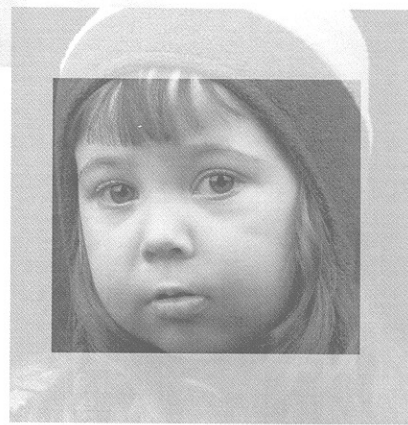
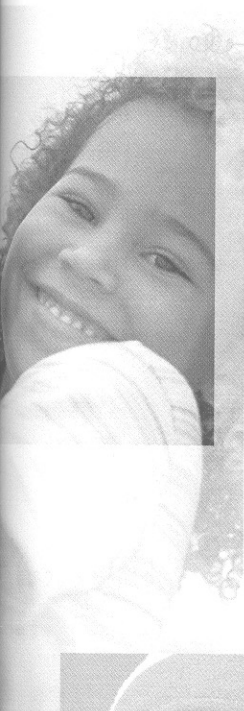


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REÇU

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RESILIENCE VERSUS COPING

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The concept of resilience is not without controversy. It is viewed as a competing theoretical construct for some who have invested in other theoretical traditions, including coping theory. In this article some of the criticisms that have been leveled at resilience are responded to. It would seem that resilience theory's proposition that ordinary day to day experiences are in most circumstances sufficient overcome the developmental effects of severe adversity is hard to accept.

Might the concept of resilience be too good to be true? Resilience seems to be attracting some criticism because what it suggests is a bit disconcerting to many who have spent years in the field of child welfare. It would seem that, in the social sciences, the prevailing view holds that experiences of serious adversity, particularly during childhood, have long lasting effects

(Seligman, 1993; Bandura, 2001; Lemay & Ghazal, 2001). In an important review article, Luthar, Cicchetti, and Becker, (2000) end by cautioning against making resilience a fashionable term or word. However, in their article they spend the better part of 20 pages responding to a variety of criticisms about resilience and they show that resilience is not a slogan but rather an important theoretical concept that helps to better understand why most people, including children, do well despite adversity.

Recently, James Garbarino, an important writer to many in the field of child welfare, had occasion to question the value of resilience theory and research, most probably in reaction to its recent prominence. The occasion for his criticism was a brief two-page review of Erica Frydenberg's 1999 book: *Learning to Cope*. The point that Garbarino makes is that he finds the concept of *coping*

somewhat more satisfactory and superior to the now very popular concept of *resilience*. Very simply, according to Garbarino, coping is superior because it carries a lot less baggage than resilience. Garbarino writes that coping "focuses on the process of struggle rather than some idealized purely positive outcome" (p. 247).

Garbarino points out "the concept of resilience rests on the research finding that, although there is a correlation between specific negative experiences and specific negative outcomes, in most situations a majority (maybe 60 to 80 percent) of children and youth will not display that negative outcome" (p. 247).

To Garbarino, coping is a more modest concept whereas resilience has four important shortcomings. However, Garbarino's concerns seem to be based on misconceptions rather than the result of rigorous critique.

1) **“Resilience is not absolute. Virtually every child has a “breaking point” or an upper limit on “stress absorption capacity”** (p. 247). There is an upper limit to the capacity to withstand adversity. But what does such a statement really mean? Clarke and Clarke (2000) point out that there are personal differences between individuals in how they experience adversity and how they overcome it. “Some children are crushed by what others experience as minimal stressors, others overcome what seem to be almost insuperable malevolent influences. Differences in vulnerability and resilience are large” (p. 100).

However, Clarke and Clarke generally conclude, based on all of the available research, that “depending on the sample, the length of the follow-up, the measures used, the strength of subsequent influences and life occurrences after the early years, then loud and clear comes the message that early experience by itself does not predestine the life path, except in very rare instances where biological damage is so great as to disable the child permanently. Such gross damage results in severe learning difficulties, but there could be more subtle influences when, for example, privation, with malnutrition, might possibly handicap brain development” (p. 100).

Indeed, the evidence is so overwhelming that Clarke and Clarke relate that even Bowlby recanted his original position on the effects of early maternal

separation, which was viewed (and many continue to view) as an almost universal developmental “breaking point” that went beyond most children’s “stress absorption capacity.” In 1988, shortly before his death, the authors quote Bowlby who wrote, “present knowledge requires that a theory of developmental pathways should replace theories that involve specific phases of development in which it is postulated that a person may become fixated and/or to which he may regress” (p. 102) (see also Kagan, 1998). Surprisingly, however, the authors relate that the dominant position, at least in popular culture and certainly in therapeutic intervention, remains that early experience has long lasting impact and that it is changeable only in rare circumstances.

2) **“Resilience diminishes as risks accumulate”** (p. 247). Adding risk factors reduces resilience. Once again, this is a very simple critique that is not ignored by resilience researchers. A careful reading of the literature suggests the very same thing; in fact, many resilience researchers say that the first job of intervention is to reduce the risk factors (Luthar et al. 2000) and even to stop adversity (Clarke and Clarke, 2000). This is why resilience fits in so well with child protection, for instance.

3) **“Resilience in gross terms may obscure real costs to the inner life of the individual”** (p. 248). This is probably the most telling critique that Garbarino proposes and, in fact,

is the same critique that Wolf Wolfensberger (1972; 1998) shared with me at a 2003 conference in Calgary (Lemay, 2003). His point was despite the fact that individuals might, according to certain external criteria, exhibit resilience, they, however, may have been scarred by the experience of adversity. This, of course, is true and is probably not emphasized enough in resilience writing or teaching. It is, however, irrelevant to the issue. Adversity, or risk, is not *willingly* caused as in some vast human experiment. They are part of the human condition. Most if not all people experience adversity (Crompton, 2003). There are costs (and benefits) to adversity, but most people are not so damaged by such experiences that they can no longer function appropriately and adaptively. That there are subjective and emotional impacts that linger throughout life should not surprise, but then, some people have trouble “coping” with good fortune too.

The fact of the matter is that social sciences research generally, and human services in particular, have over the last long period of time overemphasized psychopathology (what we could term an inhibition of appropriate and adaptive behavior) as the natural outcome of adversity. As Bandura (2001) points out that psychological theories “grossly over-predict psychopathology” (p. 17). “Our theories would lead one to expect that most of the children living in these impoverished, risky environments would be

heavily involved in crime, addicted to drugs or too physically impaired for a normal life. In fact, most of the children make it through the developmental hazards. In adulthood, most support themselves through legitimate jobs, form partnerships, and stay clear of criminal activities" (p. 17-18).

Adversity and resilience are commonplace. The psychic costs of resilience might be understood as how individual personality comes to be built upon an edifice of life experiences and life changes, and no one is exempted from such a developmental dynamic. Resilience, therefore, is a needed correction to the social sciences which have, in the past, overemphasized the deficits and the negatives. Garbarino points out that "coping is not free" (p. 248), however, that misses the point. Nothing is free, there is no free lunch, and nobody, including resilience researchers, said there was. The fact that 80% of the Holocaust survivors, who emigrated the United States, went on to lead successful lives (Helmreich, 1996) is more telling of resilience than of coping.

What coping misses, as a concept, is the ordinary magic and the power of luck and happenstance that contribute to good outcomes. Coping over-relies on the individual and his abilities. Resilience on the other hand is a much broader concept that makes room for many more possibilities that in fact explain the data much more convincingly.

4) Garbarino last criticism is that "resilience does not mean moral superiority." The child who demonstrates resilience has extraordinary attributes and resources that the non-resilient child does not have" (p. 248). But then again this is where Garbarino misses the point because there is one thing left out of his simple equation of resilience, it is not only a question of the child's abilities and resources and, in fact, the testimony of Holocaust survivors is that their own estimation of their survival is that they are in no way extraordinary. The number one reason they give for surviving the Holocaust is that they were lucky (Helmreich, 1996). They often report that they knew others who were stronger, smarter and yet who died. Coping is the science of *remarkable people* whereas resilience is the story of how remarkable people can be (paraphrased from Helmreich, 1996, p. 276).

It would seem that resilience might offend one's sense of proportion. If an individual suffers very serious adversity then only a concomitantly serious remedy should negate its ill effects. From such a perspective, courageous coping and/or masterful therapy seem to be the only possible recipe for overcoming serious adversity. However, Robbie Gilligan (2000) writes that "Athe rituals, smiles, the interest in little things, the daily routines, the talents they nurture, the interest they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference.

All of these little things may foster in a child the vital senses of belonging, of mattering, of counting. All of these little details may prove decisive turning points in a young person's developmental pathway. It's important not to be distracted or seduced only by the big questions (p.45). From such a perspective, one could argue that it is resilience's invoking of *modest* means that seems to make its claims immodest.

Garbarino's position is that coping, in essence, is about the individual's capacity to struggle on to overcome risk. Wherefore, then, intervention and therapy and the like? Isn't it precisely the role of professionals to firstly put an end to adversity on the one hand and secondarily to facilitate or create the conditions whereupon resilience can occur? What Gilligan (2000) describes above and what Masten (2001) has termed "ordinary magic" makes clear that typical day-to-day activities, the "humble tasks of parenting" (Jackson & Kilroe, 1995) or having access to the "good things of life" (Wolfensberger, 1998) which include relationships, social supports, meaningful activities, and so on are sufficient to lead to outcomes of resilience. In fact, putting an end to adversity and being immersed in day-to-day life are sufficient even without professionals acting as mediators (Clarke & Clarke, 2000).

Conclusion

Garbarino would say that coping is more modest, but it is

actually immodest and more limiting. It evokes the individual struggling personally and courageously to overcome adversity, with a professional in the background providing heroic therapy to bolster these capacities and motivating the person to do what needs to be done. Resilience, however, is a much broader, much richer concept that suggests that the thousand and one different things that occur in everyday life can serve as turning points in a person's life: A chance encounter, a new activity, a word of kindness, are all things that can lead to a positive chain of events that might eventually return the person to normal development.

Of course, there is a cost to adversity. The subjective experience of adversity is an important factor that we must keep in mind. However, we do know that harping on adversity, and especially on the very subjective experience of adversity, will do nothing to diminish the psychic costs of adversity, quite the opposite. Resilience suggests putting it behind you. Soldiers who have come back from the front are marked for life. Recently, surviving soldiers recounted their experiences on D-Day on the beaches of Normandy, sixty years ago. As they told their stories, some cried and they were all moved. What they experienced at the front with their comrades dying, their experience of fear and terror are things that can come back to haunt them, especially when events and circumstances bring these memories back to the fore. These men survived 60 years to

tell the tale at least in part because they were not brought back to Normandy on a regular basis to relive and cope again with these long ago events. Upon returning after the war, they got caught up in life, friends, work, and family, filling up the days, weeks and months with ordinary life. In fact, if they are like my uncle who was also there, they probably don't like to talk about the war all that much. Resilience is, in part, about putting adversity behind you and getting on with the hustle and bustle of life. That is what most people do, and resilience is the model we should have in mind when thinking about services to children and youth who are the victims of abuse or neglect. That is the kind of good thing we need more of and nothing less will do.

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Coping is the science of *remarkable people* whereas resilience is the story of how remarkable people can be...

(paraphrased from Helmreich, 1996, p. 276).

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