CHAPTER II

REVIEW OF LITERATURE

Introduction

An extensive search for literature related to the concept of resilience was carried out through the internet as well as in the local libraries. Besides the online facility, the inter-library loan service for books, journals, and conference proceedings were also utilized.

The literature procured were organized and presented in this chapter according to the concept of resilience, the theoretical framework, other related concepts, traits of resilient personality, the profile of resilient personality, Wolin and Wolins' (1993) seven resiliencies, the Damage Model, the Challenge Model and finally the conclusion.

The Concept of Resilience

Research on resilience came into prominence in late 1980's. Prior to that, the concept of invulnerability was used. Flach (1988), Wolin and Wolin (1993), and Benard (1994) are some of the pioneer researchers who have dealt comprehensively on resilience. Each of them have come up with their own theory on resilience. However, their basic concepts of resilience remain similar.

Resilience arises out of a belief in one's own self-efficacy, the ability to deal with change and possess a repertoire of social problem-solving skills. Resilience is the tendency for a child, an adult, or a family to rebound from stressful circumstances or events and resume usual activity and success. Resilience is the power of recovery (http://www.peds.umn.edu/Centers/ihd/CHIPage1.html).

Resilient people are not invincible. They can be hurt. They can be wounded. They are not immune to the stresses of daily life. Resilience is a dynamic, ever changing quality. It is affected by the environment, the stage of a person's development, and the specific situation a person faces (http://www.peds.umn.edu/Centers/ihd/CHIPage1.html).

Resilience is defined as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological literature describes three kinds of phenomena in resilience: (1) good outcome despite high-risk status; (2) sustained competence under threat; and (3) recovery from trauma (Masten, Best, and Garmezy, 1990).

The concept of resilience includes a self-reflective capacity and a self-soothing capacity. It also calls up positive images such as determined, vigorous, hardy, and irrepressible. Being resilient means being capable of bouncing back from defeats and disappointments; turning losses into learning experiences; and coping with stressful settings and difficult life events. Simply, it means a resilient person can bounce back no matter what the pressure is or what the odds are against him/her failing (Louis, 1998).

According to Web Dictionary of Cybernetics and Systems (1999) retrieved from http://pespmc1.vub.ac.be/ASC/RESILIENCE.html , resilience is the measure of a system's ability to:

1. To remain within a domain of stability in response to fluctuations of the system by a disturbance, and the ability of the system to return to that stable domain having once left.

2. To make a smooth transition to a new stable state in response to changes in external conditions. The wider the range of external fluctuations in which the system can obtain a stable state, the greater is the resiliency of the system.

3. To absorb changes and still persist.

In this research, resilience is taken to mean the ability to restore a balance by accepting difficult life events and merging them into the broader life experience. This involves courage, flexibility, self-reliance, and the ability to find continued meaning and purpose in life.

Theoretical Framework

Flach (1988) used the law of disruption and reintegration in explaining his theory of resilience. A person's homeostatic structure, which is the equivalent of personal equilibrium, could be destabilized by stressful life events especially at bifurcation points or moments of extreme change. The person's internal or external structures may

disintegrate into chaos and the eventual outcome of such chaos is totally unpredictable. At such times, the person is at great risk. He may remain forever destabilized. He may even form a new homeostasis structured around disability, anguish and inadequate coping behavior. Or, under optional circumstances, he may set the stage for reintegration into a new and more effective level of personal coherence. Flach (1998) provided a diagram illustrating the normal cycle of disruption and reintegration (See Figure 2).

Bifurcation Point Stress

New Homeostatic Structure

Homeostatic Structure
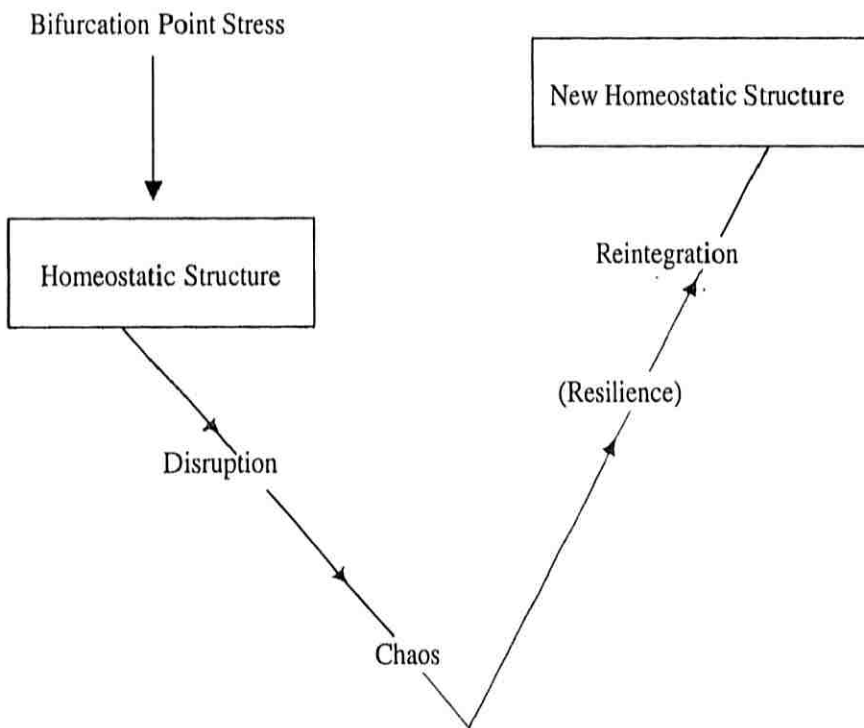
Reintegration

(Resilience)

Disruption

Chaos

Figure 2. The Normal Disruption-Reintegration Cycle

(Adapted from: Flach, F. (1988). Resilience: Discovering New Strength at Times of Stress. Page 15. New York: Fawcett Colmbine.)

Flach (1988) asserted that the law of psychobiological disruption and reintegration has serious impact with regard to all of our lives. The four main points of the law are:

1. In order to learn and to experience meaningful change, we must fall apart.

2. During periods of chaos, we are at varying degrees of risk, as we cannot determine in advance what direction our future will take.

3. By making us more knowledgeable and adaptive, each period of disruption and reintegration is necessary to prepare us to meet the stresses that lie ahead.

4. Failure to pass successfully through any stress cycle can leave us crippled, without the strengths we will need when other bifurcation points appear.

As depicted in Figure 2, resilient individuals are aware that they are in trouble and seek help from others when they need to in order to bounce back, to regain their homeostatic structure. The more resilient individuals regain their personal equilibrium faster. On the other hand, there are those who may not even have the insight that they are in trouble or have the motivation to reach out for guidance or help. They will remain in the chaotic pit once their inner resources are depleted. If left unattended, they will suffer from burnout and depression, which will in turn adversely affect their personal functioning.

People may respond to loss, stressful life events or tragedy by succumbing or giving up, coping or surviving but with impairment, resiling or recovering fully, or

thriving – learning from the experience and coming out stronger because of it (Zimbardo, Weber & Johnson, 2000). Individuals who triumphed despite being subjected to hardships and trauma vividly exemplify the spirit and strength to survive. It is through their accounts that we are able to learn about resilience.

The concept of resilience provides a fresh perspective for the field of mental health promotion. There are a number of definitions of resilience as found in the literature and experts' comments. However, some commonalities are apparent. They are: (a) competence and coping in the face of significant adversity and risk; (b) development and growth over time; (c) the match between characteristics of the individual – or groups of individuals – and the external environment; (d) the role of protective factors within the individual or group; and (e) the impact of social, economic, political, and cultural factors on the resiliency of the individuals or groups. Most definitions also tend to emphasize individual resilience rather than resilience as it relates to groups of individuals.

Mangham, McGrath, Reid, and Stewart (1995) incorporate five major components in their definition of resilience. The components are the human system, optimum health and functioning, risk, protective factors, and time. According to them, resilience is the capability of individuals and systems (families, groups, and communities) to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, is enhanced by protective factors within the individual/system and the environment, and contributes to the maintenance or enhancement of health.

In their definition, system refers to both individuals and groups of individuals. Although work in resilience has focused almost solely on individuals, some researchers have begun to apply resiliency to families (McCubbin & McCubbin, 1993). Individuals do not live in isolation but interact with many different groups and systems (Bronfenbrenner, 1986). Thus, Mangham et al (1995) consider resiliency as a characteristic, not only of individuals, but also of the social environments in which people live. These social environment and systems include the family, school, clubs and organizations, work settings, neighborhoods, and societies.

Maintenance or enhancement of health and coping successfully refers to an outcome or adjustment. Behavioral competence has traditionally been used as outcome measures in resiliency research, as indexed by positive social skills or social adjustment and a lack of overt behavior problems. However, Mangham et al (1995) believe that other areas of adjustment like emotions, physical health, and academic/vocational achievement need to be considered.

Risk, as used in the definition, refers to variables whose presence lead directly to pathology or maladjustment (Rutter, 1987). There are numerous ways of defining risk. Risk has been defined as experiencing a number of stressful life events or experiencing a single stressful or traumatic event. When considering multiple facets of adjustment, the most variable approach seems to be a combination of individual, familial, and sociodemographic factors.

Protective factors refers to variables which serve to alleviate or decrease the negative influences of being at risk. More restrictive definitions of protective factors refer to variables which affect adjustment only under high risk conditions, but not under low risk conditions. Masten and Garmezy (1985) summarized protective variables under the headings of characteristics of the individual, supportive relationship within the family, and supportive environments or relationships outside the family.

Time, and the related issue of change, play major roles in understanding resilience. First, resilience has usually been applied to individuals who display successful later adaptation despite earlier risk. When examined in this manner, resilience can be identified only through longitudinal research studies. Second, resilience is not a fixed trait but may change over time depending on changes in risk and protective variables. If someone is classified as resilient at one point in time, this does not guarantee that he will continue to demonstrate successful adaptation from then on.

In short, resilience is not a simple concept. It is not some characteristic that certain individuals do or not possess. Rather, resilience must be seen as a complex, dynamic interplay between certain characteristics of human systems and the broader environment that surround them that change over time.

As seen in the preceding paragraphs, the literature on resilience has a number of similarities to health promotion. However, there are some major differences. The two most important concepts contained within the notion of resiliency are risk and protective

factors (Mangham et al., 1995). It is the joint evaluation of both risk and protective factors that differentiates resiliency from other concepts in health promotion. Traditionally, health promotion research has focused on either decreasing risk factors in high-risk groups or enhancing protective factors in all individuals. In contrast, resiliency suggests the need to enhance protective factors only among high-risk groups of individuals. In addition, from a resiliency perspective, more than one type of protective factors should be examined.

Related Concepts of Resiliency

There are a number of concepts, which have been examined within health promotion and found to be of relevance to resiliency. An overview of these variables which may be viewed as protective factors are presented below:

1. Coping

   Coping has been discussed from the perspective of chronically ill children and adolescents (Brown, Doepke & Kaslow, 1993; Ahmann & Bond, 1992; Leonard, 1991), youth in disadvantaged situations (Jessor, 1993), antisocial children (Patterson, Dishion & Chamberlain, 1993), adults with AIDS (Pizzi, 1992) and the family (Bronfenbrenner, 1993; McCubbin & McCubbin, 1993; Sinnema, 1991). Fine (1991) links resilience to emotion and problem-focused coping while Richardson et al (1990) define resilience as a process of coping with disruptive life events. Thus, coping is an important component of

resilience. Furthermore, enabling coping is a key mechanism of health promotion, yet these links are virtually ignored in health promotion literature.

2. Self-help

It is a key concept in health promotion but not frequently discussed in resilience literature. Self-help is alluded briefly in reports on resilience in chronically ill children (Ahmann & Bond, 1992) and on communities struck by disasters. Rutter (1990) believes that people's own actions can shape environments and that interventions, which enable self-help, can foster resilience. Evidently, the link between self-help and resilience warrants further exploration to analyze its potential application in promoting resilience.

3. Social support

Social support is an important coping resource. Social support is emphasized in the health promotion premise of supportive environments. In turn, the supportive environments are considered as a major protective factor in promoting resilience. Social support has been discussed in relation to resilience of hospitalized children (Bolig & Weddle, 1988), chronically ill children and adolescents (Brown et al, 1993; Rodin et al, 1990), children in poverty and high risk situations (Garmezy, 1993; Jessor, 1993), the healthy family (Bronfenbrenner, 1993), family coping with illness (McCubbib & McCubbin, 1993) and adults with AIDS (Pizzi, 1992). There is recent evidence that the immune system can be bolstered through social support and in turn prevent certain illnesses (Ader & Cohen, 1989; Kiecolt-Glaser & Glaser, 1992). Social support is conceptualized as an important protective

factor in the resilience process (Garmezy, 1993). Social support is encompassed in interventions at the community and family level aimed at promoting resilience (Fincham, 1992; Richmond & Beardslee, 1988), prevention programs aimed at high risk youths and isolated people (Kumpfer & Hopkins, 1993), individually-based intervention in schools (Trickett & Birman, 1989) and in school-based competence promotion programs (Weissberg et al, 1989). The mobilization of peer groups and of families as a form of support system is recommended by contributors to the resilience literature (Rolf & Johnson, 1990).

4. Empowerment

A popular concept frequently appears in health promotion and prevention documents, articles, and books (Wallerstein, 1992). Some researchers have explored its potential briefly in terms of interventions which promote resilience (Trickett & Birman, 1989; Zeitlin, 1991). However, further research needs to be conducted to examine the concept of empowerment and its implications on resilience, particularly in terms of its relevance to self-esteem, self-efficacy, and perceived competence.

5. Self-esteem

Self-esteem is related to health status and outcomes and can be a mediator of life stress or, alternatively, a risk factor. According to Raphael (1993), self-esteem by itself is not a promising target of health promotion; it should be linked to resilience.

6. Self-efficacy

Labonte (1993) acknowledged self-efficacy as a social learning concept, which can be enhanced by supportive environments and could be conceptualized as an outcome or long-term effect of resilience. Protective processes in resilience include those that promote self-efficacy (Rutter, 1990). Self-efficacy is mentioned in reports on resilience in hospitalized children (Bolig & Waddle, 1988) and preventive programs which focused on resilience (Kumpfer & Hopkins, 1993). Further study on self-efficacy is needed especially in health promotion interventions encompassing education and support, promote social learning and in turn enhance self-efficacy and resilience.

7. Competence

Programs aimed at promoting resilience have given considerable focus on competence (Garmezy, 1991; Peter, 1988). Garmezy (1991) views the acquisition of social competence as a protective factor in resilience. Competence can be fostered by social skills development (Patterson et al, 1993). Programs to promote social competence in schools are assumed to promote resilience (Weissberg et al, 1989). Although there is some disagreement about whether competence is an outcome or protective factor in resilience, it is undoubtedly relevant to resilience.

Traits Of The Resilient Personality

The research on resilient people comes from many sources. The majority of the findings are from studies that followed the same children from infancy through adolescence (Werner & Smith, 1982; Block, 1981; Murphy & Moriarty, 1976). Clark (1983) and Garmezy (1983) studied the lives of minority children who had succeeded in school. Anthony (1974) focussed on the traits and factors surrounding resilient children from highly dysfunctional families, whereas Moskovitz (1983) examined the resilient survivors of wars and concentration camps. Werner (1984) summarizes all of these studies to find that resilient people share four central characteristics:

Firstly, resilient people take a proactive approach rather than reactive or passive approach to problem solving. This means that they tend to take charge of their life situation and do not wait for others to do things for them or react negatively to situations they cannot control. This proactive approach to problem solving requires that the person be self-reliant and independent while at the same time socially adept enough to enlist appropriate help from others.

Secondly, resilient people are able to construe their experiences in positive and constructive ways. This holds true even when the experiences are negative or painful. By doing so, it enables the person to grow and deal with the situations effectively. It sidesteps emotional-hijacking.

Thirdly, resilient people are good-natured and easy to deal with. As a result, they gain others' positive attention paving the way for the establishment of close social bonds. The care, attention and nurturing out of the social bonds could be drawn from family members, friends, teachers, colleagues or neighbors.

Finally, resilient people develop early in life a sense of what Antonovsky (1979) calls "coherence", defined as a basic belief that life makes sense and that one has some control over what happens. It is this sense of coherence that keeps resilient people strong enough through difficult times. The research by Moskovitz (1983) shows that children subjected to war and concentration camp trauma were able to love and behave compassionately towards others despite the horrors surrounded them. They were able to do so because they saw and construed a higher purpose for their lives. They placed a sense of meaning on their suffering which in turn contributed to their ability to persevere and function against all odds.

The research on stress-resistant adults has turned up some of the same characteristics of resilience. Kobasa, Maddi, and Courington (1981) studied business executives who performed well physically and mentally under stress. Similar findings are found among other populations, including lawyers (Kobasa, 1982), teachers (Holt, Fine, & Tollefson, 1987) and nurses (McCranie, Lambert, & Lambert, 1987). The characteristics that seem to make up the resilient individual are a sense of control, challenge, and commitment. These three characteristics have been collectively defined as the "hardy personality" (Joseph, 1994). It is also interesting to note that the hardy

attitudes identified by Kobasa in adults are similar and even equivalent to those found in the studies of resilient children. The three main component traits of the hardy personality are discussed next to provide a basis for the development of resilience required of school counselors.

The first component is a sense of control. It refers to the basic belief that one can influence what happens to oneself. This does not mean that one can always control the situations or people around him. Rather, it means that one can control oneself and accept responsibility for one's own decisions and their consequences. This is termed as "internal locus of control" by psychologists (Rotter, 1966). People who have an internal locus of control take responsibility for themselves. They believe that taking charge of the situation will result in management of the stressor. They do not expect others to do for them what they can do for themselves. They adopt a proactive approach in solving problems as evidenced in resilient individuals (Werner, 1984).

The second component of hardiness is sense of challenge which is the ability to see the positive aspects of change and to minimize or get beyond the negative aspects of a situation. A person who sees life as a challenge is not only positive about life in general but also able to defuse the threat behind misfortune and extract opportunity from the change. To have this kind of positive perspective, a person must be able to think flexibly, to see a situation from different perspectives and generate different solutions for problems (Joseph, 1994). This positive attitude is clearly observed in resilient people when confronted with problems or difficult situations.

The third characteristic of the hardy personality is a sense of commitment, which is the ability to find meaning, and value in what one is doing. It is the ability to see a purpose or reason behind one's existence. Commitments are the goals one sets and the effort one puts forth to achieve them. They are seen as stress inoculators and achievement motivators because human energy will be focussed toward the goals. In times of adversity, a resilient person is able to persevere because he sees a meaning behind it with a sense of commitment (Joseph, 1994). In summary, Joseph defined a resilient individual as a person who is responsible, positive, self-reliant, committed, and socially skillful. All of these traits can be socialized and reinforced

Profile of Resilient Personality

Eisendrath (1996) has identified the major personality traits of resilient people in her longitudinal study which followed her subjects from childhood into middle adulthood. Based on the personality traits, the resiliency profile of a person is compiled. The profile of a person that would predict his/her resilience are:

1. The ability and wish to feel and understand the needs of others.

2. The ability to compromise and to delay meeting one's own desires in order to meet the needs of others.

3. The potential for creative development.

4. Humor - being able to laugh good-naturedly at one's previous mistakes and fanaticism.

5. Wisdom - coming to grips with the meaning of one's life and one's limitations.

As can be seen, the profile of people who are resilient identified by Eisendrath (1996) is an extension of an earlier study by Werner (1984) who had established a comprehensive summary of resilient personality.

Flach (1988), a psychiatrist, through his years of research on resilience made an important and encouraging observation. He attested that resilience is a strength most of us can develop and practise. He has also assembled a profile of resilient personality which includes the following:

1. A strong, supple sense of self-esteem.

2. Independence of thought and action, without fear of relying on others or reluctance to do so.

3. The ability to give and take in one's interactions with others, and a well-established network of personal friends, including one or more who serve as confidants.

4. A high level of personal discipline and a sense of responsibility.

5. Recognition and development of one's special gifts and talents.

6. Open-mindedness and receptivity to new ideas.

7. A willingness to dream.

8. A wide range of interests.

9. A keen sense of humor.

10. Insight into one's feelings and those of others, and the ability to communicate these in an appropriate manner.

11. A high tolerance for distress.

12. Focus, a commitment to life, and a philosophical framework within which personal experiences can be interpreted with meaning and hope, even at life's seemingly most hopeless moments.

As seen from the literature reviewed so far, each of the researchers had different ways of defining and profiling resilient people. Some collapsed or summarized the identified characteristics into factors, while others enumerated them. They were not as comprehensive as what is presented next.

The Seven Resiliencies

Wolin and Wolin (1993), through their years of clinical experience, research and theory building, have discovered a flip side to the isolation, fear, degradation, and anguish commonly experienced by survivors of troubled families. They identified for the first time the clusters of strength or resiliencies that typically emerge as survivors battle adversity. The seven resiliencies and their definitions according to Wolin and Wolin are:

1. <u>Insight</u>

   It is defined as the mental habit of asking searching questions and giving honest answers. The development of insight begins with sensing or an

intuition that family life is strange and untrustworthy. Alert to danger, resilient children soon see the meaning of telltale changes in a parent's walk, dress, breath, or tone of voice. With the intellectual growth of adolescence, sensing deepens into knowing the full extent of family troubles, including its personal implications. In adulthood, the psychological awareness of resilient survivors ripens into a penetrating understanding of themselves and other people.

2. Independence

It is defined as the ability to draw boundaries between oneself and troubled parents; and keep a distance emotionally and physically while satisfying the demands of one's conscience. The first sign of independence in young children is straying away from painful family scenes. Realizing that distance feels better than closeness, older children and adolescents work at disengaging from their family emotionally. As adults, resilient survivors master their hurt feelings and succeed in separating themselves from their troubled families. With the achievement of separateness, survivors relate to their family out of freely chosen, rational beliefs rather than conforming to their parents' unreasonable demands.

3. Relationships

It is defined as the ability to form intimate and fulfilling ties with other people. Proof that you can love and be loved, relationships are a direct compensation for the affirmation that the troubled families deny their children. Early on, resilient children search out love by connecting or attracting the attention of available adults. Though the pleasures of

connections are fleeting and often less than ideal, these early contacts seem enough to give resilient survivors a sense of their own appeal. Infused with confidence, they later branch out into active recruiting - enlisting a friend, neighbor, teacher, policeman, or minister as a parent substitute. Over time, recruiting rounds out to attaching, an ability to form and to keep mutually gratifying relationships. Attaching involves a balanced give and take and a mature regard for the well-being of others as well as oneself.

4. Initiative

It is defined as the capacity to take charge of problems, exert control; and have a taste for stretching and testing oneself in demanding tasks. Resilient survivors prevail by carving out a part of life they can control amid the swirling confusion and upheavals of the troubled family. As pieces of the world bend to their will, successful survivors build competence and a sense of power. Initiative is seen initially when resilient children turn away from the frustration of their troubled parents and follow the call of their curiosity to go exploring. Opening and closing drawers, poking around, and conducting trial-and-error experiments that often succeed, resilient children find tangible rewards and achieve a sense of effectiveness. By school age, exploring evolves into working. Though not all resilient children become outstanding students, the random activities of their earlier years become focused, organized, and goal-directed over a wide range of activities. In adults, the gratification and self-esteem associated with completing jobs become a life-

long attraction to generating projects that stretch the self and promote a circle of growth.

5. Creativity

It is defined as the ability to impose order, beauty and purpose on the chaos of one's troubling experiences and painful feelings. It is the harbor of imagination where one can take refuge and rearrange the details of his life to his own pleasing. In contrast to the resiliencies that keep the wheels of reality rolling, creativity turns reality inside out. It originates from playing or pretending to be a superhero, princess, space explorer, or ferocious beast when one is actually under siege. With time, the imaginative energy that drives playing is channeled into shaping or making art. In adolescence, many resilient survivors dabble in writing, music, painting, or dance to break the constraints of their troubled family and their own hurt feelings. In some adult survivors, shaping evolves into composing or skilled creative activity.

6. Humor

It is defined as the ability to find the comic in the tragic involving one's creativity. Most resilient survivors direct their urge to play into humor, mixing the absurd and the awful and laughing at the combination. Related to creativity, humor is another tangible proof that one can stop the course of destruction and emerge whole from shattering experiences.

7. Morality

It refers to an informed conscience that extends one's wish for a good personal life grown large and inclusive. The seeds of morality are sown early when

strong children in troubled families feel hurt, want to know why, and begin judging the rights and wrongs of their daily lot. In adolescents, judging branches out into valuing principles such as decency, compassion, honesty, and fair play. Restoring themselves by responding to sufferings in others, resilient survivors champion the underdog, dedicate themselves to cause, and try to impose order at home. In successful adult survivors, morality becomes more a matter of obligation than of private satisfaction or personal repair. By serving, or devoting time and energy to institutions, community, and the world, resilient survivors join their individual selves to the selfhood of humanity.

Around the seven resiliencies, the Wolins formulated the Challenge Model (Wolin & Wolin, 1993) as an alternative to the more established and well-accepted Damage Model (Wolin & Wolin, 1993). The Challenge Model affirms the survivor's capacity for self-repair.

Resiliencies tend to cluster by personality type. A survivor who is outgoing and gregarious will have a different array of resiliencies from one who is serious and introspective. Few survivors can claim to have all seven, completely closing off the past. For the majority, resilience and vulnerability are in steady opposition, one holding you up and the other threatening to pull you down. The inner life of a typical survivor is a battleground where the forces of discouragement and the forces of determination constantly clash. For many, determination wins out (Wolin & Wolin, 1993).

Unfortunately, the professions of psychiatry and psychology have done a lot to alarm us about our vulnerability but not nearly enough to inform us about our resilience (Wolin & Wolin, 1993). Everywhere we can hear news of damage but reports of competence are sparse. People are bombarded by frightening predictions that neglected and harmed children are destined to repeat the past by becoming abusive and neglectful adults. This is rather regrettable.

The assumption that mental illness travels across generations is sometimes the case. However, the transmission of family trouble from parent to child is by no means the rule (Wolin & Wolin, 1993). There have been survivors who are like flowers that grow healthy and strong in an emotional wasteland. In barren and angry terrain they find nourishment, and very often, their will to prevail becomes the foundation for a decent, caring, and productive adult life

According to Wolin and Wolin (1993), the damage alert has been overstated and become a disservice to us. If we are convinced by it, we will be caught in the Victim's Trap, bound tightly to the very past we want to escape from. Subsequently, the preoccupation with personal faults and weaknesses will blind us to the variation in life, and rob us of the satisfaction with our achievements. Our energy will be depleted by faultfinding and blaming others for events which can never be changed.

Realizing this, Wolin and Wolin (1993) have given more emphasis to the shifting of attention from the harm survivors have suffered in the past, to their ability to bounce back, to withstand hardship and to self-repair. By doing so, they will be able to manage painful memories rather than compulsively rehash their damage over and over. Other than that, they will be able to accept that a troubled family leaves its mark and renounce the futile wish that their scars can disappear completely. More importantly, the survivors are able to get revenge by living well instead of squandering energy blaming and fault-finding. By doing so, they will be able to break the cycle of family troubles and put their past in its place. In this manner, they release themselves from the Victim's Trap.

One of the ways to build one's resilience is to look for the times one outmaneuvered, outlasted, outwitted, or outreached one's troubled parent (Wolin & Wolin, 1993). This may enable one to find the dignity mined from a degrading past. In the process of discovery, one will eventually replace pain and doubt with self-respect, pride, and a new awareness of one's own accomplishments.

A close examination of the theories developed by Flach (1988) and Wolin and Wolin (1993) show many similarities. In fact their descriptions of resilient personality traits resemble Covey's (1992) Seven Habits of Highly Effective People. Goleman's (1996) description of emotionally intelligent people is not far off either. According to Goleman, emotional intelligence includes self-control, zeal, persistence, self-motivation, and sound moral instinct. However, Covey's and Goleman's theories are not dealt with here because they take on a different orientation. In view of the nature of this research,

Wolin and Wolin's theoretical framework on resiliency has been chosen due to its comprehensiveness.

The Damage Model

Wolin and Wolin (1993) reiterated the fallacy of the pervasive bias toward problems and maladjustments in the training they received respectively in psychiatry and psychotherapy. The medical school has been very steeped in the language of disease especially on the detection of symptoms and syndromes of illnesses. In the school of clinical psychology, the main focus is on the identification of maladjustment and disorders of behavior and the mind. Both schools are quite immersed in pathology and its treatment in the expense of health, wellness and its promotion. There has been only meager regard for the forces that keep people healthy.

Although there might be some concern on normal psychological processes, Wolin and Wolin (1993) observed that in both their professions, the real concern was with the lasting damage that results from exposure to harmful influences in life. This orientation has been named the Damage Model (See Figure 3) of human psychology resembling the germ theory of disease. Though this model has its merits, it has been less useful to survivors.
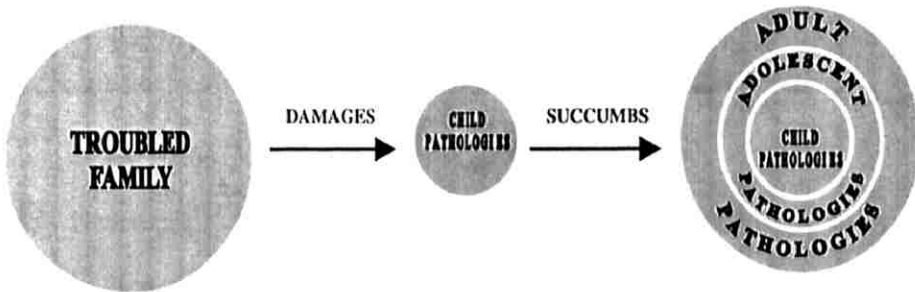
Figure 3: The Damage Model

(Adapted from: Wolin, S.J. and Wolin, S. (1993) The Resilient Self. New York: Villard Books.)

In the Damage Model, as shown in Figure 3, troubled families are seen as toxic agents, like bacteria and viruses, and survivors are regarded as victims of their parents' poisonous secretions. In this model, children are seen to be vulnerable, helpless, and locked in the family. The best they can do to survive is to cope or contain the family's harmful influence at considerable cost to themselves. Inevitably, the damage theorists say, the accumulating price of coping takes its toll and results in symptoms and behavior problems that make up the general category of pathology (Wolin & Wolin, 1993). In adolescence and adulthood, pathologies are layered on pathologies, and eventually the ones who survive are no better off than their troubled parents. The role of counselors or therapists in this scenario is to help repair the harm by understanding it.

When the Wolins first began practising therapy, they did not hesitate to adopt the Damage Model from the hospital and clinical settings where they were trained. After all

they were not exposed to an alternative model. In the beginning, they found the Damage Model had healing power and that prevented them from seeing its shortcomings. They knew then, and still know now, that by listening empathetically and by tracing people's woes to the troubles in their families, they could relieve some of the suffering.

Nevertheless, the accumulation of "clinical failures" throughout the years of practice began to dawn on the Wolins as to why they had not been of help to some patients. They began to see the drawbacks of the Damage Model clearly simply because the model provided only half of a picture of human psychology. Thus the therapy based on it was only half of a treatment. They found out that through their research that their patients who were survivors got bogged down in the Damage Model in three ways:

1. The Damage Model was leaving survivors in the lurch. With its focus on injuries inflicted in the past rather than on living well in the present, the model offered few cues about how survivors could build and maintain loving relationships with other adults, function as effective members of their community, raise children, or treat troubled parents. For parents who had to unlearn what their parents taught them and fill in a lot of gaps, the model lacked a vital educational component.

2. The model often backfired. Instead of energizing survivors, it lured then into the Victim's Trap. By overlooking strengths and ignoring resilience. Damage Model therapy encouraged survivors to describe, dissect, and document repeatedly how they had been hurt. In the process, they

solidified an image of themselves as helpless in the past, which then became the basis for fault-finding and continued helplessness in the present. Ultimately, the child-as-victim image diverted survivors away from the hard work of changing.

3.   The model left many survivors who had traveled a considerable distance from the past feeling like walking time bombs. The premise that family troubles inevitably repeat themselves from one generation to the next, coupled with the model's omission of resilience, did as much to frighten survivors as it did to help them.

Prior to Wolin and Wolin's findings, Kaufman and Zigler (1987) also rejected the assumption that child abuse is likely to be repeated from one family generation to the next. They also cautioned the hazards of accepting the intergenerational premise to the extent of becoming a self-fulfilling prophecy.

The Challenge Model

Through their longitudinal research on the long-term consequence of alcoholic parents on their children, Bennett, Wolins, Reiss, and Teltelbaum (1987) found that the transmission of addictive drinking from parents to child was not as predictable as the Damage Model. Numbers of adult children studied had not repeated their parents' drinking patterns, nor had they fallen prey to serious psychological problems. Some did surprisingly well, leaving their troubled parental homes to lead satisfying adult lives.

They helped themselves by not dwelling on their past and the damage they had suffered. They did not blame their parents for what was less than desirable in themselves. On top of that, they deliberately refused to take the bait of the Victim's Trap.

In the same study, the adult children of alcoholics who were free of drinking problems and leading satisfying lived had found and built on their own strengths. They had improved deliberately and methodically on their parents' life-styles. They married consciously into strong, healthy families and fought off memories of horrible family get-togethers in order to establish regular mealtime routines, vacations, and family celebrations and rituals in their own generation.

The capacity for self-repair as found in the study showed that strength can emerge from adversity. Thus, there is a need shift our focus not just on the damage suffered by our clients but on their resiliencies to get out of the vicious damage cycle. This gave birth to the Challenge Model of human psychology in examining and explaining how people handle unusual stress and also how some people take misfortune as an impetus for increasing effort to set and reach their goals (Wolin & Wolin, 1993).

In the Challenge Model as shown in Figure 4, two forces are at work as the child/individual and the family interact. The interplay is represented by the interlocking arrows on the diagram. The troubled family is seen as a danger to the child, as it is in the Damage Model, and also as an opportunity. Survivors are vulnerable to their parents' toxic influence, and they are also challenged to rebound from harm by experimenting,

branching out, and acting on their own behalf. As a result of the interplay between damage and challenge, the survivor is left with pathologies that do not disappear completely and with resiliencies that limit their damage and promote their growth and well-being.

The contrasting elements of vulnerability and resilience in the survivor's inner self are shown by the shaded areas on the Challenge Model diagram. The dark-light, chiaroscuro pattern is the product of an identity-forming process called mirroring.
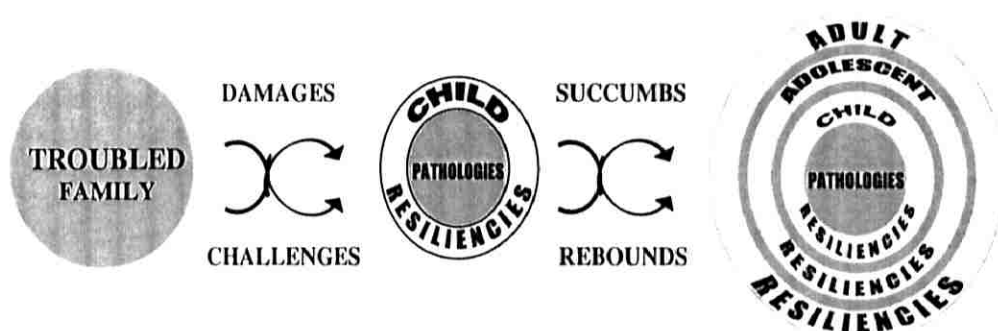

Figure 4: The Challenge Model

(Adapted from: Wolin, S.J. and Wolin, S. (1993) The Resilient Self. New York: Villard Books.)

According to child-development experts, we are born without any idea of who we are. We piece together a picture of ourselves - first of our bodies, then of our essential nature - by seeing our reflection in the faces of the people who take care of us. Children who generally see love, approval, pleasure, and admiration in the mirror of their parents'

faces construct a corresponding inner representation off themselves that says, " I am loved, I am good" (Mahler, Pine, & Bergman, 1975).

In troubled families, the mirroring process goes awry, and children are at risk of forming an inner representation of themselves that says, " I am ugly, I am unacceptable". Twisted and bent out of shape themselves, troubled parents are like distorting mirrors that reflect grotesque images (Mahler, Pine, & Bergman, 1975).

At times, the children may submit themselves to the spell of the monstrous images they saw of themselves in their parents' eyes. In the vain hope that the freak staring back at you would eventually reshape itself and become beautiful, they kept looking. Those times were considered damaging and accounted for their pathologies (Mahler, Pine, & Bergman, 1975).

At other times, they may have heard their parents' message as a challenge - a call for action. They may have rallied their courage, broken free of their spell, and gone in search of alternate mirrors in which they could see a more pleasing image of themselves (Mahler, Pine, & Bergman, 1975).

In the Challenge Model diagram, one's pathologies - the damage that one suffered in one's troubled family - are represented in the child and adult circles by the same shading that fills the family circle. The resiliencies, or the elements that distinguish one from one's troubled family, are represented by the unshaded areas. Chiaroscuros, shaded

and unshaded side by side, are meant to capture the interplay of forces -damage and challenge, vulnerability and resilience - that typify the survivor's experience and inner life.

Conclusion

The literature reviewed focused on personal resilience of people who survived and thrived in adversity. The approach of the studies were mostly qualititative and longitudinal in nature. From the review of literature in this chapter, the concept of resilience was defined, the personality profile of resilient people was also established and the theory of self-resilience by Wolin and Wolin (1993) was examined.

Evident from the literature search on resilience, is the lack of literature on counselor resilience. This study fills the gap in the literature by being the first attempt to apply the theory of resilience on counselors, school counselors in Malaysia in particular. It is hoped that this study will see the beginning of more resiliency studies on other professions, especially the helping professions that require a high degree of resilience in order to serve their clientele well. The literature reviewed lends credence to the rationale for inquiry into the present study.