

What is resilience and is it clinically important?

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1

Features of resilience

Resilience is NOT the same as positive psychology or psychosocial competence (Rutter, 1987; Luthar, 2003)

1. Resilience can only be studied in individuals who have experienced adversity
2. There is heterogeneity in outcome
3. Resilience has to be inferred from a relatively better outcome
4. It cannot be studied directly as it is not a character trait
5. It may vary over developmental period and may apply only to certain sorts of outcomes
6. It applies to a process and not to a specific feature

2

Ten main ways in which resilience research is distinctive ⁽¹⁾
(Rutter 2015)

1. Direct analysis of features associated with heterogeneity
2. Must test for environmental mediation of risk effects
3. Interest in something without effects in low risk population
4. Requires an interest in 'steeling' effects
5. Needs an hypothesis-driven approach (eg G x E)

3

Ten main ways in which resilience research is distinctive ⁽²⁾
(Rutter 2015)

6. Animal models a key element in strategy
7. Need for a life-span approach to consider turning point effects
8. Use of qualitative data to determine the meaning of experiences
9. Concept of brain plasticity relevant
10. No requirement of functioning that is superior to the non-deprived population

4

Testing for environmental mediation of risks
(see Thapar & Rutter, 2015)

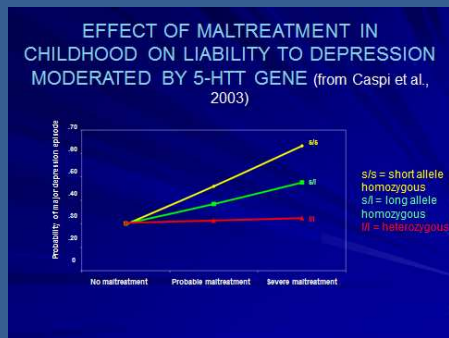
1. NB The relevant aspect of an overall environmental risk situation may have been misidentified cf the initially wrong conclusions about 'broken homes'
2. The causal influence may be genetically mediated in part cf Jaffee et al's 2004 study comparing physical punishment and child abuse
3. The exposure to risk might be a consequence of choice or social selection cf Thornberry's study of gang effects

5

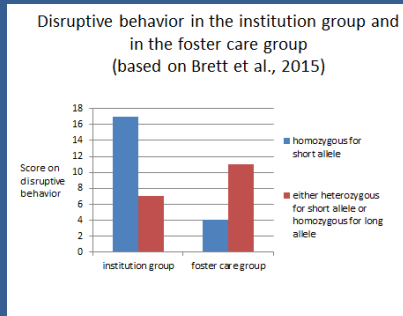
Types of features particularly associated with resilience

1. Features that are neutral or risky in the absence of a risk experience cf heterozygotic sickle cell status as a protective effect against malaria (Aidoo et al. 2002)
2. The mental feature of planfulness (Clausen, 1993; Quinton et al. 1993; Hauser et al. 2006)
3. Turning points in adult life (Sampson et al. 2006; Sampson & Laub, 1996; Maruna & Roy, 2007)
4. Enhancement of successful coping by coping with stress/challenge (cf Tyrrell et al. 1967; Martinez, 2008; Elder, 1974; Lyons & Parker, 2007)
5. Gene-environment interaction (see Rutter, 2014; Ellis et al. 2011)

6



7



8

Resilience concepts and findings are clinically important (1) (See Masten, 2014; Rutter, 2015)

1. Because they highlight general principles of broad applicability
 - a) Developmental cascades (meaning a dynamic interplay across levels and domains)
 - b) Risks greater in the case of chronic adversities (rather than acute stresses)
 - c) Many paths to resilience, and many context-specific
 - d) Resilience processes are part of biology (and not separate from it). NB differential susceptibility findings
 - e) Resilience findings have identified causal processes not evident from research into risk & protective factors (eg protective effect of controlled/manageable exposure to risk/challenge and importance of mental features such as planning, self-reflection and active personal agency)
 - f) Resilient findings negate the notion of "invulnerability"

9

Resilience concepts and findings are clinically important (2)

2. Because of implications for prevention
 - a) Resilience is not a trait; it is a dynamic interactive process so cannot be taught as if it were a scholastic subject
 - b) But, nevertheless, steps can be taken to enable individuals to cope better with adversity when they encounter it in families; importance of role of mental features in schools; importance of taking responsibility and learning from mistakes; in the context of serious neglect or abuse, adoption or fostering need to be considered if vigorous steps to support parents are unsuccessful. Also, role of turning point experiences that can “knife off” previous adversities and provide new opportunities for success and good relationships

10

Resilience concepts and findings are clinically important (3)

3. Because of implications for clinical assessment
 - a) As well as diagnosis there should be an analysis of possible causal risk or protective features and consideration of the mechanisms by which they operate
 - b) Essential to have a focus on features, both past and present, for which there is good evidence of environmental mediation
 - c) Need for attention to a person's strengths and not just symptoms
 - d) Whatever treatment is used, essential to provide it in a manner that encourages patients to feel that they can 'act' to improve their situation and so avoid a dependent reliance on the therapist

11

Conclusions

The concepts and findings from resilience research rightly provide a justification for optimism about the possibility of overcoming or circumventing adversity.

But, equally, they should provide a reminder of how much more there is to find out and the need to avoid claiming too much too soon

12

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13
