What Is Human Resilience and Why Does It Matter?

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Paula Silva-Villanueva

Abstract

The concept of human resilience is gaining popularity. It has also become a key priority in health, wellbeing and sustainable development policies. But, what is resilience? Given the heightened interest, we need to be explicit about what it is. Resilience has been the centre of psychology and psychiatry. The concept was primarily conceived at the individual level, as a capacity that enables some people to thrive and grow in spite of adversity. However, a narrow focus on inner capacity ignores the outer social world and structures in which lives are embedded. As research on resilience has expanded beyond the mental health field, a more nuanced understanding of the term has emerged. It emphasizes that the cultural context within which individuals live coupled with structural factors—such us unequal power dynamics and social inequalities—are key determinants in supporting or undermining individuals and communities' resilience. Ignoring these broader dimensions has four implications: (i) it pathologizes natural responses to adversity and trauma; (ii) it creates a bias towards implementing Western-centric policies that do not take into account the complexity of resilience processes across cultures; (iii) it highlights that individuals are held responsible for how they deal with adversity, instead of transforming the system, which increases risks and social inequalities; and (iv) it fosters implementation of gender-blind policies and practices that further exacerbate existing gender inequalities. Resilience is not a neutral concept, but is influenced by conflicting views and values. Researchers, practitioners and policymakers require a holistic understanding moving from definitions to being aware of the political and practical implications of different perspectives.

P. Silva-Villanueva (✉)
ResilienceMonitor SL, Madrid, Spain
e-mail: paula.sv@resiliencemonitor.net

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2.1 Introduction

The concept of resilience has recently become strikingly popular. It seems we have entered the 'age of resilience'. A quick Google search on the term gives over 109,000,000 entries ranging from quick tips for people on how to be resilient to studies, blogs and articles discussing the resilience of nations, organizations, industries, cities, economies and so forth.

Building individuals' and communities' resilience has also emerged as a key priority in the international agenda in relation to its potential impact on health, wellbeing and quality of life. For example, resilience is a key priority of the WHO European policy framework for health and wellbeing (Health 2020) [1], the UNICEF has adopted resilience as a major framing theme in its health and humanitarian work with children [2] and the United Nations has identified resilience, mental health and wellbeing as key priorities in the international Sustainable Development Goals [3]. Within this context, building people's, communities' and wider systems' resilience is increasingly being presented as a viable mechanism for reducing health challenges and social inequalities and improving quality of life.

The concept of resilience, primarily conceived as the capacity of human beings to thrive and grow in spite of adversity, is not new for researchers. In fact, scientists started to study and define the term back in the 1950s [4]. Within the field of mental health, resilience research marked a drastic shift moving the discipline from 'deficit models' (focus on the treatment of the negative effects of trauma and adversity) to 'asset models' where the capabilities and resourcefulness to respond to problems or people's ability to search for solutions became the centre of attention [5–7]. Yet, 60 years on, despite its widespread and enthusiastic use, there is still no consensus about its operational definition.

The rise of resilience is partly explained by the 2008 post-economic downturn alongside international conflicts, terrorist attacks, raising levels of inequality and poverty, migratory crises and climate change impacts [8]. The 2014–2016 Ebola [9] outbreak also generated interest about the resilience of mental health systems to respond to future emergencies.

In an era of increasing political and economic challenges to state solutions to social problems, a discourse promoting the strength and capacities of individuals, families and wider civil society is clearly attractive [10]. But, what exactly is resilience? What makes an individual resilient? Are some people more resilient than others? If so, why? The reader is warned that there is no simple and straightforward answer. Yet, clear understanding matters because how resilience is defined reflects how it might be assessed and therefore is intricately tied up with the identification of health and socio-economic development interventions that attempt to improve wellbeing.

This paper attempts to shed some light into these questions. Its purpose is not to identify definitive answers. As the paper will illustrate, this would be a grave mistake. Rather, it aims to help enhance critical thinking about the term and its policy and practice implications. To do so, the paper takes a life course approach to the

construct and evolution of the term, within the field of mental health. It first reviews its origins and then moves into contemporary research findings. The understanding of factors that promote resilience for individuals has been primarily shaped by scholarly work in the fields of traumatology and developmental psychology, where the primary focus is to understand what makes people cope with stress and adversity. However, recent research highlights that individuals' resilience is a *process* shaped by cultural context and the wider ecological systems within which individuals live. A subject focus opens the way to personalization of resilience and the attribution of success or failure to the individual and not to the context. More importantly, ignoring cultural context and structural factors can lead to pathologizing individuals' reactions to adversity. To truly understand the factors that influence human resilience, a closer look at the ecological systems within which people live is necessary. This is of particular importance from a gender perspective as context, culture and values are critical to understanding how women often find their ability to face crises affected by power relations and the social roles allocated to them.

To provide a broader understanding of the factors that shape human resilience, the paper also draws insights from those who work in the humanitarian field supporting communities' resilience to disasters, conflict, poverty, migration and poverty where understanding and addressing socioecological dynamics is of utmost importance. Given the volume of material produced and decades of (inter)disciplinary research, this paper can only sketch some dimensions of the concept. Furthermore, this paper does not review the wealth of literature around the wide range of medical perspectives and clinical interventions; throughout the paper, the reader is referred to other review articles for more information. Thus, it narrows its focus to definitions, and it is structured around four key insights that have direct implications for policy and practice. These fall into four categories: (1) the complexity of the human resilience *process*, (2) the inherent *normative stance* in definitions and measurements, (3) the structural factors that enhance or diminish resilience trajectories and (4) the gender blindness in the current understanding. By addressing these four areas, the paper concludes that although the term resilience offers the potential for a paradigm shift that focuses on individuals' strengths and assets, truly embracing the resilience paradigm calls for a normative stance about diversity, rights and equity.

The aspects raised in this paper should not be left out of the debate on, and the search for, credible policies and actions. Definitions are powerful as they identify problems and solutions. Researchers, practitioners and policymakers face choices, which require being aware of norms. Decontextualizing resilience from the real world can potentially further serve to repress or exclude difference and, in turn, have a negative effect on individual resilience possibilities. Further, taking an apolitical approach to human development and resilience runs the risk of exacerbating social and health inequalities and, ultimately, diminishing people's resilience potential and wellbeing.

2.2 The Many Definitions of Resilience and Related Terminology

The term 'resilience' is derived from the Latin verb *resiliere* meaning to spring back, bounce or 'rebound'. Resilience was first used in physical sciences to refer to objects and materials that resume their original shape upon being bent or stretch. In human beings, it is usually associated with individuals who bounce back following significant stress and adversity [11].

What seems to be a relatively simple metaphor has led to a large number of research studies in diverse disciplines including ecology [12], economics [13], psychology, psychiatry [14, 15] and, more recently, international development studies [16] to describe the capacity of a system (a community, a country, a rainforest, an economy, etc.) to respond to challenges and threats, survive and continue to prosper. As a result, the term is being operationalized in a wide range of policies and practices [10]. Yet, resilience is rarely defined the same way twice by researchers within and across disciplines. Given the scale of social and environmental change, currently there are multiple efforts across these communities of research to find convergence in thinking and practice [17].

Until quite recently, scholarly work on resilience was the sole providence of traumatology and developmental psychology [4, 18]. Early resilience research with adults focused on identifying what led some individuals to avoid traumatic stress [19]. In developmental psychology, research primarily focused on studying the factors differentiating children who function 'well' from those who are 'dysfunctional' in the face of adversity [20]. The fields reveal an abundance of definitions, and in early conceptualizations, they ranged between the extremes of the absence of a psychopathology (i.e. the individual's capacity for adapting successfully and to function competently despite experiencing chronic stress or adversity or following exposure to prolonged or severe trauma) on the one hand and 'heroism' on the other (i.e. under adversity, an individual can bend and lose some of his or her power and capability yet subsequently recover and return to the prior level of adaptation as stress is reduced and compromised) [19]. In contemporary research, definitions have become more sophisticated, and Hart et al. point to at least 17 subtly distinct definitions of resilience used by academic authors [21].

In 2010, the American Psychological Association defined resilience as 'the *process* of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat' [22]. More recently, influenced by socioecological studies, definitions have become even more dynamic such as 'the capacity, processes or outcomes of successful adaptation in the context of significant threats to function and development' [20] or 'the process of harnessing biological, psychosocial, structural, and cultural resources to sustain wellbeing' [23].

In spite of the fact that the term has been studied for decades and definitions have evolved as scientific knowledge has increased, there is no consensus on a definition and operationalization of the term. While differing in terminology, there are two pivotal concepts subsumed within the term which are also highly contested [20]: first is the experience of significant risk, stress and *adversity*,

which typically encompasses negative life circumstances that are known to be associated with adjustment difficulties, and second is the achievement of *'positive' outcomes or adaptation*, which generally includes the processes of continuing to function in spite of stress, usually referred to as 'bouncing back'. Put simply, outcomes refer to how 'well' the individual is doing in his or her life. For example, some define outcomes as competence in meeting expectations for a person of a given age [24].

The wide range of the definitions have raised critics about the term including the lack of precision and consistency of measurement frameworks [20]. Yet, as discussed in later sections, the need for clarity is of utmost importance. This is because, beyond the challenge of semantics and differences in usage of the word, how resilience is defined and understood has critical implications for policy and practice.

To shed some light on the ambiguities in the meanings as well as potential implications, the paper next provides a brief overview of the origins of resilience research. A more comprehensive review is provided by Graber and colleagues' [25] synthesis of the state of knowledge in psychological resilience. In addition, Luthar [4] provides a thorough review of the empirical evidence that emerged after five decades of resilience research. However brief, it is important to illustrate the origins of the concept because it continues to influence contemporary research and practice.

Next, the paper provides important findings and insights from the most recent research, paying attention to two main areas of contention: First, is resilience an individual characteristic, a developmental process, an outcome or all of the above? Second, where does one draw the line between resilient and non-resilient responses?

2.2.1 Origins of Resilience Research

Why do some children or adults face adverse situations and traumatic events, manage to get ahead and develop positively, while everything predicts a negative outcome? This question was the starting point for resilience research in the field of mental health.

Before investigations on resilience were initiated, studies conducted on individuals at high risk for developing psychopathology frequently portrayed the developmental course as deterministic, inevitably resulting in maladaptive and pathological outcomes. Efforts were directed towards understanding pathology and deficits rather than on how problems were transcendent [24]. The scientific study of resilience emerged in the 1960s as researchers discovered that not all high-risk children manifested consequences that extant theories of psychopathology predicted. Comprehending the reasons why individuals at risk did not develop psychopathology became viewed as important for informing theories on the development of maladaptation and pathology [26]. This approach reflected a notable departure from the symptom-based medical models of the time [4].

Oriented around the individual, specifically children, psychological studies primarily focused on identifying personal qualities often associated with hardship of the

so-called resilient children. Studies aimed to differentiate children who had adapted positively to socio-economic disadvantage, abuse or neglect and catastrophic life events from children showing comparatively poorer outcomes [20, 25].

The pioneering study by Gramzwey [27] explored the development of children with schizophrenic mothers, noting the positive adaptation demonstrated by many of these children despite their increased risk to poor outcomes. Similarly, Werner and Smith's longitudinal study followed a group of at-risk children born in 1955 in Hawaii, from adverse backgrounds facing the challenges of extreme poverty, parental mental ill health, parental conflict and parental low educational attainment. The study evidenced that for the clear majority of individuals involved in the study, this early deprivation had no discernible impact on their lives, with the majority becoming successful and 'well-balanced individuals' [28, 29].

Often, these children were thought to be 'exceptional', unique in capacity to persist or sustain health and psychological wellbeing in the face of continuing adversity. Following Werner's and Gramzay groundbreaking studies, research on resilience expanded to include multiple adverse conditions such as socio-economic disadvantage, parental mental illness, maltreatment, urban poverty and community violence, chronic illness and catastrophic life events. The thrust of this research was a systematic search for promotive factors, that is, personal traits that modify the effects of risk in a positive direction and decrease the susceptibility of the organism to adverse effects of exposure to stress [30].

As work in the area evolved, resilience was portrayed as a constellation of *promotive factors*, including things like easy-going temperament, perseverance, self-reliance, high intellectual ability, socio-economic advantage and optimism. Importantly, these studies were designed to discriminate between resilient and non-resilient children, and therefore the knowledge base is limited to a static list of variables that does not explore the processes and pathways through which individuals managed to grow in spite of adversity. Put simply, this suggests that some individuals simply do not 'have what it takes' to overcome adversity, while others seem to have some level of 'immunity' to the impact of adverse life events [31]. The application of this definition has important consequences on how the non-resilient individuals are conceived and therefore become the target of health interventions [32].

However, as increasing evidence emerged, researchers acknowledged that resilience was often derived from factors *external* to the child. In the decades that followed, several investigators attempted to uncover broader protective factors leading to positive adaptation among high-risk individuals. Three sets of protective and promotive factors from the micro- to the meso-level came to be commonly cited as implicated in the development of resilience: the aforementioned attributes of the children themselves, aspects of their families (positive parenting, trusting relationships, respect and caring attitudes, financial resources, academic influences, peer support and positive social support) and characteristics of their *wider social environments* (i.e. bonds to adults outside the family, attendance at effective schools) [33]. This marked a reconceptualization of resilience from a solely individual phenomenon to one that recognized the influence of the environment. Masten [33] has referred to these correlates as 'the shortlist' of protective and promotive factors and

argued that they may reflect the fundamental adaptive systems supporting human development. In contemporary research, in addition to the psychosocial factors, potential biological contributors (e.g. neural plasticity, neuroendocrine and immune functioning and genetics) were proposed by Cicchetti [26].

Up to this point in resilience research, three theoretical assumptions underpin the concept: (i) resilience by definition is a nonnormative concept type of functioning that is exhibited only in the face of adversity; therefore, (ii) because adversity is presumed to have a negative impact on most people, individuals have low odds of success in high-risk contexts, and escaping psychopathology and maladjustment is inevitable; and in turn (iii) 'functioning' in the context of extreme adversity is a capacity that lies within the individual and is uncommon and limited to 'invulnerable' individuals. In short, escaping psychopathology qualifies as resilience.

As more studies were conducted and evidence emerged, these assumptions did not receive support in the decades that followed. Yet, as the remainder of the paper highlights, these pervasive assumptions continue to be present. One area of enduring debate in resilience theory over the years was whether resilience should be viewed as a trait or a process. Recognizing the ongoing theoretical debate among scientists and researchers in the following sections, the paper narrows its focus down to four key insights which have direct implication for policy and practice. This fall into four categories: (1) resilience as a complex and dynamic 'natural' human process, (2) the inherent normative stand in definitions and measurements, (3) the structural factors that enhance or diminish resilience trajectories and (4) gender blindness in the current conceptualizations of resilience.

2.3 Resilience as a Complex and Dynamic 'Natural' Human Process

The studies that followed from the first wave of research marked a shift in emphasis: rather than searching for protective and promotive factors, researchers increasingly strive to discover the *mechanisms* underlying resilience in order to understand the why and how of resilience by studying the interplay between the individual-family-community interactions [25]. With time, the understanding of resilience has become more sophisticated but also more complex.

Resilience is not the exception but a common human process that develops throughout the lifespan [6, 33, 34]. After two decades of research into children growing up in disadvantage, the exception of invincible children became the rule with Masten's (2001) study and framing of resilience as a processes of 'ordinary magic', suggesting that positive adaptation under stressful conditions is not necessarily exceptional but rather the norm even in the context of severe adversity [33, 35].

This assertion coincides with resilience research on traumatic stress and post-traumatic adaptation which emphasizes that most trauma-exposed individuals *do not* develop clinically long-term significant distress and functional impairment, suggesting that chronic, severe maladjustments following a trauma are the exception rather than the rule [35]. Although trauma-focused studies have been limited, as

these mostly focused almost exclusively on the adverse sequel of trauma, scholars studying the development of post-traumatic stress disorder in adults highlight that the absence of social support and the presence of contextual life stress were two of the top three risk factors having larger effects than traditional risk variables such as child abuse history, low intelligence, low socio-economic status and lack of education [19].

This focus has led researchers to conclude that resilience is far more than a simple psychological characteristic or biological phenomenon and that it is not simply the absence of struggle or psychopathology, but instead resilience is conceived as a dynamic developmental process encompassing the attainment of positive adaptation within the context of significant adversity [20]. In short, resilience is not something an individual 'has'—it is a multiple determined developmental process that unfolds as the personal, the social and the environmental act in constellation and in interaction with each other. As a result, resilience is not fixed or immutable; it changes throughout the lifespan. Several lines of investigation have recently illustrated that resilience levels are not only positively related to age but also to the challenges and adjustments individuals go through throughout their lifespan [36, 37]. Put differently, traumas always strike differently because they occur at different times and affect different psychic constructs [38]. Thus, resilience is reflected not only in protective factors but also in the *coping* mechanisms that enable individuals to lead to successful adaptation or developmental outcomes under stressful circumstances. Strategies commonly cited to facilitate the resilience processes include reappraising a situation more positively, regulating emotions, utilizing social support, accessing tangible resources and planning [39]. More recently, scholars have argued that beyond recovery, resilience is ultimately about leading a positive life by making meaning and finding a sense of purpose. That is, ultimately, resilience processes should lead to learning and growth as a consequence of the adversity [18, 40].

The understanding of resilience as common basic processes of human adaptation under extremely stressful circumstances has challenged the adequacy of psychopathology-oriented approaches that utilize deficit-based models to explain how maladaptation develops and that emphasize traditional psychotherapy treatment to remediate dysfunction (). In particular, Masten's work marked a shift in emphasis to encompass prevention rather than simply treating maladjustment or pathologies after they have already crystallized. As a result, there has been a proliferation of resilience programmes, for example, in schools (in the West) but also in humanitarian settings with the objective of enhancing children's as well as adults' resilience to withstand all manner of adversities [41]. In the field of mental health, resilience-enhancing interventions mostly focus on strengthening protective factors of children. On the other hand, in the field of humanitarian and development, interventions largely focus on providing assets and resources to those who suffer [41]. Although this distinction will be addressed in later section of the paper, it is important to note here that, although well intentioned, these programmes also carry an implicit assumption that has a direct impact in policy and practice: only if people are helped, if resilience is 'created', people will develop their resilience.

Resilience does not equal 'invulnerability' or the absence or struggle of psychopathology [5, 42]. Instead, it is about understanding the positive assets, resources and outcomes that emerge despite adversity. For example, studies examining the resilience levels of children with histories of maltreatment found that almost two thirds were academically resilient, yet only 21% manifested resilience in the domain of social competence [11]. In a similar line, other studies have shown that among adolescents who experienced significant adversities, those who overtly reflect successful adaptation often struggle with covert psychological difficulties, such as problems of depression and post-traumatic stress disorder [11, 43]. Yet, the point is that they still manage to function in many areas of their lives. It is in fact unrealistic to expect that anyone, no matter how resilient, will consistently perform at a uniformly high or low level across all areas of their life [44].

This understanding challenges the prevailing conceptualization of resilience as existing along a continuum with vulnerability, which implies a resistance to psychopathology. Instead, research points out that these experiences are transient and do not interfere with their ability to continue to function in other areas of their lives, including the capacity for positive affect [35, 45]. A narrow focus on negative psychological outcomes ignores other domains of life and not only underestimates individuals' resilience but distorts and pathologizes human responses to adversity and trauma. In fact, it is because we are vulnerable that we use all the resources and strategies possible to overcome the adversities that affect us.

Such findings carry a critical message for researchers and practitioners: the need to specify resilience *to what (emotional resilience, psychological resilience, economic resilience, educational resilience,* etc.*) and when* as an individual may respond in a resilient manner to one type of shock, stress or trauma but not to another; or the same event may have a different effect depending on when it occurs [38]. In conclusion, resilience is not an unchangeable characteristic of an individual—it varies through time and circumstances—nor it does imply finality. In fact, the process is inherently dynamic. It is always a matter of degree. Resilience should therefore not be understood and assessed by one behaviour or outcome nor at one point in time.

However, Bonanno and Cyrulnik argue that, despite emerging evidence on the 'natural' process of resilience, the prevalent view among health researchers and professionals is that of a one-dimensional response to traumatic events with few possibilities of positive outcomes for children and adults exposed to traumatic events. Therefore, coping and recovery from adversity is a process that in most cases should be facilitated by clinical interventions. Both authors argue that such understanding is prevalent because much of the psychology's knowledge (in the west) about how children and adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress or loss and because 'trauma theorists have often viewed this type of resilience as either rare or pathological' [35].

Resilience unfolds as a result of a complex process of individual's interaction with his or her environment. The individual who copes and recovers from adversity does so not in isolation but rather in the context of available resources, other human beings and families, within specific cultures and religions, organizations and communities

and societies [46]. Individuals are actively interacting with an (un)supportive environment. Each of these contexts may be capable of supporting the individual. Ignoring the role that context plays continues to view resilience (even if a process) as an individual's capacity. However, as the following section will illustrate, a large body of research has found that when the environment also provides ample opportunities to master challenges and stresses, it can have an 'inoculating' or 'steeling' effect, which can help promote or erode resilience [14]. From this perspective resilience is defined as the 'process in which assets and resources within the individual, their life and environment facilitate this capacity for adaptation and "bouncing back" in the face of adversity' [5]. In spite of such recognition, the tendency is to model change and measurement frameworks on the basis of individual development.

Research and practice in mental health discipline (and other disciplines) is still dominated by a paradigm narrowly focused on risk, where individual's responses to trauma and resilience tend to be narrowly measured by a person-focused attributes. This tendency can be observed, for example, by examining several 'resilience scales' published over the past 15 years. Most frameworks predominantly focus on assessing assets and resources of the individual with a strong emphasis on the personal agency and capacity [47]. According to Panter-Brick and Eggerman, this is because the central mission is to validate mental health models and to identify a 'recipe' for effective policies and interventions. Further, a number of scholars [21, 30, 34] remind us that any scientific representation of resilience as a personal quality or process can inadvertently pave the way for perceptions that individuals who do not have this attribute are somehow a failure [5, 20] or even 'blame the victim' for not being able to handle the situation [7]. This might be taken to suggest that victims of, for example, violence bear the responsibility for survival and that failure to 'bounce back' is due to their poor personality traits or lack of agency [48].

Recent research on international politics cautions against the emergent neoliberal discourses around resilience, health and wellbeing, which argue that ultimately the responsibility to survive and thrive lies in the individual, denying the structural constraints on individual's lives. For example, in sustainable development strategies, disasters are increasingly portrayed not as threats to humanity, but as opportunities for communities to rebuild better, implement social change and become responsible for their own survival. This requires acceptance that the world is inherently uncertain and disastrous. The objective is to learn to bear suffering, rather than to change the world such that suffering does not occur [8]. It is from within the shifting of responsibility for health and wellbeing outcomes from society and institutions onto individuals that cultural theorists and social critics consistently warn against an emphasis on promoting resilience [21].

Measurement and assessment frameworks are the place where research informs policy and practice, and they also represent normative positions. Those designing policies and interventions should not forget the bias inherent in what it is assumed to be 'resilient' or 'healthy' development. Before undertaking any assessment, practitioners should ask themselves: resilience *for whom and for what purposes*. The following section will illustrate that processes such as cultural, social and structural forces at play should not be overlooked.

2.4 Context Matters: Challenging Normative Stands in Definitions

Either seen as a trait, a process and/or an outcome, resilience cannot be defined or assessed outside of its context and culture. Until quite recently, context was acknowledged only insofar as it produced adversity; hence, the fundamental dynamic of the (non-)resilient individual up against social adversity ignores the possibility that resilience might also itself be a social phenomenon [49].

In addition to the controversies surrounding the concept and wide-ranging definitions of resilience, there is a debate about what constitutes (i) stress/risk/adversity, (ii) what 'counts' as resilience and more specifically (iii) who gets to define successful resilience [50]. A major limitation and criticism of the concept of resilience is the criteria for positive coping strategies and outcomes because they are tied to and reflect normative judgments grounded in the dominant Western culture [50]. For example, Werner and Smith reported that interpersonal and affective distancing and low expectations for parental involvement in childhood were related to later resilience in adulthood, not poor adjustment [24]. Such findings emphasize the importance of avoiding generalizations and conclusions about what constitutes protective factors and good coping (in this case a supportive family environment).

The role of context and culture in resilience was neglected but is now burgeoning [42]. As anthropologists and social scientists embarked upon conducting qualitative studies on resilience across cultures and situations, the complexity of defining 'healthy recovery' and 'positive' adaptation and the normative stands in definitions have become more evident. With closer attention to the processes that might account for resilience, qualitative studies have enabled researchers to enquire how people make meaning of their challenges without limiting them to meanings that researchers decide in advance as relevant [51]. Put differently, quantitative studies focused on validation, whereas qualitative studies on discovery. This area of inquiry has led investigators to challenge key assumptions underpinning understandings of risk, trauma, coping and positive adaptation [52].

Risk, adversity and trauma are defined and experienced differently by cultural groups [53]. Sociological studies of resilience put greater attention to the importance of human agency and to the capacity of individuals to make sense of one's experiences, assign meaning to them and consequently make choices and take actions within a particular social and historical context. Experiences of suffering and resilience are embedded in subjective and social experience [54]. Events are considered stressful only when they are perceived as such, and it is the subjective experience of individuals (and cultures) that define the impact of an event or experience [38, 54–56]. For example, in a study of Afghan boys and girls affected by war, Panter-Brick showed how for children everyday suffering in the family and community impacted them just as much as exposure to war or violence [57]. A study focusing on North American indigenous communities highlighted that, in spite of acute economic circumstances, racism and discrimination were the two main risks that effect resilience outcomes [58]. Studies of youth affected by war and conflict in

different countries highlight how political ideology is critical in how they process conflict experiences, with some finding meaning and purpose in their conflict [59].

Historically, resilience was associated with exposure to extreme stressors or crises. As research has expanded across context and situations, there is now a substantial body of research documenting that outcomes generally worsen and resilience becomes less likely, as risk and stressful factors pile up and persist [42]. That is, someone who experiences an acute adversity during poverty or maltreatment is more likely to struggle. For example, studies of war-affected youth found that the *number* rather than the type of childhood adversities predicted the odds of adult-onset mental health disorders [59]. As a result, psychologists began to view resilience as effective day-to-day functioning in the context of everyday life stressors, such as work-related stress, deadlines, family arguments and so on. As Lenette et al. conclude in their study of refugee women, 'the everyday is not simply the vessel in which lives are lived, rather it is the milieu in which the social processes of resilience are enacted daily' [49]. This is in line with other studies that suggest that resilience has to be understood within a micro context of ordinary life where the processes are more than overcoming past experiences and involve shifting, changing, building, learning and moving on [55]. As the final section of the paper will illustrate, this is of particular importance.

Cultural and contextual factors are key in understanding and explaining how people cope with adversity. In the Afghan example, the study also showed that the cultural Afghan values (religious faith, family unit and harmony, the obligation of service to family and community, perseverance, good morals and social respectability) provided the bedrock of hope and resilience. Yet, in line with similar studies, the authors highlight that despite the protective effect of cultural values, young people often felt trapped as it caused people to suffer great psychological distress when they found themselves unable to conform to the standard cultural values. The authors conclude 'culture can be an anchor of resilience but also an anvil of pain' [57]. Therefore, resilience, health and wellbeing are the result from the "ongoing iterative and interactive navigations and negotiations between selves, communities and environments; and the factors that contribute or undermine resilience are not absolute" [53].

However, most resilience literature and measurement frameworks come from the Western-trained psychological and social service community, and studies tend to ignore the bias inherent in what are assumed to be health indicators [52]. Further, until quite recently most studies have been conducted using White American population [60]. Similarly, international policy frameworks tend to be developed by Western-based organizations and to ignore the bias inherent in what is assumed to be wellbeing, resilience and 'good development'. Such judgments tacitly support the assumption that 'normal' functioning is, by nature, healthy and adaptive [52]. But, for example, is someone who overcomes the obstacles of poverty, discrimination and lack of employment opportunity by becoming a wealthy drug dealer a 'resilient' person? Drug dealing is regarded as a negative outcome and a crime by those who have been socialized, but some studies show how drug dealing can also be a life-saver for youngsters who have been socially humiliated, and it can actually

be a resilient response in Bogota, as it enables them to earn an income for their family and discover their identify and dignity [52]. Is a person exercising disruptive behaviour and violence, in a context characterized by violence and marginalization, resilient? Munford and Sanders [61] demonstrate the ways in which socially marginalized young women in New Zealand use socially disruptive and challenging behaviour to create their own spaces to share and build supportive relationships and develop their own sense of identity.

Sociologists emphasize, for example, that both survival and resistance strategies, even in the form of isolation, disconnection and violence responses, might be required to survive the adversities in many contexts. In fact, some contexts may be too much for anybody to deal with, and survival is the only option. But, even if the strategies that follow may not necessarily lead to normative outcomes, they should be considered a critical pathway to resilience, and the actions of the individual should not be undermined, even less pathologized. Resistance to dominant social forces or to the established order, for example, in the case of highly oppressed marginalized groups can also be a critical form of resilience as it sustains agency and wellbeing [32, 61]. Such emphasis on subjective meaning and social context should take the field of mental health beyond a narrow focus on trauma exposure.

Victor Frankl, a Viennese psychiatrist who survived confinement in a Nazi concentration camp, and Boris Cyrulnik, a French psychiatrist and thought leader in the field, who lost his parents in a concentration camp but who managed to escape, advocate this human agency view of resilience. From their perspective, individuals who demonstrate resilience in the face of multiple forms of psychological and physiological trauma can construct meaning and purpose of human existence, of their personal sufferings and of their own lives.

A reliance on normative constructions of resilience obscures the complexity of the processes through which individuals cope, manage and thrive and underestimates the power of the individual. In practice, once again, this implies that those individuals nonconforming to mainstream definitions may be labelled as non-resilient. Contemporary research calls into question the Western tendency to exaggerate the prevalence of post-traumatic stress disorder (PTSD) and to pathologize normative stress [59]. (See Almendon and Glandon [62]; Bonanno [35] and Bonanno and Mancini [63] for a debate on PTSD and resilience.)

Without a sociological and contextual understanding, researchers and practitioners may neither hear nor see other ways that individuals may be coping as ‘healthy’. Moreover, what at first glance appears to be a ‘dysfunctional symptom’ becomes, upon closer examination, a rational and reasonable coping strategy given the extremity of the stressors to which individuals are subjected [64]. Most qualitative studies capturing the lives of migrants [56], refugees [49, 55], victims of violence and war [54, 59] and sexual abuse and rape [65], disaster survivors [66], chronically ill patients [67] and many more around the world highlight high levels of resilience, as they manage to recover and move on with their lives. It could be argued that the person who makes the most out of whatever is available to him or her should be considered resilient even if his or her behaviour does not look like resilience or ticks the box against a predetermined set of characteristics identified by a researcher.

There are many pathways to resilience if we are prepared to listen and learn from people's realities and experiences of suffering.

Adversity and suffering are common elements of human experience. There seem to be some universals in individuals' resilience [53]. In fact, most of the resilience studies identify similar central factors to resilience which most of the time are not related to preconceived factors such as educational level, IQ or income. Rather, they relate to a strong sense of community and cultural values, making sense of their experiences, a strong sense of spirituality and hope despite overall feelings of loss. It is therefore not surprising that a review of resilience studies over 50 years concludes that the key to resilience is about relationships and human connection [34].

Based on this premise, the Cultural Resilience Scale has been developed to examine how cultural factors relate to the development of coping and resilience. Studies to date highlight heterogeneity in resilience trajectories, and therefore attempting to fit all experiences under 'one-model-fits-all' perspectives is not only of limited value but could hide inherent normative bias [53].

The powerful role societal norms play and the authority of experts to control and regulate what constitutes normal, healthy or good outcomes [52] means normative understandings of resilience can potentially further serve to repress or exclude difference and, in turn, have a negative effect on individual resilience possibilities. As our societies become increasingly multicultural, it is essential to discover the processes contributing to resilience from diverse cultural, ethnic and racial backgrounds. Further, we need to be aware of our own biases, cultural beliefs and sensitivities. Unveiling the normativity of resilience policy and practice means continually asking *resilience for whom* and *for what purpose* [68]. Researchers and practitioners working in the field of resilience enhancement need to refrain from categorical judgments about what is and is not resilience under adversity and stress.

What the evidence across context and cultures tells us is clear: resilience is a natural process – in spite of hurt and damage, at any given moment, individuals use their relational, spiritual, emotional, ecological and physical resources to keep moving forwards [35, 38]. While the author agrees and supports this view, careful consideration needs to be given to the implicit assumption that resilience already resides in humans, that all of us have an equal capacity to overcome crises and one is free to choose to be resilient or not. As the following sections will illustrate, that is in fact not often the case.

2.5 Going Beyond the Individual: The Structural Factors that Support, Enhance or Diminish Resilience Trajectories

As the study of resilience has started to pay more attention to the cultural and social context, a more *systems*-oriented perspective has started to emerge. Influenced by social ecology approaches, contemporary research in the field of mental health has come to take a more interactional and ecological approach that places both the individual and the adversity within a dynamic multilevel context [21]. Responses to

trauma and stressors are therefore determined by multiple dynamic, interacting individual-level system (i.e. genetic, epigenetic, developmental, neurobiological) which are embedded in larger social systems (i.e. family, cultural, economic and political systems) [43]. From this perspective individuals' resilience is not just the ability to 'bounce back' from adversity but also 'the capacity of the his or her environment to nurture it and provide access to health and resources in culturally relevant ways' [52]. Further, resilience is the result of a mutually constructive relationship between individuals and systems which are also ever-changing in response to unexpected external disturbances and internal dynamics [31].

Locating resilience and vulnerability within these broader contexts removes the focus from individual characteristics and the associated blame of those who 'do not have it'. From this perspective, resilience is a systems-based construct that is applicable to several fields of study and across levels of inquiry. In practice, this implies that (a) research, policy and practice require a broad-based multidisciplinary approach and (b) when designing policies and interventions, rather than just tinkering with individual-level capacities, it is critical to understand and engage with society-level barriers that block communities' and individuals' agency and opportunities to achieve a better future.

This notion has generated an increased interest in health and wellbeing research, practice and policy. The Health 2020 agenda and the sustainable development goals acknowledge that action for strengthening resilience needs to be based on a holistic view of the context in which individuals, communities and systems cope with problems and attempt to protect and promote health [69]. Here, for example, supportive environments are seen to be critical in affording people protection from factors that can threaten their health and enable them to expand their capabilities and self-reliance [6].

This approach has led to a more comprehensive conception of wellbeing that recognizes the importance of collective as well as individual strengths [70]. As a result, within the field of psychology, there is now a tendency to pay greater attention to multi-scalar dynamics, including the influence of genes, culture, social networks and interactions with the media, among other factors [43, 44, 71]. However, much of the focus remains on the individual or family level, which could be partially explained by the fact that much work in developmental psychology has been done in Western countries, where individualism is strongly emphasized [57]. The main problem with this person-focused approach is that the political dimensions, cultural context and power relations that underlie systems and structures are ignored [21].

Given the global scale and complexity of social and environmental change, resilience has become a construct of wide relevance in a range of research areas, specifically in the humanitarian and international development field, such as conflict, disaster preparedness, climate change and livelihoods and economic strengthening [10]. Community- and system-level inquiries are particularly being embraced by those who work in conflict in humanitarian settings where children and families are affected by poverty, war, weather extreme events and social inequalities. The resilience-enhancing interventions aim to support people not only to survive and

recover from stressors and crises but also to boost wellbeing and realize *rights*. The primary focus is on the resilience of the community, and not on the individual, and it is thus the community that is or is not resilient within a context.

A community can be affected by disasters, war or pandemics but also by socio-economic inequalities that limit the access to the resources and opportunities to grow. International programmes working with these communities focus not only on building skills and capacities but also (if not mostly) on providing the assets and resources to enable communities to improve their resilience and pursue their well-being and influence a rights-based approach to policy and practice [72]. Yet, quite often resilience often tends to be narrowly measured around qualities that are easy to quantify such as income or nutritional status [73]. Furthermore, supporting the mental health of the most vulnerable has long been neglected in these programmes. Certainty in these settings, interdisciplinary and intersectoral approaches that address both socio-economic and mental health dimensions of resilience are of utmost importance. Mental health is, for the first time, recognized as a critical factor for resilience and wellbeing, and it is now explicitly included in the international sustainable goals [3].

Beyond the individual, a socioecological perspective introduces into the understanding of resilience the role of structural factors, unequal power dynamics and social inequalities that support or undermine communities' resilience. This does not mean that communities' and individuals' agency should not be considered. A socioecological perspective of resilience still requires an exploration of the ways in which individuals negotiate their lives in the context of adversity and the ways they access resources or assets through their (interdependent) social relations with significant others in families and communities. However, the focus is not solely on these individuals [48]. From this perspective, researchers and practitioners working in this field are challenging the definition and appropriateness of resilience in terms of survival, coping and bouncing back. From an individual perspective, psychological studies assume the presence of an equilibrium points towards which individuals are expected to 'rebound' upon facing shocks or perturbations [74]. But when living in a context of social inequalities and discrimination, this implies maintaining the status quo and adapting to established systems or forms of power. Individuals are encouraged to look within rather than to challenge unequal and oppressive structures. This is what some authors have called 'the dark side of resilience' [75]—there is a risk of trying to 'fix' individuals rather than changing the system that constrains them. Increasingly, humanitarian and development programmes are calling for a transformative agenda that tackles the root causes of vulnerability and poverty [76, 77].

A resilience approach to human development provides an opportunity to focus on possibilities and growth rather than on problems and deficits, but, detached from its political and socio-economic context, there is a risk that socially created differential risks, and vulnerability is naturalized and ignored. Conversely, a focus on vulnerability without attention to resilience capacities may address the weaknesses of a particular individual or community without promoting their capacity to respond and move forwards. Framing resilience within the operations of power relations in

institutional dynamics opens up the discussion to issues about equity and justice [21, 68]. With health, resilience and wellbeing now recognized as key agendas, questions about how to improve individuals' resilience (most of the times targeting personal skills) should be replaced by questions about how to transform the social structures and systems that produce inequality, increase vulnerability and ultimately weaken people's resilience [10, 21, 55, 68].

2.6 Gender Blindness: When Resilience Is About Rights and Equity

If resilience is to be understood within the context, culture and socio-economic and political environment within which individuals live, then variables such as class, gender, and ethnicity cannot be ignored or considered independent variables. This may seem an obvious statement, but the reason why gender issues have not been raised so far in this paper is because gender is hardly discussed in resilience-specific studies (with few exceptions discussed below) [78]. This is despite the consistent finding that gender plays a critical role in determining resilience levels [64, 65, 79, 80].

Men and women differ in almost all aspects of health and wellbeing. They are socialized differently, engage in different roles in life and have differential access to social and material resources. These differences are not only based on sex or biological factors, but are shaped by social norms [81]. Further, there is a complex interplay of gender with a range of social differences (class, race, education, age, position in the family hierarchy and marital status) that can act to nurture or undermine resilience. Gender differences in employment, housework, child care and economic hardship affect men and women but tend to impact women more negatively [78]. This has a direct influence on the potential for resilience, and, therefore, a gender perspective is central. This final section limits the discussion to gender differences between men and women but acknowledges the debates around gender as a fluid construct that also includes lesbian, gay, transgendered and bisexual persons.

On the international agenda, there have been global efforts to increase awareness of the importance of gender in health and wellbeing outcomes as well as for the achievement of sustainable development goals [3, 81]. In this context, there is wide agreement that integrating a gender perspective in resilience-building interventions means recognizing that women, men, girls and boys have differentiated vulnerabilities, i.e. that they are exposed differently to risks and are affected differently by them. It also means recognizing that the distinct capacities of individuals to face and cope with risks are shaped—and often limited—by a system of power and privileges [3]. It is essential to understand resilience in the context of inequality and human rights.

Despite such recognition most literature related to mental health and resilience is limited to the study of sex differences. Studies tend to describe gender as both a risk and protective factor, depending on the adversity and on a person's age

[39, 82]. The ways in which gender proves to be a protective or a risk factor are highly contextual to (1) culture and (2) the specific risk under consideration. Being female can be a risk factor in the face of abuse, health risks, low socio-economic status and psychological health. Boys and men are more susceptible to the negative impacts of risks such as violence, substance abuse and low socio-economic status [25].

Not surprisingly, sex differences have also been found in responses to stressful events. For example, studies have provided evidence that women experience more stress than do men day to day, as women tend to be more emotionally involved than men in social networks [83, 84] and women are more vulnerable to developing stress disorders after serious stressors or trauma [85]. Several lines of evidence also show differences in coping strategies between men and women [86]. When faced with adversity, men tend to rely on their independence, whereas women utilize their support systems. Further, studies suggest that while men demonstrate more action-oriented and problem-solving strategies, women more often employ emotion-based coping strategies. Such strategies have been historically considered passive and a maladaptive means of managing a stressful situation, as those employing them are more likely to internalize what is happening to them instead of taking action in confronting the problem [83]. It is important to note here that these studies were not resilience specific and therefore (i) beyond sex differences, most studies did not explain the how and why of the difference and (ii) the processes that women followed to overcome adversity were not addressed. But, for a long time, critics have recognized the influence of social forces such as sexism and access to power as variables in the coping process, rather than solely focusing on the individual [87].

Specific studies have been undertaken in relation to women's resilience against domestic violence and sexual abuse [48, 65, 88]. Research on women and girls who succeed in negotiating their lives and overcoming the negative impacts of violence has often used 'resilience' as a concept to explain such coping [48]. These studies highlight how feelings of powerlessness and a society's denial and secrecy surrounding domestic and sexual abuse coupled with a societal tendency of blaming the victim further exacerbate a choice to use emotion-focused coping [80]. Thus, it is because of the environment and societal norms that women are pressured to cope in a 'maladaptive' manner. A comparative study of two Pakistani women following experiences of rape in police custody revealed that one woman relied on denial and finding solace in religious symbolism, while the other woman spoke out and advocated for gender equity. Resilience can thus take many forms among women from similar backgrounds, but both speak to the depths of gender politics [49].

Further, contrary to the common belief, emotion-coping strategies have been critical to the resilience of women to violence and sexual abuse [81]. Studies point to the fact that at the time of the abuse, strategies such as focusing on work, using substances and self-silence clearly help the victim to function during that period in their lives. While at times the tendency might be to pathologize the ways in which women coped and to question their behaviour, when abstracted from context and gender, experiences are reduced to individuals and their sex deficiencies, rather than obstacles posed by social norms. Once again, 'unhealthy', 'dysfunctional' and as a

result 'non-resilient' labels place the blame on women. Furthermore, Duma [89] refers to women's journey to recovery from sexual violence as 'the turning point' to describe their pathway from being a 'victim' to a 'survivor' and, often, back to being a 'victim'. Their route to recovery depends on the extent to which they can access adequate and appropriate support and resources or the extent to which the environment is able to nurture their resilience processes.

Few lines of evidence highlight differences in resilience levels between women and men. Although evidence is contradictory, research mostly tends to conclude that women are or are less likely to be resilient than men [82, 84, 90]. Studies do not offer however insights into the reason why gender is associated with reduced likelihood of resilience. A recent review of three well-recognized resilience measurement tools[1] concludes that women typically score lower on measures of resilience compared to men because existing frameworks do not reflect the ways that gender roles and inequalities shape women's responses to adversity [18]. The authors argue that this is because social support and social connectedness, both associated as critical supportive factors for women's resilience, health and wellbeing, are not included in measurement frameworks. The tendency to measure resilience as an individual trait fails to capture, understand and measure not only women's resilience resources but also the complex protective mechanisms that individuals use and their temporal dimension—all of them critical factors of resilience [47]. On the other hand, studies focusing on resilience levels at an old age, which, beyond personal attributes, also include women's supportive factors, actually detect greater resilience of women [39, 91]. Data matters and measurement frameworks are powerful as they can not only further perpetuate societal beliefs about men's superior ability to manage adversity but also misinform policy design and interventions [78].

Although in the literature on resilience differences in relation to gender have only started to emerge in the mental health literature [92], specific studies on the intersection of gender and resilience have been undertaken for over a decade the field of humanitarian aid and conflict and disaster management. These studies provide key insights into how the broader political and economic environments directly impact (most of the time diminishing) women's resilience trajectories.

It is widely known that women and girls are disproportionally affected by disasters, climate change and conflict. Women have been estimated to be seven times more likely than men to die in disasters and to receive less external support [93]. Social customs and women's role as carers limit their mobility and access to public spaces and resources, meaning they do not directly receive relief items and are restricted from taking part in the decision-making that affects their lives. All of these aspects may explain why women are more likely to die in a disaster [48].

Women who manage to survive are often seen as 'victim-survivors' caring for and provisioning children and dependent on relatives traumatized by disasters [94]. But, vulnerability and resilience to disasters are not a natural attribute of women nor men, but rooted in gender inequality [81]. In the aftermath, women may be left

[1] This includes (i) the Connor-Davidson resilience scale, (ii) the briefing resilience scale and (iii) the resilience scale for adults.

responsible for rebuilding lives when husbands and sons migrate to earn remittance income, and there is strong evidence that women and girls will be more food-insecure when food is scarce and that violence against women escalates in the aftermath of disasters, a factor noted in a number of disasters across the world [95]. Following a disaster, young girls are particularly vulnerable to being withdrawn from education to assist with the workload, to forced child marriages and to trafficking [48].

These findings also challenge the often-romantic notion of the nature of family and community in supporting people to respond to stress. A focus on family and community resilience ignores the reality of difference and inequality within the household, in particular in relation to money, access to resources and power to decide and lead [81]. It is now widely recognized that understanding gender roles and relations in households is critical for supporting individuals' resilience since the focus is on the ways the household can protect, generate and diversify the necessary recourses required in time of crises or extreme hardship [81].

Women face restrictions in their lives both before and after a disaster (or any other type of shock) strikes—which are matters of rights, justice and empowerment [94]. Placing rights and gender at the centre pays specific attention to the inequitable distribution of resources and power and repressive cultural norms and rules that hinder people's resilience potential [96]. Findings from this field emphasize the need towards a more radical, transformational, gendered (and its intersecting power axes of social difference) and power-sensitive dimension of resilience [66]. A failure to do so risks further reinforcing gender inequalities due to the reality of social difference and inequities within power structures.

A gendered view of resilience entails not only recognizing the reality of difference and inequality but also women's strength and capacities. International frameworks present women—as a unitary group—as passive victims of war, pandemics, disasters, chronic poverty, etc. instead of active agents in humanitarian action. Similarly, as discussed above, in the field of mental health, women are portrayed as more vulnerable and with less effective coping strategies. Thus, although resilience is recognized as a paradigm shift from deficits to strengths, there continues to be an overfocus on risk and vulnerabilities. Resilience tends to be presented and treated as an adjunct rather than being utilized to its full potential as a concept.

Women in many parts of the world continue to survive decades of war, domestic violence, sexual abuse, discrimination, inequality and tremendous obstacles because they are, in fact, resilient. Even in the poorest countries, women can expect to outlive men. A recent report highlights that even across the globe, women exhibit greater survival resilience to adverse socio-economic conditions [97]. This phenomenon, often called the 'gender paradox', has many partial explanations, such as differences in biological risks, risks connected to social roles and illness behaviour as well as in lifestyle [39]. However, this paradox remains largely unexplored. It is possible that women's greater resilience could explain their capacity to survive adversity. It could be hypothesized that if resilience is a process of bouncing back, adapting and bouncing forwards, then maybe women around the world have mastered their resilience capacity. Unfortunately, though, they are not only resilient to the most adverse circumstances; they are also resilient to an unjust system.

But resilience should not equal just coping. Women are more than victims, and they have the right to be more than survivors. Gender-blind policies not only fail to recognize women's resilience and resourcefulness but also entrap them in a vicious circle of survival. Policymakers and practitioners need to challenge taken-for-granted values and halt practices that systematically and perennially diminish girls' and women's resilience. This can only happen if research and interventions consider men, women, girls and boys as gendered individuals that are part of governing institutions and systems. Further, addressing gender dynamics is not just necessary to understand and support the resilience of women and girls but also to safeguard their immediate and future wellbeing.

More recently, the construct of resilience has broadened to include health and wellbeing across the lifespan, and research has established positive associations between resilience and health [18, 67]. The Health 2020 agenda also points out that building resilience is a key factor in protecting and promoting health and wellbeing at individual and community levels. From this perspective, health policies and interventions should not only ensure equitable and universal access to a good range of curative and preventive services; it should also search for better social and environmental conditions that would allow people more control over their lives and, thus, would improve their health and resilience [69]. But, abstracted from context, resilience takes on the appearance of an apolitical, independent variable from higher-level structural, political and economic factors. This detachment from the real world fundamentally ignores the root causes of vulnerability and the power relations and gender dynamics that enable or constrain women's and men's resilience pathways.

Finally, integrating gender perspectives into resilience assessment and measurement is of utmost importance not only for a more accurate appraisal of women's and men's resilience but also to generate vital information for the creation of more inclusive and representative theories and designs of resilience-promoting interventions.

2.7 Conclusion

Resilience, a word originally used to describe a human phenomenon, has now become a normative concept in most policies and frameworks related to health, wellbeing and socio-economic development. In an area characterized by large-scale social and environmental change, human and systems resilience is seen now as a vital asset. So, what is human resilience then? Despite its widespread use, the literature surrounding human resilience is large, messy and at some points too abstract and includes many ongoing theoretical debates. Five important lessons arise from this review in relation to policy and practice.

First, we have learnt that resilience is more than a personality trait; it is a common human developmental process in the face of adversity. The evidence base challenges long-standing deficit and dysfunction models that assume that individuals in high-risk context, without clinical intervention, have low chances of escaping psychopathology and maladjustment. After six decades of resilience research,

the message is clear: focusing solely on the negative aspects and impact of adversity overlooks and undermines the power of the individual. This human phenomenon is a complex process where a host of biological, psychological, cultural, socio-economic and political factors interact with one another to determine how individuals respond to stressful experiences.

Despite a wide range of definitions and conceptualizations, this paper concludes that human resilience could be defined in an astonishingly simple way: it is about starting on a new development after a shock or stressful circumstances. Despite hurt and damage, at any given moment, individuals use their emotional, ecological and physical resources to keep moving forwards and to find meaning and purpose of their human existence. This is a complex process of change where the individual's agency interacts and is influenced by wider structural and social processes. Unfortunately, individuals, and especially women around the world, also need to call upon their resilience potential to thrive in context of marginalization and gender inequality.

The second lesson we have learnt is that there are many pathways to resilience and wellbeing. People's experience of traumatic events is different. How people are affected, cope and recover varies greatly according to their cultural and social context. Narrowing the study, policy and practice to a shortlist of competence and skills and a seat of healthy 'functioning outcomes' helps to design interventions and to simplify extreme complexity. However, there is a risk that simplicity is mistaken for the messy reality of life and all its forms. Decontextualizing resilience from the real world can potentially further serve to repress or exclude difference and, in turn, have a negative effect on individuals' resilience possibilities. The resilience agenda runs the risk of imposing prescribed Western-centric norms and frameworks and pathologizing those nonconforming individuals as non-resilient. Both issues point directly to matters of power.

Moving beyond the individual, a third lesson emerges from the field of humanitarian action and international cooperation. A focus on the individual detracts attention from the conditions that call for resilience in the first place and naturalizes and ignores socially created risks, vulnerabilities and inequalities. Engaging with normative dimensions of the term requires a critical discussion of power and justice. Just as practitioners should not look for pathologies or victimhood after every trauma or adversity, we should not romanticize the notion of resilience nor ignore the impact of poverty, social inequality, violence and all forms of adversities. A socioecological understanding of the human experience is of utmost importance to uncover and work against the root causes of vulnerability, and efforts to support resilience must be accompanied by efforts aimed at structural change. Further, bouncing back from adversity is not the same thing as bouncing forwards. When people live in a context of social inequality and discrimination, bouncing back implies maintaining the status quo and adapting to established systems and forms of power. We need to stop romanticizing resilience and people's strengths and start asking questions about the political and socio-economic structures and systems that produce risk and vulnerability in the first place.

The final and cross-cutting lesson emerging from this review is that a gender-blind conceptualization of resilience leads to misinformed policies and practices. Risk, vulnerabilities and capacities have a gender dimension due to the distinct and unequal gendered roles and responsibilities that fall to women and men. Ignoring this in research policy and practice entraps women in a vicious circle of blame, victimhood and survival and further reinforces gender inequalities.

To conclude, as with all normative concepts, resilience has become a political term and space; it is defined, invoked and applied in settings shaped by multiple, cross-cutting power relations and social and material circumstances. The resilience agenda is at a crossroads. A resilience approach to human development provides an opportunity to focus on possibilities and growth rather than on problems and deficits and to focus on empowerment rather than on victimization. But, truly embracing the resilience paradigm requires shifting the focus from the individual to the system and the people that empower it. Given the policy imperative and importance of human resilience, researchers, practitioners and policymakers across the field of work face a choice between focus and definitions, which require being aware of normative stands. National and international objectives of ensuring health and wellbeing for all cannot be achieved without a rights-based approach to resilience.

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