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Editorial

Concept of 'Resilience' in Promotion of Mental Health: Importance and Feasibility in Clinical Settings

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Editorial

The field of Mental Health in the last few decades has expanded its realm of understanding and management of an individual: (1) from considering him solely as a biological phenomenon to accepting him as abio-psychosocial being; (2) from a disease model of treatment to a strengths model of management (3) from treatment to prevention and promotion of mental health. This change in perspective promulgated the concept of 'Resilience's an important factor in the prevention and promotion of mental health.

Among psychologists, Werner (1995) [1] referred to three general usages of concept of Resilience: good developmental outcomes despite high risk status; sustained competence under stress; and recovery from trauma. However, currently there is no single agreed upon definition of resilience in clinical or scientific literature. In a review of the published literature on risk, vulnerability, resistance and resilience, Layne and colleagues (2007) [2] described the lack of precision and numerous terminological inconsistencies in the meaning of these concepts, and identified at least eight distinct meaning for the term resilience. For example, definitions of resilience have ranged from symptoms-free functioning following trauma exposure [3] to positive adaptation despite adversity [4] and even to enhanced psychological regulation of stress/fear related brain circuitry, neurotransmitter and hormones [5]. The American Psychological Association has defined resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat [6].

Experts on resilience further emphasize that "resilience does not refer to fixed power of an individual which might be directed against noxious influences from the outside, but rather suggest a flexible dynamic energy commensurate to the situation, i.e. a 'bio-psycho-social competence" [7]. This illustrates the general difficulty of conceptualizing resilience as a global, rather than a relative and domain-related, characteristic.

Resilience work has also grown from focusing on the individual, to fostering resilience as a feature of whole communities. A family resilience perspective shifts focus from the deficit-based lens of viewing troubled families to seeing them as challenged by life's adversities [8]. According to Ungar (2011) [9] rather than rescuing so-called "survivors" from dysfunctional families, this approach engages distressed families with respect and compassion for their struggles, affirms their reparative potential, and seeks to bring out their best. Efforts to foster family resilience aim to avoid and/or reduce pathology and dysfunction and enhance functioning and well-being [10]. A family resilience framework can thus serve as a valuable guide towards prevention and promotion of mental health of vulnerable families in times of crisis.

Translation of the concept of resilience in clinical mental health settings can be attempted in the background that resilience is a multivariate construct and a function of the complex interaction of multiple levels (individual, family, societal) of protective and risk factors (Werner, 2005 ; Wright & Masten, 2005) [11,12]. Thus interventions may need to be targeted at multiple levels to foster resilience in any given case, such as individual level, family level and community level. Moreover, the impact of risk factors and the protection afforded by specific protective factors may be very person-specific; hence interventions to foster resilience in individuals and families need to be tailor-made and cannot be generalized or adapted from those developed earlier. Given this complexity, resilience is often considered as an outcome or a predictor variable, rather than a psychological construct in itself in clinical settings. Focus on measuring the protective factors that predict resilience could prove to be a better indirect reliable outcome measure of resilience, than attempting to measure the concept directly. The development and efficacy testing of interventions to foster resilience has thus been challenging due to the lack of clarity in the definition of resilience and also due to confusion on the methodology to measure resilience.

The possible solution to the above could be to attempt to systematically: (1) standardize and operationally define the concept of resilience in clinical practice for individual, family and community separately, (2) based on definition standardize an assessment tool to measure resilience, (3) based on operation definition and the measurement tools, develop and standardize resilience based therapy as an intervention. Current research has attempted either one of the above steps independently; due to which there seems to be a challenge in connecting the concept to the intervention and to measurable outcomes. The limitation of the above entire process could possibly be narrowing of the concept of resilience. However for the purpose of growth of resilience research and its feasibility in translating into measurable outcome in clinical practice for the promotion of mental health, this step could be considered pragmatic.

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