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# Resilience: a structuring force

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## Abstract

The destabilizing power of a traumatic experience has been widely discussed in many studies; however, on the other hand, many studies in psychological literature show a different view of this experience. This study addresses the positive meaning and the transforming power of an event, which, although devastating, reveals to the subject skills, unknown until now. Referring to recent longitudinal studies (Cimino, S., Sinesi, S., Monniello, G., (2012); Cimino, S., Monniello, G., Cerniglia, L., Ballarotto G. (2013) it is proposed to highlight how it is an usual position which is generated in order to deal with the pain. In these studies, the traumatic event taken into account concerns parental loss in children and adolescents (development age) in the attempt to explore, by the use of specific instruments such as Symptom Checklist – 90 – R, (Derogatis, 1994); Eating Attitude Test-40 (Garner and Garfinkel, 1979) and Adolescent Dissociative Experiences Scale (Armstrong et al., 1997), the multiple aspects of the subjective answer to the traumatic event. In

addition, a more systemic review is given to the different measures of resilience, such as: dispositional measures (Miller Behavioral Style Scale, Miller, 1987) and situational ones (Ways of Coping Questionnaire, Lazarus and Folkman, 1984); and also, to the psychotherapeutic processes intended as an element to promote the increment of such capacity with a particular reference to the cognitive-behavioral and systemic-relational model.

Finally, special attention is given to the protective value of a secure attachment, together with the ability for mentalization, considered as aspects capable of strengthening some important cognitive-emotional self regulation abilities and, therefore, promoting the development of resilient behavior. In conclusion, the many aims of this study are: to provide a right definition of resilience, to try analysing and fixing solutions about the main theoretical controversies over this matter; moreover, this study tries to highlight all those factors that contribute to influence resilient behaviours and to identify strategies and procedures that can facilitate or hinder their execution.

Key words: Post-traumatic growth, Resilience, Coping, Resistance, Emotional health, Recovery.

## Introduction

The etymology of the word "Resilience", from the latin *"resilĭens –ĕntis"* – present participle of "resilīre" –, already seems to suggest the complex meaning of that concept. It derives from Physics and refers to intrinsic sealing properties of materials subjected to deforming actions and forces. Resilience is indeed a behavior that results from a highly traumatic experience. From the dawn of the Branch of Psychology, eminent scholars and researchers have highlighted the shocking and destabilizing nature of traumatic experiences; which have however, in recent decades begun to reveal an extraordinary potential: that of revealing to individuals personal capacities hitherto unknown to them. However, in spite of this close

connection between resilient behavior and a traumatic event, it would be arbitrary and reductive to focus solely and exclusively on it, thus neglecting other equally important variables. In this regard we could consider resilience as a complex relationship between multiple forces at stake: first of all, the subject and their peculiarities; the experience and its innovative and transformative capacity; and consequently the environment within which they occur. In this context, a well-known quote from Epictetus, the Greek philosopher, is particularly appropriate and well-fitting: "Not the facts per se cause people to be disturbed, rather the judgments that men formulate upon the facts" (50-130 AD). These judgments as such seem to be at the base of what a person decides to do with what has been done to them. It is therefore within concept that resilience, understood as the dynamic and yet unconceived mechanism of the subject, finds its most correct expression.

## Theoretical contributions to the concept of resilience

The concept of resilience is rooted in the early eighteenth century when important scholars began to be concerned with “those overwhelming events” which affected the individual. Certainly one of the first to manifest a particular interest in such experiences was Sigmund Freud (1899). His studies, as well as Janet's (1889), Charcot's(1890) and Bleuler's (1911), were crucial in clarifying the concept of trauma. Pierre Janet (1889) in fact, defined trauma as something that is, by its very nature, not "reconcilable" in the psychic apparatus of the individual. This lack of ability to integrate the traumatic experience was believed to be the basis of psychic disorders in adult subjects. The psychologist Kohut (1971) argued that highly traumatic events leave a lesser impression on serious self-disturbances than would an environment determined by a constant dysfunctional relationship between self and object. Khan (1979), on the other hand, speaks of "cumulative trauma" to indicate the set of repetitive traumatic experiences accumulated throughout early

development, which then constitutes the basis of psychic malfunctioning. Beyond such theoretical aspects, the debate is still open and inconclusive today. As for the main diagnostic systems, it should be noted that while DSM IV (2000) tends to focus more on the nature of the event than on the individual's personal processing, in a more recent publication of DSM 5 (2013), the focus of attention seems to shift more to the idiosyncratic ways in which the individual destroys and restructures the mental content. It is no coincidence that, within DSM 5, one are notes a re-conceptualization of disorders related to traumatic events, such as a distinct nosographic category as compared to those of other events. This change hence places DSM 5 more in line with other diagnostic systems such as ICD-11 (Caviglia et al., 2007). This being said, in light of the complexity and the polysemic significance of the notion of resilience, many have been the theoretical contributions and much research has been done by numerous scholars in an attempt to answer important questions: Is resilient behavior a part of a genetic heritage? Is it a feature of each subject? Why, then, are some subjects able to cope with adversity while others are not? Hence, for many years now, psychology focused its attention on genetic and constitutional factors, considering resilience as a starting-point rather than an acquisition. More recently, however, reflections on the possibility of considering this capacity as closely associated to the purely relational and interpersonal aspects of development has begun.

The contributions of Peter Fonagy (2005) and André Green (1996) have also proved interesting. In particular, Fonagy recognizes the limitations of "metacognitive monitoring" (Fonagy, Target & Del Corno, 2005) as the main derivative of traumatic experience at an early age. In other words, as a result of a particularly painful experience, the individual reacts by interrupting and inhibiting normal reflective flow, what the same author defines as the "reflective function of the self" (Caviglia, 2016); understood as "ability to see oneself and other people in terms of mental states and to think about one's own and others' behavior in terms of mental states, through a commonly defined reflection process "(Caviglia, 2016).

Over time, the massive recourse to this defensive strategy causes a weakening of the mind's thought structures. This results in the fact that "it is no longer safe for the child to think about people's desires and motivations, if this also implies consideration of the parent's wishes to harm them, humiliate them, or use them (Caviglia, 2016). Andrè Green, on the other hand, recapturing the Lacanian concept of the "après coup" (Lacan, 1963), points out how the traumatic experience is endowed with an extraordinary potential to alter even the temporal structure of thought, allowing the traumatic act to survive forever.

Tedeschi and Calhoun (2004) use the notion of "rumination" to indicate intense cognitive activity in search of a meaning or meaning attributed to the traumatic experience. In this way, Cognitive restructuring incorporates the negative experience into new patterns of the self and of the world. Also interesting is the definition of resilience developed in recent years by Zautra, Hall, & Murray (2010), where two fundamental aspects emerge: *recovery*: the ability to quickly heal physically, psychologically and socially; and *sustainability*: in other words, the ability to carry out a series of actions directed towards the achievement of one's own objectives. Argentine psychoanalysts, Zukerfeld & Zonis Zukerfeld, on the other hand, (2011) resuming Green's line of theorizing, define resilience as "a subjective metamorphosis that follows the activation of universal potential" (Rozenfeld, 2014). It is precisely from this definition that one of the questions which still concern clinical research and practice today seems to derive: if such potential is universal, how is it then that some individuals experience a break down and others do not? Psychoanalysis seems to offer an answer:. Psychoanalytic reflection on the concept of resilience focuses on three other equally important notions: adversity, traumatic experience, and harm (Rozenfeld, 2014). As far as adversity is concerned, it overwhelms the individual, deteriorating their awareness of being able to face it logically. On the other hand In Freud's *Introduction to Psychoanalysis* (1915-1917), he defines the traumatic experience as "*an experience*

*that in a short span of time brings to the life of the psyche an increase of stimuli, so strong that its usual mode of liquidation or elaboration fails , which is why the bringing about of permanent disturbances in the energy economy of the psyche* becomes inevitable"(p.437). The damage, however, qualifies as an imprint or trace, left by the trauma of the event in the psychic apparatus of the individual. An event that has a dual potential: not just to "instantly" shake the mind of the individual, but also to leave a sign upon it, giving it new shape and organization. Accordingly, it is necessary to point out that, following a traumatic experience, the mind is unable to return to its original state or to recover the lost equilibrium since the trauma, as such, qualitatively and quantitatively modifies the individual's psychic apparatus, generating subjective positions previously not present, including resilience.

## Subjective responses: variants of the concept of resilience

It is possible to understand the multiple declinations of the concept of resilience as feasible responses carried out by the individual in the face of adversity. Such demonstrations or behaviors would represent, to use proper psychoanalytic language, a new psychic configuration; the result of a harsh struggle between *Eros* and *Thanatos*. In light of these premises, as suggested by psychoanalyst Rozenfeld, in his work "*Resilience: A Subjective Position in the Face of Adversity*", it is possible to distinguish between the various resilient modes of conduct: "a subjective claim; a subjective restorative position; a creative subjective position; a subjective position whose predominant characteristic is humor "(Rozenfeld, 2014). As far as the first of these positions is concerned, Ana Rozenfeld (2014) claims that the primary objective of such a mental configuration is to "convert the damage suffered and the experience of strong impotence, into legitimate defense" (Rozenfeld, 2014). Often, conduct of this type can be the source of significant social phenomena, real "social awakening" (Rozenfeld, 2014) aimed at achieving greater social and economic humanization.

The restorative position is another variant of the resilient modes of conduct, in which the primary goal is to "repair the injury suffered" (Rozenfeld, 2014). It is clear that this concept refers to the notion of the Kleinian matrix, in which the repartion is just like a complex and dialectical process by which the individual, by using real or fictitious activity, succeeds in remedying the traumatic action suffered. The creative position, on the other hand, is shaped as a mental and behavioral mode, characterized by multiple and continuous attempts by the individual to metabolize the traumatic event by means of symbolization, creative acts. More precisely, one is dealing with a subjective strategy aimed at elaborating the traumatic experience sustained; an attempt to sublimate and represent what is, by its nature, "irreproducible" (Rozenfeld, 2014).

Humor is, ultimately, a further subjective production through which the individual tries to overcome suffering, and to shelter themselves from the inevitable traumatic nature of existence. This is a well-known mental configuration of Sigmund Freud's (1899), who in his famous work "*Jokes and Their Relationship to the Unconscious*" (1905), observes how humor is at the service of the principle of pleasure, preserving the ego from pain and making it almost invulnerable. From what has just been said, it is quite apparent that resilience can be understood as a set of simple and complex psychic mechanisms necessary for allowing the individual to lead an existence as free as possible from suffering. Such conflicts and obstacles are precisely the essence of existence, and they can enrich it, precisely by what we call resilience and which is nothing other than Eros's dominion over Thanatos.

## Scientific evidence

Clinical research and practice in the last decades have provided important contributions to the study of resilient modes of conduct and mechanisms. These behaviors were analyzed in relation to traumatic events of different natures,

including, for example, the loss of a parent during childhood or adolescence. Much of the international scientific literature agrees in considering this event as an experience with a strong traumatic potential. Although many children have adaptable responsive and resilient strategies, there is no doubt that the traumatic experiences in childhood can lead the psychic apparatus of the individual (emotionally, cognitive, behavioral) to assume a psychopathological form. In particular, retrospective studies have shown that the loss of a parent during childhood can then constitute the basis for a borderline personality structure (Caviglia et al., 2007) ; where dissociation is an adaptive effort to regulate and neutralize overwhelming emotional states that make the individual weak and vulnerable. In addition, the loss of a significant caregiver is strongly implicated in generating symptoms and modes of conduct akin to depression. (Perrella, Semerari & Caviglia, 2013). Despite this data, which is certainly interesting, it is worth highlighting how empirical research has focused little on the specific evolutionary phases in which the traumatic event occurs, ignoring the different and specific consequences, whether resilient or symptomatic.

However, there are two recent studies: "*The Loss of a Parent in Childhood: An Empirical Study on Preadolescent Sample*" (Cimino, Sinesi & Monniello, 2012) and "*Early Parental Loss and Psychological Functioning. A Longitudinal Study in a Sample of Subjects from 11 to 16 Years of Age*" (Cimino et al., 2013). The first is a longitudinal study aimed at investigating the loss of a significant caregiver during infancy and adolescence. This study was conducted on a sample of 117 subjects, all ageing between 12 and 13, 38 of whom suffered the loss of a parent in the first three years of life; 39 who had experienced such loss between the ages of three and ten; and finally 40 subjects who had not suffered any loss of parental figures. In order to investigate the effects associated with the trauma of this event, personal-report questionnaires were given to the children:

1. Symptom Checklist-90-R (Derogatis, 2010): an instrument designed to evaluate a broad spectrum of symptomatic behaviors, both internalizing (depression, anxiety, somatization) and externalizing (impulsivity, aggression, hostility) . The revised edition of the instrument has improved the psychometric properties of some items, especially those dealing with the dimensions of *"Anxiety" and "Obsessive-Compulsiveness*"(Derogatis & Unger, 2010). Conceived as a 90-item questionnaire, this instrument allows for the evaluation of 9 major symptomatic dimensions: Somatization (SOM), Obsessive Compulsiveness (OC), Interpersonal Hypersensivity (IS), Depression (DEP), Anxiety (ANX), Hostility HOS), Phobic Anxiety (PHOB), Paranoid Idea (PAR), Psycoticism (PSY) (Derogatis & Unger,2010). Additionally, the tool also allows one to evaluate sleep and appetite disorder by introducing seven additional items in the revised edition. Finally, they complete the 3 global index rating: Global Severity Index (GSI); Positive Symptom Total (PST); Positive Symptom Distress Index (PSDI):

2. Eating Attitude Test-40 (Garner & Garfinkel, 1979): This is a personal-report tool that is particularly effective for screening populations at high risk for developing a eating disorder (Garner et al., 1982) . This instrument consists of 26 items designed to investigate different dimensions such as: fear of fatigue, obsessive attention to food, presence of compensatory behaviors to inhibit weight gain, etc.. In addition to these items, the EAT envisages 5 behavioral questions that "investigate on a general level, the state of concern of the subject in relation to physical appearance, body (image) and weight" (Caviglia et al., 2007). The threshold or cut-off score is set at 20 points. This critical score, however, should be related to the Body Mass Index (BMI). In order to be able to diagnose eating disorders, the latter should be at least 18.

3. Adolescent Dissociative Experiences Scale (Armstrong et al., 1997): This is a self-administered questionnaire addressed to adolescents with dissociative symptoms. It is made up of 30 descriptive questions of different psychopathological

aspects. It consists of 30 descriptive questions of various psychopathological aspects, such as memory dysfunctions, passive influence, absorption and disturbances of identity (Muris, Merckelbach, & Peeters, 2003). For each of these items, the subject should obtain a score ranging from 0 to 10 depending on the degree of descriptiveness of these statements with respect to the patient's symptomatic condition. In addition, in order to facilitate the evaluation process 30 items were added and were grouped into four different areas: Dissociative Amnesia; Imaginative Absorption and Involvement; Depersonalization and Derealization; and Passive Influence. The overall score is generated by averaging the scores for each item (Muris, Merckelbach, & Peeters, 2003). Following the administering of the tools just examined, variance analyzes were performed that showed a statistically significant difference between scores on the SCL-90R, EAT-40 and A-DES questionnaires.

Regarding the SCL-90 R in particular, statistically significant differences have emerged "compared to the Global Severity Index ($F = 167.77$; $p < .01$) at the Positive Symptom Distress Index ($F = 24.66$; $p < .01$) and Positive Symptom Total ($F = 16.40$; $p < .01$) and in relation to the Somatization subscale ($F = 77.85$; $p < .01$), Compulsive Obsession ($F = 22.33$; $p < .01$), Interpersonal Sensitivity ($F = 68.37$; $p < .01$), Depression ($F = 290.20$; $p < .01$), Fobia Anxiety ($F = 86.81$; $p < .01$), Paranoid Idea $F = 67.87$; $p < .01$) and Psychoticism ($F = 100.63$; $p < .01$) "(Cimino et al., 2012). From Post-hoc comparisons, statistically significant differences among those who had suffered a parental loss during childhood or adolescence, and the sample consisting of subjects who had not suffered such a traumatic event also emerged. In addition, this perhaps being a particularly interesting result, there was a further statistically significant difference between those who had suffered such loss in early childhood (in the first three years of life) and those who had suffered it during the second childhood between three and ten years). In contrast, EAT-40 revealed statistically significant differences both in the global score ($F = 112.99$; $p < .01$) and in the Fasting subtype ($F = 90.12$; $p < .01$, Bulimia and Concern for food

(F = 46,08; p <.01) and Oral Control (F = 79,32; p <. 01) 22 (Cimino, Sinesi & Monniello, 2012). Here too, statistically significant differences emerged between those who had suffered such loss in the first three years of life and those who had experienced such loss between 3 and 10 years. Finally, as far as A-DES was concerned, a statistically significant difference between the samples was found both in the global score (F = 4263.14; p <.01) and in the Dissociative Amnesia Factors (F = 1956.39; p < .01), Passive Influence (F = 740.32; p <.01) and Depersonalisation and Derealisation (F = 2183,80; p <.01) (Cimino, Sinesi & Monniello, 2012). In light of what has just been said, it is evident that early and timely intervention is needed in subjects affected by such a traumatic event. The aim is to encourage the elaboration of what has happened and to develop the ability to face the insecurities and conflicts proper to adolescence; a stage in which pre-traumatic experiences tend to re-awaken, increasing the already existing vulnerability of the individual. On the other hand, the focus of the second study, as mentioned earlier, is to highlight and evaluate the significant differences that accompany the passage from pre-adolescence to adolescence in those subjects who have experienced the loss of a parental figure in the earliest stages of childhood. Thus the same tests of evaluation were administered as in the previous study. After which, by analyzing the recurring variants, important conclusions were drawn. With the administration of the Symptom Checklist a reduction in symptomatic clusters in the passage from pre-adolescence to full adolescence was noticed. "This most probably confirms the fact that a sense of confusion comes with the changes that occur during puberty, during which time the adolescent must face a number of mechanisms to process loss, so as to bring about what Blos (1967) intends by a second process of individualization" As far as the Eating Attitude Test is concerned, here too the results indicate a noticeable reduction in dysfunctional eating behavior during the passage into full adolescence. These results confirm therefore the centrality of "maternal nurturing" for the development of a healthy and balanced body-image. "If in fact during the earliest stages of its life, a child has

not had the possibility to establish its own personal identity by virtue of a maternal image, the child will have great difficulties in facing separation from its parents." (Cimino et al., 2013). The formulation of this concept has been amply identified from the results of such studies that have underlined how those (children) who have sustained the loss of a parental figure in their first few years of life, get higher scores on their first testing (during puberty) with regards to dysfunctional eating behavior. Finally, with regards to experiences of dissociative disorder, a significant decrease of these episodes is noticed between puberty and adolescence; especially in dissociative behavior which, diminishes significantly in all the groups, notwithstanding the continued high scores in those candidates who have sustained the loss of a parental figure within the first three years of their life. One last interesting result is the absence significant differences between the loss of a father or that of a mother in the emotional-adaptive development of the child, with exception to the "*Phobic Anxiety*" dimension: "Those candidates who have lost a paternal figure seem to achieve higher levels in this sub-parameters of the SCL-90-R testing scale. (Cimino et al.,2013).

## Measure resilience

Over the past decade, the concept of resilience has taken on an increasingly stronger multi-faceted connotation. More and more researchers and theorists, opposing the notion of "ego -resilience", have highlighted how the relational dimension represents a real moderation factor with respect to the individual's ability to process the experienced traumatic experience. If resilience is therefore a relational matrix superstructure, the underlying structure is a series of mechanisms of the same relational origin that somehow affect such resilient behavior. Within such mechanisms, coping strategies can be recognized. Although an important difference has been noted by several studies that have highlighted the unconscious nature of coping mechanisms as opposed to the conscious nature of resilient

conduct, many scholars agree instead in considering that efficient coping mechanisms and resilient conduct constitute a particularly effective clinical association (Cicognani & Zani, 1999). Over the last decade, many attempts have been made to identify tools that would allow scientific, and therefore reliable, measurement of the coping concept. First of all, a first distinction must be made between dispositional and situational measures of coping strategies. The former measure is aimed at attempting to investigate these coping mechanisms as an individual's tendency to use a particular type of strategy in a highly stressful situation. While the latter goes towards investigating such strategies' natures as strongly variable, depending on the context and situation. Among these dispositional measures we include the Miller Behavioral Style Scale, a tool of measurement designed by Miller (1987), which has distinguished two styles of attitude usually opted upon by individuals in situations of anxiety or stress. The first, called "monitoring", and therefore concerning vigilance, the second of "blunting" and therefore of avoidance. In this regard, the tool conceived involves calls for the use of 4 hypothetical situations: two related to physical threats, and two others related to psychological threats. At the end of the scoring procedure, it is hence possible to get two scores relative to the individual's tendency to observe or to avoid.

Although this instrument provides an important contribution towards distinguishing the various resilient strategies of the various resilient strategies, according to some scholars one of its major conceptual defects is that it deals only with situations which induce high levels of anxiety and not other more traumatic situations, such as those concerning a loss or conflict.

Strongly in line with the study of resilience is the concept of "adaptability" or "*adaptiveness*" coined by Kohn (2003), meaning the ability to control the traumatic situation. This adaptive style, according to the author, has three features: judgment, determination, and self-control.The so-called situational measures are located on a

quite different theoretical thread, , These measures indicate that the ability to solve a traumatic situation is both highly situational and contextual. Pioneering in this field, was the work of Lazarus & Folkman (1984) which led to the design of a widely used coping scale: The Ways of Coping Checklist (1984) later revised in The Ways of Coping Questionnaire (1984). With regards to the first (WCC), this is a questionnaire consisting of a set of scales that respectively measure two different aspects of coping strategies: emotion-focused coping and problem-focused coping. The first refers to a coping style designed to undergo substantial emotional remodeling and adjustment; the latter refers to a coping style as the ability to elaborate a precise resolution strategy in the presence of a problematic or unusual situation for the individual. This instrument was then subjected to an important review, resulting from the need to represent the coping process in a richer and more exhaustive way. Hence the decision to develop a new instrument, the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1984). It is a tool consisting of 50 items, identifying 8 different factors:

- Confrontative Coping: The ability to develop a strategy to actively change the problem situation;

- Distancing: Attempts aimed at minimizing the importance of the destabilizing traumatic experience;

- Self Controling: The ability to maintain control of one's actions and emotions;

- Seeking Social Support: Behavioral Strategies which aimed at searching for support from Society;

- Accepting Responsability: Recognition of one's personal responsibilities and potential;

- Escape Avoidance: Problem avoidance strategy;

- Planful Problem Solving: An Analytical Approach to Resolving the problem.

- Positive Reappraisal: Positive behavior aimed at overcoming the traumatic situation (“Psychiatry on-line”, n.d.)

From a psychometric point of view, notwithstanding the important theoretical contribution provided by these authors, it must be noted that such instruments may present all the usual limitations associated with personal o *self-report* assessment forms of evaluation. Either way, albeit the strong link between coping strategies and resilient behavior, these studies have opened the way to bringing to light the importance of considering resilience as a result of a complex process mitigated by numerous variables.

Fostering post-traumatic growth: how can it be done?

By virtue of what has been said so far, we can therefore define post-traumatic growth as a *propulsion thrust* aimed at restoring the psyche’s balance of energy. This propulsive thrust is in turn strengthened by many protective factors. A key contribution in this direction has been provided by Prati G.'s study "Factors Promoting Post-traumatic Growth: A Meta-analysis" (2007), whose aim was to investigate the role of some of the specific factors, such as: optimism and spirituality, social support, and active coping strategies.

The paper deals with a specific theoretical model, the Schaefer & Moos (1998) Life Crisis Model, as it is particularly careful at identifying possible environmental and individual resources that can favor a positive reformulation of the event. Among the personal factors, these include demographic characteristics and personal resources, such as self-efficacy, optimism and self-confidence. The environmental system, on the other hand, takes into consideration the person's relationships, family social support, friends and colleagues, and their financial aspects. It should also be remembered how the researchers have made a distinction between two channels regarding coping: "*approach and avoidance"* (Prati, 2007). Active (or *approach*) coping takes place in the attempts to logically analyze the

problem, seek information, support, and advice, in order to find a sense of what is happening. The structure of *Avoidance* coping, however, is devised and geared towards attempting to minimize the problem, seek alternative satisfaction, and sometimes deny the incident (altogether). Hence, returning to the meta-analysis work herein analyzed, the collection of relevant studies was brought about by examining five databases, such as MEDLINE, PsycINFO, PILOTS, ISI and ERIC, within the time reference January 1990 – September 2006. "As concerning the criteria adopted for inclusion of studies, the research that was selected was that which included: a) a measurement of growth following exposure to traumatic events; b) an estimate of the relationship between this measure and the following variables: religiousness, optimism, social support, active coping, spiritual coping, all oriented towards seeking social support, acceptance and positive re-formulation of the event"(Prati, 2007, p 16). The calculation procedures applied in this meta-analysis entailed the use of the coefficient *r* as an indicator of the extent scope of the effect, the analysis of the outlier and the calculation of the *Q* statistic for the analysis of the variability of cumulative effects. The following moderating variables were also considered for analysis: "average age of participants, percentage of women in the sample group, time elapsed since the event, research design, tool used to measure growth" (Prati, 2007) Hence, the results of this meta-analysis are certainly crucial, since "the variability of the scope of the effect is significant for all the factors considered" (Prati, 2007). First of all, the relationship between religiosity and post-traumatic growth proved to be stronger in women and elderly people than in men. The effect of social support also proved to be significant toward positive growth. This is most likely a result of two reasons: On the one hand, social support involves a better evaluation of the event; on the other hand, it offers the individual the opportunity to open up to others through integration and thus placing the previous traumatic experience within their own existential equilibrium. Finally, as to the analysis moderating factors, in particular for the " type of trauma " variable, it has been shown that these factors, (in particular the aforementioned

one) has a significant effect on "coping-variable oriented toward the positive reformulation of the event". In addition, the coping mechanism which is oriented toward the acceptance of the event does not emerge as being associated with post-traumatic growth scores of collective trauma cases, but of those cases of traumas experienced by people who are closest to them. "Acceptance of the event as a coping strategy loses its protective function in cases of collective trauma most likely due to the fact that in these cases, the negative event does not directly involve the individual's life, and therefore it is relatively less important to try to accept it and live. In the case of personal events or, especially events occurring to people who are closest to the individual experiencing the traumatic event, this strategy becomes an important resource as it favors a more open cognitive processing of the event "(Prati, 2007). However, the study just presented and discussed has some limitations. The major limit of this meta-analysis is the methodology of the studies upon which it is based: most of it is correlational or longitudinal, which is why there is no reliable control of the post-traumatic growth value. In addition, the results obtained may result from the influence of some moderating factors. All this allows us to hope for possible and multiple future research.

## Interdisciplinarity of the concept of resilience

On June 26, 2010, the Second Interdisciplinary Meeting on Resilience was held at the Psychoanalytic Association of Argentina. On this occasion, Aldo Ferrer stressed that the construct of resilience can also be considered outside the strictly psychological field. On this topic, the psychoanalyst Ana Rozenfeld (2014) also spoke, providing important insights for our reflection.

One of the fields ready to accept the definition of resilience is, for example, that of the *economy* (Rozenfeld, 2014). It is a known fact that that societies (similarly to humans) are subject to a constant process of transformation, which forces them to

faced with many changes, sometimes also of great scope. Therefore, as suggested by Ferrer, four factors are useful in identifying the most resilient societies:

1. "Social cohesion: thanks to which most of society can benefit from the transformation"

2. "The quality of leadership; in that, capable leaders are able to channel and direct the processes of social transformation toward a strongly positive growth "

3. "Institutional stability, to prevent tragedy and conflict"

4. "Critical thinking, as opposed to an alienating and alienated frame of mind" (Rozenfeld, 2014)

Still other fields, in which the notion of resilience seem to have a certain degree of relevance, are those of Education and Pedagogy. (Rozenfeld, 2014). Teaching resilience is a process of prevention, which has begun to become particularly necessary, especially in recent years . In fact, it has been pointed out that how difficulties in concentration and learning can sometimes be considered as an unconscious shift of unresolved traumatic situations which have been removed. Finally, even in the *neurological* field, the notion of resilience finds fundamental expression (Rozenfeld, 2014). Cyrulnik (1999), a neurologist, psychiatrist and psychoanalyst, states that "information transfer, nerve system shaping, memory processes and compensation are the basis of the biological foundation of resilience" (Rozenfeld, 2014). Resilient behavior seems to have a physiological counterpart, important not only for the well-being of the psyche but for the physical as well. For example, it has been shown that the more resilient individuals are able to lower their cardiovascular activation in less time. In addition, resilient behavior seems to have a *shaping* function; in fact it allows for the enhancing of the neuronal circuits responsible for well-being. It is important, therefore, to study the resilient mechanisms more in depth, not only on a strictly psychological level, but also on a vegetative and organic level, in order to identify those processes that show how

strictly neurobiological aspects influence psychological and motivational aspects, including resilience.

## Attachment and Resilience

As we have so far argued, an important role in the constituent process of resilience is certainly carried out by the family. The relevance of supportive parenting attitudes is reflected in their ability to transmit an intrinsic sense of self-confidence and self-confidence. At the basis of these perceptions, undoubtedly positive and productive for the individual, is what in the psychodynamic field is known as *secure attachment*; the theoretical construct which constitutes a conceptual bridge between the past and the future of the individual. The work of John Bowlby (1988), which would lead to the formulation of the theory of attachment, began in the first half of the twentieth century, years in which the psychoanalytic theory and Hull's *Theory of Learning* were still in their heyday, and, according to which the emotional bond with the caregiver was a secondary impulse based on the gratification of oral needs. And yet, data was already available, at least in the animal kingdom, that showed how the young of the various species developed attachment to adults from which they were not nourished. Bowlby was among the first to recognize and define as innate, a baby's need for an uninterrupted and secure attachment to his mother. It should be remembered, however, that the theorization of the latter preserves an important biological focus: the purpose of attachment is to promote survival through proximity to a person of significance; whose recall occurs through "*molecular*" behaviors, such as crying, smiling, or vocalizing (Loriedo & Picardi, 2008).

In order to fully understand the conceptual connection between resilient behavior and attachment style, one must call to mind the pioneering work of Mary Ainsworth (1989), whose most important theoretical and experimental contribution is the

*Strange Situation Procedure*. This is an experimental observational procedure aimed at children from 12 to 18 months, consisting of 8 episodes, in which the child spends time, alternatively, in the exclusive company of its mother and that of a stranger. The goal is to observe the reactions of the child at the time of separation and that of reunion with its mother. So, based on the observations made, it was possible to identify four different mother-child relationship patterns:

-Secure Attachment: typical of children confident of the availability of the caregiver. They show discomfort when they are separated from their mother but are easily comforted;

-Anxiety-Avoiding Attachment: Characteristic of children who do not trust the caregiver's availability and use a strategy to regulate and inhibit emotions, show little discomfort at the time of separation and a high degree of disinterest at the time of the meeting (Caviglia, 2016);

-Anxious or Ambivalent Attachment: indicative of children who use emotional activation and exasperation strategies to ensure the caregiver's attention;

-Disorganized-Disoriented Accent: Characteristic of children who seem to seek out caregiver's attention by using odd or bizarre behavioral strategies.

Since the attachment theory provides a model for the integration of childhood experiences with subsequent development, and in particular with the appearance of psychopathology, many studies have been made that have considered this concept of continuity (Caviglia,1998) .

This very theoretical aspect is made clear by what Bowlby calls "MOI" or "*Working Internal Models*": internalized relational models that will guide the whole development of the individual. The main feature of the MOI is the "expected availability" of the *attached figure*, meaning "adequate accessibility and responsiveness of the caregiver as is usually experienced by the child" (Caviglia, 2016). The MOI is in fact "the transition from a mother-child dyadic organization

toward an individual system characterized by internal self-regulation" (Caviglia, 2016). This self-regulation process involves both cognitive and emotional components. In particular, emotional regulation is particularly important for the development of the individual, as it is articulated on two different levels. On an initial level, emotions, such as fear and discomfort, activate the attachment system; at a higher level, such emotions provide the child with feedback about their successes or failures concerning the attempts to attract the caregiver's close proximity (Ridenour, 1952). When these levels are in balance (secure attachment), the child manages to restore its inner state of security. Otherwise, it will be forced to develop alternative, sometimes strongly pathogenic, strategies to ensure the proximity of the caregiver (Lyons- Ruth & Block, 1996). It is evident, by virtue of everything we have said so far, how safe attachment can act as a protective factor against the risk of developing adult psychopathology. Several studies have shown, in fact, that psychiatric disorders are increasingly associated with insecure mental states. In fact, a high incidence of disorders (antisocial disorder, borderline disorder, eating disorders, substance abuse and dependence) are manifest by those individuals associated with these states.

A mention goes to a recent development within the field of attachment theory. Recent evidence (Caviglia et al., 2007) has provided clues about the idea of *intergenerational transmission of confidence of attachment* . In fact, mothers of confident children are more able to adopt an intentional position towards them, seeing them in terms of emotions, thoughts and feelings. In other words, an important link has been brought to light between traumatic experiences and the development of mental abilities (the ability of mentalization) by the child (Caviglia, 2016). Especially when the trauma is perpetrated by an someone to whom the child is attached, it causes a deficit in the process of acquiring the ability to reflect on its own, as well as others', mental states. "All this leads to a deficit of mentalization, which should be understood not just as a pathogenic deficiency but also as an

adaptation that helps the child to acquire a certain distance from the traumatizing situation and to achieve some form of integration, paradoxically implementing a split from/of life-related traumas "(Caviglia, 2016). Mentalization becomes thus a factor closely related to the ability to preserve an adequate psychological functioning against the *destructive fury* of the trauma. Caviglia (2016) points out that "a child who able to perceive the mental states of others, may also perceive of the possibility that a parent's rejection may be founded upon false beliefs or distorted representations and will therefore be able to moderate impact of negative experiences sustained. In the absence of the development of such mentalization, however, discontinuous or simply hostile behavior from a spurning caregiver can only be considered by the child as deriving from its own, supposed, external and objective reality, which will contribute to the formation of a self-image that they are a negative, bad or inadequate person; and in any case, of no value nor worthy of love. "

In conclusion, a nurturing maternal style, sensitive, plentiful in loving care, able to perceive the infant from the first months of life as a thinking being; not to mention able to keep at bay the child's fears and anguish, allowing the latter to reflect and operate properly upon their own inner world, are all predictive factors of good resilient behavior.

## Resilience and psychotherapy

On the basis of what has just been said, the concept of resilience , appears to be situated between two conceptual extremes: on the one hand, psychopathological behavior and its destabilizing power; on the other, the well-being and stability of the individual.

A fundamental role in facilitating the "*closing of the gap between*" of the concept of resilience and that of individual well-being is certainly carried out by the

psychotherapeutic process, with its multiple theoretical-methodological declarations. This connection has been analyzed by several scholars, including Dr. Simonetta Solda's work, (2012).

In the field of cognitive-behavioral therapy, for example, psychotherapeutic techniques can serve not only to reduce the patient's symptoms, but also to enhance the quality and resources of the individual in order to promote better self-repair capabilities. (Soldà, 2012)

In particular, Padesky & Mooney (2012) proposed a model called "Strength-based" in order to allow patients to develop a purely personal resilience model. This model is articulated in four phases, using techniques such as *guided discovery* or *behavioral experiments*.

1. The first phase involves recognizing the patient's *particular strengths*. These strengths include: a secure and stable attachment, good abilities to control emotion , a flexible and adaptable temperament, greater creativity and self-irony. At this stage, the therapist encourages the patient to recognize and focus on their particular strengths, in order to develop them in other aspects and areas of life as well.

2. During the second phase, the patient and therapist collaborate in building a personal resilience model, essentially centered on what has been highlighted in the previous step.

3. During a third step, the patient is encouraged to extend the previously constructed model to particularly problematic areas of their life.

4. During the last phase, the task of the therapist is to illustrate to the patient a series of behavioral exercises whose dual purpose is to test the validity of the previously elaborated model but also to encourage a constant and continuous increase of the resilient behavior .

It is clear that the model so far described focuses on the possibility of expanding the patient's behavioral repertoire in order to promote a better and healthier adaptation to life.

As has already been said, resilience sets its foundations on the functional and adaptive relationships of the individual with the people around him; which is why a fundamental role in its development is played by familial environment.

In systemic-relational psychotherapy, it is believed that particular attention should be paid to the mechanisms through which the beliefs of the whole family system can influence the individual's adaptation modalities. In particular, as Soldà (2012) emphasized, to promote resilience development, Rutter (1987) has identified four protective processes to be reinforced through targeted interventions.

• "Targeted measures aimed at reducing risk factors"

• "Interventions aimed at preventing the activation of negative and disturbing reactive escalation"

• "Targeted actions aimed at increasing protective family factors in order to reduce individual vulnerability"

• "Interventions aimed at developing a sense of trust and security within the family" (Luthar &Suniya, 1989)

From what has just been said, the role of psychotherapeutic work, capable of being a *moment* of elaboration and of existential rebuilding, is evident. It is within this *moment*, free from conflict, that the therapist places himself at the service of the individual so that the latter can look pain in the face, believe in themselves, and increase the awareness of still being able to believe in one's own existence, thus assuming a heretofore/previously unprecedented form, albeit still wonderful.

Conclusions

By virtue of what has been said so far, it is evident that the traumatic experience can be framed within a two-dimensional perspective: the trauma and its destructive or structuring power, a producer of *Eros or Thanatos*, a propulsive force or overwhelming and destructive.

Once again, the individual is involved as such, along with their subjective and as of yet unconceived reality. Resilience, therefore, is "a qualification of the ego, the effect of a meeting with *that which is deadly,* from which the mind tries to preserve itself, using mechanisms of mimicry that make it possible to live" (Rozenfeld, 2014). At the same time, the resilience can be qualified as a physic ability that is inevitably connected to and influenced by the attachment model and some important parental relationships, as well as the capacity for mentalization. Referring to the analyzed studies and the examined bibliography, it is evident how a secure attachment model and a consequent positive ability for mentalization (Caviglia, 2016) can serve important factors of moderation with regard to the shocking impact produced by the traumatic experience, as well as they can determine different psychopathological reactions depending on whether the event is experienced during the childhood or the adolescence. However, the effects produced by a traumatic experience are particularly significant in terms of emotional-cognitive consequences and symptomatic remissions such as obsessive-compulsive, feeding and dissociative identity disorders, even if they can be produced in different ways according to the stage of development (childhood or adolescence) in which the destabilizing event occurs.

However, in both cases emerges the necessity of a therapeutic intervention aimed at alleviating or cushioning the psychogenic effects produced by this event, improving the “self-repairing ability” (self-healing) (Soldà, 2012) to help with a healthier adjustment to life. This highlights how the resilience, as a significant mental ability, is liable to be increased by the use of psychotherapeutic strategies which are able to create an area where life is elaborated and built. In conclusion, it

is important, if not necessary, to identify those psychological attitudes that may favor a lower expenditure of energy, as well as an increased ability to integrate and process the inevitable traumatic events, and thus the triumph of *Eros on Thanatos*. Due to its significance and interdisciplinary importance, the resilience is also a theoretical-clinic topic of major importance which can be useful to face the increasingly individual susceptibility to events which could be potentially traumatic today.

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