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Applications of the Metatheory of Resilience and Resiliency in Rehabilitation and Medicine

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Résumé de l'article

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Description

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Abstract

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Keywords :

Resiliency, methatheory of resiliency, Resiliency in Rehabilitation and Medicine

An understanding of the commonalities of the human condition enables helping professionals to trigger motivational and healing energies of patients and clients regardless of their clinical state of health. It is clear from the academic disciplines of psychoneuroimmunology and positive psychology that people with a positive psychospiritual perspective in life seem to thrive more than those who are hopeless and helpless. The Metatheory of Resilience and Resiliency (Richardson, 2002) describes three waves of resiliency inquiry and an examination of those waves provides a framework for the helping professional to facilitate healing and rehabilitation. Most helping theories and methods are housed under the umbrella of the Metatheory of Resilience and Resiliency (MRR). Popular and efficacious theories such as Self Determination Theory (Ryan and Deci, 2000), Hardiness (Kobasa, Maddi, Kahn, 1982) , and the construct of self-efficacy in Social Cognitive Theory (Bandura, 1989) can all find homes within the resilience and resiliency paradigms. The MRR provides justification to embrace integrative post-modern thinking designed to promote healing at a deeper, softer, yet more efficacious level.

The purposes of this paper are four fold. The first is to briefly describe the three waves of resiliency inquiry as described in the MRR and then cite how an understanding of each wave can help improve the human condition. The second purpose is to review the process of resiliency to identify appropriate nurturing and intervention points within the disruptive and reintegrative rehabilitation process. Thirdly, the paper will address common resilient forces and yearnings that serve as allies in the healing process. The concluding purpose of this paper is to demonstrate how the integrative nature of the three waves can be use to help patients optimize their health and access the resilient qualities.

The First Wave of Resiliency Inquiry: Resilient Qualities

The first wave of resiliency inquiry did not emerge from academic grounding in theory but rather through the phenomenological identification of characteristics of survivors, most young people, living in high risk situations. Foundational studies cited in most of the phenomenological resilience literature identified qualities that predicted the capacity to thrive in the face of personal and social challenge. The outcome of the first wave which continues to this day is the identification of resilient qualities.

Resilient qualities were identified early by Emmy Werner (1992) who reported the longitudinal findings of a community after studying their children for 40 years. Werner's phenomenology included personal characteristics such as being female, robust, socially responsive, adaptable, tolerant, achievement oriented, a good communicator, socially responsible and having a good self esteem.

British psychiatrist Michael Rutter (1979, 1985) conducted a series of epidemiological studies on inner-city London youth on the rural island of Wight. Some of the resilient qualities that Rutter identified were easy temperament, being female, self-mastery, self-efficacy, planning skills and a warm, close, personal relationship with an adult.

Norman Garmezy (1984, 1991) conducted the Minnesota Risk Research Project which investigated intentional and informational-processing dysfunction in children of schizophrenic parents from 1971 to 1982. Garmezy's confidence criteria were effectiveness (work, play, and love), high expectations, positive outlook, self-esteem, internal locus of control, self-discipline, good problem solving skills, critical thinking skills, and humor.

Under the direction of Peter Benson (1997), the Search Institute conducted a survey of more than 350,000 6^{th}-12^{th} grade students in some 600 communities between the years of 1990 and 1995. Forty developmental assets were ultimately identified and included such resilient qualities as feeling empowered, knowing boundaries and limitations, finding constructive use of time, being educationally committed, being achievement oriented, having positive values (caring, honest, responsible, and integri-

ty), having social competencies, and a positive identity (self-esteem, sense of purpose, and internal control).

The pioneering resilience researchers helped to trigger the positive psychology movement which is perhaps the most popular field in psychology. Rather than the identification and focus on problems with clients, current approaches identify strengths, gifts, and talents and build upon those strengths with the expected result of seeing the problems diminish. It is interesting that in the academic discipline of positive psychology, the most studied qualities are the same as the resilient qualities. Examples of resilient qualities studied in positive psychology include happiness, optimism, faith, self-determination, wisdom, creativity, self-control, gratitude, forgiveness, dreams, hope and humility among others.

The invaluable contributions of the first wave of resiliency inquiry identified resilient qualities that help patients to recover from health challenges. The first wave facilitated a paradigm shift from focusing on problems to focusing on strengths. Still, the mechanism for acquiring these resilient qualities had not been addressed. Therefore, it became necessary to consider what the process might be to acquire the desired qualities in order to promote healing.

The Second Wave of Resiliency Inquiry : Resiliency

The second wave of resiliency inquiry was a pursuit to discover the process of attaining resilient qualities. That process is called resiliency. “Resiliency is the process and experience of being disrupted by change, opportunities, adversity, stressors, challenges and, after some introspection, ultimately accessing innate resilience (gifts and strengths) to grow stronger through the disruption” (Richardson, 2010). A detailed model was originally proposed in 1990 (Richardson, et al.) but has been modified many times to help patients understand the process. For educational purposes and counseling clients, resiliency is presented as a simple linear model that depicts a person (or group) passing through stages of encountering life events, being disrupted by them, and ultimately growing stronger through the experience. Rather than using terms such as “biopsychospiritual homeostasis” that were included in the original resiliency model proposed in 1990 health literate terms such a “comfort zone” are used for patients to improve the communication between helper and patient.

The resiliency process model can be used by helping professionals in a form of resiliency mapping (Figure 1). Resiliency mapping help patients to understand medical crises and rehabilitation processes. Prior to the diagnosis of the medical condition, patients were in a “comfort zone”. They had adapted to their physical state, mental capacities, and level of closeness to a spiritual source of strength. They had also adapted to their professional, home, social, and financial situation. The term comfort zone may be a misnomer in the sense that adaptation to a difficult situation may be far from comfort. In life, crises, stressors, and challenges are inevitable. The patient is thrown into a disruption and will experience the expected and normal primary emotions of hurt, loss, guilt and fear. In this chaotic state, the helping professional may draw the resiliency model and explain the journey to resilient reintegration. Explanations of reintegration back to the comfort zone or with loss are also helpful.

Patients in the resiliency trough often learn much about themselves and what is important in life. It is in the disruptive troughs of life that people discover their resilience—the driving forces that help them cope with life challenges. The driving forces are the third wave of resiliency inquiry. Patients can discover ways to live life embracing the health challenges they face. They can find fulfillment in spite of potential limitations. They may find alternative sources of strength to maximize their human condition.

Some patients will try and return to the same conditions they had before the disruption—a return to the comfort zone. That may or may not be possible. Others will become bitter, angry, and more dysfunctional than they need to be and will reintegrate with loss. The optimal

outcome is for patients to discover an inner strength, develop self-mastery skills, and resiliently reintegrate from life's disruption. Resiliency mapping will help the patient chart a path to their growth through adversity (resilient reintegration). It is helpful to reflect upon times in the past when they have recovered and the model can be used. It is helpful to do resiliency mapping for present and future events as well. Figure 1 is a sample model used to help patients do resiliency mapping.

Reflections on the Resiliency Process

Each time a patient travels through the disruptive and reintegrative journey through the resiliency model, resilient reintegration can occur. Each new experience creates either a brief disruptive and reintegrative experience or a very long process that can extend over years. An example of a brief disruption might be the results of a diagnostic test. The new information brings a new piece of the patients' view of the health condition and expands personal paradigms. A prolonged journey through the resiliency process takes significant time adjusting to a modified lifestyle. In the case of a person with diabetes, disruption occurs with the diagnostic news, demands for lifestyle and habit modifications over time in the disruptive trough, and optimally resiliently reintegrating as a patient who is thriving with the disease.

Within the resiliency process model, there are several other sensitivities and applications that are appropriate in this discussion. As helping professionals discuss the disruptive and reintegrative nature of their illness with patients, often the resiliency application is largely geared toward the medical condition. But with a broader view of health, considerations should also be geared toward the social, emotional, and situational dilemmas. Each patient has different roles in life and the helping professional may make inquiries regarding disruptions in the family, on finances, professional life, and even spiritual life. In all likelihood, the patient will be in different stages of the resiliency process model depending upon the role the patient assumes.

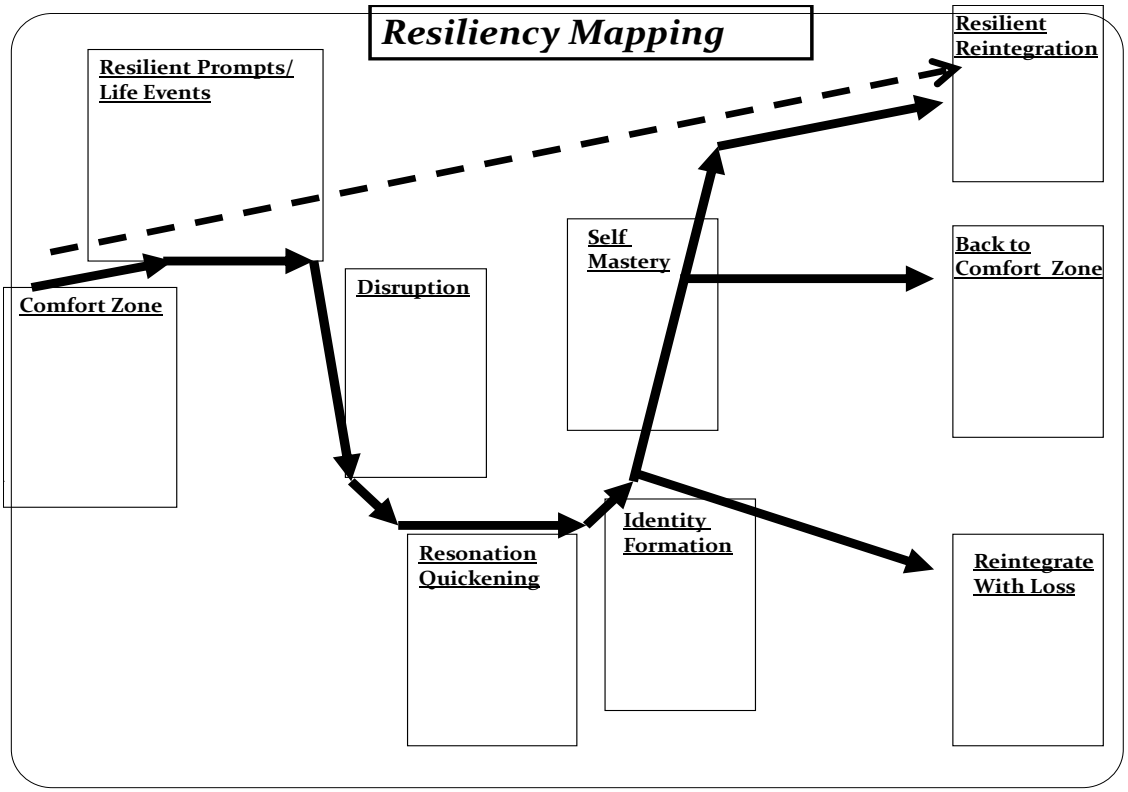

Figure 1: A Modified Resiliency Mapping

Resilient reintegrations can happen many times a day. With each new experience, new challenge, and new information patients and helpers have the opportunity of becoming more skilled, knowledgeable, and experienced. Repeated experiential disruptions can and should lead to increasing wisdom upon wisdom. Conversely, some patients become more helpless and discouraged with each disruption which leads to more emptiness.

Sometimes patients recover with loss upon hearing the news of a medical challenge. They may become irritated, helpless, and bitter for extended periods of time. Resilience training can often be the life event that triggers a disruption which may result in resilient reintegration.

The concepts of resilience go beyond just the individual patient. The process and driving forces are evident in couples, families, organizations, and communities. It is clear that a positive relationship between patient and helper is vital in the healing process. Understanding the resiliency process allows for disagreements to occur between helper and patient which results in an opportunity to grow through the disruption.

The Third Wave of Resiliency Inquiry : Resilience

Understanding the process of resiliency is helpful but discovering the energy, passion, and motivation to journey through the resiliency process and resiliently reintegrate from life's setbacks is a key concept in healing. "Resilience is a force within everyone that drives them to fulfill their potentials, seek wisdom, strive for perfection, be altruistic, and to be in harmony with her/his source of spiritual strength (Richardson 2002)." Almost every patient has these common resilient forces and yearnings and the energy produced by these forces can be used to progress through the resiliency process. Post modern multidisciplinary identification of motivational forces may include several of the following descriptions that are potentially most helpful in the healing and rehabilitation experience.

Essential resilience is the most primitive and basic drive which is the energy and will it takes to live and survive. The strength of the medical profession is the ability to create optimal conditions such as surgery, immunizations, medications, and prosthetics that enables the essential ability of the body to heal. Healing professionals are very aware intuitively when a patient has lost the will to live which usually results in the rest of the human system shutting down. Understanding essential resilience suggests that helping professionals promote the will to thrive. An integrated human soul can be sensitive to the yearnings and drives of the human physiology. People can learn to eat, sleep, and be active intuitively. Intuitive eating (Tribole and Resch, 2003) suggests that if one is not addicted to sugars, fats, and salts, a person can listen to cravings for particular foods that would provide needed nutrients to optimize physical functioning. People who listen to the prompts that come from their bodies will sense when it is time to move and be active. In the case of rehabilitation, patients will be able to sense positions and movements that will be more comfortable and beneficial. Intuitive sleep perhaps is the most obvious as people can sense that they are sleepy and should respond rather than staying awake to watch the evening news.

Childlike resilience is an innate energy producing source within most people. Although many people may have buried their childlike nature deep within themselves in the wake of pain and difficult life experiences, the energy source is innate. Reflecting upon one's childlike nature one can sense the drive or yearning to have fun, to play, to be creative, to find humor and laugh, to be spontaneous, to take risks, to be genuine, to be curious, to be open, and to have pleasure. Patients that approach medical challenges with a childlike attitude will enjoy hospitals, rehabilitation centers, and being homebound more than those who focus on the problems.

Character resilience is the yearning to live within a chosen moral framework. Most people resonate to concepts such as integrity, honesty, trustworthiness, kindness, loyalty, and honor.

These principles carry across cultures, genders, and the life span. A sense of freedom and energy result when living within one's chosen character qualities. When patients step outside their character code, the result is a feeling of guilt and regret. Guilt is an energy drain and compromises the healing process. Helping professionals can encourage patients to seek counselors or clergy to facilitate a self-forgiving experience.

Noble Resilience is the yearning and drives to feel valued and important. Self esteem, self efficacy, and self worth all reflect noble resilience. Feeling good about oneself is generally a product of having a purpose and meaning in life. Where noble resilience is the desire to acquire feelings of worth, it is the noble drive for altruism and service that must be acted upon to feel important. When patients perform acts of kindness and service to others, the validation of goodness comes from external sources. A wise health care provider will provide opportunities for patients to provide acts of service no matter how menial they seem.

Ecological resilience is the drive to connect with energy from one's surroundings. Candace Pert (1997) describes a how vibrations that come from nature activate neuropeptides in the body. The receptive neuropeptides connect with receptors in the cells and send messages through the vibrations. Soft, life enriching, and healing vibrations come from natural settings. Plant therapy, pet therapy, music therapy, and other sources of soothing vibrations help patients to thrive through adversity. Helping professionals can help create nurturing ecosystems around patients that will facilitate optimal rehabilitation and healing.

Synergistic resilience is the yearning and drives to connect with others. The drive to connect is in essence love. Helping professionals can help create situations for family and friends to promote the health of patients. As loved ones speak optimistically, instill hope, and generate courage among patients, the resilient qualities will emerge which, according to the field of psychoneuroimmunology, will help fortify the immune system. The most effective helping professionals are those who make connections with their patients.

Universal resilience is the yearning and drives to connect to a strength, power, and energy beyond normal capacity. Studies have demonstrated that faith facilitates healing and rehabilitation. Agnostics and atheists can be educated regarding the vast wisdom of the collective unconscious mind which reflects a universal wisdom. They may also be instructed regarding string theory and other forms of theoretical physics that suggests that we are walking, breathing, and part of an energy field. Most patients believe in a form of deity. The techniques and skills required of a patient to access the peace, energy, and comfort from a higher power may be through integrative health modalities. Helping professionals can help patients by encouraging practices such as meditation, Tai Chi, yoga, prayer, music therapy, journaling, and other evidenced based techniques and skills.

Integrating Resilient Qualities, Resilience, and Resiliency

Integrating the concepts of the three waves of resiliency inquiry will help professionals to facilitate resilient reintegrations. Remembering that it is healthy to pursue resilient qualities (first wave), to understand the process of accessing resilient qualities through resiliency (second wave) and to access innate resilient drives to thrive through the resilient experience. Helping professionals can find points to positively influence patients.

Comfort zones (ecobiopsychospiritual homeostasis) as described earlier, is a good time for patients to reflect upon who they really are as it reflects their childlike, noble, character, ecological, and universal drives. Most of these drives can be fulfilled with some physical limitations. It is through the sensitivity of the resilient yearnings that one can formulate a dream for life. A dream is a vision what a patient's world will look like fulfilling the drives within some potential limitations.

Whether disruptions occur by being blindsided by life events or by taking leaps of faith into new adventures, the resulting disruption is accompanied by feelings of disorientation, hurt, loss, guilt and fear. The sensitivity of the helping professional will recognize the fear, the hurt and other emotions where patients seem to be saying "poor me." In one sense the helping professional can validate those feelings but also recognize that these primary emotions are precursors to optimal states of humility and submissiveness. When patients are humbled, they are in the right state of mind and heart to experience infusions of resilient qualities.

The language of the universe is in the form of vibrations. As people seek a source of strength beyond their normal capacity they will potentially receive insights, peace, and acceptance that help cope with a medical condition. The source of the qualities will vary among patients. Patients may believe in Qi energy from the Eastern healing professions. They may believe in the power of the Collective Unconscious mind which brings the wisdom of the ages to their consciousness. Most will believe in God's spirit that can bless them if they have faith.

The experience at the bottom of the resiliency trough brings about the possibility of experiencing insights, enlightenment, peace, and acceptance. Patients seek their source of strength through practices such as meditation, prayer, and mindfulness in attempt to resonate to desired resilient qualities. When gestalts, inspiration, energy, hope, and optimism come, patients receive an infusion of the qualities. Helping professionals can see the difference in the countenances of patients that have found peace with their condition and those that are still living in fear.

The outcome of enlightenment in the trough is often a vision of a new identity for the patient. They see themselves with more hope, confidence, and vigor. The new identity may be more compliant. The new identity listens to their intuitive senses and eat, move, and rest accordingly. If permanent disability is inevitable, the result of the enlightenment is a new identity of a person with the disability but still functioning optimally—living a dream.

With the new identity in mind, self mastery is a quality that should be promoted by the helping professional. Self mastery comes from inside the resilient nature of a patient but can be encouraged as if the helping professional is a coach. Concepts of self mastery include persistence which is the refusal to quit when faced with adversity. A work ethic which is working hard after the chaos of a disruption. Prudence which is to use reasoning and self-management in the new identity. Other "self" concepts include self regulation, self discipline, self determination and self control which essentially describe the ability to override primitive thoughts and behaviors and work toward wise outcomes. Self mastery also includes principles of self efficacy or faith which is the belief that a person can accomplish goals and become the new identity. Self mastery may include faith to accomplish with the help of a universal resilient strength. These resilient qualities are products of the enlightenment, the dream and understanding their resilient nature. It is also built upon the hope that through self mastery, patients will resiliently reintegrate.

The finally stage of the resiliency process is resilient reintegration which also reflects wisdom. After forming a new identity that best thrives through the medical challenge, the patient can look back at the experience and recognize the accomplishment of resiliently reintegrating. The patient can reflect upon lessons learned and apply those to future disruptions. The resilient quality of appreciation is a reflection of that wisdom.

Understanding the resiliency process facilitates the process of patient adaptation and optimization of life situations. Upon reflection, the helping professional also experiences the resiliency process with each patient, each experience, and when dealing with their own personal and professional challenges. It is good for everyone to reflect upon who they are, what the resulting dream may be, and changes to identities that will help people become healthier and happier.

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