

Resilience: Abstract Concept or Survival Skill?

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Abandonment, violence, neglect – such extreme existential problems can destroy or affect an individual for an indefinite period of time if not throughout his entire life. The damage wreaked at a younger age is even more devastating. Yet some individuals adapt better than others. These individuals are said to be resilient as they do not allow trauma or abuse to poison their existence. They learn to *live with* the consequences of adversity and to become more resilient. Friedrich Nietzsche once wrote: “*From the Military School of Life. - Whatever does not kill me makes me stronger.*”¹



The concept of resilience is important in nursing. Children who have been abused or neglected often end up in paediatric care. They are then entrusted to nurses. Nurses also attend to individuals who survive rape, assaults, accidents and natural disasters. Nurses therefore need to understand the concept and applications of resilience to perform their duties. We will thus cover this concept in the first section of this document. Nurses must also understand the factors which allow the subject to find the necessary balance to rebuild his life. They must also determine how their interventions can be helpful to the individual. The second section of this document will cover this aspect under the heading *Resilience in Nursing*.²

Origins of resilience as a concept

The term resilience has become fashionable in recent years. It is currently used to describe anything that resists time and decay from firms which withstand stock-market volatility to the survival of man in nature to the child's or adult's resistance in a context of precariousness, abuse or violence. Resilience comes from the Latin term *rescindere* which means cancelling or terminating a convention or official act.

The judicial meaning of the French term *résiliation* carries the meaning of forfeiting or abandoning a claim. The use of resilience in metallurgy more accurately reflects the concepts of resistance and elasticity which are assigned to the term in humanities. In physics, resilience is the potential for metals to resist shocks. The term covers their ability to return to their initial state following a potentially deforming impact. In psychology, resilience is a tool which calls upon the human's ability to survive existential hardships and to overcome trauma. It encompasses the individual's capacity to resist hardships and to pursue his personal development despite what he's going through.

¹ Translated from Friedrich Nietzsche. *Le crépuscule des idoles ou Comment on philosophie avec un marteau*, 1888.

² Margot Phaneuf. *Resilience and Nursing Resilience and Nursing*. Infiressources, Clinical Crossroad, section Mental Health and Communication

http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_and_nursing.pdf

The philosophers of resilience

The concept of resilience is based upon the principles of *attachment theory* first developed by John Bowlby (1907-1990), a British paediatrician and psychoanalyst. Bowlby emphasized the importance of the mother-infant relationship, which allows the child to develop self-confidence and a sense of security, which protect him later on in life and help him cope with separation and adversity.

Attachment Theory

- Emphasizes the relation established in early childhood between the child and his parent, namely the newborn and his mother.
- **John Bowlby (1951) defined attachment as the construction of emotional bonds between the child and his mother or a significant other.**

According to Bowlby, the attachment figure is the secure base upon which a self-confident and stable personality is developed. Satisfying the child's basic needs and his need for affection provide him with a sense of security which will become his model for developing relations with others.³ The parent-child bond is severed in situations of abandonment or abuse. This has a devastating effect on the child's development. "According to this author, the significance of family background remains regardless of genetic predispositions, physical trauma, or variations in personality traits. (...) The adult personality is the product of the individual's interactions with key personalities, namely with attachment figures during his childhood years."⁴

Satisfying the child's basic needs and the appropriateness of the mother's interventions give the child a sense of confidence and security. According to Erick Erickson, children aged 0 to 12 months who develop basic confidence will be better prepared to face adversity and to rebound from their hardships later in life.⁵

A disciple of Bowlby and of psychologist Fritz Redl (who coined the term "ego-resilience" in the 1970s and brought it into the public sphere)⁶ Boris Cyrulnick updated the notion of resilience. Cyrulnick's 1999 book, "*Un merveilleux malheur*", paved the road for authors on the subject to publish their work and studies. Image⁷.



³ John Bowlby (1978) « *Attachement et perte* » tome 1, « *La séparation angoisse et colère* », tome 2, Paris : PUF, collection « Le fil rouge »

⁴ Translated from Ghislaine Jouvét. *À propos de la résilience*. Available on educspe.com at: http://www.educspe.com/dossiers/actualites-diverses/a-propos-de-la-resilience.html#_ftn2

⁵ Wendy Sharky. "Erick Erikson." <http://fates.cns.muskingum.edu/~psych/psycweb/history/erikson.htm>
Accessed December 7, 2007.

⁶ Fritz Redl and David Wineman (2002) *L'enfant agressif: le moi désorganisé vol. 1*. Fleurus: Paris, 2002.

Fritz Redl and David Wineman (2002) *L'enfant agressif: le moi désorganisé vol. 2*. Fleurus: Paris, 2002.

⁷. Image : Anne Geddes. *Bébé chou* <http://www.casafree.com/modules/xcal/displayimage.php?pid=13802>

THE ESSENTIELS OF RESILIENCE



Cyrułnick understood the problem of resilience as he somewhat put his own story on the forefront. His parents were murdered in German concentration camps. His teacher hid him from the Nazis. Yet Cyrułnick managed not only to survive the war, but also to become a famous doctor who could speak with first-hand knowledge of the subject.

According to Cyrułnick, resilience is the ability to survive, to succeed, and to evolve in the face of adversity. The author does not believe that there is a specific profile associated with resilient children. However, a profile for traumatized children who have an aptitude for resilience appears to exist. They are “those who have developed basic confidence during their early childhood and who may state: ‘Somebody loved me, so I am ready to meet somebody who can help me evolve again.’”⁸

An individual who has been damaged by the circumstances of his life must first admit to himself that he is capable of getting out of his hard, desperate place before he can erect the necessary defence mechanisms and behaviours that are adapted to his situation. Basically, the individual needs to find the resources from within to deal with his own plight.

Trauma, irreversible or not, can be healed or abated because humans possess the ability to develop adaptive strategies to atone suffering, to get back on their feet, and to move on with their lives.



Conditions of resilience

The thought current influenced by Cyrułnick considers that the aptitude for resilience is developed in early childhood. The child’s life experience plays a role in how he becomes resilient. As Bowlby noted, the individual who has received an acceptable response to his

⁸ Translated from Régine, “*La résilience, en psychologie: être résilient ou ne pas être... à la mode.*” Available from Aquadesign, <http://www.aquadesign.be/news/article-10127.php>

physical needs or who has been given some form of affection is more resilient in the face of adversity.

Affection is probably the ingredient which helps humans attain unsuspected levels of courage. It is not unusual for abandoned or abused children to rebuild their lives despite their difficult start. Adults who experience hardships such as war, violence or torture may also get back on their feet and move on with their lives. There are even *resilient communities* which overcome natural disasters. Their residents demonstrate determination to overcome adversity and to bravely rise up.

Florence Du Cosquer summarized Stefan Vanistendael's thoughts when she wrote: "Every individual who faces adversity reacts differently. Some individuals yield to sorrow; others are uplifted by a surprising show of determination, energy and self-fulfillment. They are resilient. They demonstrate the ability to resist hardships and to move on with their lives when facing adversity. The concept of resilience is built on determination and self-fulfillment."⁹

Resilience among children

Boris Cyrulnick believes that other factors are necessary to develop resilience, especially among children. According to the author, people who have been loved in their early childhood not only have emotional reserves which make them stronger; they will also be able to use them later on in life to develop valuable relationships with others. For example, they will be able to identify people in their surroundings who can help them.¹⁰

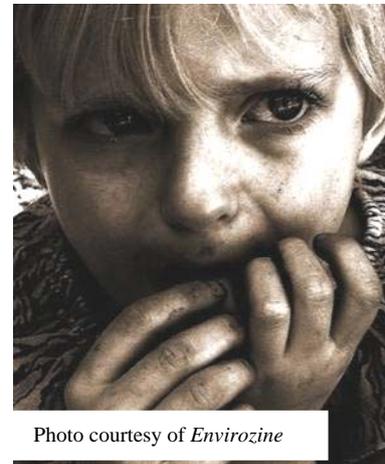


Photo courtesy of Envirozine

These individuals may be teachers, neighbours or friends. Basically, they are a resource for the child who in one way or another will help the child in his development. Even the child who has suffered from deprivation may retain the ability to engage in a positive emotional relationship.¹¹ It is important for the child to be in contact with an empathetic individual who demonstrates understanding and acknowledges the child's worth as a human being.

Cyrulnick also states that an individual's abilities and personal resources are important, regardless of age. Some defence mechanisms, such as humour, altruism and narration, may help the child develop in a positive light. His ludic abilities and manner of hiding from reality, including daydreaming, are also tools which help him adapt. "Artistic fantasy may even

⁹ Florence du Cosquer. "La résilience ou le réalisme de l'espérance." *L'Agora*, vol. 7, no 1 (Oct.-Nov. 1999). Available from Agora, http://agora.qc.ca/reftext.nsf/Documents/Espérance-La_résilience_ou_le_réalisme_de_l'espérance_par_Florence_du_Cosquer. Accessed Dec. 7, 2007.

We referred to du Cosquer's quotation of Stefan Vanistaendal's article, "Blessé mais pas vaincu", quoted in her article.

¹⁰ Image : enfance et misère : <http://www.casafree.com/modules/xcal/displayimage.php?pid=16528>

¹¹ Claudia Samson. "Notes de lecture – La résilience." Available from http://www.hommes-et-faits.com/Livres/Cs_Resilience.htm. Accessed Dec. 7, 2007

become an essential tool in developing resilience as it allows the individual to attenuate suffering by illustrating it."¹²

Resilience among adults

The concept of resilience became well-known through the reporting of cases of abandoned, deprived or abused children who managed to overcome the odds they were facing. Nonetheless, it should not be forgotten that adults also experience painful moments. Their interior strength and support from others also nourish their capacity to be resilient. An adult will react differently as he has already faced challenges and has developed endurance; moreover, he has other tools at his disposal.

Methods employed by adults

An adult can describe his hardship verbally. This is a practical resource at his disposal. That is what led Cyrulnick to state: "I am of those who do not deem it necessary to tell a secret in public to feel better. As a child or adult, one can use the narrative approach by writing or going to the stage. One can thereby free oneself from an untold secret. Resilient children can demonstrate a propensity for creativity, transforming their pain into art, distancing themselves from their traumas. They often become writers or comedians. Some reach out to others. They become socially engaged (NGO workers) or study intensely (often in psychology). Their goal is to become masters of their destiny. They become decision-makers because they have not decided anything throughout their childhood."¹³

Each individual adopts his own strategy to confront adversity. For example, an individual may experience *regression into his disease*. "(...) As a result of the care-providing effects of this condition, the individual develops a protective shell which allows him to put himself in an anticipatory position."¹⁴ The author notes that symptoms become a fixation which "allows the individual to focus his "unmanageable and overwhelming anguish."¹⁵

Patients also resort to *agitation* and *activism* to cope with difficult situations. Being on the move and being socially engaged gives an individual the impression that he is alive and doing something about his condition, whether it is efficient or not, while he awaits the day when he will have the ability to truly resolve his problem. Children and adults are capable of dreaming. *Flight in writing* and *art* help individuals cope with their misfortunes and distress.

Overall, there are numerous coping mechanisms. Humans have learned throughout their evolution to develop strategies to deal with their problems. These survival methods are affective and behavioural mechanisms which occasionally result in denial, trivialization, and flight among individuals who seek refuge in their beliefs or through the expression of their creative energy. It is important for the individual to feel that he is in control of his own reality.

Resilience is not only a personal ability; it is the result of a combination of a number of complex factors in which the personality is forged by the subject himself, social interaction and support networks. These three elements play an essential role in modifying the perception of a negative experience.

¹² Translated from Régine, "La résilience, en psychologie: être résilient ou ne pas être... à la mode."

¹³ Boris Cyrulnick. *Les nourritures affectives*. Éd. Odile Jacob: Paris, 1993. Quoted and translated from Claudia Samson, "Notes de lecture – La résilience."

¹⁴ Translated from Michel Lemay, psychiatrist. "Qu'est ce que la résilience?" *Équilibre en Tête*, 14, no.4. Hôpital Ste-Justine.

¹⁵ Translated from Michel Lemay, psychiatrist. "Qu'est ce que la résilience?"

The resilient personality

It is widely believed among psychologists that there exists a personality type which is more prone to resilience. As noted by Claudia Samson, studies of individuals who have survived war and illness share three influential elements of support: personal, family and social resources.

According to Samson, certain elements of personality help protect individuals from adopting deviant behaviours. These elements, which can help propel an individual forward, are:

- Self-esteem
- Confidence, optimism, hope
- Autonomy, aptitude for self-development
- Ability to cope with stress
- Sociability
- Capacity to live with a broad range of emotions
- Positive attitude when dealing with and solving problems¹⁶

Other personal abilities also appear as factors of resilience. These include:

- Insightfulness
- Independence
- Aptitude for interpersonal relationships
- Initiative
- Creativity
- Humour
- Morality

Samson also noted other elements which can have a negative outcome on developing resilience. These elements help us understand the risks posed by certain situations and prevent certain health-related complications (severe anxiety, insomnia, anorexia, depression, and so on) or other self-destructive behaviours (suicidal thoughts and addictions to drugs, alcohol and medications).

These elements are:

- The severity of the trauma
- A sudden aggression
- The mental condition at the time of the trauma
- The absence or quasi-absence of a social network¹⁷

DEFENCE MECHANISMS

Mechanisms developed by the Id to protect oneself from a painful situation at both the physical and psychological levels.



¹⁶ Claudia Samson. "Notes de lecture – La résilience." Available from http://www.hommes-et-faits.com/Livres/Cs_Resilience.htm.

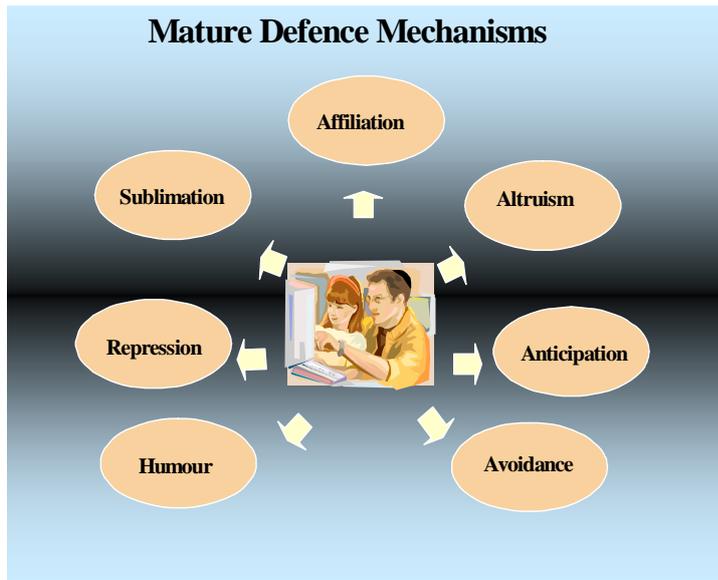
Accessed Dec. 7, 2007.

¹⁷ Claudia Samson. "Notes de lecture – La resilience."

Summary of coping and defence mechanisms adopted by resilient individuals

Individuals facing a situation which requires them to be resilient often resort to defence mechanisms that are similar to those we regularly use to protect ourselves from anxiety, stress or loss of self-esteem.

In our everyday lives (i.e. excluding extreme situations which call upon resilience), some defence mechanisms are used negatively. Such misuse can usually be observed among individuals suffering from serious mental health problems such as neurosis and psychosis.

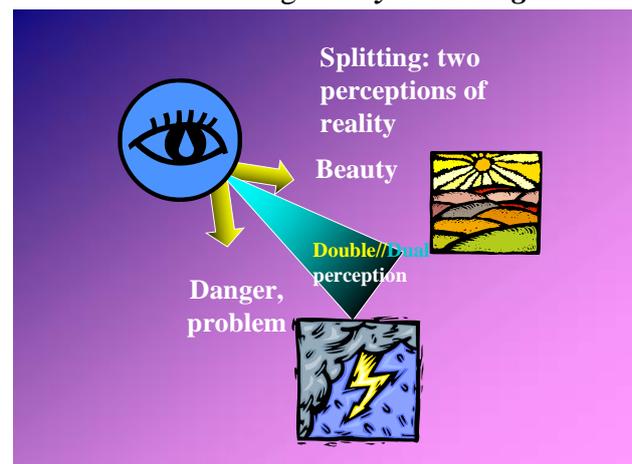


Resilience, on the other hand, calls upon individuals to use these negative defence mechanisms in a positive manner; it also requires them to call upon those which help support his self-esteem and which make them feel in control of their destinies. This combination is the backbone of resilience.

These defence mechanisms can be qualified as mature or adaptive. They are *affiliation*, which requires an individual to seek a sympathetic listener with whom he can communicate; *altruism*, which encourages an individual to help others and thereby forget about his own problems; and *anticipation*, which helps an individual believe in healing and which is closely connected to hope and optimism. *Avoidance* of sad thoughts and the *repression* of dark thoughts and memories are also helpful. *Humour* removes tension and *sublimation* positions dark feelings at a higher spiritual level and allows an individual to interpret his experiences in a different light. *Day-dreaming* is also

a mechanism which permits an individual to disconnect himself for a moment from a difficult reality.¹⁸

Resilient individuals also use other defence mechanisms constructively, including some which are generally considered to be negative. It is worth remembering that it is the use of a mechanism which makes it toxic, not the mechanism itself. A mechanism is toxic if it fails to protect an individual from anxiety, if it becomes repetitive or compulsive, or if it clouds reality to the point that the individual is unable to function normally in his everyday life.



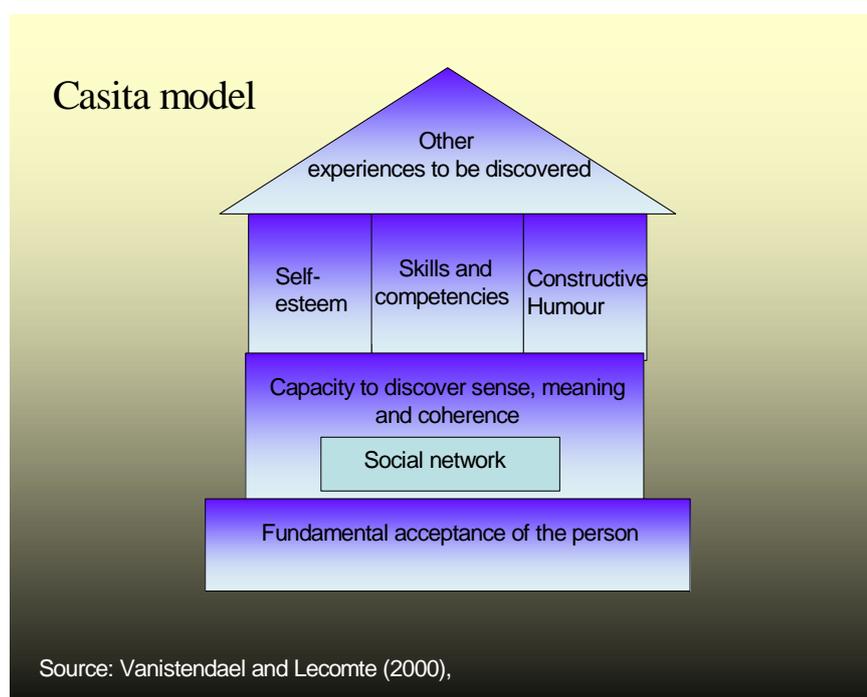
¹⁸ Phaneuf, Margot. Defensive and adaptive mechanisms among cancer patients. Infiressources, Clinical Crossroad, section Psychiatric Care http://www.infiressources.ca/fer/Depotdocument_anglais/DEFENSIVE_AND_ADAPTIVE_MECHANISMS_A_MONG_CANCER_PATIENTS.pdf

These mechanisms include *denial*, which makes a situation more tolerable for a while, and *regression* to a more enjoyable period in the patient's life.¹⁹ There is also the *splitting* mechanism, which can be pathological yet still allow the patient to visualize both the positive and negative aspects of his condition.²⁰

Seeing the positive side of a painful situation may seem awkward; however, it is the helping hand and human spirit encountered in adversity, as well as the maturity acquired during the hardship, which make this option worthwhile. It is through his trials and tribulations that an individual acquires his freedom and discovers his resilience and internal strength. Boris Cyrulnick called this the *wonderful woe*, an oxymoron he used in French as the title of one of his books (*Merveilleux malheur*). The opposition of the two values highlights their essence in Cyrulnick's work.²¹

The casita model

Stefan Vanistendael and Jacques Lecomte (2000) proposed a practical visual concept which they called *casita* to highlight the main elements of resilience.²² The Spanish term *casita* refers to a little house. It is an excellent symbol of family, home, love, warmth, solidarity and safety – all of which are elements that a person needs to resist and overcome hardship.



Fundamental acceptance of the person

The *acceptance* of the person (child or adult) is the foundation of the *casita* model. Opening up to others helps build *self-confidence* and *self-esteem*. These abilities help the individual develop both the functional elements of his personality and his regenerative capacity. Acceptance is directed towards the individual himself, not necessarily towards his

¹⁹ Negation and denial are often considered adaptive mechanisms.

²⁰ Phaneuf, Margot. *Defensive and adaptive mechanisms among cancer patients*. Infiressources, Clinical Crossroad, section Psychiatric Care
http://www.infiressources.ca/fer/Depotdocument_anglais/DEFENSIVE_AND_ADAPTIVE_MECHANISMS_A_MONG_CANCER_PATIENTS.pdf

²¹ Boris Cyrulnick. *Un merveilleux malheur*. Odile Jacob: Paris, 2002.

²² Stefan Vanistendael and Jacques Lecomte. *Le bonheur est toujours possible. Construire la résilience*. Bayard: Paris, 2000.

(unacceptable) actions or behaviour.²³ Unfortunately, children and adults who cannot rely on acceptance can become psychologically scarred. Their ability to fight their feeling of victimization and their capacity to develop resilience will be diminished.

Social network

The quality of an individual's *social network* is another founding component of resilience in the *casita model*. The network may include friends, family, neighbours or community support. Resilience is a complex phenomenon that arises both from within and from without. It is a combination of what an individual does from within for himself and of what others do for him from without.

For example, individuals in contact with a child who has been neglected or abused can substitute for incompetent or absent relatives. The social network of adults who have been raped, assaulted, or who have survived a war or a natural disaster can be constructive in providing a channel for communication and empathetic understanding in moments of distress. This type of support helps the adult rebuild confidence in human relations. A good listener who is attuned to the adult's suffering gives him some of the energy he needs to rebuild himself.

The *acceptance* of a person who has been damaged by those with whom he is in contact is an essential element to all interpersonal reconstruction. As Rogers indicated, this person should find herself unconditionally accepted as he is and welcomed without judgment or doubt.²⁴ Interventions by helping relationship professionals or a peer counselling networks of people or families who also experienced the same situation, can generate a positive outcome. These can provide understanding without judging the individual.

Unconditional Acceptance in a Rogerian Helpful Relation

- Prerequisite in developing helpful relations
- The person doesn't need to alter his behaviour to be accepted.
- The relation is directed at the person, not his actions or behaviour.
- The relation is non-judgmental.
- The underlying assumptions are the absence of judgment and doubt, and a healthy dose of empathetic understanding.

Sense, meaning and coherence in life

The individual's ability to discover sense, meaning and coherence in life, another essential element which helps foster resilience, can be found on the second floor of the *casita*.

²³ David Buick summarizes the book written by Vanistendael and Lecomte (2000). His article is available at http://www.relation-aide.com/dos_description.php?id=128. Accessed Dec. 7, 2007.

²⁴ Margot Phaneuf. *Communication, entretien, relation d'aide et validation*. Chenelière et McGraw-Hill: Montreal, 2002.

Vanistendael and Lecomte (2000) describe it as an essential condition for the development of resilience.²⁵

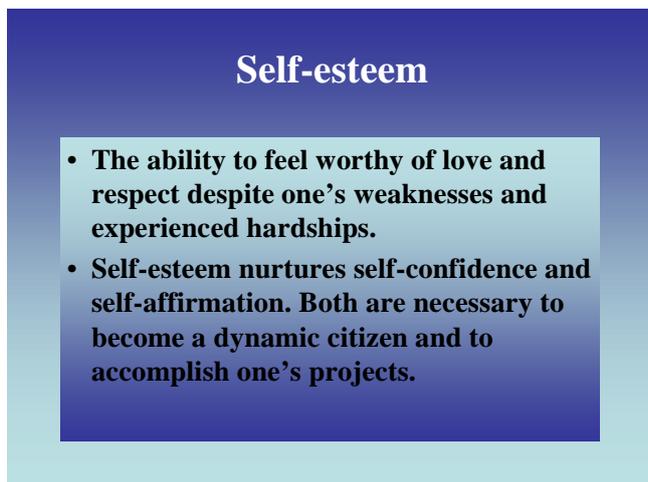
According to Viktor Emil Frankl, a prolific author on logotherapy who survived the horrors of Nazi concentration camps, giving meaning to life is a central element to surviving in the face of adversity.²⁶ An individual who gives himself a personal growth objective which has an explicit beginning and end (i.e. studies, charity, art, meaningful relationships) is simultaneously on the paths to healing and resilience. Dreaming of new horizons, asserting and pursuing one's desire for self-fulfillment make it possible to "turn a personal tragedy into victory, suffering into human accomplishment."²⁷

An individual will not find meaning in life and rebuild himself as long as he keeps asking himself questions such as: "Why me?", "Why such injustice?" Perhaps this is a normal stage at first, during a period of despair; however, it shouldn't remain a bottleneck.

Questioning oneself is perhaps an initial reaction of anger aimed at mobilizing one's energy. Anger can uphold pain, prevent the rebuilding of self-esteem, and bring forth the sentiment of victimization. It is not a pragmatic response when one is searching for sense and meaning in life, and attempting to regain the ability to become the master of one's destiny.

More pragmatically, an individual should ask himself: "What do I do now with my life? What direction should I take? Do I reassert control or let destiny take over? Do I let sorrow prevail and concede victory to those who have hurt and abused me?" That is what happens to a person who remains disorganized and depressed for a prolonged period of time. The help and support that we provide to the individual who is experiencing hardship must pave the road to such questioning.

Self-esteem



Self-esteem

- **The ability to feel worthy of love and respect despite one's weaknesses and experienced hardships.**
- **Self-esteem nurtures self-confidence and self-affirmation. Both are necessary to become a dynamic citizen and to accomplish one's projects.**

Self-esteem can be found on the third floor of the *casita* along with other personality traits. An individual who has been injured feels diminished by his failure, by his victim status, and feels soiled by acts of aggression. The acceptance, respect and support provided by others help the individual to rebuild his self-confidence and to reacquire the meaning of self-worth. Sybil and Stephen J. Wolin argue that a sense of pride should be developed among survivors.²⁸

This path is often paved with doubt and

²⁵ Stefan Vanistendael and Jacques Lecomte. *Le bonheur est toujours possible. Construire la résilience*, 77. David Buick also summarizes the authors in his on-line article available at http://www.relation-aide.com/dos_description.php?id=128.

²⁶ Victor Frankl. *Découvrir un sens à sa vie avec la logothérapie*. Les Éditions de l'Homme: Montréal, 1993.

²⁷ Translated from Victor Frankl. *Découvrir un sens à sa vie avec la logothérapie*, 121.

²⁸ Sybil Wolin and Steven, J. Wolin. "Shaping a Brighter Future by Uncovering 'Survivor's Pride.'" Article available from Projet résilience, <http://projectresilience.com/article19.htm>. Accessed Dec. 7, 2007.

regret; however, it is necessary for the victim to believe that he is neither guilty nor the source of his hardship. According to Jacinthe Legros, people in the victim's social circle often reinforce the feelings of doubt and regret. In order to fulfill their own need to protect themselves from hardship, they argue that everyone should be in control of his or her destiny and blame the victim for his condition, thereby labelling him a black sheep.²⁹ Trauma initially begins at the time of the assault or abandonment. Judging the victim can prolong his feeling of victimization throughout his life. For example, people may state that a rape victim was *asking for it* or that a driver who suffered an accident was *too drunk to be behind the wheel*. Such comments only reinforce the victim's feeling of being diminished. The same name-calling applies to children abandoned at birth who are wrongly referred to as *bastards*. Each insult is a reminder of the trauma inflicted.

The best solution is to reflect with the victim upon the fact that he should be proud to have had the courage to get back on his feet. Wolin and Wolin³⁰ noted four attitudes adopted by those surrounding the victim which help him rebuild his self-esteem, notably:

- *Belief in himself and in his own future*
- *Demonstrable, respectful and non-judgmental interest in the victim's misfortune and experience*
- *Focus on the strengths and resources of the victim rather than on his problems*
- *Avoidance of building a feeling of victimization*
- *Attention to detail and the main elements of suffering arising from the negative experience*³¹

Surviving severe trauma requires adaptive skills and the capacity to evolve. On the second floor of the *casita* are located the *skills and competencies* of the person who has experienced adversity. Humans have many qualities which vary in strength depending on circumstance. *Relational skills* certainly rank among the most significant. It is easier even for a good communicator to ask for help and to narrate his problems to a person whom he trusts.

Emotions management

Humans also have the faculty to manage their emotions. A person who can control his sad thoughts, feelings and desire for vengeance can evolve and rebound more quickly. Such people have what Rotter (1966) called an *internal locus of control*. Such an individual is deeply convinced that he manages his life and is responsible for his actions and emotions. He refuses to leave anything to chance or to the opinions and influence of others. Doing so would be submitting to an *external locus of control* (J.B. Rotter, 1966).³² Those who are internal decision-makers are more autonomous and have a better self-image. They are more easily convinced that their performance depends upon their actions and that they are capable of reaching their objectives. They therefore have greater self-esteem and are less prone to victimization.

²⁹ Jacinthe Legros. "Quand le travail donne les bleus au coeur! Intervention centrée sur la résilience et le pouvoir d'agir des personnes qui vivent de la violence psychologique au travail." Available from Université Laval, <http://www.theses.ulaval.ca/2004/21485/21485.html>. Accessed Dec. 7, 2007.

³⁰ Sybil Wolin and Steven, J. Wolin. "Shaping a Brighter Future by Uncovering 'Survivor's Pride.'" "

³¹ Sybil Wolin and Steven, J. Wolin . *ibid*.

³² J. B. Rotter. "Generalized Expectancies for Internal Versus External Control of Reinforcement," *Psychological Monographs*, 80, no. 609 (1966).

Yet individuals need to identify their emotions in order to manage them. A person in an emotional slump is thrust into an emotional fog in which distress and depression may accompany wrath, denial, or suicidal ideation. Recognizing one's emotions is a first step to managing them and modifying one's behaviour. For example, an individual may enter the path to developing significant relations in order to overcome shyness and solitude.

Developing the ability to experience *hope and optimism* is also a positive ingredient which can help an individual overcome sadness and resist anger, guilt and a feeling of injustice.

Anxiety control and stress management strategies are also valuable tools. They are often associated with *coping*, a widely used concept in healthcare. These strategies are also aligned with the concept of *emotional liberation*. By modifying an individual's internal condition through meditation, sophrology, relaxation, or other forms of leisure, it is possible to release the tension resulting from adversity. These methods originate from cognitive-behaviourist and

gestalt theories. Visualisation, centering and respiratory techniques may be efficient methods. It should be remembered that stress is an adaptive reaction by the organism to an internal or external stimulus. It not only stems from a difficulty encountered, but also on the individual's interpretation of it.³³

Coping would be insufficient if the individual's problem-solving abilities were not taken into account. These abilities help

him find the means to deal with a stressful event and to reach a level of acceptance and adaptation.

Edward Bibring described the concept of emotional liberation in the 1940s.³⁴ An individual manages and stores away his tensions in order to let them dissolve and subsequently fade away. The fading of the emotions, at the very least, diminishes the grip of anxiety if the negative emotion fails to disappear completely. Storing takes place through changes in the internal conditions which allowed the negative

Coping

- **Derived from Old French word which meant a hit.**
- **Covers various psychic and behavioural mechanisms which foster adaptation to difficult circumstances (i.e. disease)**
- **Composed of a person's internal and external resources (contacts) as well as his awareness of his sources of motivation and of his available resources.**

PSYCHOLOGICAL LIBERATION STRATEGIES



Any strategy which brings serenity after working on one's perceptions and emotions.

³³ Margot Phaneuf. "Cancer, mécanismes de défense et d'adaptation et interventions infirmières," University of Evora, Portugal (February 2005).

³⁴ Edward Bibring, American psychiatrist.

emotion to emerge.³⁵ This psychoanalytic concept leads us to either work on a self-generated perception of trauma or to rely on the judgment of others (guilt, feelings of worthlessness, remorse, etc.).

Humour

Humour is the third item on the second floor of the *casita*. An individual who possesses this characteristic can put a situation into perspective by lightening up the mood and by combating sadness and the feeling of victimization. As noted by Vanistendael and Lecomte (2000), humour is not akin to flight from reality; it allows an individual to distance himself from an event and to relax. Humour is a positive adaptive mechanism.³⁶

Other life experiences

The roof of the *casita* includes an openness to other experiences, which remains to be explored. A person who is willing to live new experiences, in spite of the occasional regression and moment of fragility, is on the path to reconstruction. Having overcome the feelings associated with his experience, the individual is available to pursue a new trajectory in his life. He is even open to giving himself new goals and to undertaking new initiatives.

The *casita* model is enlightening. It allows nurses to foresee at a glance all of the elements that a patient who has experienced hardship will need to develop resilience.

Conclusion

This article has covered a few elements associated with resilience, but it is not exhaustive. We have provided a few tips and some explanations which can help the nurse implement her strategies. We have seen that a helping hand or a helpful and meaningful relation with the caregiver or the acquaintances of a victim of adversity can make all the difference. As Cyrulnick noted, “the paradox of the human condition is that we cannot become ourselves without the influence of others.”³⁷ This applies to supporting children who have been neglected or abused and to providing aid to adults who have been confronted with adversity. Another document entitled *Resilience and Nursing* complements this article and also contains a few more useful techniques.³⁸

³⁵ Dominique Friard. “Les mécanismes de defense.” Available from Serpsy, http://www.serpsy.org/formation_debat/defense.html. Accessed Dec. 7, 2007.

³⁶ Summarized by David Buick in his article available at http://www.relation-aide.com/dos_description.php?id=128.

³⁷ Translated from Boris Cyrulnick, *Les nourritures affectives*. Odile Jacob: Paris, 2006.

³⁸ Margot Phaneuf, Resilience in nursing, available on Infiressources http://www.infiressources.ca/fer/Depotdocument_anglais/Resilience_and_nursing.pdf

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