

Development of Resilience Psychology

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Psychological resilience is the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly. Resilience exists when the person uses “mental processes and behaviors in promoting personal assets and protecting self from the potential negative effects of stressors”. In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences.

Resilience is generally thought of as a “positive adaptation” after a stressful or adverse situation. When a person is “bombarded by daily stress, it disrupts their internal and external sense of balance, presenting challenges as well as opportunities.” However, the routine stressors of daily life can have positive impacts which promote resilience. It is still unknown what the correct level of stress is for each individual. Some people can handle greater amounts of stress than others. stress is experienced in an individual’s life course at times of difficult life transitions, involving developmental and social change; traumatic life events, including grief and loss; and environmental pressures, encompassing poverty and community violence. Resilience is the integrated adaptation of physical, mental and spiritual aspects in a set of “good or bad” circumstances, a coherent sense of self that is able to maintain normative developmental tasks that occur at various stages of life. The Children’s Institute of the University of Rochester explains that “resilience research is focused on studying those who engage in life with hope and humor despite devastating losses”. It is important to note that resilience is not only about overcoming a deeply stressful situation, but also coming out of the said situation with “competent functioning”. Resiliency allows a person to rebound from adversity as a strengthened and more resourceful person. By understanding psychological factors that influence health, and constructively applying that knowledge, health psychologists can improve health by working directly with individual patients or indirectly in large-scale public health programs. In addition, health psychologists can help train other healthcare professionals to apply the knowledge the discipline has generated, when treating patients. Health psychologists work in a variety of settings: alongside other medical professionals in hospitals and clinics, in public health departments work on large-

scale behavior change and health promotion programs, and in universities and medical schools where they teach and conduct research.

Resilience is the psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals.

The first research on resilience was published in 1973. The study used epidemiology, which is the study of disease prevalence, to uncover the risks and the protective factors that now help define resilience. A year later, the same group of researchers created tools to look at systems that support development of resilience.

Emmy Werner was one of the early scientists to use the term resilience in the 1970s. She studied a cohort of children from Kauai, Hawaii. Kauai was quite poor and many of the children in the study grew up with alcoholic or mentally ill parents. Many of the parents were also out of work. Werner noted that of the children who grew up in these detrimental situations, two-thirds exhibited destructive behaviors in their later teen years, such as chronic unemployment, substance abuse, and out-of-wedlock births (in case of teenage girls). However, one-third of these youngsters did not exhibit destructive behaviours. Werner called the latter group ‘resilient’. Thus, resilient children and their families were those who, by definition, demonstrated traits that allowed them to be more successful than non-resilient children and families.

Resilience also emerged as a major theoretical and research topic from the studies of children with mothers diagnosed with schizophrenia in the 1980s. In a 1989 study, the results showed that children with a schizophrenic parent may not obtain an appropriate level of comforting caregiving—compared to children with healthy parents—and that such situations often had a detrimental impact on children’s development. On the other hand, some children of ill parents thrived well and were competent in academic achievement, and therefore led researchers to make efforts to understand such responses to adversity.

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Received date: May 03, 2021; **Accepted date:** May 17, 2021; **Published date:** May 24, 2021

Citation: Bern A (2021) Development of Resilience Psychology. J Psychol Psychother 11:e405.

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Since the onset of the research on resilience, researchers have been devoted to discovering the protective factors that explain people's adaptation to adverse conditions, such as maltreatment, catastrophic life events, or urban poverty. The focus of empirical

work then has been shifted to understand the underlying protective processes. Researchers endeavor to uncover how some factors may contribute to positive outcomes.