

Building Resilience in Relation to Stress or Trauma

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Abstract

Stress levels on average have been increasing through the generations as people are faced with uncertainties in their lives. With this increase in stress and trauma, building resilience has become a crucial skill to be developed. By evaluating the difficulties with devising a definition for resilience and coming up with an operational definition for it, psychologists are faced with a difficulty to measure resilience. Due to this, various scales have been developed to measure resilience in accordance to its various definitions and all the different factors which make it up. Additionally, intervention programs have been designed to help people who suffer with stress or trauma to develop resilience as a skill. Through these programs, researchers and psychologists have developed ways to try to build resilience to improve health and target specific members of society who have greater needs for sources of resilience.

Building Resilience in Relation to Stress or Trauma

The year 2020 brought a change in the world as it experienced a phenomenon never seen before. The entire world went into lockdown in order to prevent the spread of the new SARS-COV 2, and with this, 1.5 billion students had to change their regular life and routine and move into online learning, to stay at home and protect themselves and those around them (Strauss, 2020). The world had stopped for the first time in a very long time, but with staying at home, more problems were being faced. Although we were confined in order to stop the spread of this deadly virus, bigger problems started rising within us. 2020 brought a rise in stress as people were constantly faced with uncertain futures. According to the American Psychological Association (APA), Gen Z, this being people born from 1995 to 2012, reported the highest level of stress with an average of 6.1 out of 10. This is a significant increase when compared to the stress levels on average with the other generations as well as for Gen Z in the past 2 years. In 2018, Gen Z reported stress levels of 5.6, which is notably lower than the year 2020 (Stress in America, 2020). This is where the importance of resilience comes in place.

Defining Resilience

The definition of resilience according to the Oxford Learner's Dictionary is, "the ability of people or things to recover quickly after something unpleasant, such as shock, injury, etc." (*Resilience*, n.d.). According to the APA, resilience is, "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (*Building Your*, 2012). The difficulty that comes with defining this term is the fact that resilience is rather abstract, and no definition truly captures the complexity of this concept. The definition varies from the factors contributing to resilience these being: biological, psychological, social and cultural factors. All of which coexist in order to influence how one deals with a stressful or traumatic experience.

Nevertheless, it is crucial to specify whether resilience is being described as “a trait, a process, or an outcome” (Southwick et al., 2014). Signifying whether one is born with this trait, develops it, or whether it is in outcome from life experiences. All in all, resilience most likely occurs differently according in dissimilar situations. One may adapt well to stress when it comes to life but may struggle in doing so in a more scholastic environment. Additionally, the way one responds to stress depends on their environment and those around them, therefore, it is extremely complex to devise a definition for resilience which encompasses all its’ different factors. Dr. George Bonnano, a “pioneering researcher in the field of bereavement and trauma”, defines resilience as “a stable trajectory of healthy functioning after a highly adverse event” (Southwick et al., 2014). This can be viewed as the way one responds to potential traumatic events.

Due to the ambiguity of the word, it is challenging to operationally define the term resilience. An operational definition is one that is concrete, which is not the case of resiliency. In order to be able to come up with an operational definition, psychologists need to focus on empirical data, this being data gathered by using observation and experimentation. However, this would require a substantial amount of research as there are various underlying variables which all lead to people responding to trauma and stress differently.

While the concept of resilience might be abstract, through the use of empirical referents, these being, “measurable ways to demonstrate the occurrence of the concept” (Walker & Avant, 2005) psychologists can make these abstract concepts measurable (Yazdani et al., 2016). There are various scales used by psychologists to measure resilience, one of them being the Resilience Scale for Adults (RSA) which was proposed by Friborg et al. (2003) as a self-report scale targeting adults. This scale is composed of five subscales which explore the “intrapersonal and interpersonal protective factors that promote adaptation to adversity” (Windle et al., 2011). These subscales

measure personal competence, social competence, family coherence, social support, and personal structure. A limitation to the RSA is that it solely measures resilience for adults, therefore, other scales have been developed to measure resilience in other ways, these being The Brief Resilience Scale (BRS); The Scale of Protective Factors (SPF); The Ego Resilience Scale and more. These scales measure an “individual’s ability to bounce back from stress”; “to capture a comprehensive measurement of resilience” and to “measure resilience in a non-psychiatric context” accordingly (Ackerman, 2021).

Even though there are numerous scales which have been developed to measure resilience, the scale developed by Connor and Davidson (2003), appears to be more applicable to diverse groups of people than the other scales. The description of the scale mentions its use for treating men and women with posttraumatic stress disorder (PTSD), as well as other types of disorders and forms of anxiety. The problem with all these scales is it targets adults. The Youth Resiliency: Assessing Developmental Strengths Scale (YR: ADS) was developed by Donnon and Hammond (2007) to target youth from the ages of 12 to 17. With this, they examined protective factors across ten dimensions, these being: “family, community, peers, work commitment and learning, school, social sensitivity, cultural sensitivity, self-concept, empowerment and self-control” (Seaman et al., 2014). Due to the complexity of the term resilience and the difficulty in operationally defining the term, it is even challenging to apply the same scale to measure resilience in different types of people.

Developing Resilience

Through intervention programs, resilience as a skill can be developed or strengthened in order to aid in the recovery of individuals faced with adversity and stress. When discussing the effectiveness of an intervention program, it is important to differentiate between the different types

of programs these being: universal, selective and indicated resilience programs. Universal intervention programs are introduced to a large group of people without classifying individuals by the stress they are presented with. Selective resilience programs on the other hand, aim at offering help to those who are exposed to higher risks of adversity than most of the population. Lastly, indicated resilience programs target a specific group who display “subclinical level of mental health symptoms such as substance abuse” (Winslow et al., 2006).

Marisa de Villiers and Henriëtte van den Berg, two psychologists from the University of the Free State, Bloemfontein, South Africa conducted a study on “The Implementation and Evaluation of a Resiliency Program for Children” with the aim of determining the “short- and medium-term effect of a resiliency program on the level of resilience reported by a group of Grade 6 learners” (Villiers & Berg, 2012). Children living in South Africa are constantly exposed to violence and poverty which in turn leads to high levels of stress and trauma. Therefore, this study was conducted in order to test the development of resilience as a skill in order to cope with stress and trauma. 161 participants took place in this study with consent from their parents who were introduced to this project during a parent-teacher conference. From these 161 participants, 72 were girls and 89 were boys all from the ages of 11-12 from four different schools in middle-class suburbs in Free State, Bloemfontein, South Africa. Using the Solomon Four Group Design, the participants were divided into two experimental and two control groups in order to assess the relationship between the intervention and the pre-test. The participants were randomly divided into the groups so that the two experimental groups underwent the intervention program, however only one experimental group and one control group were given the pre-test. In order to test the participants’ resilience, the researchers used a series of resilience scales these being: The

Behavioral and Emotional Rating Scale, Resiliency Scales for children and adolescents, and the Fortitude Scale.

Through this intervention program, researchers aimed to develop specific competencies within the children to aid them in dealing with adversity. These competencies include; behavioral, cognitive, emotional and social. Participants in the groups who underwent the intervention program took part in 15 sessions which focused on intrapersonal competencies, this meaning “awareness and regulation of behavioral, cognitive and emotional aspects of adjustment”, as well as interpersonal skills. These 15 sessions were conducted in a period of three weeks, followed by two post-test evaluations three weeks after the intervention program, as well as a follow-up three months after.

The findings of this research show that intrapersonal characteristics had a significant increase after the intervention program. This meaning that the behavioral, cognitive and emotional regulation of the children who faced adversities and stress increased in order to develop the skill of resilience. However, the interpersonal skills, “family involvement, school functioning, affective strength, sense of mastery, sense of relatedness, family appraisal and general social support,” (Villiers & Berg, 2012) did not indicate a significant increase.

Limitations to this study, as mentioned by the researchers, include the limited amount of time allotted for the intervention program. Participants could have been given more time in order to truly develop resilience skills so they wouldn’t fall back into old habits a couple months after the intervention program. As seen from the results of the follow-up, three months after the program, self-appraisal (an intrapersonal skill) was the only variable who maintained improved. This shows how in order for a person to truly develop resilience and to maintain it, regular practice

is needed, so they don't fall back into old habits. Another limitation to this study is the fact that parents and teachers were not very involved throughout the course of the program. As stated by Catalano et al. (2004) and Winslow et al. (2006), having parental and supportive figures present allows for a more long-term success of these skills. A third limitation is the length of the test battery, this meaning "several tests designed to be administered as a unit in order to obtain a comprehensive assessment of a particular factor or phenomenon," (*APA Dictionary*, n.d.) and in this case, the development of resilience after exposure to stress or trauma. The amount of time and numerous amounts of tests could have led to the demotivation of the participants which could consequently have influenced the results. This study shows how in order for individuals to truly acquire resilience as a skill, one needs to be constantly exposed to the program over a long period of time to truly practice the skill (Villiers & Berg, 2012).

Using Resilience to Improve Health

The United Nations updated their Sustainable Development Goals (SDG) in 2017 including resilience as a priority for Health 2020. In this document, "Strengthening resilience: a priority shared by Health 2020 and the Sustainable Development Goals," the UN highlighted the importance of resilience programs in areas of education. Seeing as the school environment plays a crucial role in the development of students from a very early age, they have the ability to influence the development of resilience in these children. By integrating programs at schools which promote the importance of building resilience, this can greatly aid in the success of this SDG. As the UN declared, "It has been shown that the multisectoral approach that characterizes a health-promoting school is effective in building resilience and reducing health inequities when they are included as a key element in education and health and human-rights policies, and granted sufficient time to produce results" (Strengthening Resilience, 2017). A multi-sectorial approach refers to

collaboration between “organizations in different areas of policy and different sectors working together to achieve policy outcomes” (Strengthening Resilience, 2017).

When looking at specific populations in society which have greater needs for sources of resilience than others, it is crucial to identify those members of society who are constantly faced with adversity and stress. As previously explored, the environment in which a person resides has a great impact on their personal capacity for resilience. Looking specifically at immigrants, and the effect that their acculturation methods have on mental health; can aid in the understanding of the importance of the environment and how one identifies with those around them, has on their ability to develop resilience as a skill. Acculturation is the process an individual goes through as they come in contact with two or more cultural groups (Strengthening Resilience, 2017). There are four types of acculturation strategies, and the effect of these acculturation strategies on mental health can be seen in the study conducted by Morowa and Erim (2014). The results of this study showed that migrants with integration and assimilation acculturation strategies have better health outcomes than separated and marginalized ones. Meaning that an immigrant who is able to keep the norms of their culture as well as adopt the norms of their host culture, or solely adopts the values and norms of their host culture suffers less amounts of stress than an individual who rejects the new culture and keeps their own, or rejects both their new and home culture.

It is also important to look at specific members of the community who are in need of support as they are faced with trauma during a time of crisis. An example was the use of the Strengths-Focused and Meaning Oriented Approach to Resilience and Transformation (SMART) during the SARS epidemic which greatly affected Hong Kong in 2003 (Chan et al., 2006). Through the SMART perspective, they were able to analyze that trauma and growth go together and by being exposed to ways of growth due to trauma, it may lead to shorter recovery time as well as positive

long-term gain. Chan et al.'s (2006) research focused on the impacts that the SARS epidemic had on mental health which is extremely similar to the problems being faced since 2020 with the SARS-COV 2. By using the SMART program, the researchers tried to focus on the "removal of symptoms and restoration of pre-crisis functioning." A problem faced when using this approach was how culturally specific it was. The researchers tried to focus on the idea that experiencing such events or crisis is an opportunity. However, some cultures may not agree with this approach (Seaman et al., 2014).

In order to be able to truly measure and evaluate how these programs can become available to society, it is important to operationalize such ideas. Operationalization means to turn an abstract concept into something measurable and observable. The complication that comes with resilience is that fact that the word itself is abstract and as previously seen, can be interpreted in various different ways. However, it is still important to establish some solutions in order to try to build resistance in specific members of society. Due to the numerous amounts of definitions that have been developed to define the term "resilience", by focusing on a definition that properly describes the specific situation that they are trying to target, researchers can try to establish an intervention center, or incorporate resilience-building programs to aid people in society who are suffering with stress and trauma.

In conclusion, defining the term "resilience" has been a conflict faced by psychologists as they try to devise a definition which incorporates all the different factors that can lead to it. By not being able to operationally define "resilience" many scales have been developed to try to build resilience in people by taking into account all these different factors; from cultural to biological, social and psychological factors. As the world sees a rise in stress through the generations, the importance of resilience becomes more prominent. This leads to the importance of intervention

programs being incorporated into different areas of society to try to help people confront stress and trauma.

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