional resilience can be seen as a stage of larger, narrative psychological response to a certain situation and this emotional resilience stage is not in any way the end part of a story. Authors found that although emotional resilience is often regarded as the desired end point in the process of dealing with traumatic circumstances such as terrorist attacks, the point of resilience can sometimes happen at the start of the process and later be broken down.

If we study the development of emotional resilience as a reaction to terrorist related trauma we can begin to see a great deal in the way emotional resilience works. It is important to notice that trauma caused by terrorism often has a strong communal part to it. On the other hand family or personal trauma affects only the individual and possibly a few family members. Terrorism plays a much bigger part on the international level. Hammond argues that when an individual has to deal with many manifestations he or she discover a way to mix these manifestations so as to only have focus on one response. Often the individual will merge the private and public responses to form a joined response. This may or may not reflect that the individual's true feelings to either response. This will also not show the best possible approach to the problem. This can lead to negative occurrences with the conflicting elements of that merged approach. Hammond believes “ that the differences between this type of emotional resilience and the concept of emotional resilience as a destination are so great that is more appropriate to consider them as separate occurrences of the same factors. It is therefore possible to see emotional resilience as a manifestation that can be caused by many factors and not by a single set of circumstances.

From a different view point studies of demobilized child soldiers, high school drop-outs, urban, poor, immigrant youth and other populations at risk are showing these patterns. Among adult, these same themes emerge, as detailed in the work of Zautra, Hall and Murray (2010)

Therefore emotional resilience can be taken by the individual as a means of avoiding certain facts about a situation. In PTSD there is an asleep emotional reaction that can result in the individual becoming emotionally upset or

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distressed about what happened. Tucker et al argue when resilience gives way to panic, fear or some other negative reaction can be many years after the occasion. Tucker et al state there are different psychological processes that may be covered as emotional resilience.

15 resilient African American adults, interviewed by the social work researcher Leavelle Cox had grown up in an atmosphere of family violence but none had been abusive as adults. Responsibility allowed them to be self determining and that the help they were able to provide others gave them an early feeling of self confidence. People who are resilient from childhood trauma must have developed skill in reducing this negativity because they, more than others, have a destiny that could produce overwhelming suffering. This capacity comes with organising themselves to help others and seeing their lives as having potential and meaning much larger than their own immediate needs. People who are resilient from a difficult childhood have benefitted from early self determination, responsibility and help offered to others.

25 childhood survivors from the Holocaust identified as resilient were interviewed about how they continued to engage with life, after having lost so much, they were able to do what most of us might think is impossible. They pursued active and creative lives because they had determination. They saw themselves as different from others, more able to use their concentration and focus to benefit rather than diminish themselves and others.

Aaron Antonovsky carried out research in the “transformation” of suffering and pain. It discussed the importance of a “sense of coherence” for renewal and resilience. This is brought about some context or relationship that allows a person in crisis or pain to make sense of what is happening, believe that one can meet the demands of the event, believe that things are generally meaningful in life and Antonovsky found that a strong sense of coherence helped sustain enthusiasm.

Many of the resilient report that spirituality, religion was important in helping them discover a purpose in their suffering and pain or that they discovered spirituality through the process of their pain.

Jung also believed a spiritual context must be present, one that allows hope and coherence to be kept during the time of acute pain and then later when suffering is likely to occur. Jung believed spirituality and religion provide the methods and means of translating meaning from an individual level to a universal or transcendent one. The consequences for when this process is disturbed is that the individual can feel hate, bitter and envy. There can be despair, resentment, envy, self-pity called apocalyptic emotions of self protection. We can have no meaning in life when there is disturbance. There is no real relationship with the world in order to discover your purpose here. It prevents us from seeing the meaning of our pain and suffering. You cannot create a fluid, identity that is responsive to new troubles and suffering. This can cause a lack in self confidence to make your own choices. This can lead to isolation, cynicism, little comfort and warmth in an environment. Envy, shame and pride may cause us to create and sustain an experience of being

alien or separate from others. Two primary emotions fear and aggression can motivate to treat others as enemies.

Emotional resilience can be disturbed at any point and this disruption can lead to a number of possible consequences including an emotional breakdown or the reinforcement of negative beliefs. Emotional resilience develops during childhood. There is a biological and experiential factor, depending on the individual's personality. These can interact and conflict with one another which can cause the individual further emotional problems. Emotional resilience is complex with many different affecting factors. There are a number of manifestations too. The impact of emotional resilience has become well recognised for a long time. It does have an impact upon the growth of the personality and is one of the main indicators of an individual's ability to maintain a good state of mental health. People less successful teach us about susceptibility to deterioration under continuing stress. For the resilient, vulnerability to new stress is always present. The resilient learn early how to help. The more love they gave than the love they received that saved them from despair.

Also some therapeutic strategies fit with the resilience work. For e. g. Acceptance and Commitment Therapy (ACT) (Hayes et al, 2006) that helps a person find a mental state of relief with difficult childhood events. (Sloane, 2002; Follette and Ruzek, 2006). CBT also is associated with strengthening coping which build up people (Neenan, 2009). In addition we can focus on making specific characteristics or traits that are related with resilience much stronger, including building optimism and hopeful thinking(Snyder et al

2004; Cheavens et al 2006) or a greater amount of consistency (Antonovsky, 1996)

The Connor Davidson Resilience Scale (CD-RISC) was administered to several subjects. “ The reliability, validity and factor analytic structure of the scale were evaluated and scores were calculated. Sensitivity to treatment effects was examined in subjects from the PTSD clinical trials. It was found that these interventions explore resilience qualities with individuals, identify them and nurture them. (Rak 2002). By focusing on the strengths and positive qualities an individual becomes engaged in more searches and their problems reduce. “ The CD - RISC is an aid which finds resilient characteristics but also in assessing response to the intervention.” However this has some limitations as it does not assess the resiliency process or provide information about the resilience theory.

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On the other hand it is clear that a positive attitude to these disruptive events will cause a much higher level of mental health and in some cases can lead to more constructive improvement to the reaction of stressful events. Emotional resilience can be developed during childhood showing there is an element of biological and experiential factors can depend on the individual's personality, the influence of each approach is different. These approaches can interact and conflict with one another which can cause the individual further emotional problems.

Conclusion

Emotional resilience is complicated with many determining factors and a number of manifestations. It has been widely recognised for its impact on the personality and is one of the elements of an individual's ability to keep a good level of mental health. When the process is disturbed in emotional resilience there are more changes that a person is not able to build a strong resilience. This can lead to more mental health problems. The ability to cope with problems becomes much harder. There may be cases of not being able to cope at all. There could be more problems created and rare solutions because of the disturbance in the process. Therefore creating ideas and solutions will be limited in order to help people build resilience. Some therapies fit with resilience and certain therapies may not be useful as the mind will not be able to cope with making the changes.