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Resilience, an Evolving Concept

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RESILIENCE, AN EVOLVING CONCEPT; A REVIEW OF LITERATURE RELEVANT TO ABORIGINAL RESEARCH

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ABSTRACT

Resilience has been most frequently defined as positive adaptation despite adversity. Over the past 40 years, resilience research has gone through several stages. From an initial focus on the invulnerable or invincible child, psychologists began to recognize that much of what seems to promote resilience originates outside of the individual. This led to a search for resilience factors at the individual, family, community – and, most recently, cultural – levels. In addition to the effects that community and culture have on resilience in individuals, there is growing interest in resilience as a feature of entire communities and cultural groups. Contemporary researchers have found that resilience factors vary in different risk contexts and this has contributed to the notion that resilience is a process. 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. Researchers also seek to understand how particular protective factors interact with risk factors and with other protective factors to support relative resistance. For this purpose they have developed resilience models of three main types: “compensatory,” “protective,” and “challenge” mod-

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els. Two additional concepts are resilient reintegration, in which a confrontation with adversity leads individuals to a new level of growth, and the notion endorsed by some Aboriginal educators that resilience is an innate quality that needs only to be properly awakened.

The review suggests five areas for future research with an emphasis on youth: 1) studies to improve understanding of what makes some Aboriginal youth respond positively to risk and adversity and others not; 2) case studies providing empirical confirmation of the theory of resilient reintegration among Aboriginal youth; 3) more comparative studies on the role of culture as a resource for resilience; 4) studies to improve understanding of how Aboriginal youth, especially urban youth, who do not live in self-governed communities with strong cultural continuity can be helped to become, or remain, resilient; and 5) greater involvement of Aboriginal researchers who can bring a nonlinear world view to resilience research.

VIEWS OF RESILIENCE

Modern resilience studies originated among psychologists and psychiatrists. Researchers interested in psychological and social determinants of health picked up the concept and have gradually extended its use from the domain of mental health to health in general. Early work on resilience was concerned with the individual, but more recently researchers have become interested in resilience as a feature of whole communities.

There is some variation in the use of the term resilience. Among psychologists, Werner (1995) referred to three general usages: good developmental outcomes despite high risk status; sustained competence under stress; and recovery from trauma. The most common definition of resilience in the past few years is: positive adaptation despite adversity (Luthar, 2006). Luthar has called resilience a construct with two distinct dimensions: significant adversity and positive adaptation. From this perspective, resilience is never directly measured but is indirectly inferred from evidence of these dimensions. This idea of a two-part construct is accepted by other researchers (Masten, 2001; Yates et al., 2003; Sroufe et al., 2005).

In this view, resilience requires the presence of clear substantial risk or adversity. It is this that differentiates resilience from normal or normative development (Luthar and Chichetti, 2000; Rutter, 1999; 2000; 2005). Indeed, Fonagy and colleagues (1994) characterized resilience as *normal* development under difficult conditions (see also Masten, 2001).

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 (how he or she copes with it) (Rutter, 2000).

Luthar's and Rutter's definitions are closer to one another than might appear at first. Luthar emphasizes that a child may demonstrate resilience in one domain, but suffer disorder in another domain. For example, she describes children who suffer significant adversity and yet demonstrate academic competence, as measured through a variety of means. Yet some of these children also suffer a variety of psychological and emotional disturbances ranging from anxiety to depression. Hence, resilience in one domain (educational) co-exists in the same child with psychological/emotional disorder (Luthar, 2006).

Hunter (1999) conceptualizes resilience in 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, 1999, p. 246). Hunter's main point is that adolescents who display this kind of resilience often are maladapted as adults.

CONCEPTUAL DEVELOPMENT AND CLARIFICATION

Early resilience studies were concentrated on qualities of the individual child or adolescent — the resilient child. The resilient child was described as invulnerable (Anthony, 1974) or invincible (Werner and Smith, 1982). Gradually, researchers came to view these terms as misleading for several reasons and have broadened or sharpened the concept of resilience.

First, researchers recognized that some protective factors were external to the individual child. Rutter (1979) then Garnezy et al. (1984) described three levels of protective factors — the individual, the family, and the community (school, peers, etc., see also Sandler, 2001). Much research in the 1980s searched for protective factors at these different levels that promoted resilience.

With the growing awareness of the social dimensions of resilience, the list of protective factors has become fairly extensive. Olsson et al. (2003) provided a useful summary table of protective factors that have been em-

pirically verified in one or more published studies. We have adapted this list in Appendix 1, added a category of cultural factors, and listed under this category four cultural factors supported by empirical research: spirituality, traditional activities, traditional languages, and traditional healing. In addition to these four factors, Native American educators have put forward several other cultural resources for resilience: symbols and proverbs from a common language and culture, traditional child-rearing philosophies, religious leaders, counselors, and Elders (Ambler, 2003; HeavyRunner and Marshall, 2003, Strand and Peacock, 2003).

Despite the interest in the social dimensions of resilience developed over nearly three decades of research, a number of practitioners have retained the view of resilience as a purely individual asset. This can be observed by examining a number of “resilience scales” published over the past fifteen years. (Wagnild and Young, 1993; Oshio et al., 2003; Sinclair and Wallston, 2004).

COMMUNITY RESILIENCE

The term “cultural resilience” is frequently used to denote the role that culture may play as a resource for resilience in the individual. In this section, we consider the term as it applies to whole communities or entire cultural systems. For this, a useful definition is that supplied by Healy (2006): community or cultural resilience is the capacity of a distinct community or cultural system to absorb disturbance and reorganize while undergoing change so as to retain key elements of structure and identity that preserve its distinctness.

The concept of community resilience has been used in South Africa to examine how “Coloured” and “Asian” (then called “Anglo-Indian”) South Africans responded to oppression under Apartheid (Sonn and Fisher, 1998) and to compare the way individual communities respond to violence and adverse socioeconomic conditions in the post-Apartheid era (Ahmed et al., 2004). It has also been applied to the struggle of Indigenous people for greater political control in Bolivia (Healy, 2006).

CULTURAL CONTINUITY OR CULTURAL RESILIENCE

Chandler and Lalonde, of the University of British Columbia, use the term cultural continuity as an attribute of those First Nations communities that have acted to preserve and rehabilitate their cultural heritage. Their hypoth-

esis is that communities that provide their young people with a measure of cultural continuity promote self-continuity and protect against suicide. They tested this hypothesis with data on First Nations communities in British Columbia. Lalonde (2005) recently gave the name cultural resilience to the work that he and Chandler have previously called cultural continuity.

Chandler and Lalonde (1998) measured cultural continuity in terms of six components listed in Table 1. Their data came from available governmental or band sources.

Table 1: Comparisons of Community Youth Suicide Rates for each Separate Component of Cultural Continuity (Chandler and Lalonde, 1998)

<i>Component</i>	<i>Bands with factor</i>	<i>Bands without factor</i>	<i>Reduction in relative risk of suicide</i>
	<i>Suicides/100,000</i>		
Self government	18.2	121.0	85%
Land claims	86.8	147.3	41%
Education	71.1	116.2	52%
Health services	89.0	125.1	29%
Cultural facilities	99.4	128.7	23%
Police and fire	99.0	123.7	20%

In addition to these scores by separate component, the authors also presented comparisons by composite score. For bands with a composite score of 0, meaning they had none of the components of cultural continuity, the suicide rate was 137.5/100,000. For bands with the composite score of 6, meaning they had all six components of cultural continuity present, the youth suicide rate was 0.0/100,000.

More recently, Hallett and colleagues (2007) added a language component to the previous six factors and found that a simple language-use indicator was an even stronger predictor of resistance to suicide than any of the above six cultural continuity factors. They also reported that suicide rates effectively dropped to zero in those few communities in which at least half the band members reported a conversational knowledge of their own "Native" language.

Importance of context for measurement

In the latter part of the 1980s, Rutter began to argue that resilience was a process, not a trait. It is not enough, he argued, to identify protective factors, because these do not create resilience in all cases. Resilience is created when these factors initiate certain processes in the individual. Rutter identified

three such processes: building a positive self-image, reducing the effect of the risk factors and breaking a negative cycle so as to open up new opportunities for the individual. He also argued that because resilience is a process which changes through time, researchers should use qualifiers such as “relative” and “variable” to describe the process (as in his definition above), rather than any term that might imply absoluteness (Rutter, 1990).

Researchers have also begun to insist that the process of resilience is specific to a given context, domain, and age. Context here refers to broad social/environmental conditions such as socioeconomic status, geography, culture, and so on. The context shaped by these social/environmental conditions will determine if a factor is protective or not. For example, Luthar (2006) contrasts different styles of monitoring and regulation of adolescent behaviour by parents according to race, socioeconomic status, and geography. In a suburban, North American, middle-income family, very strict monitoring might be excessive and overcontrolling and could result in opposition and defiance among adolescent children. In a low-income, inner city family, such parental behaviour could well be perceived as loving and supportive by adolescents if there is immediate threat of multiple substantial risks in the neighbourhood.

Luthar has emphasized that resilience “is never an across-the-board phenomenon” (Luthar, 2006, p. 741). The example consistently used is that of an academically successful adolescent who quietly suffers emotional distress and social isolation. This young person may be educationally resilient but not emotionally or socially resilient. In a similar way, both normal development and resilience are understood as processes happening in time; the forms of competence that might constitute resilience will depend on the tasks that confront the child given his or her age.

Finally, in line with all of these developments, some researchers began to distinguish resilience from “resiliency” which for them carried a connotation that it was an individual trait or characteristic. Luthar and Chichetti (2000) say that the term resiliency was derived from “ego resiliency,” which differs from resilience in that the former is a character trait and the latter is a dynamic developmental process. Also, resilience requires the presence of substantial risk or adversity, resiliency does not.

Many researchers also distinguish resilience from the following terms: competence; hardiness; optimal functioning; thriving. The distinction they draw between resilience and these last two terms is twofold: first, they see

resilience as requiring the presence of substantial risk, while optimal functioning and thriving do not; and second, resilience may include optimal functioning and thriving, but it is more often understood as “normal” (Fonagy et al., 1994) or “ordinary” (Masten, 2001) development. Hardiness carries the connotation of a “hardy constitution,” while most researchers view resilience, as we have seen, not as an intrinsic trait but a dynamic process occurring under specific circumstances.

CONCEPTUALIZING RISK

The common qualifying condition for resilience, as viewed by most researchers, is the presence of demonstrable, substantial risk facing the individual. (Researchers in this field often use the terms adversity and stress as roughly comparable to the term risk.) Most authors appear content to define risk in terms of statistical probabilities: a high risk condition being one that carries high odds for maladjustment (Luthar, 2006; Masten, 2001).

Vulnerability can, however, modify a person’s response to risk. It can interact with a risk factor so as to intensify one’s reaction to risk (Rutter, 1990; Luthar, 1991; 2006). The identification of vulnerability and protective factors is important because risk factors can have a greater effect when occurring together with other risk factors than they do when occurring in isolation (Rutter, 1990; 1999; 2000; Sameroff et al., 1987; Sameroff and Rosenblum, 2006). The identification of vulnerability factors thus helps in the search for actual causal mechanisms or processes.

There are many kinds of vulnerabilities: economic, social, environmental, psychological, etc. Indigenous communities often have to deal with their own particular set of vulnerabilities.

VULNERABILITY AND CUMULATIVE RISK IN NORTH AMERICAN INDIGENOUS COMMUNITIES

Recent literature has identified two kinds of risk factors that have a significant effect on resilience in Indigenous communities. One is associated with racism. In their recent study of 212 fifth to eighth grade youth living on or near reservation in the American upper Midwest, for example, LaFromboise and colleagues found that perceived discrimination “was associated with a marked decrease in the likelihood of a resilient outcome” (LaFromboise et al., 2006, p. 203). A second set of risk factors involves historical loss or trauma and unresolved historical grief.

In the 1990s, some important theoretical and conceptual work aimed at understanding the impact of Western colonialism and genocide on Indigenous people in North America became the basis for clinical interventions to heal unresolved historical grief and historical trauma response (Solkoff, 1992; Duran and Duran, 1995; Brave Heart, 1998; 2003; Brave Heart and DeBruyn, 1998).

Whitbeck and colleagues were the first to apply this work in research at the population level. They developed two scales to measure the impact of historical trauma on Native American people: *The Historical Loss Scale* and *The Historical Loss Associated Symptoms Scale* (Whitbeck et al., 2004a). Both scales were developed through focus groups with Indigenous people and were reviewed and approved by tribal Elders. Whitbeck et al. (2004b) subsequently used these scales in research on enculturation, discrimination, historical loss, and alcohol abuse. (See “Resilience and Indigenous spirituality”, pp. 47–64.)

The work of these authors constitutes a reminder for those studying risk and resilience in Aboriginal communities that specific risks, such as substance abuse and suicidal thoughts, may be compounded by the particular vulnerabilities resulting from historical trauma. These vulnerabilities may not appear in a direct cause-effect relationship with the negative outcome. They may, however, *interact* with another factor such as family environment or peer pressure to compound the challenge to an individual’s resilience. Burack and colleagues (2007) call attention to evidence that youth in inner cities who are considered resilient because of high IQ, academic success, or other manifestations of social competence also show increased levels of depression and anxiety as compared to their peers from low-stress backgrounds.

To aid in conceptualizing how risk factors and protective factors interact with one another within a resilience framework, researchers have developed various models of resilience.

MODELS OF RESILIENCE

There are three general classes of resilience models — compensatory, protective, and challenge — that explain how resilience factors operate to alter the trajectory from risk exposure to negative outcome (Fergus and Zimmerman, 2005).

A *compensatory* model best explains a situation where a resilience factor counteracts or operates in an opposite direction to a risk factor. The resili-

ence factor has a direct effect on the outcome, one that is independent of the effect of the risk factor. In CIET's ACYRN-East study, for example, alcohol abstinence or moderation is compensatory in the sense that it is directly and independently associated with lower risk for youth suicide (see "The CIET Aboriginal youth studies," pp. 65–88).

In the *protective* model, assets or resources moderate or reduce the effects of a risk on a negative outcome. Protective factors may operate in several ways to influence outcomes. They may help to neutralize the effects of risks; they may weaken, but not completely remove them; or they may enhance the positive effect of another promotive factor in producing an outcome. In the ACYRN-East study, being drug-free, though not directly associated with lower suicide risk, is associated with lower alcohol use and thus is protective in the sense that it enhances the latter's anti-suicide potential.

A third model of resilience is the *challenge* model. In this model, the association between a risk factor and an outcome is "curvilinear": exposures to both low and high levels of a risk factor are associated with negative outcomes, but moderate levels of the risk are related to less negative (or positive) outcomes. Adolescents exposed to moderate levels of risk, for example, may be confronted with enough of the risk factor to learn how to overcome it but are not exposed to so much of it that overcoming it is impossible. Many challenge models require longitudinal data. Researchers use them, for example, to track how repeated exposure to challenges prepares adolescents for dealing with adversities in the future.

An interesting application of the challenge model of resilience is provided by Richardson (2002) for whom "resilient reintegration" is the most positive outcome of a process involving an individual's reactions to some stress or adversity. Resilient reintegration occurs when one experiences some insight or growth as a result of disruption. It results in the identification or strengthening of resilient qualities. According to the underlying theory, individuals are genetically predisposed with more potential than they are conscious of. The "disruptive resiliency process" is a means to access this potential.

ACCENTUATING THE POSITIVE

For Richardson, research identified with this process of resilient reintegration constituted a second wave in what he called the metatheory of resiliency. The first wave was mainly descriptive; it understood resilience to be a

set of strengths or assets that helped people survive adversity. The second wave, resilient reintegration, was more focused on helping people to achieve “growth or adaptation through disruption.” In a third “postmodern” wave of resilience theory, the concept refers to “the force within everyone that drives them to seek self-actualization, altruism, wisdom and harmony with a spiritual source of strength” (Richardson, 2002, p. 313).

This third wave posited by Richardson has its counterpart in the educational field via the Health Realization Model posited by Mills and Schuford (2003) for whom a healthy, resilient outlook is “hard wired in us as human beings, just as the ability to breathe or ingest food or have our heart beat to pump blood are all innate, hard wired functions” (p. 7). For Mills and Schuford, the task of good educators is to empower youth to regain their natural well-being, self-motivation and healthy thinking.¹

This positive perspective had an influence on the thinking of Native American educators such as Iris HeavyRunner who, referring to Mills in a 1997 paper, called resilience “our innate capacity for well-being” (HeavyRunner and Morris, 1997, p. 2). Later she wrote:

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 birth-right of every human being. It involves understanding our inner spirit and finding a sense of direction. (HeavyRunner and Marshall, 2003, p. 14)

CONCLUSION AND RECOMMENDATIONS

The concept of positive adaptation despite adversity has existed practically since humans began reflecting on their own behaviour. Resilience, an English word derived from the Latin for springing back, or “jumping back up,” took on an additional preventive meaning some time in the last century, in part because it helped to change the focus of research from pathologies to opportunities for supportive action. The desire to act in support of resilience leads naturally to a search for ways to help families and communities strengthen resilience in their individual members. Research has shown that, indeed, much of what seems to promote positive adaptation despite

1. Although the notion that mental health is much more than the absence of mental illness is endorsed by the World Health Organization (WHO, 2001), the concept of positive mental health has been criticized by Rutter who calls it “elusive and value laden” (Rutter, 2000, p. 652).

adversity does originate outside of the individual — in the family, the community, the society, the culture, and the environment. Further research has led to the concepts of resilient reintegration, whereby a confrontation with adversity can lead for some to a new level of growth, and, for some, to the notion that resilience is something innate that needs only to be properly awakened.

We propose five areas for future research on Aboriginal resilience, with a particular focus on youth.

First, Native American educators such as Iris HeavyRunner have found positive “postmodern” theories of resilience such as those of Richardson and Mills to be particularly appealing because they appear to eliminate all connotations that might label people as “damaged goods” when resilience is characterized as a response to adversity. Yet when HeavyRunner says that resilience is more than overcoming stress and trauma, she adds the words “although that is a basic part of it” (HeavyRunner and Marshall, 2003, p. 2). This can create some confusion as to which of the two senses of the word resilience is meant in a given context. Whatever term is used, researchers still need to understand better what it is that make some Aboriginal youth respond positively to risk and adversity and others not.

Second, the concept of historical trauma has helped to explain specific vulnerabilities that can compound the risk faced by Aboriginal youth in some circumstances. Richardson’s theory of resilient reintegration offers a positive framework in which a resilient response may not only restore the individual to some previous equilibrium but actually result in new insight and growth. Case studies of individual Aboriginal youth, and even whole Aboriginal communities — either new or reexamined from this perspective — could further enrich the collection of positive Aboriginal histories of resilience.

Third, the influence of culture on resilience is a very little-explored field within resilience studies and one that is uniquely suited to Aboriginal research. Most studies on the relationship of culture to resilience have focused on either one cultural group or on a cross-section of Indigenous cultures (See “Resilience and Indigenous spirituality,” pp. 47–64). More studies comparing Indigenous and non-Indigenous populations could share considerable light on how and in what ways culture can contribute to individual resilience.

Fourth, the concept of *community resilience* has been enriched by the work of Chandler, Lalonde, and colleagues who found striking correlations

between the cultural continuity expressed in community self-government and speaking traditional languages with the reduced occurrence of Aboriginal youth suicide. But there remains the question: how can Aboriginal youth who *do not* live in self-governed communities with strong cultural continuity be helped to become, or remain, resilient? This question is particularly important for Aboriginal youth living in urban areas (see “Social capital and resilience,” pp. 25–46).

Fifth, from an Aboriginal perspective, perhaps the greatest difficulty with the notion of resilience as a response to risk or adversity may be that it is too linear. Burack and colleagues (2007, p. S18) have criticized what they call “simplistic linear risk models of a specific predictor to a specific outcome” as inadequate for understanding real-life complexities for Aboriginal youth. Long and Nelson (1999) propose understanding Native American resilience from a relational rather than a linear world view. Such a relational world view encompasses “the context, the mental, the physical and the spiritual” (p. 94). It is the interdependence of these forces that, for these authors, explains resilient family behaviour. This suggests two things: a) the need for non-Aboriginal researchers to understand Aboriginal world views better and b) the need for more Aboriginal researchers to be engaged in resilience research.

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Appendix 1: Resilience Resources at Individual, Family, and Social/ Environment Levels*

<i>Resources</i>	<i>Protective mechanism</i>
<i>Individual level</i>	
Constitutional resilience	Positive temperament Robust neurobiology
Sociability	Responsiveness to others Prosocial attitudes Attachment to others
Intelligence	Academic achievement Planning and decision making
Communication skills	Developed language Advanced reading
Personal attributes	Tolerance for negative affect Self efficacy Self esteem Foundational sense of self Internal locus of control Sense of humour Hopefulness Strategies to deal with stress Enduring set of values Balanced perspective on experience Malleability and flexibility Fortitude, conviction, tenacity, and resolve
<i>Family level</i>	
Supportive families	Parental warmth, encouragement, assistance Cohesion and care within the family Close relationship with a caring adult Belief in the child Nonblaming Marital support Talent or hobby valued by others
Socioeconomic status	Material resources
<i>Community level</i>	
School experiences	Supportive peers Positive teacher influences Success (academic or other)
Supportive communities	Belief in the individual Nonpunitive Provisions and resources to assist belief in the values of society
Cultural resources**	Traditional activities Traditional spirituality Traditional languages Traditional healing

*Adapted from Olsson et al. (2003, pp. 5–6).

** Evidence for the influence of traditional activities and traditional spirituality on resilience is summarized in our “Resilience and Indigenous Spirituality,” pp. 47–64. For traditional languages see Hallett, et al., 2007. For traditional healing see Spicer, et al., 2007.

