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Deconstructing the Resilience Concept Using an Ableism Lens: Implications for People with Diverse Abilities

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Deconstruyendo el concepto de resiliencia usando lentes 'ableístas': Implicaciones para las personas con diversidad funcional

Abstract: The following paper explores existing conceptualizations of resilience (namely, the ecological approach and the constructionist approach) as they apply to ability-diverse people. The concept of ableism (hegemonic ability preferences which inaugurate the norm) is presented and is demonstrated to be of utility as an analytical lens. Findings suggest an ecological approach to resilience is problematic for the advancement of disabled people's rights. Specifically, the presence of ableist assumptions and language demonstrate a continued need for critical examination of an ecological understanding of resilience and its capacity to incorporate ability-diversity. We suggest that a feminist ethics of care contributes to a less oppressive understanding of resilience amongst people with diverse abilities. Findings are highly anticipated to address existing literature gaps, and to be of importance to policymakers, researchers, and ability-diverse populations.

Keywords: ableism, resilience, ability-diverse, feminist ethics

Resumen: El presente trabajo explora las conceptualizaciones actuales de la capacidad de resistencia que se aplican a personas con habilidades-diversas. El concepto de 'ableísmo' es presentado y se demuestra su utilidad como un lente analítico. Los resultados indican que un enfoque ecológico a la capacidad de resistencia representa un problema para el avance de los derechos de las personas con habilidades diversas. En concreto, la presencia de asunciones y lenguaje 'ableístas' demuestran una continua necesidad de examen crítico de las políticas relacionadas con la capacidad de resistencia y su capacidad para incorporar a la población con habilidades diversas. Sugerimos que una ética feminista del cuidado de personas con habilidades diversas contribuye a la comprensión de la capacidad de resiliencia, promoviendo una agenda positiva de los derechos de las personas con habilidades diversas y dando una dirección positiva para políticas en esta área. Los resultados seguramente ayudaran a hacer frente a las lagunas existentes en la literatura de este tema, y serán de gran importancia para los responsables de políticas, investigadores, y la población con habilidades diversas.

Palabras-clave: 'ableísmo', capacidad de resiliencia, habilidades-diversas, ética feminista

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Resilience is a well-explored topic in the domains of psychology, social psychology, and psychopathology (Young, Green, & Rogers, 2008), in the main framed as the ability of the individual to cope or adapt to risk or adversity (Young, Green, & Rogers, 2008; Morrison & Cosden, 1997). The concept of resilience has been expanded to include other considerations (for example, aspects of an individual's family, and characteristics of the wider social environments) or to be characterized as a unique pathway or life-trajectory of positive growth (Ungar, 2004, Gilligan, 2000). However, resilience is still largely understood to be an individual-level capacity to adapt and to mobilize one's own protective

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resources (Bulthuis, 2008; Moghadam, 2006; Reed-Victor, 1998), otherwise known as the *ecological* approach to resilience (Ungar, 2004). Studies of resilience in populations with diverse abilities are no exception (see Miller (2002), Hall, Spruill, and Webster (2002), Werner (1993), Sorenson and colleagues (2003), Ridgeway (2001), and Taggart, McMillan, and Lawson (2009) for examples).

These understandings of resilience are problematic for ability-diverse people[1] for several reasons. Firstly, defining resilience in terms of risk (as the ecological model tends to do) assumes differences in ability or functioning to inherently constitute vulnerability (Young, et al., 2008). Further, resilience is often conflated with health, or defined in terms of normative understandings of health (Ungar, 2004). This again assumes individuals with non-normative functioning, presumed impairment or ill-health, to be 'vulnerable.' Framing resilience in terms of normative understandings of health additionally excludes frameworks of bodily- or ability-difference which do not align with biomedical or deficit models (Young et al., 2008). Lastly, these frameworks, in imposing particular normative understandings of health and able-ness, tend to dismiss multiple and subjective understandings of resilience.

The following paper explores dominant (ecological) understandings of resilience. The concept of *ableism* (hegemonic ability preferences which inaugurate the norm (Campbell, 2009; Hughes, 2007; Overboe, 1999; Wolbring, 2008a, 2008b)) is used to interrogate such understandings, and to outline the impacts of these understandings for people with diverse abilities. The ways in which the ecological approach is problematic for the advancement of disabled people's rights, along with the contribution of a feminist ethics of care to the resilience discourse, is discussed. An alternative approach to resilience, with insights from a constructionist ontology and a feminist ethics of care, is proposed as a basis for future investigation. The authors suggest a continued need for critical examination of the construct of resilience, as well as practice and policy related to resilience, as both are impactful for those deemed "impaired" and those deemed "non-impaired."

1.1. Ecological Approach to Resilience

An ecological approach to resilience emphasizes "predictable relationships between risk and protective factors...and transactional processes that foster resilience" (Ungar, 2004, 342). Early studies employing the ecological approach began with

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a focus on the risk factors associated with poor health, maladaptive development, and failures in academic and social domains (Cicchetti & Garmezy, 1993). Later risk factors reported in the literature included low social economic status and genetic predispositions, which were seen to affect a variety of health and social outcomes (Hartley, 2009). Research has since shifted away from risk-assessment to the assessment of both risk factors and protective factors (Carlson, 2001). This shift aimed to challenge persistent assumptions about an individual's outcomes in certain contexts (Hartley, 2009), and to provide foundational strategies for supportive intervention measures (Glantz & Johnson, 1999). From this perspective, resilience involves the presence of internal and external protective factors in contexts of risk (Glantz & Johnson, 1999). As Ungar (2004) further observes, the resilience construct "has come to mean both a set of behaviors and internalized capacities... it may refer to either the state of well-being achieved by an at-risk individual (as in 'he or she *is resilient*') or to the characteristics and mechanisms by which that well-being is achieved (as in 'he or she *shows resilience to* a particular risk')" (Ungar, 2004, 346). Further, resilience as a set of behaviours or capacities is strongly tied to, and founded upon, cultural and social preferences for particular abilities.

1.2. Ableism as an Analytical Lens

The concept of ableism emerged from the disabled people's rights movement (Wolbring, 2008b) and was further developed through the scholarship of Campbell (2008, 2009), Hughes (2007), Overboe (1999) and Wolbring (Wolbring 2008a; Wolbring, 2008b; Wolbring, 2008c; Burke and Wolbring, 2010; Wolbring, 2010; Wolbring, 2011a, Wolbring, 2011b). This concept builds on existing understandings of the sociocultural production of ability. Ableism describes, and is reflected in, individual and group perceptions of certain abilities as essential for valuable living. Ableism can be treated as both a *hegemony* which promotes ability preference and as *an analytical tool* used to understand these preferences and their impact (Hutcheon & Wolbring, 2012).

This concept has been applied to areas typically explored under the purview of disability studies, including cultural representations of the essentialized body and mind, rehabilitative technology, body modifications and their impact, and the problematization of 'normal,' 'typical,' or 'desirable' existence and functioning (Campbell, 2009; Hutcheon & Wolbring, 2012; Wolbring, 2008b). Ableism is being

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expanded to other domains (for example, culturally valued abilities such as the ability to be productive, as seen in energy, water, and climate change discourses (Wolbring, 2008a, 2008b, 2009, 2011a, 2011b)). These emerging theoretical treatments shift attention from the production and maintenance of *disablism* (oppression of those with perceived impairments) to the maintenance of *ableism* (ability preferences which inaugurate the norm) (Campbell, 2009; Hutcheon & Wolbring, 2012; Wolbring, 2008b). This is particularly important given the pervasive and insidious impact of ableism in all domains of social life, the ways in which ableism has been used to justify present and historic inequalities, and ableism's leverage in the rejection of 'different' or 'peripheral' ways of being and existing (Campbell, 2009). For example, hegemonic ability preference is noted as a contributor to sexism (Wolbring, 2008b).

1.3. Internalized Ableism

Campbell (2008) explores the notion of internalized ableism by drawing from Critical Race Theory (CRT). CRT draws attention to the negative representations of human being-ness and existence which, when absorbed, continually shape an individual's sense of self, behavior, and response to oppression. Campbell (2009) applies this to the ableism concept, adding that internalization occurs through cumulative, residual, recurring experience. Consequences of internalized ableism are seen to take two main forms: [1] Tactics of dispersal (the distancing of ability-diverse people from each other); and [2] Emulating the norm through 'defensive othering' ("there are others to whom this applies, but not me"); passing (containing 'matter out of place' and limiting disclosure of one's disability); and disembodied mimicking of the normative body through technology. The author briefly describes what could be a third consequence of internalized ableism – the strategic adoption of the disability label for gain of social, political and financial benefit and fulfillment of unrecognized needs. She notes the negative impacts of these consequences (lack of communal support, shame and disembodiment, and a conflicted self, respectively). Hegemonic ableism then, in both its discursive and systemic forms, has ontological, social, relational, and psychic impacts on those with presumed impairments and on communities as a whole.

Ableism is suggested to be potentially instrumental in our understanding of "networks of association that produce exclusionary categories and ontologies" (Campbell, 2009, p. 22) – in other words, networks that produce a particular understanding of

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valuable ways of being and living (Campbell, 2009; Wolbring, 2008b). As such, it is a particularly useful lens in deconstructing the ecological approach to resilience, which touts dominant notions of functioning as optimal while relegating others. Interesting, and where ableism as an analytical tool becomes important, is the perception (or reality) that differently-bodied or –minded people lack various culturally valued abilities needed for resilience. According to Prilleltensky & Prilleltensky (2005), both the perception and reality of ability-deficits "[threatens ability-diverse people's] capacity to experience themselves as both resilient (for overcoming adversity) and well (for sustaining a quality of life)" (91). Additionally, health, wellness, and resilience are often treated as linked (Ungar, 2004). Given that 'disability' is commonly couched in biomedical terms (as a deficit to functioning and health) it is vital to examine the abilities which are implicit in our understandings of resilience, and the consequences of these understandings for those with presumed impairments. In the following sections, we more fully examine challenges to dominant notions of the resilience concept. We then suggest, via the deployment ableism as a sensitizing concept, that these notions deliver ability-based scaffolds of successful, optimal, or valuable living.

1.4. Challenges to the Ecological Approach

The study of resilience using the ecological approach has been plagued with various issues in measurement and sampling (Ungar, 2004), but perhaps most problematic is the lack of a coherent definition of resilience. As Ungar (2004) states with regards to resilience in children and youth:

> *We only know that resilient children and youth are characterized by individual, social, and environmental qualities that we have come to associate with resilience, leaving the construct open to criticisms that it is nothing more than a tautology (343).*

Further complicating researchers' understanding of resilience is the use of normative definitions of health and well-being to characterize resilience (both in terms of outcome measures and causal factors), when in fact health and well-being are context- and culture-specific (Young, et al., 2008; Ungar, 2004). Lastly, there are challenges to measuring resilience in different contexts. For example, a factor that mitigates risk in one domain of life may do little or nothing in another (Kaplan, 1999), and there are unique circumstances for marginalized populations which remain unaccounted for within the ecological model (Ungar, 2004).

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1.5. Challenges Relevant to People with Diverse Abilities

Young and colleagues (2008) engage in a comprehensive investigation of past and current conceptualizations of resilience in d/Deaf children. The use of outcomes-orientated definitions of resilience, according to the authors, dominates the resilience literature with regards to D/deaf populations (Young, et al., 2008), individuals with presumed learning disabilities (Brooks, 2001; Miller, 2002), and other populations. This, along with the tendency for research to define resilience in terms of risk (Patterson, 2002), is problematic for all ability-diverse people. (Importantly, defining resilience in terms of risk presumes disability and different-ness to lead, inherently to vulnerability, and thus frames resilience as one's ability to overcome one's different-ness (Young, et al., 2008)). Indeed, diagnosed 'impairments' are widely understood to be risk factors in themselves (Miller, 2002; Hall, Spruill, & Webster, 2002; Theron, 2006). The use of predefined outcomes to approximate resilience may also confine understandings of 'disability' to the medical model, which ignores the variety of definitions available within competing social, cultural, and medical frameworks. This is particularly important because, as described above, resilience is often understood within the context of *normative* definitions of health, wellness, and able-ness. As Kaplan (2011) states:

> *A major limitation of the concept of resilience is that it is tied to the normative judgments relating to particular outcomes. If the outcomes were not desirable, then the ability to reach the outcomes in the face of putative risk factors would not be considered resilience. Yet it is possible that the socially defined desirable outcome may be subjectively defined as undesirable, while the socially defined undesirable outcome may be subjectively defined as desirable. From the subjective point of view, the individual may be manifesting resilience, while from the social point of view the individual may be manifesting vulnerability (31-32).*

Additionally, the wealth of resilience literature which orients to the psychological perspective is problematic, argues Young and colleagues (2008), because children with diverse abilities occupy marginalized and politicized social positions; these, and their impacts, become increasingly salient in the context of institutional and interpersonal processes of stigma and discrimination. As such, "the *individualization of resilience* distorts significantly the life context of [ability-diverse] children in which they may be seeking to be resilient" (Young, et al., 2008, 47).

In scholarly work, in folk understandings, and in practice, resilience is often understood in terms of an individual's *ability* to do something, or their ability to express a *desired*

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trait (for an example of these understandings in policy, see Government of Alberta (2009)). These expectations, though impactful for all individuals who are perceived (or perceive themselves) to be lacking in ability, are particularly impactful for those with presumed impairments. For example, members of the neuro-diverse community (e.g., those with 'cognitive impairments' or those with diagnoses of autism spectrum disorder (Ortega, 2009)), the ability to solve problems or to exhibit self-control may prove difficult. Notably, both of these abilities are understood to be traits of resilient people (see Government of Alberta, 2009; Masten, & Coatsworth, 1998)). Additionally, the ability to demonstrate independence (also cited as traits of resilient people, see Retzlaff, 2007; Government of Alberta, 2009) is rendered problematic for those who, by virtue of their differences in functioning, are dependent on others for their care. This is equally problematic for those who are seen by others to be dependent (a common misconception of ability-diverse people generally (Morris, 2001)) regardless of the views they hold about themselves. These ability preferences are explored further below in a discussion of feminist care ethics.

1.6. Resilience and a Feminist Ethics of Care

The denial of rights to people with presumed ability-deficits is not new (Morris, 2001). According to Morris (2001): "The recognition of our difference has been the gateway to a *denial* of human and civil rights... [w]e need to change this so that the recognition of our difference becomes the gateway to the provision of what we require in order to access our human and civil rights (p. 23). The question 'what is a human right?' is not easily answered; however the key point is that they are universal (Morris, 2001). Morris (2001) draws from the Universal Declaration of Human Rights (United Nations, 1948), from feminist ethics of care, and from the disabled people rights movement in Britain to conclude that:

> *All human beings have an equal right to live, to eat adequately, to housing, to clean water, to a basic standard of health and hygiene, to privacy, to education, to work, to marry (or not), have children (or not), to determine their own sexuality, to state an opinion, to participate in decisions which affect their lives, to share fully in the social life of their community and to contribute to the well-being of others to the full extent of their capabilities (In from the Cold, June 1981, p. 19-20, as cited in Morris, 2001, emphasis added)*

A feminist ethics of care problematizes the sociocultural devaluation of care work and traditional emphasis on notions of accomplishment, rationality, abstraction,

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objectivity, and autonomy as worthy human qualities (Parton, 2003; Morris, 2001; Held, 2005; Kittay, 2009). This body of work also brings to attention the unrecognized contribution of informal care and the disproportionate number of women who perform care activities (Williams, 2001), while valuing the centrality of carework to women's identities (Williams, 2001). Feminist care ethics recognizes interdependence (as opposed to dependence) as a goal in human development, and acknowledges relationships of care which lend our lives meaning (Morris, 2001; Kittay, Jennings, & Wasunna, 2005). Additionally, feminist care ethics acknowledges the importance of the "relational self" (Parton, 2003, 10), the relational nature of self-conceptions (Kittay, Jennings, & Wasunna, 2005), and the attainment of a "moral identity through interactive patterns of behaviour, perceptions and interpretations" (Parton, 2003, 10). Tronto (1993) argues, more generally, that a feminist ethics of care proposes a reconceptualization of politics and citizenship as pluralistic and more democratic (as cited in Williams, 2001). As such, the notion of *care* serves as a sensitizing concept, a way to involve the relatively disenfranchised in the political world (Tronto, 1993, as cited in Williams, 2001).

In contrast, other conceptualizations of ethics "[attempt] to construct a totality of rules, norms and principles which are to be equally applicable to everyone, and which should be recognisable and acceptable to every rational thinking person" (Parton, 2003, 10). These normative understandings of ethics tend to prescribe a view of morality as the discovery and adherence to a universal set of rules, obligations, and rights which ignores the importance of context (Tronto, 1995). A feminist ethics of care aims, in response to this, to re-contextualize caring relationships – to acknowledge them as constructed by political, social, and economic circumstances, which in part dictate who is available to perform care and who needs or receives care (Kittay, Jennings, & Wasunna, 2005). In practice, those who align with feminist care ethics view care as central to all relationships, while also framing vulnerability and dependency as universal (Parton, 2003; Held, 2005). Delivery of services which incorporates a feminist ethics of care aims to foreground communication and dialogue while attending to the uniqueness, context, and uncertainty of the situation. Below, we discuss the ways in which a feminist ethics of care adds to understandings of resilience while also revealing counter-narratives which re-legitimate undervalued sets of abilities. We also briefly explore the ways in which, conversely, the de-construction of dominant notions of resilience may add to scholarship in feminist care ethics.

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In drawing on a feminist ethics of care, we suggest that ecological and psychopathological understandings of resilience deny the rights of the ability-diverse in several ways. First, they deny an individual's or group's right to acceptance by self and others. Within the ecological paradigm, the individual or group is in particular danger of being perceived as non-resilient (or resilient only when certain abilities are demonstrated) leading in part to a denial of full participation in one's relationships and community. Secondly, the right to a voice is denied in that the individual's or group's own abilities, and their expression of them, are potentially de-legitimized. Researchers investigating resilience in other populations deemed 'at-risk' note: "[a preoccupation with difference] has made researchers blind to the normalcy which is present" (Postel, 2006, as cited in Ungar, 2004). Lastly, perceptions (by others or oneself) of non-resilience based on an individual's perceived lack of abilities might be more salient in the context of caring relationships, but would likely be felt within all interpersonal relationships. A feminist ethics of care suggests that perceptions of non-resilience have potential to: exacerbate feelings of powerlessness often present in care relationships; exploit existing (mis)understandings of (in)dependence; and/or provide increasing opportunity for human rights abuses.

A feminist ethics of care, in its foregrounding of contexts, meanings garnered within relationships, and shared processes, contributes to emerging constructionist approaches to resilience (further described below). We contend that a feminist ethics of care is additionally well-suited to problematize ableist assumptions which underlie sociocultural understandings of resilience and the practices which result from them. As noted previously, there are multiple problems with an ecological approach to resilience, both in general and in regard to people with diverse abilities. Understandings of resilience are defined in terms of 'risk' and 'vulnerability,' which is problematic for those whose bodies, abilities, and levels of functioning are seen to render them vulnerable or at-risk (resilience, in these cases, is viewed as the ability to overcome one's different-ness). Feminist care ethics explicates, to a greater degree, the nature of vulnerability and locates vulnerability differently than do other ethical prescriptions: "[Receipt of care] makes one aware of one's vulnerability…and vulnerability is not only an issue for children and elders, but is something which we all – at different times and in different ways – experience" (Parton, 2003, 11). In this way, feminist care ethics may appropriately de-couple notions of "impairment" and vulnerability/risk, thus dissolving the linkage between resilience and "overcoming one's different-ness."

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Related to this is the conflation of resilience with certain indicators of health and wellness. These definitions are typically reinforced by a biomedical and deficiency models of body- and ability-diversity (definitions which are largely problematized by disability rights activists), and are accompanied by a psychological understanding of resilience. Although the negative impacts of these definitions and their assumptions may appear slight, they in fact create ableist foundations which distort the experiences of those who occupy marginalized social positions, particularly those deemed impaired. We suggest that feminist care ethics is better situated to acknowledge the complex array of social, cultural, political, and economic environments within which ability-diverse, functionally-diverse, and body-diverse people navigate their lives. A feminist care ethics may, thus, re-center peripheral notions of disability with greater ease than would other paradigms.

How might a feminist ethic of care help reveal alternate narratives of non-dominant ability-preferences, and perhaps ameliorate dominant ableist tendencies in scholarly and folk notions of resilience? Kittay, Jennings, and Wasunna (2005) notes the following of Western industrialized nations to-date: "[W]e are captives of the myth of the independent, unembodied subject—not born, not developing, not ill, not disabled and never growing old—that dominates our thinking about matters of justice and questions of policy" (454). Feminist care ethics, in response to this, provides a more nuanced notion of subject-hood and being.

This feminist paradigm also privileges historically undervalued abilities (e.g. the ability to provide and receive care labour which enriches the lives of those involved, the ability to enact interdependence in supportive, resourced environments). Other abilities valued in feminist care ethics include the ability to: recognize the significance of connection; be attentive and responsive (Tronto, 1995) and empathetic (Kittay, Jennings, & Wasunna, 2005); be sensitive to differences; and recognize and critique unequal distributions of power (Kittay, Jennings, & Wasunna, 2005). We suggest that this foregrounding of meaningful relationships and shared processes in feminist ethics echoes emerging scholarship on constructionist approaches to resilience (Ungar, 2004; Ungar & Teram, 2000) while separately re-valuing undervalued abilities in the resilience literature.

We also propose that the de-construction of dominant notions of resilience may add to scholarship on feminist ethics of care. Exploratory work which portrays as resilience

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shared, as consistent and expected rather than extraordinary, and as a form of *connectivity* (G. Wolbring, personal communication, July 3, 2012) is useful here, as is work which levies similar claims regarding vulnerability amongst those with diverse bodies, abilities, and functioning (Burghardt, 2012; Garland-Thomson, 1996; Gibson, 2006; Shildrick, 2001). This is particularly salient given a body of work in feminist care ethics which positions a 'politics of difference' and 'a politics of sameness' as oppositional (Kittay, Jennings, & Wasunna, 2005; Williams, 2001). Kittay, Jennings, and Wasunna (2005) describes a politics of difference as being most amenable to the realization of justice and equity in contexts of caring, specifically this paradigm's recognition of structural and discursive inequalities and its tendency to galvanize resistance. Williams (2001) expands on this in her description of two separate and distinct discourses in feminist care ethics: 1) *Universalizing* discourse*,* which understands care and vulnerability to be experienced by all, and care to be an element of citizenship; and 2) *Particularizing* discourse, which focuses on particular identities, needs, strategies, and sites of care in contexts of power differentials. This divergence of perspectives in feminist care ethics have emerged, in part, as a result of critiques from disability studies scholars (Hughes, McKie, Hopkins, & Watson, 2005; Morris, 2001; Oliver, 1990). These authors point to people with presumed "impairments" whose lives and histories have been damaged by paternalistic and denigrating notions of care – contexts in which vulnerability and dependency have been enacted and constituted solely through oppression (Williams, 2001). Understanding resilience (and vulnerability) as constructed, relational, and shared, we suggest, necessitates a revisitation of the universalism-particularism oppositional framework which persists in feminist care ethics. A 'transversal politics' which privileges neither universality nor particularism (Yuval Davis, 1999) may be useful here. This approach acknowledges different positionalities, perspectives and identities while pointing to common vocabularies and common epistemologies (Yuval Davis, 1999; Williams, 2001). Drawing from this in part, we propose a recognition of *ontological commonality* within a politics of difference. In other words, we hope that emerging theoretical explorations of vulnerability and resilience point to aspects of the human condition (for example, common frailty; and strength, resistance, and empowerment constructed in relationships with others) while preserving the integrity of *different* experiences and identities within oppressive social, cultural, and psychic contexts. In this way, emergent scholarship on resilience, and attention to the sensitizing concepts such as ableism which reveal hegemonic ability-preferences, may allow for fruitful directions in ongoing work on feminist ethics of care. We also demonstrate

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the ways in which a feminist ethics of care may illuminate theoretical and practical directions of use to scholars working on resilience.

2. Discussion

Existing ecological and psychopathological understandings of resilience are unnecessarily and damagingly hegemonic, and as such contribute to ability-diverse peoples' lack of voice and participation in their own lives. The ecological approach is predisposed to arriving at normative conclusions regarding adaptive and maladaptive behaviour, thus ignoring the importance of various types of protective mechanisms in contexts where resources such as power are limited. As Ungar (2004) states: "Each localized discourse that defines a group's concept of resilience is privileged, more or less depending on the power of those who articulate it" (345). As part of this, the ecological model inscribes false, supposedly 'objective' hierarchies between risk factors and protective factors, tends to deny individual expressions of agency, and tends to deny an individual's or group's own understanding of effective navigational strategies (Ungar, 2004). We suggest that it is incumbent upon policymakers, academics, and those who deliver services to reconsider definitions of resilience which pervade theory, policy, and practice, along with the ethical and moral frameworks which accompany them.

2.1. A Constructionist Approach to Resilience

It is apparent that existing understandings of resilience are ableist in their orientation and oppressive in their delimitation of discourse. A constructionist understanding of resilience, in contrast, is seen to better account for differences in culture and context, and to better account for differences in expression of resilience by individuals, families, and communities (Ungar, 2004). A constructionist approach views resilience as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004, 342). In an example of research supporting the constructionist approach, at-risk youth labeled resilient and vulnerable engaged in similar protective processes; the difference between the two groups was the availability of resources needed to sustain well-being, and the individual's resulting self-constructions of health (Ungar & Teram, 2000, as cited in Ungar, 2004).

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Ecological understandings of resilience inevitably lead to the categorization of groups as "resilient" and "non-resilient." A constructionist approach to resilience reveals social categories and concepts to be products of history and social context, and thus temporary, while also reaffirming that there are numerous forms of knowledge available. Additionally, the constructionist approach to resilience provides space for multiple and subjective understandings of resilience, for a nonhierarchical relationship between risk and protective factors, and for individual, cultural and social differences in understandings of resilience. In other words, a constructionist interpretation explicitly tolerates diversity in the way resilience is nurtured and maintained, which an ecological and psychopathological model is unable to do. This paradigm is well-suited to explore alternate pathways used in expressing resilience, and to better discern what people themselves believe to be 'resilience.' Research by Ungar and colleagues (2004) show that a constructionist understanding allows for a plurality of definitions of resilience while "offering a critical deconstruction of the power [of] different…discourses" (Ungar, 2004, p. 345).

One might expand a constructionist understanding of resilience to apply to those with presumed impairments. A constructionist understanding of resilience might include perspectives of individuals and groups who possess plurality of ability-sets and preferences, body types, and levels of functioning. Additionally, scholars might appropriately expand the definition of resilience proposed by Ungar (2004) to include multiple understandings of normalcy, ability, and wellness, in order to avoid a further conflation of resilience with 'health'. This renewed understanding of resilience has potential, in turn, to critically deconstruct understandings of 'ableness' and 'normalcy.'

2.2. Deploying Feminist Care Ethics and Constructionist Notions of Resilience

Existing policies and practices regarding resilience have typically been grounded in traditional psychological understandings of resilience (for example, HeadStart) (Carlson, 2001). Largely, these practices do not attend to the importance of sociocultural *context* in producing risk, the role of individual awareness of sociocultural contexts in fostering resilience (Young, et al., 2008; Prilleltensky & Prilleltensky, 2005), or resilience and vulnerability as ontologically common to all. Additionally, there exists a broader tendency to derive policies and practices from so-called 'objective' evidence bases and 'testable, replicable' ways of doing things which aligns with traditional ethics approaches (Parton, 2003). Resilience-building programs and professionals are

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not immune to these approaches to policy-making and service delivery, and as such are likely less attuned to different ways of knowing, being, and confronting challenges.

Given the attention of the constructionist approach to the creation and maintenance of categories of 'resilient' and 'nonresilient' people within differentials of power, we propose that a feminist ethics of care aligns comfortably with a constructionist understanding of resilience. We further suggest, as does Parton (2003), that these different ways of knowing, behaving, and relating to others can be fruitfully integrated into practice via a constructionist ontology and a feminist ethics of care. In this way, delivery of services is decided upon mutually through dialogue and open engagement with *process.* In his discussion of the contributions of feminist care ethics and constructionist ontology to social work practice, Parton (2003) states:

> *[T]here needs to be a recognition that our modes of description, explanation and/or representation are derived from relationship. Such a view follows largely from the use-view of language. On this account language and all other forms of representation gain their meaning from the ways in which they are used within relationships" (9).*

Both approaches also problematize the notion of 'expert' knowledges and persons through the development of a "stance of not knowing" (Parton, 2003, p. 10), which in turn fosters an increasingly democratic care relationship. In his article describing the utility of a feminist ethics of care in social work practice, Parton (2003) states:

> *Knowing is conceived of as a social and dialogic process where the recipient of care is not an 'object to be known' but someone who we listen to and who we try to understand and communicate with. The ethics of care assumes relationships which are bound by mutual interdependence, and its practice involves the values of attentiveness, responsiveness, competence, and responsibility, negotiation and mutual recognition (11).*

We offer this as a tentative exploration into practical dimensions of the connections between the resilience concept, feminist care ethics, and a constructionist ontology. Further research is needed to explicate the significance of the above theoretical contributions to dimensions of policy and practice.

3. Conclusions

We submit that dominant approaches to resilience, namely the ecological approach, are problematic for disabled and nondisabled people. Policies and practices which aim

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to foster resilience should seek to challenge the dominant ableist assumptions which pervade them. We suggest that a constructionist approach to resilience provides a fruitful first step in ensuring inclusive and ethical research, policy, and practice. This is because it: [1] Provides space for individual, social, and cultural differences in defining and expressing resilience; [2] Emphasizes subjective understandings of resilience, and in doing so, it provides the opportunity for ability-diverse populations to have express themselves; [3] Allows for a critical deconstruction of existing ableist, and otherwise normative, assumptions which underlie our understandings of resilience to-date. We propose that this approach, in aligning with a feminist ethics of care, more fully accounts for the rights of those with diverse abilities. In adopting a feminist ethics of care, scholars, policy-makers, and practitioners have the opportunity to re-contextualize caring relationships, foreground undervalued abilities, and perhaps negate an ability-based understanding of resilience altogether. There exists a continued need for critical examination of resilience in the realms of theory development, policy development, and practice, and current capacity to incorporate ability-diversity. Further exploration is needed to ensure robust policy recommendations.

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Notes

1. The authors acknowledge the importance of language in framing our understanding of physical and cognitive diversity (understood by most to be 'disability'). For some, the use of traditional language (e.g. disabled student) is seen to be inappropriate as it implies that the 'disability' is that person's most important quality. To combat this, person-first language (e.g. student with a disability) is often used. However, this is seen by the authors to: a) misrepresent individuals with cognitive and physical differences as deficient, b) to deny the importance of the social construction of disability, and c) to individualize socio-structural disablement. As such, we propose a return to traditional language to reflect the belief that those who possess bodily or functioning differences are disabled by social, cultural, and economic structures and systems of meaning. Additionally, we use phrases such as 'ability-diverse populations' or 'those with presumed impairments' to describe people with differences in ability or functioning.