

# Development of emotional resilience



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What is emotional resilience and how does this develop? What might the consequences be for someone who has this process disturbed?

'Emotional resilience' is not a unitary concept of the 'self' but integral to the multi-faceted, wider process of 'psychological resilience'; retaining homeostatic mental security in an eternally shifting, socially constructed world. Resilience develops through experiential maturation; a dynamic process of adaptation and resistance in the endeavour to maintain social identity within specific hereditary and adaptive cultures. This response proposes that 'emotion' is the core of an embodied individual resilience within relational contexts; therefore to seek conceptual understanding, consideration must be made of biological, behavioural and phenomenological influences on the psychological state. Empirical evidence proposes that the templates of 'emotional resilience' are formed from the first day of a new life (even in utero) and develop within the attachments of familial and systemic structures, experiencing both positive and adverse environmental factors. This brief insight will offer the reader some understanding of the specific concept of 'emotion' in our Western world. It will lead to focus on the crucial factor of human attachments as they model individual psychological development, and it will become clear that emotional resilience is part of a 'development synthesis' (Cairns 1979) assimilated into psychological, social and cognitive theories that accumulatively demonstrate the emotional range of culture. When this synthesis is 'disturbed' or traumatised, the concepts of 'fear' or 'anxiety' are experienced and begin an organic protective conditioning that if continual, can become manifested as negative psychological conditions and

maladaptive behaviour. In seeking therapeutic efficacy, emotions might therefore be explored in relation to individual needs. The complexity of the social-mind-body assimilation presents a fascinating challenge for reparative treatment; research leading to a modernity of thought and beginning proactive application of preventative measures through varying social programmes.

What are emotions?

From early philosophical consideration to date, emotion has been viewed as an interference with rationality; an echo of pre-sapient expression. Darwin (1872)[1] introduced the concept of 'emotion' in 'The expression of the Emotions in Man and Animals' as he defined specific emotions finding expression through facial movement and overt behaviour. William James (1884)[2] extended this perspective in an article in 'Mind' as he proposed this as a result of a prior, emotional neural signal; the feeling of physiological change 'is' the emotion. James & Lange (1890)[3] developed this hypothesis further defining the first systemic theory of emotion, proposing three stages of emotional elicitation and physiological response:

a presented emotional stimulus

arousal in the autonomic nervous system

physiological feedback leading to 'experience' of an emotion

In adverse extremity, we might acknowledge this as the basis of the 'fight or flight' stress response, however this concept was extended by the Cannon-Bard Theory (1929)[4] as it specifically identified the hypothalamus of the

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brain to be the organ that activated physiological changes. Whereas the James-Lang Theory argued that human experience of emotion depended on preceding bodily changes, the Cannon-Bard Theory claimed that emotional experiences and bodily changes are independent. Early thought therefore understood resilience to be embedded in neurological & physiological states. These proposals held historical behavioural & cognitive validity, however there was no clarity of how an emotional situation actually activated the thalamus, i. e. how did the cognitive system detect that a stimulus was threatening or innocuous? The question remained: do individuals experience emotion based on their bodily perception, or are there specific emotional neural patterns which respond to environmental events that result in physiological and visceral expressions? Perhaps the fulcrum of research was Schachter (1922 -1977)[5] as he proposed that only a general stage of visceral arousal was necessary for the experience of emotion and the individual would present the experience in the language of cognition, i. e. thought, past experiences, environmental references. Historical witness gave rise to Schachter's & James' theories taken in accordance; as visceral arousal being essential for emotional experience but the manifestation of the emotion dependent on the cognitive, perceptual evaluations of external environment.

' To connect our animal nature with the world in which it is embedded... emotions respond immediately to the truth of things. They are the most alert form of attention. Disgust turns away from decay, fear warns of danger, desire recognizes beauty and pity responds to need.' Hillman (1972)

The psycho-biological and social perspectives are therefore implicit to the concept of emotional resilience within experiential processes. Drever (1964) stated that emotion ' is a complex state of the organism, involving bodily changes of widespread character – in breathing, pulse, gland secretion etc. ...and on the mental side, a state of excitement or perturbation, marked by a strong feeling, and usually an impulse towards a definite form of behaviour.' Intrinsically connected the neurological and physiological systems create behavioural responses, evoking feelings and thoughts subsequently manifesting as ' learned behaviour' and leaving a residue of experience. Drever's analysis alludes to trans-theoretical components which could initially be assumed to be in contextual concordance; cognitive, physiological, experiential, expressive and behavioural. These assumptions are integral to the research of Schachter & Singer (1962) and their ' cognitive labelling theory'[6]; two factors proposed as essential for emotional experience:

high physiological arousal (neuro-psychological)

emotional interpretation or label of the arousal, e. g. fear, pleasure, anger, (expressed through culturally shaped language).

Critique could hold these assumptions as simplistic when considering Craske & Craig's (1984) study of performing pianists, which typically found a lack of concordance of components during adverse situations. Whilst stress measurements of an individual component correlated significantly, trans-component measurements reflected little concordance, amplifying the complexity of emotion and its development of resilience. Why therefore can

an individual appear to be very anxious or angry when one component of emotion is considered, but not when a different one is assessed? If the components were in correlation with each other, a singular measurement would only be necessary to understand an individual's emotional state. This observed lack of correlation supports consideration of integrative theoretical perspectives, as individuals have unique systemic foundations and neurological processing modalities.

If as so far theoretically proposed, the origin of an emotion is an inherently organic and genetically pre-determined reaction to a stimulus; if the stimulus is adverse, how long can negative psychological impact be sustained without harm? Concepts of emotions and resilience are therefore embedded in a dynamic and interactive process of environmental interaction and socialisation, leading to a phenomenological consideration of experience.

Phenomenological consideration reveals a diversity of emotional states identified at an experiential level. Mauss (1872 -1950)[7]and Mead (1901 - 1978)[8]proposed individual minds to be penetrated by social and cultural practices; internal representations creating a dynamic view of the ' self'. As we consider the socio-biological/cognitive proposals, it seems emotions are an individual's indicator of their human state in society and crucial to the defence of the ' self'; therefore what of psychoanalytical thought? Freud purported emotions as a biological function, manifested as neuroses originating inner desires ; Jung (1875-1961)[9]proposed an ' archetypal self care system'; for Adler (1870-1937)[10]' self' defence was socially based in the drive for success; existentialists such as Heidegger (1972)[11]and Kierkegaard (1960)[12]propose emotions as exposure of the threat of ' non-

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being'; Ekman[13]& Davidson[14](1994) the evolutionary force that enables us to adapt to our life tasks and Hillman (1972),[15]emotions as symbols representative of the holistic pattern of the ' soul' (Freshwater & Robertson 2002). Is an individual's consciousness and internal world therefore systemically distorted to avoid anxiety? Within the psychodynamic realm, it seems individuals are not rational truth-seekers, attempting to accurately interpret the world, but defensive beings who distort reality in the avoidance of psychological pain. Within the interactive subtleties of the individual and social environment, two areas of thought occur in consideration of disturbed emotional resilience; the relationship with sustained, negative environmental forces and the impact of sudden trauma.

### Emotional resilience

One of the most profound sources of anxiety is evoked through fear of a loss of identity or fragmentation and loss of ' self'. The ' self' evolves from birth as emotions develop from pre-verbal experiences, many of which are paralleled with another human being; the mother or primary care giver. Through the development of emotional resilience the crucial impact of attachments as familial and social interactions are internalised, not only to form emotional templates, but also the raw material of the ' self'. Resilience of the self evolves if relations are stable; if not individuals will struggle to create a secure internal version of reality that enables assimilation with the external world.

' In healthy psychological development, everything depends upon a gradual humanisation and integration of the archetypal opposite inherent of the '

self’ as the infant and young child wrestles with tolerable experiences of frustration (hate) in context of a good-enough (not perfect) primary relationship..... in as much as the traumatised child has intolerable experiences in the object world, the negative side of the ‘ self’ does not personalise, remaining archaic.... the internal world becomes menaced.’  
Kalsched (1996)

Integral to the narrative of attachments, and the phenomenological experience fundamental to emotional resilience, Rothbart & Ahadi (1994) proposed the element of genetic ‘ temperament’. Encompassing differences in reactivity and self-regulation within a conjoint physiological and psychological concept, they identified the behavioural scales of ‘ surgency/extraversion’ (high intensity, pleasure v. impulsiveness and shyness); ‘ negative/affectivity’ (discomfort, fear v. satiability & comfort) & ‘ effortful control’ (inhibitory control, attentional focussing v. perceptual sensitivity). The first two dimensions of infant temperament; fearfulness and irritability correlate with childhood and adult dimensions of negative affectivity or neuroticism and reflect a parallel proposal to Eysenck’s (1916 - 1997)[16]theory of arousal systems and the correlation with ‘ extraversion’ and ‘ introversion’. Rutter & Quinton (1984) found that children with heightened negative temperament and low malleability were likely to elicit irritability and hostility from their parents; the formation of a negative attachment cycle. Rutter (1990) further suggested that this reflected ‘ a pattern in which the children’s attributes make them a focus for discord... [increasing] the probability that exposure will set in motion a train of adverse reactions that will prolong the risk’. Such cyclical behaviour leads us to note

the socially constructed 'self' formed through familial scripts and systemic legacies of beliefs and interaction; therefore as personality traits are considered, a set of variable responses may be interpreted as internalised habitual behaviour, thoughts, values, needs and goals. In the search of 'self', inner reflection arouses further emotions that might lead to additional adaptations, both negative and positive. Satinoff (1982) summarises; 'an organism behaviour at a particular time depends on the state of its nervous system, the stimuli in its immediate environment, its past individual history and the evolutionary history of its species.' This analysis can be applied to the development of attachment as Bowlby (1969)[17] noted that 'adaptive function of proximity maintenance in the protection of human young, and simply identifying humans as social species therefore suggests the evolutionary functions of systems serve to keep individuals physically and emotionally close to others.' If formulated on secure systemic attachments, there will be resilience of 'self'; if conversely formulated on dysfunctional, avoidant or anxious attachments, emotional resilience is jeopardised. Social scripts and dogmas of early life, such as 'men don't cry' can become exemplars of inappropriate relational paradigms which lead to conflict of an instinctual demand of attachment behaviour being socially accepted. When internalised distorted scripts remain active in the unconscious, they might severely restrict an adult ability to express emotion. The parody revealed is that through the formations within a psycho-social and behavioural paradigm, individuals who evolve within a 'negative' or abusive environment, despite the continual experience of pain and anxiety, often continue to seek such relations and environments perpetuating the projective cycle of negativity with exposure to the risk of psychopathological

development. Freshwater & Robertson (2002) highlight the ‘ specific pathogenic personality of the parent(s) and the specific pathogenic atmosphere in which the child grew up that account for mal-developments, fixations and unsolvable inner conflicts characterising the adult personality’; the correlation reflecting the breakdown in emotional resilience.

Manifestation might then be seen in conditions such as social disorders, substance or alcohol abuse, obsessive compulsive disorder, depression, and in the extreme – psychosis.

What of the impact of sudden trauma? We are aware of the physiological response of the autonomic nervous system, however the psychological impact is not easily assessed as this is dependent on the formulated ‘emotional resilience’ of an individual. Jung (1929) stated that certain complexes arise from painful or distressing ‘ experiences of an emotional nature leave lasting psychic wounds...often [crushing] valuable qualities in an individual. All these produce unconscious complexes of personal nature..... others come from quite a different source.... the collective unconscious.’[18]The historical Western ‘ script’ in relation to psychological ‘ pain’ has been to ignore it; to get on with life. There has to be an element of stoicism to return to functional life; however the psyche is powerful in demanding remembrance of pain as poignantly recorded in the recent memorial to the liberation of Auschwitz – 65 years later:

‘ So I was hiding out in the heap of dead bodies because in the last week when the crematoria didn’t function at all, the bodies were just building up higher and higher. So there I was at night time, in the daytime I was roaming around in the camp, and this is where I actually survived....’ Bart Stern’[19]

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Social scripts are changing but some denial still exists in corners of Western culture. Theorists have suggested that in the desire to block psychological pain, or to control or avoid emotional responses in accordance to this legacy of the 'collective unconscious', an 'emotional numbing' becomes an automatic process; evoking symptoms of disinterest, detachment or denial. Avoidance of emotional material is thought to be a central factor in negative outcomes such as post traumatic stress disorder (PTSD). The emotional processing model proposed by Foa & Kozak (1986) and the relational construct theory of human learning (Kelly 1905 -1967 ) [20] give some insight to the effect and symptoms of PTSD. The theories account for the generalisation of trauma cues within 'learned behaviour', of memories of trauma and experiential and external, emotionally associated responses. Avoidance of emotion can lead to paradoxical increases in emotional experience; suppression of thoughts leading to 'target-related anxiety', i. e. situational factors. The crucial note of Jungian theory is that traumatic emotional experiences can remain in the psyche by becoming autonomous and adopting characteristics of their own, which can then dominate or even possess the conscious ego (Roemer & Borkovec 1994). Following trauma, concealment of emotions has also been associated with diminished memory for information and cognitive ability interfering with an individual's ability to engage adaptively with the environment.

Therapeutic efficacy in the maintenance of emotional resilience

The complicity of factors relating to the disturbance of emotional resilience continues as a focal height of research. Salters et al (2002) highlighted areas of theoretical & empirical evidence gaining credence in the link between and <https://assignbuster.com/development-of-emotional-resilience/>

emotionally avoidant perception, social interaction and, in the area of therapeutic efficacy, the experience of clinical anxiety. Plagued by definitional and methodological challenges, the study of emotional resilience holds complex phenomena; however cross-theoretical approaches now contribute to holistic understanding. Craske & Zucker (2002) proposed models for psycho-social interventions as they highlight several of the specific factors discussed that affect emotional resilience; anxiety, familial transmission, temperament, life stresses and co-morbidity. Their research focussed on ‘buffer factors’ of emotional resilience through concepts such as ‘hardiness’ and social support. Seligman (2000) had emphasised the importance of optimism as Rutter (1995) outlined five categories of protective factors: reduction of adverse experiences, reduction of negative chain reactions, promotion of self esteem and self efficacy; the opening of positive opportunities and the positive cognitive processing of negative experiences. Davidson (2000) clarified these as a ‘broad constellation of processes that serve to amplify, attenuate or maintain the strength of emotional reactions.’ It is identified that anxiety disorders are most likely to develop during ‘critical developmental stages’, dependent on the resilience of the emotional templates; (Blehar 1995) transitions such as adolescence and mid-life could therefore be crucial times for the support of a ‘proactive-developmental-ecological approach’ (Winett et al 1989).

## Conclusion

The area of research into emotional resilience is self perpetuating and too vast to address comprehensively in this short response. It is therefore hoped that some insight is offered to the complexity of emotions as structured

phenomena, and ‘resilience’ as the dynamic component of this. It has reflected a trans-theoretical combination of psychotherapeutic thought, and presented the evolution of human emotional resilience to be a synthesising process that demands positive adaptation to life’s adversity. Crucial to the maintenance of healthy emotional resilience within social interaction is the exposure to, internalisation of, and management of positive and negative stimuli. Emotions are not merely ‘feeling states’ but internal states that when disturbed, the distinction between the collective and individual unconscious becomes obscured creating internal distress and continues to reflect what Jung described in 1912 as ‘the problem of our time.’

The Gestalt perspective exemplifies the struggle to address this problem and maintain a healthy emotional resilience as it presents the human psyche and body to be an ‘organic function’ and ‘ultimate experiential unit’ (Perls 1969).[21]

I do my thing & you do your thing.

I am not in this world to live up to your expectations

And you are not in this world to live up to mine.

You are you and I am I

And if by chance we find each other, it’s beautiful.

If not, it cannot be helped.

Gestalt Prayer

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