



Conceptual Framework and Intervention Principles of Psychological Resilience

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Abstract: To improve the operationalization and targeting of interventions, psychological resilience requires a integrated explanatory framework as well as clear intervention principles which fit specific cultural contexts. The study outlines four waves of psychological resilience research, arguing that psychological resilience is both an ability to cope with adversity that all people have and a process of immunization, rebound and growth with distinct individual characteristics and different ecological levels that can be unified in a multi-level, multi-dimensional framework. Psychological resilience interventions should follow the principles of individualization, localization, multisystem integration, developmental appropriateness, and evidence-based practice.

Keywords: psychological resilience; conceptual framework; intervention principles

Introduction

The exploration of psychological resilience can be traced back to the studies of Garmezy^[1], Masten^[2] and others on the developmental problems of children in distress. Their series of studies on child vulnerability found that difficult parenting environments did not necessarily lead to adverse outcomes. Since then, psychological resilience has attracted sustained attention from scholars in the fields of psychology, education, developmental psychopathology, sociology, biology, and even medicine. Different scholars have defined psychological resilience in terms of developmental outcomes, developmental processes, and ability or quality characteristics^[3]. The process-based definition, which emphasizes both good individual resilience and developmental outcomes and describes the dynamic process between risk and protective factors, has been accepted by an increasing number of researchers^[4]. Assessment tools developed based on various theoretical models have also been used extensively, such as the resiliency scale developed by Wagnild and Young^[5], the resilience scale for adults developed by Friborg et al.^[6], the Connor and Davidson's psychological resilience scale (CD-RISC)^[7], etc. Although these scales do not measure the same dimensions individually, there is still considerable consistency or similarity in a significant number of dimensions, indicating the relative independence of psychological resilience constructs.

The introduction of psychological resilience has brought to light the power of self-growth and upward mobility in disadvantaged individuals, the many manipulable environmental variables that can foster individual growth, and the promise of interventions for disadvantaged individuals^[8]. However, for the time being, research related to psychological resilience continues to use a large number of inconsistent definitions. This confusion is not only confusing but also affects the measurement of psychological resilience and interventions. Some researchers^[9] have even argued that resilience is an imprecise term that lacks meaning and is therefore useless. However, other researchers^[10] point out that there is a force within each person that drives them to seek self-actualization, altruism, wisdom, and harmony of spiritual forces. This force is resilience, it just has a different name depending on the discipline. In addition, social ecology tends to view psychological resilience as a process of biological, psychological, social, and ecological system interactions, influenced by cultural and developmental variables^{[11][12]}. Thus, the study of psychological resilience requires both a clear and integrated conceptual framework and the further exploration of intervention principles for psychological resilience based on cultural context and group differences.

Conceptual Framework of Psychological Resilience

Some researchers^[10] have divided the study of psychological resilience into three waves. The first wave was designed to answer the question of what characteristics or qualities those who thrive in the face of risk factors or adversity possess. A large body of research in this phase listed resilience qualities such as self-esteem, self-efficacy, self-regulation, internal locus of control, support systems, etc.^{[13][14]}. The second wave attempts to answer the question of how resilience qualities are acquired. At this stage, resilience is seen as the process of coping with stressors and adversity. Richardson et al.^[15] explain in detail the process of disintegration and reintegration of psychological resilience in the "biopsychosocial - Spiritual homeostasis". The third wave reflects a postmodernist and multidisciplinary

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view of resilience, and considering it as a force that drives one to grow in the face of adversity and chaos. Cicchetti [16] points out that the current research on psychological resilience has entered the fourth wave with multi-level integration as the core, and began to include neurobiology, molecular genetics, epigenetics and so on into the research of psychological resilience. Elaine [17] argues that individual responses to threats, whether real or imagined, are spontaneously generated and neuroplastic, and that psychological resilience interventions need to restore dysregulated nervous systems to their natural biological rhythms in order to reduce the damaging effects of traumatic situations.

A study reported that the differences and changes in the concept of resilience over the last few decades in different sub disciplines (e.g., sport psychology, developmental psychology, and clinical psychology), and the definitions can be broadly divided into three categories: the ability to resist a stressor, to bounce back from a stressor, or to grow from a stressor [18]. According to the first category of definitions, resilience is seen as the ability to resist change and maintain a healthy state in the face of a stressor. As defined by Masten [19], “a good outcome despite serious threats to adaptation or development”. In the second type of definition, resilience is defined as a return to a previous or original state after a stressor. For example, “resilience is the dynamic process by which biological, psychological, and social systems return to their previous level of functioning following a stressor-induced perturbation” [20]. According to the third category of definitions, resilience refers to the ability to reinvent functional adaptation and growth, a personal quality that thrives in the face of adversity. As a classic resilience model proposed by Richardson states, “Resilience remodeling is the reintegration or coping process that produces progress, knowledge, self-understanding, and empowering or resilient qualities” [10]. More current research tends to define psychological resilience as a set of psychological characteristics that include the ability to resist, cope, bounce back, and successfully respond to stressors [21].

Ayed, Toner, and Priebe [22] further conceptualized psychological resilience based on existing definitions into five themes: immunity, rebound, growth, personal resources, and social resources, with the first three themes viewing resilience as a process and the last two themes viewing resilience as a characteristic of individuals. Immunity is the trajectory of an individual's mental health that remains undisturbed and stable despite adversity. Bouncing Back is the ability of an individual to return to preadversity levels quickly despite some degree of negative impact from the adversity. Growth indicates that psychological resilience contributes to personal growth after adversity, called “post-traumatic growth”, such as “learning from one's mistakes”. Personal Resources refers to a person's internal protective factors, such as traits, talents, skills, or interests to cope with stress. Social Resources are things that a person can use in their surroundings and social context, such as functional and meaningful social support networks.

Conceptually, these five themes are distinct, yet can be unified in a single framework. Many people with mental illness will use personal or social resources to remain immune, bounce back, or grow. Anderson, and Priebe [23] developed a three-dimensional model of psychological resilience, with each dimension being a continuum with two endpoints: withstand and overcome, characteristics and processes, and individual and group. The first dimension describes the extent to which individuals can withstand external stressors, such as not feeling distressed despite facing significant adversity, or recovering from the distress experienced after adversity. The second dimension reflects the type of resources to which resilience can be categorized, either as a relatively permanent and stable characteristic or as a fluid process that occurs over time [23]. The third dimension refers to its ecological level and whether it applies to individuals or families, groups and communities. The model not only unifies the different understandings of psychological resilience, but also provides a sound theoretical model for psychological resilience interventions.

First, psychological resilience is an ability of all people to cope with adversity, and even though individuals experiencing adversity may have certain psychiatric symptoms or abnormal behaviors, there is still the possibility of positive strength and rebound within them; second, psychological resilience is a process of immunity, rebound and growth, and its type of expression has temporal characteristics, for example, individuals Third, psychological resilience has distinct personal characteristics, and the individual's self-esteem, self-efficacy, self-discipline and other internal qualities and personality traits determine the type and level of psychological resilience; fourth, psychological resilience has different ecological levels, and neuroplasticity is the physiological basis for the development of psychological resilience, while family, group and Fifth, although there are different levels, themes, and dimensions of psychological resilience, and different types and levels depending on group and cultural differences, they can be unified in a framework to explain the autonomy and initiative in the process of human psychological development [23].

The Intervention Principles of Psychological Resilience

As psychological resilience research continues to grow, a number of intervention programs are being applied in practice. Some of the more famous ones are: “I Am, I Have, I Can” [24], “The Resilience Doughnut Framework” [25], and “The FRIENDS Programs” [26]. Most interventions for psychological resilience in China have used group intervention methods, and although they have been effective, their operationalization and relevance still need to be further explored. To this end, interventions for psychological resilience need to follow the following principles.

Individualization. The individualized principle of psychological resilience intervention is to provide individualized intervention programs for different individual needs and characteristics [27]. Under the principle of individualization, psychological resilience intervention should consider the differences in personality, psychological characteristics, social background and experience of different individuals. Psychological resilience intervention should provide different intervention programs for different intervention objectives. For example, personalized intervention programs

are provided for different emotional problems, psychological disorders, interpersonal problems and so on. Individualized intervention programs should also be provided for different intervention opportunities. For example, dealing with work stress, dealing with test anxiety, dealing with post-traumatic stress disorder, etc., different intervention programs are provided. In conclusion, individualized intervention programs can better meet the needs and characteristics of different individuals and improve the effect of intervention ^[28].

Localization. The principle of localization means that when the foreign knowledge, technology and culture are introduced to the local area, the characteristics of the local society, culture, economy and politics should be combined. The principle of localization aims to ensure the effectiveness and applicability of knowledge, technology, culture, etc., and to promote its sustainable development at home. Psychological resilience is a concept based on Western theory and practice. In the process of application, we cannot forget our own national cultural "roots" and cannot detach ourselves from our political and economic background and socio-historical and cultural context, and start from the local cultural perspective in order to get to the heart of the matter ^[29]. As psychological resilience is an ability of all people to cope with adversity, its essence and essence have a natural fit with the historical heritage and traditional culture advocated in China for thousands of years ^[30]. Whether it is Taoism's "rule by doing nothing", Confucianism's "do what you know is impossible", or the Zhou Yi's "Heaven is healthy, a gentleman is self-improvement", Chinese civilization has been passed down for thousands of years through trials and tribulations, but it has always been a source of strength. Chinese civilization has been handed down for thousands of years through trials and tribulations, but it has always been passed on to the next generation, and the resilient thinking embedded in it has long been infiltrated into the bloodline of Chinese people. Psychological resilience interventions should first trace the origins of Chinese psychological resilience thinking, draw on the nutrients of traditional Chinese culture, explore the similarities and differences between Chinese and Western psychological resilience thinking, and build a psychological resilience intervention program that fits the Chinese cultural background.

Multi-system Integration. There are different levels and dimensions of psychological resilience, but they are unified in an ecological framework in which individuals, families, communities and societies all contain important resources and elements of psychological resilience. Ungar ^[11] has pointed out that psychological resilience depends on a range of biological, psychological, social and ecological system interactions, and that the more systems involved in psychological resilience interventions, the more likely it is that the ability to cope appropriately with adversity will develop. For this reason, family and community psychological resilience has become an important area of interest for researchers in recent years. In terms of interventions for individuals in adversity, family psychological resilience theory treats the family as an important functional unit rather than the source of individual psychological problems, and requires that family members all develop their potential and strengths to achieve positive growth ^[29]. Community psychological resilience, on the other hand, turns the perspective to community and social group resources, which are considered to have the ability to lead to social remediation and environmental change, and to resist various crises and grow through social support networks ^[31]. Elaine's trauma psychological resilience model and community psychological resilience model, which are based on neuroplasticity, have designed more practical well-being techniques that have achieved good intervention results in several countries ^[17].

Development Appropriateness. The principle of development appropriateness refers to the selection of appropriate education and development modes in the field of education and development, according to their age, development stage, gender, cultural background and personal characteristics, so as to promote the growth and development of individuals to the greatest extent. The principle of developmental appropriateness is based on two basic facts. The first is that psychological resilience is a process, and immunity, rebound or growth have different performance at different times of individual development; the second is that there are cultural and group differences in psychological resilience, and different groups in different cultures or the same cultural background have differences. Some scholars have divided trauma into "T" trauma, which includes major events such as natural disasters, wars and terrorist actions, "t" trauma, which includes minor events such as falls, dental surgeries and minor car accidents, and cumulative trauma, which describes racism and poverty. "C" trauma such as racism, poverty, etc. ^[17]. Individuals who experience "t" trauma may perceive their experience as a large event, while their family and community may perceive it as a small event. Of course, a person may experience all three types of trauma simultaneously, with a superimposed effect at a critical point. This requires that psychological resilience interventions need to transcend a single therapeutic theory, integrate different psychotherapies such as psychoanalysis, cognitive-behavioral, existentialism, and Gestalt, and incorporate individual and group differences, multiculturalism, and other factors in a visitor-centered approach to find the optimal solution for individual development.

Evidence-based Practice. Evidence-based psychotherapy is a component of the current evidence-based practice movement, influenced by evidence-based medicine, which in essence is following evidence for psychotherapy. The principles of evidence-based practice in psychology refers to a set of principles that should be followed when conducting research and practice in the field of psychology to ensure the reliability and effectiveness of research and practice. Specifically, for a specific psychological disorder, counselors need to seek out relevant research evidence, evaluate it against their own criteria, arrive at the best evidence for treatment, and then administer psychotherapy according to the protocols prescribed by this evidence. Evidence-based practice of psychological resilience first requires therapists who are competent in evidence-based psychotherapy. During the intervention, the therapist needs to

understand the theoretical model of psychological resilience, the conceptual framework, be aware of the personal characteristics, cultural background, and value preferences of the client, and combine his or her professional skills and available research evidence to enhance the client's level of psychological resilience to help him or her cope with various stressful situations or improve psychological symptoms. In addition, some researchers point out that evidence-based practice also requires government and industry bodies to establish academic norms, secure funding, and policy support to ensure the localization and advancement of evidence-based psychotherapy^[32].

Conclusion

Psychological resilience intervention refers to improving individuals' mental resilience through psychological methods and techniques to better cope with stress, frustration and adversity. By improving resilience, people are better able to cope with setbacks and adversities, thus reducing emotional fluctuations and physical and mental burdens, and restoring balance and normalcy more quickly. Resilient people are more likely to have good relationships, good physical health, positive emotional experiences and a high sense of self-satisfaction. They are also better able to cope with life's challenges and stresses, which reduces the risk of developing psychological problems such as anxiety and depression. The localization strategy of psychological resilience intervention needs to fully consider the cultural, educational and social characteristics of China, pay attention to the relationship between individuals, families and society, pay attention to traditional moral and value concepts, and combine the cultural, educational and social characteristics of China and the West to carry out appropriate integration.

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REFERENCES

- [1]. Garnezy, N. (1985). Stress-Resistant Children: The Search for Protective Factors. In J. E. Stevenson (Ed.), *Recent Research in Developmental Psychopathology: Journal of Child Psychology and Psychiatry Book Supplement*, No. 4 (pp. 213-233). Oxford: Pergamon.
- [2]. Masten, A. S., Best, K. M., & Garnezy, M. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.
- [3]. Shi, Tao. (2020). Research on the generation and enhancement of resilience strategies of rural intergenerational children left behind. Ph.D. dissertation, Shandong University, Jinan.
- [4]. Ma, W.N., Sang, B. & Hong, L. (2008). A review of research on psychological resilience and its mechanisms of action. *Journal of East China Normal University (Education Science Edition)* (01), 89-96.
- [5]. Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165-178.
- [6]. Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J. H., & Hjemdal, O. (2005). Resilience in Relation to Personality and Intelligence. *International Journal of Methods in Psychiatric Research*, 14, 29-42.
- [7]. Connor, K. M., Davidson, J. R., & Lee, L. C. (2003). Spirituality, resilience, and anger in survivors of violent trauma: a community survey. *Journal of Traumatic Stress*, 16(5), 487-494.
- [8]. Zeng, Shouchui., Li Qiwei. (2003). A review of research on the development of psychological resilience in children. *Psychological Science*, 26(6), 1091-1094.
- [9]. Bonanno, G.A., Romero S.A., & Klein S.I. (2015). The temporal elements of psychological resilience: an integrative framework for the study of individuals, families, and communities. *Psychological Inquiry*, 26(2), 139-169.
- [10]. Richardson, G.E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307-321.
- [11]. Ungar, M., & Theron, L. (2020). Resilience and Mental Health: How Multisystemic Processes Contribute to Positive Outcomes. *The Lancet Psychiatry*, 7(5), 441-448.
- [12]. Shaikh, A., & Kauppi, C. (2010). Deconstructing resilience: Myriad conceptualizations and interpretations. *International Journal of Arts and Sciences*, 3(15), 155-176.
- [13]. Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598- 611.
- [14]. Garnezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty . *American Behavioral Scientist*, 34(4), 416- 430.
- [15]. Richardson, G.E., Neiger, B.L., Jensen, S., & Kumpfer, K.L. (1990). The Resiliency Model. *Health Education*, 21(6), 33-39.
- [16]. Dante, Cicchetti. (2010). Resilience under conditions of extreme stress: A multilevel perspective . *World Psychiatry*, 9(3), 145-154
- [17]. Elaine, Miller-Karas (2015). *Building Resilience to Trauma: The Trauma and Community Resiliency Models*(pp. 25-27) New York, NY: Routledge.
- [18]. Bryan, C., O'Shea, D., MacIntyre, T. (2019). Stressing the relevance of resilience: a systematic review of resilience across the domains of sport and work. *International Review of Sport and Exercise Psychology*, 12(1), 70-111.

- [19]. Masten, A.S (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.
- [20]. Hill, Y., Den Hartigh, R. J. R., Meijer, R. R., De Jonge, P., & Van Yperen, N. W. (2018). The temporal process of resilience. *Sport, Exercise, and Performance Psychology*, 7(4), 363-370.
- [21]. Ruud, J.R., Den Hartigh., & Hill Y(2022). Conceptualizing and measuring psychological resilience: what can we learn from physics?. *New Ideas in New Ideas in Psychology*, 66(6), 1-8.
- [22]. Ayed, N., Toner S., & Priebe S (2019). Conceptualizing resilience in adult mental health literature: a systematic review and narrative synthesis. *Psychology and Psychotherapy*, 92(3), 299-341.
- [23]. Anderson, K., & Priebe S (2021). Concepts of Resilience in Adolescent Mental Health Research. *The Journal of Adolescent Health*, 69(5), 689-695
- [24]. Grotberg, E. (1998). I Am, I Have, I Can: What families worldwide taught us about resilience. *The Community Circle of Caring Journal*,2(3),36-39.
- [25]. Worsley, L. (2015). The resilience doughnut: Combining strengths to survive. In Patron,M.-C. & Holden, S. S. (Eds.), *Victim victorious: From fire to Phoenix* (pp. 67–87). Nova Science Publishers.
- [26]. Barrett, P.M. (2012). *FRIENDS for Life: Group leaders' manual for children* (6th ed.). Brisbane: Barrett Research Resources Pty Ltd.
- [27].Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the Project Competence Longitudinal Study. *Development and Psychopathology*, 24(2), 345-361.
- [28].Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24(2), 335-344.
- [29]. An, Yeqing., Seventy-three., Zeng, Xiaoye., Jin, Tonglin., Cao, Chengxu. (2023). Application of family resilience theory in the field of risk coping: evolution, value, and challenges. *Advances in Psychological Science*, 31(3), 428-442.
- [30].Hu, Hanchun. (2009). Research on the structure and characteristics of adolescents' core psychological resilience . Ph.D. dissertation, Central South University, Hunan.
- [31]. Fu, Lei. (2021). A study of psychological resilience in urban communities under the crisis of neocrown pneumonia. M.S. thesis, Anhui University, Anhui.
- [32]. Yang, W.D., & Ye, H.S(2021). Evidence-based psychotherapy: A new direction in the development of psychotherapy. *Psychological Science*, 33(02), 500-502.